

COVID-19: Responding to the needs of children and families

Impact Report
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Acknowledgements

The Centre respectfully acknowledges that we work on the traditional land of the Kulin Nation, and we acknowledge the Wurundjeri people who are the traditional custodians of this land. We pay respect to Elders past, present and those of the future. We acknowledge that we work on stolen land that was never ceded.

We appreciate and celebrate diversity in all its forms. We believe diversity of all kinds makes our teams, services and organisation stronger and more effective.

COVID-19: Responding to the needs of children and families

Introduction

Victoria's community service organisations (CSOs) have consistently stepped up and responded to the new and constantly changing service environment that COVID-19 has unexpectedly presented.

This is a key finding from a review of data gathered by Victoria's peak body in child and family services, the Centre for Excellence in Child and Family Welfare (the Centre), during the period **March-June 2020**, sometimes called the 'first wave' of the coronavirus in Victoria.

During the four months covered by this report, CSOs across Victoria demonstrated their ability to respond quickly to the unprecedented challenges facing their clients and workers by implementing creative solutions and workarounds in the face of restrictions on face to face engagement. This report highlights the challenges experienced by families and workers, the 'pragmatic problem-solving' of our CSOs as they transformed their service delivery models, and the lessons learned.

One feature of the period covered by this review, but not part of the data collected from CSOs, was the willingness of the Department of Health and Human Services to dispense with red tape to provide CSOs with ready access to information and resources to enable rapid service delivery responses to support families.

As this pandemic continues, the Centre will continue to collect data, capture innovation and share the expertise of our sector through the Outcomes, Practice and Evidence Network (OPEN).

Political and social context

International

In January 2020, China confirmed to the World Health Organisation (WHO) that the outbreak of viral pneumonia spreading across Hubei Province was caused by a novel coronavirus. Following two months of international virus transmissions, WHO declared COVID-19 to be a 'pandemic'.¹

The impacts of COVID-19 were quickly evident internationally with widespread border closures and restrictions on individual freedoms amidst a steeply rising mortality rate. Many countries, including Australia, implemented severe containment approaches with significant flow-on economic and social effects.

While Australia has been successful in preventing outbreaks on the scale of countries such as the United States, Brazil, various European countries, and, more recently, India, we continue to face significant challenges in lowering the rate of community transmissions.

Domestic

Between March and April 2020, the number of active cases of COVID-19 in Australia increased dramatically, sparking the implementation of restrictive policies to flatten the curve.

Measures taken by the Commonwealth government, designed to keep people safe and to compensate for the widespread loss of income associated with job losses, included:

- Introduction of COVID-19 specific government payments (JobSeeker/JobKeeper)
- A ban on Australians travelling overseas
- Daily reports by Australia's Chief Medical Officer
- Development of a COVID-safe App to support contact tracing
- A 3-step framework to keep Australians 'COVID safe'.

State governments were responsible for determining the level and types of restrictions needed based on numbers of active cases in their jurisdictions. In response to growing numbers in Victoria, the state

¹ World Health Organisation. (2020). *Timeline of WHO's response to COVID-19*. Accessed 9 July 2020. Available here: <https://www.who.int/news-room/detail/29-06-2020-covidtimeline>

government imposed strict lockdowns across the state in March 2020 in keeping with the Commonwealth's 'Stage-3' restrictions, confining Victorians to their homes with only four reasons to leave:

- Shopping for food and essential items
- Care and caregiving or to seek medical treatment
- Exercise (with a maximum of one other person from a household)
- Work or study.

Other state-based measures included contact tracing, increased testing (including drive-through testing sites), a \$77.5 million funding package for vulnerable children and families and a funding package of \$17 million for persons living with a disability.²

These measures came at a significant cost, with many business activities suspended (particularly in the retail and hospitality industries), a growing unemployment rate and increased reports of domestic and family violence.

