Remote Service delivery: learning from adaptation during Covid-19

Connecting Up Webinar
October 2020

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Acknowledgement of Land

We acknowledge the traditional custodians of this land, and we pay our respects to the Elders past, present and future for they hold the memories, the culture and dreams of the Aboriginal and Torres Strait Islander People.

We recognise and respect their cultural heritage, beliefs and continual relationship with the land and we recognise the importance of the young people who are the future leaders.
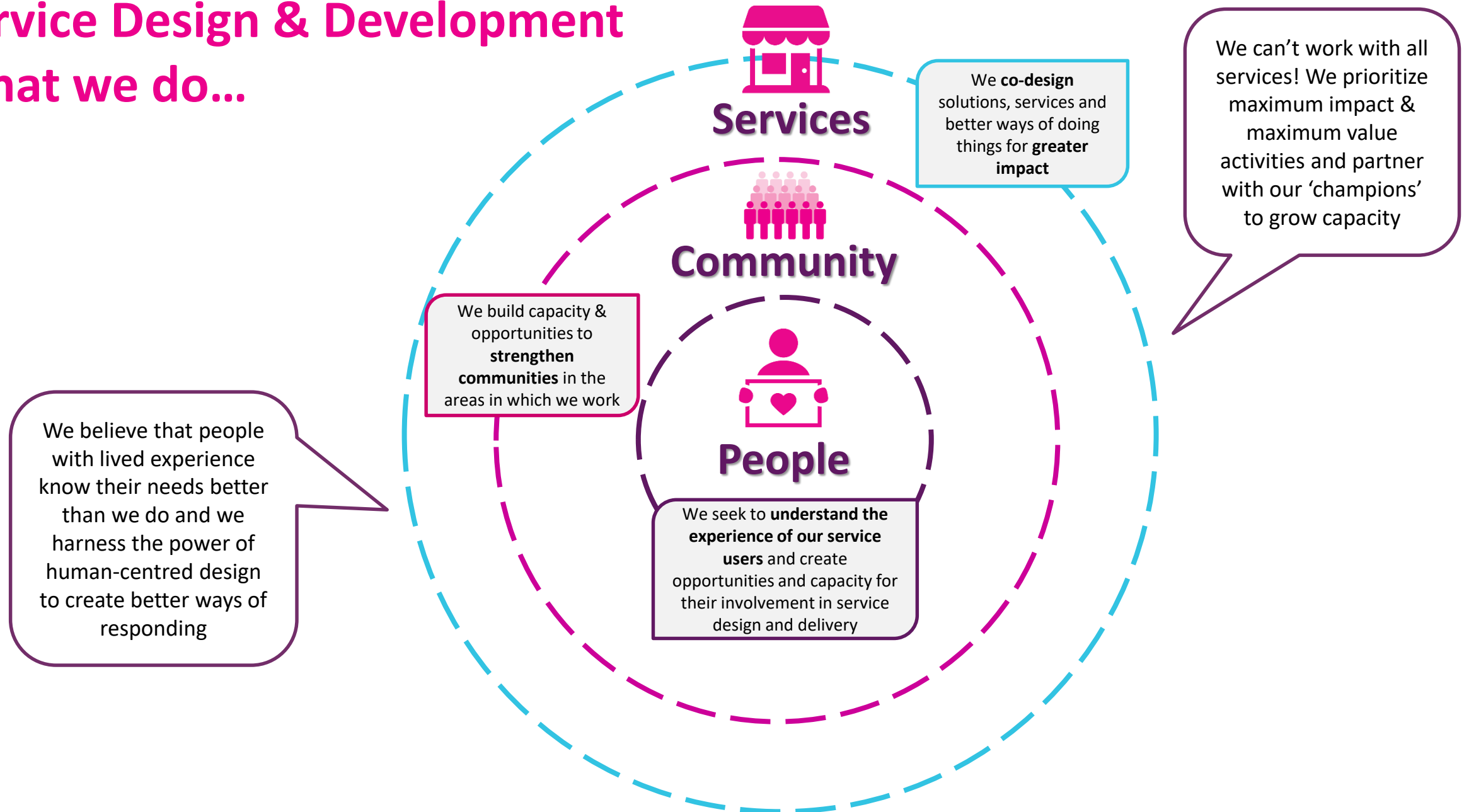
We invite you to Acknowledge the Land you personally are meeting on today in the chat box

