COVID-19 RESPONSE

EVALUATING THE IMPACTS OF COVID-19 AND DRUMMOND STREET'S RESPONSE

EDITION 1

About the Author

The Centre for Family Research and Evaluation (CFRE) is a division of Drummond Street Services. CFRE delivers community based research and evaluation, as well as nation-wide capacity building projects. CFRE's services and advocacy aim to respond to high rates of social inequality and marginalisation at a community, service and policy level, in the pursuit of real and lasting social change.

Telephone: +61 03 9663 6733
Email: cfre@ds.org.au www.cfre.org.au

Recommended citation: Beth McCann and Madeline Gibson (2020) *COVID19 Response Edition 1*: *Evaluating the impacts of COVID-19 and drummond street's response,* Centre for Family Research and Evaluation, Drummond Street Services: Melbourne.

Acknowledgment of country

We acknowledge that our offices are on the land of the Kulin Nation and we pay our respects to their traditional owners.

CONTENTS

OVERVIEW

The COVID-19 pandemic is a global emergency that is having a disproportionate impact on the communities who access our service. Communities who already experience marginalisation and who need support dealing with diverse and damaging impacts across a range of health and wellbeing outcomes. As a result of the COVID-19 pandemic, drummond street services, and our amazing staff, are adapting rapidly to meet the changing needs of those accessing our services.

"WE ARE ALL IN THE SAME STORM. BUT NOT THE SAME BOAT."
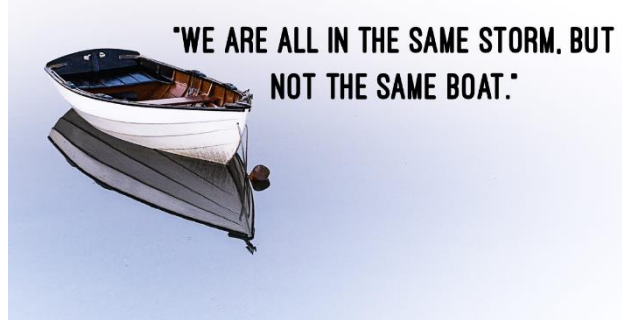
Drummond street's Centre for Family Research and Evaluation (CFRE) have developed a COVID-19 evaluation strategy to help better understand and respond to the changing needs of the clients and the communities that we support, in addition to capturing some of the amazing work that is happening across the organisation. The key aims of our COVID-19 evaluation strategy are to:

1. Evaluate how ds is responding at an organisational level to the crisis.
2. Monitor changing client needs, experiences and outcomes to identify which areas of clients' wellbeing are being impacted.
3. Identify which cohorts are most vulnerable to the effects of COVID-19 and the specific ways in which these cohorts are being impacted.
4. Monitor practitioner and client experiences using telehealth platforms to provide support across a range of program areas, so we can make informed decisions going forward about where online and telephone support might be appropriate.

This report is the first of many which will help us share back some of the valuable insights that you have shared with us. Thanks to all of you who contributed.

THE ORGANISATION'S RESPONSE

CFRE has been looking at the organisation's response within a business continuity model. In each of these reports back to staff, we will look at some of the ways that the organisation has been responding. Given that this is the first edition, we would like to pay particular attention to Phase One of Business Continuity Planning- transitioning all staff to work from home.

Moving an entire workforce from the office to working from home within the space of a couple of weeks was no easy task. Our CEO Karen during this time has often exclaimed that, "business continuity planning is useful if one of your sites burns down, but what happens if all of your sites burn down and you have to move your entire workforce offsite?". Well what happened was a lot consultation, planning and fast moving behind the scenes. Below is a table which documents the key steps and processes that took place during the month of March to facilitate moving everyone offsite. A move which was made possible by all our staff from across the organisation, who very quickly adapted to a new way of working.

