The Other Frontline

The essential role of place-based NGOs during the Delta and Omicron COVID-19 outbreaks in NSW

September 2022

ncoss
NSW Council of Social Service

About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With 80 years of knowledge and experience informing our vision, NCOSS is uniquely placed to bring together civil society to work with government and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve.

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NCOSS can be found at:
Yirranma Place, Level 1, 262 Liverpool St, Darlinghurst NSW 2010
phone: (02) 9211 2599
email: info@ncoss.org.au
website: www.ncoss.org.au

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CORE Community Services

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Muslim Women Australia (MWA)

NCOSS School Gateway Project

Network of Alcohol and Other Drugs Agencies (NADA) NSW

SydWest Multicultural Services

Tamworth Family Support Services

Waminda - South Coast Women's Health & Welfare Aboriginal Corporation

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1.0   Executive summary

The Delta and Omicron waves of COVID-19 (COVID) infection in NSW from July 2021 to March 2022 and associated public health orders was an extremely challenging time for vulnerable communities and populations, and the services that support them. These vulnerable communities and populations were among those most affected by the health, social and economic impacts of the virus, particularly in the twelve Local Government Areas of Concern in Western and South Western Sydney, where the strictest Public Health Orders applied.

Purpose and Methodology

This paper explores how place-based and small-to-medium sized[1] social and health service organisations experienced and responded to the Omicron and Delta waves. The COVID pandemic is typically understood in health terms - case numbers, hospital admissions, deaths, speed and capacity of health services and the appropriateness of public health orders. Here, however, we seek to understand and describe Delta and Omicron through the lens of non-government organisations - the 'other frontline' of the COVID pandemic.

The paper documents Non-Government Organisation (NGO)'s common experiences and challenges through these difficult times and analyses how and why social sector organisations often played such a critical role in supporting impacted communities and the public health response. From late June 2021, COVID infections were increasingly impacting disadvantaged communities and cohorts, leading to different public health restrictions and policing responses, which in turn compounded pre-existing inequities in access to health and support services. The response of non-government social and health service organisations included:
- responding to the needs and requests of clients and communities,
- monitoring and responding to the changing requirements and systems of government agencies and funding bodies,
- managing risks and outbreaks in service settings, and
- contributing vitally to the public health response.

Evidence and case studies presented here were collected as part of the NSW Council of Social Service (NCOSS)'s Building Resilience for Emergency Responses project, funded through the NSW Government's Social Sector Transformation Fund from August 2021. The project commenced in August 2021, engaging with a range of funded services and NCOSS members, particularly in Western and South Western Sydney hotspots, as well as NSW social and health sector peaks, and state and local government officers.

This paper is one of three being produced by NCOSS to build an evidence base about the role of place-based services during the COVID emergency. The other two papers are The High Cost of Doing Business[2] a deep dive study focused on administration and management and a mixed methods study investigating how the wellbeing of workers in the NGO social services sector have been impacted by COVID (study outcomes available October 2022).

Key Findings and Analysis

The non-government social and health service sector played an invaluable role during the Delta and Omicron outbreaks - one that has been largely overlooked in the public discourse of the pandemic. It was trusted, local NGO services who had the local knowledge, locations, cultural capabilities and agility to identify and respond to local need effectively and quickly. They developed and implemented supports and assistance quickly, met increasing demand, helped people unable to get timely and appropriate support through

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[1] Small sized organisation - Organisations that has a total annual revenue of less than $1 million. Medium sized organisation - Organisations that have a total annual revenue of less than $5 million.
[2] 2022, ASK Insight report prepared for NCOSS, The High Cost of Doing Business - administrative and management overload in smaller NGOs, https://www.ncoss.org.au/wp-content/uploads/2022/06/The-High-Cost-of-Doing-Business-FINAL-2.pdf

government service pathways, and stepped up to deliver additional support funded through government COVID grants. They were often the first port of call for community members needing assistance due to the pandemic. They were also the go-to point for government agencies when government health services could no longer cope and the last line of support over Christmas/New Year as the Omicron wave surged and government and other services closed or reduced hours as many people went on leave.

Place-based NGO services also played a vital role assisting in the public health response, contributing significantly to vaccination rates achieved among vulnerable and vaccine sceptical populations. They took on the role of explaining, translating and supporting key health messages. Established networks were leveraged and new connections developed by NGOs to ensure communities could understand and engage with health directives and vaccination promotions and systems.

Often it was the non-government sector which identified and addressed urgent needs and alerted Government to priority issues or more effective ways of working with communities. They were able to draw on their frontline experience, established networks and deep knowledge of community to improve and support local implementation and help influence policy and program responses. In South Western and Western Sydney, NGOs experienced and responded to the detrimental impacts of the unequal lockdown and policing while continuing to explain and promote public health rules. They were a critical nexus between government and communities, bridging gaps in understanding and trust.

The value of social sector organisations and their ability to respond swiftly to the needs of communities and adapt service models during COVID was underpinned by the 'invisible' foundations of pre-existing relationships, trusted networks, and deep local knowledge. Communities trusted that these organisations would provide honest advice and information and the best assistance they could. This credibility and trust, where services were understood as being *of* and *for* local communities was integral to the sector's capacity to respond, support and influence during COVID. Effective community responses were reflective of a collaborative infrastructure and reputations built over many years of effort.

Despite their considerable value and unique contribution, the NGO services sector and small-to-medium sized, place-based services in particular, were generally not engaged in the design and communication of public health measures and were only gradually included in the implementation and coordination of local emergency responses. This failure of engagement resulted in frustration and confusion for those on the community frontline and may also have contributed to the limited effectiveness of early public health messages and vaccination uptake.

This account of the Delta and Omicron outbreaks in NSW reveals the importance of NGO services in the continuum of human services responding to this public health emergency. This is not to undermine the effort of the public sector through the pandemic but to acknowledge the limits of its capacity and capability without an effective partnership with the NGO service sector. Undoubtedly, there were shortcomings in the public health emergency preparation, planning, systems and communications, as well as evidence of systemic bias that reinforced the vulnerability of certain groups, including multicultural and Aboriginal communities.

During numerous recent disaster events, local NGOs have risen to the challenge, supporting existing, often highly vulnerable clients to ensure their safety; taking on additional responsibilities to provide support, information, essential supplies and other assistance; and finding new ways to reach out, including to impacted community members who would not normally access their services[3]. These important 'community

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[3] NSW Independent Flood Inquiry NCOSS Submission, 20 May, https://www.ncoss.org.au/wp-content/uploads/2022/05/NCOSS-Submission-NSW-Independent-Flood-Inquiry-20-May-FINAL.pdf

assets' also offer access to local networks, knowledge and infrastructure, essential for incoming emergency responders.

The NGO social services sector is increasingly relied upon to provide assistance, care and support for vulnerable population groups. This can range from one-off practical assistance, through to intensive support over an extended period for people facing complex, intersecting challenges. In recent years there has been a growing emphasis on 'person-centred' and more tailored solutions rather than a 'one-size-fits-all' approach, applying evidence-based programs, measuring outcomes and demonstrating effectiveness.

The role of the NGO social services sector in disasters can be best utilised and capitalised on from the outset by embedding NGOs and community-led responses in the NSW emergency management system and ensuring they are appropriately funded to provide this vital support.

