CatholicCare Wilcannia-Forbes' COVID-19 response: Report on document audit and evaluation

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Parenting Research Centre

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1. Executive summary

In response to the COVID-19 pandemic, CCWF like many family support agencies has had to radically change the way it works with clients. CCWF conducted risk analyses and contingency plans for all 19 of its services and programs and converted to remote work procedures for all staff. Interaction with individual clients has been via telemedicine methods such as videoconferencing. For groups, secure social media platforms have also been used to stay in touch with and provide services for clients.

This evaluation was designed and conducted by the Parenting Research Centre (PRC) in collaboration with CCWF in order to assist CCWF in determining what has worked well in their response to COVID-19 restrictions and what changes should be retained after restrictions are relaxed. The evaluation has four components:

- Conducting a document audit of adapted service delivery models (program risk assessments and contingency plans)
- Evaluating staff responses to service adaptations (semi-structured interviews)
- Evaluating client responses to service adaptations (anonymous survey and semi-structured interviews)
- Analysing de-identified staff wellbeing data

Even through the level of highest COVID-19 risk and greatest service disruption, many practices were maintained which were capable of sustaining and developing client engagement. Although many remote delivery practices have good potential to establish and maintain client engagement and partnership, not all methods will work equally well for all clients, according to the views expressed by staff. Some clients prefer online contact, some prefer face-to-face. There will not be a single practice mode that will be equally acceptable to all clients, post-COVID; however, the work done to adapt practice to the greatest COVID-19 restrictions should leave CCWF with an enhanced set of capabilities and suite of practices which can be drawn on in the future.

Clients reported a high degree of satisfaction with CCWF support during the period of greatest service disruption, while being eager to return to in-person services. It should be noted that our client respondents were drawn from Playgroups and Financial Counselling services, two programs where it is difficult to provide a precisely equivalent service via remote delivery methods. It is possible that clients of other programs may wish to retain some of the flexibility of one-to-one services delivered remotely. However, our respondents acknowledged that CCWF had ensured they had continued access to services and support during COVID-19 restrictions.

Staff generally reported being satisfied with the services they delivered and with their own working arrangements. With some exceptions (for specific client groups and program types) they felt that they were able to deliver much the same level of support during COVID-19 restrictions as before. They reported that some remote delivery practices may be more convenient and empowering for clients, and that reduced travel allows them to take on a greater caseload. Nearly all staff greatly appreciated working from home and would like to continue doing so (to a greater or lesser extent). Where there was dissatisfaction, it generally related to reduced incidental communication and collaboration with colleagues, or to being part of a program which could not be satisfactorily adapted to remote delivery.

Staff reported feeling well supported by CCWF and coping well with changes associated with COVID-19. Most wellbeing measures showed no serious decline, with the possible exception of exercise. This is likely to be be attributable to reduced opportunities for exercise during COVID-19 restrictions but may be an area where CCWF could provide more support.

The new methods developed during COVID-19 restrictions are best seen as options to be added to CCWF's existing suite of tools. For some clients and staff, a return to previous practice is highly desirable (particularly for clients and programs where remote delivery is impossible). However, for many clients and staff, remote delivery methods will be a useful option to free up time for clients

and staff, increase the ease, flexibility and responsiveness of delivery, and increase feelings of control over work and participation in services without sacrificing engagement.

2. Project background and rationale

CatholicCare Wilcannia-Forbes (CCWF) is a family support agency based in central Western New South Wales, with offices in Bathurst, Bourke, Brewarrina, Broken Hill, Cobar, Condobolin, Dubbo, Forbes (head office), Lake Cargelligo, Narromine, Orange, Parkes, Wilcannia, Nyngan, and Warren. CCWF provides counselling and relationship support, financial counselling, support for families affected by domestic violence, programs and support for Indigenous communities, targeted assistance for men and family relationship services, accommodation and housing support, and services for children and young people. Their services are provided through five major programs:

- Mental health
- Families and relationships
- Homelessness and domestic violence
- Parents and children
- Financial counselling

In response to the COVID-19 pandemic, CCWF like many family support agencies has had to radically change the way it works with clients. CCWF conducted risk analyses and contingency plans for all 19 of its services and programs and converted to remote work procedures for all staff. Interaction with individual clients has been via telemedicine methods such as videoconferencing. For groups, secure social media platforms have also been used to stay in touch with and provide services for clients.

To date, CCWF has noted that many of the changes have been of benefit to both clients and staff, as evidenced by internal surveys, bettering of service delivery targets, and practitioner-reported client outcomes.

As the emergency situation has eased, some programs have begun to return to pre-COVID-19 procedures. However, New South Wales has not yet completely returned to its pre-COVID-19 situation. It may not do so for some time. Agencies such as CCWF may retain some enhanced safety procedures even once the general public has returned to (real or perceived) ‘normal’. Safety considerations aside, some new practices may be preferred by staff and clients and may have resulted in improved services and working conditions and could be retained indefinitely.

This evaluation was designed and conducted by the Parenting Research Centre (PRC) in collaboration with CCWF in order to assist CCWF in determining what has worked well in their response to COVID-19 restrictions and what changes should be retained after restrictions are relaxed. The evaluation has four components:

- Conducting a document audit of adapted service delivery models (program risk assessments and contingency plans)
- Evaluating staff responses to service adaptations (semi-structured interviews)
- Evaluating client responses to service adaptations (anonymous survey and semi-structured interviews)
- Analysing de-identified staff wellbeing data

These components addressed three evaluation questions:

1. What changes were made to CCWF practice in response to the COVID-19 crisis?
2. How do staff and clients view those changes?
3. What new and adapted practice elements should be retained post-COIVD-19?

3. Methodology

3.1 Document audit and analysis

We conducted an audit of documents provided by CCWF outlining their current programs, the risk assessments conducted for each, and the changes made in response to those assessments.

We conducted a synthesis of new practices across

- documents,
- risk levels,
    - prevention (no local cases)
    - early intervention (some local cases)
    - full intervention (COVID19 prevalent in region), and
- activity types
    - community groups
    - individual support
    - support groups
    - community events
    - partnership meetings

Practices relevant to each program in the organisation-wide response plan were extracted and listed with the corresponding program. We then assessed practices which were adapted for the highest level of risk from COVID-19 (full intervention, maximal disruption to usual practice) for their potential to establish and maintain client engagement with services.

3.2 Semi-structured interviews

We conducted brief (no more than 30 minutes), semi-structured interviews with selected CCWF staff and clients via Zoom (for staff) and telephone (for clients).

Staff interviews covered:

- Description of how practice has changed
- Views on changed practice
- Reflections on client outcomes related to changed practice
- Recommendations for future practice (what and what not to keep)

Client interviews covered:

- Perceptions about how interaction with CCWF practitioners and programs has changed for them
- Views on changed practice

See Appendix A for interview schedules.

3.3 Online survey

We designed a short, anonymous survey for CCWF clients. Survey delivery was via PRC's dedicated secure data collection platform PRISE, via a link circulated by CCWF staff to private social media platforms currently used to deliver programs, (e.g., closed Facebook groups).

The survey covered the following domains:

- Degree and nature of change in interaction with CCWF
- Degree of satisfaction with practice changes
- Suggestions for improvements

See Appendix B for survey questions.

3.4 Staff wellbeing synthesis

We used de-identified data provided by CCWF from their recent staff wellbeing survey, to gauge staffs' perception of changes and implications for their practice, their work procedures, and their clients.

4. Findings

4.1 Document audit

CCWF presented fifteen documents for review. Their titles and a brief description are given in table 1 below. Several of these documents were in draft form when provided to PRC; it is intended by CCWF that all documents be 'live' and continuously updated as circumstances dictate. Documents with 'service plan' (or similar) in the title relate directly to government funding and reporting contracts and show contracted program activities, revised program output targets, and data entry pathways.

We present findings from this component first so that the reader can understand in general terms what changes were made to service delivery, before seeing the impact on staff and clients.

Table 1: document overview

TITLE	DESCRIPTION
Our Services	Guide to CCWF programs, services, and offices
CatholicCare Wilcannia-Forbes response plan to viral and disease outbreaks	Details organisational response to outbreaks of virus and disease in the general population, such that client care is protected and sustained.
COVID19 contingency plan, Family & Carer Mental Health program	Overview of potentially changed practice for program at three risk levels (prevention/early intervention/intervention)
COVID19 contingency plan, FamilyCare program	Overview of potentially changed practice for program at three risk levels (prevention/early intervention/intervention)
COVID19 contingency plan, Men and Family program	Overview of potentially changed practice for program at three risk levels (prevention/early intervention/intervention)
COVID19 service plan BH revised	Outlines changed practice for Family Mental Health Support Service Broken Hill
COVID19 service plan Financial Counselling	Outlines changed practice for Financial Counselling program Broken Hill
Service plan Reconnect draft	Outlines changed practice for Reconnect (youth homelessness) program Bourke
Service plans SHS Bourke (two versions provided)	Outlines changed practice for Specialist Homelessness Service Bourke
Service plan NPST draft	Outlines changed practice for National Psychosocial Transition/Continuity of Support program Broken Hill
Service plan Parkes Covid19; SP 776 COVID19	Outline changed practice for FamilyCare Condobolin, Parkes, Peak Hill, and Trundle
SP 705 COVID	Outlines changed practice for the Men and Family program Forbes/Parkes
SP 717 COVID19	Outlines changed practice for the Regional Family Dispute Resolution program Broken Hill

SP 725 COVID19	Outlines changed for the Family and Carer Mental Health program Western region

The full synthesis table based on our full document audit is provided as a separate spreadsheet, which we anticipate will be of use to CCWF in coordinating and monitoring changed practices across programs. The synthesis clearly demonstrates that CCWF had processes in place to monitor conditions, ensure staff and client safety, and continue to deliver ongoing support and as many services as possible (in some cases, in substantially modified form). We present below the findings of the synthesis in which we sought to identify elements of practice likely to support continued client (and to a lesser degree staff) engagement with services at CCWF during a period of considerable uncertainty and disruption to usual practice.

In this section, we explore the practices affecting clients and staff at the highest (and hence most disruptive) risk level, mapping to a common elements framework for engagement. The common elements approach (for example, as outlined in Chorpita et al. 2007) makes use of the realisation that many evidence-based practices have techniques (elements) in common. Common uses of the common elements approach include allowing practitioners to check the compatibility of practices with organisational aims, identify gaps, and choose new practices to fill those gaps. We have selected the common elements framework for engagement practices developed by van Wanrooy et al. (2018) (see Table 2 below) as it is an Australian framework currently in use in the family and child support sector (Outcomes Practice Evidence Network, 2019).

