

'Building bridges as we crossed them'

A summary of the lived experiences of community services users and the workers who supported them during the COVID-19 pandemic in NSW, Australia



In partnership with



St Vincent de Paul Society
good works



AUSTRALIA



'Building bridges as we crossed them'¹

The COVID-19 pandemic was an especially difficult time for those from the sectors of our society who experience the most vulnerability or marginalisation.

The crisis itself, and public policies introduced in response, resulted in an uneven distribution of social and economic impacts across our society. While the pandemic exacerbated the negative situations of some populations already experiencing vulnerability prior to COVID-19, it also saw some people experience hardship for the first time.

A research partnership between Australian Catholic University, Jesuit Refugee Service Australia, and the St Vincent de Paul Society NSW sought to better understand the experience of people who sought emergency financial assistance from community service organisations during this time, as well as the experiences of the frontline workers who supported them.

METHOD

The research was guided by a 'lived experience' approach that focused on service users' perceptions and experiences of the services they accessed during the COVID-19 pandemic in NSW and on the experiences of organisations and their staff, the service workers, in attempting to meet client needs during the COVID-19 pandemic. A lived experience approach to the study provides a platform for groups who are not regularly provided a voice in research. Ethics approval was provided by the ACU Human Research Ethics Committee (approval number 2021-133H). The study involved semi-structured interviews with 23 service users who received assistance from one of the partner organisations, and two semi-structured focus groups with frontline workers.²

A scoping review of grey and peer-reviewed literature guided the approach to the study and the research questions.

KEY FINDINGS

The study highlighted serious challenges faced by service users and the gaps in support offerings during the COVID-19 pandemic.³ The key findings point to changes to public policy, identified by Jesuit Refugee Service Australia and the St Vincent de Paul Society NSW, needed to enable governments and community service organisations to better meet the needs of potentially vulnerable cohorts in the event of a future pandemic or other major crises, such as natural disasters.

¹ This title is a direct quote from a participant in the research study that this document is based on.

² The names used within are pseudonyms to protect the identity of the research participants.

³ The full results of the study are reported in Couch, J. & Trew, S. (2023). 'Building bridges as we crossed them': The lived experiences of community service users and the workers who supported them during the COVID-19 pandemic in NSW, Australia. Australian Catholic University.



Everyday life and the arrival of the COVID-19 pandemic



Financial precarity

For some participants, everyday life prior to the pandemic was already difficult and COVID-19 added to existing financial precarity. This included people who were unemployed or earned less than the minimum wage, and people on temporary visas, especially those who had spent long periods of time with no work rights.

‘It was a crazy time. I’d learned from my previous experience with my family being homeless, just how difficult it was. We were in a situation where we were a family, we had young children. My young daughter who was two at the time needed cranial surgery and I knew that even all of that didn’t make us eligible for priority housing. We were still put on a 15-year waiting list for public housing...’

Anthony



Exclusion from income support

Loss of employment and ineligibility for income support led to increased stress, despair, fear and worry.

‘After the COVID, we both lost our job ... After that, we had some problem. We had some of savings for paying the rent and food but finish our savings, and COVID everywhere. My family aren’t in the country, so they can’t support us... we have a bank loan, credit card...we have some of the money from our friend, we asking, please help us some money and we will pay later...the friends asking, “Oh, what happening? When you pay us back?” It’s so stressful. Sometimes we, my partner and me, very angry because it’s so stressful. Can’t stay in, can’t sit calm down. It’s impossible...’

Alexandra



Domestic violence

Some people experiencing domestic violence faced new forms of abuse and had fewer opportunities to seek help or find temporary or long-term reprieve.

‘Maybe the COVID broke me off. So, the COVID, I had a very bad separation during COVID in 2020, and I was like, I had to leave my house and a lot of things happened, there was court involved, and I was being abused. So, the COVID was really bad, and because of being alone in COVID times, because we couldn’t go and meet... I don’t have any family here, I had very few friends, so I couldn’t even meet them, and I was totally isolated... It really affected my mental health. I got anxiety because of COVID, weight gain, everything, you name it, I had it because of COVID.’

