

# Resilience and Innovation:

Services responding to Covid-19 in the Inner East 2020



Inner East Primary Care Partnership acknowledges  
the support of the Victorian Government

## **Acknowledgements**

The Inner East PCP has interviewed a number of partner organisations with a view of capturing their transition, agility and experiences during the 2020 Covid-19 pandemic. We would like to acknowledge their invaluable support in sharing their stories and modelling of service delivery, with our broader partnership.

## Forward

Over the past year (2020), the Victorian Public Health and Community Services sectors have had to rapidly change their service models to accommodate restrictions, client needs, and staff health and wellbeing during the Covid-19 pandemic.

Recording examples of experiences and changes to operational processes in the Eastern Metropolitan Region of Melbourne, may provide an important function to support local organisational learning and to enhance the overall system response to meet the evolving needs of the community. This report seeks to provide a historical snapshot that captures new thinking and innovation, and documents effective practices adopted that may sustain through and beyond pandemic recovery.

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## Case Story: Emergency Relief

### Box Hill Community Information and Support Inc

*'The sector has been very quiet. I don't know how we will cope if demand grows. We don't know.'*

*Veronica Canziani, Coordinator, Box Hill CIS (referring to reduction in clients plus loss of volunteers early in the pandemic lockdown period)*

Box Hill CIS (BHCIS) is a not for profit, volunteer-run agency providing emergency relief (including a foodbank), information, referral and advocacy services to disadvantaged communities in the Box Hill area. BHCIS has been operating for over 50 years in Box Hill. It is supported by the federal government through Community Information and Support Victoria Incorporated (CISVic), and by the Whitehorse City Council.

#### The impact of Covid19 on service delivery at Box Hill CIS

##### **Safety & Risk**

The safety of volunteers interacting with clients was an immediate priority. Volunteers at Box Hill CIS are almost all in their 60s-80s. Some volunteers have health issues and all were concerned with their own safety.

##### **Impact & Response:**

As the pandemic unfolded in March 2020, new systems to reduce risk of COVID-19 transmission amongst clients and volunteers had to be developed on the run. This included pandemic-specific hygiene practices and new processes to interact safely with clients. The Box Hill CIS Board quickly rewrote policies – sometimes daily - as new systems were implemented and activated ensuring that hygiene standards were maintained and volunteers and clients were kept safely distant.

The Board took a strong and early risk averse position. Information from Government was limited in the early days as there was so little known about the virus. The Box Hill CIS Board also relied on information from other local community services to plan new safety procedures, with information shared freely between organisations. CISVic later ran helpful webinars on hygiene protocols for agencies as well as sharing relevant policy templates.

The Box Hill CIS Board recognised the need to keep updating disaster plans, policies, and procedures in the future. Risk management needs to continue as a focus for all small agencies like Box Hill CIS.

##### **Internet Technology Resources & Social distancing**

Box Hill CIS has limited technology capacity both in terms of infrastructure and volunteer skills. Much of the technology at BHCIS is old. Volunteers also lack IT skills and few have resources at home for email or video meetings.

While some of the other CIS agencies across Victoria moved to an electronic off-site model of service provision, there was a recognition that many of our clients would not be able to access services electronically. Our client base includes many who cannot afford continuous phone credit or adequate phone data. Many don't have a home computer or internet access, some don't even have a home. Their usual sources of computer access, such as public libraries, or free WiFi, such as food courts, were closed early in the pandemic.

##### **Impact & Response:**

While some agencies have had to close due to an inability to deliver electronic services, Box Hill CIS has been able to remain open because of retrofitted safety technology.

The usual service provided by Box Hill CIS is individualised and face to face. BHCIS has a main reception area where coordinators personally greet clients. Two small interview rooms allow clients' need for material aid or other supports to be determined in private. Material aid such as a food parcel, shopping vouchers or myki cards are normally passed to clients in the reception area. This is a high contact

process, but volunteers and clients value this personal way of working. However the highly transmissible nature of the novel coronavirus made the usual processes high risk.