Table 1: Common elements framework for engagement practices (after van Wanrooy et al. 2018)

COMMON ELEMENTS FOR ENGAGEMENT	DESCRIPTION
Authentic engagement	Engagement that is sincerely felt and meant. This constituted building and maintaining a relationship with the individual that they perceive as supportive and genuine—by becoming attuned and responsive to the family's circumstances, values, and priorities
Partnership relationship	Explicitly seeking a collaborative relationship with the individual based on mutual sharing of information, decision-making, and responsibilities. The partnership relationship is about the practitioner and individual working together as equal partners in a mutually agreed-upon and respectful way
Strength-based practice	Focusing on the strengths of an individual and seeking to identify and openly acknowledge what they do well or are able to do for themselves
Responding to family priorities	Understanding what the individual values most and what issues are most important to them, and then using these as a basis for providing services to help address priorities and other needs that have been identified
Cultural responsiveness—Aboriginal and Torres Strait Islander	Focusing on culturally respectful engagement with Aboriginal children/young people/families to ensure they feel their culture is respected and that they are able to engage effectively with practitioners
Cultural responsiveness—CALD	Focusing on culturally respectful engagement with children/young people/ families from Culturally and Linguistically Diverse (CALD), refugee, and newly arrived communities to ensure they feel their

	culture is respected and that they are able to engage effectively with practitioners
Seeking feedback	Regularly checking how individuals have experienced the service and whether the practitioner who is delivering the service is meeting their expectations and needs.

The key document provided by CCWF is their Response Plan to viral and disease outbreaks, which presents their whole-of-organisation response and overviews of responses at the program level. This plan draws on individual programs' detailed service plans for each location.

Central to the strategic response of CCWF are four objectives:

- Identify and characterise the nature of the virus and the disease in the context of CatholicCare's work
- Minimise transmission of the virus and morbidity, comorbidity, and mortality from the virus
- Minimise burden on support staff
- Inform, engage, and empower clients and the community.

CCWF have planned for three levels of risk:

1. Prevention (no known cases locally)
2. Early intervention (some known cases locally)
3. Intervention (COVID-19 prevalent in region)

Although some changes to practice were implemented even at the relatively low-risk prevention stage (such as moving to phone support where possible and adopting a range of precautionary measures to reduce transmission), in this synthesis we have assessed the maximally disruptive changes adopted at the highest risk level, when COVID-19 was prevalent in the region.

In Table 3 (next page), we present a summary of extracted CCWF service plan elements and activities adopted across programs during COVID-19 and indicate where they represent an element of client or staff engagement. These activities replaced the face-to-face client contact which prior to COVID-19 was the primary means of delivering individual and group support, family dispute resolution, educational and social groups, playgroups, community events, inter-agency networking, and on-call housing support.

Even through the level of highest COVID-19 risk and greatest service disruption, many practices were maintained which were capable of sustaining and developing client engagement. This is, of course, dependent on the extent to which original practices supported engagement prior to COVID-19; but assuming they did, CCWF employed many strategies capable of continuing this process. So, for example, many (although not all) individual and group support activities were delivered remotely via videoconferencing and crisis housing support was maintained with some changes to frequency of staff attendance, etc.

CCWF generally opted to not convert groups to remote delivery modes where the clients were Aboriginal families or individuals. In not attempting to convert groups for Aboriginal clients to remote delivery modes, it could be argued that CCWF was responding to family priorities and being culturally responsive; relevant staff commented in interviews that many communities where Aboriginal clients live lack the resources necessary for successful online engagement and that, in any case, face-to-face is preferred by a wide margin. This affected two dedicated programs (Aboriginal Families as Teachers/Aboriginal Family Health Strategy and the Aboriginal Men's Program) and potentially many clients of other programs.

Although many remote delivery practices have good potential to establish and maintain client engagement and partnership, not all methods will work equally well for all clients, according to the views expressed by staff. Some clients prefer online contact, some prefer face-to-face. There will not be a single practice mode that will be equally acceptable to all clients, post-COVID; however,

the work done to adapt practice to the greatest COVID-19 restrictions should leave CCWF with an enhanced set of capabilities and suite of practices which can be drawn on in the future.

The next sections, client interview findings and staff interview findings, show how these general strategies have been implemented in practice and how participants experienced them.

Table 2: Practices supporting client and staff engagement during period of highest risk

ACTIVITY PREVIOUSLY DELIVERED IN PERSON	NEW COVID-19 PRACTICE	COMMON ENGAGEMENT ELEMENT[1] (ALL AS FOR ORIGINAL DELIVERY MODE)
Individual 1:1 support	Provide regular updates to all clients in line with federal Department of Health guidance (incl. self-quarantining, non-attendance with cold-like symptoms, absence for 2 weeks after travel to listed countries).	Partnership relationship
	Contact to be maintained via phone or other technical means. (e.g., email, zoom and letter if advised)	Authentic engagement Responding to priorities
	Individual appointments via phone and Zoom	Authentic engagement Strength-based practice
	Additional regular check-ups for clients at risk of social isolation	Authentic engagement
	Home packages made available	
	Assessments to be conducted by phone	
Support groups	Create resource packages, promote via Facebook page or other social media, deliver via post	
	Virtual group via Zoom/phone using resource package	Authentic engagement Strength-based practice Responding to priorities
Family dispute resolution	All appointments by telephone or Zoom	Authentic engagement

[1] The degree to which these elements are present in the new practice will depend on the degree to which they were present in the previous practice. For example, if practitioners did not authentically engage with clients in in-person sessions, changing to Zoom appointments will not fix that. However, Zoom is a practice by which authentic engagement can continue to occur.

		Responding to priorities
Educational/social groups	Provide regular updates to all clients in line with Department of Health – National guidance	Partnership relationship
	Deliver education sessions via Zoom	Authentic engagement
	Deliver support chat via Zoom	Authentic engagement Strength-based practice Responding to priorities
	Deliver monthly newsletter	
Playgroups	Create activity packages; provide information and resources via Facebook	Authentic engagement Partnership relationship
Community events	Create resource packages, promote via event Facebook page, deliver via post [Cancelled in most programs]	
Networking with other agencies	Conduct meetings via Skype, Zoom, and email	Authentic engagement
On-call housing support	Essential services provided (safe houses, refuges, support for self-isolation)	
	Support and service coordination provided by phone where possible	Authentic engagement Responding to priorities Strength-based practices
Note: some face-to-face activities (e.g., playgroups, 1:1 support, parenting programs, peer support, camps) in Targeted Earlier Intervention/Aboriginal Families As Teachers/Aboriginal Family Health Strategy programs cannot be delivered via distance technology. Regular updates provided to all clients in line with federal Health Department advice.		

4.2 Semi-structured interviews

4.2.1 Client interviews

Six clients of CCWF services participated in interviews in September 2020: four women and two men. They reported using playgroups (three respondents), financial counselling (two respondents) and a carer support program (one respondent).

In assessing these findings, consideration should be given to the small number of respondents and limited range of services reported here. The staff interviews give further perspectives on a broader range of client experiences. The client survey findings should also be viewed in conjunction with these qualitative results.

We coded client responses, using NVIVO qualitative analysis software, into the following initial categories:

- Changes to services
- Changes that are working well
- Changes that are working less well
- Changes that the participant would like to keep
- General feedback and suggestions about the service

Within each category, we sought to classify themes emerging from responses. In our analysis below, we have used paraphrases of individual in order to maintain respondent confidentiality (identified by italicised text).

Changes to services

Face-to-face, in-person, services completely ceased for respondents during the height of COVID-19 restrictions. At the time interviews were conducted, this had been the case for around five months (although for some participants, some minimal in-person service delivery had recommenced).

The degree of disruption reported by clients varied and did not seem to depend on the frequency of the original service delivery which ranged from weekly playgroups to monthly support group meetings. In some cases, services were replaced by face-to-face meetings via Zoom (or other online service) or phone—these might be individual or group. In other cases (for example, Playgroups), the service was not able to be replaced or replicated with a remote delivery option; but contact was maintained with participants via online services and information and activity packs delivered to the home. Once the service could be resumed, generally in a limited way, the online communication channels have been maintained to facilitate risk management strategies and improve communication.

On the whole, the highest levels of disruption were reported by respondents attending services which met less frequently. However, this is likely not due to frequency in itself, but rather because the respondent attending less frequent services did not feel that remote delivery methods met their needs (unlike other respondents who were happy with the compromise offered by remote delivery methods).

> *Yeah there was definitely an interruption.*
>
> *I'm not very confident unless I'm talking to people face-to-face and I'm not very good at expressing myself…*
>
> *Nothing's the same as face-to-face.*

Online groups could replicate general supportive chat, or might present opportunities for focussed discussions or activities:

> *Zoom meetings are just general, [but] they've had some training programs on meetings, making sure we're aware what's available, we've done a meditation program…*

In other cases, groups could not run via Zoom (for example, playgroups would not work well delivered remotely) but facilitators kept a continuing connection with families by delivering activity packs for children and parents.

> *The lady who runs it drops off crafts and art for us, so we can do stuff at home.*

> *They weren't just colouring-in sheets, they were really cool with lots of things to do.*

> *[The facilitator] also made a four- or five-week program for the mums. She gave us all the materials, and every week she'd do a little video on the different steps.*

Participants noted that CCWF has made sure they can access other services they need, and that they can easily get in touch with CCWF between sessions if necessary.

Phone meetings are not always a good replacement for in-person meetings; for example, respondents who attended financial counselling services reported difficulties getting assistance with paperwork and document review:

> *Well, I try to keep a note of things in an exercise book, and I usually bring it along with me.*

As restrictions have begun to ease in NSW, participants have been able to have limited, open-air contact with their practitioners:

> *Yeah, we had a couple of phone meetings, and then we had a park meeting. Since COVID-19 I sort of ring her to get advice.*

Playgroups have resumed in a limited way (fewer participants, shorter but more frequent sessions), but still with a heavy reliance on online coordination to maintain connection and to ensure safety measures are met:

> *Lots of engagement on the Facebook page. Since they've been able to do some proper playgroups, just the last few weeks, [the facilitator] has used Facebook to make a timetable to keep to the limits of how many people they can have.*

Changes that are working well

Respondents from playgroups have found the support provided via restricted-access social media to work very well.

