

# COMMUNITY SERVICES RESPONSES AND COVID-19

*CSI & Uniting Vic.Tas Response*

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**Uniting Vic.Tas (UVT) and the Centre for Social Impact have been collating data about the strategies UVT has put in place to limit the spread of COVID-19. This raft of protective strategies is designed to protect consumers and staff.**

## RESTRICT | PRIORITISE | MAINTAIN

From social distancing including contactless food deliveries to communicating with clients electronically, Uniting Vic.Tas is quickly adapting to new ways of delivering essential services.

Amy Padgham Uniting Vic.Tas Senior Manager Quality said all of Uniting's service agencies were asked to detail the protective strategies they have adopted along with numbers of staff and clients these will help to protect from COVID-19.

*“Really what we're seeing is that when it comes to strategies some have more of a protective impact than others, but whether by using a large number of lower impact strategies or a smaller number of high impact strategies all service areas have shown dramatic impact in reducing potential exposure to COVID-19. It's about implementing an appropriate suite of protective factors aimed at continuing the service in the safest way we can. There is no 'one-thing' that we can call out as the most effective - in fact the most effective strategy is doing a myriad of different things that are effective in that setting.”*

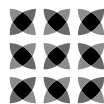
Among the protective strategies adopted by Uniting Vic.Tas across its services are:

- Remote servicing, such as via electronic communications for the delivery of services.
- Restricted servicing, such as ceasing group-based activities, and restricting services to the provision of essential (e.g. food) or mandated (e.g. child protection) activities.
- Social distancing, such as rostering staff to reduce those present onsite, closing common areas, meeting consumers in outdoor areas (parks, car park of service), contactless delivery of food etc.
- Work from home arrangements, including targeting non-consumer facing staff and staff with health conditions to work from home.
- Service prioritisation, high risk first – where face to face service delivery is restricted to consumers assessed to be at high risk.
- Cleaning and hygiene procedures, such as cleaning surfaces, using gloves, displaying posters and advice on hygiene.
- Maintaining consumer contact - Safety planning/support, where services maintain contact with consumers awaiting service and continue to monitor levels of risk to individuals.
- Screening and monitoring consumers and staff, such as asking consumers to complete COVID-19 self-assessments before service contact, and provision of masks for consumers with respiratory conditions.
- Redeployment of staff and volunteers, including supplementing staff in high demand areas, and standing down at risk volunteers.
- Maintaining communication, such as regular communication with staff, volunteers and other service providers
- Travel restrictions, including ceasing interstate travel and limiting consumer transportation to essential activities.

See table below for more detail.

Professor Erin Wilson from Swinburne University of Technology's Centre for Social Impact said community services organisations, like Uniting, have been creative in the way they are problem solving how to maintain services to people in need.

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*“One service is now providing emergency relief vouchers via a kind of drive through service, where the client will phone ahead to meet the Uniting staff member in the car park of the service. The staff member can then conduct the assessment through the car window, at a distance, and hand a voucher through the window with no contact with the person.”*

Uniting Vic.Tas has introduced more than 400 changes to the way it operates with its child, youth and family and disability agencies leading the way on implementing social distancing and the remote provision of services.

To date, 175 of Uniting’s services across Victoria and Tasmania have introduced new measures which are designed to protect almost 8000 staff, volunteers and clients across both states.

However, Uniting Vic.Tas CEO Bronwyn Pike said the changes community services organisations have needed to make in response to the COVID-19 pandemic come at a significant cost and a time of increasing need to support our most vulnerable.

