

# COVID-19: AN ASSESSMENT OF PARTNERS NEED

Key findings and next steps

May 2020

# ACKNOWLEDGEMENT

Women's Health in the South East acknowledges the traditional owners of the land of the Southern Metropolitan Region of Melbourne including the Bunurong People and Wurundjeri People of the Kulin Nation. We pay our respects to elders past, present and emerging. WHISE acknowledges that sovereignty of this land has never been ceded and we are committed to honouring Australian Aboriginal and Torres Strait Islander peoples in our work.

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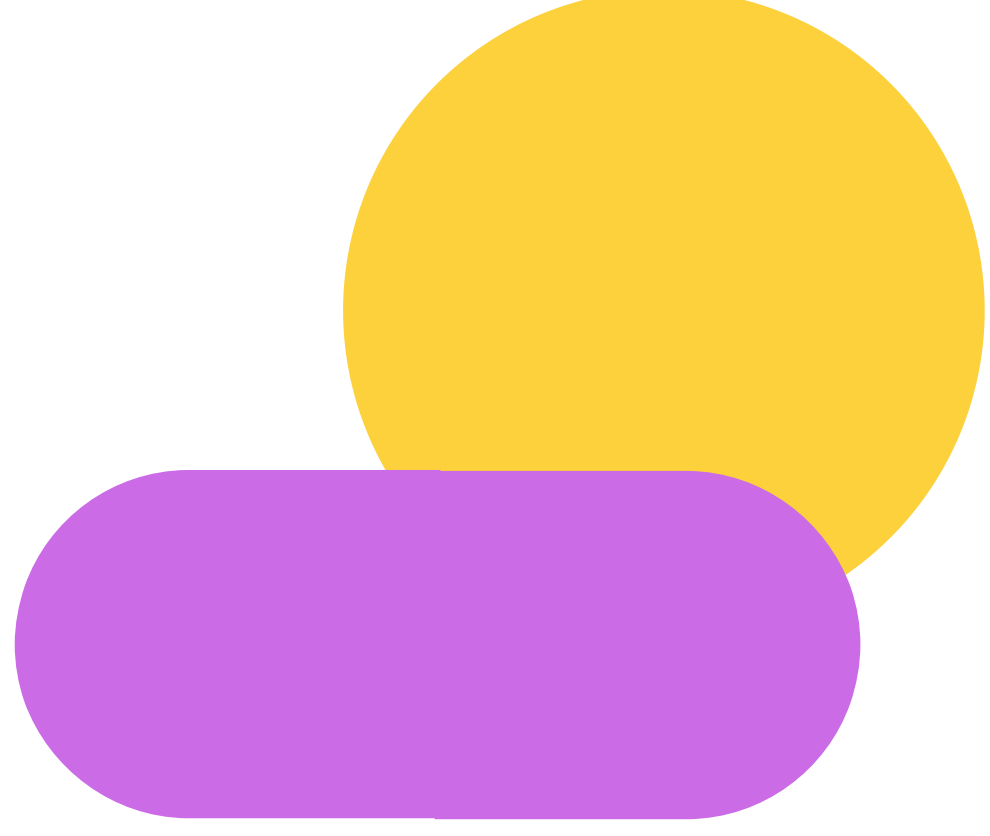
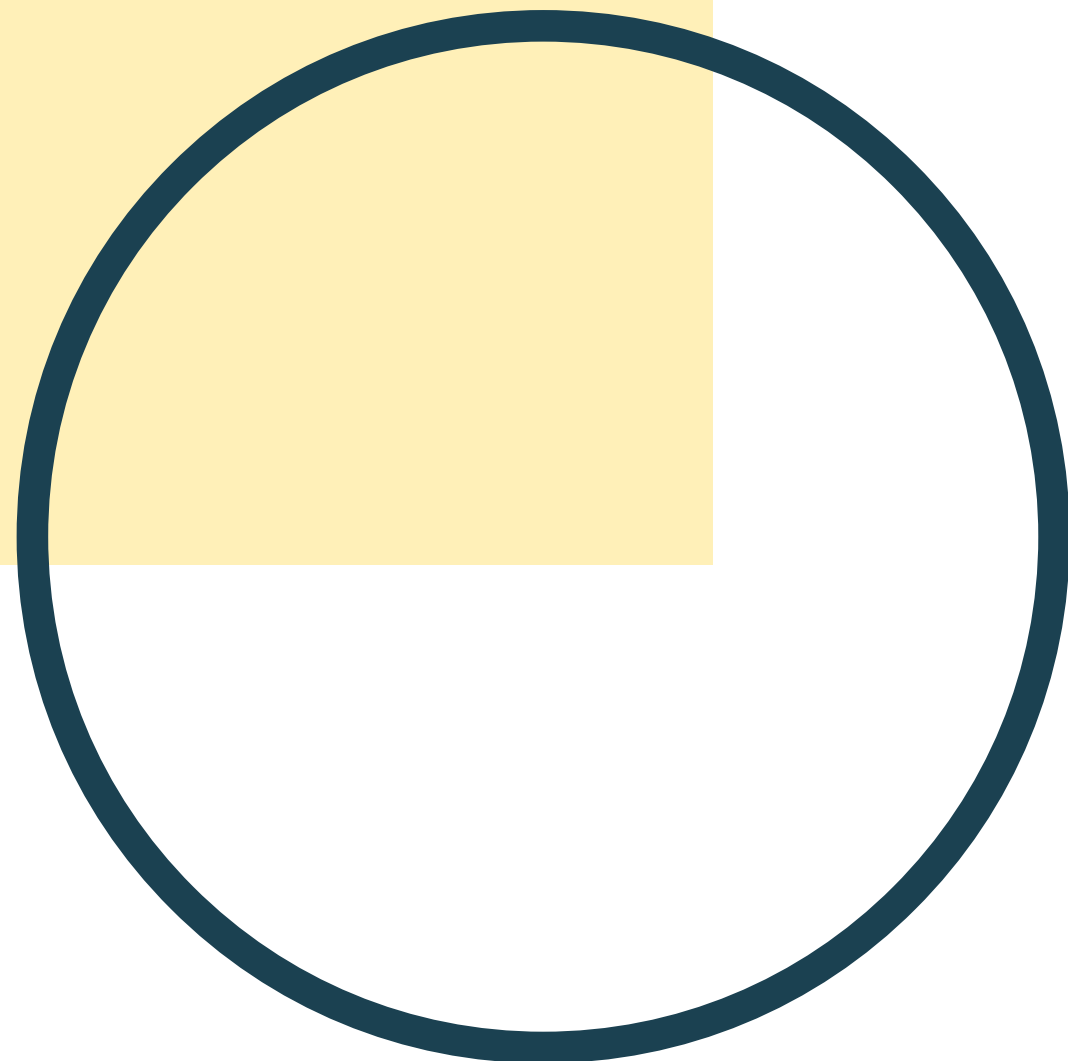
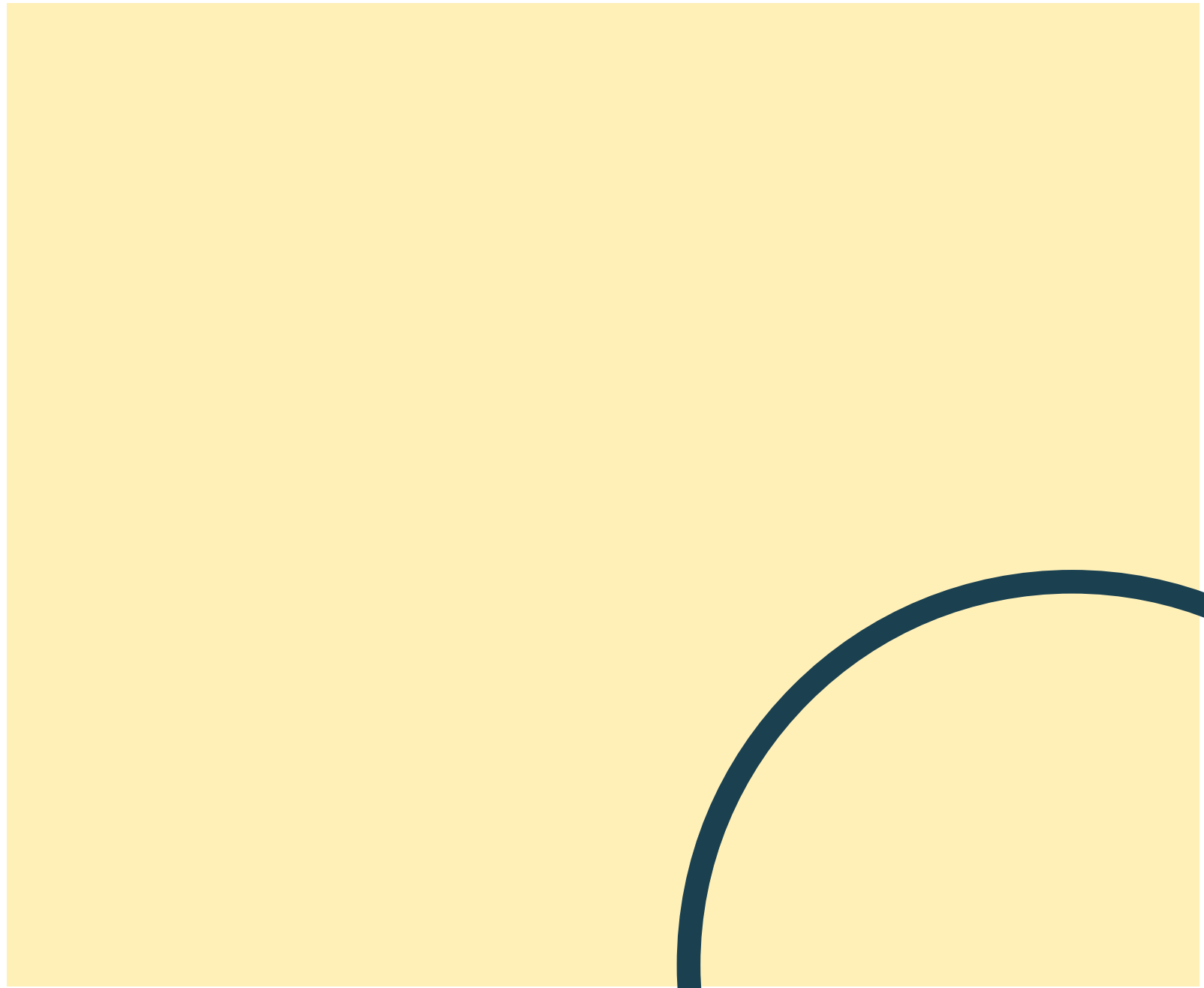
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## INTRODUCTION