2.0   Introduction

The Social Sector refers to that part of the economy outside of government that supports people with their everyday functioning and care needs. The NSW Social Sector provides essential care and support to over 1 million people each year – including those impacted by poverty, homelessness, domestic violence, mental health challenges, disability or other complex issues[4]. In this report the social sector and social sector organisations are interchangeably referred to as NGOs, place-based services, NGO social services and social and health services.

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities. As the peak body for health and social services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve. In recent years, the social services sector has responded to several health or weather-based crises. With often limited resources, place-based NGOs have provided innovative solutions to address the needs of vulnerable populations during these difficult times. *The Other Frontline* report highlights the essential role of place-based NGOs during the Delta and Omicron COVID-19 outbreaks in NSW and the need for more formal recognition of the social services sector in responding to larger scale crises.

2.1   Building Resilience for Emergency Responses Project

The NCOSS Building Resilience for Emergency Responses project is supporting bottom-up approaches to the current (and future) crises and ensuring that top-down emergency responses better align with context and need. In Phase 1, the project supported small and medium-sized NGO service providers in areas most impacted by the COVID emergency to identify and resolve emerging issues, provide a feedback loop between the social services sector and government, and ensure appropriate interfaces and referral pathways. Phase 2 of the project is documenting lessons learned during Phase 1 and other recent disasters and developing resources to support organisations to build resilience and assist them to respond to future adverse events.

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[4] Equity Economics (2021), The Social Sector in NSW: Capitalising on the Potential for Growth, A Report Prepared for the New South Wales Council of Social Service, Sydney, https://www.ncoss.org.au/wp-content/uploads/2021/03/The-Social-Sector-in-NSW_EE-Report_12.3.21.pdf

2.2   Epidemiology and Vaccination

In Australia to May 2022, over 6 million cases of COVID have been confirmed, with nearly 2.4 million of those cases in NSW. To 23 March 2022, there were 2,044 deaths in NSW from COVID, with more deaths among older age groups (e.g. 34% of NSW deaths were among people aged 85-94 years) and men (61% of deaths) [5].

Risk of infection and death mapped onto socioeconomic disadvantage reveals a quarter of deaths occurring among people who lived in South Western Sydney[6]. Western and South Western Sydney Local Government Areas such as Canterbury Bankstown, Cumberland, Liverpool and Blacktown were consistently among areas with the highest case numbers and deaths through Delta and Omicron.

Consistent with this, the Australian Bureau of Statistics reported that people born overseas were disproportionately affected by COVID, comprising 66% of deaths while representing only 26% of the population to January 2022. Overall, the death rate was 2.3 per 100,000 people but this was 29.3 among people born in the Middle East, 14.5 among those born in South Eastern Europe and 13.4 among those from North Africa.[7] Staged access to vaccination was available but some people found this difficult to access, or were uncertain about the risks versus benefits profile.

2.3   Objectives

The objectives of this paper are to describe and analyse the role of small- to medium-sized social and health organisations during the Omicron and Delta COVID waves in NSW from mid-2021 to early 2022, explore service impacts and responses and identify learnings for future emergency planning and preparation.

2.4   Methodology

During Phase 1 of the Building Resilience for Emergency Responses Project during the Delta and Omicron outbreaks, NCOSS engaged with a range of frontline social and health services and key stakeholders, with a focus on the COVID hotspots of South Western and Western Sydney. This engagement was focused on identifying emerging issues for local services and communities associated with COVID and lockdown, assisting in developing effective strategies and providing advice to government to inform effective program, and policy development and delivery.

Engagement relied heavily on attending established local networks and meetings being convened through Councils to coordinate emergency relief and support. The 'piggybacking' approach aimed to minimize the time burden of separate engagement on services and involved an observational/ethnographic and action/learning method to identify issues and gather ideas about the contribution of local services and how responses could be improved.

Given the disproportionate impacts of Delta on the diverse communities in South Western and Western Sydney, from September 2021, the project also convened a network of chief executive officers of selected multicultural services from across the regions, to provide a collegial forum for shared reflection, learning and advocacy. The project also gathered information and evidence through one-on-one conversations with selected service managers, and engagement with other NGO social and health service peaks and Council and government representatives.

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[5] Australian Government - Department of Health, Coronavirus (COVID) case numbers and statistics, www.health.ogv.au/health-alerts/COVID /case-numbers-and-statistics, accessed 11 May 2022

[6] NSW Health (31 March 2022), NSW COVID Related Deaths, www.health.nsw.gov.au/Infectious/COVID /Documents/nsw-COVID -related-deaths-march-2022.pdf accessed 11 May 2022, p.5.

[7] Melissa Davey and Josh Nicholas, 'Covid death rate three times higher among migrants than those born in Australia', The Guardian, 17 February 2022 and ABS Provisional Mortality Statistics https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-2020-oct-2021accessed 11 May 2022.

3.0 Findings

This section details how vulnerable communities experienced the Delta and Omicron COVID outbreaks from the perspective of NGO community sector organisations, and how funded services responded to the circumstances and needs of clients and communities, as well as the requirements of funding bodies and public health orders.

3.1 Living through COVID

Firstly, there is value in briefly revisiting what it was like to live through the Delta and Omicron outbreaks in NSW.

- Delta and Omicron for many people in NSW meant a mix of fear, isolation, resentment and uncertainty, and for some, poverty and desperation. As well as the common impact of isolation due to the COVID lockdown, many people also experienced a sense of disconnection and alienation.

- Those most vulnerable to severe COVID, or on reduced income, relied on support from family, friends and services for food and essentials. In hotspot areas in particular, many people contracted COVID while caring for family and friends who were sick or isolating. Government and health systems appeared to be experiencing high demand, and not everyone wanted or was able to effectively navigate bureaucratic systems and helplines to get the help they required.

- People negotiated changing rules and public health messages, engaged with online systems, applied for financial assistance, and navigated getting vaccinated and boosted. There were tensions around vaccine access, effectiveness, safety and mandates. Reliance on the internet for services, information and permits meant significant demand for IT equipment and data.

- School closures and work from home rules meant many families spent a lot of time together. For those with fewer means, this involved the additional stress of sharing workspaces, data and devices.

- Significant financial hardship occurred, as people's ability to work was impacted in the context of more limited income and financial support compared to earlier in the pandemic. All these factors contributed to flow-on social impacts, such as reported higher rates of domestic and family violence and mental health issues.

- And then, as Delta waned and Omicron surged, there was the struggle to get access to testing (which could facilitate COVID support and entitlements) and the disappointment of failed get-togethers and lost holidays and rest over Christmas and New Year.

3.2 The role of social services in the COVID response

3.2.1 Continuing service delivery and responding to crises and demand

Most funded NGO social and health service organisations in NSW continued with service delivery through Delta and Omicron. They adapted services to meet Public Health requirements while meeting contractual obligations to continue operations. Services and their staff demonstrated a huge commitment to clients and communities, with employees often working out of hours to plan and prepare for new circumstances or respond to exposures and cases. Where possible, services and support were provided via phone or online rather than face-to-face. For instance, SydWest Multicultural Services and CORE Community Services replaced social support with regular welfare checks by phone and text and made staff available to provide responsive information and support to clients.

Case Study: CORE Community Services

CORE Community Services is a not-for-profit community organisation which has been operating in South West Sydney for more than 40 years. CORE Community Services delivers vital services to the people of South West Sydney, with a particular focus on culturally and linguistically diverse communities, children, young people and their families, people with a disability, the aged, and those facing financial disadvantage or hardship.