| Phase One- Business Continuity Planning- Transition to a home-based workforce		
16/03/2020	**State of Emergency declared for Victoria**	**External**
16/03/2020	Daily PM Town Crier Meetings scheduled for the Senior Leadership Group (SLG)	Internal
17/03/2020	Staff census created and distributed to staff to ascertain: - High risk staff members - Allocation of ds tools/equipment (i.e. mobile phones/laptops/personal laptops/internet connection at home) Staff identified in high risk categories first staff to work from home	Internal
18/03/2020	Zoom accounts were created for high risk staff due to commence working from home	Internal
19/03/2020	CEO tele-address #1 to all staff to communicate ds response	Internal
20/03/2020	All face-to-face counselling sessions ceased from COB.	Internal
	All staff identified in high risk categories set-up and commenced working from home	Internal
21/03/2020	All client work transferred to online/over the phone	Internal
22/03/2020	Zoom accounts created for all staff	Internal
	All staff allocated necessary ds equipment to ensure Working from Home Supported	Internal
23/03/2020	Daily morning and afternoon Town Crier Meetings scheduled for SLG Creation of the Business Continuity (BC) Management Team	Internal
	Working from Home Guide and Working from Home OHS Checklist created and sent to all staff	Internal
	ds Tips to Stay Connected during COVID-19 Facebook Public Group created	Internal
24/03/2020	System changes for Reception Phone calls to be answered via Skype for Business on ds laptops. Successful testing on various computers.	Internal
	CEO tele-address #2 to all staff to communicate ds intention for all staff to commence working from home from 27/03/2020	Internal
	Workflow Management COVID Working Group created	Internal
25/03/2020	Reception staff commenced working from home	Internal
27/03/2020	ds sites closed and all staff commenced working from home and embraced the huge challenges (and loneliness, boredom and/or chaos) that comes with this new way of working	Internal
30/03/2020	BCP Management Team meetings twice weekly	Internal
	Team catch-ups scheduled across the organisation via Zoom for staff to keep connected and in contact	Internal

As you can see, the first phase, like all subsequent phases, required a number of steps, input from a range of staff and the establishment of an expanded Senior Leadership Group- the Business Continuity Management Group to inform key decision making.

THEMES, TRENDS AND KEY ISSUES

Phase two of business continuity usually looks at resuming 'business as usual'. There is however nothing 'usual' about the current way we are living our lives, supporting our clients, and delivering our services. Part of our stage two response therefore involves identifying risks, finding ways to respond to a changing environment and looking at strategic priorities within this new normal so that we can stay true to ds' mission, values and Social Justice Framework by responding, in an informed way, to the needs of the community. CFRE have been supporting this process by collecting information from ds staff, which will be used to inform the organisation's response. Thank you to our staff for taking the time to share this information with us.

The analysis below captures what ds staff have shared with us to date. As the pandemic unfolds, we are anticipating that some of these themes will change, particularly as we enter this new stage of easing restrictions.

ALL OF DRUMMOND STREET
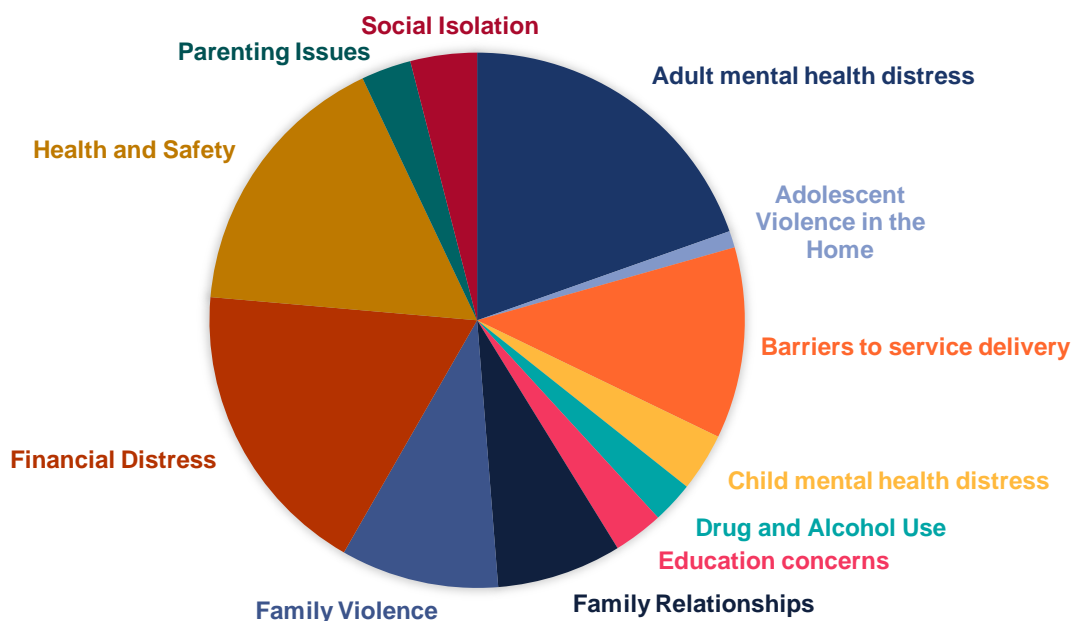
Across all teams at drummond street the key themes and issues that have been arising for clients are shown in the chart above. The larger the area of the chart the more often the issue was mentioned. The most common concerns for individuals resulted from a lack of social connection, stress and anxiety, and financial insecurity. These factors increased mental health distress (including increased worry of the unknown and financial insecurity), financial distress (over loss of work or job prospects), health and safety (such as being immunocompromised or being unable to leave the house), experiencing barriers to accessing services (external services and at drummond street) and experiencing or being at risk of family violence, heightened by being in lockdown under high stress. For further examples of each issue see the table below:

