



Lessons learnt and shared by SHS Providers in responding to COVID-19

This document draws from experiences shared by Specialist Homelessness Service (SHS) providers while operating during the current COVID-19 outbreak. The document summarises the lessons learnt from these experiences, organised into key themes. The aim of sharing these lessons is to assist SHSs to put effective practices in place to prevent or minimise the impact of COVID-19, and to plan for swift and efficient responses to COVID-19 incidents.

Plan, prepare and practice

Good planning is key! SHS providers highlighted the importance of developing robust and detailed plans, so staff are ready to act when there is a COVID-19 incident. This response planning can be built into a SHS provider's Business Continuity Plan (BCP).

Plans enable an immediate and efficient response. During an incident, which may involve needing to respond to a number of suspected or positive cases, there is a high level of urgency and little time to make important decisions. Plans map out clear steps to take when an incident occurs, enabling staff to act immediately.

Plans communicate a clear goal. Plans provide a clear goal and direction. This goal should be built around the key purpose of keeping staff and clients safe and putting clients' needs at the centre.

Plans promote confidence and reassurance. A plan will enable an efficient response, ensure staff confidence, provide reassurance to clients.

Plans mitigate risk. A plan will include a range of measures to reduce the potential for, or impact of, COVID-19 incidents. Examples include: measures to encourage COVID safe practices (e.g. social distancing, hygiene, using PPE etc.), reorganising service delivery (e.g. deconcentrating facilities), reorganising staffing arrangements (e.g. splitting staffing into separate teams), checking the vaccination status of subcontractors, and encouraging and/or supporting staff and clients to get vaccinated.

SHS providers also noted the following as elements of a good plan:

- **Developed collaboratively** – Plans developed in collaboration with staff will promote staff buy-in and draw from a wide range of knowledge and ideas, resulting in a more robust plan.
- **Detailed and resolved** – Plans should incorporate all information staff will require during an incident (e.g. key Health and DCJ contact details, locations of nearest COVID-19 testing centres, list of sources for food and other supplies for clients, and information on accessing other supports available). An SHS provider may consider developing a high-level organisation-wide BCP, and develop individual detailed plans for each of their sites.
- **Incorporate different scenarios** – Plans should consider the different scenarios in which an incident may occur (e.g. client demographics, contexts or settings, numbers of people impacted, specific client needs) and outline the different approaches or additional actions to take depending on circumstances. Responses will be different for different contexts and settings (e.g. client in a crisis refuge, outreach client in the community, households with



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children, situations involving domestic and family violence). Another example includes planning to address specific needs in relation to clients with drug or alcohol dependencies (e.g. planning ahead in relation to methadone supply and suitable sustenance for clients needing to isolate).

- **Tested and practiced** – Staff should walk through and test their plans as they would a fire drill. These drills enable staff to familiarise themselves with the plan and will help to identify any gaps or areas for improvement.
- **Living documents** – A Business Continuity Plan should be regarded as a living document, continuously reviewed, updated and improved to reflect learnings from previous incidents.

“Business Continuity Plans are living documents, so we are constantly updating as the health advice changes. We talked about it with our staff similar to a fire evacuation plan. We walked through it, planned it and tested it so when we had to press that red button we could implement it all quite quickly.”

SHS provider

Establish and maintain robust records

SHS providers reported that good records management is essential. This includes:

- Checking-in processes (including use of QR codes or manual sign-in processes) and maintaining records of people accessing services (staff, clients, visitors and contractors) to assist with tracking and determining contacts when a COVID-19 incident occurs. SHS providers should play an active role in tracking and tracing processes, by reviewing check-in records and asking clients about their movements and contacts.
- Ensuring contact details are up-to-date so that impacted staff and clients can be contacted quickly during an incident.
- Compiling information the Public Health Unit will require in relation to a client/s case (including a full list of clients and contacts, client/s’ DOB, room numbers, names of staff who have been in contact and their DOB). Floor plans of sites also assist Health to work with SHS providers to determine suitable isolation and accommodation approaches.
- Providing ‘mini case files’ on clients when required, such as where a COVID-19 positive client is accommodated in Specialist Health Accommodation (SHA), Community Support Hotel (CSH) or admitted to hospital. This will assist in partnering with the accommodation providers around cohesive and timely support for client needs or any potential risk escalation.