When initial restrictions helped to flatten the curve, these were relaxed to 'Stage 2' by June 2020. In the past few weeks, however, we have again seen a steep rise in the number of coronavirus cases in Victoria. Lockdowns which were initially imposed on hotspot postcodes have since been expanded to all Melbourne metropolitan areas and Mitchell Shire. Currently, these areas are in lockdown for an estimated six weeks.

This review explores what it was like to be a service provider seeking to engage with children, young people and families in an ongoing climate of uncertainty during the first wave of the pandemic in Victoria in **March-June 2020**. We hope that by collating and sharing the information we have gathered we can help inform future practice approaches to support clients. We will continue to monitor and share innovative sector responses as our external environment becomes even more challenging.

Methodology

The report draws on multiple data sources. A key data source was the information gathered from a short survey we sent to organisations working with children, young people and families across Victoria. Agencies and practitioners were drawn mainly from our member list with a specific focus on program leaders and practitioners attending our network forums covering: Orange Door, Child FIRST and Integrated Family Services, Leaving and Post Care, Foster care, and Kinship care.

Altogether we received information from around 100 practitioners from 45 agencies working with children, young people and families across a wide range of community services, including some Aboriginal Community Controlled Organisations and local government.

The three questions we asked were:

1. To what extent has COVID-19 affected your child and family services capacity to deliver your substantive role: Significantly / Somewhat / Not at all
2. What are the main ways in which COVID-19 has affected the children and families you work with?
3. What 'workarounds' or creative strategies have you implemented to maintain the safety and visibility of children and families?

We also sought information from participants in our regular sector forums (now fortnightly and online) and through phone interviews with individual practitioners. We sent a separate survey to CEOs among our member organisations, summarised later in this document, and interviewed several CEOs from metropolitan and regional areas.

How significant was the COVID-19 impact on organisations?

To fully appreciate the significance of the CSO response during the previous four months, it is worth reflecting on the overall impact of COVID-19 on organisations identified by the sector and on the challenges experienced by clients.

² The Department of Health and Human Services. (2020). *Information for Community Services-coronavirus (COVID-19)*. Accessed 9 July 2020. Available here: <https://www.dhhs.vic.gov.au/information-community-services-coronavirus-covid-19#additional-support-for-people-with-disability>

Sector survey responses suggest the impact of COVID-19 for practitioners and CSOs during the first 'wave' of the pandemic was variable within and across organisations, depending on role, team and location. When asked to rate the impact on their organisation, around two-thirds reported a 'significant' impact on their work and around one third described the impact as 'somewhat'. Almost no practitioners described the impact as being 'moderate'.

The three main areas of service delivery reportedly affected by COVID-19 were:

- Client engagement
- Technology
- Staff supervision and management.

Impacts specific to each area are outlined in more detail below.

Impact on client engagement

Practitioners providing face to face service delivery to children and families, generally reported the impact of COVID-19 as being significant on client engagement because it restricted interaction to digital communication channels. Maintaining face to face contact with carers and child protection practitioners was found to be especially challenging.

One kinship care caseworker described the impact on case managers' ability to assess new carers:

Case Managers are unable to complete outreach or monthly home visits, which are restricted due to technology (carers not having laptops to access Zoom etc) or clients not getting on the phone to speak with them. They are unable to complete unannounced visits on high-risk placements, therefore only getting the information through an agency worker already in the home as a support worker, or from the carer themselves.

Those who reported COVID-19 as having 'somewhat' of an impact on their client engagement described similar concerns, encapsulated by this practitioner:

We have to be mindful of the distance from clients, not entering the home and then returning to the office, not being aware of the contacts and health status of the clients and their family and friends, the hygiene practices and possible presence of the coronavirus.

Where possible, CSOs contacted clients electronically to complete assessments and safety plans. Some providers also conducted contactless home visits to drop off essential documents, using this as an opportunity to observe children from outside the home as an additional check on their safety. The innovative ways CSOs adapted their approaches to client engagement is explored in more detail later in this report.

Impact on technology

Making the switch from face to face to electronic client engagement had a significant impact on service delivery. A key concern was that clients who were uncontactable via remote means could go unseen for months, with domestic violence or youth homelessness going unnoticed.