> *It's good that we have a Facebook page for the group. There's not a whole lot of interaction on it at the moment, it's mostly information from Catholic Care [but] I have posted there a few times. [The facilitator] puts up stuff for kids, and stuff for parents and mental health, it's been really good.*

A respondent whose group has gone to videoconference noted that they saw a wider range of people during COVID-19, although they were not sure that benefit outweighed the loss of meeting in-person:

> *The only advantage is that you do get to see people from other centres that you wouldn't normally see, but you don't get that quality time with them.*

As some practices have begun returning to in-person delivery, respondents are happy with the pace of change and the need to keep enough restrictions in place to maintain safety.

> *I think in the last week we were able to increase the numbers [attending] a little bit as well. I think they've done a really good job in maintaining that.*

> *I do appreciate the way it's organised and the limitations on numbers, the hand sanitisers and the way it's all tracked and recorded.*

Although respondents could identify only relatively few specific practices they felt were working well, this needs to be balanced against their high level of expressed satisfaction with service delivery generally, and their acceptance that CCWF was doing an excellent job in the circumstances (see section on **general feedback and recommendations**).

Changes that are working less well

Participants reported some changes that they felt worked less well for them. Participants felt the loss of face-to-face group interactions, especially for children where online delivery methods are not suitable:

> *There was no social interaction for the little ones.*

Where programs have returned to a modified delivery format, with limitations on numbers and increased reporting, participants noted some reduction in their access to the program:

> *I forgot about it until it was too late, and it was already booked, it was only nine spots including parents.*

> *I guess it just means that it's not quite as spontaneous and you can't just walk up.*

Some participants reported that they miss out on informal interaction with other group participants when groups are delivered online, and some reflected on how they missed being able to see people when conversations can only happen by telephone:

> *I'm the sort of person, if I'm going to have an important conversation, I don't like having that over the phone. It's harder when you're not with someone and not able to see body language.*

Generally, participants did not have many criticisms of the modified CCWF practices imposed as a result of COVID-19 and were understanding of the need for changed practices. However, most expressed a preference to return to in-person services when possible.

As restrictions have eased, new risk management procedures have limited access to some services, to some degree, and removed spontaneity of access:

> *It's limited numbers, so you have to book in the day before. This week I forgot about it until it was too late, and it was already booked up.*

Changes that the participant would like to keep

Not surprisingly, clients want to get back to pre-COVID-19 services.

> *I'd go back to how things were.*

However, some reflected that new resources are valuable:

> *The Facebook page, definitely. It's good to have those links to resources and different ideas for the kids.*

> *The Facebook group was really good to communicate with other parents and families in the area—they didn't have that before and hopefully they'll keep that going. Having the craft packs home delivered was really great too.*

In some cases, the reduced numbers at groups were appreciated by clients who are anxious or have other difficulties attending larger gatherings:

> *For me personally, it's the right amount of people, there's not so many that I feel uncomfortable and have to leave.*

General feedback and suggestions about the service

Interview participants did not have specific suggestions about future service delivery, although they were prompted to give them. However, all were very appreciative of individual practitioners and the agency as a whole and were extremely understanding of the constraints on the agency during and since COVID-19. There was significant acknowledgement that the agency is doing all it can.

> *Oh, they worked pretty hard at making sure that if there's something you need, you can access them to get services if you need them. Now, I haven't needed those services at this point, but they're pretty on the ball.*

> *I have no particular suggestions…I think it's been done well.*

> *I don't even know if that's [the practitioner's] specific job, but she just helped me and I've got everything set up now, so massive kudos to her.*

It doesn't hurt for them to hear back that they do a great job!

She doesn't make me feel like I've done something wrong, and she got my problem sorted—a few problems, so that makes things even better for me. Without that, I'd be pretty screwed right now to be honest.

All I can say is if I had to give them a score out of 100, I'll give them 101.

4.2.2 Staff interviews

Twelve CCWF staff members participated in interviews in September 2020: ten women and two men. The majority were frontline staff who generally work directly with clients (10 respondents); the other two were managers. Respondents worked across early childhood, family dispute resolution, financial support, housing support, men's, women's, and family support, and mental health programs. One respondent was from the operational team and was not linked to a specific program.

We coded client responses, using NVIVO qualitative analysis software, into the following initial categories:

- Changes to practice since COVID-19
- Practices that have stayed constant
- Changes that are working well, solutions that have been identified
- Problems arising from changed practice
- Changes that the participant would like to keep
- Recommendations and general observations.

Within each category, we sought to identify themes emerging from responses. Following this thematic analysis, the initial ordering of categories changed. The subheadings below represent the revised categories following thematic analysis, together with an indication of key themes identified in participants' responses.

In our analysis below, we have used paraphrases of individual in order to maintain respondent confidentiality (identified by italicised text).

Changes to practice

Staff reported many changes to clients' circumstances and to the service they provide to clients. In this section, we report on changes to client circumstances and to practice mentioned by staff respondents. In the case of practice changes, we use staff descriptions without their judgements about the desirability of those changes. Participants' assessments of what changes worked well and what worked less well are detailed in a later section.

Change to clients' circumstances

Staff who participated in an interview identified changes to clients' circumstances following the onset of COVID-19 which affected their need for services, their ability to attend services, and their general wellbeing.

The restrictions on movement and social contact were viewed by staff as having some **serious effects on client mental health and wellbeing**. They noted that being able to keep to their usual routines was very important for their clients' mental health, so any change to that routine could mean clients become quite unwell. Some clients are also exposed to greater risk of domestic and family violence due to being restricted to the home:

It's a bad situation for a lot of people that are mentally unwell that are in domestic violence situations with kids at home. I know a family with six kids, and they're all at home for three months and they sort of need a lot of support about how to handle their own children. So yeah, it's a bad situation for a lot of people.

The changed circumstances can make it **harder for clients to benefit from support** that is being provided, either because of real interruptions or because of client perception that interruptions are unwelcome:

When I'm phoning them at home, I don't care, I'm happy for kids to be screaming in the background or the call to be interrupted, this is just life. But the client feels awkward about it and you're spending a lot of time reassuring them. They might say that's a problem for them.

Effect of COVID-19 on service delivery: overview

In the view of staff, COVID-19 has had a significant effect on service delivery. Some services are able to be delivered in modified form (in some cases with very little modification) but others are not able to be delivered at all.

Delivery of **face-to-face, in-person** services was completely suspended at the height of restrictions, and this had broad effects on the support that could be provided, according to some respondents. Restrictions on in-person service delivery affected both therapeutic and instrumental support:

The restrictions were very hard because we were allowed to have people in the park. Because it's winter who wants to sit out in the cold? At that stage, it was at the park, that's the only place that we could do our group sessions and stuff like that.

The fact that we can't help them with transport—for a number of clients it's meant the difference between being able to help them in an extremely desperate situation and not being able to.

However, respondents noted that many face-to-face services could still be delivered in **modified form**, although this was not always as good as being delivered in person:

Having said that I don't think going online with all our services meant that we we're able to support our families as it diluted the outcomes of the services that we provide. As much as we did everything to be able to keep people connected it wasn't the same.

Especially being Indigenous families, I've sent activities home and things, but they don't get completed. Everybody's excited for that weekly visit, but no face-to-face and they don't answer their phones. They're not them kind of people. It's made it hard, not being able to do face-to-face

Nonetheless, the COVID-19-related changes were not viewed by staff as a universal negative.

People have been very understanding. Clients have been very understanding. Our client contact numbers haven't dropped in the slightest; if anything, they've increased. And partly because we're not actually driving to see people, we're just ringing them up.

Some respondents felt that **COVID-19 had changed the mix of clients** they were seeing, with greater levels of complexity in families presenting for services during COVID-19 and a higher caseload of clients requiring intensive support:

It’s been more intense support. I’ve got quite a high caseload with complex cases.

Several respondents saw a real benefit from the enforced distance, as, for example, clients could be **encouraged to exercise more agency** to fill the gap (see the section on “*good things about changed practice for clients*” for more details). Specific changes to practice, the solutions practitioners identified, and positives and negatives for clients and staff are discussed in the following sections.

Changed contact with clients

Practitioners reported **working with clients by phone, using internet videoconferencing, over social media, and through posting and delivering information and activity packs** (for more details of changes to service delivery, see the document audit in section 3.1). Although there was an **initial decrease in the number of clients** accessing services, most respondents felt that **numbers returned to normal or higher than normal** at some point during the service restrictions.

I think one of the problems were that as soon as COVID hit, people thought they didn't have support. But what we were doing was supporting people over the phone and then we started to have groups over Skype, over internet.

Solutions identified

All respondents we spoke with felt that CCWF had displayed **a highly solutions-focused attitude** during the pandemic, both at an individual, collegial, and organisational level. They also noted seeing a similar attitude from other organisations. Respondents noted that this solutions-focused attitude, while not new, seemed more prevalent during the COVID-19 response.

> *There are times that team members or managers will ask, "Can this happen?" And you know the answer may have been no [before]. But I've even found myself through COVID a shift in going, "Well, is no the right answer?" And I'd have to say across the agency, that's a huge change, I think, in thinking from all levels. It may [still] end up being, no, we can't do that, and there's good reason. But yeah, I think there's a whole shift in thinking.*

Respondents identified many specific ways in which they adapted their practice to the changed conditions of COVID-19 restrictions:

- **Providing case management remotely**

Respondents felt that they had been able to convert relatively easily to case management from home via phone, texting and emailing:

> *If you had have asked me before we came to do things that way, I would've said that will never ever work, but I'm pleasantly surprised that I haven't found anything that I haven't been able to do from working from home.*

Even for homeless clients and other clients without easy access to phones or printing, staff found workarounds such as providing mobile phones and having documents printed by administrative staff for collection by clients.

- **Providing activities: social media and delivering to home**

Staff used a combination of social media (Facebook, Snapchat, etc) and home-delivered activity packs to maintain a sense of community:

> *To keep the community connected we did a bake off and everyone put in their photos of their food. And I really think that we did an amazing job of being able to adapt to that. Yeah but there wasn't really anything that we couldn't do.*

Has the nature of support provided to clients changed?

In addition to the practical issues of providing services during COVID-19 restrictions, we invited participants in the staff interviews to reflect on the nature of the support they provided to clients and whether it had been changed substantially for better or for worse by being delivered remotely. Opinion on this question was divided, with **some respondents feeling the support was better, some that it was worse, and some that it was equivalent to in-person support**.

Participants' comments more generally on whether or not the practice changes are working for clients and staff are presented and discussed in a later section.

Changed for the better

Staff report that they have been able to provide **more contacts** to compensate for those contacts no longer being face-to-face and are able to see more clients. Because remote delivery methods are **less time-consuming for staff** (compared with extensive travel in rural and remote areas), they are able to achieve outcomes **more quickly** for clients. Remote delivery methods are also thought to be **more convenient for many clients**, meaning that people may be able to receive services who may have found attending in person difficult.