“During those delay periods there is nothing stopping you as an agency getting prepared and putting a lot of your responses in place so when the time does come and you are talking to the Health Department you have a lot of the information there ready to go.”

SHS provider

Records management actions should be built into a service’s BCP.



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Take a proactive approach

With high demand and pressure on the health system at present, there may be delays in response times between notification of a positive case and advice and assistance from Public Health Units (PHU). SHS providers noted the importance of planning for managing clients during this period. During this early and critical phase of an incident an SHS provider should be proactive in contacting their PHU immediately and note when a client's situation is urgent (e.g. when drug and alcohol, mental health or domestic and family violence impacts are involved or there are difficulties in the client self-isolating). SHS providers should also enact their plans, including:

- Supporting a client to isolate. An SHS provider's BCP should include plans for when it is difficult for a client to self-isolate (e.g. organising alternative accommodation with the PHU, implementing additional security observance).
- Coordinating with key partners, including their DCJ District contact.
- Accessing and packaging all records and information relating to the incident, including client movements and case files, so the information is on-hand and can be quickly shared with the PHU.
- Mobilising response plans immediately while awaiting contact and advice from the PHU.

"We had already done the risk assessments around who could self-isolate effectively and who couldn't, and for those who couldn't we had developed biopsychosocial histories of those clients including methadone dosing and medications. So when a client did need to be referred into the special health accommodation, health could effectively and efficiently take over the care of that individual for a short period of time and they had all the information they needed".

SHS provider

Build relationships and work collaboratively

SHS providers highlighted the value of working collaboratively with partners, and drawing on their resources, skills and connections, when planning for and responding to a COVID-19 incident. SHS providers mentioned working in partnership with DCJ Districts to link directly with Health contacts, and to access to funding for resources, supplies and other supports (e.g. site security, PPE, staffing, accommodation).

"DCJ can play a supporting role and a linking role. Commissioning and Planning have relationships with Health. The role that we can do is to put people into contact with the right people.

There are also a range of additional funding resources that are available that we can put you in contact with.

We are in this effort with you and to support you in any way that we can."

DCJ District Director Commissioning & Planning



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Provide ongoing case management and communication

SHS providers noted they are experts in case management. They are familiar with their clients' backgrounds and specific needs. It is important that an SHS provider continue to provide expert case management when a client is transferred to hospital or alternative accommodation (e.g. emergency accommodation of a specialist health hotel), establishing themselves as the key contact for the client, advocating for the client, and ensuring their needs are addressed.

SHS services noted the importance of:

- Regular communication with hospital or alternative accommodation staff and working together to address clients' needs.
- Maintaining contact with clients and reassuring them that your service will continue to provide the support they require. Providing a client with a mobile phone or virtual/online support was an example of how an SHS provider supported and facilitated ongoing contact with a client transferred to alternative accommodation.
- Regular and open communication with clients during a COVID-19 incident. Clearly explaining the purpose of procedures and requirements (e.g. in relation to hygiene, PPE and isolation) can manage client expectations and reduce anxiety.

SHS providers also noted the importance of including a communications plan in their Business Continuity Plans outlining a process for the required communications (potentially including bulk messaging) to impacted partners, staff and clients, in response to a COVID incident.

Use appropriate Personal Protective Equipment (PPE)

- Masks are important to keep staff and clients safe day-to-day. Communicating the benefits of PPE to clients has also proven to promote client uptake.
- Using appropriate PPE¹ is essential when managing a COVID-19 incident (suspected or positive case). SHS providers confirmed PPE proved to be extremely effective in preventing the spread of COVID-19 during incidents. PPE should be stocked and ready to access at all times. Staff should be familiar with the PPE required for different situations, where to access PPE on site and trained in how to don and doff PPE correctly².

Prioritise staff wellbeing

SHS providers noted the importance of prioritising staff wellbeing during these challenging times. This includes managing the workload by planning for contingency staffing, not only during COVID-19 incidents (when staff may need to isolate), but to avoid overloading staff and risking staff burnout.

“There were three themes that worked quite well for us. I put it down to preparation, communications and relationships.”

SHS provider

¹ Refer section 3.2 of [COVID-19 Guidelines for Specialist Homelessness Services](#) and [COVID-19 Infection Prevention and Control Manual](#) (pages 55, 121, 123, 129) for information about appropriate PPE.

² Refer [NSW Government webpage](#) for education, training, posters and videos relating to correct use of PPE.