

The Impact of COVID-19 on Staff Wellbeing in the Social Service Sector in NSW



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Prepared by
Social Equity Works
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The social service sector in NSW is large and diverse, consisting of close to 8,000 organisations and employing 230,000 staff, who provide essential care to over 1 million people each year.¹ The sector encompasses aged and disability care; specialist services supporting people experiencing homelessness, mental health issues or domestic violence; child, youth and family services; Aboriginal Community Controlled Organisations; and other place-based services who are there for people impacted by poverty, social isolation and other challenges.

It often involves working in emotionally charged and difficult environments, leading to vicarious and secondary trauma, compassion fatigue and burnout, if the wellbeing (both physical and emotional) of staff is not attended to.²

Since the beginning of the pandemic, the social service sector has been at the forefront of the crisis response. There is mounting evidence of new and intensified needs in the community and increased pressure on the service system, leading to growing staff shortages. Structural features, including low pay and lack of job security for a predominantly female workforce, have been identified as contributing factors.³

This research study explores the impact of COVID-19 on staff wellbeing in the social service sector in NSW. Recent research on the economic and social costs of the pandemic and natural disasters since the start of 2020 has revealed the profound impact of these events on the people of NSW, including mounting evidence of a significant increase in poor mental health.⁴

However there has been limited research into the impact of COVID-19 on staff wellbeing across the sector in NSW. This study aims to investigate this, with a view to identifying the critical factors underpinning the provision of a safe, supportive workplace that reflects best practice and fosters wellbeing, during and following extreme events.

The study also underscores the critical importance of Government stewardship in supporting social service organisations to respond to extreme events and maintain staff (and client) wellbeing and safety. In this regard, the findings of the Royal Commission into Aged Care Quality and Safety are salutary. It highlights that ultimate responsibility for the provision of essential care and support cannot be outsourced; that Government's stewardship role is particularly essential in the context of a complex, distributed system focused on vulnerable clients; and that this must encompass 'hands-on' involvement to lead, manage and fund the system in support of high quality and safe care.⁵

¹ 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

² Newcomb, Michelle (2021). Self-Care Rhetoric in Neoliberal Organisations: Social Worker Experiences, Practice, <https://doi.org/10.1080/09503153.2021.1998414>

³ Impact Economics and Policy (2022). Long Way to the Top: career opportunities and obstacles for women in the NSW social service sector. https://www.ncoss.org.au/wp-content/uploads/2022/03/NCOSS_LongWayToTheTop_FINAL.pdf

⁴ Impact Economics and Policy (2022). Aftershock: Addressing the Economic and Social Costs of the Pandemic and Natural Disasters Report One – Mental Health. https://www.ncoss.org.au/wp-content/uploads/2022/08/IE_Aftershock_Mental-Health_A4_WEB2.pdf

Joanna Quilty
NSW Council of Social Service CEO

⁵ Royal Commission into Aged Care Quality and Safety (2021) – Final Report: Care dignity and Respect. Vol 1 summary and recommendations. Commonwealth of Australia 2021.

The Impact of COVID-19 on Staff Wellbeing in the Social Service Sector research project was conducted between March and July 2022. The research was commissioned by the NSW Council of Social Service (NCOSS) with funding from NSW Ministry of Health. The study aims to determine the nature and extent of impacts of the pandemic on the wellbeing of staff across in social service organisations who have ensured continuity of service provision to support their communities, including through:

- the shift in how services are provided, such as online delivery, hybrid delivery, work teams on roster, temporary closures, and support for working from home arrangements and
- the shift in the type of services provided to meet increased community need and vulnerability.

Between March and July 2022, 216 people from across the social service sector in NSW self-selected and voluntarily participated in an online survey and a further 14 participated in in-depth interviews, to provide feedback on their wellbeing experiences during the pandemic. A modified Personal Wellbeing Index (PWI) was used to measure subjective wellbeing and personal satisfaction across four domains: future security, community connectedness, personal health, and personal safety.

KEY FINDINGS

For over a third of respondents' workplace wellbeing has worsened, and more so for staff in large organisations

The majority of our respondents said that their wellbeing had improved (22%) or stayed the same (31%) as a result of the pandemic. But for 36.28%, it had worsened. Staff from large organisations (53%) were more likely to report this than those from small or medium-sized organisations. In terms of service types, it was Aboriginal Community Controlled Organisations (ACCOs) and Child and Family services who were most likely to report decreased workplace wellbeing, while youth services reported the highest rates of improved wellbeing.

Personal Wellbeing Index

Results of the latest Australian Unity Wellbeing Index Survey, conducted towards the end of the first wave of the pandemic in 2020, indicate that, on average, wellbeing across Australia remained relatively stable and similar to previous years.

By comparison, respondents to our wellbeing survey, drawn from the NSW social service sector, scored less than the national average across the four selected domains of the Personal Wellbeing Index: Community Connectedness, Personal Safety, Future Security and Personal Health. Future security scored the lowest in our survey (6.06), while respondents reported most satisfaction with their personal safety.

Across all four domains, respondents from Metropolitan Sydney were less satisfied than those from regional or rural and remote areas. This aligns with national results which found that people who live in regional and rural areas enjoy a higher sense of wellbeing than city dwellers.⁶

It is important to note that as our survey was undertaken in 2022, the lower levels of satisfaction reported could be the result of COVID fatigue and the impact of ongoing disasters, and that they would be observable in the general population. This will need to be monitored when the next Australian Unity Wellbeing Index is published.

⁶Deakin University (2020) – 20th Anniversary Australian University Wellbeing Index Commemorative Report

Loss of connection to colleagues has been keenly felt, while working from home has been a plus for most

Losing connection with colleagues was the most frequently identified issue negatively impacting workplace wellbeing, identified by 61% of respondents.

Conversely, being able to work from home and maintain service delivery while staying safe was reported as having a positive impact on wellbeing for most (57%). Identified benefits included reduced impact of commuting to work, more family time and a better work/life balance. However, for staff of Aged Care services and ACCOs it was more likely to lessen wellbeing.

I work with an ACCO, we are communal and only regenerate together, bouncing off one another. I saw a significant decline in the mental health of my family/kin and peers as a result of working from home.

Increased general uncertainty, a more complex work environment, and worry about family and vulnerable community members have taken a toll

'The increased uncertainty that COVID-19 has brought into our lives' and 'increased complexity in my work due to COVID-19' were most frequently nominated by respondents as having the greatest impact on personal wellbeing (65% and 62%), followed by worry about family and vulnerable community members contracting the virus.

Increased workload - arising from community demand, lack of capacity and additional considerations to ensure safe service delivery - was seen as contributing to complexity and negatively impacting on respondents' wellbeing. For smaller organisations, just staying open could be a challenge.

The in-depth interviews highlighted that the vulnerability of older people was an issue, including increased concern for older clients, loss of older

volunteers, and the heightened anxiety experienced by older workers and those concerned about loved ones catching the virus. Across the board, the majority of respondents who hadn't already caught COVID were worried about catching it.

Women spoke about the increased stress of juggling their caring and work responsibilities, while for staff in casual roles, job loss or loss of income due to isolation requirements added to anxiety.

For some, being required to get vaccinated was a source of contention, which caused tension in the workplace and impacted team cohesion.

Strong leadership is essential to managing complexity, uncertainty and staff wellbeing

The importance of strong leadership enabling a supportive and collegiate culture was a clear theme to emerge from the qualitative data. Staff spoke of their admiration for managers/leaders who stepped up and worked tirelessly to keep pace with changing requirements and adapt arrangements accordingly.

My manager was always there. Always translating what we needed to know. She would watch the daily pressers and make sure there was nothing else we needed to do or know. It was incredibly stressful, but I think she did a remarkable job. I feel incredibly grateful.

For those in leadership positions, the complex and shifting operating environment, combined with managing increased demand and competing priorities could be a lonely and stressful experience, adding to concerns about burnout.

There was a huge increased mental load from having to obtain PPE, prepare, review and adhere to COVID safety plans, frequently changing restrictions and health advice, distracted by checking COVID daily numbers.

Organisations and individuals have been responsive and resourceful in managing wellbeing

Both individual staff and organisations were proactive in supporting and managing wellbeing. A majority of respondents (82%) identified staying connected to family and friends as their main means of bolstering wellbeing. Exercise, prioritising faith or undertaking a creative pursuit or hobby were also mentioned.

Organisational actions were important. 84% of respondents said that having good COVID-19 safety measures in place was the most important strategy implemented by their workplace that contributed to their wellbeing. Receiving support to work from home was the next most important strategy, nominated by 76% of respondents.

Overall, the 'protective factors' most strongly identified as enabling wellbeing were:

- Strong family and community networks and good self-care practices
- The 'values-driven' nature of working in the social service sector
- Having well developed workplace safety plans and strategies, increased flexibility and support to work from home
- Strong leadership, a collegiate and supportive work environment, a positive organisational culture and the ability to stay connected to work colleagues
- Targeted and timely additional government support

Required support was not always forthcoming

54% of respondents nominated 'having to do more because of increased demand on our service with no extra funding' as impacting their personal wellbeing. This issue was particularly acute for homelessness support and accommodation services, youth services and ACCOs.

The compounding effect of rolling natural disasters on community need, but additional funding not necessarily flowing through to local organisations at the coalface, was a common theme. Difficulties accessing Personal Protection Equipment PPE was an issue for some, particularly in the early days.

On the plus side, the difference made by Job-Keeper payments and the Social Sector Transformation Fund, and the ability to access Department of Communities and Justice DCJ's Employee Assistance Program, were positively noted.

There was a degree of exasperation expressed at the Government response. While some reported that their DCJ district contract managers were highly flexible and responsive, others felt they did not receive needed support or guidance in a timely fashion, and that the funding body seemed out of touch with 'on the ground' issues. There was also a mixed response when it came to support from Boards and management committees, with some reportedly missing in action.

I would like our key funding body to provide LESS platitudes and MORE core funding. This would improve my wellbeing at work because I would be able to pay my staff at the pay grade that they should be on [and] increase their paid hours to meet the increased demand and complexity with which community present.

The upheaval of the past two and a half years has clearly impacted the wellbeing of social service sector staff in NSW, adding further complexity and uncertainty to the challenging nature of the work and operating conditions. However positive impacts have also emerged, primarily from the flexibility and other benefits of working from home.

The findings of this study support the need for concerted action at the individual, organisational and government level to ameliorate stressors, embed effective strategies and optimise wellbeing. In particular there is opportunity for Government to step up and enhance elements of the system that would flow through to and support improved practices on the ground.

RECOMMENDATIONS

- 1 **The NSW Government should strengthen its stewardship role to support essential social services to manage staff wellbeing in a complex and uncertain environment, by:**
 - a Developing, in collaboration with the sector, an evidence-based funding model that reflects population growth, changing demographics, demand drivers and the real cost of service provision so that organisations are adequately resourced for their complex role;
 - b Engaging with the sector to devise demand management strategies to deal with rising demand and increasing complexity from factors outside organisations' control;
 - c Providing longer-term contracts and adequate and consistent annual indexation to enable greater funding certainty and job security;
 - d Investigating and embedding system-wide approaches to deal with inherently stressful work, vicarious trauma and risk of burnout, such as training, peer support, group supervision and professional development initiatives.
- 2 **Boards of social service organisations should:**
 - a Understand the inherently stressful nature of working in the social service sector and the added risks to their operations from reduced staff wellbeing arising from COVID-19 and other recent events;
 - b Ensure that this understanding flows through to strategic, financial and operational planning and that adequate mitigation strategies are in place to maintain and enhance staff wellbeing; and
 - c Step up support for leadership/management, recognising the additional load from an increasingly complex operating environment, rising demand and managing staff concerns in a resource-constrained environment.

3 Leaders and managers of social sector organisations should:

- a Ask their boards to step up where needed;
- b Seek greater engagement from their funding bodies to address factors outside their control impacting on staff wellbeing;
- c Review and update policies such as flexible working arrangements and paid pandemic leave, to reflect industry best practice; and
- d Continuously update COVID-19 safety management plans and related policies and procedures to ensure they remain current and embed protective factors to support staff wellbeing.

