



# SERVICE INNOVATION DEEP DIVE

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

*Western Australia report*

November 2021

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**Service Innovation Deep Dive: Western Australia report**

**Suggested citation:** Seivwright, Ami., Atkins, Mariana & Kaleveld, Lisette (2021). *Service Innovation Deep Dive: Capturing and leveraging learnings from service innovation during COVID-19*. Western Australian Report, November 2021, Centre for Social Impact, The University of Western Australia

# TABLE OF CONTENTS

- Acknowledgements**.....5
- EXECUTIVE SUMMARY** ..... 6
  - The WA COVID-19 experience ..... 6
  - How did aged care, disability and emergency relief organisation adapt during COVID-19? .....7
  - What facilitated innovation during COVID-19? ..... 8
  - What were the barriers to innovation during COVID-19? ..... 8
  - What innovations do organisations want to continue and what factors are required to enable this?..... 9
- 1. INTRODUCTION**.....**10**
- 2. METHOD** ..... **11**
  - 2.1. Sampling and recruitment..... 11
  - 2.2 Thematic analysis..... 12
- 3. THE SAMPLE**.....**13**
- 4. DEFINING INNOVATION**.....**14**
- 5. KEY THEMES – WA ORGANISATIONS** .....**15**
  - 5.1 The organisations & participants ..... 15
    - 5.1.1 Services offered ..... 15
    - 5.1.2 Interviewees..... 15
  - 5.2 How COVID-19 affected organisations..... 16
    - 5.2.1 Demand for services ..... 16
    - 5.2.2 Service delivery ..... 17
    - 5.2.3 Effects on organisational processes ..... 17
  - 5.3 Types of innovations..... 18
    - 5.3.1 Communications ..... 18
    - 5.3.2 Technology ..... 19
    - 5.3.3 Food provision ..... 20
    - 5.3.4 Maintaining human connection ..... 21
    - 5.3.5 Continuous improvement ..... 23
    - 5.3.6 Supporting staff ..... 24
    - 5.3.7 Novel innovations..... 24

5.4 Drivers of innovation.....	26
5.4.1 Client needs .....	26
5.4.2 Client isolation .....	27
5.4.3 Staff needs.....	27
5.4.4 Varying global responses .....	28
5.5 Facilitators of innovation .....	28
5.5.1 Early awareness and planning.....	28
5.5.2 Funding .....	28
5.5.3 Technological infrastructure.....	30
5.5.4 Staff and volunteers.....	30
5.5.5 Client relationships and understanding .....	32
5.5.6 Pre-existing innovations and processes.....	32
5.6 Barriers to innovation .....	32
5.6.1 Inflexibility of funding.....	33
5.6.2 Stakeholder resistance .....	33
5.6.3 Nature of services and nature of COVID-19.....	33
5.7 Post-COVID-19 ambitions.....	34
5.7.1 Things to continue.....	34
5.7.2 Things to stop.....	35
5.7.3 Requirements for realising post COVID-19 ambitions .....	35
<b>6. CONCLUSION.....</b>	<b>37</b>
<b>7. REFERENCES.....</b>	<b>38</b>
<b>APPENDIX 1.....</b>	<b>39</b>
<b>APPENDIX 2.....</b>	<b>40</b>

## 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 Western Australia 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.

Each state and territory in Australia has had vastly different COVID-19 experiences, restrictions, and impacts. To capture the nuance and depth of these experiences, the team explored their respective state's findings separately before coming together to discuss commonalities. This report presents insights and themes from interviews with Western Australian organisations. Separate reports detail the New South Wales and Victorian insights, and a national report focuses on the themes that were common across the three states.

### ***The WA COVID-19 experience***

Western Australia is well known to have had a very mild COVID-19 experience, with 'lockdown' conditions including regional border closures, restrictions to operation for certain businesses, and limits to face-to-face gathering that were implemented in mid-March 2020 easing by mid-May. Schools were closed for only three weeks, and the state returned to almost pre-COVID-19 conditions by mid-June 2020 (Callis et al. 2020).

The impact of COVID-19 varied between organisations as well as within the different functions of organisations. Organisations experienced increased demand for many services and decreased demand for others; many organisations had to temporarily shut down face-to-face programs or services; and several organisations adjusted their staffing and processes to enable working from home and plan responses to the pandemic.



## ***How did aged care, disability and emergency relief organisation adapt during COVID-19?***

We found that there were a number of ways in which organisations in different sectors adapted to COVID-19. Common across sectors were innovations related to **communication**. The rapidly evolving nature of COVID-19 and the isolated and often vulnerable nature of organisations' clients meant that organisations had to develop effective means to communicate public health and service-related information to clients and their families. This involved newsletters, text messages, phone calls, and YouTube videos.

Organisations that served culturally and linguistically diverse (CaLD) clients noted the importance of providing information that was accurate and relevant to conditions in Australia in clients' preferred language. To meet this need, organisations leveraged the multilingual skills of their staff and volunteers to produce translated communications much earlier than official government channels.

Unsurprisingly, a number of innovations related to **technology**. These included moving activities and services, particularly social ones, online. We heard about virtual Zumba and other exercise classes, virtual cooking classes, and virtual art classes, among many others. Relatedly, several organisations obtained devices and delivered technological support and training to enable their clients to participate in online activities. Another aspect of innovating using technology was the movement of staff to working from home.

A somewhat surprising theme in that it emerged across sectors was **food provision**. Some organisations developed new meal or grocery delivery services, some worked out ways to deliver food hampers that would ordinarily be collected by the client, residential aged care facilities carefully staggered meal times so that residents would still be able to dine together, and one organisation, in the face of grocery store supply shortages, built a pantry that staff and clients could access if they couldn't find things in store.

A major theme was maintaining human connection. In addition to the aforementioned online activities, this involved innovative ways of having in-person contact in line with public health guidelines, such as sitting in chairs outside a person's front door and having relatives visit aged care residents on either side of a fence. Several organisations undertook regular welfare checks on their clients via phone, and one organisation developed a letter-writing initiative.

**Continuous improvement** was a surprising theme: in the midst of the COVID-19 chaos, several organisations were conducting evaluations (of varying degrees of formality and comprehensiveness) of their activities during the pandemic to ensure that clients' needs were being met. Organisations were very aware of the instrumental role that their staff played in adapting during COVID-19. Accordingly, another innovation theme was around supporting staff. Examples under this theme included virtual coffees and trivia nights, providing personal protective equipment (PPE), and relevant training.

Finally, organisations reported a number of novel innovations, such as a system in which clients put a piece of paper in their window to indicate whether they wanted to be contacted, and the organisation's staff doing daily drive-bys to identify those who wanted help. Another example is a residential aged care facility renovating a ward to be more COVID-safe and in line with dementia best practice. One organisation temporarily made a resident's husband a resident so that they would not be separated, another converted their day centre into an ad-hoc respite facility, and another pre-emptively made a COVID-19 isolation ward.

### ***What facilitated innovation during COVID-19?***

Organisations reported several factors that facilitated their innovation during COVID-19:

- **Early awareness and planning.** Several organisations reported early awareness of COVID-19, and many had accordingly set up working groups and daily executive meetings by February 2020. This placed them well with regard to identifying how they may need to adapt in response to different scenarios.
- **Funder responsiveness.** Funder responsiveness to COVID-19, namely the provision of new and/or additional funding, flexibility around the use of existing funding, and the loosening of administrative and bureaucratic requirements in managing funding, allowed organisations to respond to emerging need and take on required changes to service provision.
- **Technological infrastructure.** Organisations reported that the presence of technological infrastructure – for example, the organisation moving to Office 365, or being able to obtain devices for clients – greatly facilitated innovation, particularly around work-from-home and online activities with clients.
- **Staff and volunteers.** The creativity and dedication of staff and volunteers were cited by most organisations as factors that enabled innovation during COVID-19 to occur.
- **Client relationships and understanding.** Several organisations reported that their positive relationships with their clients and clients' families, and the understanding shown by said clients and their families, enabled organisations to try different things and act in the best interests of their clients.
- **Pre-existing innovations and processes.** Several organisations had pre-existing innovations and processes in place that they felt readied them for adaptation to COVID-19. These included investments in technological infrastructure, adapting services to suit individualised rather than block funding models, and cultural shifts to flatten hierarchy and empower employees to make decisions.