COVID-19 has impacted almost every facet of people's lives. Most spheres of work have been affected whether that be the manner of how they work, the scope of their work or, as has been the experience of so many throughout Australia, the closure of many workplaces or the reduction of staff across many industries.

Unfortunately, this impact has been seen in the work of Primary Prevention amongst the many organisations and partners WHISE works with and alongside.

## GOALS OF THE INVESTIGATION

To better understand our partners' experiences and how in fact COVID-19 has affected people's work in their primary prevention activity, WHISE conducted numerous interviews with several partners. Importantly, WHISE sought to better understand what our role might be during this time for example how might we support our partners.

WHISE also sought to gain an insight into the impact that COVID-19 pandemic has on primary prevention and gender equality.

By understanding this, WHISE could then actively design programs and services that would support our partners and community during the pandemic.

## METHODOLOGY

A total of 13 interviews were conducted via telephone by the WHISE health promotion team from April 15 to April 30 2020 on a set of questions covering primary prevention, health promotion activity, gender equality prevention of violence against women and sexual and reproductive health.

The interviews ranged from 15 minutes to an hour and data was captured by themes and relevancy.

Data was then analysed by research staff.

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## AIM OF REPORT

The following report seeks to summarise key themes emerging from these interviews including:

- Identifying the impact of COVID-19 pandemic on primary prevention work in the Southern Metro Region – both personally and professionally.
- How the COVID-19 pandemic was asking services in the region delivered by our partners to adapt and evolve.
- The types of feedback and requests our partners made of WHISE to support their work during COVID-19.



## THE CHANGING WORK ENVIRONMENT

### Personal Experiences

As many of us know, COVID-19 has compelled many employees to work from home. This move was undertaken to ensure that social or physical distancing required to stem the spread of the virus was made possible. While the adaptation of work practices were required to follow public health directives, our partners reported the logistics of this were challenging and at times difficult.

Through our interviews, our partners reported the following challenges in this change to our ways of work:

- Juggling childcare responsibilities whilst working from home as well as having their partner also working from home.
- Missing aspects of 'normal' working arrangements, such as riding to work or missing the social connection with colleagues.
- Needing to set up a working space at home. Some have had to purchase laptops or other equipment in order to be able to function well from home.
- Maintaining the ability to not just work from home, but also being able to go into the office from time to time.
- Several partners revealed feeling drained and tired due to shifting work practices and needing to work from home. The initial setting up has been challenging for some.
- Nevertheless, others have enjoyed being able to work from home. They have adapted well to the changing landscape.
- Many revealed they worried about the impact of COVID19 on the community – how were specific groups coping or dealing with the changes for example migrants or refugees, the elderly, the indigenous community, homeless, disability groups.