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Service Design & Development What we do…

Services

Community

People

We **co-design** solutions, services and better ways of doing things for **greater impact**

We can't work with all services! We prioritize maximum impact & maximum value activities and partner with our 'champions' to grow capacity

We build capacity & opportunities to **strengthen communities** in the areas in which we work

We believe that people with lived experience know their needs better than we do and we harness the power of human-centred design to create better ways of responding

We seek to **understand the experience of our service users** and create opportunities and capacity for their involvement in service design and delivery

How we work: Human-Centred Design

Human-Centred Design is the main approach our team uses for designing services, and can be applied for designing **strategies, products, systems, policies, physical spaces** and almost anything else!

It is a series **of principles and mindsets,** accompanied by creative **tools and methods**.

Our role is to (a) use these principles to help design services and (b) support other staff members to use HCD principles and mindsets in their own work.

1. Empathy	2. Problems before solutions	3. Collaboration	4. 'Fail fast, learn fast'	5. Desirable, Feasible, Viable
We prioritise understanding our user (client, community, stakeholder) throughout the process. If it doesn't meet their needs, then it isn't a success	We focus on understood the problem before creating solutions. We use create tools and methods to come up with a range of possible solutions.	We don't have all the answers – so we facilitate discussions between teams and expertise to come up with the best idea to meet 'user' needs.	We believe in 'failing fast, learning fast'. We test our assumptions and ideas often, and iterate our models regularly.	We understand the importance of balancing what is desirable for users, with what is financially viable and organizationally feasible.

We champion **co-design** and **partnering with those with lived experience** to come up with the strongest outcomes and the greatest impact.

Supporting service delivery teams to adapt during COVID 19

- 3 x strategies to share **information**, build **awareness**, swap **ideas** and **resources**
- An evolving program of work with a 'phased approach' supported by the SDD team who filter and organize information, ensuring it is easy to access and understand
- A focus on **collective problem solving** with the SDD team facilitating discussions and sharing of ideas

Guidance sheets

Simple 'how to' guidance with tips and examples

Resource library on Teams

An evolving library of resources, case studies and tools gathered from internal services and externally

Online Forums

Service delivery staff: Hear about guidance sheets, resources & share ideas.
SDD team: Hear the pain points and questions and inform future resources

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Yammer channel to share stories and ask questions

Three horizons

Horizon 1: meeting immediate needs

How might we enable our services to continue to support their clients during 'physical distancing'?

Horizon 2: **Keeping Clients Safe – mentally and physically**

1. Supporting clients with declining mental health

2. Supporting tenancies at risk – facilitating virtual property inspections

3. Supporting vulnerable families - protecting children from risk of harm

4. Community engagement and development

Targeted forums & guidance sheets for each focus area including:
- Case studies
- Good practice
- Tips
- Links to resources

Horizon 3: Sustaining good practice

Currently being developed based on a summary of insights and opportunities from the previous phases

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Virtual Forums

Forums brought together staff from different locations to **collectively problem solve and share ideas**