### ***What were the barriers to innovation during COVID-19?***

As the aforementioned factors helped innovation, other factors hindered:

- **Inflexibility of funding.** While many funders were responsive to COVID-19, complexity and inflexibility of funding, particularly around aged care and the National Disability Insurance Scheme, prevented some organisations from being able to access funding that they felt would have better enabled them to meet clients' needs.
- **Stakeholder resistance.** Resistance among clients was relatively uncommon, though some organisations reported that there were a small number of clients who simply did not want to participate in service delivery or modified (e.g. online) activities. Staff resistance was again quite uncommon, though some organisations reported having to work with staff to get them on board with operational changes.
- **Nature of services and nature of COVID-19.** Finally, the nature of services and the ever-changing nature of COVID-19 presented a barrier to innovation. For instance, several services rely on face-to-face service provision so other things had to be changed to accommodate that (e.g. residential aged care providers could not have visitors attend). Similarly, residential aged care facilities required extensive renovation to be truly COVID-safe, which was not possible given funding and time constraints. Finally, the changing restrictions and often conflicting official information around COVID-19 made it difficult for organisations to plan and act decisively.





## ***What innovations do organisations want to continue and what factors are required to enable this?***

Organisations wanted to continue innovations across several areas of focus:

- **Person-centred service provision.** Organisations wanted to continue to meet the needs of clients that they had identified during COVID-19, such as the need for information and service delivery in multiple languages, the need for relationships and social connection to be prioritised, and focusing on issues emerging out of COVID-19 such as housing.
- **Continuous improvement.** Several organisations wanted to maintain their focus on continuous improvement through evaluations, strategic planning, continued analysis of client needs, and advocacy and service delivery targeted at issues they viewed as underserved during COVID-19, such as the mental health of older people.
- **Organisational flexibility.** Most organisations saw great opportunities to continue to be flexible, such as through hybrid online/in-person service delivery options, virtual relative visits, and continuing some degree of work-from-home and virtual meetings.
- **Preparedness.** Preparedness for COVID-19 and similar situations was another thing organisations wanted to continue. This included continued use of PPE, digital visitor registered, employing people for more hours so they don't need to seek additional employment, and ensuring that renovations and new builds take virus safety into account.

In terms of what organisations needed to continue their innovations, **funding and funder flexibility** were top of the list. Many organisations were reliant on volunteers or surplus funding from reduced demand in some business areas to implement their innovations. They were aware that this was not sustainable and identified that additional funding was required in many cases. In addition, flexibility around the funding to reduce administrative burden and allow organisations to meet clients' needs was essential.

**Staff willingness** to adapt to change, build a culture of adaptation, and not revert to old ways of working were flagged as prerequisites of continued innovation. Finally, **technology.** Organisations identified that they would need to build their clients' technological literacy and ability to continue to offer online service delivery options. In addition, some organisations flagged that they would need to ensure that the organisation's software and hardware would need to be aligned with needs (e.g. laptops for working-from-home).

# 1. INTRODUCTION

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

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

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

This deep dive, Capturing and leveraging learnings from service innovation during COVID-19, involves a cross-centre team comprising researchers from all three CSI centres: Swinburne, University of New South Wales, and The University of Western Australia.

The project begins to examine what services want to do differently post-COVID-19, why, and what is needed to do so. It does so by exploring what services in the aged care, emergency relief, and disability sectors have learned from this period, 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. 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 fully acknowledge that these are not the only sectors that have been 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.

With the pandemic continuing in 2021 and various states across the country in lockdown, sectors and services are still being severely impacted, and we are still some way off a return to 'normalcy' post COVID-19. The report results and the directions that organisations wanted to take must be considered in this context. For example, some organisations were very keen to move back to face-to-face service delivery and this seemed like a safe and real possibility at the time.

This report details findings pertaining to Western Australia from research carried out by CSI, The University of Western Australia.



## 2. METHOD

The unprecedented nature of COVID-19 and, accordingly, the unplanned nature of organisational responses to it, call for an exploratory method of investigation. Accordingly, qualitative methods were indicated; specifically we employed a semi-structured interview format to ensure that the research questions were answered while allowing space to capture the nuances of different programs/services, organisations, and sectors.

Our research 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.

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

- The nature of the organisation and its services.
- The organisational role of the interviewee.
- How the organisation was affected by COVID-19.
- How the organisation adapted to these changes.
- What the organisation wants to do differently post-COVID-19.

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

### 2.1. Sampling and recruitment

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

Using the abovementioned considerations, organisations were identified by each node's team, and the rationale for their inclusion in the project (i.e. why we believed they had innovated during COVID-19) was put forward and discussed. We also discussed as a team whether organisations with arms in different states could be included in each node's sample. We decided that the radically different COVID-19 circumstances in each state would likely result in different themes across sites, so it was permissible to interview representatives from different arms of the same organisation. However, ultimately, only two organisations were interviewed in two states and are thus represented twice in the overall sample (overall N=36 interviews from 34 organisations).

We sought to interview frontline staff or staff who were directly involved in the implementation of the adaptations that the organisation made in response to COVID-19. We approached potential participating organisations via email, asking the recipient if the organisation would be willing to participate, and if they

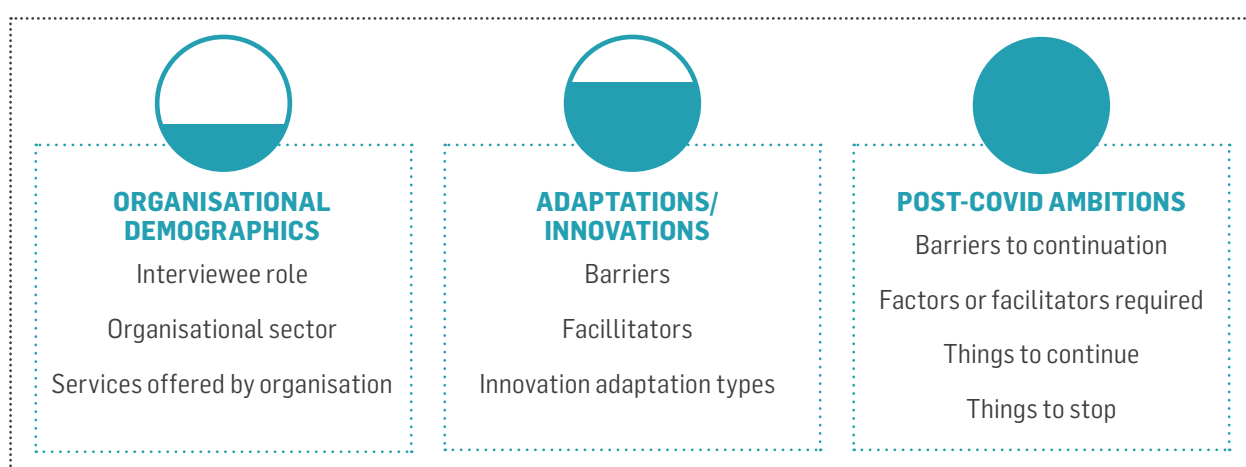
could recommend someone in frontline service delivery for us to interview. Most of the time, managerial and executive staff opted to participate in the interview. Not all organisations who were approached participated: some stated that they were too busy and/or were inundated with other research requests, others that their organisation had not innovated, and some did not respond to the request at all.

Given COVID-19 restrictions, the vast majority of interviews took place virtually, over Zoom or Microsoft Teams. In WA, nine of the interviews/conversations were one-on-one, and two were group interviews (3-5 organisational representatives and one interviewer) at the request of participants.

## 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 (see Figure 1 below) 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 1: Cross-centre coding framework**



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

Each node analysed their own interviews and wrote up the themes that emerged. The whole project team then met to discuss the themes that emerged and how to present the findings in a cohesive manner.