Recent research on the economic and social costs of the pandemic and natural disasters since the start of 2020 has revealed the profound impact both events have had on the people of NSW, with mounting evidence of a significant increase in poor mental health. In 2021 alone there was an estimated increase of 171,615, or 21% more people with self-reported mental health consistent with depression or anxiety.⁷

However, a literature review conducted as part of this study showed that there has been little research into the impact of COVID-19 specifically on the mental wellbeing of staff in the social service sector. This study provides a contribution to closing this research gap.

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- the shift in how services are provided, such as online delivery, hybrid delivery, work teams on roster, temporary closures, and support for working from home arrangements and
- the shift in the type of services provided to meet increased community need and vulnerability.

This study offers insight into these impacts and will help identify opportunities for improvement to ensure that organisations are able to provide a safe workplace and continue to support the wellbeing of their staff. Findings have been drawn from an online survey and supplemented by in-depth interviews with people employed in a range of social services organisations across NSW. In total the project gathered responses from 230 people; 216 from the online survey and 14 from interviews. The interviews were designed to gain greater insight into the impact of COVID-19 on staff wellbeing from an individual perspective and

by organisational type and location. The study also involved a targeted literature review.

The research team has adopted a broad understanding of wellbeing as both 'subjective personal wellbeing' and 'wellbeing at work'. The survey and interviews gave respondents the opportunity to describe and reflect on their subjective wellbeing including if, and how, it may have changed as a result of the pandemic. The survey incorporated four items from the Personal Wellbeing Index (PWI) as the means of exploring key dimensions of wellbeing: personal health, personal safety, community connectedness and future security.

Scope and Limitations of the Study

1. Many wellbeing studies discussed in the report have used a range of validated psychological tools for measuring wellbeing, including anxiety scales such as Kessler10. In contrast, this study has incorporated a modified version of the Personal Wellbeing Index (PWI). The PWI is an internationally validated tool for measuring subjective wellbeing. PWI is psychometrically robust, and, as such, a standalone validated measure of quality of life. The use of the PWI tool is increasingly common in the social service sector in NSW and, in some areas of delivery, it is a standard tool required by relevant funding bodies to measure client wellbeing outcomes. We have included four of the satisfaction items from the PWI most appropriate to the scope of the project. Given that the PWI was developed to measure subjective wellbeing, comparisons cannot be made between the findings of our study and those measuring specific psychological conditions.
2. It was not possible to identify longitudinal correlates of change, as no baseline data on

⁷ Impact Economics and Policy (2022). Aftershock: Addressing the Economic and Social Costs of the Pandemic and Natural Disasters Report One – Mental Health. https://www.ncoss.org.au/wp-content/uploads/2022/08/IE_Aftershock_Mental-Health_A4_WEB2.pdf

staff wellbeing prior to the pandemic was available. However, respondents were asked to reflect upon changes to their wellbeing since the beginning of the pandemic, including if their wellbeing improved, worsened, or stayed the same. These subjective perspectives of change were integrated in the analysis.

- The findings of the staff survey cannot be generalised to the whole of the social service sector workforce as completion of the survey was voluntary and respondents self-selected into the study, resulting in a non-representative sample. However, participants in the in-depth interviews were selected to represent a cross section of organisations including Aboriginal Community-Controlled, aged care, culturally and linguistically diverse CALD, disability, domestic violence, women and youth services. Interviewees were also selected based on organisational size and location to ensure diverse participation from staff in small, medium, and large organisations and metropolitan, regional, and rural locations.
- The literature review was targeted to include Australian studies of the impact of COVID-19 on workplace wellbeing with a particular focus on health and allied health workers and community and social service workers. Some international studies were also reviewed where relevant.

Methodology

This research study used mixed methods, involving the collection of qualitative and quantitative data from participants via an online survey and in-depth interviews. This primary data collection was underpinned by a targeted literature review. The methodology was designed with input from the project’s Research Advisor and agreed with NCOSS. The methods included:

- An online survey consisting of a series of questions related to wellbeing as well as a Personal Wellbeing Index to measure personal satisfaction. The PWI is a validated measure of wellbeing, with items corresponding to quality-of-life domains. The PWI has been

used to add robustness to the findings of the study. The original scale consists of seven items. The current survey utilised four of these items, addressing the domains of personal health, personal safety, community connectedness and future security. These were selected to reflect those items most likely to be important to workplace wellbeing and the pandemic.⁸ The survey was distributed through a mixture of NCOSS networks, NCOSS e-News and Social Equity Works networks.

- In-depth interviews were undertaken with 14 people in a range of services. In these interviews, people were asked to describe, using a guided narrative approach, how they had experienced the pandemic.

A detailed description of the methodology can be found in the Appendix.

Research Sample

The overall sample for the research was 230 workers in the social service sector from across NSW. 216 people responded to the online survey and 14 in-depth interviews were conducted. Respondents to the survey were mostly female (83%). This accords with earlier research undertaken by NCOSS which reported that ‘The social service sector is an essential industry, anchored by a female workforce. In NSW, it is a major employer of women with three out of four employees in the sector being female.’⁹ 11% of respondents identified as LGBTQI+. 8% of respondents identified as Aboriginal or Torres Strait Islander. 4% of respondents identified as having a disability. 4% of respondents reported coming from a CALD background. Most respondents spoke English as their only language at home (96%) and 81% of respondents were born in Australia.

⁸The scale shows good reliability; with good internal consistency ($\alpha = 0.70-0.85$) and test-retest reliability (ICC = 0.84).

⁹ NSW Council of Social Service. (2022). Women in the NGO social service sector in NSW: A report of NCOSS survey findings. <https://www.ncoss.org.au/wp-content/uploads/2022/03/Women-in-the-NGO-social-services-sector-in-NSW-data-report-1.pdf>

The median duration that respondents had worked for their current organisation was 4 years, ranging overall from 1 month to 25 years (M = 6yrs, SD = 5.9). Respondents were most commonly in management/executive roles, or responsible for frontline service delivery. No respondents were volunteers.

Gender	
Female	83%
Male	14%
Non-binary	2%
LGBTQI+	
LGBTQI+	11%
Aboriginal & Torres Strait Islander	
Aboriginal & Torres Strait Islander	8%
Person with a disability	
Person with a disability	4%
CALD background	
CALD background	4%

Table 1: Demographic of Survey Respondents

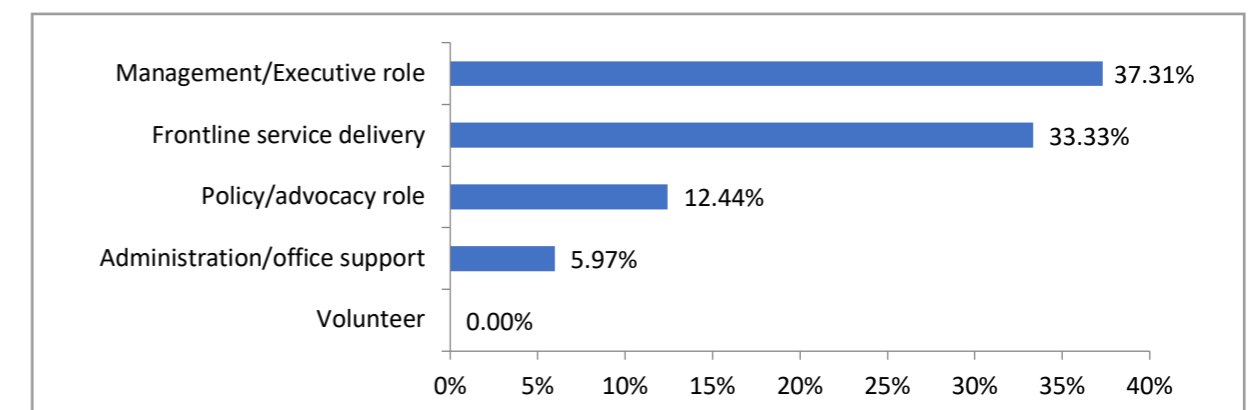


Figure 1: Role in Organisation of Survey Respondents

Characteristics of Organisations

The highest response rate came from organisations in metropolitan Sydney (45.5%). However, there was a strong response rate from regional NSW (38%) and rural and remote (16.5%). 84% of respondents were from medium (30-99 staff) or small (3-29 staff) organisations with 16% from large organisations.

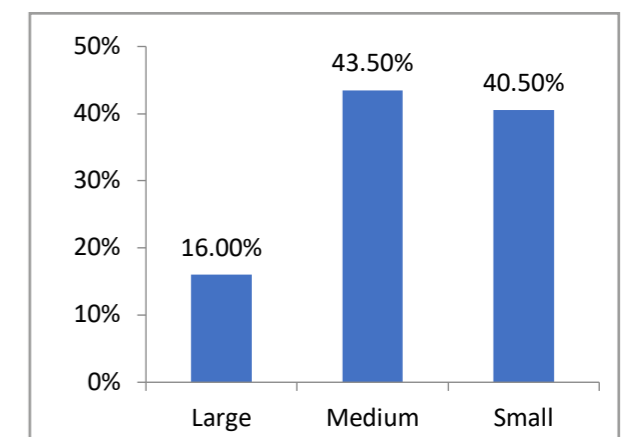
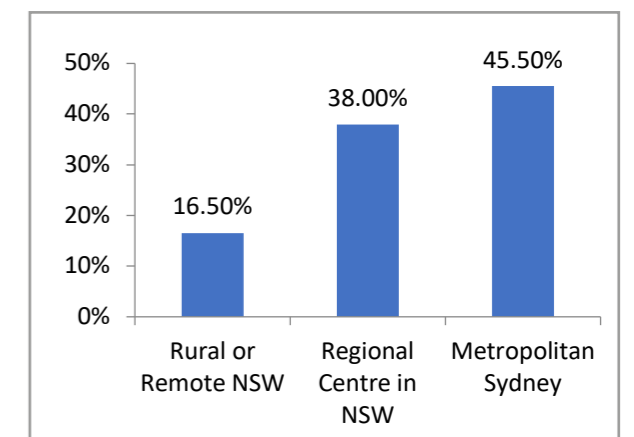


Figure 2: Location and Size of Survey Respondents’ Organisation

14 in-depth interviews were conducted with staff in organisations across NSW.

Service Type	Location	Position
General Community Service	Western Sydney	CEO
Multicultural Service + CHSP	Western Sydney	CEO
Multicultural Service + CHSP ¹⁰	Western Sydney ¹¹	Team Leader
Women’s Homelessness and DV Service	Illawarra	Business Development Manager
Women’s Homelessness and DV Service	Illawarra	Team Leader
Neighbourhood Centre	Central Coast	Manager
Neighbourhood Centre	Central Coast	Recovery Case Worker
Aboriginal Youth	Moree	CEO
Aboriginal Youth	Moree	Youth Worker
Local Community Centre Service	Sydney	CEO
Local Community Centre Service	Sydney	Senior Case Worker
Disability Service Provider	Sydney	Manager
Youth Service	Sydney	Manager
Aged Care Provider	Armidale	Manager

Table 2: **Service Type, Location and Position of In-depth Interviewees**

¹⁰ Commonwealth Home Support Provider (CHSP) and Domestic Violence (DV).

¹¹ Three of the interviewees came from two organisations within the 12 Local Government Areas of concern in Sydney’s Western suburbs.

Social service organisations across NSW deliver a wide range of services, programs and support to vulnerable community members who are experiencing often complex, daily challenges and the compounding effects of disadvantage, exacerbated by the pandemic. As described by Coram et al (2021), ‘The COVID-19 pandemic is a public health, economic and social crisis that is likely to have lasting consequences, including increased rates of financial hardship, housing insecurity, mental health problems, substance abuse and domestic violence. Workers in the community service sector have continued to support some of the most vulnerable and disadvantaged Australians during the pandemic, while also delivering services to new groups experiencing the economic impacts of virus suppression strategies.’¹²

This study has found that, since the beginning of the pandemic in March 2020, COVID-19 has had a profound and varied impact on staff wellbeing across the social service sector in NSW. The literature review found that although many organisations across the social service sector were eventually deemed essential workers, there has been little concentrated attention paid to the wellbeing of social services staff.