A Human centred design framework ensured that we kept the **client experience at the centre of solutions**
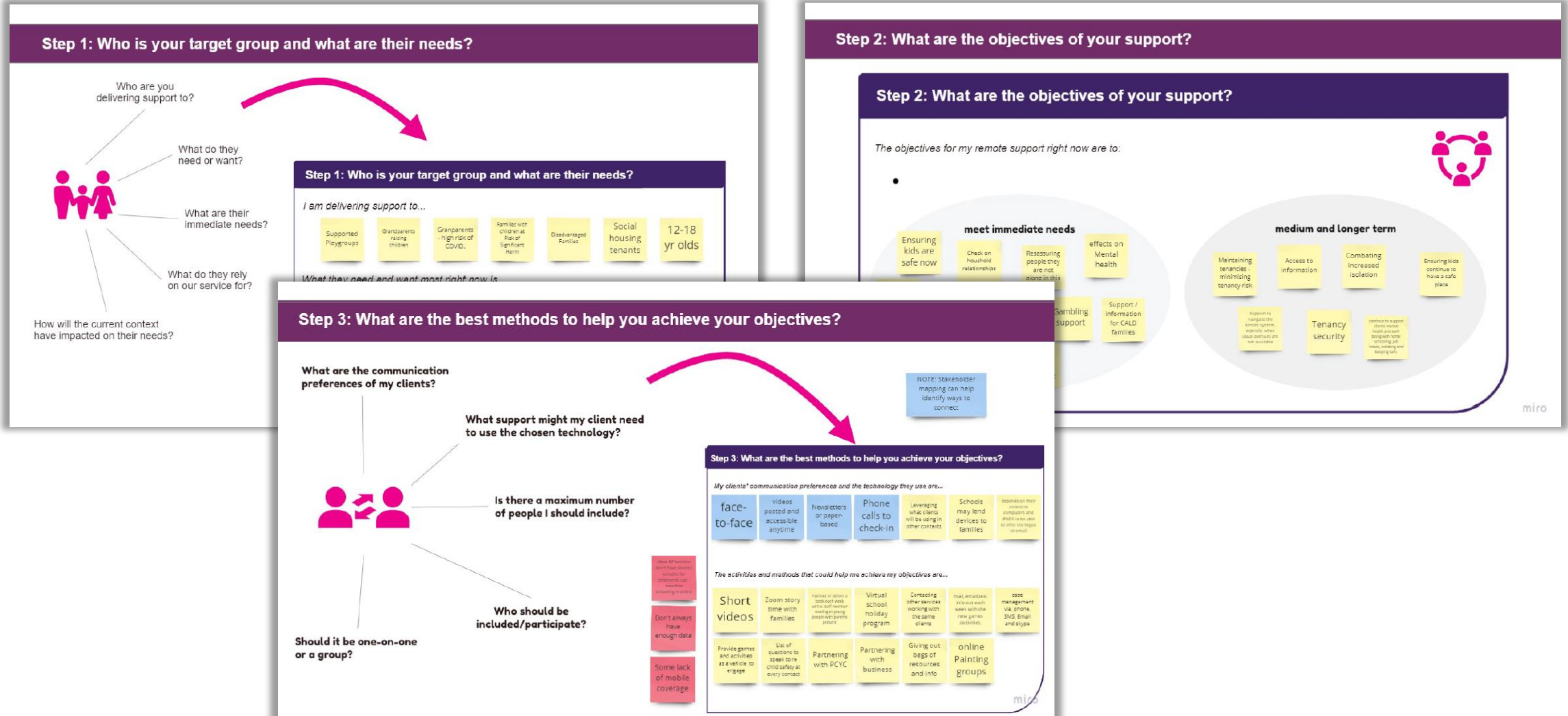
Virtual Forums

Virtual white boards enabled **idea generation**, **collaboration and rapid production of outputs**

Case study: Services working with children at risk of harm

Family support services were identified as facing significant challenges in adapting the way they worked.

Pre-forum Survey
- Identify biggest risks and challenges for services in this space – determine focus areas for forums.

Online Forum 1
- How might we identify the signs that a child is at risk of harm when we have limited or no face to face contact?

Online Forum 2
- In the current context, how might we respond when we identify signs that a child is at risk of harm so that children are safe?

Share Resources
- Identifying the signs a child may be at risk of harm
- Responding to signs of family violence
- Practice example: Physical Delivery
- Useful resources

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Unpacking a specific scenario

Responding to signs of Risk

The scenario

- We have concerns that a family is experiencing violence

What this looks like...
(signs of risk)

- Only talking to you in certain situations. Calling you from outside. Don't want to meet at the house
- Different behaviour.
- Forbidden/restricted from participating in activities. Either they disclose or they cease participation.
- Non-verbal cues - body language, fear, pain, visible bruises.
- Mannerisms of children - withdrawn, displaying different mannerisms.
- Things a child/parent says in conversation
- Interaction of parent with child - eg parent picking on a child

What I know about the family's situation...