- **More support to individuals, more individuals supported**

Staff report providing extra support to clients via phone calls and educational groups delivered via social media. They also report an increase in attendance in some groups and suggest that that is evidence of meeting a previously untapped need.

Some people love just sitting there and talking to you, where others are happy with the extra support through phone calls. The feedback I've got from the clients that I have is that they're very happy with the extra support through this time.

We did notice initially an increase in attendance at the education information because we were able to tap into carers that normally wouldn't be able to leave the person that caring for, to attend. But because it was at home, they were able to attend. We were starting to meet an untapped need there.

Some services may be able to be delivered more efficiently online, especially where elements of the service don't need to be delivered in person or where there was a great deal of staff travel:

They can see more clients because they actually are not spending as much time on the face-to-face. I think they'd be saying, "Oh my gosh, I got the results far more quickly and I didn't have to spend hours and hours in a meeting doing that."

So prior, I'd drive out to [another town] once a week and do outreach. And a lot of the time I'd get there, and the clients wouldn't turn up for their appointments. So that would mean my day was then taken up for the clients and nothing would happen. Whereas now that I'm calling them, there's more happening for them because they're not having to come to appointments. Things just seems a lot smoother for our clients at the moment.

- **More interagency cooperation**

Participants reported that agencies and government departments with whom they work have streamlined their processes, meaning that it is **easier for practitioners to get support for their clients** from other agencies.

Pre-COVID, for example, with the department of housing, there used to be this very long-winded approach to getting someone into accommodation. And seriously, it was just a paper pushing nightmare, and waiting, waiting, waiting. Now, as a result of everyone's desire to have people not on the streets but in homes, Housing have actually fast tracked so many of their complicated processes. Now we can do it all electronically. And I think because all organizations have been pushed into this space, we've got our partners more willing to think of solutions. We're not hearing as many, "No, no, no, that can't happen because this is the process." We're actually getting far more, "Yes, we can. Let's think what a solution will be."

Changed for the worse

Respondents reported concern about having **less contact with already isolated clients**. Some respondents suggested that **online delivery methods don't suit clients**: it might intrude upon clients' personal lives and free time or miss important elements of in-person practice. If it was possible for clients to visit an office within social distancing and health regulations, respondents felt that such **visits were less spontaneous and convenient for clients** as the client can't just turn up and be sure someone will be there.

- **Less contact with clients**

Respondents felt that providing their usual service to isolated clients is difficult without face-to-face support.

Obviously when we're working in the space of mental health engagement and having regular contact with people, because they're usually isolated anyway, so it's been a big challenge, to provide the service in the context of what we normally deliver.

A lot of those programs and the things that we run connect people and as much as we did everything to be able to keep people connected it wasn't the same.

- **Online delivery methods don't suit clients**

Some respondents felt that **online delivery was not suitable for many CCWF clients**, especially (but not only) **Indigenous clients, clients with disability, and children and young people**. This may be due to lack of access to the necessary technology, a strong preference for face-to-face, or a reluctance on the part of practitioners to impinge on clients' personal time.

Remote delivery was felt to be **particularly problematic for group programs**, making group interactions difficult and reducing engagement:

> *We were meeting in Zoom, but it wasn't successful because as you know, in Zoom only one person can speak at a time. When you have 10 people who haven't seen each other since last week and two of them want to speak... I mean, people ended up sort of going off and muting their microphone and watched television*

> *I think on the whole initially I think was maintained really well and the staff were great at that. But I think over time engagement has slipped because obviously people do still seek and desire face-to-face support and help. I guess initially they took it on board, but I think after a while they were then missing that face-to-face contact with their worker.*

Remote delivery also presupposes client access to necessary technology and an appropriate space, which may not be possible for vulnerable clients, disadvantaged clients, youth living at home, and others:

> *It has impacted some of the families that don't have access to technology. They may not have a mobile phone, don't have a computer. It's been quite challenging with the technology side of things.*

> *And so even for some of our clients, and they don't have to be Aboriginal, it could be any client who doesn't even have access to technology, we can't say we'll link up with Zoom. Some of them don't have a computer. They don't have a place in their house that has the technology or a room they could go that's private. Now they're probably got five kids in the house running around and we may be suggesting how about we have a Zoom session? That's not going to work.*

Some clients find it difficult to navigate remote services:

> *Most of the time we've been able to work around things, but then sometimes we haven't where clients are upset, or they need that reassurance, the face-to-face. And clients with disabilities, especially intellectual disabilities, they may actually be quite better at reading facial expressions than even the normal population, so I think it's even more important for them to be able to meet a [practitioner] and actually speak to somebody who they can see.*

> *A lot of the clients I work with will have disabilities. Especially intellectual disabilities, comprehending the implications or legal implications of contracts and things like that. It's very difficult to explain over the phone. A lot of clients don't use the technology that perhaps CatholicCare expects that we will be able to use with the client.*

- **Online delivery intrudes on clients' lives**

Because online service delivery takes place, by its nature, within clients' homes, some respondents felt that it intrudes on clients' personal lives and free time more than a service that clients visit an outside location to receive.

> *My mums, they don't have the time to sit on Zoom. And if they do it's on their time, not my time. I don't want to take that away from them while they've got 20 minutes spare, while the little fellow is asleep or whatever. I don't want to be on the Zoom meeting with them about parenting when they could be doing something for themselves.*

- **More organisation needed for office contacts**

Client visits to agency offices (where permitted under regulations) are **less spontaneous and convenient**, because minimal staffing within the office adds an extra layer of administration. Staff feel that this may lead to some potential clients missing out on the support they need:

> *First off when someone walks in the door and asks us for a family worker, I have to be rung and see if I can make an appointment and see if I can get to the office to them. I think that's the struggle that I'm having if someone comes into the office.*

> *I think even just the accessibility of some of our branches sometimes, because we do have shopfronts where people just walk in, so we're missing those opportunities to engage new clients as well because you can't just pop in now to seek support.*

However, it is important to note that even respondents who expressed strong reservations about remote delivery were **ambivalent about whether the nature of the support they provide to clients really changed**. The equivalence of support provided before and after practice changes is discussed further in the next section.

My instinct is that it's directly impacted on the capacity to build a strong and rigorous trust between me and the client, which is sometimes critical in really encouraging and allowing some clients to assertively engage in the process. [However] I'll never know. I haven't had any client be alarmed or distressed that they can't see me or come in and talk to me face-to-face. I've thought that might happen, but it hasn't. In terms of access to the service, it's the same. My experience is that my file loads about the same, there's been no dramatic increases or decreases in my work activity.

No significant change: alternate delivery but support is the same

Staff respondents reported a range of ways in which the **support they deliver clients is effectively equivalent to before COVID-19 changes** (more detail on changed practice and solutions is given in the preceding sections). The practices employed to achieve equivalent services include leaving completed paperwork in the office for clients to sign, meeting outdoors and socially distanced, and modifying on-call procedures.

I've found ways around that, I'll fill the paperwork out, get it printed out for them. They just go in and sign it. I think we found ways around to make sure everything is working best for our clients. And if there's a barrier, we sort of brainstorm to overcome that barrier to make sure they're getting the best support they can get.

Over the peak of the COVID time, the whole service was on-call. It just meant that someone was always on-call for the refuge, but we would only really attend to do face-to-face stuff if it was urgent or an emergency. Everything else, all their other case management, was done over the phone or via text or email. have really easily been able to convert case management to deliver remotely. So, it's not back to normal how it was before COVID, but I feel like this might be the new normal.

Changes that are working well

In this section, we provide more detail about changes that staff felt worked well for their clients and themselves.

Good things about changed practice for clients

- **More contact with clients**

As mentioned above, staff report having more contact with clients for a range of reasons, such as making more phone calls, moving from group in-person support to individual remote support, and simply having more time for clients due to reduced travel.

We are phoning people more because there's been times where we couldn't even go in and see people. I think those phone calls and with staff putting more effort in to make sure that their clients are mentally healthy or mentally OK, that's a real positive at a bad time where people are getting so much support.

Because there was no travel involved, I could talk to someone in [one town] and someone in [another town], back and forth according to the times that they were available. I wasn't running from pillar to post to try and keep up with it.

Staff also reported **closer contact with clients** through changing from group to individual service delivery:

When you work with families in group settings, they tend to be a lot more reserved and don't tell you exactly everything that's going on in their life and you can't help them as much. Now we're one on one, you tend to get a lot more out of them, and you can support them a lot more and help them reach goals or move forward in their life a lot more easily. In a small town, a lot of people don't want to open up [in a group] because don't want everyone knowing their business.

- **Clients have more control over interactions**

Staff report that some of the new practices give clients **greater control over how they interact with services**, and a non-confrontational way of seeking help or leaving interactions if they were feeling overwhelmed:

I think there's been occasions when people have been doing either telephone or video call work, where if they got to a point where they wanted to end it, it was a click away. If the line went dead or if the Zoom dropped out then yeah, they could come back a couple of days later and say, sorry, I was angry or I'm sorry, this thing happened. I think that's been a beneficial thing in some places for the people who have needed daily contact for something that's intense.

Service delivery by phone allows some clients to feel more comfortable and less confronted and embarrassed about seeking help:

My clients have been engaging much better over the phone than they do when we're in-branch, and I've been quite puzzled by that. I think it's because a lot of them, they already have trouble communicating, they're already nervous and are sometimes embarrassed to ask for help. And I think maybe for the first part, going in and asking for help, for my clients seems to have been easier [over the phone]. They don't have to look at me. They don't have to look me in the eye and say I'm homeless or I have a drug problem, and that's why I'm homeless. Or I was perpetrating violence and I've been asked to leave the home. Those are things that can be hard to look someone in the eye and talk about.

And in many cases, it is simply more convenient for clients to receive services remotely:

You do have some people who prefer to engage this way than the way we were. In fact, we've had some clients tell us, "That's brilliant. I don't have to get a babysitter and I can actually work with you. I don't have to pack the kids up and get out, go down the street or...".

- **Clients learn new skills and are empowered**

Staff report that adapting to new technologies and processes has been **an empowering experience** for some clients, and helped **develop client resilience**:

For some people it's helped them get used to technology, which has opened up other avenues for them to be able to communicate with the world…and even some of the people that we transport we say, look, I can meet you at Centrelink, but I can't get you there. It means that they're taking a bigger proactive role in it, and they're doing the part that they can and that's good for them.

To be able to point out to people how their own resilience is evident, that's a very positive seed to be able to plant in them and to be able to point out things that are improving, strengths they're developing, goals that they're achieving, that may otherwise would have had nothing to do with what we're doing.