### Key theme and conclusions: the mental health and well-being of partners

It's obvious that any dramatic change to people's lives can be challenging at the best of times. This was very much the case for our partners as they adjusted to changing environments, working from home and working alongside partners or children living at home.

Research tells us that changes such as these are stressful and often traumatic. In particular, the ability of workers to be resilient to significant change, comes down to their mental and general well-being. Our partners expressed the need to be supported during this time so as to be able to navigate these changes. There is potential for WHISE to provide some much-needed support during this period in terms of people's well-being whether that is through wellbeing webinars, links to support agencies and so on. Our interviews clearly expressed this need for greater support during this time.



## Work Experiences

The impact of COVID-19 affected how and where people work, and the type of work being undertaken. It also became clear that certain barriers were encountered because of the social distancing restrictions put in place. For our respondents, key work impacts identified were:

- Nearly all respondents bemoaned the reality that COVID-19 had significantly impacted the ability to undertake primary prevention work. For many, primary prevention work had been halted completely.
- Concern about supporting students during this time, particularly their well-being.
- Schools not being able to promote specific health messaging at the moment, but as kids settled into home schooling schools might have more time for this.
- Not being able to offer face to face engagement whether with clients or partners.
- Needing to screen clients for possible COVID-19 symptoms before being able to see them in person. This is particularly salient for frontline workers such as sexual and reproductive health nurses.
- Anxiety about seeing clients face to face even after having screened them via the telephone. Frontline workers were uncertain about whether clients might have been exposed to COVID-19 or whether they had taken necessary precautions. Working with sex workers for example was worrying for one front line respondent.
- One respondent spoke about seeing an increase in unplanned pregnancy testing, TOP services and an increase in Domestic Violence.
- Others were seeing less calls to services which was concerning as they feared some women were not safe enough to make those calls.
- Importance of maintaining counselling services to current clients.
- Challenges of isolation for people with disabilities.
- A lot of project work has been put on hold.
- Many are trying to keep prevention work active but has been difficult when response has been the priority.
- Several interviewees explained how “everything has become about response”. One respondent spoke about ‘feeling useless’ as her role was not able to support people in response mode.
- For some, the period following the transition to working from home and settling in, had enabled them to re-start thinking about their work in terms of primary prevention messaging. This may have come after an initial period where the focus might only have been about how best to transition to working from home.
- Others were concerned about understanding what people’s role was now during this time. For example, one respondent asked, “What is Council’s role during COVID-19”.
- The change in working arrangements has enabled some to take on work that had previously been put on hold like creating or enhancing a workplace website.
- Some spoke about the possibility of their roles being redeployed and what that might mean to primary prevention work.
- Others explained how their roles had already been deployed to specific response work such as calling elderly and vulnerable residents to ensure they are OK during this time. Needing to make sure they have access to groceries for example.
- Use of Codes for disability clients to ensure they are prioritised.



## Key theme and conclusions: the importance of response and how this has been prioritised above primary prevention

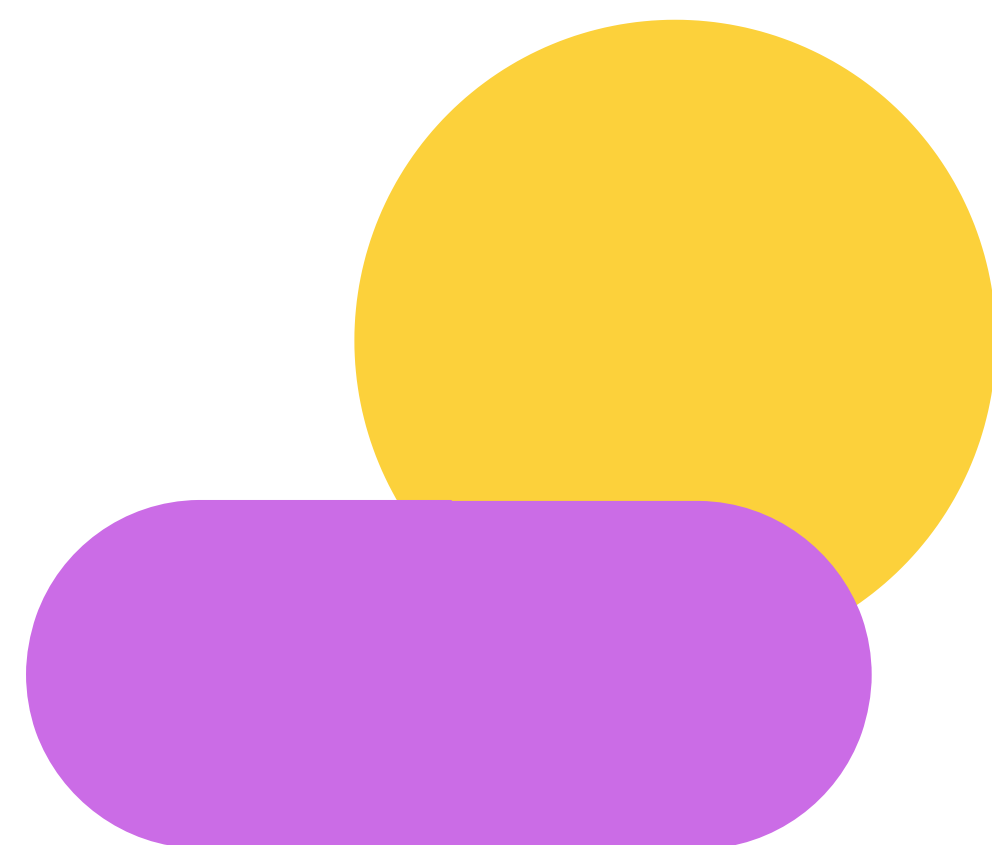
During disaster or emergencies response must be prioritised. At these times specific community needs arise including access to food, shelter or medical help. In this critical period, these needs must be met.