Maintaining client confidentiality while discussing sensitive issues via phone or Skype was also raised as a major concern in the switch from face to face engagement, with practitioners requiring a quiet space away from other people in their homes to avoid breaches of confidentiality.

Others viewed changes in the use of technology in practice as only 'somewhat' of a challenge, given these changes were taking place across the board in the social services sector and were not unique to one agency.



Organisations that did not have high quality IT suddenly found they were equipping their workers with the technology platforms and devices needed to do their work. One CEO estimated that COVID-19 had brought forward their technology capability by two or three years.

Impact on staff supervision and management

A consistent theme in the data we collected was the impact of COVID-19 on managers and team leaders working remotely who found more time was needed to supervise and support staff. One team leader explained:

As a team leader, my communication with the team has increased, having to connect at least once every 2nd day as a team to check in and stay connected, [with] supervision I have the option of video or phone, most of the time it is a phone call because we find most times the system does not cope well with video link and we get cut off.

Managers noted the time-consuming nature of contacting staff electronically, as opposed to having a more informal catchup in the office. This was reported to have flow-on effects to staff morale, with staff missing the benefits of incidental office contacts to their overall wellbeing and sense of camaraderie. The challenges of remote management were further increased for managers or team leaders who were juggling the homeschooling of their children with work obligations.

Practitioners also raised the difficulties of separating work from home life when working remotely. Being on calls or video conferencing with clients experiencing complex challenges, including family violence, meant bringing these issues into workers' own family environments.

By June 2020, many workers in our practice network forums reported feeling tired after such intensive adaptation of their practice approaches and the upheaval of working from home each day.

Interviews with CSO leaders and forum discussions with practitioners highlighted the nature and level of additional support put in place by many organisations to maintain staff wellbeing while working remotely. These supports included increasing communications, often daily, to all staff, and having regular team catch-ups that provided opportunities to have the kinds of casual, incidental conversations that occur in the office, in addition to discussing work-related matters.

Individual practitioners gave practical examples of how they managed their home environment to minimise intrusion of work into their personal space, maintaining the confidentiality of clients while maintaining their own privacy.

What we have learned about the significance of the impact

For most organisations, the level of impact was rated either *significant* or *somewhat* and the main impact was seen to be on client engagement, technology and managers/workers. What we have learnt is that CSOs were able to make the shift from face to face service delivery to remote engagement quickly and comprehensively, even when their own technology platforms and capabilities were not first rate at the outset of COVID-19.

One CEO characterised the shift that has taken place as a move to 'pragmatic problem solving': *the focus has been entirely on 'how do we get the job done for the people in need'*. This was a consistent message from CEOs and was reflected in practitioners' descriptions of how they quickly adapted their practice approaches to support clients effectively and safely.

While CSO responses varied according to location, resources and clientele, some CSOs also responded by creating COVID-19 specific alliances to help mitigate the effects of COVID-19 on service delivery in local communities. A key learning from the period was the value of collaboration across the sector to manage the impact of COVID-19. This collaboration was evident between government and CSOs, and among CSOs, with a sense of 'we are all in this together' so how do we leverage off the resources, knowledge and expertise we have individually and collectively.

Challenges experienced by clients

This section summarises the challenges experienced by families during March-June 2020. Only by examining these do we get a sense of the magnitude of the CSO response.

During the first wave of the pandemic in Victoria, children, young people and families accessing social services experienced unprecedented changes to their individual circumstances. Many suddenly found themselves with little or no face to face contact with caseworkers, significant reductions in home visits and in some cases were further marginalised by limited access to the digital technologies needed to communicate with services electronically.

To provide a more detailed picture, child and family services across Victoria were asked in the sector survey to comment on the challenges that they had observed facing their clients. This practitioner shows the escalating and changing nature of the service response required:

Initially we were supporting families with emergency relief (vouchers) and also understanding the changes. Families were seeking support on how to parent in the uncertain times and answer questions appropriately to their children. We [saw] a shift with the announcement around restrictions on school attendance, there was a focus on how to manage this and support learning, in the last few weeks we [were] starting to see families in crisis, teenagers being asked to leave the family home, isolation and risks to children.