KEY ISSUE	EXAMPLES
Adult Mental Health	· Heightened anxiety and stress · Increased depression around feelings of uncertainty and the unknown · Lack of support from others · Pre-existing mental health issues are being compounded by COVID-19 for many
Adolescent Violence in the Home (AVITH)	· There has been a spike in AVITH across our family services · For adolescents already using violence in the home, there has been an elevation of risk and reduced ability to manage risk given restrictions · Adolescents who were already using violence are restricted in activities that they were partaking in to alleviate stress · Families have increasingly been isolated from other supports · Families spending more time at home together under stress with no space to de-escalate- this has led to huge escalation in family conflict
Barriers to Service Delivery *(access to external services and ds services)*	· Experiencing difficulties using technology · Inappropriate to do tasks with everyone at home · Uncertainty about how to access supports online · External supports that have ceased operating
Child Mental Health	· Difficult to keep everyone happy and entertained at home · Young people wanting to be social · Children finding it difficult to understand the situation and why they can't see family or friends
Drug and Alcohol	· AOD use as coping mechanisms to increased mental health distress · Fewer AOD services operating including reduced rehab capacity
Education Concerns	· Difficulties and anxiety around facilitating their children's learning- with parents feeling they have a lack of skills, preparation, technology or supplies, or live in unsuitable working environments (e.g. overcrowded housing) · Anxiety around settling kids back into school
Family Relationship Issues	· Family relationships under strain especially in over-crowded housing · Families spending time in their homes but not together · Stepfamilies moving in together prematurely, resulting in crisis · Disconnection from family
Family Violence	· Threats of family violence from separated partners · Homophobia/transphobia in the home- particularly problematic for LGBTIQ+ young people, many of whom have had to move back to family of origin, given financial stress related to COVID-19 · Many people are now socially isolating with abusive family members/partners and are unable to seek help · Family violence occurring as people spend more time with each other under stress · Difficulties leaving family violence situations and accessing supports

	·	New abuse tactics are being used and isolation tactics are becoming easier
	·	Difficulties seeking help- many families presenting in child mental health service or perinatal services are experiencing family violence- it has been safer for them to seek support relating to their children or other factors at this time
	·	There has been an escalation of family violence within our perinatal services- a known high risk time for the onset of family violence which now has heightened risk factors such as financial stress, social isolation, a lack of support, etc.
Financial Distress	·	Job loss, threatened job loss, anxiety around fear of losing job
	·	Difficulties claiming Centrelink benefits
	·	Worries around managing bills and rent
	·	Lack of food and basic supplies
	·	No digital security (access to WIFI or computers)
	·	Ineligibility for Job-Keeper/Seeker due to visa restrictions
	·	Increased internet and phone costs
Health and Safety	·	Lack of sighting of vulnerable children without schools operating
	·	Fears of catching and spreading COVID-19
	·	Being immunocompromised or living with someone who is
	·	Difficulty and stress of practicing social distancing when living in public housing
	·	People not leaving their homes for fears of cleanliness or fear of being policed
	·	Fears of police profiling by marginalised communities
Parenting Concerns	·	Pressure on parents whilst working from home and facilitating the learning of their children
	·	Parental guilt, conflict, and/or frustration
	·	Parents increasing kids' screen-time resulting in kids being more irritable
	·	Refusal for supervised visits with kids or difficulty accessing supervised visits
	·	Parents not having access to kids in stepfamilies
Social Isolation	·	Struggling with social isolation from peers, family members, community and services
	·	Social isolation developing into other areas such as mental health distress, parenting concerns, health and safety issues.