From our interviews with our partners and primary prevention practitioners, a concern was regularly raised that the investment in response came at the expense of primary prevention work. We know that Primary prevention can provide a strong foundation during times of crisis where for instance, primary prevention messaging on topics including gender equality, sharing care, and preventing violence against women, can become even more important in times of crisis.



**importance of response and how this has been prioritised above primary prevention**

Further our partners recognise that health promotion and primary prevention allow community to “re-discover” core values and core positive behaviours that can continue to be voiced even during times of crisis.





## IMPACT OF COVID-19 ON PRIMARY PREVENTION WORK

COVID-19 has impacted significantly on the ability to undertake primary prevention work. Many of our partners told us that primary prevention work was halted during the lock down or was marginalised as resources were put into scaling up response work.

Our partners revealed how COVID-19 impacted on various facets of their work, including:

- Not being able to have face to face sessions with GP's in relation to training or information sessions.
- Medical Abortion training sessions have been postponed.
- One respondent explained how she had seen changes in the types of challenges women faced accessing contraceptive advice and resources for example financial and transport. She was concerned these barriers/challenges might lead to more unplanned pregnancies.
- Having less contact with community especially vulnerable communities such as migrants or refugees, disabled groups.
- Wanting to return to normal work.

Many voiced the view that “**everything has become about RESPONSE**”. It was explained that the focus of people's work has shifted to other key priorities such as housing, food security and so on – leaving primary prevention work on the margins. While many acknowledge that nearly all primary prevention work has halted, family violence was continuing to increase. One respondent was unsure about how to approach this or support primary prevention work at this time given these realities. One or two partners revealed that despite the challenges, primary prevention work is continuing. For example, it was noted that one Council's health and well-being plan and gender equality strategy was re-starting following the initial transition to working from home.

One respondent acknowledged that the shift in working conditions meant that community engagement would look different during the COVID-19 period. The respondent wondered whether WHISE could assist in enabling this engagement online.

Some interviewees spoke about the fact that the as prioritising of response continues, there may be fewer resources allocated to primary prevention work, whether through the redeployment of staff or reducing staff altogether. It was revealed that some colleagues were also considering standing down or taking leave to take on their childcare responsibilities.

One employer, it was revealed was seeking to increase family violence messaging particularly as more frontline workers received disclosures they did not know how to deal with. As such, there was an impetus to get help with how to manage these disclosures.

In many Councils, primary prevention work is not being viewed as a priority at this time. Rather, they saw their role as being able to support staff adapt to the changing work environment. This was seen as a priority. Many reiterated that primary prevention work has halted, and all gender work has stopped. Some saw this period as an opportunity “to look at what we want to build on next – for example the flexibility that has been forced upon the workforce and the impact of this on for example men and boys”.