They're doing it in their own safe environment. They're not having to get up, get dressed, they can be doing it in their pyjamas at home…they just seem more relaxed and more like it's given them a little bit of ownership of what they're doing. Whereas when you're sitting there, they sort of expect you to do it…it's been enabling our clients to be a little bit more effective for themselves.

A staff respondent made a comment that suggests the rapid change in circumstances for both clients and staff has had an **equalising effect**:

And it brings us to more of a level playing field. I spend a lot of my time at work, trying to help clients feel like we're not different, we're on the same level. I really try hard to always make sure they feel that we're even, and I think this situation has made people feel more like that. This is the first time I've ever done this, and this is the first time they've ever done it as well. It doesn't matter whether I'm the support worker and they're the person asking for help, we've got to figure it out together.

Good things about changed practice for staff

Staff were able to identify a wide range of ways in which changed practices have benefited them. Some are expected: for example, the **better work/life balance** achieved through working at home, **fewer distractions, increased** skills with information technology, and **improved safety**. However, others are perhaps more surprising: **better staff contact, participation and communication.**

- **Better work/life balance**

Staff reported feeling **better able to care for their own wellbeing** at home, and were **able to work flexibly around family responsibilities** while still getting work done with **less stress and greater efficiency**:

At work you're sort of getting your sore back and that, but you still feel like you've got to sit at the desk and work. Whereas at home you can be answering the phone still, but you're standing up walking around still doing things.

I've actually been at home when my children get home from school. And I'm hearing that firsthand when they get home from school, how their day was, any problems. And then I can go back to working again.

I'm having better contact with my own family and friends. Because I talk all day with clients about their really horrible problems, by the time I get home I just don't want to talk to anybody. But I'm finding, I'm having the conversations still, even more so with clients, but I'm getting my data in, which means it's out of my head. And then I'm already at home, I've finished work. I'm already here.

This was despite initial doubts about whether working from home would be successful:

Before COVID if you had have asked me, will this working from home thing work? I would have said absolutely not. But I've been very shocked how much it's improved lots of things for me. How I manage my own caseload, the client response, and also my work life balance, my personal life, it's been positive for that. I've been so much less stressed, even though our numbers tell us that we've had more work. I feel that the kinds of clients I'm working with are a lot more complex. So, that would normally say your workload is a bit higher, but I haven't felt that. I haven't felt more stressed. And I think the data reports at the end of the month reflect that the data's been going in more quickly to a better quality.

- **Fewer distractions, better control**

Related to improved work/life balance, staff reported that working at home has **improved their ability to focus on their work** and take the **time and space they need to do complex work**.

I feel like I'm more able to get through my days, work at a steady pace instead of, when you're in an office environment, someone's knocking on the door and asking your advice here, someone's pulling you to do this and that.

Those distractions just don't come up as much, and I have more autonomy over controlling them and triaging clients and scheduling my own day.

Because we do such complex work, it does require thinking time. It's often thought that because we're crisis, we just deal with little tasks, get it done, onto the next task...but we've got to overcome sometimes these complex issues that you really need to sit and map it out on a piece of paper, and think, brainstorm what options are there here and how can I overcome this?

They report an **increased sense of control** over their work:

I've found myself in some ways calmer and less anxious in terms of dealing with the day-to-day pressure of phone calls or letters or preparing to be with people. I control my diary, I make the appointments, so I'm in control. So, I'm lucky that I have that sense of self control, which I think is important for anybody in whatever their job is.

- **Staff safety**

Unsurprisingly, having restrictions that mean in-person contact is not possible has **decreased respondents' concern about their safety**:

Sometimes we get aggressive clients in the office, whereas I haven't had any of that aggressiveness from working from home. They haven't, they've just adapted to what's happening. On the phone I'm not copping the negativity that you can cop in the office where you sort of think, Oh, am I going to cop a coffee cup in the head? I'm not feeling the negativity working from home.

- **New skills**

Staff report **benefits from learning the skills needed for remote service** delivery for their work, confidence, and family relationships.

I think one of the wonderful things about it is that we're starting to be able to relate to our children a bit better. It's forced us into a situation where we have to learn that technology and learning about a technology...what it's also done is allowed us to build relationships with younger people, different relationship with them because they're so technology driven.

I think I've learned a lot more technology side of things. I think I've learnt how to be more accessible to clients via a computer, using email a lot more, using Zoom links, Skype, those sorts of things a lot more now. I think learning to do it that way has been something rewarding for me.

- **Better staff participation and connections**

Staff feel that, even with working separately from home, CCWF has **improved staff participation and communication**, perhaps because teams can no longer rely on incidental contacts. Staff also report that networking with other services can be easier.

Well, for me attend a meeting in another town, it's a whole day event. [Now] we can login to the meeting. It's two minutes to log into your meeting, where it could take hours to travel, so more people are actually joining in on our meetings.

It's also made me probably be more regular about catching up with people knowing I can't catch up with them face-to-face. It's improved things to have them scheduled in. I feel probably a lot busier in terms of scheduling things in, because I make sure that I'm following up with people on a regular basis, so they don't feel isolated.

This improvement extends to communications with other services:

I've engaged better with our local services since. I've formed a good connection with another local organization here. I think I've formed a better connection with them because of back-and-forth communicating with what we're doing and who's doing what and coverage. I've built a stronger relationship because I've now got to follow up with families who can't attend.

Problems arising from changes to practice

For clients

Staff reflected on the problems for their clients that emerged as a consequence of changes to the way CCWF delivered services during COVID-19. The problems discussed in this section are in addition to the concerns about whether remote delivery is appropriate for the kind of work CCWF is engaged in, which are discussed in previous sections. The problems raised here are more incidental, but still pose potential barriers to effective service delivery.

- **Access to technology**

Providing services remotely **presupposes that all clients have access to and are comfortable using information technology**: mobile phones, computers, internet access.

It's affected us quite a fair bit because a lot of our families like to engage face-to-face and with those restrictions in place, we've had to do a lot of online stuff. It has impacted some of the families that don't have access to technology. So may not have a mobile phone, don't have a computer. It's been quite challenging with the technology side of things.

- **Perceived loss of access, absence of regular referral pathways**

Staff reported that when restrictions were implemented in service delivery areas, **many existing clients thought that CCWF would no longer be able to provide support**. New clients may have been unable to access services (at least in the initial stages of restrictions) due to **interruptions to referral pathways**.

> *I think one of the problems were that as soon as COVID hit, people thought they didn't have support.*
>
> *We did see a very sharp dip in referrals initially coming into the service. Our normal practices of engaging schools, attending community inter-agency meetings and those sorts of things weren't happening. They're the avenues where referrals coming in. So that meant there was a dip in referrals. We did a really good job of maintaining contact with the families and the individuals we were already working with. But the negative aspect was the lower number of newer families and individuals referred to the service.*

For staff

Staff respondents reported far fewer problems for themselves arising from changed practice, compared with problems they perceived arising for their clients.

A key negative was the sheer **size and pace of the change**:

> *You think: in a fortnight, we moved everyone. It was very quick from office to home. Some people didn't have an office desk at the time, a designated desk, and they got their kids playing in the background and you're saying, "Oh, no, we're not taking paper files home and please don't leave your screen open." And all of these, they sound such trivial things, but they're so critical. And it was massive. I think we were all wrecked in the first month or two.*

Although staff increased their planned interactions with other staff (see previous section), it was noted that the **lack of incidental, spontaneous interactions and constant feedback** could cause issues.

> *Very significantly, because I'm working from home now, of course, and that means I no longer have as close contact with the other member of the team. We used to share an office and we were in the habit of being able to discuss things fairly easily. That has become quite disjointed now, and I think it's affected our capacity to... How do I put it? To get quick minor feedback. And sometimes it's a bit like driving down the road when you're constantly making minor corrections to what you're doing. It all looks very smooth, but when you're swinging from side to side, because you're just making big corrections, then things don't go as smoothly*

Staff also mentioned that they **needed to ensure they had the correct equipment**—a problem which was fairly easily solved. Less easily solved was the dislike of some staff for remote meeting methods, who reflected that they would never feel comfortable interacting solely via videoconferencing.

Are there changes that should be retained?

Yes

Most respondents could see many aspects of their new practice that they would like to retain, post-COVID, both for themselves and for their clients.

Staff want to **continue reflecting on their practice** and not simply return to their previous way of doing things**:**

> *I think to continue to reflect on how I do things is one big thing because I think nothing forces you to reflect on how you deliver a service like this when something like this happens.*
>
> *We don't want to step away from this challenging time and go, "Okay, we're back to normal." Because for whatever reason, this period's actually made us stop and think what was effective, what were we doing well, what did we need to do better? And you don't often get these opportunities.*

Many respondents were very keen to **retain options for remote contact**, for themselves and their clients. They see it as another way of offering clients support that can sometimes be more efficient:

I think keeping the online groups is one thing that you would keep. Continue with the phone calls, even if we don't see someone. Continue to use the technology that we've been using, because we're offering people another avenue to get support.

There's things that we've gained by maybe being more willing to phone rather than visit every time simply because not only the clients, but I think also the staff have become better at being able to put things in a nutshell and still be able to get the key part of the job done.

Related to retaining remote contact options, staff were strongly in favour of **keeping flexibility and choices for staff and clients** and feel that they have demonstrated that remote practice can work well.

Because I live in [one town] and work in [another], I've had times where I'd asked if I could just stop at home and just do some work on the internet to do some data entry or just to wait between interviews, and I was told that never likely to be possible. Now I'm here and it worked well. I think the capacity for some degree of working from home, I think is a good idea.

Staff acknowledged that some fine-tuning may be necessary, but see remote delivery **as adding to the suite of service options** they can offer clients:

We could potentially talk to the client and say, "Listen, look, if you're not feeling a hundred percent today, do you want to do this over Zoom? I can connect with you. I could ring you." Whereas we would have been inclined to say, "Well, no, we're going to keep doing it in the park, on the river, in the coffee shop, I'll take you to Centrelink", now we may be able to save time now by doing some of this preliminary work so that our output should actually maintain or get greater. I just think we could far more fine-tune what we do, probably have a greater offering of ways of engaging now.

We should be able to still have that flexibility of doing stuff online for certain families that maybe are back at work. Being able to do online stuff and set up times that would work for them and around them. But also get back to normality and have that face-to-face contact again. I think it would still be quite easy to run the way it is now, but I'd like to keep the working from home and be able to still do that flexibility of online delivery.

It's having a variety of different tools to be able to deliver activities on. I think that's what I'd like to keep, is to have that variety and not just go back to the way that we used to do it before.