A decision was made to keep the front door locked and require clients to phone from outside to answer screening questions before being let one at a time into the building. Where possible, clients who needed food only were asked to remain outside and a food parcel was passed out the door to them. However it was hard for volunteers to maintain social distancing when holding the front door open to let clients in or to pass food out. The process was also limited by the high number of clients who either did not have a mobile phone or had run out of phone credit.

Box Hill CIS was lucky to have unspent grants money. Approval was quickly sought to repurpose it to improve the communications technology infrastructure on site to allow adequate distance between volunteers and clients. Within a short period of time, and with the pressure of increasing scarcity of technology equipment and restrictions on permitted activities by tradies, an intercom system with microphone and camera was installed between the office and both the front door and the foodbank area. This allowed volunteers to screen all clients before they entered the building without requiring them to have their own phone. A remote door-release was installed so volunteers could let clients into the waiting room while remaining safely in the office. Rather than joining clients in the interview room, volunteers conducted interviews via telephone from the adjacent office with clients using a BHCIS landline.

The new safety infrastructure has had a secondary benefit in ensuring the safety of volunteers from aggressive clients. Physical incidents with clients had started to occur more frequently (unrelated to Covid19) and the volunteers now feel safer in the Box Hill CIS premises.

Although the new processes allowed clients to continue receiving tailored assistance during the worst of the pandemic, volunteers were pleased to finally return to seeing clients face to face late in 2020. The therapeutic qualities of working side by side with clients cannot be replicated in the socially distanced model, however the new processes allowed valuable support services to continue for those most affected by the economic and social impacts of the pandemic.

#### *Reduced capacity to deliver services*

The age and underlying health issues of volunteers meant a significantly reduced workforce as many volunteers rightly stayed home to stay safe. Box Hill CIS did not have anyone in the unpaid manager role when the coronavirus pandemic hit, so the Board had to step in to coordinate all Covid19 response activities on the premises.

#### **Impact & Response:**

Human resources needed to be boosted, both at a Board level and within the Centre operations. Two new Board members were recruited during the year through ProBono and personal contacts. The Eastern Volunteers Central Volunteers Bank provided two candidates to take on the position of Manager and both were recruited mid-year to share the role. The difficulty of recruiting volunteers to take on roles of high responsibility is a long term concern of the Box Hill CIS Board.

In the early months of the pandemic, BHCIS was operating on a skeleton staff who made themselves available for additional days to ensure usual hours of operation could be maintained. Some of the volunteers who stood down for personal health and safety reasons did not return as the COVID-19 risk eased late in 2020. Eastern Volunteers has been approached again to support further recruitment. CISVic has also received government funding to place paid workers in local CIS services. Subsequently, Box Hill CIS has gained a paid community development worker for 6 months. CISVic volunteer training ceased initially but eventually moved to an online format so that new volunteers could undertake the required training to interview clients.

***Donations of material goods and money***

Initially the main supplier of fresh and packaged food – Foodbank – had limited supplies but collections were still able to be made by volunteers, albeit for a limited selection of produce. Public donations of goods ceased.

**Impact & Response:**

Foodbank services have improved due to Government support for that service. A local church initially dropped in food regularly, but they moved to giving cash as material donations could not be collected with the community in lockdown and the congregation not meeting. The money is used by volunteers to buy food to supplement the BHCIS foodbank. Other donations from philanthropic sources and the Department of Social Services have increased.

***Increased demand***

Box Hill CIS operates for short opening hours on three weekdays, primarily due to a lack of volunteers to operate a longer service. There was a concern that increased demand could not be met by the reduced numbers of volunteers.

**Impact & Response:**

The increased demand did not eventuate, likely due to JobKeeper and the COVID-supplement paid to many welfare recipients. Through the middle of the year Box Hill CIS was servicing fewer clients than before COVID-19.

BHCIS saw a change in demographic of clients requiring services. Before Covid-19 clients tended to be receiving Centrelink benefits and were Australian residents. Those clients were adequately supported for several months by increases in Jobseeker. However Jobseeker payments decreased from September, and further reductions are planned, with demand for emergency relief picking up towards the end of the year as expected.