COVID-19 impacts

For many families and individuals, the 2021 lockdown was not a completely new concept, having experienced the lockdown in 2020. However, a second, long lockdown created several difficult challenges which left families and individuals fatigued.

During the lockdown, CORE anticipated an increase in demand for services which resulted in a shift in focus and pace for service delivery through innovative programs to ensure clients and communities received the support required. New partnerships were formed with Government and NGOs to respond to residents living in the Liverpool and Fairfield Local Government Areas, including clients experiencing difficulty who have never previously accessed CORE services.

CORE Community Services' COVID support

CORE community services organised emergency response programs which provided weekly food hampers, food vouchers, brokerage, stay at home packs for adults and children, including art, craft, stationary, sanitary COVID packs, sensory toys, and equipment to help with the anxiety and challenges clients were facing.

During their weekly food emergency program CORE had seen an increase of asylum seekers on bridging visas as they relied heavily on these services. These clients, who had lost their job due to the pandemic, were not eligible to receive Centrelink assistance. As a result, families and individuals faced extreme financial poverty and emotional stress and reported feeling hopeless and helpless. CORE assisted families through the emergency food relief program providing essential food hampers and brokerage.

Providing emotional support was deemed vital for client wellbeing and maintaining client connection with the community during the lockdown. With staff working from home, courtesy and welfare calls were provided to clients to inquire about their health and wellbeing, therefore providing information, advice, and referrals to clients to seek emotional and practical support as required.

During the lockdown programs were moved to online, through community needs and consultation programs that were tailored to meet the needs of the organisation and community. Programs included:

- physical wellbeing to keep fit;
- online children's educational, art and dance programs to keep children and families engaged and entertained during school holidays and after school programs;
- educational accredited training for adults to maximise their learning goals whilst at home;
- parenting programs to help with self-care and emotional and family wellbeing.

Classes were all well attended, and retention was high which was not expected for online activities. Online programs played a crucial role with providing a platform to make connections, break isolation and share experience and stories during lockdown. There were challenges with participants engaging and providing the facilitator with full attention due to parent's home schooling. However, participants in the program looked forward to online weekly sessions to connect to other people and newfound friends with similar experiences.

Face-to-face service delivery is the method preferred by CORE's clients, however, clients appreciated connecting with others. Clients understood that face-to-face methods of service were not available and shifted their mindset to participate online to achieve the best of their ability.

Client case study, Anna*

A former migrant, 45 year old wife, mother of three children, living in Fairfield, Anna had flashbacks of feeling like a migrant all over again - confused, lost and helpless with no support – Anna did not know where to go to seek support and help.

Anna struggled with anxiety and felt helpless because she had lost her job in hospitality and her husband lost his job in the tourism industry. This couple had never needed support as they were financially stable. However, losing their jobs and losing connections with people left them extremely isolated and overwhelmed because of COVID restrictions. Anna felt concerned about securing food and keeping up with family demands.

CORE Community Services were recommended to Anna by word of mouth. She contacted the community development worker for support. At the time she was not receiving Centrelink support and was waiting for approval. Through the assessment process Anna expressed to the caseworker that she felt like a migrant again, lost, confused with no one available to support her.

Services provided by CORE included:
- *food hampers through the weekly food relief program as needed*
- *stay at home packs for the children*
- *brokerage support*
- *engagement via our online programs, that Anna's children also participated in.*

Anna expressed gratitude and was very happy with the ongoing support that as offered and provided to the family during lockdown.

*name changed to protect privacy

During the Delta outbreak and lockdown, many organisations experienced an increased demand from people required to isolate or impacted by lockdown for emergency relief and essential supplies as well as increased referrals for domestic and family violence and child protection issues. While theoretically people isolating should have been assisted through their Local Health District or been able to access emergency relief assistance through various government helplines, in practice, delays and barriers to assistance occurred. Some people were also reluctant to engage with government services due to previous experiences, perceptions of bias or limited English.

Known and trusted local NGO community services were often the preferred port-of-call for assistance, particularly for Aboriginal and multicultural communities. These services are valued because they are often close by and accessible, staffed by locals or people able to speak community languages and provide culturally appropriate assistance. During the early stages of Delta, before the scale of need for emergency relief was recognised by government agencies and before resources and systems were put in place, local NGOs used their own funds to buy and supply food for people in desperate circumstances. Across the state, Neighbourhood and Community Centres in particular responded to the emerging needs of their communities, providing essential supplies and a point of connection and advice as isolation, fear and hardship impacted.

In some areas, such as South West Sydney, it was common for Health staff to ring local NGOs and ask them to provide immediate emergency supplies and food to people isolating or with COVID. While not within official referral pathways (Local Health Districts were not supposed to be referring to NGOs to provide assistance until the Partnership Grants program was rolled out from September to November 2021), these referrals recognised the agility and speed of local NGOs in providing assistance at that time. Small to medium local NGO services were particularly adept at providing nappies, paracetamol and culturally appropriate food on the day requested.

3.2.2 Addressing financial hardship
Services reported providing a range of financial and material assistance throughout the Delta and Omicron waves. The demand for food, cleaning and hygiene products was incredibly high with Resilience NSW and the Department of Communities and Justice engaging major food relief providers Food Bank and OzHarvest to provide food assistance. Prior to establishment of food relief hubs through local Councils, many NGOs were sourcing food using established Commonwealth funded food relief or using donations and their own funds.

Services funded to deliver the COVID Partnership Grants program reported supporting people with utility bills, rent, pain relief and medications[8]. These requests were due to loss of, or reduced, income during lockdowns, with people on bridging visas who had limited access to Centrelink payments, people who were working cash-in-hand jobs or people in casual or irregular work being particularly vulnerable.

3.2.3 Residential and 24/7 services - responding to outbreaks
Homelessness, domestic and family violence (DFV), drug rehabilitation, disability and other residential services faced many challenges in mitigating risk and managing close contacts and positive cases in their facilities while continuing to provide essential services to vulnerable clients. In areas with fewer COVID cases, there were challenges in communicating the importance of COVID-safe practices to clients who saw the virus as a fairly remote issue or weren't inclined to conform to public health advice. Many DFV services reported increased referrals for support during Delta and Omicron, adding further pressure to these already stretched services.[9] There were challenges in securing safe and appropriate housing during lockdown to enable families to move out of emergency housing. In shared accommodation settings such as refuges, services had to manage women and children fleeing violence who had also contracted COVID.

The Network of Alcohol and Other Drugs Agencies (NADA) NSW held a members' forum in February 2022 where members shared the challenges of providing COVID-safe services and managing COVID outbreaks in residential drug rehabilitation services during the Delta and Omicron waves. Services talked about innovative

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[8] Reported to DCJ during online meeting with Executive Director, Partnerships, January 2022.
[9] Australian Institute of Health & Welfare Family, domestic and sexual violence service responses in the time of COVID-19, December 2021, https://www.aihw.gov.au/reports/domestic-violence/family-domestic-and-sexual-violence-service-respon/summary

approaches to service delivery to ensure that people could still access their organisation. Unfortunately, some also talked about being left to manage these outbreaks with no, or limited, assistance from NSW Health, despite the complexity of the client group, a lack of relevant expertise among staff and lack of access to relevant information and advice. Some managers reported feeling like they had been left alone to manage sick and at-risk vulnerable clients, staff safety, and to juggle accommodation and isolation options for those with, or exposed to, COVID[10].