This was echoed in successive agency responses to our survey including presentations of:

Significantly increased parental stress and subsequent impact on family functioning as a whole, unemployment & risk of homelessness, increase in family violence, impact on children & young people's mental health and limited supports to refer to if unable or unwilling to participate in tele-health services.

Agencies emphasised the resilience and strength of their clients in the midst of significant challenges, including their adaptability to digital engagement processes. Some agencies indicated that very few clients declined contact by phone, which enabled more frequent interaction and reduced travel time for casework staff.

The major challenges identified by agencies are outlined in more detail below.

Practical/material

- Financial hardships: loss of income, reduced working hours, challenges finding work, difficulties paying rent, difficulties receiving or signing up for Centrelink support, costs associated with increased utility use
- Access to basic supplies: reduced access to basic shopping items (nappies, formula, hand sanitiser and cleaning products), having enough food for children during longer periods at home, challenges accessing material relief from support services while staying home
- Reduced access to face to face support services (caseworkers, support workers etc.)
- Access to technology: limited to no internet connection (with the associated difficulties of homeschooling children), limited digital literacy of parents and caregivers, increased social isolation without access to technology, increased requests for digital technologies including laptops and iPads, examples of families without access to digital technologies, or who are not able to operate them, missing out on essential services



- Accessing safe transport: limited access to cars to bulk buy groceries
- Eviction decisions made prior to the moratorium on evictions will stand, leaving some families homeless
- Limited public housing, particularly for families in regional Victoria
- Increased requests for toys and play equipment to keep children entertained and active.

Family wellbeing

- **Family and domestic violence:** exacerbated by lockdowns and financial pressures, increases in violence and abuse from parent to child living in close proximity with limited supports, increase in intimate partner violence from increased presence in the home and increased access to victim survivor(s), increased elder abuse in families in multi-generational homes with grandparents being isolated or put at risk, increased pressures on relationships, challenges receiving in-person support to leave violent and abusive relationships, difficulties navigating shared parenting arrangements during lockdowns
- **Increased conflict** in the home more broadly as families navigate living in closer proximity
- **Refugees and asylum seekers** have faced significant losses of income and are ineligible to receive government supports
- **Difficulties in parenting** during lockdowns with additional pressures on top of existing complexities and challenges
- **Homeschooling:** parents feeling ill-equipped to homeschool their children without additional support (particularly for those with English as a second language), parents experiencing increased stress balancing homeschooling with daily tasks/chores
- **Mental health:** rises in anxiety and depression resulting from financial pressures, social isolation, unpredictability of the future, anxieties associated with understanding restrictions and what this means for families, worsened by inconsistent messaging; immuno-compromised children and carers are especially socially isolated
- **No respite** for parents providing 24/7 care for children, challenges keeping children entertained, grandparents with limited access to respite for fear of leaving the home to send children to childcare
- **Family separation** caused by lockdown laws, inability to visit family members living in separate households, limiting access to support from extended family
- **Alcohol and substance use** as coping mechanisms for parents experiencing increased stress, increases in use for perpetrators of domestic violence
- **Overcrowding** for large families in smaller homes risking virus transmission.

Young people/adolescents

- Increases in **adolescent aggression** in the home exacerbated by living in close quarters
- Adolescents who were initially comforted by school closures now facing a return to **school, causing additional anxiety**, and in some cases, aggression towards carers
- **Mental health:** increasing hospitalisations for attempted suicide, self-harm and the use of alcohol and other drugs, increasing social isolation from transitional housing support workers, peers and social networks
- **Confusion and frustration** caused by cancellations in contact with birth parents
- Frustration of some clients attending phone counselling rather than face to face
- **Homeschooling:** difficulties studying without appropriate laptops and internet or study space, resources initially promised by the Department of Education and Training being distributed unevenly across communities, limited resources for young people with learning difficulties; uncertainty about which children could be at school; pressure on parents
- **Housing:** difficulties accessing suitable housing including exploring alternative living arrangements if clients need to leave their current home
- **Risk taking behaviours:** Some young people not understanding the importance of social distancing and meeting up with friends, risking virus exposure.