The pandemic impacts meant Box Hill CIS started seeing a bigger proportion of people who are not permanent residents: asylum seekers, international students, people on working visas – people with no income at all. They were asking mainly for food. Box Hill CIS has responded to the new cultural groups by providing them with Essentials supermarket cards rather than food parcels so that they have flexibility to obtain culturally appropriate food. Due to the increased financial resources of Box Hill CIS, volunteers have been able to double the amount available to clients (to around \$100 per client).

Box Hill CIS has seen no increase in demand from women experiencing family violence during COVID-19.

**The Gaps*****Access to support services for vulnerable communities***

The Board and volunteers are aware that there are many eligible people who are not accessing the services they provide. Emergency relief services such as ours have few resources for publicity and marketing to reach some of the disadvantaged communities who could benefit.

***The vulnerability of volunteer-run agencies***

Volunteer-run organisations are vulnerable to staffing losses and have difficulty engaging volunteers willing to undertake management responsibilities. The work load is shouldered by a very few and important work remains unfinished. Local governments have stepped in in some areas to provide paid management of emergency relief services. Other small agencies have had to merge with larger entities, but in doing so risk diminishing the localised delivery of services. Long term resourcing for ongoing paid management of local emergency relief services needs to be addressed.

***Increasing demand***

When Jobkeeper and Jobseeker end, Box Hill CIS anticipates a huge increase in demand that they will struggle to fulfil without increased numbers of volunteers and donations.

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## Case Story: Family Violence Services

### EDVOS (Eastern Domestic Violence Outreach Service)

***'The situation kept changing so quickly in the first few months. We were responding to frequent updates to restrictions and government guidelines requiring significant change and implementation, while trying to ensure continued responsive service delivery to women and children experiencing violence, and taking care of our staff - all at the same time.'* Kelly Hinton, General Manager, EDVOS**

EDVOS is the specialist family violence service in the Eastern Metropolitan Region. EDVOS provides a broad range of integrated services to support women, children and their pets who are responding to family violence. The staff provide information and support; help clients to develop safety plans and find safe places to stay, help clients keep their children safe, and refer to other services such as legal, counselling and financial counselling that clients may require.

#### The impact of Covid19 on service delivery at EDVOS

##### ***Working from home***

EDVOS deliver services both by telephone and in person. The offices are a safe space for women seeking safety and support.

##### **Impact and response:**

##### ***IT investment***

Very quickly EDVOS determined that they needed to address issues with working from home in the event that staff were unable to attend the office. The organisation benefited from already having invested in internet technology systems which allowed them to duplicate telephone systems to staff phones, and that databases, referral systems and communications were already accessible online.

##### ***Working with at risk women***

Most women's needs can be served through phone, email and video conferencing mechanisms, but there is a component of women who require a face to face physical response. EDVOS committed to continuing to offer space for women at their office, and are now operational with only 15% of staff present on site adhering to all government directed workforce safety and hygiene protocols.

As restrictions on movement in Melbourne tightened, the spaces that women usually access to be safe were no longer available – public spaces like a local 24-hour McDonalds were no longer open. It became vital for the EDVOS office space to remain open for women and this service has been maintained throughout the pandemic.

##### ***A gendered workforce***

EDVOS anticipated that the high percentage of female staff they employ would also be managing additional caring responsibilities and recruited extra staff to cover any increase in demand.

##### ***Privacy and self-care***

With staff transitioning to working from home, confronting conversations with clients were now happening in the home. EDVOS consulted with every staff member to determine how they wanted to work and what would cause each the least anxiety. Assessments were done on the home environment: equipment, OT assessments, and privacy. Some younger members of staff were living in share houses where privacy was an issue that needed to be addressed. The focus was on wellbeing and support for staff. Flexibility is now being built into the long term thinking for EDVOS as the efficiencies of working from home become evident.

***Critical incidents***

At the EDVOS office there is always a manager available for support if a critical incident occurs during a consultation. In a transition to working from home, IT was harnessed to ensure mechanisms were in place and staff were never on their own, for example a live chat function for staff working off site. The key for EDVOS was to shift thinking about what already existed and make it virtual.