Case Study: Kathleen York House - ADFNSW emergency response to COVID

Kathleen York House (KYH) is a small abstinence-based residential drug and alcohol rehabilitation service for women who are working to overcome substance dependence problems. It has operated since 1991 and is run by the Alcohol and Drug Foundation of NSW (ADFNSW). KYH is located in the inner west of Sydney.

KYH is one of the few services where women can live in with their children or baby, in a welcoming, safe and home-like atmosphere. It can accommodate seven women at any one time and up to four children under 11 years of age. The service addresses individual client needs including physical and mental health, housing, parenting, relationships, legal and social needs through a six-month residential program, and a twelve-month aftercare program. The general goal of the KYH Aftercare program is to support clients with the transition into housing, education, and finding work in order that they are better equipped to re-enter the community in a positive way.

COVID-19 Context

KYH responded to the outbreak of COVID with its strong commitment to client centred best practice. The pandemic required KYH to continue service delivery through the lockdowns. While many AOD services had closed down, KYH continued providing services with significant additional work for the small team.

The timely and informed responses in the structure of service delivery meant that KYH staff were able to undertake their roles whilst maintaining the highest standards of safety for both clients (including their children) and clinicians. NSW Health directives around disease control and sanitation were incorporated into their service delivery.

Service Delivery

By adhering to protocols placed by NSW Health and making adequate modifications, KYH was able to maintain service delivery in unique and innovative ways. An individual COVID-19 plan was developed for each woman to manage the risk in case an individual acquired COVID-19. A pathway to admission to Royal Prince Alfred Hospital was established as a backup option should anyone become COVID-19 positive, given the bathroom facilities were inadequate for social isolation.

The program rapidly pivoted to a hybrid model as some women chose to leave the service as it was difficult for them to maintain contact with their older children who they weren't able to visit because of COVID restrictions. These clients were supported remotely using videoconferencing technology. KYH developed online telehealth resources to support women during the COVID period whilst still out in the community and relevant policy and procedures were written as the pandemic evolved.

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[10] Conversation with CEO, Network of Alcohol and other Drugs Agencies (NADA), November 2021.

The intake process was adapted to apply control protocols for new clients. KYH networks provided assurance of quarantine for women prior to admissions. All potential clients on the waitlist were provided extra telehealth support based on KYH's bio-psycho-social model of treatment.

For those women remaining within the KYH facility, social distancing was an issue and staff numbers were restricted. The priority was to keep clients safe, with staff moving between home and workplace. For this reason, only limited staff members were rostered on premises to reduce the risk of infection. Staff stepped up, moving to online food ordering, taking clients for outdoor activities, establishing activities for children as day care centres and schools were closed.

A positive outcome of the hybrid model was the ability to provide telehealth support on a much more extensive regional outreach basis to people living at a distance from the facility, especially for the aftercare clients. KYH telehealth processes continue to be utilised post-pandemic to engage wait-listed women in care and, where, applicable commence treatment prior to admission. This has increased the reach and effectiveness of the service.

Challenges - during lockdowns and ongoing

However, the impact of the pandemic also resulted in serious challenges for KYH and its service delivery. There was staff turnover as some individuals chose to leave due to mandatory vaccination requirements and others due to the increased stressful working environment. The pandemic seriously impacted hospitals' capacity to support detoxification. St Vincent's Hospital Gorman Unit was closed during the first wave of the pandemic, and during other periods in 2021 meaning potential clients were not able to access the medical support required for admission to KYH, slowing down their access to treatment.

Access to GP care and timely addressing of medical needs was difficult during the lockdown periods as local GP practices required patients to have PCR tests prior to appointments. This meant KYH staff had the additional load of having to provide transport for clients to and from testing, and then supporting them through the period of isolation until the results came through. The need for regular visits of pregnant mothers to hospitals (exposing them to potential infection) and access for their significant support person during delivery were all additional challenges for KYH.

The continued pressure brought on by not only COVID but a highly virulent influenza season has meant that staff must continue to be very flexible in their roster. This also has meant that at times the service continues on minimal staffing. Another significant post-COVID-19 (and post-bushfires) impact on the organisation's indirect costs has been a substantial growth in premiums for insurances. The organisation reported that not only had costs escalated but securing insurance was also challenging.

3.2.4 Social housing communities

NGOs working with social housing clients found that the pandemic required creative and flexible responses to meet needs that may have otherwise gone unmet.

Case Study: Counterpoint Flexible Response Project[11]

About Counterpoint Community Services

Counterpoint Community Services Inc. provides a wide range of community support services in the Inner City and South-East Sydney LGAs, focusing on working with social housing tenants and diverse communities. Counterpoint act as the lead agency for many local grassroot groups and services.

Flexible Response Project

Counterpoint launched the Flexible Response Project in July 2020 with funding from the City of Sydney. Initially, a 6-month project to respond to community needs arising from the COVID-19 pandemic, Counterpoint extended the project for six months without further funding. The project prioritised support to various groups impacted by the COVID-19 pandemic, particularly those living in public housing estates within the City of Sydney local government area.

The project focused on ensuring isolated, vulnerable, and senior residents from English and non-English backgrounds had access to support and resources, particularly those not supported by any existing government care packages. Counterpoint offered a comprehensive well-being assessment to all clients. The flexible response team undertook over 450 welfare checks and well-being assessments throughout the project.

Flexible Response Services

Several priority areas were identified. These translated into seven areas of specialised support designed to offer clients integrated and comprehensive care and assistance:

- Support Mate - Emotional, counselling and case management support.
- Delivery Mate - Collection of essential shopping, medicines, or other household items.
- Chores Mate - Assistance with small tasks around the house.
- Tech Mate - Help with navigating and accessing online services.
- Buddy Mate - Full support and wellbeing check and assistance to access other supports.
- Coach Mate - Personal growth, education, and development.
- Job Mate - Job seeking assistance.

The project directly supported over 114 people with various services and indirectly supported multiple communities by disseminating essential information, supporting various activities, and forming collaborative partnerships.

Partnerships

Counterpoint partnered with Viral Kindness, OzHarvest and Hillsong to provide food relief. With funding from local MP Jenny Leong, emergency relief Foodbank parcels were purchased from Addison

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[11] Counterpoint Community Services, COVID-19 Flexible Response Project Evaluation Report July 2021, https://counterpointcs.org.au/wp-content/uploads/2021/08/Counterpoint-Covid-Felxi-project-Eval-2021-vers-1-002.pdf.

Road Community Centre for those experiencing homelessness or identified as at risk. Over the project, 162 people were supported with food relief, delivering 1063 food parcels.

To support vulnerable CALD members of the community, Counterpoint partnered with Hong Kong Mask Australia and the Australian Chinese Charity Foundation (ACCF) to supply over 800 reusable and non-reusable cloth masks. The ACCF also partnered with Counterpoint to provide $4,500 in cash relief to fifteen international students identified as destitute following the lack of government income support.

Counterpoint collaborated with organisations and agencies through the referral process to ensure wrap-around and specialised support for clients. Joint service delivery and referral partners included the Department of Communities and Justice, Sydney Local Health District, Redfern Legal Centre, and Glebe Youth Service.