There have been more studies into the impact on healthcare workers including Dobson et al (2021), Smallwood et al (2021) and Roberts et al (2021). These studies found that healthcare workers and rural front line workers had experienced mental health impacts due to COVID-19, including an increase in anxiety and depression. While staff were ‘resilient’, and some indicators have improved since the beginning of the pandemic, decreases in mental health remained and had not returned to pre-pandemic levels. Research by Carrington et al (2021) on the impact of the pandemic on domestic and family violence (DFV) services has documented significant negative impacts on staff wellbeing.

COVID-19 has disrupted how people in the social service sector work, where they work, who they work with and what services and programs they provide. This disruption has impacted both personal subjective wellbeing and workplace wellbeing, especially as there is now considerable blending between workplace and home for those workers who can work from home. Increased uncertainty about the future and increased complexity in the way work is conducted have both played a large role in decreased wellbeing. So too have concerns about family and vulnerable community members contracting COVID-19 and

the increased demand for services by vulnerable community members who have been hard hit by the impacts of the pandemic.

This aligns with 2020 research from the Australian Council of Social Service (ACOSS) into the impact of the pandemic on the sector which found that ‘many respondents observed high levels of stress, anxiety and confusion in their communities alongside new and intensified needs arising from the crisis, relating to job loss, mental health, housing and family support.’¹³

Measured on four domains of the Personal Wellbeing Index, respondents to this study reported decreases in their levels of satisfaction about their ‘future security’ and also ‘community connectedness’ and ‘personal health’. These decreases were greater than the Australian average reported in the Australian Unity Wellbeing Index Commemorative Report (2021).¹⁴

While overall wellbeing for most respondents seems to have decreased, this study has identified a number of ‘protective factors’ which appear to support staff to maintain or increase their wellbeing through this time of crisis. These protective factors are discussed in greater depth below but include:

- The nature of social service work, providing support to those most vulnerable

¹² Coram et al (2021) Community services sector resilience and responsiveness during the COVID-19 pandemic: The Australian experience.

¹³ ACOSS (Sept. 2020) Australia’s Community Sector and Covid-19 Supporting Communities Through the Crisis: an Australian Community Sector Survey Special Report

¹⁴ Australian Unity and Deakin University (2021) Australian Wellbeing Index Commemorative Report

- Flexible changes in delivery and systems
- Being supported to work from home
- Actively engaging in self-care
- Having and maintaining strong family and community networks
- Feeling well supported by their workplace including strong and supportive leadership, sound COVID-19 safety strategies, supportive teams, and regular communications
- Well-targeted government financial support

Impact of COVID-19 on Staff Wellbeing

Respondents to this study have reported an array of different impacts on their wellbeing from COVID-19, both personal and at work. Through the survey and interviews, they were asked:

- whether their overall wellbeing had increased, decreased, or stayed the same since the beginning of the pandemic;
- to identify the workplace issues that impacted them either positively or negatively;
- to consider what issues, if any, had impacted most on their personal wellbeing;
- if they had contracted COVID-19 and its impacts upon them and, if they had not contracted COVID-19, if this had been something that had worried them; to rate their level of satisfaction on the PWI items of personal health, personal safety, community connectedness and future security.

Overall Workplace Wellbeing

In regards to wellbeing in the workplace, more respondents (36%) reported that their wellbeing had worsened since the beginning of the pandemic or stayed the same (31%). 22% felt their wellbeing had increased and 10% were unsure.

Staff from organisations in metropolitan and regional areas were more likely to report that their wellbeing in the workplace had worsened since the start of the pandemic (see Figure 4). Staff in Sydney were also the most likely to report that their wellbeing had improved. It appears, from an analysis of the qualitative comments, that staff in Sydney were more likely to benefit from 'reduced commute times' and 'working from

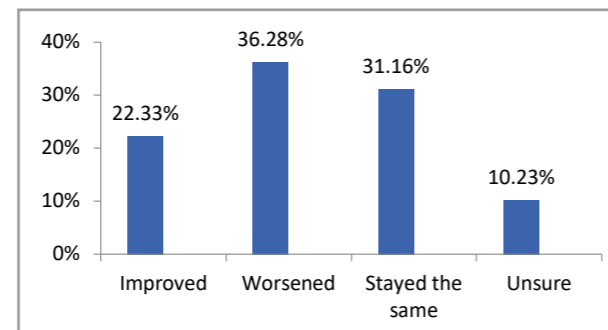


Figure 3: Change in Overall Workplace Wellbeing

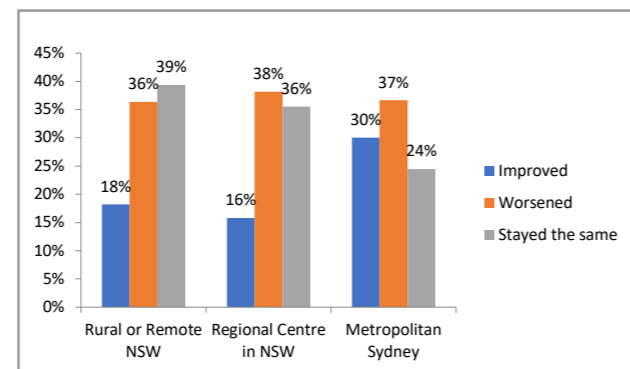


Figure 4: Change in Overall Workplace Wellbeing by Organisational Location

home arrangements' than those in regional and rural areas.

Staff from large organisations were far more likely to report that their wellbeing had worsened since the beginning of the pandemic (53%). Staff from medium and small organisations reporting that their wellbeing had tended to stay the same (37% and 34% respectively).

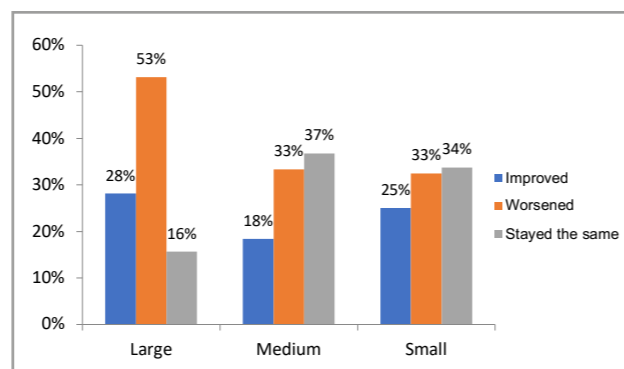


Figure 5: Change in Overall Workplace Wellbeing by Organisational Size

Aboriginal Community Controlled Organisations reported equal numbers of staff whose wellbeing

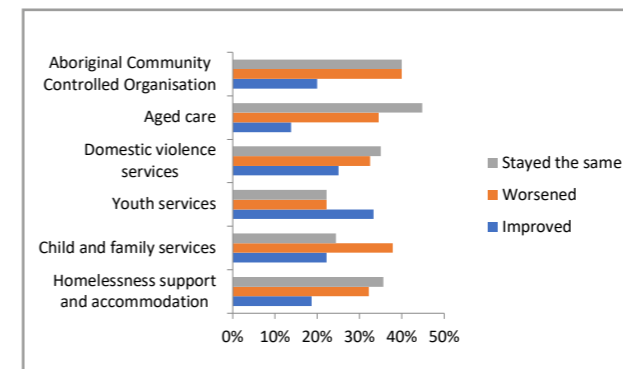


Figure 6: Change in Overall Workplace Wellbeing by Organisational Type

worsened or stayed the same during the pandemic. Staff from Child and Family services were most likely to report that their wellbeing had worsened since the start of the pandemic, while those employed in youth services were most likely to report that their wellbeing had improved. Aged care, domestic violence services and homelessness support and accommodation staff were most likely to report that their wellbeing had stayed the same since the start of the pandemic.

Workplace Issues Impacting Wellbeing

People were asked to identify which, if any, workplace issues had led to an increase or decrease in their wellbeing. Losing connection with colleagues was the most frequently-identified issue (61%). Table 3 gives an overview of the four highest-rated workplace issues identified most

frequently by respondents as impacting on wellbeing, either positively or negatively.

Factors Impacting Personal Wellbeing

People were asked to identify the issues that they felt had had the greatest impact on their personal wellbeing (see Appendix 2 Figure 22). The top five factors that impacted on personal wellbeing were:

- increased uncertainty that COVID-19 brought into lives (65%)
- increased complexity in work brought about by COVID-19 (62%)
- worry about one's family contracting COVID-19 (59%)
- worry about vulnerable members of the community contracting COVID-19 (58%)
- having to do more because of increased demand on services with no extra funding (54%)

Increased Uncertainty and Complexity

The COVID-19 pandemic has changed the way many services operate. Changes in client demand and shifts in delivery method in response to public health orders (PHO) have meant that organisations have needed to be more flexible and responsive. The acronym 'VUCA' - standing for Volatility, Uncertainty, Complexity and Ambiguity - was developed to capture the aspects of tur-

Positive Impact on Wellbeing	Negative Impact on Wellbeing
1. being able to maintain service delivery while staying safe (57%)	1. losing connection to colleagues (61%)
2. working from home (57%)	2. meeting with others only online or mostly online (38%)
3. support to work from home (56%)	3. being unsure about other Public Health Orders (36%)
4. not having to commute to work (55%)	4. not being able to access Rapid Antigen Tests (35%)

Table 3: Workplace Issues with the Highest Positive and Negative Impact on Wellbeing

bulence that a business may face due to general conditions and circumstances. Whilst the acronym was originally developed over three decades ago, the COVID-19 pandemic has meant that the concept of VUCA is extremely relevant.

NCOSS consultations with member organisations on the impacts of COVID-19 suggests that staff struggle with the uncertainty of job security and with concern about how their organisation may operate in the future. These discussions also suggest an increase in complexity, as client demand for some services has increased.

Two of the VUCA domains of uncertainty and complexity were included in the survey to investigate what impact, if any, the changes and uncertainty wrought by COVID were having on staff in social service organisations in NSW. Changes in client demand and shifts in delivery method in response to government public health orders were required. This ranged from small changes in the selection and delivery of services to more significant changes in delivery mode and temporary closures during lockdowns. Staff were ordered or encouraged to work from home where they were not frontline/essential workers.

While this is an area that needs further investigation, these initial findings would suggest that uncertainty and complexity have had a negative impact on staff wellbeing (as per the following comments).

I am not sure what to do. I have spoken to my GP, but they can't tell me whether I should have the vaccine or not while I am breastfeeding

[I feel] very unsure about my future in my role.

Higher levels of stress amongst essential face to face workers, higher levels of anxiety and sickness in families. Staff leaving the service due to this stress and navigating COVID. We have had a 90% turnover and have lost almost all corporate memory of how things were done prior to COVID.

Work got busier; it feels like we are making up for lost time. The rich got richer, and the poor got poorer...the housing crisis got worse overnight. My financial outlook feels bleaker.

I feel the pandemic has created a sense of uncertainty in all aspects of getting back to normality. Being in and having another family member in a high risk category, I feel I will always be concerned about being in a densely populated social/work situation, especially in an indoor environment.

I feel the pandemic has created a sense of uncertainty in all aspects of getting back to normality.

Worry About Family and Vulnerable Community Members

Many respondents expressed concerns for family members, colleagues and clients who were vulnerable as well as concerns about the risk of spreading the virus to family and friends, especially those who had chronic health conditions and/or disability. This was reflected in the response to the question about the factors that had had the greatest impact on personal wellbeing. All respondents identified 'worry about one's family contracting COVID-19' and 'worry about vulnerable members of the community contracting COVID-19', with these concerns rated as the third and fourth highest impacts on personal wellbeing (at 59% and 58% respectively).

I am a parent of a child with a disability. The pandemic has affected my child's life and wellbeing significantly, which contributes to instability for me in the workplace. He has behavioural challenges, and these behaviours escalate when he is anxious, and as I am needing to focus the main chunk of my attention on my child, being able to maintain a consistent level of productivity and work ethic has been almost impossible. [I] wanted to share this because I think working parents of children with disabilities, especially solo parents, have been invisible during the pandemic.

Being in, and having another family member in, a high risk category, I feel I will always be concerned about being in a densely populated social/work situation, especially in an indoor environment.