***Impact on demand for services***

Due to the evidence of increased impact on rates of family violence during disasters, and the example from Europe and the US which preceded the pandemic presence in Australia, EDVOS anticipated a spike in demand for services.

**Impact and Response:*****Restrictions and referrals***

Rather than the expected exponential increase in referrals, EDVOS experienced consistent trends appearing around the imposition of restrictions, with more referrals when restrictions tightened and when they eased. As advance warning is given of increased isolation measures, women are more likely to seek help before the restrictions are imposed. Then, as restrictions are eased and women have more freedom to report, there is a corresponding increase in referrals to EDVOS.

***Increasing risk***

Risk assessment is usually consistent between those assessed as low, medium and high. But during the Covid19 pandemic high risk cases significantly increased.

**The Gaps*****Human interaction***

Physical interaction between staff, and between staff and clients cannot be replaced. While for some clients remote services have been enough, for many the scope of a purely transactional experience is not adequate.

***Systemic issues***

Some police stations were closed, particularly in the outer east catchment, and police redeployed to Covid19 response. Women in those areas may have been forced to travel a substantial distance to access a police station.

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## Case Story: Volunteering Services

### Eastern Volunteers: Ringwood, Box Hill & Lilydale

*'As volunteer workforces return to the organisations that we support, it's going to be important to maintain flexibility and agility so we can support them to successfully welcome back their volunteer workforces, and to think about the new opportunities they can offer to engage volunteers. The opportunities being provided need to meet the way people want to volunteer into the future.'* Viv Cunningham-Smith, CEO, Eastern Volunteers

Eastern Volunteers (EV) is engaged in a number of different activities to support the Eastern region community through volunteering: a Volunteer Resource Centre, Community Transport, Governance Training for NFP Boards, and strategic Disability and Student volunteering initiatives. EV is a volunteer-involving organisation itself, and also supports organisations in the EMR to engage and work with volunteers in the operations of their businesses.

#### The impact of Covid19 on Eastern Volunteers services

##### **Volunteer Resource Service**

The Volunteer Resource Service (VRS) serves around 500 agencies who have their own volunteer staff. The VRS workforce includes a small number of paid staff and a large number of volunteers who undertake the administrative and service delivery operations. These include volunteers who face particular barriers to volunteering that require additional support such as disability.

##### **Impact & Response:**

In the early weeks of March the VRS service model became redundant as organisations moved to cut services to community, and volunteers became concerned with their own safety. EV initially saw a strong uptake in short term volunteering from community members wishing to get involved as a response to Covid19. Within days a Central Volunteer Bank was established to streamline deployment of volunteers to pandemic related roles, run virtually from home-based staff and volunteers.

Need was particularly acute amongst material aid agencies, as well as agencies working with cultural groups who required bilingual volunteers for welfare checks on isolated non-English speaking community members. Meal delivery services were seeing a 58% increase in demand.

- Every one of the 500 agencies using the VRS were contacted, volunteer opportunities were reassessed, and new roles were devised.
- EV called out to and was approached by local organisations that had ceased operations and had staff available to volunteer. These workforces were deployed through the Volunteer Bank to COVID related roles.
- EV approached Councils and their Emergency Management teams to help with allocation of the volunteering workforce.
- Up to the end of September 2020 EV has placed 360 volunteers into Covid19 volunteering opportunities: some were entire workforces, other were individuals. It has over 700 people in its Volunteer bank.

### **Opportunities: The Volunteering Community of Practice**

The work of the VRS included a Volunteering Community of Practice for volunteer-involving organisations. EV has used this established forum to support response amongst agencies by quickly moving to a virtual model and bringing in experts to talk about using PPE, emergency management, and other issues of significance. Agencies have used the opportunity to help support each other through the sharing of ideas and resources and EV is now moving to a framework of recovery and a focus on the restoration of opportunities for volunteers and the reengagement of those volunteers who have been unable to contribute during the pandemic. The Community of Practice has fostered new dynamic and innovative partnerships, and contributed to the sustainability of the sector through the Covid19 environment.

### **Community Transport**

Community transport is a Commonwealth funded aged care service. Prior to the pandemic EV delivered 135 trips a day for people over the age of 65 (plus those under 65 with a disability or other barrier to accessing services) to access health, social and community opportunities.