- Maybe DFV was original referral reason. Or family has a history of DFV
- Emotional and psychological support. Response to MH needs.
- What options are available to ensure safety - how they can access services and supports safely
- Heightened sense of isolation
- Loss of control - perpetrator has gained power
- Children don't have "escape" from the family situation (eg going to school)
- Disruption to usual support - MA needs to fill some of the gaps (eg MH or AOD)
- Mum is trying to keep everyone safe - doesn't want to make dad more angry. Can have a hidden aspect.
- Their technology/access... what do they have? What do they need?

Pre COVID-19 I would have...

- Safety plan in place - first priority
- Gain mum's trust and confidence - provide education if mum is not aware/ready to address situation
- Map perpetrator behaviour with mum
- Talk with mum about what works to keep her and kids safe
- Understand her situation, options and rights
- Work with mum keep her safe and build her safety
- Work out how to engage with mum separately - so we can engage honestly in a safe way
- Think about whether we can talk to dad about his behaviour - but only with mum and to keep her safe
- Opportunities or "excuse" for mum to attend - eg playgroup, cooking class etc
- How might we engage with the kids separately so we can hear their voice and engage
- But maximising opportunity while she is there to engage in other ways
- Working to increase children's visibility - eg after school activities
- Build trust and awareness, engage with other supports, make a safety plan
- Referral on to other services for counselling etc - how to do it in a safe way

But these responses need to be adapted in the current COVID-19 context...

Adapting to responses to COVID-19

I would have done... but currently...	The objective behind this is...	In the current context I could achieve this by
Increase visibility of the kids in the community and opportunities for engagement with kids eg get them in child care, pick up and do an after school program.	· Gives CW a chance to engage with the kids · Increases visibility of kids in the community · Gives kids some "respite" from tense home situation · Gives kids structured activities and positive engagement · Gives opportunity to monitor risk to kids and assess needs · Visibility increases accountability - perpetrator has more power when visibility is reduced	
Access to mum - enagege 1:1 - opportunities to refer, speak freely eg bring down to the office for a living skills, take a meal home, but while in the office do case work, engage with other services.	· Build awareness of situation and rights and that she has options · Emotional and psychological support · Provide mum with contact info, phone numbers, other supports · Look out for small subtle cues - things that you may risk missing. To help make a better assessment of the situation · Privacy to engage honestly · Opportunities to engage with other supports · Opportunities to refer · Make a plan	
Safety plan - what options or strategies are actually available? Options changed and reduced. Who can she lean on? Usually we might say go see a neighbour or family member. Take family out to a safe place if he is getting agitated.	· Build on current strengths to keep family safe · Help her plan in advance what she can do in different situations · Think about "what ifs" for support - eg what should we do if.... ·	

Brainstorming the options

How might we... adapt?

How might we get 1:1 access to engage with mum in a safe way?

Education/awareness - Post/share FV information on social media sites, share with network groups that families access and include local service details and available supports

Emotional support - Encourage families where relationships are known to make contact with other families

Providing a phone to mum so she can talk to us

Contracting with mum - we will call you at this time, but if you can't pick up at the phone what shall we do - do you want us to do a welfare visit? send a text?

Privacy to engage honestly - develop a check-in time with the Mum when she can communicate openly. Set up a time that works for her.

Cue if not safe to talk on the phone agree the client can say 'sorry Sharon doesn't live here'

Planning before-hand for what to do if we can't get in contact

Talk to child health nurse (for young children) if you have consent - see how their engagement with mum was

When to call police/ do welfare visits?

Making sure we have a good relationship with the police and DVLO. Making sure they know we are open and still able to support families

Online playgroups - engaging with children - kids signing music and nursery rhymes - engaging with CW online

Opportunities to engage - Dropping off essential item packages as a reason for the visit - to gain access

Advocacy with other services to support greater community connection e.g. schools, daycare and services for newborns and mums

Engaging with the school

Where you have consent - touch base with other services to see if they have had any contact or engagement with the family

Doing the visit/ welfare check with the DVLO/ police. Balancing risk of increasing violence with letting perpetrator know the police have an eye on the family.