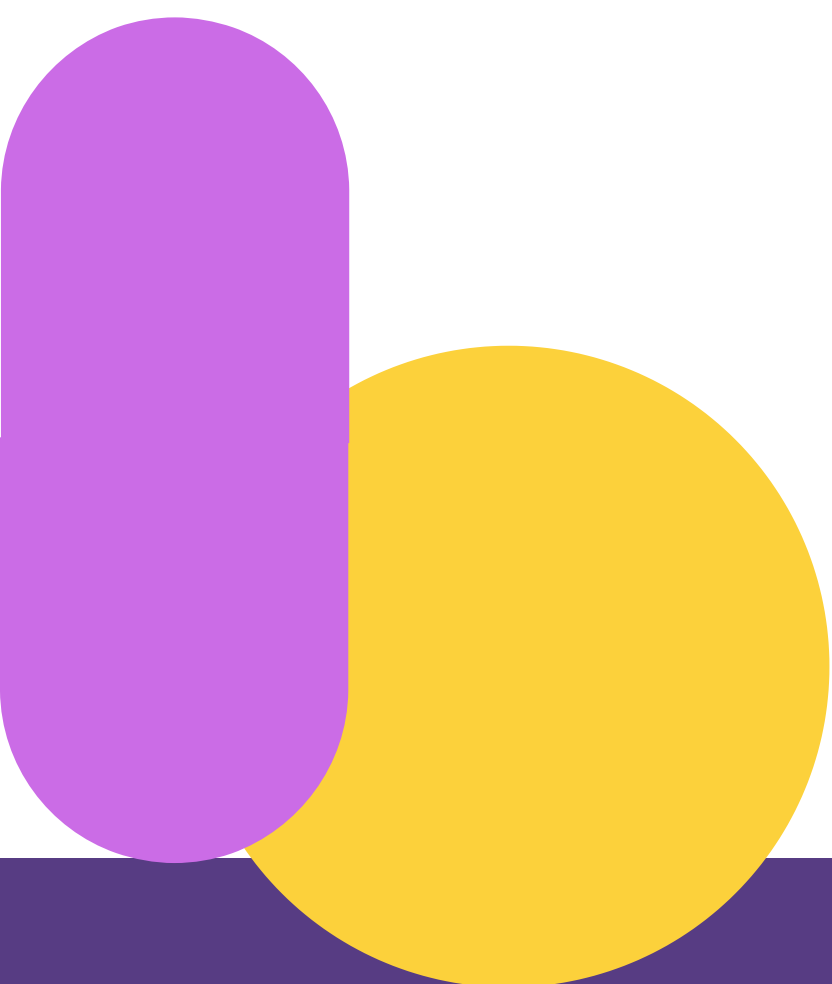
## Key theme and conclusions: The changing face of primary prevention work during COVID-19 and how WHISE could support partners

During this time our partners saw dramatic changes not just to their physical working environments, but also in the types of work they undertook. Some roles were redeployed to more response type work, while others explained the need to cease face to face contact with clients. While many saw their work redirected online, others found that their work could not be carried out in this manner. For example suicide prevention could not be facilitated online. Reaching out to other vulnerable groups was also challenging, particularly for those who lacked online access.



## changing face of primary prevention work during COVID-19 and how WHISE could support partners

Our partners strongly advocated that with the “turning down” of primary prevention work, the regional Women’s Health Service could take a more active role in supporting partners continue their primary prevention work and inform primary prevention strategies and messaging.





## SUPPORTING OUR COMMUNITY THROUGH THIS TIME

### Recommendations from our partners

WHISE asked partners what support could be provided during this time. We note that an emerging theme from our partners was that primary prevention work needs to continue even during times of emergency. We would add that primary prevention and response need not be carried out in isolation – they are not mutually exclusive but should work in collaboration where one informs the other. It is the experience of WHISE that health promotion and primary prevention can enhance response work providing greater support and advocacy for change in behaviours and norms.

### General ideas for support

Some interesting insights were discussed and ideas provided by our partners. Suggestions included sharing the types of work being undertaken by partners with the region. For example, work currently being undertaken on medical abortion needs to be continued and would benefit from having this work being shared by WHISE to other interested partners and stakeholders. Other suggestions for work WHISE could either support or undertake included:

- Promoting information about SRH and that services are still being made available to people and that they are still open.
- Continue messaging regarding respectful relationships as well as the importance of prevention of family violence.
- Come up with some key, consistent and clear messages – importance of including a gender lens in anything that might be produced.
- Think about how we could talk about maintaining respect. “We need tips and tricks for maintaining respect – keep people respectful of each other – it’s a forced holiday where you can’t go anywhere”.
- Support partners to understand how networks can and will continue to be facilitated during this time. Reassure partners about this.
- A tip sheet on techniques to be respectful and how to moderate behaviour during lockdown “would be fantastic”.
- Support for single parents, particularly single mums.
- Keep a focus on primary prevention and health promotion work.