### **Impact and Response:**

In early March 2020 the Community Transport program was entirely reframed in the space of 48 hours.

- Transport was reduced to health only trips.
- New protocols for screening were immediately introduced for clients and for volunteer drivers
- A Covid Strategy and Covid Safe plan were developed and refined weekly. There was much detail to be considered, including training drivers to sanitise the vehicles. Social distancing messaging to volunteers was developed.
- Hygiene procedures were re-written. Initially EV found it very difficult to source supplies of masks and other PPE, and sanitiser. Strong networks of support for donations of PPE were utilized in order to get elderly clients to essential health appointments.
- EV lost 60% of their volunteer drivers over one day due to numerous Covid risk factors, such as age, medical issues and fear for safety.
- A local dementia care agency – Caladenia – approached EV to redeploy their staff through the Volunteer bank. EV deployed them to Community Transport to continue to deliver services through COVID.
- Volunteer drivers were given temporary roles to work from home as online shopping assistants by ordering groceries or contactless deliveries for clients. It is hoped that this strategy will ensure that volunteers remain engaged with EV and will return to their positions when the pandemic environment concludes.
- Community Transport trips were reduced to 35 a day during Stage 4 but are now steadily increasing as we emerge from restrictions.
- Covid plans were written for 1400 Community Transport clients. Those without family support or capacity to get medical appointments and shopping were prioritized. Clients were offered a weekly welfare check, and many wanted that, so the Caladenia volunteers also began welfare checking. Many older people required strong and repeated reinforcing messaging to comply with the social Covid19 measures.
- EV had invested in strong IT capacity, which had never been fully used to its potential. Because of this, EV were able to convert to virtual operations very quickly. Within three weeks the whole service was transformed. Virtual training for drivers and other volunteers was developed. Other online training in Board governance was also developed across the services.

**Opportunities: Building relationships with Mullum Mullum**

Mullum Mullum Indigenous Gathering Place were initially compelled to restrict their transport services, and EV Community Transport stepped in to assist with food drops to isolated elders. As Stage 4 progressed, Mullum Mullum had to close completely, but because the relationship between EV and Mullum Mullum was now established, EV was able to continue the work of Mullum Mullum and hopes to continue to support Mullum Mullum and the Eastern Indigenous communities into post pandemic recovery.

**The Gaps*****Re-engagement of the volunteer workforce***

In order to re-engage the workforce who have opted out of volunteering in the current environment organisations will have to maintain the flexibility and agility that has been forced upon them and offer different volunteering experiences. The opportunities provided need to meet the requirements of volunteers, particularly as older volunteers move into retirement or are constrained by health issues. The older cohort of volunteers may give one or two days a week, but younger volunteers are looking for more short term or project based work. People do not want to volunteer in traditional ways.

EV considers that volunteers and paid workforces need to be reimagined together. Organisations should consider how to manage risk across the entire workforce and how to utilise the human power of the collective workforce.

***Social Isolation in the community***

Older people have been isolated for some time over 2020. They have lost the confidence to engage in social connection and support activities in the community. It will take some time and resources to build their confidence. Government support may cease before people are ready to reengage.

***Some EV ventures have been unable to continue during Covid19***

Disability volunteering (an IEPCP social inclusion initiative), had to be put on hold just as EV were piloting an Inclusive Volunteering program to address a lack of confidence for organisations to offer inclusive volunteering opportunities. This is an important piece of work to progress in 2021.

Student Volunteering initiatives have been underway with Monash and Deakin universities to develop pathways for university students to volunteer. Organisations in the East were extremely responsive to student opportunities and this will start again seriously in 2021. The pandemic may have provided an opportunity for organisations to rethink and capture different ways of volunteering through virtual and home based volunteering. Keeping the momentum on that will be important. Young people may not ever do traditional forms of volunteering.