Don't give up, keep calm and gently persist

Risk of missing cues and emotional support - Drop off an activity pack for the children to get some face to face engagement

Sharing the insights more broadly

Insights and ideas from the forums were brought together into a set of resources that were made available to the wider organisation.

Adapting to COVID-19: Children and Young People at Risk of Harm

How might we identify the signs that a child is at risk of harm when we have limited or no face to face contact?

During this time of physical distancing it is especially important to look out for the signs and cues that may indicate a child or young person is at risk.

The following tips and ideas were collated from a workshop with members of the Intensive Family Support PRG at Mission Australia exploring challenges and ideas for adapting service delivery in response to COVID-19. These suggestions are not intended to comprehensive practice guides and **should be conducted at all times in accordance with** MA's Child and Youth safe policies and procedures in particular meeting our Recognising and Responding to Risk of Harm policy and associated state/territory procedures, and COVID-19 safe practice advice.

What are the signs that a child/ young person is at risk of harm?

When you usually do a home visit or engage with a family face to face, what are you looking for? What do you see, hear, smell, think? What are the signs and cues that catch your attention?

During COVID-19 with reduced face to face contact, it can be more difficult to see the signs that a child or young person may be at risk of harm. By thinking about what signs you would usually look out for you can then identify ways that you might be able to see these signs during COVID-19. These might include:

- Not sighting the child – if you engage with the parent but are not able to see the children, or if they seem reluctant to let the child be visible.
- How does the parent/carer respond to questions about the child such as where they are, how they are going or what they are doing?
- Do they family seem to be avoiding contact such as home visits and/or phone calls? Could this be a sign that things aren't going so well?
- Observing the child and how they interact with other family members:
  - Body language - giving off subtle signs or non-verbal signs
  - Do they sound stressed or like they are not coping?
  - Is their behaviour different to usual? For example they are usually happy but now their head is down, arms crossed, and body language is closed.
  - How the parent/carer is interacting with their children - how do they speak to them? How are they responding to their needs?
- Observing the physical environment
  - Is there evidence of any AOD material in the home that children may have been exposed to?

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Adapting to COVID-19: Responding to signs of Family Violence

How might we respond to concerns that a family may be experiencing Family Violence during this time of physical distancing?

In the current environment, it is important to ensure we respond when we identify signs that a family may be experiencing Family Violence. However we may need to adapt some of the strategies we would usually use to suit the current context.

The following tips and ideas were collated from a workshop with members of the Intensive Family Support PRG at Mission Australia exploring challenges and ideas for adapting service delivery in response to COVID-19. These suggestions are not intended to comprehensive practice guides and should be conducted at all times in accordance with MA's Child and Youth safe policies and procedures in particular meeting our Recognising and Responding to Risk of Harm policy and associated state/territory procedures, and COVID-19 safe practice advice.

Note that "Mum" has been used throughout this document, however tips and strategies would be relevant for any family member at risk of harm.

What signs might you notice when you engage with a family?

When engaging with families, you may notice signs that may be indications they are experiencing Family Violence. These could include:

- Only talking to you in certain situations. Calling you from outside. Not wanting to meet at the house.
- Their behaviour is different in different circumstance. E.g, they are more reluctant to engage, body language or tone of voice is different to their usual behaviour.
- They indicate that they are forbidden or restricted from participating in activities. Or they unexpectedly cease participation.
- Non-verbal cues - body language, fear, pain, visible bruises.
- Mannerisms of children - withdrawn, displaying different mannerisms.
- Things a child/parent says in conversation that may raise concern for their safety.
- Cues from the way a parent interacts with a child - e.g. parent picking on a child
- Where DFV was the original referral reason, or the family has a history of DFV, this will influence how we interpret the signs

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COVID-19 Key Practice Example: Physically Delivering Items

Delivering items to clients has emerged as a key engagement strategy during COVID-19 that is about much more than the items delivered.