Increased Demand

Responses to this study suggest increased demand had a considerable impact on people's wellbeing as caseloads, the number of people in need and the impacts of lockdown increased. Stress caused by an increase in workload was also a common theme in respondents' comments and in the in-depth interviews. Responses suggest this increased workload was due to a range of factors, including the increased need of vulnerable and at risk people in their community and increased demand for services, increased uncertainty about how service delivery could be maintained, complex changes in the nature of work being required to meet this increased need, and the lack of capacity to meet increased need, as a result of staff contracting COVID-19 or having to self-isolate as a close contact of a COVID-19 case.

COVID has meant that there are people coming to us who have never come to us before. People who are jobless for the first time in their life. And this is on top of everyone else. The people we usually see. They are at such high risk.

The floods here have meant that more people are homeless, more people are in crisis and more people are without enough money to support them. That's on top of COVID.

Migrant women on temporary visas that are trapped in DFV during COVID 19 Lockdowns.

DV has increased dramatically. We get clients to say they are going to yoga just so they can get out of the house. They are there with the perp 24/7 otherwise and it's so dangerous for them. We get so many calls we can't meet them all.

The additional stressors of operating onsite over a sustained period of time throughout COVID have certainly impacted our individual resilience.

Staying Abreast of the Changing Public Health Orders (PHO)

Frequent changes to the PHOs and the resultant effect on the workplace and delivery capacity was highlighted as a factor that increased this sense of overall uncertainty. In the work context it was important for CEOs and managers to stay on top of these changes to ensure that their staff and the

organisation was not only compliant but also safe. This responsibility added to people’s mental load.

If I didn't watch the daily press conference and hear what was going on I would get worried. Sometimes we would break in what we were doing and watch at 11 and then come back together and discuss it. What did it mean for us. What did we have to do. I found it really alarming when they stopped doing them. Now we have to live with it.

Personal Wellbeing Index (PWI)¹⁵

Participants were asked to rate their satisfaction with the life domains on a scale of 1 (no satisfaction) to 10 (complete satisfaction). Scores can be reported as either a number from 1-10 or scaled up to 1-100. An overall wellbeing score can be derived by averaging the scores across all domains.

The 2021 Australian Unity Wellbeing Index Report found that the average range of personal wellbeing in Australia in 2020 was 7.4 - 7.7. Satisfaction with personal safety was high with an average of 8.34 and personal wellbeing overall was 7.59. According to the Report, satisfaction with health and future security often decrease following natural disasters and the pandemic. However, these events can also trigger an increase in community bonding and support.¹⁶

Compared to the Australian Unity Wellbeing Index Report data, the average scores in this study, across all four PWI domains, were lower. However, there was variability in the data.

General PWI Findings

PWI findings from our study were:

- People were, on average, most satisfied with personal safety (M = 7.09, SD = 2.07).
- They were least satisfied with future security (M = 6.06, SD = 2.29).
- Community connectedness scored on average 6.21 (SD = 2.08).
- Personal health was rated on average 6.27 (SD = 1.93). This pattern is similar to the findings of the Australian Unity Report (see Figure 7).

Respondents were asked whether their satisfaction with these items had increased, decreased, or stayed the same as before the pandemic. Future security was the domain most reported as having decreased since the start of the pandemic (52%). Respondents most commonly reported that personal safety had remained the same since

¹⁵ <https://www.acqol.com.au/uploads/pwi-a/pwi-a-english.pdf>

¹⁶ Australian Unity and Deakin University (2021) Australian Unity Wellbeing Index Commemorative Report https://www.australianunity.com.au/-/media/rebrandwellbeing/documents/auwi20_interactive_report

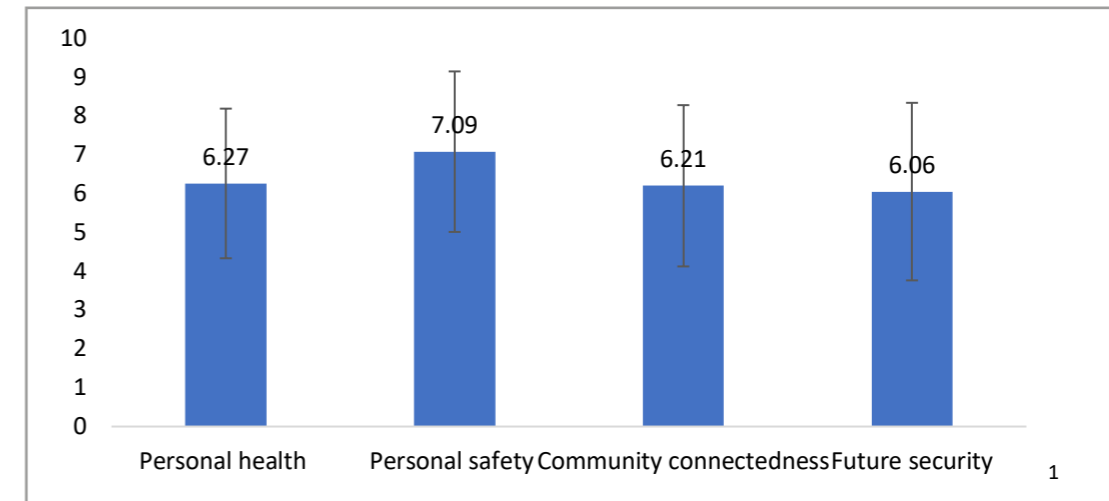


Figure 7: Survey Respondents’ PWI Satisfaction Ratings¹⁷

the start of the pandemic (49%) but community connectedness and personal health were most commonly reported as lower than at the start of the pandemic (48%).

PWI Findings by Location

Results from crosstabulation analysis (see Figure 9) found that whether respondents rated their overall wellbeing as higher or lower depended on their location. The Australian Unity Wellbeing

Index Report (2021) found that those in rural and regional areas scored higher than their metropolitan counterparts in overall wellbeing. They scored higher on community connectedness, future security, and personal safety, whereas metropolitan dwellers scored higher on personal health. To investigate this further, responses on the PWI from rural, regional, and metropolitan areas in this study were compared.

Future Security

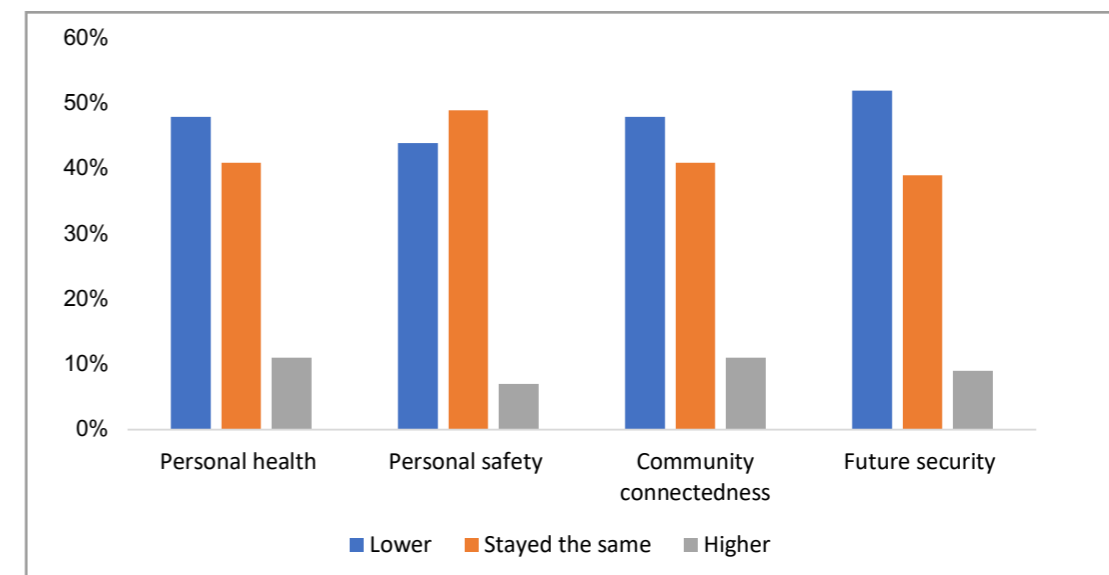


Figure 8: Changes in PWI Satisfaction Ratings as a Result of the Pandemic

¹⁷ Note. Error bars represent standard deviation.



Future Security

For people in metropolitan Sydney, the average rating of future security on the PWI was 5.56 (SD = 1.97). It was most common for this score to be rated as lower than at the start of the pandemic. For people in regional areas, the average rating of future security was 6.17 (SD = 1.20). In rural and remote areas, community connectedness was rated as 7.12 (SD = 2.26). This was most commonly reported as lower than before the pandemic.



Community Connectedness

For people in metropolitan Sydney, the average rating of community connectedness on the PWI was 5.93 (SD = 1.97). It was most common for this score to be rated as lower than at the start of the pandemic. For people in regional areas, the average rating of community connectedness was 6.24 (SD = 1.20). In rural and remote areas, community connectedness was rated as 6.70 (SD = 2.26). This was most commonly reported as **staying the same** as before the pandemic.



Personal Health

Differences between rural, regional, and metropolitan locations were less obvious for personal health and personal safety. The average score for personal health for those in metropolitan areas was 6.12 (SD = 1.84). For this area, personal health was most likely to be rated as lower since the start of the pandemic. The average score for personal health for those in regional areas was 6.28 (SD = 1.9). This was most likely to be reported as lower since the start of the pandemic. The average score for personal health for those in rural or remote areas was 6.67 (SD = 2.16). This was most commonly reported as staying the same as before the pandemic.



Personal Safety

The average score for personal safety for those in metropolitan areas was 7.55 (SD = 1.95). For this area, personal safety was most likely to be rated as lower since the start of the pandemic. The average score for personal safety for those in regional areas was 7.12 (SD = 2.13). This was most likely to be reported as staying the same as at the start of the pandemic. The average score for those in rural or remote areas was 6.89 (SD = 2.05). This was most commonly reported as staying the same as before the pandemic.