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## Case Story: Home and Community Care Services and Covid-19

### mecwacare

Mecwacare is a leading not-for-profit organisation with a reputation for excellence. They have provided care to the Victorian community since 1959, offering residential aged care, home care packages, respite care, in-home support, community housing, community programs, disability and nursing services. They provide optimal choices for people of all ages, irrespective of financial, religious, cultural or lifestyle background. Staff are culturally and linguistically diverse, representing 89 nationalities and speaking 98 languages. For the purpose of this paper, home care will be the primary focus.

### The Impact of Covid19 on service delivery at mecwacare

#### *Infection control measures*

##### **Initial response:**

Covid-19 had a significant impact on home and community services. As clients are in the vulnerable age group and mecwacare is an essential service, some staff were sent to work from home and some face-to-face services stopped in late March 2020. These included group activities, volunteer transport and taking clients for respite, shopping and community access. There was an immediate response to implement the services that were essential for mecwacare clients to receive, such as food shopping, personal care, nursing care, meals on wheels, and domestic assistance. A Covid-19 Committee was established and chaired by the CE with Executives and General Managers to develop new policies & procedures for COVID, and coordinated staff & client responses.

##### **Impact and response:**

Mecwacare wanted to protect clients and staff by implementing safe infection control measures, regular Covid-19 testing, and having enough staff coverage for staff being Covid tested or planned and unplanned leave. During 2020, the organisation had less network meetings to attend so they could focus primarily on delivery, infection control, safety and on their internal functions.

A Covid-19 committee established a COVID Staff Resource webpage in their share point page which included frequent messages from the CE (during lockdown time). The Resource page provided access to the mecwacare Covid-19 Positive Response Procedures, Influenza and Respiratory Illness Outbreak and Pandemic Management Policy and Procedure, COVID-19 PPE work instruction, Infection Control Prevention and Management Policy and Procedure, training materials on infection control, work instruction on Donning/Doffing PPE, instructions on how to implement a COVID safe working environment, COVID Safe Plan for each site/facility and COVID Safe Plan for Home Care Services (at client homes and Meals on Wheels).

General/Regional Managers were allocated across different offices to reduce risk of all staff having to be in quarantine at once, should an active case arise. As mecwacare is an essential service, the teams were divided across different buildings for safety– this was particularly important for the finance, payroll, IT departments and service delivery teams. Separated entrance/doorway for staff to use when they enter and exited the building. All sites have COVID signage with capacity numbers of people in an area and all staff are temperature tested before entering any mecwacare office or building. All sites for locked down to external visitors and meetings moved to online via Microsoft teams.

Frontline workers received PPE training. PPE equipment included masks, gloves, sanitisers, face shields, gowns, sanitiser wipes and aprons. Mecwacare implemented high levels of PPE before being mandated by the Government. Mecwacare employed staff to deliver PPE to all offices every fortnight. This strategy has worked well to equip staff with all of the equipment that they needed to perform their jobs safely.

### *Shopping service for clients*

#### **Initial response:**

During lock down, some clients temporarily suspended their services and said 'don't come – our families will look after us'. All clients who suspended services were risk assessed and wellbeing calls were made depending on their scored level of risk. Some clients were called every second day.

During Covid-19, there was a significant increase in demand for our staff to shop without the client. As many older aged clients did not use online banking or online shopping it was a barrier for them to access groceries without a *mecwacare* worker. Pre-Covid, the worker would pick up the client and support them do their grocery shopping and sometimes this was the client's only outing for the week.

#### **Impact and response:**

*Mecwacare* arranged to shop for the clients, however, some clients could not access cash from their banks, therefore, some clients had to sign a letter to give consent for staff to do their personal grocery shopping and pay for the purchases with the clients' credit card. Other clients had their families purchase gift cards and the worker paid for the shopping using these gift cards. After the restrictions eased in Feb 2021, staff have commenced taking one client in the car with a face mask for their shopping services.

### *Loss of volunteers during pandemic*

#### **Initial response:**

Meals on Wheels is another popular service that relies heavily on volunteers. During Covid-19 *mecwacare* lost volunteers (especially volunteers over 70 of age) and had to rely on paid staff to deliver meals during this time.