Project Observations

Counterpoint's COVID-19 response identified and supported people with complex needs, many of whom would have gone unnoticed if it wasn't for the Flexible Response Project.

Many of the presenting challenges faced by clients supported by the flexible response team were not a direct result of the social and economic consequences of the COVID-19 pandemic. However, they were significantly exacerbated by the COVID-19 health crisis. The personal circumstances of these clients, many of whom are isolated, immobile, housebound, or CALD, explain their invisibility to the system and highlight the need for targeted projects to reach these groups.

Many clients supported through the project had no access to government care packages either because they were ineligible or felt disempowered to access such services due to bureaucratic hurdles. The flexible response team endeavoured to connect clients with permanent support services, including the NDIS and My Aged Care, following the cessation of project funding. For clients who were ineligible for support or stuck in bureaucratic processes, the team either referred them to internal case managers or ensured they were connected to better-resourced organisations to support their needs.

3.2.5   Supporting public health responses

Social and health service NGOs across NSW played a proactive and important role in the public health response to COVID.

Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Medical Services in particular played a critical role in supporting communities impacted by COVID and were instrumental in the high vaccination rates achieved across many Aboriginal communities in NSW. For example, Tharawal Aboriginal Medical Service, Gandangara Health Service and KARI worked with South Western Sydney Health District to achieve an 85% vaccination rate amongst Aboriginal people by mid-November[12].

On the NSW South Coast, Waminda (the South Coast Women's Health and Welfare Aboriginal Corporation) provided advice to the Illawarra Shoalhaven Local Health District about how to achieve vaccination uptake amongst Aboriginal clients by supporting services delivered by Aboriginal controlled organisations and ran Saturday vaccination clinics throughout October and November 2021, delivering over 1,100 vaccines to

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[12] Chris Boulous, ''Wonderful result': Aboriginal vaccination milestone reached', Liverpool Champion, 16 November 2021,https://www.liverpoolchampion.com.au/story/7511770/wonderful-result-aboriginal-vaccination-milestone-reached/?cs=1465&fbclid=IwAR3S6Ki-ho5Ic0_Vm2tSpmxvwjXehTTFDLGjAK9yOrdhuqW4Q8i5RSZ6a4A accessed 18 May 2022.

December 2021. They also provided welfare checks, care packs and Rapid Antigen Tests to isolating clients and their families.[13]

Aboriginal Community Controlled Organisations were actively advocating to government to prepare for outbreaks in their communities and then played a critical role in supporting communities through outbreaks and promoting vaccinations. The Dharriwaa Elders Group with Yuwaya Ngarrali and the Walgett Aboriginal Medical Service were advocating from 2020 for the health and essential needs of their communities to be considered in planning and preparation by government. When an outbreak occurred, these organisations were at the frontline of the response in Walgett, assisting government in resourcing and supporting appropriate, community-led responses.[14]

This community level response was supported by the Aboriginal Health & Medical Research Council (AH&MRC), which provided expert advice, protective equipment and Rapid Antigen Tests to Aboriginal Community Controlled Organisations responding to the outbreaks. AH&MRC also worked with community to develop a range of culturally appropriate information, educational and guidance resources to help organisations prevent, prepare for and respond to outbreaks[15] .

Multicultural community leaders, with the support of funded multicultural and ethno-specific organisations, were also critical to the public health response to Delta and Omicron. They worked in partnership to provide effective, grassroots responses including food relief, COVID education, access to testing and vaccination.

Case Study: Sudanese and South Sudanese COVID-19 Response Group

When the Lockdown was announced in June 2021, SydWest Multicultural Services responded in several ways to ensure multicultural communities in the outer Western Sydney corridor were supported. One of the responses was to engage disconnected communities in its catchment area.

As the number of positive cases increased in the twelve LGAs of concern, especially in Northwest Sydney, the South Sudanese Community established the Sudanese and South Sudanese COVID-19 response Group (Taskforce) through the support of SydWest's Community Engagement and Disability Services Manager. Twenty-four community leaders, community influencers and religious leaders came together to ensure families in isolation received emergency food relief, key messages encouraging testing and uptake of vaccination shots and information on stay-at-home rules. The Taskforce was able to support over 1,000 individuals from Sudanese and South Sudanese backgrounds in Western Sydney.

The Taskforce advocated to the Western Sydney Local Health District (WSLHD) and NSW Police for a vaccination hub in Blacktown. In response, a vaccination hub was set up at St Patrick's Catholic Church and a partnership with NSW Police was formed, engaging a youth ambassador from South Sudanese background in a video feature as part of their campaign to encourage vaccination uptake.

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[13] Hayley Longbottom, Presentation to NCOSS Regional Members forum, 24 March 2022 plus conversation with Faye Worner, January 2022.

[14] Conversation with Project Manager, Dharriwaa Elders Group August 2022

[15] AH&MRC, Aboriginal Community Controlled Health Services Pandemic Response Toolkit and conversation with Lauren Owen, November 2021.

SydWest also secured funding from Multicultural NSW to employ a Project Officer to coordinate COVID-19 responses targeting Sudanese and South Sudanese families in New South Wales over the next three months.

What we have learnt from this pandemic, is that governments at all levels need to engage grassroots communities, building the capacity of leaders from CALD backgrounds for effective information dissemination and engagement. SydWest has been able to mobilise leaders from 16 communities in Western Sydney to respond to the COVID-19 crisis.

3.2.6 Lockdown and policing 12 LGAs of concern

Twelve LGAs of concern (Fairfield, Liverpool, Canterbury-Bankstown, Cumberland, Blacktown, Burwood, Georges River, Parramatta, Campbelltown, Bayside, Strathfield, certain suburbs in Penrith LGA) were subject to the most restrictive lockdown rules during Delta, including only being able to leave home within your LGA or within a 5km radius, for one hour for essential supplies and exercise. On 8 July, the NSW Government announced a major operation, dubbed Operation Stay at Home, targeting breaches of public health orders in South Western Sydney. This involved at least 100 extra officers, including mounted units, dog units, helicopters and traffic and highway patrol officers, focused on Fairfield, Canterbury-Bankstown and Liverpool. In the three and a half weeks after these increased measures were introduced, twice as many fines were issued than for the rest of the pandemic.[16]

The experience of government messaging about Operation Stay at Home, and the reality of living under such intense policing, had a significant impact on communities in these areas. Organisations attending the Multicultural Services CEOs forum convened by NCOSS reported that communities felt they were being unfairly blamed for the spread of COVID, and disproportionately targeted by Police, for example, staff being hassled on their way to work, young people questioned when taking their one hour of recreation. Police helicopter patrols were reported to have a detrimental psychological impact, creating a sense of being under siege. During the early stage of Delta, difficulties with testing and online permits meant complying with government requirements was difficult, particularly for people with limited IT capability or equipment, adding to the stress of essential workers required to travel to or from the LGAs of concern. Services reported that people became reluctant to leave home for permitted essential activities, further isolating them.

Community leaders were frustrated that a heavy-handed compliance approach was adopted in the twelve LGAs of concern, rather than working collaboratively with community leaders and organisations to explain and promote the rules. They strongly advocated to government and through Police engagement forums on how the compliance approach in the twelve LGAs of concern was being perceived and the potential for long term damage to public trust in the government and Police of this approach. NCOSS and members of its Multicultural Services CEOs forum met with Deputy Police Commissioner Mal Lanyon to discuss these issues. The government's language was seen as blaming deliberate non-compliance among diverse and vulnerable communities for the spread of the virus, rather than seeking to understanding and address the reasons for non-compliance.