Child safeguarding

- Increase in **complex referrals from child protection** needing face to face support
- **Limited access to legal services:** courts closed during strict lockdowns, inability of courts to complete paediatric assessments to determine living arrangements
- Increase in **challenging behaviours of children** with limited external family supports available for carers
- **Limited contact with child protection practitioners:** unable to observe the conditions of children's homes or to sight individual children, difficulty of determining their true feelings without parental influence as CP cannot take them out of the home to talk privately
- **Closure of schools** and external activities resulting in significant changes in existing routines
- **Contact with birth parents and family now limited** to telephone conversations and suspensions of many family reunifications
- Concerns for children being exposed to COVID-19 while attending childcare.

Clients living with a disability

- Vulnerable clients living with a cognitive disability **struggling to cope without face to face contact** and to understand the implications of COVID-19
- Reduced access to in-home care and respite services
- **Slowdowns in progression of NDIS applications**, with families limited to digital appointments
- Some families struggling to access NDIS support payments to an extent where they are threatening to relinquish care.

What we have learnt about the impact of COVID-19 on clients

Several key cross-cutting themes can be seen from the information above, including the challenges posed by homeschooling, significant mental health impacts experienced across client groups, and persistent limitations in accessing material needs, including safe housing. We learnt despite the best efforts of our sector there were some families where it was difficult to sight environmental neglect or violence in the home.

However, we also learned from discussions with CSOs about client adaptability and resilience, client empowerment when family members could control the nature and frequency of their interaction with case workers remotely, and of young people finding they engaged better with study in safe surroundings at home than in school where they might have been subjected to bullying or social ostracism.

We learnt that despite the multiple challenges experienced by children, young people and families across the Victorian child and family services sector, during the period from March to June 2020, service providers were able to find new and creative ways of responding. They were able to advocate for, adapt and forge new ways of engagement with their clients.

Creative solutions and innovations

Our information gathering highlighted many positives from this period of service delivery in Victoria in spite of the challenges experienced by the sector.

One CEO commented on how encouraging it has been:

To see the role of government and public sector come to prominence and being valued. It's a great disservice to all of us to have a discourse which demeans the public sector and government and the leadership we've seen at this time has been outstanding.

Another CEO expressed pride in the fact that:

We were able to pivot so quickly and so successfully as well, and at the same time to really support staff who continued to work on the front line. It only happened because everyone did the best they could. It's heartening as a leader to see people work together in this way.

When some allied services withdrew from face to face engagement with vulnerable families in the initial weeks of the pandemic, child and family workers often found they were the ones bearing the sole responsibility for service delivery.

For example, throughout the four months covered by this report, residential care workers continued to work with young people in person, despite the risks of infection, using the limited supply of personal protective equipment available at that time, and supporting many young people who found the external environment even more uncertain and challenging than pre COVID. One CEO described how strongly their organisation focused on staff doing face to face work and sought 'to showcase the great work they were doing with children and young people in care'.

The ability to rapidly adapt practice to, in the words of one practitioner, *deliver coordinated and holistic interventions that encourage self-determination and lead to better outcomes for children, young people and families*, has been a key feature of the Victorian social services response.

During this period, CSOs reported shifting the focus of their client engagement from capacity building to addressing more immediate needs, particularly for parents as:

Capacity to build their parenting skills has changed during this period, so [we needed to go] back to a focus on safety and immediate needs, coping strategies, self-care and wellbeing.

This section of the report illuminates some of the creative solutions that organisations in Victoria implemented in response to the challenges of COVID-19 when face to face engagement was difficult.