Sameera



Mental health

Pre-existing mental health and social issues were made worse during the pandemic, with factors including the pandemic itself, increased financial stress, and social isolation.

‘Yeah, it affected me enormously. The funny thing is that no one has... I suppose no one’s expected this sort of world thing will happen in our lives and yeah, it affected me quite strongly and yeah, see lots of problem occurred in my bloody COVID times. And then unfortunately, it’s like I lost my job [...] Yeah, brought me lots of problems with, in my life, sort of simple forms like food that I was always like never ever thought will have a problem, that... And then the bills are stacking up and yeah, it was quite a lot of problem, yeah.’

Suzanne

Recommendation

Seek to reduce underlying vulnerability in the community including reducing the number of people without access to adequate income and/or meaningful employment. For people seeking asylum, this includes more efficient processes for assessing protection applications so that people are not left living ‘in limbo’, and extending access to a financial safety net, work rights and medicare.

Build resilience by ensuring adequate opportunities, particularly for people from marginalised backgrounds, to develop social networks and build social capital.



Image provided by Perels/ Uriel Mont.

The difficult decision to seek support



Accessing services for essentials

Many participants described their inability to afford essentials such as food or power bills and were left with no option but to seek support from organisations.

'One friend, he said, if we need some little things, we might be able to get help from the university because there was a little food base there and we could go and get some food and things like that. And first day when we become very desperate for food and things, so we went to uni and got some food and then also, able to talk with some people where we could [get] some help from other organisation because the university, there's many students and there's not enough food for everyone and there is also places that also provide help.'

Sanjeev



Finding available support

People found out about the support available to them in a range of ways, including online, word-of-mouth, and proactive advertising on the part of service providers.

'...I walked past it and then where I lived, they did some leaflet drops for anyone that needed any help. They did letterbox drops again, because I live in housing. But they're offering a hot meal for two nights a week that they come and drop off. They're so good. I rang up and got an appointment ... It was at the start of it, so the actual shop was closed. I guess that's why they put the letter out... so to get help, you had to call and the welfare officer spoke to you on the phone and then you had to go there and go around the back and they filled up boxes of food and fruit and stuff for you. So it was pretty amazing.'

Lucy



Social stigma

Some participants were reluctant to access support due to shame or the fear of stigma. This was particularly true of people who had never previously needed help.

'... definitely never, never, never ever resort to any help from Vinnies or Red Cross or organisations like that at all in my life. Yeah, I'm a proud man, and I've always worked my guts out, you wanna call that, and did three and four, two, three jobs and unfortunately it's all low paid sort of jobs, but I was well and truly managing myself and my family and didn't need any help from any other organisation at all. But when this bloody coronavirus came and everything just turned upside down and inside out and left and centre and that was the problem.'

Raju



Others have it worse

Some participants expressed a reluctance to access help due to the belief that others were worse off.

'So, me and my roommate we had to kind of just hustle, find ways to lessen the budget for the food.... That's why we were hustling in terms of looking for free food... there was a church across our place, we were trying to get some food. We thought that kind of embarrassing. Somehow, it's somehow embarrassing in the sense that I know there are more unfortunate people out there.'

Julie

Recommendation

Reduce the stigma associated with accessing services, including changing the narrative around access to supports and services (including income support) outside of crisis periods.



Navigating the service system



Piecemeal support

Some people needed to piece together supports (such as for food relief) through a range of avenues and organisations in order to have their needs met.

‘I mean, we struggled first coming into this country, looking for jobs, but not this way, receiving stuff, going from one place to the other to get free food, to get free groceries and that kind of thing...’

Julie



Doorway into the service system

For some people, contact with organisations providing emergency financial relief led to being connected to a range of services and supports.

‘... I went there and thank God, they were very, very, very, exceptionally helpful, and they’ve got sort of like the hampers that I could pick up, there’s like the pick-up meals, they could, I could just pick it up and take back to the family, and also got some kind of sort of emergency funds. And they also got very good knowledge about where other sort of help that I could resort from. So they refer me to Red Cross and that’s how my journey started.’