Staff want to **keep up good staff communications** that have been established during the pandemic.

I think because we all jump on every couple of weeks and have the meetings with the CEO and then we follow up with our team leaders and our managers anyway. Because we're doing such a great job now, it'd be sad if we didn't keep them in line. I'd love to see that still happen, the interaction with all CatholicCare. I'd love to see us still all get on here and say, "Hi, what's going on in your community? What's working for your children or your mums?" I think just keep this happening.

I was pretty accustomed to having Zoom meetings and have been breakout rooms, but as a whole agency, we have so embraced that, that we've been able to roll out training modules and policy and procedure updates in a way that we would have normally done that face-to-face. Well, now it's taking half the time. The messages are being communicated far more clearly. And we've saved an awful lot of time not having to get in the car and go to locations. So that's something, from my perspective, I think is outstanding.

Staff reported a new appreciation for steps taken to **keep the focus on client safety:**

Even the way we now go about our face-to-face work, our keeping people safe, our practices that relate to hygiene and social distancing, with the clients who are highly vulnerable that we provide support to, we need to continue with some of those aspects of making sure our staff remain healthy, and I'm not talking COVID, I'm even talking colds and coughs and that whole area of wellbeing, I think will make us think about safe, healthy practices going forward.

Particularly because we work in the most vulnerable communities. And I don't know that we considered all of that before COVID, so I think that that's a good thing.

Finally, some staff reported that they would like to **keep all or most changes** once restrictions are lifted:

All of it. I think I'm doing really well actually. The way I'm working with my clients and getting the message out there that they're not on their own, I think I wouldn't change. I'd keep doing what I'm doing.

I would keep most of it. I definitely am realistic, and I know that in my role it is ideal to have some level of face-to-face contact with clients. People need human interaction and it's good to be able to run to the printer and get them a form. But I think we could schedule those kinds of interactions that need to happen face-to-face and then be able to do a couple of days from home.

I actually feel a lot more productive at home which I was worried I wouldn't. So that's definitely been such a plus. But yeah, I love working from home I wouldn't want to go back to the office.

I think we'll have a mixed mode of delivery whereas before, our team members would have gone out, would have sat on the riverbank, would have done that every day, that's overexaggerating, but they would have thought the only way to do their work was that way, whereas I think we might find, we will continue or to maintain, if not increase, our service because we've got choice now.

No

Far fewer staff said that there is nothing they would keep from COVID-related service delivery, but those respondents felt very strongly that **previous practice should be resumed as soon and as far as possible**.

Working from home is good, but as far as practice within our programs, nah.

No, not for me. I think my work, and my experience is, my work requires that one-on-one interaction. I'd be looking forward to going back and having the physical interaction with people. Apart from that, I think essentially my work's been adapted, but delivering the same information, just in a different way. No, there's nothing from it that I think would be worthwhile keeping.

I actually think that is still critical for us to face our team members. I think we're kidding ourselves if we think we, post COVID, can replace any of that engagement that comes more effectively from being with a person. If you want people to come along with you in an organization, I think if they get a sense of, how fair dinkum you are, that you do care and that comes with being weak on occasions. I think that's critical. If we're going to cease that, that would concern me greatly. Potentially we may have people that can still work from home. Not everyone. Because not everyone liked it.

Resuming former practices

Due to the timing of our interviews, some respondents were beginning to resume some amount of in-person contact with clients. The following comments shed light on their key concerns: feeling like the services being delivered remotely are not 'real' services and worry about staff and client isolation. They also illustrate how flexibility and adaptability are continuing in CCWF service delivery as circumstances continue to evolve.

- **Isolation and the new normal**

Staff report feedback from colleagues wanting to **resume face-to-face services as soon as possible**. This is likely to be particularly true for services that were not able to be delivered remotely. Although (as reported above) many staff want to keep working from home as much as possible, there was an acknowledgment that both staff and clients may feel isolated without some in-person contact.

One thing I'm hearing from a lot of our team members is, they're excited, delighted, they think we've been very innovative, but when are we going to reopen, when are we going to start

services again? They know we've learned lots and we've become very innovative so we can keep some of that good stuff. But I actually think their number one question is, but when do we go back to doing what we know works really well, which is face-to-face with people.

We started having face-to-face meetings with caution around a month ago. How it's changed is that not only the people that we are supporting feel isolated, I think staff feel a little bit isolated as well, because most jobs you're in an office with someone or you're going out seeing people.

- **Resuming face-to-face contact**

Staff are resuming some in-person services, but in a modified format to comply with ongoing restrictions.

The last two weeks I've had my women come to me for three days a week, Tuesday, Wednesdays and Fridays. And that's so great because we can do some arts and crafts and hopefully, they'll give us a stove so we can do a bit of cooking, but I only have those 10 mums.

Obviously, everything looks a lot different rather than running one two-hour play group a week, I'm now running four one hour ones. And so again, it's not what it used to be and it's not the best-case scenario, but it's definitely the best with what we've got. Parents love it, it's great for people to get back in contact with people.

4.3 Client survey

Fourteen CCWF clients participated in the survey. Thirteen participants use playgroups, and one uses a Family and Domestic Violence support service. The small number of participants is disappointing, but the survey was kept open for an extra month and reminders sent in an attempt to improve the number of responses.

Figure 1 shows the perceived impact on services of COVID-19. The majority of participants (78%) experienced a large or extreme disruption to the services they usually receive at CCWF during the height of COVID-19 restrictions (extreme in this question meant 'could no longer access services').

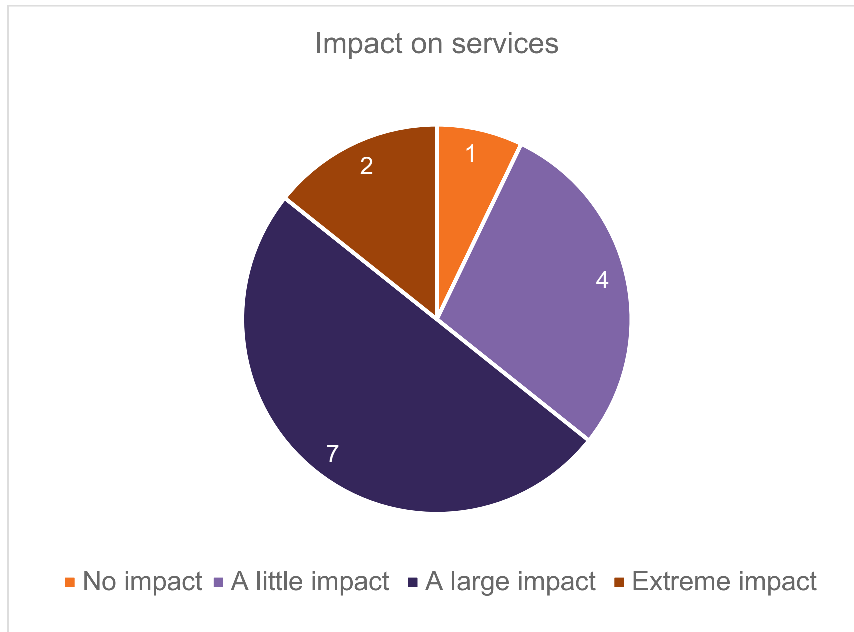

Figure 1: impact

Figure 2 illustrates the degree of change to services experienced by participants. A slight majority of participants (57%) experienced a moderate or major change to the way their services were delivered.

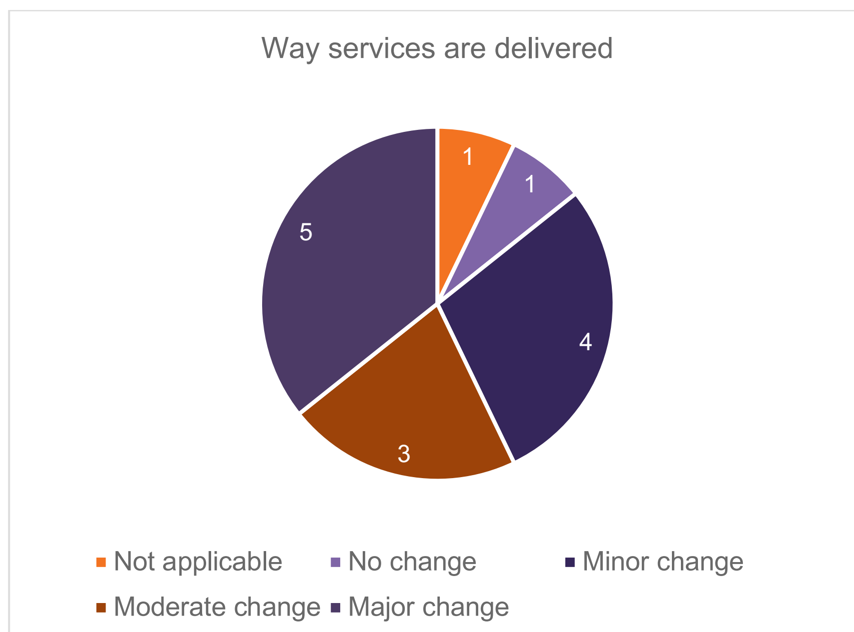

Figure 2: change to service delivery

The majority of participants (57%) reported receiving services a little or a lot less frequently, but others (36%) reported no change or a slight increase in the frequency of services they received (Figure 3).

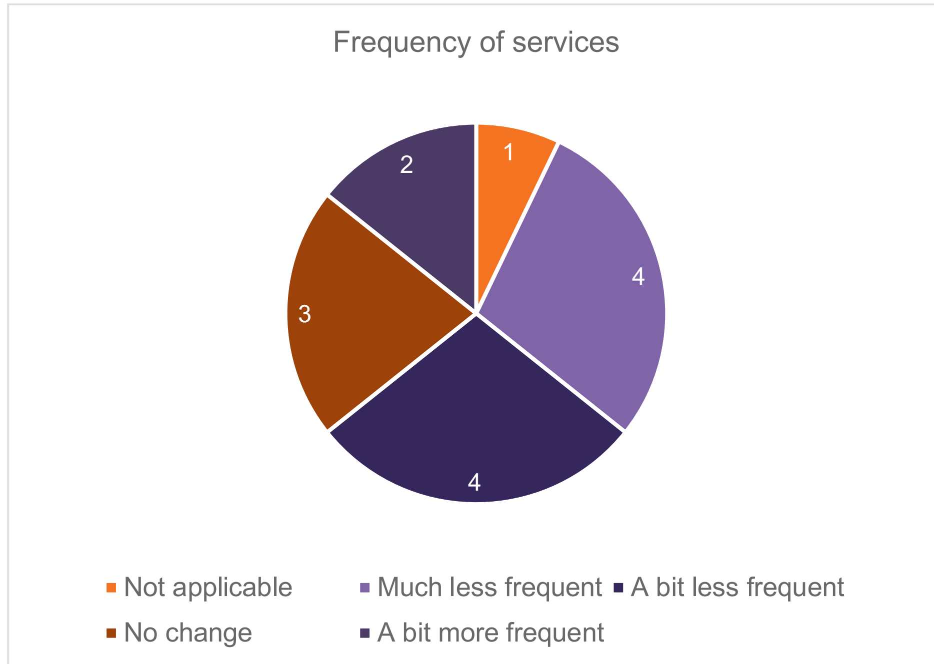

Figure 3: change to service frequency

Two of four participants reported that their individual service was now being delivered as a group, (for the other two, individual services remained individual). For the 9 participants attending groups, 7 still classed their service as group delivery while the other two had changed to individual service delivery. (Data was only available for 13 out of 14 participants on this second question).