Innovation in technology

The significance of the service transformation in relation to technology cannot be underestimated for organisations, practitioners or clients. It has become the new 'business as usual'. One CEO noted that:

The use of technology has meant that people feel more connected now, in their teams, than they did before COVID. When you come into the office you think your job is done in terms of connecting with people, whereas when you're at home, you need to be more deliberate about it, more thoughtful, and as a result you have more enriching conversations.

The vast majority of organisations surveyed discussed a major shift in client engagement from predominantly face to face interactions to connecting online with clients, using platforms including Zoom, Skype, Facetime and WhatsApp.

Video calling platforms were identified as particularly useful for:

- Maintaining client visibility – sighting vulnerable children and their living conditions, encouraging children to show caseworkers their living space
- Hosting family and group case conferences
- Delivering parenting and carer training sessions
- Providing online playgroup sessions
- Providing online music and tutoring sessions
- Providing respite for carers by hosting age-appropriate activities for children and young people
- Delivering group programs including Men's Behaviour Change sessions
- Supporting young people and adolescents to engage with their friends and peers remotely via safe video calling platforms.

Other services tried a mixed modalities approach, combining the live streaming of content/group sessions with pre-recorded materials and creating virtual communities through Facebook. Facebook was viewed as a useful platform to create groups and encourage information sharing, using privacy settings to maintain group privacy and confidentiality.

While agencies are mindful of the importance of maintaining client privacy and confidentiality during online and remote engagement, they have praised these modes of client engagement for increasing their efficiency, including the number of clients they can engage with per week and limiting time spent in transit. The benefits of using technology in practice were summed up:

This virtual contact has worked very well, with house tours being undertaken, connection with children, connections with all members of the family. We have even zoomed into a paediatrician appointment and celebrated first steps with a family. Caseworkers praised the willingness of their clients to cooperate.

Despite incorporating new technologies in practices and undertaking rapid turnarounds, services have maintained a strong commitment to evidence-based practice in their use of technology with one agency creating:

A digitally delivered COVID-19 Intensive Therapeutic Response (ITR): offered as a form of intervention which is using the content from Circle of Security, Tuning into Kids, Tuning into Teens and Bringing up Great Kids.

Without digital technologies, practitioners might not have been able to continue to deliver evidence-based, therapeutic programs to their clients.

Innovation in material supports

With limited options for face to face engagement, CSOs became creative in finding ways to source and provide resources for clients to minimise the impacts of isolation, particularly for parents and children. Common strategies to provide clients with necessary material supports included:

- Emailing parenting resources, including children's story books, to clients and discussing their use during a follow-up phone call
- Providing mobile phones, laptops and data, using flexible funding packages
- Taking care packages directly to clients' homes and leaving them at the door, with packages including activity packs for children (pencils, craft activities, etc.), COVID-19 information sheets, and information from mental health agencies such as Beyond Blue and the Black Dog Institute, vouchers for shopping, petrol and taxis.



Innovation in case management

One of the benefits of the switch to digital client communication was the ability of caseworkers to manage bigger caseloads and take on new clients. During March-June, digital communication increased the frequency of client contact for many agencies to multiple times per week.

Additional creative case management strategies to combat the impacts of COVID-19 included:

- Reviewing case plans in line with changing circumstances to make sure these reflect a family or individual's current situation
- Creating specific COVID response teams
- Creating a COVID-19 Practice and Safety Planning Framework to guide practitioners in client safety planning and generate a risk rating for each client. This risk rating was then used to triage cases accordingly. The Practice Framework provided guidance on how to support clients based on their level of risk

- Creating a team of 'mobile response' practitioners spread across multiple communities with a shared car to be used by practitioners to sight children identified as particularly vulnerable and provide emergency relief packages to families, including phones and data packages
- Allocating staff to clients based in closer proximity to the staff member's home when face to face visits are essential
- Limiting the length of face to face sessions to 15-30 minutes to lower the risk of virus transmission
- Where documents need to be signed, taking these to the client's home and placing them in the post box for the client to sign at a distance and return to the mailbox for collection
- Where required, caseworkers viewing children under two years old at their homes from a distance, with carers bringing the child to the front of the house and seeing their caseworker from a distance.