### 3. THE SAMPLE

The tables below detail the organisations interviewed, by state and sector. As some organisations did not want to be identified, organisational names have been replaced with identifiers and general descriptions of the organisation and the services they offer. Organisational size is determined by Australian Charities and Not-for-profits Commission income categories, where small organisations report income below \$250,000 per annum, medium organisations report between \$250,000 and \$1m, and large organisations report income over \$1m per annum.

Large organisations comprise the majority of the sample. This could be explained by the intensity of services provided in these sectors, such that significant capital infrastructure and maintenance, and high staff/client ratios are required. It could also reflect the increased resources available to larger organisations that enable them to participate in research, or the composition of the sectors in terms of organisation size in WA. Regardless, it is important to note that the findings presented in this report reflect the experiences of mostly large organisations and these may not translate to smaller organisations.

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

## 4. DEFINING INNOVATION

A recurring question in our team discussions was what constitutes innovation? Based on anecdotes about the COVID-19 period, we anticipated that particular types of innovation would emerge, such as greater use of technology to facilitate service delivery, new partnerships and collaborations, scaling (up or down) of services, and increasing consumer involvement in service design and delivery. However, at several points during the interview process, 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, its size and extent, and where in organisational processes and outcomes it occurs, can vary greatly.

In applying a definition of innovation to this research, it is important to note that fundamentally, this research is exploratory. As almost nobody was expecting COVID-19, we simply did not know what to expect in terms of organisations' responses to it, nor what innovation would look like for the organisation. Further, in general, the vast majority of innovations are incremental rather than radical (Kahn, 2018), and many fail (van der Panne, van Beers & Kleinknecht, 2003). Therefore, we take a broad view of innovation as any change undertaken by an organisation during COVID-19 that is intended to maintain, adapt or enhance service delivery and/or operations.



## 5. KEY THEMES – WA ORGANISATIONS

This section covers the themes that arose in interviews with Western Australian organisations. As a goal of this project is to compare and contrast experiences across states, the COVID-19 conditions facing each state provide important context for the innovations that occurred.

Western Australia is well known to have had a very mild COVID-19 experience, with 'lockdown' conditions including regional border closures, restrictions to operation for certain businesses, and limits to face-to-face gathering that were implemented in mid-March 2020 easing by mid-May. Schools were closed for only three weeks, and the state returned to almost pre-COVID-19 conditions by mid-June 2020 (Callis et al. 2020).

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

### **5.1 The organisations & participants**

A total of 11 organisations participated in the project, with 10 completing a formal, recorded and transcribed interview and one declining to record a formal interview but engaging in a conversation, providing organisational materials, and reviewing the researcher's notes. Five of the organisations operated in the aged care sector, three in the disability sector, and three in the emergency relief sectors.

There was significant overlap between disability and aged care services, such that two out of three of the disability service organisations also offered aged care, and three out of five of the aged care organisations also offered disability services. We asked interviewees from these organisations to focus on one sector (i.e. aged care or disability, not both) when answering questions.

#### **5.1.1 Services offered**

The organisations offered a wide array of services. Two aged care organisations offered primarily or exclusively residential aged care to people at the older and higher need end of the care spectrum. The remaining three aged care organisations offered community-based care via in-home support and day centres, mostly for older people who are able to live in the community. Two of these community-based organisations offered services specifically for culturally and linguistically diverse clients. In-home care included assistance with daily living, such as cleaning and gardening, medication management, carer respite, and one-on-one social support. Day centres host activities such as group outings, social clubs, and classes.

Disability service organisations offered services including a sporting club, home and other modifications (e.g. bathroom renovations, customised bicycles), and in-home care. The services that emergency relief organisations focused on for the purpose of their interviews included financial counselling, financial relief (e.g. bank transfer or voucher), and homelessness drop in and meal services. One of these organisations focused on culturally and linguistically diverse clients, specifically refugees and migrants.

We mention the culturally and linguistically diverse client cohorts here because we sought to ensure that these organisations were represented in our sample and, as we elaborate, many innovations undertaken by these organisations were in response to the particular needs of culturally and linguistically diverse clients.

#### **5.1.2 Interviewees**

Interviewees from Western Australian organisations occupied managerial and executive roles. Six interviewees were managerial: four managed particular programs or services that were the focus of their interview, and two occupied broader managerial roles such as communications. Four interviewees were in executive roles, including one interview conducted with a panel of executives. The remaining interview was conducted with organisational representatives in both managerial and executive roles.

## 5.2 How COVID-19 affected organisations

Another important context to innovation and adaptation during COVID-19 is the effect that COVID-19 had on the organisation. Beyond broad impacts such as the introduction of physical distancing and space capacity rules, contact registers, and hygiene procedures, COVID-19 had very different implications for different organisations.

### 5.2.1 Demand for services

The impact of COVID-19 on demand for services was mixed. Some organisations reported radically increased demand:

*“Over the last 10 months, we supported I think now we're at over 130,000 people with emergency relief, either with payments or with food relief. That compares to about 1,500 people in the same period the year before.”*

**WAI1, emergency relief.**

*“It actually got busier during COVID than it did prior to COVID. And especially this last time was just bananas because of the supplement slowing down and coming to an end.”*

**WA7, disability.**

*“If people needed those services to remain independent, in some instance our service requests went up because people actually didn't want to go to the shops.”*

**WA3, aged care.**

Other organisations reported reduced demand. Two clear reasons emerged for this. Among disability and aged care organisations, demand was reduced for non-essential in-home and community-based care due to clients and families seeking to reduce risk of exposure to the virus.

*“CHSP it is more with that impact, say like home help, there's a lot of – especially the family members they request to not have service because of COVID.”*

**WAI, aged care.**

*“[Those receiving] Less support. Less services. Those were the ones that said, ‘You know what? I can wait with the gardening. I can wait with the...’ Yeah.”*

**WA5, aged care.**

*“..Even not even feel comfortable and say, ‘Look I know that I had scheduled this appointment, I know that you guys are using all the appropriate precautions, but I'm not exactly comfortable.’”*

**WA7, disability.**

*For one of our homecare programs, we had the least numbers of service hours that we've ever had, simply because there just wasn't the demand there.”*

**WA3, aged care.**

Among emergency relief organisations, external factors, namely border closures and government stimulus measures, reduced the number of clients that needed services:

*“There was some ability to slightly downscale because we had much less people arriving into the country on refugee visas during lockdown.”*

**WAI1, emergency relief.**





*“When COVID came there were lots of levers being pulled at the same time. And some of those levers were around eviction moratoriums and disconnection moratoriums. Many organisations and credit providers stopped their collection processes at that time..So, what we found was...We weren’t getting those referrals through, from the utilities because they had stopped their disconnection and they had stopped their collection strategy.”*

**WA10, emergency relief.**

While some organisations experienced either reduced or increased demand, for most it was both, such that demand for some types of services that the organisation offered (e.g. in-home care) reduced while demand for others (e.g. electronic devices and technology support) increased.

### **5.2.2 Service delivery**

Service delivery was also impacted by COVID-19. Many organisations had to completely stop some services because the mode of operation was not compatible with the COVID-19 restrictions:

*“Suddenly all the centre services, the majority of the centre services, has been stopped...they can’t come because of COVID.”*

**WA1, aged care.**

*“The centre had actually been closed down, and we received an email from the Department of Health, saying you can’t keep your centres open anymore.”*

**WA2, aged care.**

*“I think it was 18 March and we said we have to stop. So we had to - we walked down on pool deck and had to tell the swimmers and the coaches and that was horrible.”*

**WA6, disability.**

Several organisations continued service delivery during COVID-19, with minor modifications:

*“Gardening and home maintenance for example wasn’t necessarily considered essential but the work that we do is not really so much horticulture and beautifying gardens. It’s making it safe. So we did continue to deliver adapted services with that essentially nonessential service by just not having interaction with people.”*

**WA8, disability.**

*“[Our support workers said to clients] ‘Okay, you want to go for a walk? That’s completely fine.’ So they changed the shopping to the walking, or they did exercise in the garden, or help them to teach how to learn to how to use their laptop or tablet.”*

**WA5, aged care.**

*“Where they didn’t [want to come into the centre], we offered them respite in the home, we offered to do their shopping, we offered to do their social support.”*

**WA2, aged care.**

### **5.2.3 Effects on organisational processes**

Likely reflecting the roles of the organisational representatives, effects of COVID-19 on organisational processes were quite commonly discussed. These included the formation of working groups who had daily meetings, strategic planning, and staff (who were able to) work from home.