*“Community services are at the front line of supporting not only our most vulnerable people but now all community members. Introducing a raft of new strategies in any service is a significant additional workload on top of delivering services, often in response to greatly expanded demand. This workload creates an additional burden on an already under-resourced service system. Our sector needs government authorisation and support to re-deploy funds and resources to areas of greatest need and towards meeting the costs of implementing the protective strategies against COVID-19 that are needed.”*

***Strategies used in Community Services to manage risk of COVID-19 and maintain services, where possible (as at 29 March 2020, UVT)***

Strategy	Details
<b>Remote servicing: Use electronic, ‘virtual’ or remote strategies</b>	Provide phone/video-based assessments and support/service to consumers
	Computer meetings and contact with staff and consumers e.g. via zoom, skype, Microsoft teams
	Deliver online learning and training via various platforms (e.g. Zoom, DV and ASIST online learning, webinars)
	List of crisis numbers provided to consumers
	Consumers can scan and email documents
	Where visual engagement with consumer/ household/ venue is necessary, e.g. inspections, use photos, ‘WhatsApp’, Facetime, where consumers have credit
	Case management, via email, Teams and phone
	Outreach replaced by phone wherever possible
	Use of video-conferencing for sighting at risk children
	Encourage consumers to phone up for service, including via notices on premises
	Remote representation at VCAT through teleconferencing
	Supervision of staff occurs electronically
	Electronic and phone follow up with attendees in cancelled/suspended group activities
	Call centre set up for service provision
	Consumers interviewed utilising an intercom system onsite - done between glass doors meaning the client and interviewer can see each other.
Telehealth support provided	

<b>Restricted servicing: Service closed, contracted or suspended, cease face to face – including groups</b>	Suspend service until a later date
	Limit service to food parcels and material aid
	All face to face activity ceased, including focus on group-based activities
	Activity or service closure in response to consumer preference or loss of volunteers (e.g. playgroups)
	Consumers encouraged to return to family accommodation
	Non-essential activities cancelled
	Cease extra intakes
	Staff not attend external meetings
	Reduced hours of service operation or number of consumers able to use facilities (like shower or laundry per day)
<b>Social distancing</b>	Rotating roster to reduce staff present on site, with proportion working from home and rotating
	Reduce level of face to face support provided
	Relocate offices to enable greater distance and isolation between them (especially to separate staff still having consumer contact from those who don't).
	Close common areas in residential settings
	Floor markers identify safe distancing between people/desks
	Conduct service delivery in open space (e.g. parks, gardens, car parks, church hall, foyer) with 2m between people
	Conduct consumer interviews/intake while consumer stays in car – food vouchers handed through car window
	Staff lunch breaks staggered to reduce number of people in common staff areas
	External key box used for accessing vehicle and office keys
	Encourage consumers not to congregate and to move out of service area once meal etc is picked up
	Contactless delivery/provision of physical resources e.g. place food on step for consumer pick up, leave bags of food at reception, food home deliveries left at door, food vouchers left in cabinet
	Meet with only one consumer at a time, one person in reception at a time
	Reduce number of staff in office
	Change group activities to one-to-one
	Change service delivery to multi-day block format for small number of clients at a time, with break in between blocks for venue sterilisation
	Time limited face to face contacts of 15- 20 minutes or less if the consumer passes the self-assessment screening tool
	Once only face to face meeting, in open space and time limited to under 10 mins, if approved by manager, then all phone appointments ongoing
	Move to take away food provision and reduce frequency of consumer need to present to service by providing multiple take away and packaged meals or food hampers in single service provision
	Consumers encouraged to call ahead to access pre-packaged food
	Only one customer facing person per day, and single person allocated to each food preparation task
	Facilities use (shower, laundry) by appointment only and limited number of appointments per day. Bookings encouraged to be by phone but can attend in person and book.
	Staff attend office for short time each week e.g. 3 hours week to enter data into IRIS
	Staff cease using/visiting multiple offices, and change staffing model to reduce staff movement across residences
<b>Work from home arrangements</b>	Provide service from home base using range of strategies
	Flexibility to come on site if needed, e.g. urgent consumer visit unable to done via other mode, or necessary facilities maintenance etc., adhering to social distancing