Innovation in workplace adaptations

Workplaces that require some casework staff on site developed working-from-home rosters to make sure there was someone at the office available to address any queries from clients or co-workers and to access information in client files. One agency made significant changes to enable staff to return safely, including providing all staff with an individual office space and limiting smaller meeting rooms (6x8m) to two people at a time.

Agencies identified significant changes to workplace culture, including:

- Placing a stronger focus on self-care
- Providing training in mindfulness and mental health first aid
- Exercising greater understanding and empathy for staff experiencing similar stresses to those of their clients
- Increasing the frequency of team meetings to make sure staff felt safe and supported
- Providing more flexible working arrangements, allowing staff to determine their own hours, while making sure to be available for their clients
- Encouraging staff to access the Employee Assist Program
- Expressing appreciation for staff through small gifts sent to homes.



Innovation in educational advocacy and homeschooling

CSOs reported being increasingly concerned for children and young people with learning difficulties and their parents who were trying to navigate homeschooling during March-May 2020. In response, they stepped up advocacy efforts to individual schools, encouraging them to accept vulnerable children attending school in person and supporting parents to articulate their children's needs. This was an important action by CSOs given that some vulnerable students/families were turned away from schools during the early stages of lockdown. Not all principals or teachers were aware of who could attend school and who could not. CSOs were able to assist with school access and help reduce confusion and uncertainty for caregivers and children.

CSOs also partnered with schools and early years providers to identify vulnerable children and their families, whose situation might have worsened as a result of COVID-19, and who would otherwise have not needed support or been known to community services.

Some CSOs were successful in engaging local businesses, including Officeworks, to donate packs filled with relevant school supplies to assist families with homeschooling.

What we have learnt about sector capacity to innovate

The vast majority of strategies to safely support clients through COVID-19 involved the use of digital technologies to initiate client contact and provide support remotely. Where needed, CSOs provided families with devices to maintain social connection.

Where face to face work continued, CSOs introduced creative workarounds to sight children and families. Some practitioners reported meeting clients in a park or on a beach to maintain social distancing, which was welcomed by clients who might not otherwise have engaged with a service. One practitioner reported better engagement with young people through outdoor walks which encouraged more openness in the conversations.

Contactless drop-offs of material supplies were a lifeline to parents juggling 24/7 care with daily responsibilities, and the advocacy efforts of caseworkers prompted the education system to provide additional supports to students experiencing hardship or vulnerability.

Without significant changes to case management and new systems to triage emerging high-risk clients, it would be near impossible to meet the growing need for support. These creative strategies and innovations are a testament to the sector and their commitment to supporting children, young people and families through massive challenges.

In many cases, the innovative solutions identified during the first wave of the pandemic in Victoria are likely to be sustained beyond COVID-19 because they have been shown to work. We learnt that, in the words of one CEO, *we should free up our thinking more often without being caught up in routine. We can do things differently, quite radically.*

CEO insights into organisational impacts

The broad themes emerging from the sector consultations were consistent with responses from 29 sector CEOs in a survey administered by the Centre in June 2020 and from CEO interviews. The key organisational impacts identified by CEOs as a result of COVID-19 related to:

- Clients
- Staff
- Finances
- Vision.

CEOs identified a range of organisational achievements during the early period of COVID-19 and opportunities for positive change that would continue into the future.

Clients

CEOs identified the need to focus day-to-day service delivery on the more immediate material needs of clients amidst strict lockdowns, including sourcing essential items, finding safe, affordable housing for homeless youth, and sourcing the necessary digital technology to communicate with clients remotely. Organisations also needed to weigh the risks of not doing face to face services against the risks of catching or spreading COVID-19. However, for some services, such as residential care services, there was no choice. Workers had to keep providing a service and this meant the organisations needed to make sure they had the necessary support and protection to be able to maintain continuity of care.