The announcement of Australian Defense Force (ADF) involvement was also a source of concern, particularly among those CALD communities who had experienced military policing of civil society in their countries of origin. There was concern that the ADF was being positioned in a policing role too. However, organisations

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[16] Sonia Hickey, 'NSW Government cashes in on COVID fines', Sydney Criminal Lawyers, 15 September 2021, https://www.sydneycriminallawyers.com.au/blog/nsw-government-cashes-in-on-COVID -fines/ accessed 16 May 2022

acknowledged that, in some areas such as Fairfield, Police and ADF worked effectively with local services such as the Parks Community Centre to deliver food hampers while undertaking checks.

3.2.7   Inclusion in emergency management governance

In some areas, local NGOs were invited onto Regional and Local emergency response committees and sub-committees. For example, Tamworth Family Support Services and Tamworth Aboriginal Medical Service were invited by the Department of Communities and Justice to join their regional emergency wellbeing sub-committee after years of seeking to be included.[17]

In metropolitan Sydney, local peaks, Counterpoint Community Services and other key community centres contributed to the Department of Communities & Justice's Multi-agency Emergency Management Guidelines for COVID-19 Outbreaks in Public Housing. Local community organisations were identified as the lead NGOs to respond to a potential quarantine event in the social housing estates of Redfern and Waterloo. They also strongly advocated in the early part of the outbreak for pop-up testing and vaccination clinics which were rolled out successfully across all major social housing communities[18].

3.2.8   Innovative responses and advocacy

Case study: Fairfield LGA - an example of a community-led emergency response to Delta

This case study examines the place-based response to the COVID-19 emergency in the Fairfield Local Government Area (LGA) in South West Sydney in 2021. Fairfield LGA has a culturally rich and diverse community with more than 70% of its population speaking a language other than English at home.

Fairfield LGA is characterised by a strong place-based network of local services which have collaborated over 25 years to address local issues and support their communities. The Chief Executive Officers of four local services (Fairfield CEOs Group) - The Parks Community Network, Community First Step, Woodville Alliance, CORE Community Services - and Fairfield City Council have been fundamental to building and sustaining a culture of cooperation and trust among local social and community services in the area. The case study demonstrates how a network of trusted place-based services can be the bedrock of an effective, locally appropriate and timely emergency response.

COVID-19 Context

The Fairfield LGA was locked down on 12 July 2021 by the NSW Government due to the number of COVID cases locally. Restrictions imposed prohibited residents leaving the LGA unless they were an authorised worker and tested for COVID-19 every 72 hours. Stay at home orders also meant people didn't have the usual family or community support networks they may have relied on. The economic impact of the strict stay at home orders in Fairfield LGA was also significant. The Fairfield LGA community already had high levels of poverty before the pandemic. Loss of work and ineligibility for welfare payments (e.g. refugees, international students) contributed to increasing levels of hardship.

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[17] Conversation with Manager, Tamworth Family Support Service, December 2021.
[18] Conversation with Executive Officer, Counterpoint Community Services, August 2022.

There were delays in contact made by NSW Health's contact tracers, leaving people without access to food, medication, cleaning products and psychosocial support. When food was provided, it was often inadequate for large, sometimes multi-family or multi-generational households, and particularly did not meet the needs of culturally and linguistically diverse populations. Larger services and food providers were also less able to assist due to loss of local volunteers, service closures and work from home requirements.

Food relief response

The strict public health orders and public messaging about the risk of catching COVID-19 through casual contact meant many people, particularly frail or vulnerable households were unable or unwilling to get to the supermarket including for click and collect pick-ups. The high demand for home delivery services and the high number of retail workers who were required to isolate led to delays of up to three weeks in receiving deliveries of groceries and other essential items. The Fairfield CEOs Group raised the issue of the growing need for food relief with Fairfield City Council, who worked with the Local Emergency Management Committee to coordinate the local response. Through the advocacy of the local place-based services and Council, state government agencies began to recognise the significant need for emergency food assistance in the community, and issues with inadequate food assistance for households required to isolate due to COVID infection or exposure. As a result of this concerted advocacy, a Food Hub was established by Fairfield City Council at Council's Prairiewood Leisure Centre.

When Prairiewood Leisure Centre Food Hub became the central point for donated food relief, food packages were delivered by Council staff and through place-based organisations such as The Parks Community Network, Community First Step, Woodville Alliance, and CORE. Deliveries were also supported by Police and the Australian Defence Force personnel, with COVID compliance checks and food deliveries being de-coupled where possible.

All of these local services continued to supplement the supplies from the Fairfield Food Hub with their own donations and purchases, enabling them to tailor deliveries to the needs and cultural preferences of community members. The deliveries included essentials like masks, nappies, cleaning products and other household supplies, and clothes. Food support/food relief/safety equipment was supplied through OzHarvest, Foodbank, Good360° and local business donations to the Food Hub. Council also cooked over 35,000 healthy, culturally diverse frozen meals, which were distributed by place-based organisations and Council to those in need.

The Fairfield Food Hub built on already-established food relief being provided by local services. Additionally, many residents not previously linked with a service received food through the Mayor's Wellbeing Register, established by Council to meet the growing needs. Residents who required more support than food only, were referred to local services for case management and support. Services continued to receive requests and deliver to households. Local services in Fairfield LGA employ staff who speak a range of community languages who were able to provide support over the phone in an inclusive, respectful and culturally safe way to non-English speakers, and to those with poor literacy in their first language.

The Parks Community Network took over the coordinating of the Fairfield Food Hub from Fairfield City Council on 11 October 2021 when the premises relocated to Wetherill Park Community Centre. The Food Hub continued to operate until mid-December 2021.

> **Conclusion**
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> The Fairfield CEO Group intervention highlights the essential role of a strong, pre-existing network of place-based services, who can work cooperatively to underpin timely responses to an emergency and to push for improved responses and coordination through local and state government agencies. These place-based services are the backbone of any community response to an emergency. For government agencies, the successes of the Fairfield community in responding to the impacts of COVID-19 underline the need to align with on-the-ground partners in emergency planning and responses.

The example of Fairfield LGA shows that this effective local response, which became the foundation for local responses across the state, was rooted in a strong local service system, with strong and trusted relationships between services, community leaders, Council and the Local Emergency Management Committee.

As the crisis unfolded, and local emergency response systems were activated to address hardship and support testing and vaccination, significant differences in the capability and networks of Councils were revealed. Councils with established communication networks and active involvement across the social and community sector, such as Fairfield, were best positioned to have two-way conversations and draw on the knowledge and expertise of local NGO services to plan and implement local responses. Some NGO representatives have suggested that Council restructuring and staff changes following amalgamations impacted engagement and information flow in some LGAs. Some complained of a top-down approach by Local Emergency Management Committees largely comprising government representatives and a failure (particularly early on) to engage and have two-way exchanges with small and medium sized NGOs.

3.2.9   New partnerships

Delta and Omicron also provided the genesis for new partnerships and relationships. For example, in Mt Druitt, the Mt Druitt Ethnic Communities Agency Inc (MECA) was contacted by an Aboriginal business owner looking for facilities to scale up the preparation and distribution of meals to Elders and Aboriginal families isolating due to COVID.