Secondments or reallocations of staff whose workload had decreased or whose duties were lower priority were mentioned by two organisations. Coincidentally, despite being in different sectors, within both organisations these staff were moved to phone-based outreach.

Three organisations (one in each sector) spoke of COVID-19 increasing staff empowerment as, in the face of widespread uncertainty and continued need among clients, bureaucracy (internal and from funders) was reduced and flexibility from management was increased.

Some organisations mentioned that, as a result of reduced demand and reduced in-person capacity, they were able to spend more time with clients. As one residential aged care provider noted:

*“We’ve got managers who spend a lot of time talking to families when they come in, so staff were freer to spend that time with the residents. Rather than getting caught in the corridor with a family member for half an hour, it gave staff more time one on one with the residents.”*

**WA4, aged care.**

### 5.3 Types of innovations

This section covers the types of innovations reported by organisations interviewed. As mentioned in the method section of this report, we take a broad view of innovation, such that innovation in this context comprises any change intended to maintain or enhance service delivery during COVID-19. These changes can be radical or incremental, can occur at the organisational, staff, or service level, and can be simple or complex.

#### 5.3.1 Communications

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

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

**WA4, aged care.**

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

**WAI, aged care.**

*“Previously the communication was probably limited to, there’s a shift available on Wednesday should you wish to take it. But we’ve certainly brought a lot of those corporate communications in-house and are communicating more directly with our staff around some sort of corporate messages and our expectations about social distancing and vaccines.”*

**WA3, aged care.**

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

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



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

**WA2, aged care.**

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

**WAI, aged care.**

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

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

**WA5, aged care.**

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

**WA8, disability.**

An important gap in the availability of COVID-19 information in different languages was noticed by organisations who service culturally and linguistically diverse people. These organisations utilised the skills of their multilingual staff to rapidly translate and/or develop and disseminate important information to their clients:

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

**WAI1, emergency relief.**

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

**WAI, aged care.**

### **5.3.2 Technology**

As expected, a number of innovations involved the use of technology. A common theme across aged care and disability service organisations was the shifting of activities with clients, particularly social activities, online:

*“In the hub they are always having exercise and all that every time, so we capture and we do the exercise so they can watch through YouTube that at home they still can do exercise together with us.”*

**WAI, aged care.**

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

**WA2, aged care.**

*“Our coaches they got together and they did Zoom sessions. So they had four one hour Zoom sessions every week at different times so that a broad range of our swimmers were able to get onto Zoom....all the coaches were involved. One would do the warm up, one would take the main exercise and that same one - the first person would then do the cool down, and then they'd have a chat.”*

**WA6, disability.**

Naturally, not all clients were adept at technology use, so a related area of innovation was offering help and support for clients to use technology. For some organisations, this involved acquiring and providing technology for clients. For one emergency relief organisation this involved providing mobile phones and credit through Specialist Homelessness Services funds, while a couple of aged care organisations acquired tablets and devices. For example:

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

**WA2, aged care.**

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

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

**WA11, emergency relief.**

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

**WA5, aged care.**

Technology was also used among and for staff to facilitate work from home arrangements to ensure adherence to public health guidelines and minimisation of infection risk:

*“We started actually sending people to work from home. So, the first thing that we did, was to get the IT team out of the office, because we needed to make sure that the IT was working, but we also needed to make sure that if anybody had an issue, that maybe was working remotely, or if one of the support workers needed assistance, that the IT team were going to be able to respond, so they started to move out. Then, we started moving out all of the care managers, to say right, okay, you need to be able to go home, take your laptops, make sure you can get into the system, that you can see everything that you need to do.”*

**WA2, aged care.**

*Everybody was based from home...We still did do outreach services and home visits to the clients that needed it, but the majority of the time we were working on the telephones or on video call and working with interpreters over the phone.”*

**WA11, emergency relief.**

Technology also facilitated staff meetings, morale and teambuilding activities such as virtual coffees or after-work drinks, and work-related instrumental support such as advice on processes and procedures.

### **5.3.3 Food provision**

Interestingly, across sectors, the provision of food was quite a common theme. Two organisations (one disability and one emergency relief) expanded meal delivery services during COVID-19:

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

**WA8, disability.**



Both residential aged care organisations staggered meal services so that residents could still dine together while maintaining physical distancing. Several aged care organisations provided grocery shopping services to clients who were living in the community and were unable to or tentative about going to the grocery store. In response to shortages in grocery stores and difficulties in getting the grocery stores among both clients and staff, one aged care organisation started an ad-hoc 'pantry' service:

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

**WA5, aged care.**

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

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

**WA11, emergency relief.**

### 5.3.4 Maintaining human connection

The pandemic raised significant concerns about social isolation among the general population, but especially among cohorts who were already more likely to be isolated, such as those served by aged care, disability, and emergency relief organisations. Accordingly, several innovations were undertaken by organisations seeking to maintain human connection with and for their clients.

These included creative ways of enabling in-person human interaction while adhering to legislative requirements and public health guidelines:

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

**WA8, disability.**

*"We have a variety of homes that have fences in them that are sort of see through, so could we actually put the resident outside and they would actually be able to talk to their families through a slatted fence for instance and not actually have to have them enter the facility."*

**WA3, aged care.**

One residential aged care organisation was very strict with external visiting rules to allow residents to have as much of a 'normal' or pre-COVID-19 experience within their home:

*"Some facilities kept people in their rooms... and we said no, this is their home and so we just encouraged everybody as normal to come out and join in ... come to the dining room, come to the activity centre."*

**WA4, Aged Care.**

The three aged care organisations who offered in-home or day-centre based services rather than residential undertook efforts, usually phone calls, to ensure that their clients' physical and emotional wellbeing.

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

**WA2, aged care.**

*"That was the most important. Getting people connected, keep people connected. That's what pulled them through. Not cleaning, not shopping. It's that social, knowing that someone cares, knowing that someone is there."*

**WA5, aged care.**

## CASE STUDY: THE WELFARE CHECK (WA EXAMPLE)

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

### **An isolated cohort**

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

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

**WAI, aged care.**

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

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

**WAI, aged care.**

### **From ad-hoc to formalised**

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

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

**WAI, aged care.**



### ***Volunteer-driven, but not viable forever***

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

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

**WAI, aged care.**

### **CLIENT BENEFITS**

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

Relating to the themes of communication, technology, and maintaining human connection, one aged care organisation, in lieu of outreach social visits to residential aged care clients which were not possible during COVID-19, went against the increased technology trend and started a letter-sending initiative:

“The community visitor scheme also went online and offline and I know that over 800 letters were sent to people raising in residential care facility or in-home care package settings. Some people were not that technology savvy or said, “Okay, can you do postcards? Can you do letters? Fine, let's do that.” So, and sometimes it was literally, the person came in and [employee] typed in the letter and sent it to the nursing home.”

**WAS, aged care.**

### **5.3.5 Continuous improvement**

Interestingly, despite the tumult of COVID-19, several organisations innovated on top of their innovations by introducing evaluation and reflection processes in order to continuously adapt and improve the services they were offering. For some, this was direct evaluation of service provision during COVID-19:

“Around May, where we'd got to a point where we said, right, okay, there is no more that we can do for now... One of the things that we need to do now is to assess what we've done, so let's go and do a survey of clients, let's do a survey of our workers, and let's see how well or not they think we have supported them during this period, how safe we've made them feel during this period, what we could have done better, what they felt that we should have done more of, not less of, et cetera.”