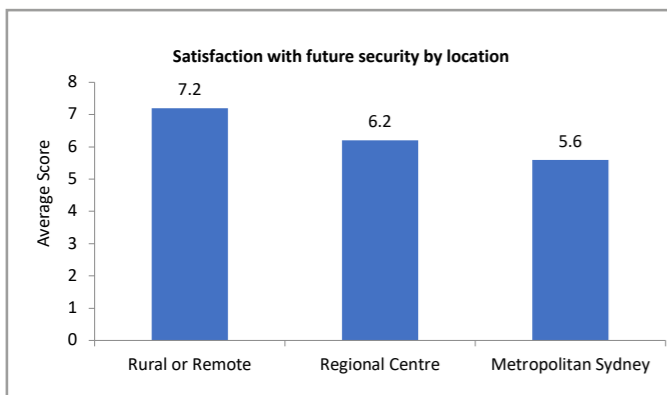


Figure 9: Satisfaction with Future Security by Location

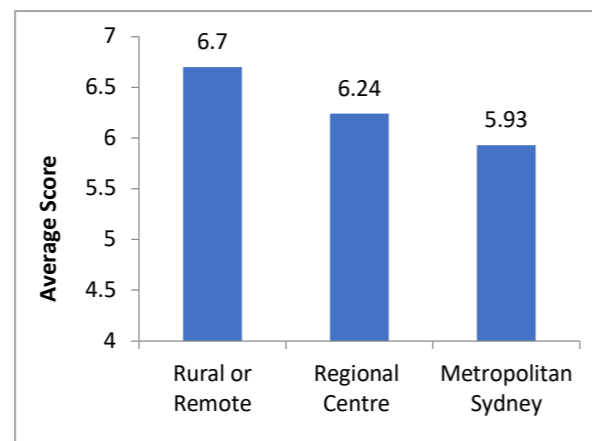


Figure 11: Satisfaction with Community Connectedness by Location

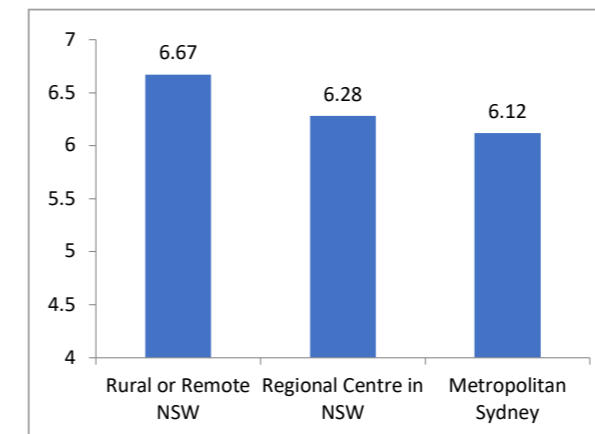


Figure 13: Satisfaction with Personal Health by Location

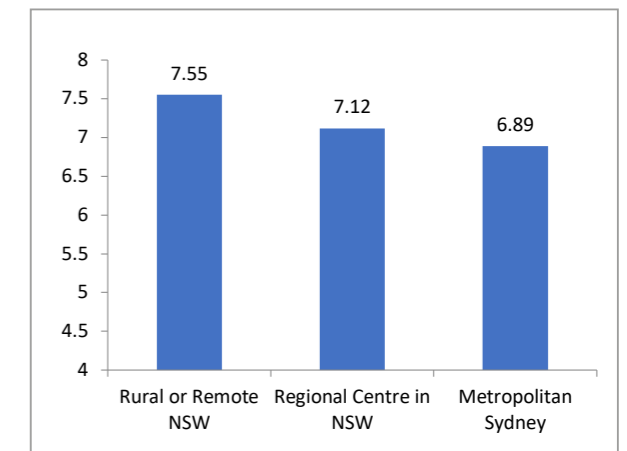


Figure 15: Overall Satisfaction Rating Personal Safety by Location

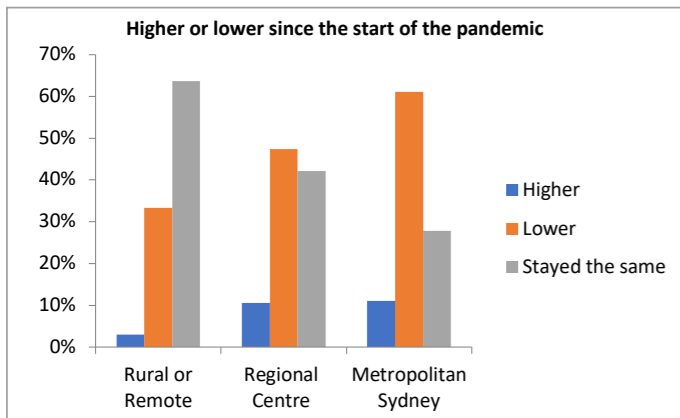


Figure 10: Change in Future Security by Location

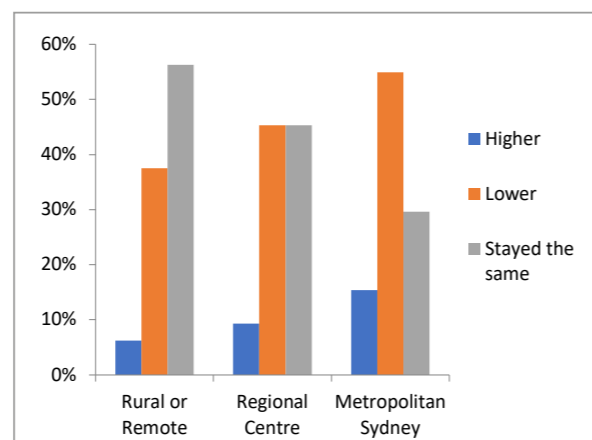


Figure 12: Change in Community Connectedness by Location

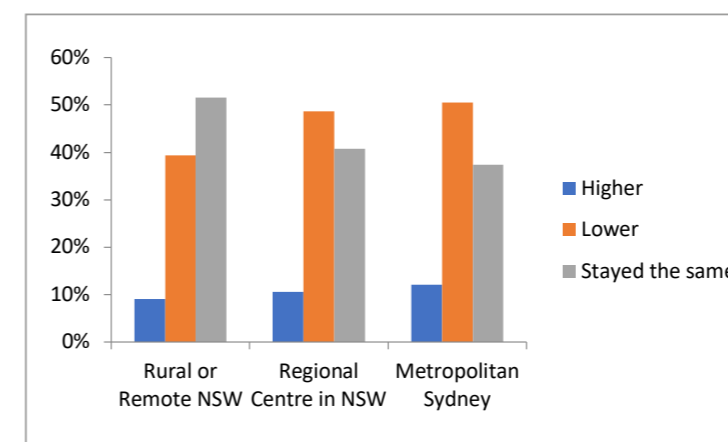


Figure 14: Change in Personal Health by Location

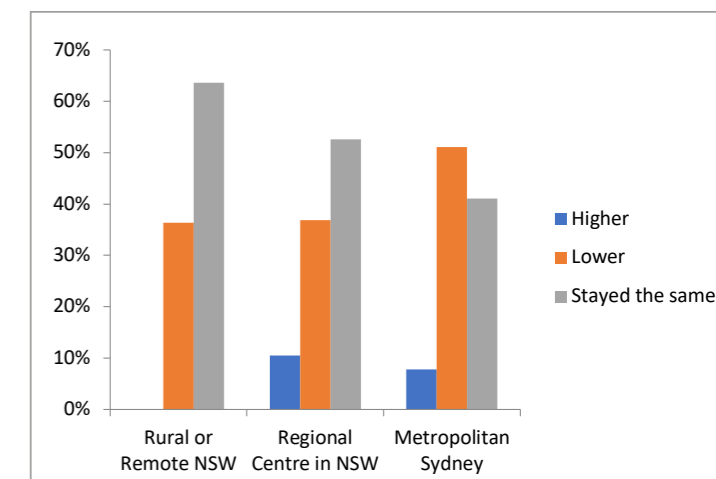


Figure 16: Change in Personal Safety Rating by Location

In considering their responses to these PWI items, respondents were asked about any issues that were relevant to their ratings. Some themes that emerged included the generalised uncertainty that has arisen as a result of the pandemic and its impact on the nature of work, compounding factors such as the impact of natural disasters and caring for vulnerable family members, dissatisfaction with government responses and mandates and a range of positive impacts on wellbeing including working from home were all reported. These themes are addressed in depth in the following sections of the report.

Stages of the Pandemic and Wellbeing

An analysis of the qualitative comments from respondents and the in-depth interviews identified that the impact of COVID-19 on wellbeing was shaped to some extent by the stages of the pandemic (see Figure 17). A number of interviewees were able to chronologically contextualise their responses and spoke about their wellbeing in relation to the lockdowns in NSW. There was a shift in perception, approach, and impact from the first lockdown in March 2020 to the second Delta lockdown in 2021. Within this timeframe there was also discussion of the impact of having adequate supplies of and access to PPE and RATs to ensure staff and community member safety and the requirements of the vaccination roll out and vaccine mandates. Many spoke of the increased impact on services from the Omicron surge. The positive impacts of working from home and increased work/life balance led to increased wellbeing for a proportion of respondents.

Impact of Lockdowns

According to some respondents, the first lockdown in 2020 was reportedly more difficult for some services because 'systems weren't well enough established' to enable people to work effectively from home or safely in the workplace. People were uncertain of how COVID-19 would spread and how this would impact on community members. Job losses that ensued led to an increase in demand from people who had never before accessed social services. This period of intense and sudden change had a considerable impact on wellbeing. Once organisations had 'piv-

oted', they developed flexible work systems, such as working from home, in hybrid work situations or in face-to-face delivery, being deemed essential workers by government, often continuing in rostered teams to minimise any spread of the disease.

By the time NSW went into the Delta lockdown in 2021 effective systems were in place and people had more confidence in how to stay safe and well at work. For many during lockdowns the loss of social connection to colleagues was the most keenly felt impact of working from home, as was the loss of general community connectedness for clients.

When working from home, not having the workplace environment to debrief straight after a crisis situation.

I worry about my community coming back to the Centre. I am already noticing a lower sense of connection. I don't know how I can change this ... feel a bit helpless about it.

This was especially so for some Aboriginal and Torres Strait Islander respondents:

I work with an ACCO, we are communal and only regenerate when together, bouncing off one another. I saw a significant decline in the mental health of my family/kin and peers as a result of working from home.

Feeling isolated - lonely and distanced from colleagues family and friends and community.

Some days my wellbeing is not good. These days, I try to connect with team-mates so help support one another.

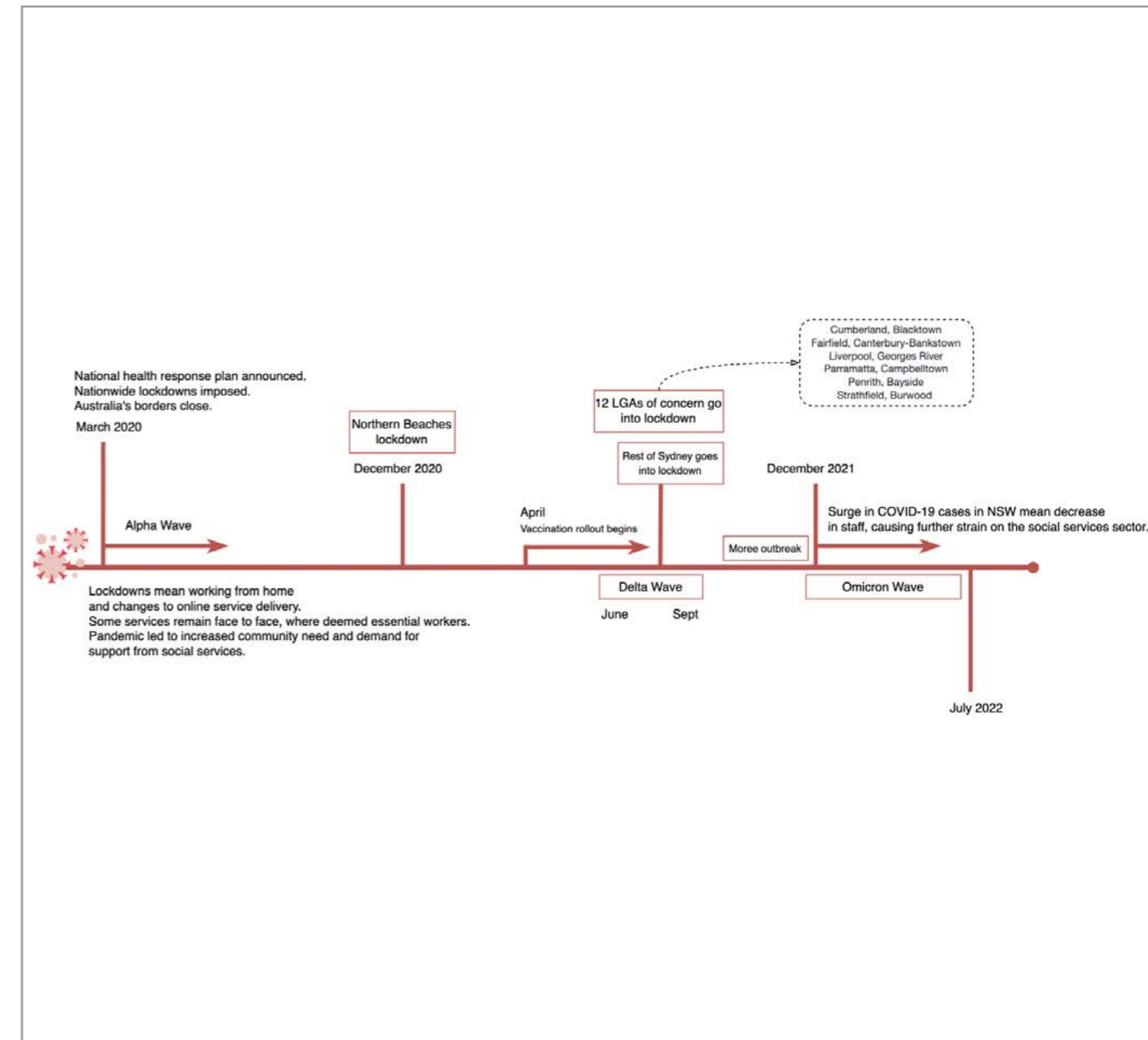


Figure 17: Timeline of Major Impacts on NSW Social Service Sector from COVID-19¹⁸

¹⁸ There were more impacts and outbreaks that affected people and service delivery in NSW. However, these are the main issues that arose from a review of the data in this study.

For those with especially close family relationships, the lockdowns and border closures heightened people's feelings of loss and reduced their sense of overall wellbeing.