The following tips and ideas were collated from a workshop with members of the Intensive Family Support PRG at Mission Australia. They explore how this opportunity can be leveraged to maximise visibility and engagement opportunities with families at risk. Please notes they should be conducted at all times in accordance with MA's Child and Youth safe policies and procedures in particular meeting our Recognising and Responding to risk of harm policy and associated state/territory procedures, and COVID-19 safe practice advice.

What are your objectives?

- Provide items that help address their needs
- Opportunity (or "excuse") for face to face engagement
- Gain visibility of the child so you can look for signs of risk:
  - See the physical appearance of child
  - Observe child interacting family members
  - Look for small/subtle cues
- Encourage engagement through provision of items the family wants or needs

What makes it most effective?

- Maximise opportunities for engagement:
  - Text or call in advance to say you're coming.
  - Make a time that suits the family.
  - Ask them to meet you out the front.
  - Encourage informal interaction – e.g. bring a folding chair and a coffee and chat in the garden.
- Provide something the family wants –to encourage reluctant engagers.
- Involve community partners - work together rather than separately.

Work closely with other agencies and support their activities. Could you run a competition? Supply prizes? Make combined make packs together?

Build on your ideas... This could be even better if... Send a message asking what families want or need so packs can be customised.

Get longer engagement by connecting with a family after delivering a pack to do an activity with them - engaging children and parents together.

What to include in your pack.

- Info on helplines/crisis services
- Information on COVID-19
- Mental health support info
- Information on what services are open in your area
- Food packs/emergency relief
- Mental health resources for parents (e.g. adult colouring)
- Mobile phones/technology
- Recipe with ingredients
- Parenting resources
- Educational resources (e.g. laminated writing sheets)
- Family activities (e.g. games, books, puzzles, recipes).
- Kids activities (e.g. colouring, craft, activity sheets)

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Templates and resources

A range of templates and resources were produced throughout the project, aiming to share learnings and insights, and provide resources to help services think through further challenges.

Some of these are available on our external resource sharing hub: https://www.missionaustralia.com.au/publications/resource-sharing-hub

Horizon 1 Resources

Templates and resources

A range of templates and resources were produced throughout the project, aiming to share learnings and insights, and provide resources to help services think through further challenges.

Horizon 2 Resources

Resource Library

A Resource library was also set up to curate links from the huge range of internal and external resources that were bring produced as the world adapted to COVID-19

Challenges and how they were overcome

Rapid adaption to new ways of working
Giving things a go: virtual white boards, webinar etiquette, quick training sessions

Not knowing the answers
Spending time listening, lots of 1:1 conversations, creating space for defining and prioritizing problems before rushing into solutions

Limited time and resource
Creating consistent frameworks and tools that can be replicated, working to 80% not perfection, creating outputs quickly

Balancing risk and innovation
Being a conduit between services and other key business functions e.g. IT, legal

Collected learnings and insights

New ways of engaging via digital delivery
Some clients benefited from **more individually tailored** approaches, **greater choice** or **increased frequency of contact**.

More coordinated care
For some, the use of digital technology **improved the integrated and coordinated care** they received from different organisations.

Empowerment through digital literacy
Clients experienced greater **independence** through rapid increase in **digital literacy** and **access to technology**.

The digital divide has become bigger
Some groups have been **left behind** and face **increased barriers** to accessing support or meeting their needs.

Intensive collaboration in the homelessness sector
COVID-19 saw unprecedented numbers of rough sleepers moved into temporary accommodation and engaged with wrap around supports.

Fast-tracked housing outcomes
Focussed collaboration led to housing outcomes that would not have occurred during normal circumstances.

Changes to service entry pathways
Some entry pathways were no longer available (eg "sft-entry"). Some new entry pathways opened up that had not been available before.

Social isolation and mental health
Many clients experienced increased social isolation and declining mental health during COVID.

Q&A and discussion

- What were your experiences of adapting your work during COVID-19?

- What challenges or opportunities did you encounter?

- How can we sustain some of the good practice and innovation that has emerged?

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