Raju



Language as a barrier to support

Participants who spoke no or limited English found accessing support more difficult than others.

‘There’s information online because the people, I would say from my side, from us, I would say there are linguistic and cultural barriers. In trying to understand because English is our second language. And you trying to understand what does that mean... Sometimes when we ask something and the response will be totally different. Because when we trying to ask something, using our language and then trying to ask in English and then the respondent does not respond well.’

Felicity



Restoring self worth

Participants said that once they connected with a service, the initial response they received had a significant impact on their feelings of self-worth, and on their attitudes towards seeking and receiving assistance.

‘She detangled it, detached it from me, and she made me feel loved and free, that even when I have problems, the first person that comes to my mind is Rebecca, because I could talk to her, she would listen to me, and she always provides solutions.’

Sameera

Recommendation

Ensure the well-coordinated provision of services and emergency relief during crises.

Invest in the promotion of services and supports, including in languages other than English, through a wide variety of channels, including resourcing community organisations to promote services such as emergency financial relief.

Service gaps and new ways of working



Greater demand for mental health supports

Many participants appeared to require counselling for grief, anxiety, fear and depression, including some with a history of mental health issues and trauma, yet counselling services were not always readily available.

I had issues with suicidal thoughts and actions...I also had one incident, where I shook my baby. So, child protection team had to get the call... it did scare me a lot... I was thinking that people or these services would be taking my child away from me and not having any relatives here in Australia somehow kind of boosted that fear and doubts about yourself and then you can't even let anybody come in here for you to help because there were restrictions... It's not easy for people to visit you, even during your birth, visitations in hospital can't be done...'

Julie



Complex casework

All service workers noted that the nature of their work with clients had become more complex, which added stress and worsened the crisis situation they were navigating during the pandemic. Service workers were often required to provide services beyond those which they were set up, funded or qualified to provide, including grief counselling.

'I remember there was a lot of loneliness and fear. I had one man in particular, I remember who rang and he was just beside himself because he had tested positive. And in his words, "I have no one in the world. I could be dead." And I really had to just let him vent. And then I promised him that I would call him each day for the 14-day period just to check in on him. So, we were sort of doing some counselling as such.'

Bree



Rigid eligibility criteria makes finding help harder

Exclusion from some services on the basis of visa status made it harder to find the right help in the service system, putting pressure on both service users and the workers who supported them. Some service workers reported difficulties in referring clients to other services for necessary supports if they had no work rights. This experience of exclusion is likely to have a lasting impact on people's well-being, and on community cohesion.

'Part of our jobs, it's a referral pathway as well. So, we refer to other organisation where we know that we cannot meet that demand or whatever the client needs... sometimes we just can't because no other organisation can. Remember, some of these clients don't have work rights... some of them don't even have their own temporary visas... they don't have Medicare ... or any source of income. So, most organisations will not even help, unless they give them food vouchers, for example, or stuff like that.'

Susan



Adapting to new models of service delivery

Remote working was one of the biggest challenges for service providers. This created significant ethical dilemmas for continuity of care, maintaining trusting relationships and ensuring confidentiality and privacy. Working online without face-to-face contact in jobs which are almost entirely relational building with clients was not as effective.

'... the way that the organisation had to shift was that we had to take phone calls and do things over email, which ... was really challenging in terms of safety concerns for women ... as social workers, we rely so much on that unsaid body language to gauge where people are at... we had to really shift into taking phone calls and emails, and it's really hard sometimes to read the tone and to know just how bad a situation is for a person, but also... in terms of our service delivery. We went to just focusing really on food bank and crisis case work. That was kind of how it shifted. From the community programs and lots of forward-thinking things, we were just in crisis mode... putting out fires every day.'

Matilda

Recommendation

Adopt a human rights-centred approach to the provision of services and supports that provides for equitable access for all people in the community, regardless of visa status. Provide resources for services and supports commensurate with the level of need, including access to mental health services and supports.



Impact on practice



Remote working

Remote working created challenges including building or maintaining trusting relationships and ensuring privacy and confidentiality.