My mum lives in the Blue Mountains and it is a long way from me. I set her up with an iPad which she uses but it's not the same. I wasn't able to see her for such a long time. And then even when you can see them you worry about being sick or making them sick.

My father died last year, not from COVID, and his family couldn't come to the funeral. They are all overseas, so it was, it had to be small. And we were OK with that that is just how things were, but it was really hard not being able to share that time with his family.

Working from Home and its Positive Impacts

While the number of people who reported experiencing a positive impact from COVID-19 was smaller overall (22%), the impacts they described were often significant. Mostly brought about by being able to work from home or in hybrid work arrangements, these positive impacts included 'reduced impact of commuting to work', 'an improved work life balance' and 'more time to spend with my family'.

Prior to the Covid-19 pandemic I commuted hours a day 5 days a week to my workplace. Moving to a WFH model has given me more time to spend with my young family and to be able to take care of my wellbeing, e.g., go to the gym after work. The hours of savings across the day for me are meaningful and significant.

Work from home has been a bonus within my role, but I recognise WFH is not possible for all positions.

Being able to work from home at times has helped wellbeing, better work/life balance.

Not commuting meant I had more time to get work done. I also felt I had a good home/work balance even though I often did longer hours of work time.

Many respondents reported increased levels of anxiety, stress, and fatigue as well as diminished physical health as a result of the pandemic.

My anxiety increased to the point of needing anti-depressant medication, my self-confidence diminished, I stopped enjoying my job and started dreading going to work, either at home or on-site.

My physical health has suffered a bit during the pandemic as I wasn't able to exercise as much as I otherwise would have, although I would say that working from home has increased my mental health and wellbeing considerably - notwithstanding the stresses associated with lockdowns etc. I think that the pandemic has given me an opportunity to reevaluate my work-life balance and my priorities have changes - I would now pursue jobs that offer hybrid working models as a priority over increased pay. I have also contemplated moving down from full time to part time work.

12 LGAs of Concern

The lockdown in NSW in response to the Delta variant had a disproportionate impact on the communities from the 12 LGAs of concern. Staff from organisations in these locations also experienced a disproportionate impact on their wellbeing. It was hard for people to comprehend the clear lack of equity between these LGAs and other LGAs in Sydney due to the harshness of the measures in these locations, which included curfews and a higher number of infringement notices for people who 'broke' PHOs. This situation led to services having to provide support to community members who were presenting with increased anxiety and stress; and assistance with financial penalties that had been imposed and fines that required payment.

I live and work here. I live with my daughter, and she couldn't understand what was happening. She got very upset about the unfairness of what was happening. It was scary for her. There were mounted police and a huge police presence. So, it was scary for everyone. We were kept apart. But of course, all the essential workers live here so they had to keep things going.

People were getting fines and didn't understand what was happening. There is a high level of people who speak languages other than English and at the beginning [of the pandemic] nothing was being done to help people understand. It was our role. We are in this community and of this community. We had to step in and provide support, translate information. Make sure that people understood what was happening and support them when they didn't know what to do next.

We led the way really; we stepped up and had to show leadership. And then the government cottoned on. They finally got it. We are the front line of support in our communities. We are trusted and they realised they needed us. Now we are working together constructively. It is unfortunate that it took this to make the shift but that is what happened. Now we are asked about what works and what they can do and how we can help them.

Omicron

For over half of the interviewees the impact of the surge in cases due to the Omicron variant from late 2021 until mid-2022 was 'a game changer'. To quote one respondent, 'It [Omicron] was the worst it got.' There were several reasons for why people found it so difficult, including the almost complete lack of government guidance in stark contrast to the previous two years. COVID-19 press conferences became infrequent, leading to a perceived lack of information. Respondents reported higher numbers of staff contracting COVID from late 2021 and this severely impacted service delivery, placed greater stress on other staff and meant that some smaller services had to close temporarily. In addition, an increase in the number of clients contracting COVID and needing emergency relief, including food hampers, greatly increased the demand for service.

Presently the average daily national death toll from COVID is 37 people lost. A bus load of people killed each day, yet the Government is downplaying the impact of COVID. Freedom day- really? Policy is NOT reflecting the reality of so many. Certainly no reason to celebrate if it is one of your family killed by COVID. Most of the time you cannot even visit them or be there at the end. We MUST do more to reduce the spread of the virus and mandatory public health measures [PHM] in public places is a great start. The primary role of Government is to keep the nation safe. There is significant room for improvement!

Omicron has been the worst. Everyone here [in our organisation] got sick over Christmas and New Year. On New Year's Day I was delivering hampers to people in community with COVID. The whole staff were down. People in community were relying on us and so that's what I had to do.

Since January things have been worse than the past two years. Every week there is someone who gets sick or has a family member who is sick. I don't think anyone has been well prepared. And then we didn't know if we should open or close.

It [COVID-19] finally arrived here, in the country. We're a small neighbourhood centre. There are two of us working part time and we just have to close our doors. If I'm sick, then she's a close contact and if she's sick I am. And many of our clients are older so we have no choice.

COVID-19 Vaccinations

It would be impossible to complete this study without some discussion of the impact that vaccinations have had on staff wellbeing across the social service sector. Vaccinations have been a source of conflict across the broader community ever since they were made widely available in mid-2021. This conflict, unsurprisingly, played out in social service organisations. On the whole, staff across the sector have seemed comfortable complying with requirements (where relevant to their organisation or occupation) to get vaccinated for their own safety and the safety of their family and community. Some respondents, however, were angry and upset at 'having to be vaccinated' and forced to do something against their will. They spoke passionately about the lack of evidence for the vaccines and that they were fearful to take them as they had not been properly tested. Others were uncomfortable that their colleagues were not prepared to be vaccinated, thereby 'placing others at risk' and deeply concerned about the impact that 'anti-vax' misinformation was having in the wider community.

Being forced to have the COVID vaccination affected me mentally and I also had an adverse reaction.

People/staff should not be forced to have a covid (trial) vaccine in order to keep their job. This is causing a significant amount of stress and uncertainty for many Australians. Vaccination should be decided by the individual without threat of loss of livelihood. Other safety measures (PPE and rat tests etc) can be utilised.

I can't go back into the office because I haven't been vaccinated. I am not going to be vaccinated. At the moment I can work from home still but if that changes then I have lost my job.

My community are really vulnerable. There are people out there [and in here] telling them that it [the vaccines] is dangerous. It's hard because people listen, and they make bad decisions. It's terrifying.

Several managers spoke about the impact of mandatory vaccination on staffing and their own stress at having to terminate contracts of staff, if they refused to get vaccinated.

It was the worst experience of my professional life. There was one staff member who refused to get vaccinated. She's been a really good worker, has worked here for [many] years. We have always got on. But she was such an agitator. She was so anti-vax. And she stirred up other people on staff who were just hesitant. She scared people and slowed the whole thing down. I didn't get any support from the funder. No one could advise me what to do. I had to work it out for myself. I had sleepless nights. It was so stressful. It was the first time in my long career that I have ever had to get help from a counsellor. A professional. It was dreadful.

I had to watch a webinar from Justice Connect and get my consultant to give me some advice. There was no clear advice on what to do. I looked up Fair Work and spoke to my committee. In the end she [the staff member] broke the Public Health Orders and came to work when we were closed. She lied and said she didn't, but we had clear evidence that she had. So we terminated her contract. It's a shame because otherwise she was really good at her job and now, we have this great big hole.

There was a lot of anti-vax sentiment here in our community. People wanted to come in [to the service], but we were making sure they were vaccinated. If they weren't that was OK, but we would take extra precautions and give them information about vaccination. You can't deny service to people, but it was unsafe for staff.

The impact of 'anti-vaxer' sentiment also had an impact on team cohesion in some workplaces.

We lost people who didn't want to get vaccinated. It was a slow process and people were consulted a lot which was good. But then they leave and some of their colleagues their teams left too. They wanted to protest and support their friends. It was stressful at the time. It's hard to watch people leave and feel OK. But it's alright now.

Watching my manager deal with this woman [staff member] was really hard. She whipped things up [anti-vax sentiment] with other people. Before she left things were really dysfunctional.

Other people said they felt compassion for staff who didn't want to get vaccinated and were sympathetic to a person's right to make decisions about their own health care but felt that this needed to be carefully weighed against the vulnerability of the community members they were serving. Other people spoke about vaccine hesitancy and lack of access to their vaccine of choice. As one respondent put it:

I mean in April last year [2021] can anyone really say they were keen to have it. There was so much crap in the media about side effects. Especially Astra Zeneca. It's not surprising it blew up. I waited and then when I was ready – ha – I couldn't have Pfizer I was too young and then by the time I could get Pfizer there was none [of it] available near me.

Contracting COVID-19

The study also investigated the impact of contracting COVID-19 on wellbeing - respondents were asked if they had contracted COVID-19 and if so, how this had impacted their wellbeing. For those who had not contracted COVID-19 they were asked to provide feedback on how 'worry' about contracting COVID-19 had impacted their wellbeing.

36% survey respondents had contracted COVID-19 at some point during the pandemic. For some it was a mild disease, which had little or minor impact on their wellbeing. For others it was a major illness which had significant impacts on their health, ability to work and access to sufficient leave. The seven-day self-isolation rule and having to care for sick household and family members had the possibility of increasing the time spent on leave and these issues compounded some of the more negative impacts on people's wellbeing.

I was working from home at the time. I was unable to work for 1 day due to being very unwell and lethargic. Otherwise, I was able to work for the remainder of the week.

I had 2 days of feeling quite unwell. Apart from this it was just an inconvenience to have to stay at home for the 7 days.

Major illness was experienced by a number of respondents, and this impacted negatively on their health and wellbeing.

I managed to get through 2 years of increased hours and stress compensating for those who worked from home only to get struck down with Covid and then pneumonia leading to a collapsed lung three days into annual leave put largely to exhaustion and lowered immunity due to work stress. It was a horribly debilitating experience.

I am still unwell (fatigue/muscle aches) after contracting COVID in Jan 2022. Waiting to access Long Covid Clinic. This has made every day difficult, compounded by the fact it is only me - as we have not been able to recruit staff - I'm exhausted.

Lack of sufficient leave provisions was an issue that was identified as negatively impacting wellbeing. For staff who experienced mild illness this was manageable. However, for others, dwindling or insufficient leave provisions were a source of significant stress.

The major complication was that again, I was in a situation where I was required to work and manage caring responsibilities for my family. We did not all contract the virus at the same time, so all up we were in lockdown for a couple of weeks. My leave entitlements are pretty much depleted right now so that was a major stressor.

The yearly sick leave entitlement of 10 days is insufficient to recover from COVID-19 and care for family members who have contracted COVID-19. This resulted in a great deal of stress and financial hardship. Furthermore, I was classified as close contact six times, forcing me to self-isolate and putting me in financial distress.

I was able to work from home once I felt well enough. Although I needed to use all of my TOIL and Sick Leave and a weeks' worth of annual. Being able to access additional COVID-19 leave would have been beneficial.

Having had COVID did not impact on [my] wellbeing at work - however having to isolate for a total of 21 days due to family members [with COVID] impacted my ability to do my job well and support family members through illness.

Regardless of the severity of people's illness or their leave provisions, the fact of their contracting COVID-19 could have significant impacts on the ongoing delivery of services, especially for smaller services or where staff were required to self-isolate for their own recovery, to care for others or because they were a close contact of another family member. These factors led to additional stress and decreased wellbeing.

Myself and two other colleagues contracted COVID at around the same time. It is a small service and as the manager [I] had to shut down the service for a couple of weeks. Doing this contributed to higher stress levels for me as it didn't fit with the funding arrangement. The funding body were understanding but couldn't help and the clients were also disadvantaged, which worried me.

I have been very sick for about 10 days and unable to work. As a very small workplace (2 admin staff + 2 trainers) it has been hard to maintain our services and level of customer service, including cancelling courses.

Having to have a week off work due to being positive and then another week off due to a dependent child being positive had a negative effect on wellbeing due to falling behind in tasks and deadlines.

I had work commitments so probably returned to work sooner than I should have. I was not pressured to return but I didn't want the fact I had COVID to disrupt my work or that of my colleagues.