Staff

Setting up staff with the IT capability to work from home and navigate technical issues remotely caused some frustrations in the early months of the pandemic. Despite initial challenges, many CEOs acknowledged the adaptability and commitment of their staff who were able to change their work practices rapidly, including some staff taking on new roles in the COVID-19 response.

Finances

More than half of the CEOs surveyed indicated their organisations had spent over \$100,000 as a result of the pandemic, in some cases significantly over this amount, including costs associated with the purchase of cleaning equipment to make workplaces safe and paying staff working overtime on COVID-19 responses.

Vision

When asked what 'success' looked like before COVID-19 and what it would look like in a year's time, CEOs demonstrated a significant shift in their organisational vision.

Where initially CEOs had a focus on growth, aiming to enhance fundraising, service delivery and organisational impact, this significantly shifted to more immediate aims relating to staff retention, minimising the impacts of a future crisis, and getting through the next 12 months without reducing programs.

CEOs cited significant concerns for clients who were unseen during the pandemic and for potential surges in family and domestic violence related to lockdowns and associated job losses. They noted the challenges associated with managing day-to-day office staffing at any given time while simultaneously responding to community need and navigating financial uncertainties.

Organisational achievements

CEOs identified the following achievements during COVID-19 in March-June 2020:

- Rapidly implemented digital communication technologies including Microsoft Teams, Zoom and Telehealth to continue to deliver group workshops and case management supports
- Realising the possibilities for flexible work arrangements with some staff working more efficiently remotely due to reduced travel time and enhanced work/life balance
- Ability to remain solvent and commitment to providing high-quality services despite significant losses.
- Demonstrated commitment to staff and client safety while providing in-person client support
- Adapted to client need, including creating specialised COVID-19 response teams
- Maintained a commitment to child safety while shifting programs to online delivery.

Opportunities

Despite these challenges and an unpredictable future, CEOs identified a number of positive opportunities created for organisations during this period:

- Improved interagency collaboration
- Telehealth options
- Increased efficiencies
- Virtual Learning and Development
- Remote carer supervision
- Improved regional engagement
- Flexible working arrangements.



What we have learnt overall

During the four month period covered by this report, the child and family services sector in Victoria demonstrated resilience, flexibility and adaptability to meet the needs of children, young people and families. This report, based on the responses of practitioners, team leaders, managers and CEOs from across Victoria, shows the:

- Consistent prioritisation of client need, evident in all responses
- Capacity of CSOs to think creatively and engage in pragmatic problem solving
- Ability of CSOs to transform their service delivery models quickly and efficiently
- Ability of CSOs to set up staff to work remotely in ways that maintain wellbeing and a sense of being connected to colleagues and senior leadership
- Ability to continue to provide face to face delivery wherever possible, whether directly as with residential care providers, or via social distancing measures and contactless service provision
- Commitment to advocate for clients to access schooling where relevant, and material goods/donations from local suppliers
- Willingness to collaborate, working closely with government and other CSOs to provide a collective effort and shared learning, but also at the Alliance level with agencies sharing what has worked with others in the Alliance.

Despite significant challenges, CSOs 'stepped up' during the first wave of COVID-19 to continue delivering services in effective ways for clients. They were able to rapidly adopt new technologies to engage meaningfully with clients, keep staff and clients safe in a time of restricted face to face engagement, and demonstrate an ongoing commitment to client safety while mitigating the potential risks to privacy posed by remote service delivery.

The first four months of the pandemic in the child and family services sector showed a high degree of collaboration, with department staff providing daily or weekly updates to service providers and cutting through bureaucracy to meet demand quickly, and CSOs willingly sharing resources, information and practice approaches with fellow CSOs.

It is likely that many of the new working arrangements that surfaced during March-June 2020 will continue into the future as we address the ongoing challenges of a global pandemic. Continuing to disseminate and share the creative strategies and innovations being used by the sector will be central to developing a stronger evidence base to help mitigate the impacts of COVID-19 in the coming months and potentially years.