**WA2, aged care.**

“We did a survey on late last year with just over 1,900 people that received emergency relief...But one part of that survey they also looked at I guess how people perceived or experienced the support that was provided.”

**WAI1, emergency relief.**

While others took a broader view, analysing the sector looking for ways that they could fill gaps or increase efficiency:

“Something that we discovered along the way, it [data analysis] enables us to look at how we can most effectively use the emergency relief across the state. Because we know there are higher cost and lower cost emergency relief deliverables. For instance, accessing Foodbank to buy groceries is a very cost-effective way, we've got an electronic voucher system for people if they have localised access to Foodbank. That becomes the priority, that becomes the first point of call. That's the most cost-effective way for us to ensure that they get the most food they can.”

**WAI10, emergency relief.**

*“NDIS actually puts out a market survey every six months, I think, about what is in people’s plans across the board in WA and in particular regions in terms of the different service types that are available. And we saw something like, at one point, 4 or 5% of the people who had home modifications and AT [assistive technology] in their plans were actually accessing any kind of service at all.”*

**WA7, disability.**

### **5.3.6 Supporting staff**

Although many of these innovations have been touched on in sections above as they overlap with other themes, several innovations related to supporting staff. This is important to note as it reflects organisations’ priorities and actions during COVID-19, and because staff were essential for the other innovations that organisations have undertaken.

Innovations related to supporting staff included the aforementioned efforts to facilitate working from home and teambuilding and social support activities, such as virtual coffees, after-work drinks and trivia nights.

Provision of personal protective equipment (PPE) and training around how to use it was a common theme in organisations that maintained face-to-face service delivery. One organisation hired an infection control specialist and another had staff from clinical teams train the other staff on the correct use of PPE. Several other organisations supported staff to undertake COVID-19 training that was required for their role, such as Commonwealth aged care and disability services training and training on child protection during COVID-19.

### **5.3.7 Novel innovations**

This section briefly details unique innovations specific to particular organisations. This is not to say that these innovations could not be applied in other organisations, rather that their specificity means that they cannot be categorised under a theme applicable to multiple organisations.

To continue service delivery and ensure wellbeing of clients, one organisation developed a system in which elderly clients who were living in the community would display a piece of paper in their front window that indicated whether they needed help:

*“It had a smiley face on the green side, and it had a frown face on the red side, and that was for people to put in their windows of their homes. And what we did was, we had some volunteers, and some of our staff, drive by those houses every day, and have a look at the face in the window, and if the face in the window was green, we knew the client was okay. If the face in the window was red, the worker would stop, make a call to the office, the customer support team would ring the client and say, hey, you’ve got your red face up today, what’s the matter? What can we help you with? The client would say, I’ve run out of milk, I have no bread, I need to go to the chemist, I’m not feeling well, or whatever it was, and then, the worker would be there, with PPE, to be able to assist them if needed.*

*So, it was a way of us being able to give the clients confidence that the worker didn’t have to go into their home, unless they wanted them in their home, but if they did want them in their home, then they could tell us what they actually wanted them to do, before they went in there. It also enabled, for those who were a little bit fearful of the workers going in, for us to tell the client to go to a different room.”*

**WA2, aged care.**

While their day centre was unable to take groups of clients due to COVID-19 restrictions, this same organisation also converted their centre into a quasi-residential care facility (day care only) to provide care to high need clients and respite for carers:

*“The centre became a base, where we could take them. So, we’ve got five rooms up at the centre, so at any one given time, we could isolate five clients in that centre.”*

**WA2, aged care.**





Several organisations moved from in-person to phone-based assessments for services during COVID-19, but one organisation started a phone call service to check in on clients. The organisation clearly defined the scope of the phone calls, and analysed the information provided by clients to understand how COVID-19 was affecting them to, in turn, understand how they could better support them:

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

**WA1, aged care.**

One residential aged care facility renovated their dementia ward to be more COVID-safe and more aligned with best practice

*“We identified that we wanted to have greater control and make sure that... if we had an outbreak we could manage it better on that floor, we decided to put a wall up separating, and that was strategically done in a way that still allowed, you know, the transmission of food and all those things, but it was strategically located and is still there at the moment... [it's] also all in line with best practice dementia because it was our main dementia floor, so it said instead of a huge, institutionalised space, we had a more cosy environment.”*

**WA4, aged care.**

This same organisation also planned for a potential outbreak by converting a basement training room into an isolation wing:

*“We have a room in the basement which is the training room and we set that up as a potential isolation wing if we had an outbreak. So we had to set up that room as a little mini hospital. So part of that was that if we did go down there, if we did get an outbreak and we decided that we couldn't care for them in their room or the facility, we would go down there. So we mobilised maintenance and we just put, we knew we had beds, and we had it all set up as a mini hospital.”*

**WA4, aged care.**

Two organisations reported novel ways of caring for clients. WA4 (aged care) made one client's husband, who usually lived independently, a resident for the COVID-19 period. This was because the husband usually visited for 12-13 hours per day but would not have been able to visit at all under the strict restrictions, so the organisation (with the husband) determined that it would be detrimental for husband and wife to be separated and took him in as a resident. WA2 (aged care) reported that one high need client responded best to being driven, so the worker (while taking COVID-19 precautions) would drive them around for a few hours to provide social support to the client and respite for the carer.

Organisational processes were also quite drastically changed by two organisations during COVID-19. One organisation shifted its engagement with clients to be more relationship-focused rather than project management focused, which involved disbanding one organisational unit and creating a new one, comprised of new staff with the required skills. Another organisation closed one of their physical offices and moved to a hub model of working, where 30-50 people work in 'hubs' in their local community. This involves the introduction of hybrid home/office working arrangements across all roles, and represented a significant increase in working from home arrangements across the organisation, plus the incorporation of various percentages of customers facing time in every role.

## 5.4 Drivers of innovation

An important question for this research is what drove organisations' innovation during COVID-19, including and beyond the constraints to business as usual instigated by the pandemic and its attendant restrictions and public health recommendations.

### 5.4.1 Client needs

An emphatically clear driver of innovation among the organisations interviewed was the needs of clients. The organisations were from human service sectors, where principles such as person-centred service delivery are prominent. Nevertheless, it was incredibly heartening to see that these principles were not only maintained during COVID-19, but drove and shaped the actions taken by organisations to adapt to it:

*It really was all focused on the client. In everything that we do, we put the client at the centre of everything, and if you put the client at the centre of everything, and then everything else that you do is around that client, you can never get it wrong, you can only ever get it right. You might make a few mistakes along the way, but you're still getting it right, because you're learning from those mistakes."*

**WA2, aged care.**

*"We have the resident forefront of our minds at all times. Everything we did we figured was our responsibilities to the resident, not the resident's family, not the people who with services, it's all about keeping the resident safe."*

**WA4, aged care.**

*"If somebody is ringing, try to speak to them straight, away within a couple of hours if you can, because if you've ever been in a place where you're having to connect with a service provider and you're just not getting anywhere, you wonder why are they there anyway, because nobody's ever calling back. But yeah, just ringing people back is a huge thing."*

**WA7, disability.**

Several organisations reported articulating principles that guided their organisational response and/or individual staff decision making during COVID-19 to ensure that people's needs were met:

*"So really on we kind of had, kind of three key principles that guided our response. Which was really looking at you know, making sure that during COVID everybody in Australia, regardless of visa status is safe and protected from harm. That everybody is able to access support to meet their basic needs and that we all have a responsibility around making sure that we minimise any incidences of discrimination and stigma."*

**WA11, emergency relief.**

*"the mantra was keeping people safe and well and supporting customers through COVID. So it was like, yes, we need to look after staff and support customers so can you find a solution that keeps people safe and still supports customers? So rather than saying no one's working here, we're all staying at home and we're just going to pay you it was like, yes, we will and is there a way that you can still support customers? So we gave people the principles to make decisions within."*