Fear of contracting COVID-19

78% of those who had not yet contracted COVID-19 were worried about catching the virus. This worry led to increased stress and anxiety for staff. Some respondents to this study also reported that they were 'on constant alert' in shared spaces such as restrooms, kitchen areas and other common areas. Some expressed frustration at colleagues who refused to get vaccinated; some reported that their workplaces seemed divided between those who did not care about contracting the virus and those who did.

It's divided the office into people who don't care about catching COVID and passing it on, and those who DO care about catching COVID and passing it on.

The comments from this group of respondents suggests that in some workplaces there was a clear divide between staff, based upon their level of anxiety about catching COVID-19.

I was scared to be in the tearoom with others, share restroom space / touch doors etc. Constantly alert to space and place. If others appeared unwell, I left the office (while working at the office) - even if they were saying they were not sick. When working from home alone, I did not have this fear (of course) however that was when loneliness took over.

It was more the fear of contracting it and passing it on to other colleagues or family members who are vulnerable due to age/ illness; or contracting it from others. However, this has faded as vaccination rates increased and also knowing more people who have contracted COVID and have now recovered.

Less stress and anxiety were reported from those who felt confident in the organisation's COVID-19 safety plans and mitigation strategies and from those who worked from home and felt supported by their organisation in doing so.

It hasn't [worried me] because our workplace has a solid COVID business plan and good support.

It has not impacted greatly, as we are able to enforce the rules of mask wearing, sanitising and personal space, given the industry we are in and the fact that many of our clients and families of staff are in the high-risk category. We are very firm on these issues, as providing a SAFE SPACE in all areas is what we base our integrity on.

The transition from working at home and returning to the office environment increased staff members' anxiety, if they were already worried about contracting COVID-19, whether it related to exposure in the workplace or on public transport, while getting to and from work. The division in people's attitudes to vaccination and adherence to other safety measures also increased anxiety.

I don't want to go into the office where there may be a lot of people as I am high risk, but everyone seems more relaxed about COVID now and it is becoming expected that I suck it up since "we're all going to get it sooner or later".

Anxious about returning to face to face in the office/ using public transport to get there.

It has added to my stress levels about travelling into the office (which was not a requirement at time of recruitment and contract signing) across multiple modes of public transport. I also have vulnerable family members which the threat of contracting COVID meant I may not be able to see them after extended periods of forced separation due to government health mandates.

Personal Strategies to Improve Wellbeing

Staying connected with friends and family was the most common activity respondents did to improve their personal wellbeing (82%). People also reported that increasing or maintaining their exercise helped to increase their wellbeing (41%). Other strategies people mentioned which helped them through the pandemic were: prioritising their faith, seeking therapy and home improvement activities, such as gardening and decluttering.

Strategies to Support Wellbeing

Respondents were also asked to provide feedback on the measures that they took to improve or maintain their own wellbeing, and the types of strategies and tools their workplace had used or developed to support staff wellbeing.

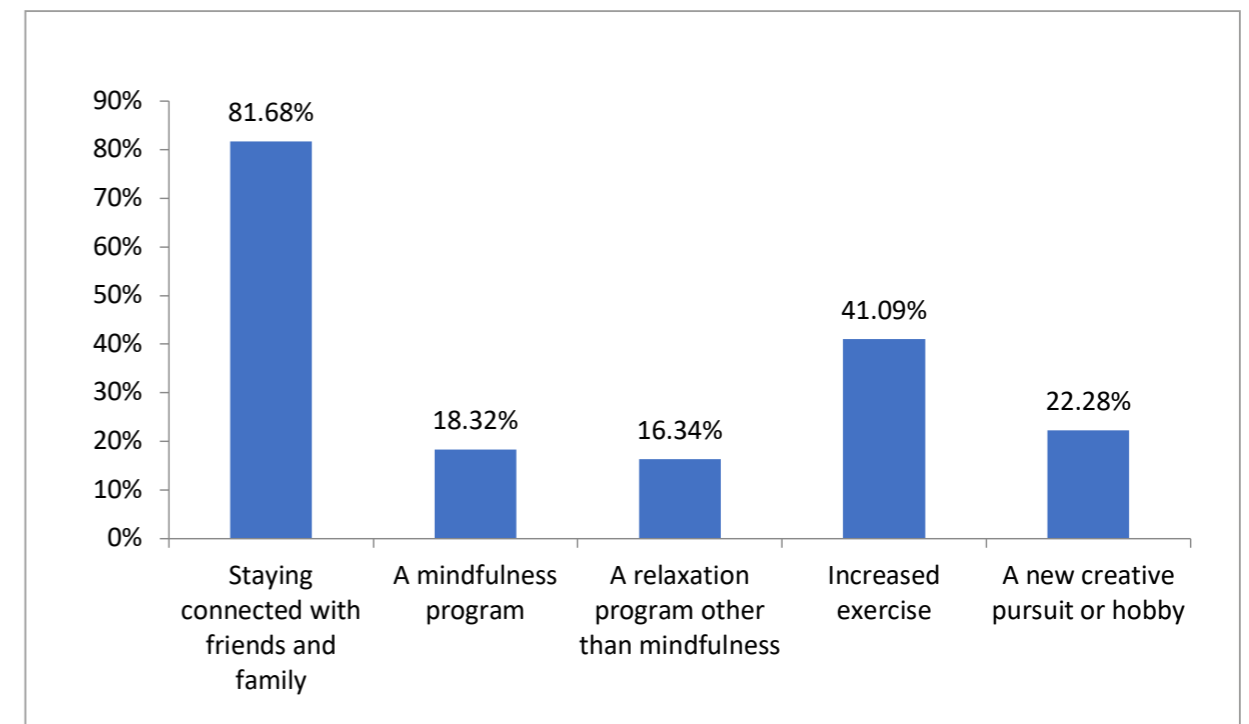


Figure 18: What People Did to Improve Their Wellbeing

Some people had made big changes in their routines to support improved wellbeing:

I have completely transformed my sleep patterns to go early to bed, early to rise. I have increased my spiritual practices.

Living on a large rural property which is isolated in itself, allows myself and my family members to live life as we would prior to COVID. Animals are the source of peace and soulfulness.

'A lot of gardening!'

Some people had taken specific steps to address increased anxiety or to disconnect from COVID-19 'information overload'.

Redecorating my home to be more welcoming and relaxing. Decluttering and reading. I have read over 250 books since March 2020!!! Cooking and sharing recipes on social media.

I have spoken with my doctor about a mental health plan to manage heightened feelings of anxiety during the pandemic.

Maintaining their faith or connection to community was also important:

I attend Church, pray and keep my Faith above all things, even what is happening in this world right now.

Avoiding the news and social media in relation to COVID and its updates.

I volunteer. It has been harder with the pandemic, but I feel I have to give back, I have to stay connected. I feel a sense of love that is so important to us all getting through this.

At first, I watched everything. Read everything about it [COVID-19]. I felt I had to know. But then as it went on. I just couldn't bear it. I felt overloaded, it was all overwhelming. So, I had to stop, stop watching the news and reading about it.

For others, their self-care or approach to maintaining wellbeing had stayed the same:

[I do] Nothing extra. I run 3 times per week and go to the gym. I already meditate regularly. I keep up to date with relevant information so I can respond appropriately and that's about it.

Workplace Strategies to Improve Wellbeing

People were asked to identify the things that their workplace had put in place to support them during the pandemic. Most respondents reported that their organisations have good COVID-19 safety procedures in place (84%), as well as providing work from home support (76%). Over half of respondents reported they have access to free RAT tests (51%) and employee assistance programs (EAPS) (58%). Only 4% of respondents reported that no supports had been put in place or they were dissatisfied with PPE and EAPS provided.

The majority of respondents to both the survey and the interviews reported that their organisation made a range of non-pharmacological public health interventions available for staff including PPE, RATs, air filtration, hand sanitiser and digital thermometers. These were all requirements of NSW Health to continue to operate safely and were part of organisations' COVID safety plans and procedures.

In terms of workplace supports, there were no major differences between organisations of different sizes. Staff from large, medium, and small organisations all reported their workplaces implemented good COVID-19 safety procedures and working from home support.

We had a good COVID safety plan. We had good social distancing and hygiene stations and temperature checks for people coming in. RATs were available and PPE some of it was a bit slow coming, but we did what we could with what we had.

- Small workplaces were least likely to provide extra leave provisions.
- While staff from large and medium organisations reported less ease of accessing leave provisions than small workplaces, these differences, however, were small.

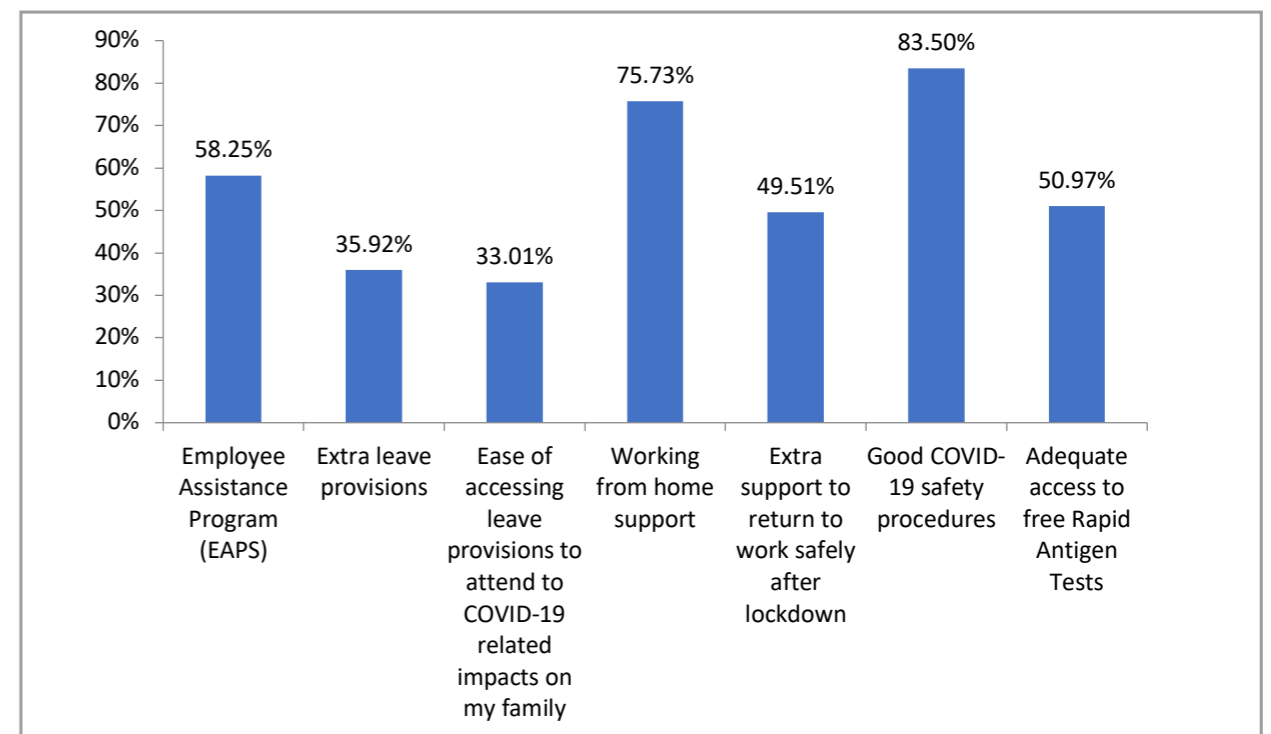


Figure 19: What Organisations Did to Support Staff

Our agency was very supportive of those who worked from home and for those who had to isolate but we are a small not for profit and after losing the volunteers workforce in 2020 it was the team left in the workplace that had to hold it all together. There just weren't the resources or personnel to spread the workload we worked very long hours. The DCJ SSTF grants were fantastic, but we were well burnt out by then.

I felt greatly supported by my work through the provision of RATs, PPE and all the time off I needed to recover.

We wore masks and are continuing to do so even though the community seems not to be wearing masks at all.

[Our organisation] has gone out of its way to ensure that there is up to date support. To ensure that all staff and those we serve are supported and given the best opportunities.

Developing a COVID policy to ensure that all staff were fully vaccinated so that the workplace was as safe as possible.