Client experiences of COVID-19

Clients who have been completing the in-house evaluation have been asked about how COVID-19 has affected their wellbeing using selected questions from the Pandemic Stress Index that was developed by Harkness, A. (2020) from the University of Miami. We have had 61 clients complete the evaluation questionnaire online to date from March to May. Results are displayed in the table below.

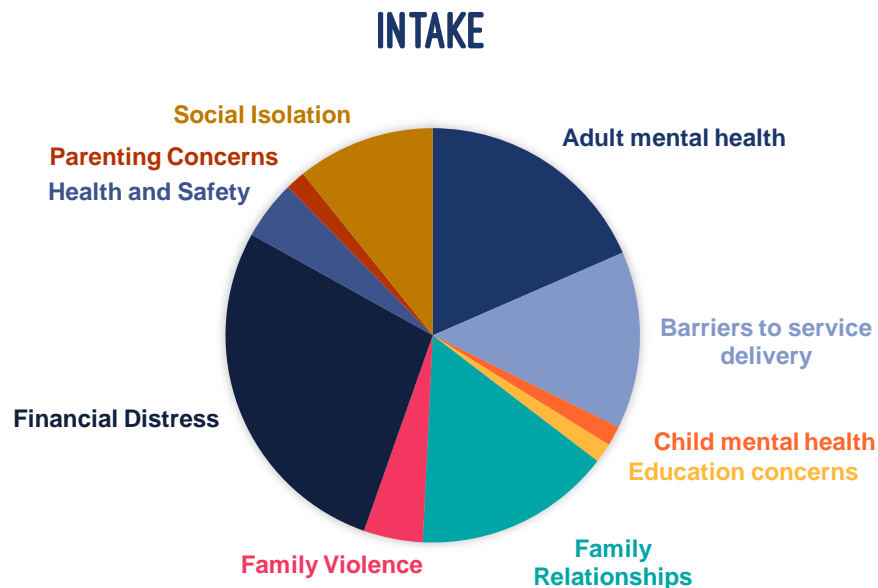| Which of the following are you experiencing (or did you experience) during COVID-19 (coronavirus)?	% who experienced
Increased anxiety	57%
Frustration or boredom	39%
Decreased physical activity/exercise	39%
Loneliness	36%
Changes to your normal sleep pattern (e.g. Less sleep)	34%
Personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancelations)	31%
Increased family conflict or relationship difficulties	31%
Increased alcohol or other substance use	21%
Stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to covid-19)	3%
Not having enough basic supplies (e.g., food, water, medications, a place to stay)	3%

Clients most commonly experienced increased anxiety. Over a third of clients experienced frustration or boredom, loneliness and changes to their regular sleep pattern. Personal financial loss and increased family or relationship conflict was also experienced by a large proportion (31%) of clients, as was increased AOD use (21%).

NEW CLIENTS

At the point of intake, it is recorded whether COVID-19 was the reason for the person contacting drummond street and how COVID-19 has impacted on the individuals' presenting needs. The graph below represents how often these issues were relevant for new clients.

For 10% of new clients, COVID-19 was a primary reason for contacting drummond street, whilst COVID-19 was identified in the initial call as significantly impacting on the presenting needs of

over half (53%) of new clients. Of the 53% who were significantly impacted, the following presenting needs were areas of concern:

INTAKE

Social Isolation
Parenting Concerns
Health and Safety
Adult mental health
Barriers to service delivery
Child mental health
Education concerns
Family Relationships
Family Violence
Financial Distress

AT RISK CLIENTS

Financial distress, social isolation, the inability to access support, and physical and mental health are impacting people disproportionately. Outlined below are those who have been identified by teams as being at particular risk of experiencing these issues during the COVID-19 pandemic:

Clients who are at risk financially:

» Individuals or families with restricted visas
» Out of work asylum seekers
» International students
» Public and private renters
» New arrivals in Australia
» Carers of people with disability
» Single mothers- particularly those who have experienced family violence
» Those who already had limited resources
» LGBTIQ+ and QTPOC young people
» LGBTIQ+ and QTPOC young people living with queerphobic family/housemates
» Clients who are experiencing/have experienced family violence

» New parents

Clients who are at risk of experiencing excessive social isolation:

» People with lack of digital resources
» New parents
» Young people
» People with low literacy
» People with pre-existing mental health concerns

Clients who are at risk of not being able to access supports:

» People with disability
» New parents
» New arrivals in Australia
» Families who have children with special needs
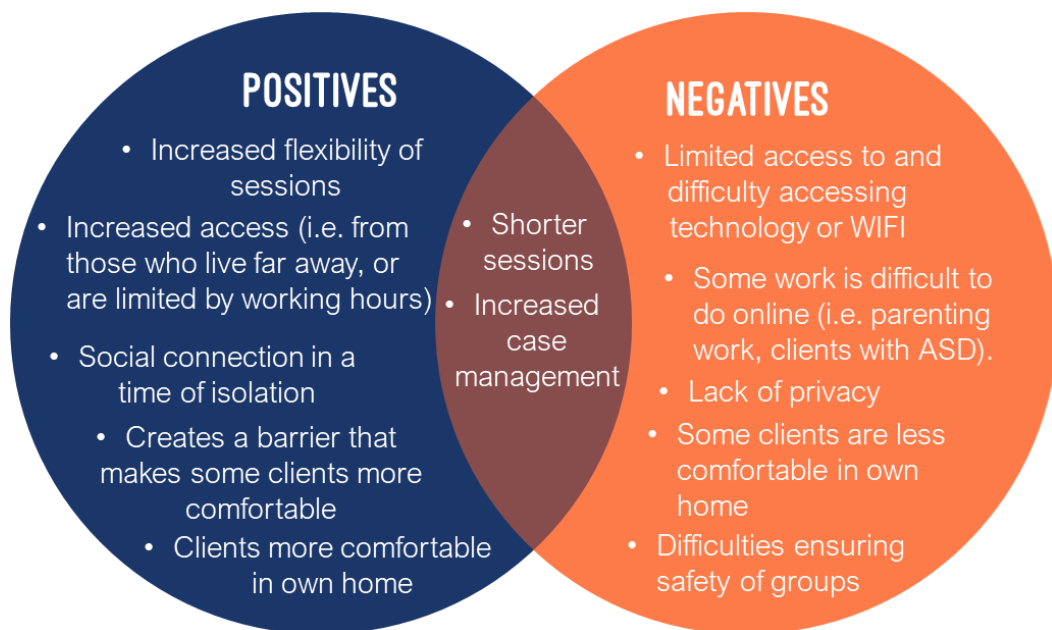» Young people

» People with anxiety

Clients who are at risk in terms of their physical and or mental health:

» Immunocompromised individuals and their family members
» Public housing residents
» Young people with histories of being targeted by police
» Clients with suicidal ideation

» People with limited resources
» International students
» Single mothers
» New parents
» Parents of school aged children
» Stepfamilies
» Clients who are at risk financially
» Clients who are at risk socially
» Clients who are unable to access supports

TELEHEALTH

Moving our services online has created many benefits and disadvantages to clients. For example, although some clients were disadvantaged with a lack of access to technology and WIFI, on the flip side of that, we have also able to reach clients who we previously had difficulty engaging- such as dads in our parenting programs. The venn-diagram below outlines the most commonly identified positives and negatives of utilising telehealth.

POSITIVES

- Increased flexibility of sessions
- Increased access (i.e. from those who live far away, or are limited by working hours)
- Social connection in a time of isolation
- Creates a barrier that makes some clients more comfortable
- Clients more comfortable in own home

- Shorter sessions
- Increased case management

NEGATIVES

- Limited access to and difficulty accessing technology or WIFI
- Some work is difficult to do online (i.e. parenting work, clients with ASD).
- Lack of privacy
- Some clients are less comfortable in own home
- Difficulties ensuring safety of groups

What was it like for clients to participate in phone/videocall?

11 clients completed the feedback form at the end of their session and answered questions about how telehealth was for them. The majority of clients felt their needs were able to be met through phone/video call. While two clients reported having internet connection issues that impeded the session, the majority spoke of the overall benefit of using telehealth with 91% of clients feeling that their needs were able to be met through phone/video call.

91%

felt their needs were able to be met through phone/video call.