Most participants did not provide information about the way their service was delivered during COVID-19 restrictions (11 selected 'some other way' but did not provide further information). Responses about the kinds of services received suggest that many of these 11 participants had a combination of Facebook contact and home-delivered activity kits. Two participants reported receiving services via online videoconference and one via a combination of phone and videoconference.

Thirteen of the 14 respondents were satisfied or very satisfied with the services they received from CCWF during the COVID-19 restrictions (Figure 4). One respondent was very unsatisfied.

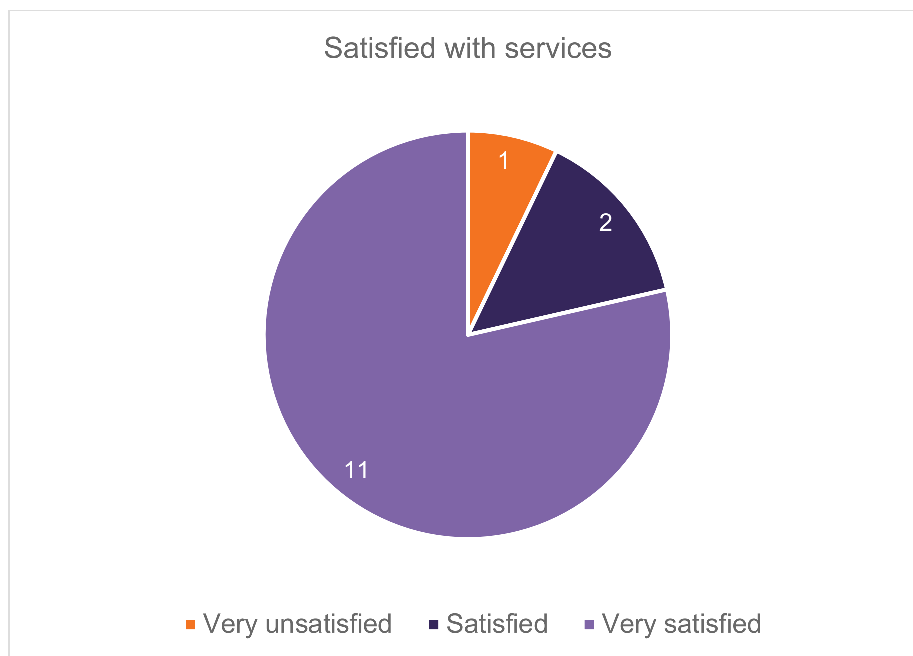

Figure 4: satisfaction with service delivery

When asked for the best thing about the changed service delivery, participant responses fell into four broad categories:

1. Nothing specific, but a sense of ongoing support from the service provider: 5 responses
2. The activity packs provided for children (and adults): 4 responses
3. The emphasis on participant and staff safety: 2 responses
4. The privacy and convenience of receiving services remotely at home: 2 responses

A single participant responded that they do not like the new way at all.

When asked about the worst thing about the changed service delivery, participant responses fell into two categories:

1. Limited numbers/being required to book a spot: 4 responses
2. Social isolation, mainly for children: 3 responses

Four respondents said that they could not think of a 'worst thing', one responded: 'not having sessions' and another responded 'everything'.

Thirteen participants made final comments in the 'free response' section at the end of the survey. Twelve of the comments expressed appreciation for their individual service provider by name (and in some cases named the local office as well); the other expressed appreciation for CCWF generally. It is clear from these final comments that nearly all participants feel warmly and positively about CCWF staff and services.

4.4 Staff wellbeing synthesis

74 team members (out of a total of 88 staff) participated in an online wellbeing survey conducted by CWWF in the initial phase of the organisation's response to COVID-19.

Staff reported feeling well supported by CCWF (49% responding 'extremely' and 34% responding 'quite a bit') and that the CEO and Executive team had handled the crisis well (76% 'extremely', 23% 'quite a bit'). Staff also felt that their team leaders had handled the crisis well (63% 'extremely', 28% 'quite a bit').

A majority of staff felt they had been coping well with changes associated with COVID-19 (52% rating their degree of coping between 7.6 and 10 out of 10). The full range of coping responses is shown in Figure 5.

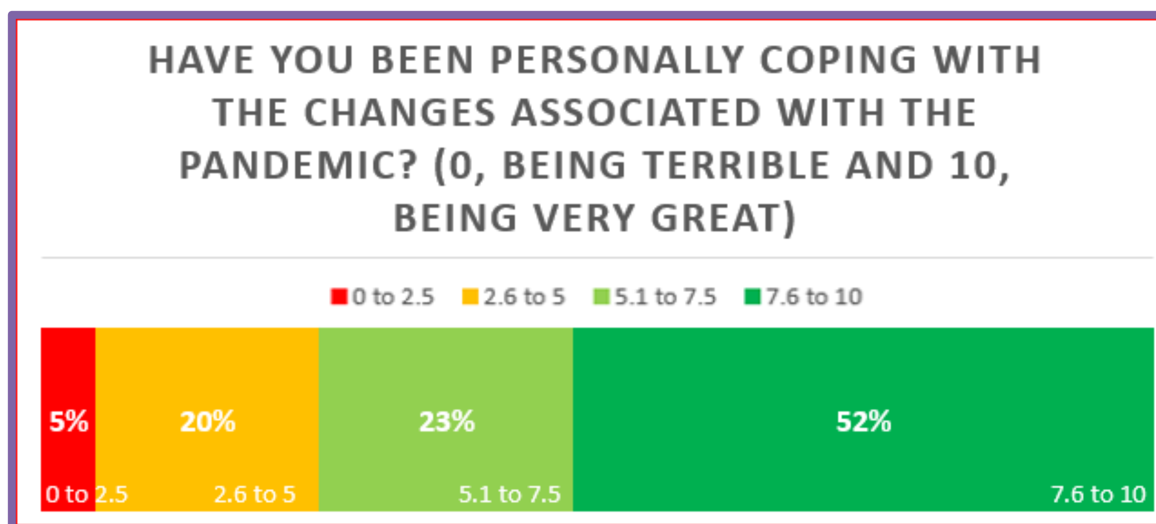

Figure 5: overall coping [figure provided by CCWF]

Other wellbeing measures were mixed:

- 52% of staff reported **sleeping the same amount as usual** (13% sleeping more or a lot more, 34% sleeping less or a lot less)
- 64% of staff reported **drinking the same amount as usual** (15% drinking more or a lot more, 21% drinking less or a lot less)
- 43% of staff reported **exercising less or a lot less than usual** (27% exercising more or a lot more, 30% the same)
- 45% of staff reported **talking to family and friends about the same as usual** (28% talking more or a lot more; 27% talking less or a lot less)
- 55% of staff reported **their eating habits stayed the same** (39% eating more or a lot more, 6% eating less than usual).

Note that the drop in exercising is likely to have been due to COVID-19 restrictions in force for the period covered by the survey.

5. Conclusions

5.1 CCWF approach to practice change

CCWF took a thorough and systematic approach to planning and recording their changes to practice in response to COVID-19. They used available government advice to determine appropriate levels of client and staff contact for the three COVID-19 risk levels.

Practices were adapted in order to minimise risk to clients and staff, minimise burden on staff, and engage and empower clients. In many cases, individual face-to-face services previously delivered in person could be delivered remotely via phone, email, and videoconferences; in some cases, these services maintained an emergency at-call presence and in others, clients were able to visit offices under strictly controlled conditions for essential paperwork (for example).

Some services that involve group work were adapted for remote delivery or converted to individual services. Other groups (such as playgroups) could not be replicated in a meaningful way by remote delivery, but support for clients was delivered and engagement maintained via social media messaging and home-delivered activity packs. In a smaller number of cases, the nature of client needs, preferences for interactions, and resources meant that remote service delivery was not possible. Staff maintained or increased contact with clients wherever possible via phone and private social media groups.

CCWF was able to provide a range of activities during practice changes which allow for the presence of some of the common elements for client engagement, in particular authentic engagement, building a partnership, and delivering strength-based practice.

5.2 Things that are working well

Clients and staff reflected on a range of practice changes that are working well for them. For some changes to practice, there was disagreement from staff about whether the change was positive or negative. For instance, some staff liked working more easily across locations (where the team was not geographically defined), while other staff missed working in close proximity with other colleagues and clients. We have more information from staff than from clients, and staff views do cover a wider range of services than those attended by the clients we spoke to. Nevertheless, there were correspondences between what we hear from clients and from staff—most felt CCWF is meeting its directive to provide appropriate support to families in need.

5.2.1 Client perspective

Clients have felt well-supported by CCWF throughout the COVID-19 pandemic. Where services could not be delivered remotely, clients appreciated the efforts made by staff to continue some form of regular contact and support. Clients expressed a high degree of satisfaction with service delivery and felt that CCWF was doing an excellent job given the difficult circumstances.

5.2.2 Staff perspective (including staff views on client effects)

Staff feel that, on the whole, most changes in practice are working well. Even those staff who do not personally enjoy using videoconferencing platforms (for example) and feel that remote delivery is not appropriate for group and individual services reported that working at home is overwhelmingly a positive experience and that clients are being well supported.

Staff report that they are seeing more clients and, in many cases, providing those clients with more support. They have noticed greater interagency cooperation, and increased frequency and easier communication with colleagues within CCWF (especially across locations). A key benefit for staff has been improved work/life balance and the chance to learn new skills. Working from home has allowed staff to feel safer, have better control of their work, and manage distractions.