Case study: MECA & Kallico Catering

In September 2021 during the COVID-19 lockdown, MECA and Nene and Darryl Brown from Kallico Catering started a new initiative called 'Yura Bada' providing fresh and cooked meals for vulnerable local Aboriginal and CALD community members. Kallico Catering's facilities were used to provide more than 3000 meals per week.

The other services that contributed their resources to the Yura Bada project include the cast and crew of the movie "In My Blood It Runs," Blacktown City Council, Transurban, Lead Professional Development and Mt. Druitt Police Command.

This project is a small testimony to what is possible when we all work together to serve our community.[19]

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[19] Presentation at NCOSS AGM by Manager, Mt Druitt Ethnic Communities Agency Inc (MECA), November 2021.

In another example, existing connections developed between Muslim Women Australia and the Pacific and Oceanic communities in Sydney, which has built their capacity to advocate, respond to emerging needs and make appropriate referrals, resulted in comprehensive support for a multicultural family with multiple, complex needs.

Case Study: Muslim Women Australia (MWA)[20]

About Muslim Women Australia

Muslim Women Australia (MWA) is a representative body for Muslim women working to enrich humanity, advocating for the rights of all women, through authentic leadership based on our Islamic principles. MWA delivers an array of holistic, integrated, culturally and religiously appropriate intervention and support services while providing community development and capacity building initiatives.

MWA has been supporting and advocating on behalf of all women, and Muslim women in particular, for over 39 years. At the heart of the MWA is a commitment to fairness, equality and justice in all our interactions and activities that support Muslim women.

Responses to the COVID pandemic

MWA, as part of its COVID-19 Delta response, worked to provide hope over fear and a sense of calm and dignity in service delivery while advocating fiercely for measured solutions to support CALD communities in South-West Sydney. MWA developed messaging that responded to community concerns regarding unfair lockdown policies while still ensuring that families stayed safe and supported.

MWA support for community members who tested positive for COVID-19 took place in terms of direct service settings across domestic violence, homelessness and settlement support; as well as community engagement settings, offering radical practical help, psycho-social supports and spiritual activism where appropriate. MWA provided trauma-informed case management for women and children impacted by violence and families at risk of homelessness. This was provided alongside food and material aid, maintaining connections during lockdowns through targeted communications strategies inclusive of regular check-ins, virtual visits, the provision of COVID Care packs and developing and adapting online activities for women and their families.

Client Case Study: Complex Case Management for COVID Positive Family at risk of Homelessness

Amidst the Delta outbreak a multicultural family of 6 had contracted COVID-19. The wife and mother who was the sole breadwinner unfortunately died at home from COVID-19. The family (father with 5 children) was referred to MWA Linking Hearts service by community leaders to provide complex case management support. The youngest daughter had an intellectual disability with high needs and had not received any appropriate intervention, nor was she accessing NDIS.

The family was grieving and in dire circumstances. They were from an 'LGA of concern' at a time when strict public health orders were implemented restricting movement. They were at risk of homelessness with an overloaded service system amidst the pandemic. Their existing networks, local community and

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[20] Muslim Women Australia 2021, Hope Over Fear MWA Service Delivery Quarterly Report on COVID-19 Greater Sydney Lockdown, July – September 2021 https://mwa.org.au/submissions-and-reports/hope-over-fear/ and case study provided by Nemat Kharboutli, Muslim Women Australia, July 2022.

GP attempted to support them, seeking guidance from and referral to MWA. MWA supported the family with intensive case management including eight months' rent assistance, financial relief, disability support, employment and education pathways as well as parenting support. MWA provided six months' disability support upfront, inclusive of material aid and medical expenses while applying for an NDIS package.

The father and youngest daughter contracted the virus a second time and the family experienced elevated levels of trauma and distress having experienced the death of their mother with an overwhelming fear of the impact on the child with special needs. MWAs' trauma informed model ensured effective outcomes for this family and included extensive capacity building of the community networks associated, via information, referral and leadership so they could provide capable post support to this family and informed responses to members of their respective communities.

MWA supported this family and built the capacity of community leaders to respond and refer while feeding back key issues to identified stakeholders to enhance policy settings and resourcing, developing awareness of needs, complexities and supports.

<div align="right">Client case study provided by Muslim Women Australia Linking Hearts Frontline Worker</div>

4.0   Stressors of adapting to Delta and Omicron

Following on from the lockdown and restrictions in earlier stages of the pandemic, the Delta and Omicron waves required services to quickly adapt to restrictions and the changing COVID environment while continuing to offer services and fulfil contractual obligations.

- Organisations reported the disappointment of not being able to offer planned face-to-face programs and support as the Delta and Omicron waves occurred. This was disappointing for staff and clients.

- However, many smaller services and neighbourhood and community centres - important access points for staff, clients and community members - continued with face-to-face service delivery and kept their services open. Many services operated outside the front of their services, and with entry limited for essential purposes (e.g. using computer or printer, where privacy was needed).

- As noted, demand for emergency relief was coming to services through a myriad of avenues - many requiring immediate response.

- As COVID grants became available to services during Delta, there were many additional requirements associated with securing extra funds. For example, assembling financial and service data, submitting expressions of interest, recruiting and scaling up staffing, promoting additional COVID related services, responding to requests for assistance and referrals from other agencies that didn't have the funding, capacity or local staff able to respond.

- The emergency funding approach and requirements to expend funds by 31 December 2021 itself placed pressures on some services. COVID-19 Partnership Grants were based on total DCJ funding which meant some services received very substantial allocations while others received very small allocations relative to the level of demand they were experiencing. NGOs were not aware of the amount of grant funding they would receive until a contract was offered, which made preparation for a quick scale-up difficult. While funding approaches were simple and fast for delivery by government agencies, limited forewarning and a multitude of grant offerings made this an extremely burdensome and demanding time for organisations. Towards the end of 2021, some

organisations found themselves in the unusual position of having access to a range of grants for similar activities from different government agencies, meaning considerable 'red tape' such as signing contracts, updating InfoXchange Service Seeker, setting up referrals systems for COVID clients, and reporting outside of existing systems.

- Differing approaches to vaccination mandates from funding bodies posed further challenges. The DCJ decision to not mandate vaccination by its funded services but instead requiring organisations to undertake detailed risk assessments to inform a policy on managing risk contributed to considerable angst and effort. While this approach enabled services to tailor strategies and a vaccine mandate it also contributed to considerable conflict and stress including among workers in some services, as well as between organisations and clients.

- The period from October to December 2021 was particularly challenging for some services, because clients were increasingly wanting face-to-face services and not necessarily understanding why services had not returned to normal operations when government messaging increasingly promoted normalisation. Youth services in particular found requirements for checking vaccination status or requiring masks challenging, particularly where these were at odds with requirements operating in schools.

- The role and willingness of volunteers was also changing. Many older people were reluctant to return to volunteering roles they had done previously. For services delivered in schools by volunteers, the landscape was even more complex.

- Some types of services reported increasingly complex core work. For example, Community Legal Centres and domestic violence and family support services reported that the volume and complexity of clients' needs increased in the context of COVID and managing face-to-face service delivery in outreach settings added another dimension of complexity.

The peak of the Omicron outbreak contributed to these challenges:

- Confusion about rules

- Lack of staff

- Peaks in aged care, Out of Home Care, Alcohol and Other Drugs, homelessness and neighbourhood centres all reported an emerging staffing crisis, as people left roles due to exhaustion and stress and long hours, vaccination mandates, or better paid opportunities elsewhere.