'It's very different when you're on the phone, you're speaking to a complete stranger who does not know anything about you and you don't know, of course, anything about that person, but that person feels like they have to tell you their story, to a complete stranger. It's not easy. So, you have to give space. You have to be more patient. It's not a nice thing to be on the phone for a long time, but this is how it is. And this is the nature of things now. We have offered people to go on WhatsApp if they would like to, if they want to see us, if they prefer that. Some did, some chose not to.'

Caitlin



Increase in caseload and complexity

Some service workers saw a significant increase in the number of clients seeking help, and in the complexity of issues being experienced by service users.

'Things just became a lot worse, so the gravity of situations, people's abilities to rely on some of the supports that they usually would've had, they didn't have. And so, they were coming to us in much bigger crisis. We used to have a way of screening referrals that came in, and there was a red flag if it was a really urgent referral that needed to be that day. Usually, we'd see a couple of those a week. And we were seeing probably ten a day where it was like, somebody needs to contact this person today because they're in crisis.'

Anna





Image provided by Pexels/ Sarah Chai.



Above and beyond

Service workers were required to provide services beyond those which they were set up, funded or qualified.

‘... I hated working from home because I was working from seven to seven every single day. Even though we were working four days, I was actually working seven days. Because on the weekends, when my husband was off, we would go and drop off food—do the groceries and go and drop off food for clients. I’d come back to pick up the nappies and deliver it to people with no nappies and no formula.’

Bree



Compounding challenges

In the face of an unprecedented pandemic, resources were limited which only served to compound existing challenges. Organisations acted quickly under strained conditions to implement short-term crisis responses with no capacity to seek more appropriate, longstanding solutions.

‘I feel like our capacity to respond in a real crisis has also diminished. We can provide some of the emotional support. We can provide emergency relief, but some of that really critical crisis work has become a lot harder. And we’ve often been in a situation, I think, where there’s not a lot we can do. And we’re sort of, again, looking at a really short term, “Okay. What are we going to do tonight?” Rather than being able to find better solutions for the women...’

Caitlin

Recommendation

Recognise the vital role community organisations play in responding to needs during crises and resource these organisations accordingly.

Work life hangs in the balance



Professional responsibility

Frontline workers showed intense dedication to their work to ensure they were still able to deliver person-centred responses, even when systems and processes were inadequate.

'We cannot just say, 'we can't help you, goodbye, good luck'. We can't. We can't do that. We work until the last minute, day and night. It becomes a group work. If she's my client, if she's looking for a refuge, it doesn't mean that it's only Matilda, who's looking for a refuge for that woman. It'll be the whole team. All of us will be involved in looking for a refuge on that day.'

Matilda



Wellbeing on the frontline

When services are not adequately resourced to meet the level of need, this has a significant impact on the psychological well-being of frontline workers.

'... it was a really difficult time for us as workers, which we don't acknowledge very often because we were so focused on the people we were working with and their situation was obviously so much worse than ours. But I think, reflecting back, it was a really hard time. It never feels good to not be able to help somebody, and we're used to having limitations on how we can help people. But I think this is just the first time where sometimes there was really so little that we could do, and we were so aware that we were not meeting even half of their needs in the way that we would like to.'

Sally





Working overtime

Some frontline workers worked more hours than they were paid in order to meet client needs.

‘My husband would be saying, “Sweetheart, it’s 9:00 pm you should be signing off now.” I can’t, I have to finish this. Or I have to make sure this person gets food.’

Jenine



Personal toll on frontline workers

The experience of working during COVID-19 left some workers feeling helpless and lost, and questioning whether they should continue working in the sector.

‘... I started questioning everything. Am I in the right field of work? I feel like I’m letting people down. I’m not able to achieve what I want. Just feeling really sad for the lack of outcomes that we are working, feeling like, “Why am I here?” Not sort of, why am I here in life, but why am I doing what I’m doing? Am I really achieving anything for these people or am I just making empty promises?’

Susan

Recommendation

Invest greater resources to better support frontline workers and volunteers delivering services to vulnerable people.

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