The challenge of chronic stress and its impact on family violence needs to be acknowledged, including the importance of acknowledging this to public. One respondent talked about having something for the Police to use – “they could put it on their iPads as a resource to look at and avoid the AVO if possible and provide the Police a way to provide advice and direction.”



# COVID-19: AN ASSESSMENT OF PARTNERS NEED



## SUPPORTING OUR COMMUNITY THROUGH THIS TIME

### More ideas for support

Many thought that simply staying in contact with partners would be very helpful. It was suggested WHISE keep everyone connected at this time as a key and central body. An example included providing weekly update to all Preventing Violence Together (PVT) partners with a rundown on what's happening at the local level. Partners expressed a desire to want to know what others are doing.

Another suggestion was for WHISE to develop or help develop a system to monitor and track the impact on women and what happens during COVID-19. This could be like the Women's Health Atlas to build up an evidence base and record a "moment in time" to support organisations to apply the gendered lens. E.g., what has the impact been on our workforce? From a local government perspective – types and sectors of work / strong gender "men in garbage trucks" women in health and care.

One respondent spoke about GenVic's joint position statement and the 10 asks within it. It was suggested that it might be helpful if women's health services picked out ones that could be applied at a local level e.g., ensure women's voice are included in planning and recovery and provide practical advice on how you could do this at a local level. This would help with internal advocacy and assist councils go beyond providing fact sheets, as more meaningful support is needed.

Assisting partners with recovery and what this might mean was thought to be helpful as this hasn't been something many organisations have looked to. As suggestions was having a link to available resources for specific groups such as young people but acknowledging that there may be issues about accessing these online for some – no access to internet.

### Online resources and support

As highlighted in this report, COVID-19 restrictions forced many aspects of people's work online. As part of our needs assessment, we specifically asked about how WHISE might utilise online resources such as webinars to support partners and whether this is something that would be useful. Our discussions with partners revealed a keen interest in webinars – of continuing our capacity and capability building work – webinars need to be topical and useful. Specific topics, such as, how to include a gendered lens to the COVID-19 response and content for discussion were voiced and included:

- Hold regular meetings and webinars for partners to keep up to date with the changing environment – Having webinars during lunchtime would be useful. Partners liked the idea of webinars but reflected on the need for them to be short and at a time that worked during the busy day.
- How to do online engagement – for example how to run a webinar or virtual town hall and how to reach already marginalised groups and communities during this time. Or use Facebook to reach groups.

Some expressed an interest to finding out about what types of response work was being undertaken and how this could be facilitated online or through a webinar.