- As has been well reported, sourcing PCR and RAT tests became very difficult in January 2022 for everyone. For people delivering essential services, the lack of access to testing in the midst of a spike in case numbers, meant staff in social sector services had to spend hours searching online and by phone to source tests to enable them to keep staff and clients safe and continue essential work. Impacted by high case numbers and staff on holidays, government agencies struggled to keep up with the need for information and advice services.

- Organisations who were funded to deliver the Partnership Grants program and had not expended funds by 31 December 2021 and had sought an extension, continued to provide support to rising numbers of households. Many of these services spoke of an extreme and unprecedented level of demand. Many services focused assistance at this time on those with COVID. In rural and regional areas in particular, a small number of people worked incredibly long hours over the holiday period, driving to households in distant communities to deliver essential supplies.[21]

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[21] Conversation with Manager, Tamworth Family Support Service, January 2022.

- There was resentment that government and larger services closed their doors and it was the smaller organisations and those on lower levels of pay who were left with the responsibility for assisting people, particularly over the Christmas/New Year and early January period.

5.0   Analysis

5.1   What made the social services sector effective?

The role played by local social sector organisations described here demonstrates the characteristics and capabilities that enabled local NGOs to help limit the spread of COVID and effectively supporting those impacted. The key characteristics and capabilities are summarised below.

5.1.1   Social infrastructure enabling community solutions

Social service organisations were often the 'backbone' of local and culturally appropriate, community-mobilised responses to the Delta and first Omicron outbreaks. Community responses didn't emerge suddenly from a void. They built upon and were enabled by a pre-existing social infrastructure - of people, service expertise, organisational governance, reputation and extended networks.

Local NGOs have local knowledge and connections. During Delta and the first Omicron waves, organisations showed they can leverage that knowledge and those established relationships of trust to act with and for their communities. They can also access physical infrastructure and resources to support local community solutions.

In a context of uncertainty such as the Delta and first Omicron waves, where political and expert leadership was being questioned, organisations which had the trust of communities to assess risks and interests honestly, and to speak openly to communities, came to the fore. This trust and connection are essential elements of a communities 'social infrastructure', of which local NGOs are a key part[22].

5.1.2   Local, accessible, safe

Many small to medium sized NGOs continued to operate locally based and accessible services with a face-to-face component. This meant people unable or unwilling to use online or message services could seek and receive assistance. As well as providing a local source of support and advice, those services that continued to operate were also a source of reassurance. Furthermore, in an environment where people's movement was limited by Public Health restrictions, proximity was a critical factor.

Importantly, these services were also culturally safe, staffed by people of a similar background or language group likely to understand and not to judge. Thus, people who feared criticism or judgement were able to seek and receive supports through these services.

5.1.3   Leadership, innovation and advocacy

In a crisis, an ability to act swiftly and appropriately is critical to effective emergency and public health responses. The non-government social sector demonstrated excellence in leadership and advocacy at the local level, assessing official and expert information in the context of their understanding of clients and communities, and then shaping appropriate responses. They showed a readiness and capability to lead, to innovate and to stand-up and advocate for their communities. In an environment of flux and fear, this practical leadership provided both help and reassurance to affected families, individuals and communities that they were not alone.

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[22] Conversation with Director, NCOSS School Gateway Project, October 2021.

5.1.4 Influence and participation in governance

As well as leading local solutions, small to medium sized NGOs demonstrated their value in strategic advice and governance. The Delta and first Omicron outbreaks revealed government entities and experts were limited in their ability to design and quickly implement effective and appropriate public health and emergency responses, particularly in socioeconomically deprived and culturally diverse communities.

NGOs provided both local and state government officials with strategic advice and practical support to enable them to shape more effective public health and emergency responses, including opportunities to partner with NGOs in both design and delivery of responses.

Local responses were most effective in areas such as Fairfield where established governance included or had direct links to local NGOs, enabling agile and innovative responses to community need and cultural context. Public Health responses improved in effectiveness when they worked with and through Aboriginal and multicultural community organisations. In some LGAs and regions, NGO representatives were brought on to emergency response committees, improving communications, limiting confusion and expediting local solutions.

Government engagement, which focused on one-way communication continued to frustrate NGO representatives, for ignoring their advice on strategic responses and seeing their role as primarily implementation when the value of their strategic advice and participation in governance had demonstrated benefits. The sector continues to campaign for improved representation of local NGOs on emergency response governance structures.

5.1.5 Professional capability and commitment

The professional capabilities and commitment of staff working in local NGOs was fundamental to their effectiveness through the COVID waves of 2021 and early 2022. The core skill sets of community service staff, such as information and referrals, counselling, support, capability building, community engagement and advice, were essential to frontline service delivery during Delta and the first Omicron outbreak. The ability to provide culturally appropriate services in community languages and to demonstrate values of respect, empathy and non-judgement were also critical to their effectiveness through the outbreaks. Finally, the dedication and courage of NGO staff working in difficult face-to-face and work from home environments, supporting people in very difficult circumstances, was integral to their success.

5.2 Learnings for the Future

* **Recognising and valuing local services as important social infrastructure** - including acknowledging and appreciating the social capital and infrastructure that local NGOs bring to emergency situations. Maintaining this social infrastructure requires continuous investment in building relationships, networks and community knowledge, which is rarely recognised or valued in funding agreements. Greater recognition by funding agencies of local NGOs as 'social infrastructure' would help local organisations undertake and resource these important functions.

* **Embedding local NGOs in emergency governance structures** - NGOs offer expertise and support in designing, planning, preparing, and implementing emergency responses. There needs to be a shift by Government and Local Government partners to understanding NGOs as important and valued partners in emergency response design, and in recognising them as repositories of essential knowledge and providers of strategic advice which can support effective and timely emergency

response. Consequently, local NGOs, including Aboriginal and multicultural organisations, need a seat at the table of local and regional emergency management governance and planning. This would be appropriately supported by NGO social sector representation or involvement in state-wide emergency management systems and structures.

- **Preparing ahead for emergency grants** - government funders and program areas need to review program objectives and systems in the light of recent weather-based disasters and COVID to look at improvements to emergency grants systems. Preparatory work with local service networks to identify how local NGOs will contribute to emergency responses would enable a more organised and orderly response. Further, government agencies could develop and communicate their approach to emergency funding mechanisms, promoting clarity and transparency for funded organisations.

- **Developing a shared response to emergencies** - the broad scale and impacts of recent weather-based disasters and the COVID public health emergency suggests there would be value in reframing emergency preparedness, planning and responses in whole-of-society terms. Government will always have ultimate responsibility for decision-making and responses, but many non-government sectors also have a role to play. A more holistic framing may foster shared responsibility and minimise an exclusionary response by government agencies, which can create a sense of blame or siege, which further disrupts timely communication and collaboration during emergencies. At the practical level, lessons could be drawn by government about the benefits of engaging communities and clients in service design and responses in an emergency context.

- **Supporting NGOs in their emergency responses roles** - there needs to be embedded recognition of the role of social and health services in emergencies and disasters in funding agreements, organisational mission statements and resource allocation. This needs to be supported by a continuous learning approach to developing the capabilities, skills, networks and planning of social service organisations for future disasters and emergencies.