From a staff perspective, clients have more control over their interactions with the agency and have learned new skills and gained feelings of empowerment from remote delivery methods. Many

(although not all) staff feel that the support they deliver to their clients is effectively equivalent to that delivered before the COVID-19 changes, even though the delivery modes have changed.

5.2.3 Practices which could be retained after social distancing requirements are eased

Clients mainly expressed a preference for returning to pre-COVID practice, which may be partly due to the fact that most clients who were willing to be interviewed receive services which do not have a remote delivery version (for example, playgroups cannot easily be replicated online). However, they appreciated the extra support and resources available via Facebook groups and having extra activities delivered to their home.

Some clients preferred the smaller group sizes that have been as restrictions have begun to ease to the larger group sizes that were in place before the restrictions.

Staff would like to:

- continue the increased reflection on their practice which they adopted during the crisis
- retain the option for remote contact with clients (as an alternative or addition to in-person contact)
- keep flexibility and choices for their clients and for their own working arrangements
- keep up the good organisational communications
- continue to focus on client and staff safety.

5.3 Practices that were less well-accepted

Only a few staff said that there was nothing they would choose to keep from the practice changes, but those who felt that way generally felt very strongly that previous practice should be resumed as soon as possible. It is important to note that some respondents loved the things that others disliked or were willing to accept them as a trade-off for other things they valued.

Similarly, most clients expressed a preference for returning to previous practice; however, this finding is potentially skewed due to the majority of both interview and survey participants being clients of playgroups or financial counselling services. For both these services, remote delivery precludes central aspects of the service. Housing support, domestic and family violence, and mental health clients did not have their views represented other than via staff report.

The majority of survey participants experienced a large or extreme disruption to the services they usually receive at CCWF during the height of COVID-19 restrictions. This is of concern given that families have experienced decreased income and loss of employment while also experiencing stressful changes to living arrangements (insecure housing, increased working from home and working while caring for children) (Hand et al 2020). Vulnerable Australian families have experienced symptoms of depression and anxiety at higher rate than the general population during COVID-19, felt that their ability and motivation to look for work have been negatively impacted, and reported much higher levels of financial stress despite receiving increased income support (Callis et al 2020).

Many of the things that clients felt worked less well for them were integral to the COVID-19 restrictions and not within CCWF's power to change; for example, reduced socialisation for them and for their children due to the loss of face-to-face group interactions.

Some changes were related to health regulations but there are potentially modifiable solutions to allow adherence to health regulations while still addressing clients' needs for social interaction:

- Limited access to groups due to reduced numbers, which could be improved with groups meeting more frequently
- Lack of informal interaction within groups, which could perhaps be increased with break-out rooms or closed social media groups
- Being unable to see body language, which may be resolved by changing phone calls to videoconferences where possible—acknowledging, however, that this is not a perfect solution.

5.4 Staff wellbeing

Staff report coping well, personally, with changes associated with COVID-19. The only wellbeing measure which dropped significantly was the amount of exercise reported, which is likely to be due to COVID-19 restrictions on activity outside the home rather than being an indicator of reduced wellbeing. However, regardless of whether the reduction in exercise is an effect of or a potential cause of reduced wellbeing, CCWF's response to COVID-19 could include increased encouragement and support for staff exercise, and might be something that could be monitored in clients too.

5.5 Areas for consideration

Based on client and staff feedback and staff wellbeing data, the practices which CCWF could retain post COVID-19 are:

- Ensuring clients can easily get in touch with CCWF between scheduled sessions
- Providing support via restricted-access social media
- Providing activities and information direct to clients' homes
- Ensuring that modified delivery formats are easy for clients to access (watch for limited capacity and need to book in advance rather than simply turning up)
- Retaining organisational openness to alternative ways of working

Considerations for group sessions online (PRC, 2020)

- Keep sessions relatively short—one hour maximum
- Open sessions with a structured presentation, keep unstructured discussion until later
- Facilitators should start every session with an engagement exercise
- Pre-plan activities that participants can complete on their own, in case of technical difficulties
- Aim to structure membership around shared interests (such as the age of children): a narrower focus works best online, especially if the group members are all new to each other
- Facilitators will need to pay particular attention to establishing group norms and agreed rules for sharing the online space
- Remind members regularly about privacy and confidentiality

Factors supporting group engagement (PRC, 2020)

- Reminder texts one day prior to sessions
- Regular email and social media communication
- Provide a technology support session to members before the first group session
- Acknowledge that work and family commitments and IT issues will affect attendance

Other considerations:

- Closed social media groups work well and were appreciated by the clients who had access to them. Consider whether these may be suitable for all client groups (with strong moderation from staff)
- Online delivery methods do not suit all clients in all circumstances
- Online delivery methods are not appropriate for all service types
- Online service delivery may
  - be perceived as intrusive, but on the other hand
  - be more convenient for clients

  Therefore, practitioners will need to determine how appropriate it is by considering the client's individual circumstances and preferences.
- Remote delivery methods presuppose access to a baseline level of information technology, which cannot be assumed to exist in all communities and for all clients
- Clients have a high level of goodwill towards CCWF and are likely to be flexible, understanding of agency constraints, and appreciative of efforts made to provide a continuing service

- Be aware of changes to clients' circumstances that may make it more difficult for them to access services or may expose them to increased risks and stressors.
- Remote delivery methods have the potential to significantly reduce travel times for staff working across several locations, and thus to increase staff capacity to work with clients and with other agencies.
- Staff will vary in their degree of comfort with remote working methods. Ideally, a range of options should be offered.

The new methods developed during COVID-19 restrictions are best seen as options to be added to CCWF's existing suite of tools. For some clients and staff, a return to previous practice is highly desirable (particularly for clients and programs where remote delivery is impossible). However, for many clients and staff, remote delivery methods will be a useful option to free up time for clients and staff, increase ease, flexibility and responsiveness of delivery, and increase feelings of control over work and participation in services without sacrificing engagement.

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Appendix A: interview schedules

Client interview

BEGIN WITH VERBAL CONFIRMATION OF CONSENT TO PARTICIPATE

Thank you very much for agreeing to talk with us today. We'd like to ask you a few questions about how the services you receive from CatholicCare Wilcannia-Forbes have changed since the COVID-19 crisis. We're talking about groups and programs like support groups, self-service access points, supported playgroups, parenting programs, etc.

1. What programs and services do you go to? It's ok if you would rather not say.
2. What has changed about [that program/services you receive] since COVID-19? (prompts below)
    a. Was there any interruption?
    b. Are they delivered differently now? How
    c. Are services less available, more available, about the same, now that we've all had a chance to adjust?
3. Are there things you DON'T like about the new way of receiving services (if any)?
4. Are there things you DO like about the new way of receiving services (if any)? Do you like them better than the old way?
5. If COVID-19 restrictions were lifted tomorrow and we could all return to how things were before, are the any changes to how things work at CatholicCare that you'd like to keep? Tell me more about them? Why would you keep those changes?
6. Is there anything else you would like to tell us about how your program or group has changed in response to COVID-19 and what should happen going forward?

Staff interview

BEGIN WITH VERBAL CONFIRMATION OF CONSENT TO PARTICIPATE; record consent on spreadsheet. REINFORCE ABILITY TO DISCONTINUE, CONFIDENTIALITY MEASURES

Thank you very much for agreeing to talk with us today. We'd like to ask you a few questions about how the services you deliver for CatholicCare Wilcannia-Forbes have changed in response to the COVID-19 crisis.

7. What programs and services do you deliver (or, are you involved with if not direct service delivery—might be service as a whole for senior staff)? WHAT IS YOUR ROLE IN THE ORGANISATION

Note: for the following questions, may need to prompt to think about when restrictions were greatest/most severe

8. How have the restrictions following COVID-19 affected your practice/your work? CCHW SERVICES? (prompts below (but note there may have been no change))

a. Things that are no longer possible at all?

b. Practices that have been modified?

c. Things that you can do now that you couldn't do before? e.g. work from home, offer more flexibility to clients, etc.

9. If a senior person/manager: how have things changed for your team? What do you feel are the negative aspects of your/THE changed practice (if any)?

10. What do you feel are the positive aspects of your/THE changed practice (if any)?

11. How do you feel the changes to practice at CCWF have affected your clients (even if not a clinician—probe for their sense of how CCWF clients have been affected)?

a. Anything easier for them?

b. Anything harder for them?

c. Any other observations about how the changes TO PRACTICE have affected them? (not changes due to COVID-19 itself)

12. If COVID-19 restrictions were lifted tomorrow and we could all return to how things were before, are the any changes to your practice that you'd like to keep? WHAT CHANGES DO YOU THINK THE ORGANISATION SHOULD KEEP? Tell me more about them? Why would you keep those changes?

13. Remembering that we will be reporting your feedback to CCWF management (as a group, not individually), is there anything else you would like to tell us about practice changes in response to COVID-19 and what should happen going forward? Information will be deidentified, so we welcome your honest feedback.

Appendix B: survey questions

Thinking about services you receive and programs you use at CatholicCare Wilcannia-Forbes, and the impact of COVID-19 restrictions:

1. What service do you receive at CCWF (or what group do you attend? [free text]

2. How much impact has COVID-19 had on the services you receive?
    - No impact
    - A little impact (some change)
    - A large impact (lots of changes)
    - Extreme impact (I can no longer access services)

1.a.: [if answered any impact] can you tell us more about how things have changed? [free text]

3. On a scale of 1-5, how much have the services you've received changed since COVID-19? [response matrix]
    - The way services are delivered [5-point Likert including 'no change' option]
    - The frequency of services [5-point Likert]
    - Individual service now delivered as group [5-point Likert]
    - Group service now delivered individually [5-point Likert]
    - Other change [please give details]

4. If your group or service is now being delivered remotely, is it delivered
    - By phone
    - By videoconference (e.g. via Zoom)
    - A combination of phone and videoconference
    - Other method [please give details]

5. How satisfied are you with the services you receive right now?
    - Very unsatisfied
    - Unsatisfied
    - Satisfied
    - Very satisfied

6. And compared with the services you received before COVID-19, do you feel
    - More satisfied now?
    - About the same?
    - Less satisfied now?

7. How many services do you receive, or groups do you attend, with CatholicCare Wilcannia-Forbes?
    - 0
    - 1-2
    - 3-5
    - 6 or more

8. What would you say is the BEST thing about the new way of delivering services? [free text]

9. What would you say is the WORST thing? [free text]

10. Is there anything else you'd like to tell us about: the way services and groups have changed? Ways we can improve? [free text]

11. If you are comfortable doing so, could you let us know what services you receive from CatholicCare? [free text]

You’re all done! Thank you so much for your time. Once you click on ‘finish survey’ below, you will no longer be able to change your responses