Client Quotes

» *"At first it was weird, and I found myself more distracted, but once I got used to it I enjoyed the comfort of being in my own space. Especially afterwards, being able to lie down with a blanket and listen to gentle music rather than navigating driving through 40 minutes of traffic - was really good. I felt like I could sit with the feelings more effectively without having to suppress them in order to focus on travelling - then trying to artificially switch them back on again."*

» *"I've not used Zoom before so it was a new learning experience for me. Happy to continue using it."*

» *"I preferred it and wish that I had known that it was an option years ago as it has cost me time, money, physical energy, and sometimes left me in pain to travel to the physical location."*

» *"Not as good as face-to-face, and in every zoom session the screen/audio froze on more than one occasion. But all things considered it was good. Certainly, better than not having any sessions at all."*

» *"It was strange being in my own home instead of a clinical space, and because I was at home it was hard to have the privacy I was used to."*

STRENGTHS

Although there have been numerous difficulties and issues that have arisen for people throughout COVID-19, there were also a number of positive points that were identified by teams.

Some families have been spending more time together due to the lockdown measures:

» Some families have been reporting positive connections with each other after having to spend more time together.
» Some parents are reporting that they are able to use the time together to reflect more and take in parenting and family tips.
» For some practitioners being able to deliver services to the family in their home using zoom after hours allows them to know more about their clients and meet members of the family who they were not able to support previously.
» Clients (and staff) have reported enjoying working from home and spending quality time with family.

Technology has been allowing a greater flexibility for sessions:

» We are now able to reach hard to get to clients.
  · Increased engagement with fathers

- · Increased engagement with parenting groups
  - » Lots of clients are increasing the frequency of their sessions now to weekly and are help seeking when they need further support. We are now more flexible and able to accommodate this.
  - » There are fewer cancellations as appointments become easier to attend.
  - » Some practitioners have reported the ability to have greater depth in sessions and a greater frequency of sessions.

Staff have made good adjustments to a new way of working:

- » For some, the collaboration across teams has been easier.
- » High risk clients have been referred to specialist help faster and external services seem to be collaborating more to support clients.
- » There has been an increase in case management allowing practitioners to have more direct and practical contact hours with clients.
- » Evaluation surveys are now done completely online in the client's own time.

Additionally, work at drummond street has supported clients in a myriad of ways including providing food and brokerage, connection to employment and providing a range of online supports as outlined in the section below.

RESPONDING TO CHANGING CLIENT NEEDS

Moving Feast

In response many client's basic needs not being met as a result of the COVID-19 pandemic, we launched our Moving Feast Project in April to provide food deliveries to vulnerable and disadvantaged clients.

Moving the

Feast, consists of organisations including STREAT, CERES, Asylum Seeker Resource Centre Catering, Fruit2Work, Whittlesea Food Collective and Cultivating Communities pooling resources together to make and distribute pre-cooked frozen meals to Community Organisations. Food options include a range of delicious culturally diverse vegetarian dishes including halal, vegan, lactose and gluten free.

In May 2020, drummond street services ordered 1,890 pe-cooked frozen meals to assist a total of 270 people affected by COVID-19 (total 84 clients and their families/households).

of

Below is a summary of where food has been distributed to date and the cost:

COUNCIL	HOUSES	MOUTHS	COST per day	COST per week
Banyule	1	2	8.20	57.40
Boroondara	1	2	8.20	57.40
Brimbank	11	48	Cost covered by Brimbank Council	
Darebin	3	3	12.30	86.10
Hobsons bay	2	8	32.80	229.60
Hume	4	10	41.00	287.00
Kingston	1	1	4.10	28.70
Knox	1	1	4.10	28.70
Manningham	1	1	4.10	28.70
Maribyrnong	1	3	12.30	86.10
Melbourne	9	29	118.90	832.30
Melton	2	5	20.50	143.50
Monash	1	2	8.20	57.40
Moonee valley	3	4	16.40	114.80
Moreland	14	45	184.50	591.50
Port Phillip	1	2	8.20	57.40
Stonnington	1	1	4.10	28.70
Whittlesea	6	25	102.50	717.50
Wyndham	20	87	356.70	2,496.90
Yarra	12	39	159.90	1,119.30
TOTAL	84	270	$1,107.00	$7,749.00

There have been a total of 13 drummond street services staff members who have assisted in delivering these meals to our clients and their family members. Thank you to all that helped with this!

Deliveries were conducted using COVID-19 safe principles, with majority of meals dropped at clients' doors, with clients receiving a text to confirm receipt of their delivery. Where deliveries were made at street level, ds staff exercised social distancing, maintaining a safe distance of 1.5 meters.

Here are some of the messages we have received from clients so far:

> "thanks very much to drummond street & partners in this community outreach assistance – it's very commendable"

> "thank you again, have helped my family and I and we are very appreciative"

> "Thank you so much. Very nice and kind and thank you for everything".