**WA8, disability.**

*"[Organisation] was built by the community for the community. And also plus our community members, so we are linked with our community. So if someone comes and asks for help [organisation] does help and we never shut our doors to anyone. Once someone comes in and asks for something we can't do, we explain them why and then trying to help them to reach the right people."*

**WA5, aged care.**



Gaps in service provision that prevented the meeting of clients' needs also drove innovation for some organisations:

*Many ER providers didn't have the ability to transition to a remote based service delivery for ER. So there were significant gaps in service delivery across the state, and there was no one to fill them. So, we identified that there was this need."*

**WA10, emergency relief.**

*"There's a lot of people that need stuff. They're not getting it. Are they [not] getting it because we're actually providing a barrier to them on top of the barrier they're already facing with the complexity around NDIS? I can tell you that with any group of people that are seeking support and service, that they a lot of times don't know what to ask."*

**WA7, disability.**

#### 5.4.2 Client isolation

A significant driver of efforts to adapt to COVID-19 was client social isolation and loneliness. Concerns about loneliness arising from the COVID-19 pandemic were a substantial topic of conversation in the mainstream media (Lim, 2020), and the elevated risk for loneliness and isolation among marginalised populations was a particular area of concern (Patel & Clark-Ginsberg, 2020; Lee et al. 2021). Accordingly, clients' isolation was a key driver of innovation for several organisations:

*"Especially with the CALD people, even without COVID this social isolation and they're unable to connect with their own community, with their own people who share the same language or culture, that is already a very real issue among the CALD communities, seniors."*

**WA1, aged care.**

*"We're feeling like people during COVID being isolated and it just sort of added more urgency to be having more a relationship model than transactional model with people we are supporting."*

**WA7, disability.**

*"The clients were locked in. Because they were a vulnerable group, they especially needed to stay at home. So they got bored. You can see that they... were going down. So our support workers got concerned and we told them, "So what would you like to do?" So we allowed them to do activities with the clients within the safety boundaries, of course, but to help the clients to have some fun." W*

**A5, aged care.**

*"Interviewer: "What did you, at that early point, what did you identify as your major risk? Was it ..." Interviewee: "Everyone seemed lonely."*

**WA4, aged care.**

#### 5.4.3 Staff needs

Staff needs were also a key consideration in adapting to COVID-19. Organisations whose staff continued having face-to-face contact with clients were cognisant of fears and concerns that may arise from that:

*"So we took the decision that was in the best interests of the residents, and the best interests of the staff. And also because confidence is a very important thing and we felt that if we went into lockdown the staff would have the confidence to continue coming to work. Otherwise we were concerned there would be a knock-on effect and that people would just not want to come to work."*

**WA4, aged care.**

*"You've got to understand, from your staff's perspective, that you've got people out there, who you're expecting to work and look after vulnerable people, whilst internally, probably being very fearful of the impact that that could potentially have on them."*

**WA2, aged care.**

Other staff needs that have driven innovation, which have been touched on in the innovation types section, include the need for technological infrastructure to work from home and the need for work-related instrumental and social support during the COVID-19 period.

#### 5.4.4 Varying global responses

An interesting driver of innovation among the organisations that catered primarily to culturally and linguistically diverse (CALD) clients was the need to provide accurate information about Australia's COVID-19 situation in people's preferred language. In some situations this was to battle misinformation. Most of the time, however it was because people were consuming information from their home countries that, naturally, detailed that country's response to COVID-19 rather than Australia's:

*"One of the things that we needed to combat, which I don't think the government understands was a problem, is that our seniors, usually they listen to news from their country of origin. And that's a problem because every country has a different response to COVID. They have different attitudes to COVID. So it was actually battling another frontline of misinformation, "Oh, but this is what's happening in Macedonia." Yeah, but the Australian government does this and that's a very different. So we had to also explain that. So the daily digest was really great to keep everyone on the same level and on the same information."*

**WA5, aged care.**

*"We also knew that a lot of people got their information from overseas, because there was nothing available here. People were going to the Facebook groups overseas where information may not be relevant to the context here and when that information may be essentially contrary to their health. So that's been really the focus."*

**WA11, emergency relief.**

#### 5.5 Facilitators of innovation

Facilitators of innovation are those that help the innovations to occur and, in many cases work. Facilitators can therefore be distinguished from drivers, which are those that precipitate (or drive) the innovation. Several factors facilitated the innovations of the WA organisations interviewed.

##### 5.5.1 Early awareness and planning

A key theme that emerged as a facilitator of innovation among almost all organisations was early awareness and planning. Most organisations talked about having daily team meetings, often as early as February 2020, to gauge the COVID-19 situation and undertake risk assessment and scenario planning. As the COVID-19 situation emerged, discussions became a lot more practical and implementation-oriented, discussing the federal and state government restrictions and advice and best ways to respond and adapt to them. Generally, by June or July 2020, these meetings had tapered to once per week, and organisations had developed robust plans for the various ways in which COVID-19 could affect their organisation.

An interesting component of this theme was early awareness. For two organisations, coincidentally, members of its executive team were travelling overseas in early 2020 and became aware of the virus before it was being broadly discussed in Australia. When they returned from their travels, they flagged COVID-19 as a potential concern and began planning accordingly. Similarly, some of the organisations dealing with CALD clients also had early awareness of COVID-19 because of their and their clients' connections to countries that were being affected before Australia. In addition to being something to respond to in and of itself, such that clients were worried about their friends and family overseas so the organisations wanted to support them in dealing with that worry, this led organisations to flag COVID-19 as an organisational issue and begin early planning.

##### 5.5.2 Funding

Unsurprisingly, given the already resource-constrained context that human service organisations operate in,



funding was a huge facilitator of innovation to maintain, expand and/or enhance services during COVID-19. In particular, funder responsiveness to and flexibility around COVID-19 within existing funding contracts were reported as helpful by many participants:

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

**WA8, disability.**

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

**WA10, emergency relief.**

*“We got the flexibility from the government to do a little bit more of this kind of social support at home, because obviously, after we are funded for a group setting.”*

**WA5, aged care.**

Several organisations reported receiving additional funding. For some organisations, this was for new services or projects during COVID-19; for example, WA9 (emergency relief) received philanthropic funding for their meal delivery service and WA11 (emergency relief) received federal government funding for expanded emergency relief. Flexibility in the conditions of the new funding around service delivery was still important:

*“One of the benefits of that additional funding was giving us the discretion to support where we needed to support clients. The DSS was one support but obviously people had a lot of different needs. They could housing, medical needs, transport, food – a lot of other things. So this additional injection kind of gave us the discretion of where we wanted to support clients or what we needed to support them, because they had so many different needs.”*

**WA11, emergency relief.**

Many aged care and disability services had to absorb the initial costs of continuing support for their clients during COVID-19, and did so on the belief that they would be reimbursed by the federal government. Fortunately, this did eventuate through the provision of additional funding and bonuses for maintaining support during COVID-19:

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

**WA2, aged care.**

*“That was part of the action plan, what do we need, when do we need it by, and we just went and got it. Money wasn’t an issue, budget wasn’t an issue, just do it. At that stage, we didn’t know that we were going to get any money from the Commonwealth government in return”*

**WA4, aged care.**

It is important to note that the large size of many of these organisations is what enabled them to absorb the upfront costs of maintaining or scaling up service delivery during COVID-19. This was noted by participants: in addition to the above examples, WA10 (emergency relief) mentioned the importance of backbone resources for their financial counselling services, and WA7 (disability) talked about the organisation’s ability to take on the administrative costs of a relationship-oriented service delivery model in order to see whether it did result in better outcomes for the client and the organisation.

### 5.5.3 Technological infrastructure

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

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

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

**WAI0, emergency relief.**

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

**WA8, disability.**

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

**WA2, aged care.**

Similarly, existing project management, customer relationship management, and customer payment portals greatly facilitated continuity and scaling up of service during COVID-19. For example, WAI1 (emergency relief) had an existing online application and payment portal for seeking emergency relief available to clients in particular circumstances. When COVID-19 meant that most applications for and provision of emergency relief now had to be done online, the existing portal was scaled up and eligibility criteria for its use were removed, allowing for a much quicker and easier transition than having to build a portal from scratch.