#### **Impact and response:**

There were strict health and safety process with all volunteers and Meals delivery staff wearing PPE (gloves, mask and goggles) to deliver meals to the client's front door. The volunteers were asked to stand two metres away from the door and communicate with clients from a safe distance. *Mecwacare* had to recruit additional staff to cover some volunteers during COVID.

### *What is working better?*

- Interviews and orientation moved to online during COVID which offered flexibility to new staff living in remote or regional areas.
- As our teams are across different regions, staff and managers schedule their catch-ups online and there is a mixed mode of meetings with face-to-face and online when required.
- Staff have extra PPE equipment at their homes as a precaution for a possible snap lockdown or another pandemic wave, so it allows for business continuity.
- CE communication has been regular and the marketing team ensure the organisation can communicate the most updated and relevant information to clients.

### *The Gaps*

#### *Client confidence to return to social activities*

Clients are still hesitant about large group activities, so smaller group activities are offered.

#### *Transport and accessibility*

Group transportation to access activities has been a barrier. *Mecwacare* has moved to local activities for clients to walk to with carers or transport by an individual carer. The main issue is isolation. Exploring the local area by foot promotes gentle movement, social inclusion and removes the barrier of group transport fears.

### Opportunities for collaborative work

- Contractors ensure *mecwacare* deliver home maintenance services that are safe and timely to the clients, in a reassuring way.
- *Mecwacare* has also participated in various provider meetings to share each other's learnings and experiences.
- Collaboration has been vital during the pandemic to understand and deliver best-practice.

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## Case Story: Social Support Groups

### Uniting Vic.Tas

Many older people want to remain active within their communities and to live independently in their own homes for as long as possible. Social Support Groups provide an opportunity for older people aged 65 years and over to attend and participate in social interactions conducted in a community-based setting. Uniting Vic.Tas runs six social support groups for older Victorians located across the Melbourne metropolitan region. Social activities are provided in a group-based environment and designed to develop, maintain, and support social connection and independent living. Our activities promote physical activity, cognitive stimulation, and emotional wellbeing to help people stay active and healthy. We also conduct group excursions to encourage people to develop new interests and engage more broadly with their community.

#### The Impact of COVID-19 on service delivery

During most of 2020 and early 2021, COVID-19 restrictions meant we had to change the way we delivered social activities to ensure our consumers still received the support they needed. Uniting's Social Support Groups pivoted to a remote model of service delivery which supported the continuation of these programs. We began to engage with consumers over the phone, using virtual technology, and engagement strategies such as the development of activity packs and newsletters.

Innovative thinking saw programs deliver cooking and nutrition sessions over the phone, virtual dance classes conducted via Zoom, over the phone games, quizzes and trivia as well as group meditation and exercise activities. We also ran walking outings and sing-a-longs over the phone, linked friends together via conference calls to catch up or discuss topics of interest or share stories or for knitting projects to help organisations in need. Other activities included sharing photos distributed through activity packs and newsletters, virtual tours of museums, art galleries and places of interest, the development of recipe books with contributions of favourite meals and the stories behind them, and letter writing correspondence in collaboration with local schools and extended family members. Some sessions were able to be offered in other languages (Greek, Italian) utilising volunteers who remained connected and supported programs through the COVID-19 restrictions.

#### Impact of COVID-19 on consumers

During the extended lockdowns in Melbourne during this time, our consumers were unable to physically attend a centre-based location. In addition to missing the face-to-face social connection with staff and engagement with their peers, consumers also missed the opportunity to gather for a nutritious daily meal which is a key part of the program. Overall, although consumers appreciated the daily contact and engagement efforts of the staff, they did experience increased social isolation which impacted on their physical and mental health.

Even when restrictions were lifted and we could recommence face-to-face programs again, it was observed that COVID-19 had a direct impact on consumer confidence. We noticed an increase in anxiety of our consumers and a greater reluctance to leave their homes and participate in social situations. Consumers also experienced cognitive and physical decline during this time, and with increasing care needs as a result, were observed moving into permanent care situations.

It has been great to welcome back consumers in person to our social support programs. However, given the uncertainty around COVID-19, our programs are prepared for future lockdowns and can quickly revert to a remote style of service delivery to ensure that consumers receive support during these difficult times.

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