> "Oh wow, thank you so much"

> "Thank you so much"

> "Thank you 🙏 😊 so much for the meals"

Brokerage Funds

In addition to the Moving Feast, brokerage funds were spent by staff across the organisation to provide urgent material aid to clients to address a range of needs. Brokerage funds have addressed a wide range of client needs including helping vulnerable clients pay for emergency accommodation or rent, buying IT equipment including iPads, phones and data packs so that people can stay connected online and can engage in services and schooling, and providing food relief to support clients during the month of March while the Moving Feast project was being established. We have also used brokerage to support our clients buy much needed baby care needs, children's toys and self-care items, including care packs and activity packs.

The following provides a brief summary of brokerage costs to date:

TYPE OF BROKERAGE	$ AMOUNT
Accommodation / rent	2,306.00
IT equipment / software	895.63
Food relief	4,624.96
Care packs	1,608.81
Support - petrol	-
Support - furniture	2,397.70
Data packs	75.00
Baby care needs	425.00
Self care	1,600.00

Children's toys	350.00
Utilities	-
Clothes	160.64
Total	14,443.74
Staff equipment	$ 19,596.35
Total	**$ 34,040.09**

Innovative ways that staff have responded

In addition to an organisational response, staff from across the organisation are finding ways of responding to the changing needs of our clients, and to our new ways of working. There are a number of examples of innovative practice that have been shared with the CFRE team over the last few weeks. While this small summary in no way captures all the great work that you are doing within your teams, it does highlight some of the creative ways that people are making a difference to their clients.

Many people shared ways in which they were creatively connecting online. For instance, people established parent chats and zoom sessions to keep parents socially connected and linked into support networks; set up live playdough sessions, cupcake sessions, colouring in activities and Storytime activities for kids; and we even ran baby yoga and baby massage sessions for new parents. The Youth and Communities teams have increased their presence on social media and have set up a range of activities to engage the community including: Movement Mondays, tiktok Tuesdays, live panels on youth focussed issues, Minecraft groups, quizzes, quarantine cooking classes and self-care and have even featured an Artist of the week. Closed groups have been set up on zoom and Instagram as a way of replicating our usual groupwork and keeping young people connected. Some staff have even become YouTube celebrities, after filming a range of videos from their loungerooms in order to keep people connected and to have a bit of fun. This includes videos from our Move It for Kids team who have created videos for parents and children to stay active during self-isolation.

Staff have also put out a huge range of tip sheets to support each other and to support our clients. Tip sheets and resources have been developed for parents who are looking after children at home including: *'viral colouring', 'scavenger hunt', 'play dough', 'science fun'* as well as advice for *co-parenting* and *explaining COVID-19 to children*. Some of these tip sheets have been translated into community languages such as Arabic and Urdu. Resources have also been developed for clients with a disability, including tip sheets on a range of topics including *how to understand self-quarantine and coronavirus*, and *loneliness and isolation for LGBTIQ people with disabilities*. Some teams have provided 'care packs' to their clients.

We hope to share more innovative approaches in upcoming editions of this report, but for now, let's just pause for a moment and reflect on all of this fabulous work and acknowledge the amazing adaptability and resilience of our workforce. We think you are all pretty awesome!

SHARING LEARNINGS

Top tips for engaging young people!

A number of teams from across ds have mentioned that they were struggling to find ways of engaging young people in online services, so we asked members of the youth team to tell us their top tips for engaging young people- here is what they had to say:

- Provide regular and consistent engagement in less formal ways
- Spend time learning about what young people are "into" and then send them things they can do that they'll enjoy that you can then talk about
- Start with a discussion about what they are reading, watching, doing rather than about what they are feeling
- Learn about youth culture and share this knowledge to start conversations (e.g. social media phenomena that are popular right now like tiktok challenges)
- Engage in fitness or play games remotely with them as part of your catch up
- Send care packs so that you can do joint activities whilst talking
- Don't focus on COVID-19 - they are talking about feeling overwhelmed by discussion on this topic
- Develop words with them that gives them an opportunity to discuss things safely (e.g. if they don't have a supportive home environment for their gender or sexual identity)
- Find out a good time to talk with them when others are/aren't necessarily around
- Check out what their preferred method of communication is- young people often like to SMS

Thanks to the youth team for providing these tips!