### 5.5.4 Staff and volunteers

Staff and volunteers were crucial facilitators of innovation during COVID-19. In several cases, the ideas, creativity and initiative of individual staff were key. For example, WA6 (disability) had to shut down its activities as they were all face-to-face and non-essential under the government restrictions. However, one of the coaches had the idea to develop online exercise classes and social catch ups and created a roster for her and the other coaches to bring that to fruition. Other examples:

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

**WAI, aged care.**

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

**WA5, aged care.**



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

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

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

### **Staff-driven**

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

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

**WA6, disability.**

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

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

**WA6, disability.**

## CLIENT BENEFITS

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

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

**WA6, disability.**

Staff skills were highly valued, with many organisations having staff work across teams to apply their skills to where they were needed (e.g. clinical teams providing PPE training (WA8, disability); teams whose service had lower demand moving to services with higher demand (WA11, emergency relief)). In addition, particularly among aged care organisations, staff being willing and able to continue to come to work despite an increased risk to their own health, was crucial to being able to continue services.

Volunteers play a huge role in the for-purpose sector. While COVID-19 impeded a lot of volunteering opportunities, volunteers were crucial to many organisations' COVID-19 innovations, particularly food and meal delivery services.

### 5.5.5 Client relationships and understanding

Another facilitator of the effective implementation of innovations mentioned by organisations were the relationships between the organisation and its clients, and the understanding demonstrated by clients and their families during this time:

*“The absolute majority of our residents and families have been totally understanding of our need to put in protections and to really look after those in care.”*

**WA3, aged care.**

*“When we had restrictions just recently, people were very understanding and we were working from home, using mobiles and our own home technology, which is variable from person to person, can be.”*

**WA7, disability.**

*“Our clients were also very supportive. They were calling us and my colleagues thought they want something, but they just said, ‘Oh no, I just want to know how you are. Are you okay? Is [organisation] okay? Do you need any money?’”*

**WA5, aged care.**

### 5.5.6 Pre-existing innovations and processes

Notably, a lot of organisations had processes and innovations that were already in train prior to COVID-19 that, in turn, facilitated innovation during COVID-19. In addition to the aforementioned investments in broad technological infrastructure such as Microsoft 365, two organisations (WA2, aged care and WA7, disability) had invested in integrated service delivery platforms that enabled clients and the organisation to manage the selection and payment of services online.

One organisation (WA8, disability) was at the end of a large, long-term merger process that had involved the integration of systems and significant rethinking of how the organisation did business, both philosophically and practically. Another organisation (WA10, emergency relief) talked about the pre-existing partnership across more than 10 different organisations as a facilitator of emergency relief provision during COVID-19.

Several organisations mentioned that the shift from block funding to individualised funding had already led them to shape their services and means of service delivery to be more adaptable to people's needs, which also facilitated adaptation to COVID-19.

Other organisations discussed more tacit elements of organisational culture and processes that facilitated innovation during COVID-19, such as flat (non-hierarchical) decision making processes, empowerment of staff to use their creativity and discretion, and, as mentioned earlier, the placing of the client at the centre of service delivery.

## 5.6 Barriers to innovation

This section describes the barriers to innovation that WA organisations in the aged care, emergency relief, and disability organisations reported experiencing during COVID-19.





### 5.6.1 Inflexibility of funding

While funders' flexibility during the COVID-19 period was a significant facilitator of innovation, not all funders were flexible and this constrained the type of services that organisations offered and the way in which they could offer them:

*"Because of the lack of Home Care packages, CHSP has basically supplemented – and it's become, if you like, a lower-level Home Care package. And there are people on CHSP that are getting more services than they would in a level one or a level two Home Care package, so you know, at the end of the day, to say that it was different, that was wrong."*

**WA2, aged care.**

*"NDIS which is Commonwealth disability was probably the most inflexible. Services not delivered don't get paid. End of story. Which is tricky because if you've got worried families they may be more likely to say no. They probably then would end up having their balance of funds increasing and when that comes up for review – we've heard lots of anecdotal feedback that then they're saying well you obviously don't need that level of support and it's like well actually we do. This year was very different."*

**WA8, disability.**

*"We do what the funding allows and that's a good thing and also a limitation. So you can't do a lot of things because we are very successful in the system that we are in, but the system funds us. So we can't really take a step outside of that."*

**WA5, aged care.**

### 5.6.2 Stakeholder resistance

With any change, one can expect resistance or hesitance from stakeholders. Several organisations mentioned that clients, for various reasons, did not want face-to-face service provision to continue. One organisation mentioned that some clients did not want to participate in the activities (e.g. at-home art projects) that the organisation had set up to keep people stimulated and occupied, simply because they were not interested in the activity.

Two organisations mentioned staff resistance to innovations during COVID-19, namely modified employment contracts and adopting a relationship-oriented approach to service delivery:

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

**WA8, disability.**

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

**WA7, disability.**

### 5.6.3 Nature of services and nature of COVID-19

The nature of services offered and the nature of COVID-19, and the interaction between the two created barriers to innovation for some organisations. Inherently, the services provided by the organisations interviewed rely heavily on human, face-to-face connection, so adaptation to the restrictions around the virus meant that they could not deliver services in the optimal way (e.g. residential aged care providers don't want to deprive their residents of visitors). In a similar vein, the way in which physical infrastructure was designed was also a barrier to adaptation. As WA3 (aged care) lamented, "You can't turn multi-bedded bedrooms with shared ensuites or shared bathrooms suddenly into all private rooms with ensuites just overnight."

While the restrictions created innovation through necessity, there were instances where conditions precluded innovation. For example, pre-COVID, WA5 (aged care) visited clients who were in residential aged care, so the shutdown of residential aged care to visitors meant they couldn't maintain that service, and the high workload of residential aged care facilities meant that staff were less able to collaborate with WA5 to find alternative ways to continue that support for those clients.

Another way in which the nature of COVID-19 inhibited organisational adaptation was its constantly changing nature and inconsistent messaging on the part of authorities:

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

**WA4, aged care.**

## **5.7 Post-COVID-19 ambitions**

This section outlines organisations' post-COVID-19 ambitions: the types of things they would like to continue out of the COVID-19 period, what they'd like to stop, and the factors that would be required to realise their post-COVID-19 ambitions.

### **5.7.1 Things to continue**

The types of things that organisations wanted to continue out of the COVID-19 period were quite unique to each organisation. We have categorised them as follows: person-centred service provision, continuous improvement, organisational flexibility, and preparedness.

#### **Person-centered service provision**

A key theme inherent in organisations' post-COVID-19 ambitions was maintaining person-centred service provision. The ways in which organisations intended to do this varied greatly, in line with their pre-existing culture and means of service delivery, as well as learnings from COVID-19. For some, such as WA1 (aged care) and WA11 (emergency relief), the importance of providing information in multiple languages and leveraging bi-cultural support in service provision were further clarified by COVID-19 and, accordingly, were to be continued after.

Other examples include WA7's (disability) planned continuation of a relationship-oriented service delivery model, WA9's (emergency relief) intention to formally integrate social connection into service design, and several organisations' intention to focus on issues that are anticipated to be key for people in the post-COVID-19 period, such as housing, food provision, and employment initiatives.

#### **Continuous improvement**

Continuous improvement was another thing that many organisations wanted to continue post-COVID-19. Once again, what that looked like for each organisation differed. For example, identification of emerging demand and considering how services can best meet that demand were goals articulated by WA10 (emergency relief) and WA11 (emergency relief). Similarly, WA5 (aged care) felt that the impact of mental health on older people was ignored both before and after the pandemic, and intended to continue advocacy for the issue and ensuring that their services were supportive of clients' mental health.

WA7 (disability) wanted to continue to refine the organisation's relationship-oriented service delivery approach through co-design and customer journey mapping. WA8 (disability) and WA9 (emergency relief) talked about reflection and strategic planning, mapping out where the different things that the organisation does fit into the role they play in the service system.