	<p>Portion or rotating staff group working from home</p> <p>Select non-consumer-facing staff to work from home</p> <p>Staff with health risks work from home</p>
<b>Service prioritisation - High risk first: High risk or urgent service continues with limitations in place</b>	<p>Outreach visits to be conducted only with high risk clients</p> <p>Meet face to face in outdoors spaces, e.g. parks, in high risk cases</p> <p>Staff able to visit onsite for urgent consumer visits/meetings</p> <p>Respite service only occurring where placement breakdown is inevitable</p> <p>A walk-in service is currently still provided for people without a phone or fixed address.</p> <p>Measures put into place to maintain contact with all participants either waiting for service or experiencing service disruption - including safety screening, risk management, and some therapeutic activities.</p> <p>Transports only if needed for important appointments or to transport for respites arranged but limited time spent with client.</p> <p>Home visits reduced to high risk, need to sight children under 2 years.</p> <p>Face to face visits are still occurring for clients where there is an identified high risk/safety concern.</p> <p>Explore use of face masks to continue service operation (Lifeline training)</p>
<b>Cleaning/Hygiene procedures (including advice)</b>	<p>Cleaning surfaces every 30 minutes</p> <p>PPE used</p> <p>Cleaning of resources</p> <p>Signs/posters giving directions for good hygiene</p> <p>Cleaning products provided in venue and fleet cars</p> <p>Cleaning high traffic areas, door handles, switches, fridges</p> <p>Headset replacement or cleaning where multiple people share resources</p> <p>Clean external areas now in use</p> <p>Use of gloves when handling documents, re-sign documents over the phone</p> <p>Close and sterilize venue in-between blocks of service delivery</p> <p>No sharing of pens</p>
<b>Maintaining Consumer Contact - Safety Planning/Support</b>	<p>Maintain contact with consumers waiting for services or experiencing service disruption</p> <p>Continued risk management and safety screening/ planning</p> <p>Continue environment checks where possible</p> <p>Staff check consumers have 2 week supply of medication</p>
<b>Screening and monitoring consumers and staff</b>	<p>Ask consumers to complete COVID-19 symptom self assessment prior to contact</p> <p>At entry point/reception, consumers asked to complete COVID-19 symptom self assessment, if risks identified then consumer advised to leave and conduct service by phone</p> <p>In residential settings: check for consumer symptom changes or onset</p> <p>Ensure staff aware of personal responsibilities for self care and notify manager if unwell</p> <p>Staff call all participants and ensure they understand how to self-isolate and reduce their risk of contracting and/or spreading COVID 19.</p> <p>Masks for consumers with respiratory infection</p> <p>Support mandatory self isolation for consumers meeting this criteria</p>
<b>Redeployment of staff and volunteers</b>	<p>Supplement staffing in high demand areas by redeploying staff and/or volunteers from other areas</p> <p>Protect volunteers by standing-down but backfill with re-deployed staff</p>
<b>Maintaining communication</b>	<p>Team meetings and supervision twice a week</p> <p>Regular updates and weekly communication to volunteers</p> <p>Regular contact with other service providers re changes to service, delays etc</p>
<b>Travel restriction: Cancel or restrict non essential travel</b>	<p>No interstate or overseas travel in specified period</p> <p>Limit consumer transport support to urgent needs</p>

### ***About Uniting***

Uniting has stood with local communities in Victoria and Tasmania for more than 100 years, delivering services to people of all ages.

Uniting delivers Child, Youth and Family Services throughout metropolitan Melbourne, regional Victoria and Tasmania. We aim to empower children, young people and families to learn and thrive with the information, skills and tools they need to live a healthy, happy life.

As an organisation, we celebrate our diversity and welcome all people regardless of ethnicity, faith, age, disability, culture, language, gender identity or sexual orientation.

We acknowledge Aboriginal and Torres Strait Islanders as Australia's First Peoples and as the Traditional Owners and custodians of the land on which we work. We welcome lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people. We pledge to provide inclusive and non-discriminatory services.

### ***About CSI***

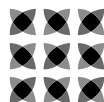
The Centre for Social Impact (CSI) is a national research and education centre dedicated to catalysing social change for a better world. CSI is built on the foundation of three of Australia's leading universities: UNSW Sydney, The University of Western Australia, and Swinburne University of Technology. Our research develops and brings together knowledge to understand current social challenges and opportunities; our postgraduate and undergraduate education develops social impact leaders; and we aim to catalyse change by drawing on these foundations and translating knowledge, creating leaders, developing usable resources, and reaching across traditional divides to facilitate collaborations.

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