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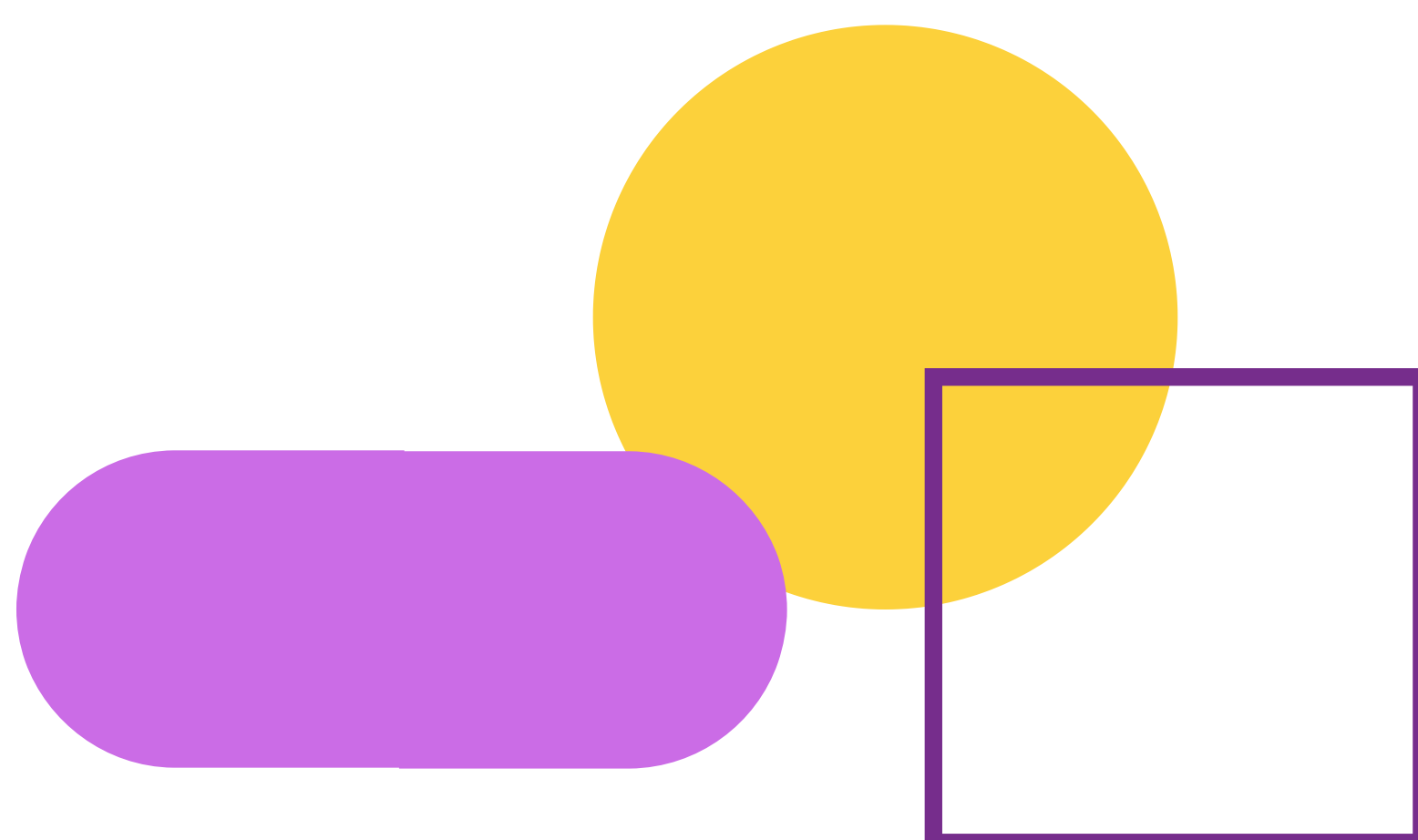


## Key theme and conclusions: Opportunities and possibilities

Our partners highlighted many opportunities and ideas about how WHISE could support them and their work during COVID-19 pandemic. Partners spoke about how WHISE could prioritise specific messaging to support primary prevention work, particularly in the absence of primary prevention work being carried out as a result of prioritising response. For example, messaging around SRH services still being available during this time could be conveyed to support women needing to access abortion services or contraception.



**partners welcomed a series of webinars from WHISE but emphasised the importance of these webinars being targeted to specific needs of partners**





## RECOVERY AND SUPPORTING PARTNERS POST COVID-19

We asked partners about whether they or their workplace had considered the impact of recovery post COVID-19 and how WHISE might support this transition. This was a question that many had not yet anticipated or reflected on. However, some suggestions were given, including:

- For WHISE to continue with partnership to deliver the information sessions on family violence reform.
- To continue connecting with partners – led by WHISE.
- Support in advocacy work relating to gender planning in COVID-19.
- Might be helpful to get a sense of what other councils or organisations are doing in terms of recovery to learn from and support each other.
- It was revealed that “there’s no talk at the moment about what will happen when this ends. Councils are still in the mode of when this will end” – an important point to think about.
- During recovery may need to manage an increase in disclosures and there may be an influx of calls to services as women are able to access more services and lockdown ends.
- WHISE to support tracking the impact of COVID-19 to assist in future planning – the importance of data collection during this time.
- HR Forum to support staff post COVID-19 – work more closely with HR.

### Key theme and conclusions: A role for primary prevention health service in recovery

For many of our partners, recovery was not something that was currently being considered, however the opportunity to think about recovery was welcomed when we raised it in our interviews. For WHISE this indicated no clear understanding about how recovery would occur not just by agencies themselves, but by the broader community. As the regional women’s health service, could play a key role in defining what recovery might look like through a gender lens.

Alongside our partners, WHISE has the potential to develop a clearer framework and actions for recovery highlighting primary prevention through a gender lens. It is worth noting the overwhelming support that the Women’s Health Services continues to provide capacity building via delivery mechanisms that are in keeping with the public health requirements (e.g., via online).

## NEXT STEPS

Findings from the needs assessment emphasised the importance of primary health prevention in recovery. It was identified that WHISE in collaboration with our partners, has the potential to develop a clear framework for recovery highlighting the importance of using a gender lens. Additional actions for WHISE to continue to support our partners include:

- Emphasising a gender lens in terms of recovery to ensure equity.
- Helping facilitate online meetings/forums/webinars to maintain connections between partners.
- Supporting the well-being of partners.