#### **Organisational flexibility**

A big factor for the future that is quite clearly linked to COVID-19 was the continuation of organisational flexibility, particularly around the use of technology. For some, such as WA8 (disability) and WA11 (emergency relief), this included continuation of working from home for many staff at least part of the time. Others, such



as WA3 (aged care) intended to have video conferencing as an ongoing option for senior staff meetings and in clinical settings.

The use of technology in service provision, in particular circumstances, was also found to be useful by some organisations. For example, WA4 (aged care) mentioned the continuation of weekly or fortnightly Facetime, WhatsApp or Skype sessions for residents and their families and friends, particularly for those residents with family overseas. WA1 (aged care) mentioned that they would continue to upskill their clients in terms of technology use so that they don't miss out. WA11 (emergency relief) intended to continue broader use of their online payment system for emergency relief provision.

WA2 (aged care) reported that COVID-19 helped a lot of technology-resistant clients adapt to varying degrees of service provision, and anticipated that blended service provision driven by clients' preferences would be part of the future:

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

**WA2, aged care.**

### **Preparedness**

Preparedness for ongoing COVID-19 related disruptions was a key thing for some organisations to maintain. WA4 (aged care) intended to maintain use of PPE, continue digital visitor registers, and restructuring their staff rostering to offer more hours to staff who wanted them in order to reduce the number of organisations that staff had to work at in order to derive sufficient income.

WA2 (aged care) talked about continued scenario planning and refining planned responses to these scenarios. WA6 (disability) said that coaches and swimmers were going to be mindful of social distance and limit unnecessary physical contact. In line with dementia best practice and virus safety, WA4 (aged care) stated that all future renovations of existing facilities and building of new facilities would have wards designed to be smaller and cosier.

### **5.7.2 Things to stop**

We also asked organisations about things they wanted to stop post-COVID-19. Not many things came up! This is likely a reflection of the nature of services offered, such that they were essential and therefore adaptation during COVID-19 was largely to maintain them. Further, the adaptations made were in line with the organisations' preferred principles of service delivery. Accordingly, the services and ways of working adopted by organisations during COVID-19 are well-suited for the future.

A couple of minor examples of things to stop post-COVID-19 were that WA4 (aged care) would implement an online-only booking system for virtual relative visits rather than phone use because of the administrative burden the latter placed on the organisation, and WA1 (aged care) intended to transition its radio presence to YouTube, in line with clients' changing media preferences.

### **5.7.3 Requirements for realising post COVID-19 ambitions**

Organisations identified several factors that were required for them to realise their post-COVID-19 ambitions. These were categorised as: funding and funder flexibility, staff willingness, and technology.

## Funding and funder flexibility

Funding and funder flexibility were by far the most prominent barrier perceived by organisations in moving forward as they want to after COVID-19. For example, WA10 (emergency relief) reported that they're able to continue the emergency relief service that they offered during COVID-19 because demand for their usual funded service is lower. However:

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

**WA11, emergency relief.**

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

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

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

**WA7, disability.**

## Staff willingness

Staff willingness and the need to foster it were also key requirements for post-COVID-19 initiatives. WA1 (aged care) talked about needing to "bring everyone in" and flattening the hierarchy to "appreciate each other's strength no matter what position you are in". WA1 also discussed the need to develop a culture of adaptability to change:

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

**WA1, aged care.**

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

## Technology

Technology and technological literacy was another requirement for several organisations. WA1 (aged care) talked about continuing to build clients' technological literacy to facilitate continuation of technology-assisted activities. WA7 (disability) mentioned the need to streamline technological platforms and align them to their new relationship-oriented model of service, and WA8 (disability) talked about the need to move everyone to laptops to facilitate hot-desking and remote working.



## 6. CONCLUSION

This report has presented the ways in which Western Australian aged care, disability and emergency relief organisations innovated and adapted during COVID-19. We found that there were a number of areas in which organisations innovated to continue to meet the needs of their clients and pursue their mission during the COVID-19 period.

We found that organisations drastically increased their communication to clients and their families, and used a variety of mediums to do so – YouTube videos, newsletters, text messages, information sheets and phone calls. The information communicated related to COVID-19 and included public health advice, organisational updates, and tips on staying physically safe and mentally well. Organisations used technology in a variety of ways, such as enabling staff to work from home, delivering online activities to clients, and processing applications from clients for service.

Food provision was also a common theme, with organisations delivering food hampers or ready meals (as opposed to clients collecting them), grocery shopping for clients, or finding alternate means such as online grocery vouchers or developing an ad-hoc 'pantry' at the organisation to ensure people had access to groceries.

Organisations worked hard to maintain human connection through regular welfare checks on clients via phone, novel means of having in-person contact from a physical distance, and letter writing initiatives. Several organisations engaged in continuous improvement, conducting evaluations and asking clients to provide feedback. Organisations also innovated to support staff, socially through virtual coffees and trivia nights, and instrumentally through the provision of PPE and training.

Several factors facilitated innovations in organisations: early awareness and planning, additional funding and funding flexibility, staff willingness, and client relationships and understanding.

In terms of carrying activities and practices beyond the COVID-19 crisis, organisations wanted to continue to be person-centred, maintain continuous improvement, be flexible as an organisation, and be prepared for COVID-19 and other health crises. In order to carry these forward, organisations noted that they would likely need additional funding and would certainly need flexibility from funders so that organisations could adapt services to clients' needs. They also needed staff to be willing, and to continue investment in technological infrastructure and training for both staff and clients to increase technological ability and literacy.

It must be noted that, when we undertook the research, sentiment about COVID-19 was quite positive, such that there was hope and belief that we were moving to 'the other side'. Unfortunately, 2021 has demonstrated that we have quite a way to go before we are in a 'post-COVID-19' world and our research must be interpreted in that context. However, the fact that client needs and preferences were the overwhelming driver of innovation and consideration for the future among WA organisations that we interviewed suggests that the core themes of a 'post-COVID-19' world will still resonate.

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# APPENDIX 1

## *Interview schedule*

Can you describe your organisation for me?

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

What is your role in the organisation?

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

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

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

How did you/your organisation adapt to these changes?

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

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

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

## APPENDIX 2

### NAME

#### **Adaptations innovations**

##### *Barriers*

- Bureaucracy - red tape - resistance to new approaches
- Burnout of staff
- Difficulties working with tech
- Difficulties working from home
- Health and cognition issues
- Language and other barriers
- Resistance to social distancing
- Resource barriers
- Time for new training – fit with casualised schedules

##### *Facilitators*

- An attitude of seeing opportunities
- Being flexible
- Extra funding and resource
- Having skilled staff
- Having volunteers and charitable donations available
- Support from clients' family members

#### **Innovation adaptation types**

##### *New services offered to clients*

- Accessible information delivery
- Activities to build connection + community
- Activities to foster well-being
- Activities to provide a sense of purpose
- Financial assistance
- Home deliveries and other home services
- Online and other tech services
- Organising tech infrastructure
- Tech training
- Phone services
- Retaining some limited F2F services

##### *Organisational processes – ways of thinking*

- Being willing to adapt existing admin and office processes
- Being willing to experiment
  - Cleaning protocols
  - Collaboration with other organisations
  - Harnessing existing staff, resources and funding for new purposes

##### *Org processes – ways of thinking*

- New resources
- New staffing (including volunteers) and new staffing structures
- New training
  - Regular and intensive remote support for staff
  - Social distancing
  - Working from home

#### **Organisational demographics**

- Interviewee role
- Org sector
- Services offered by org

#### **Post COVID ambitions**

##### *Barriers to continuation*

- Demographic group related
- Funding
- Organisational sustainability including fatigue
- People and volunteers
- Technology related

##### *Facilitators to continuation*

- Type of things to continue
  - New ways of service delivery including technology
  - Old and new ways of service delivery
  - Org processes – new ways of working
  - People and volunteers
- Type of things to stop

#### **Pre-COVID**

#### **What is innovation**