We have an excellent program of support at [our organisation]. This was pre COVID and was critical to support the team at times of stress. A quick upgrade of our IT resources also made it easier to manage service continuity and meet needs of customers.

In addition, some people reported changes to their work conditions such as increased leave provisions and financial support to work from home. Some workplaces were reported as already having active positive wellbeing programs in place. However, while that included activities like meditation, yoga, walking groups and massage, these appear to have been in a minority. People also spoke favourably about the support they received from the workplace when they contracted COVID-19.

Assistance for managers to risk assess and manage changes from WHS and other internal teams. COVID team collating and distributing relevant information.

[I had] Help to set up [my] home office. \$450.

Our manager and safety manager are doing a wonderful job with keeping our families and team members safe.

[We got] Two weeks Paid Pandemic Leave put into our Enterprise agreement.

A small minority of respondents said that they felt unsupported by their organisation. They reported that their workplaces had either done 'nothing' in response to the pandemic or had made minimal improvements only. These respondents found measures, such as PPE equipment and RAT tests, either unavailable, inadequate to improve wellbeing or hard to access when needed. The Employee Assistance Program (EAPS) was also mentioned as being 'inadequate.'

EAPS is useless and is just something that employers use to avoid responsibility when they are making you do something stressful.

We got PPE, but it was useless. It didn't make me feel safe at all.

Negative Impacts

Being Older

Age played into the negative impacts on people's wellbeing in a multitude of different ways. For older workers they spoke of being concerned about their own health and their vulnerability to the virus which increased their anxiety. For other workers they were often concerned about the impact of COVID-19 on older or frail relatives. Organisations that provide aged care services were finding that their clients – who are especially vulnerable to serious disease – were reluctant to return to social programs.

We [aged care social program] can go back to delivery now, but our clients won't come back. They are scared of getting sick. They have lost their connection to their community. They want to come back but they are not comfortable leaving their homes. They feel safe there.

Others still were concerned about their volunteer workforce, many of whom were older. This was particularly the case for staff from aged care providers, including Commonwealth Home Support Providers and Meals on Wheels, who reported losing a huge component of their volunteer 'workforce' due to their age and vulnerability. Lack of access to older volunteers had a flow on effect to being able to meet the increased demand from community. Staff from aged care services were also more worried about not having enough staff to support client need than staff from other service delivery types.

Negative Impacts and Protective Factors

Analysis of all data including qualitative responses identified a number of other factors that have had a negative impact on staff wellbeing. These were:

- being older
- leadership stressors
- women as carers
- compounding effect of natural disasters
- impact on job security
- lack of support from Boards
- dissatisfaction with the government's response

Meanwhile, important factors were also identified from this analysis that provide protection for staff wellbeing. These 'protective factors' are discussed further on in this section.

Leadership Stressors

All interviewees in leadership roles spoke about the complexity of managing through the pandemic and the challenges they faced, including staying on top of the fast-changing public health orders, meeting the increased needs of the community

and staff who looked to them for leadership, and meeting the changes in the type of work and service delivery required. While strong and effective leadership is a protective factor, as discussed below, it is clear that leading in this unprecedented time of global crisis was often a lonely and stressful experience. Several leaders spoke about the complex needs of changing service delivery methods and approaches and even types of service offered and staying on top of the changing PHO as being incredibly challenging. A number of leaders reported being concerned about their own levels of burn out. Several CEOs had not taken leave for two years and were aware that this was not being a good role model for staff and was increasing their vulnerability to burn out.

Dealing with staffing issues and being able to manage policy requirements, such as the vaccination mandates, were especially difficult. One manager reported that it was the first time in her professional career of over 40 years that she had needed to access external counselling from a psychologist in order to deal with the anti-vaccination sentiment from one disruptive staff member.

Leaders from smaller services spoke about the frustrating lack of financial, administrative, and staffing resources to address not only the increased need of their communities but also balance this with the increased needs of their staff. Being unable to support staff with additional leave and needing to shut their organisations completely, if there was a close contact to COVID-19 on staff, were all identified as stressors. A senior manager from a disability service reported that they would need to lose staff as a result of the downturn/shift in their business operations as a result of COVID-19. This restructuring was happening now (in 2022) but had resulted from changes in work practices during lockdown. Team leaders also spoke about the complexity of supporting team wellbeing due to COVID-19. Managing wellbeing is part of the role. However, it was exacerbated due to the increased anxiety of staff and complex personal responses directly resulting from the pandemic.

Women Workers as Carers

An issue that came through clearly from the in-depth interviews was the impact of the gendered nature of caring. Women spoke about the conflict they felt between continuing to work effectively during COVID-19 and having the primary carer role in their family. Given the gendered nature of the sector with three in four workers in NSW being female¹⁹, this is especially worth highlighting.

Working from home presented some conflicts for women as the boundaries between their caring roles and their professional roles sometimes blurred. Being 'in the front room' and thus more easily available to meet the needs of their families was problematic. Other women struggled with concern for children and other family members who were isolated at home while they were required to work as part of an essential service. Managers and team leaders also discussed the importance, during lockdowns, of staying aware of the needs of women on their teams who had children.

I know I am probably in the minority. Lots of people love working from home but I much prefer going to work. I live with my mother who is older and has some health issues and my daughter who was going the HSC. It was very hard during lockdown to keep boundaries in place. People needed me at work and at home. I felt torn.

My husband would come out at lunch time and say what's for lunch. I would do this at first but then I said no. Let's sit down and have lunch together. In my culture women do the food. It's just part of my culture but it's not part of work.

My daughter was at home during the lockdowns. We had to home school. She was 14. So that was good for me. And good for her. I could support her. We could all be together but when we went back to the office, but schools still weren't back her mental health took a dive. That was a really stressful time. I was so worried about her. She was all alone, at home. Both of us were essential workers. And at first, she seemed fine. But she wasn't.

I was really concerned for my team. They are all women with kids. Some of them are single mums. And that is so hard. Your child is home alone [during lockdown]. Cut off from their friends and school. This work is essential. Our clients need us. DV has sky rocketed during the pandemic, so we have to be flexible to meet this demand. So I keep a watch out for the team make sure that they are coping OK. I have to be more aware of this issue and I ask them how they are going.

Compounding Effect of Natural Disasters

This was a recurring theme throughout the survey commentary and interviews. Some people discussed the impact of COVID-19 compounding the effects of the recent Black Summer bushfires and other natural disasters. Others highlighted the impact of the recent floods in Northern NSW (NNSW) as intensifying the stress of the pandemic.

Our community was severely bushfire impacted. Fires officially extinguished the first week of March and first big COVID lockdown happened about 2wks later. Rather than boosting the capacity of local support services a lot of bushfire recovery money had been given to external providers who all left as soon as COVID hit. Many retained their funding and delivered services 'online' despite the fact that many in need of services did not have electricity or telecommunications let alone a computer. Local services like ours however got no extra funding, opened voluntarily to support our community all while trying to manage our own trauma.

We've had years of drought and then bushfires. Then we get hit with the pandemic. The need in our community has skyrocketed and we haven't got any extra funding to support people. Little bits and pieces but nothing substantive. People have to apply for government assistance and most of it is online and they can't manage. They don't have computers or enough data, or they don't even have emails. It's impossible.

The floods here have placed everyone at greater risk. Some of our staff have been flood effected. They've lost everything. And then there is community who have also lost everything. It's traumatic. People are sick and people are homeless. And then we have to worry about COVID.

¹⁹ NCOSS Women in the Sector report

Food insecurity bought on by NSW floods following the pandemic has intensified stressors in NSW for families and staff - we wondered [if we could] not only meet our own needs but also those of our most vulnerable families and community groups.

It is difficult to extract whether it [decreased wellbeing] is from the pandemic, or combination of natural disasters, global warming, neoliberalism, or ageing.

I have a mortgage and a family and so I have a second casual job to help me. Because of COVID I lost my casual employment. They couldn't afford to keep casuals on.

I was a close contact of a COVID case and required to self-isolate. This occurred for seven consecutive seven day periods and so I lost all of this income from my casual job.

They just let me do whatever I want. Which is both good and bad. Sometimes you want to be able to fall back on some support.

Our Management Committee members are all older. They are all volunteers and vulnerable to COVID themselves. We had to move to online meetings but some of them live in quite isolated properties so they couldn't manage to join. It all slowed down a lot. We are just getting back to normal now but COVID has finally reached our community so it means that this might change.

[I am] still working from home as my workplace require all staff to be fully vaccinated and I am not vaccinated. Mandates have been lifted but my workplace [is] still insisting.

I have lost trust in big government. The govt response to the pandemic has been heavy handed and too intense for people. It has done far more damage to our economy, businesses, families than the illness itself.

Impact on Job Security

Several respondents spoke about the impact of the pandemic on their employment status, losing contract work and/or income directly, as a result of the pandemic. This included job loss, loss of casual employment and the impact of the seven day self-isolation rule for close contacts which was in place for much of the pandemic response.

Support from Boards

There were varying responses to this question. Some people received good support from their Boards and Management Committees while many others did not. Some reported that they were enabled by their Boards for doing 'whatever was required', while others spoke of being 'fairly isolated' and 'unsupported'. The composition of Management Committees especially in rural and more remote locations also limited their ability to maintain good governance during this time.

Dissatisfaction with Government Response to Pandemic

Dissatisfaction with government included such issues as: lack of core funding, concern about the impact of lockdowns on community and the impact of vaccine mandates.

For Aboriginal services some of these responses indicate exasperation.

I lost my Mat. leave [maternity leave] contract because of COVID. The husband of the woman I was replacing on Mat. leave lost his job because his employer laid off staff as a result of COVID, so his wife had to return to work early. So I lost my job. It was really stressful, I had to find a new job and there wasn't a lot around. It was really stressful. I'm really happy now with my new role. I love this job and [name of workplace]. But if you'd spoken to me last year it would have been a really different story. I couldn't get out of bed. I thought what is the point.

My chairperson had no idea. I would call and ask for advice, and they just said they weren't sure. They were behind the eight ball, and I had to keep them [the Board] informed about what needed to be done.

At the beginning I had to convince my Chairperson that COVID-19 was significant. He said it was just a virus and he didn't know what all the fuss was about.

Lockdowns created much more irreversible damage to people's lives, mental health, business, and livelihood. Community division created by the vaccine campaign resulted in irreversible damage to those who experienced social rejection, job losses, dismissal etc.

General sense of [being] overwhelmed and exhaustion as a result of the mixed messaging from the Govt. and State politicians behaviour toward one another as they battled for resources. Living on the QLD/NSW border with constant changes to restricted access and 'bubbles' was exhausting as well as needing to filter information to find simple answers (that often were not there) e.g. the definition of 'essential worker'. It took 9 months to work out if Child protection workers were included in the definition.

Being able to access the NSW DCJ, EAP was reported as providing positive support for wellbeing. However, in general, the feedback about supports received from funding bodies was that it was 'poor' to 'fair'. Some people reported that their DCJ District contract managers were highly flexible and responsive to their changed circumstances and needs, while others felt that they did not receive the support they needed in a timely fashion. Many felt that their funding bodies struggled with the changing nature of the work that was required, especially where it related to delivery of essential support and emergency relief, including food relief, which was not always part of an organisation's contracted delivery.

Protective Factors

While the negative impacts on staff wellbeing from COVID-19 were considerable, this study has identified a number of important 'protective factors' that seem to have acted to ameliorate these negative impacts for a reasonably large proportion of the study respondents.

Research on wellbeing and mental health identify the importance of 'protective factors' for positive outcomes, which go beyond the 'absence of disease'.²⁰ Protective factors act to support individuals to maintain or improve wellbeing. Studies identify that some protective factors are intrinsic to a person, such as personality traits like high self-esteem and resilience, or past experience. Extrinsic elements include positive family and kinship relationships, where people live and how positive their workplace experience is.²¹ Existing evidence indicates a significant, positive relationship between social capital, physical and other lifestyle factors, individual attributes and creative arts engagement, and mental and psychological wellbeing among particular groups of Australian adults.²²

This study did not investigate intrinsic personality traits or existing mental health or chronic health

²⁰ Heinsch, M. et al Protective Factors for mental and psychological wellbeing in Australian adults: a review Mental Health and Prevention Volume 25, March 2022

²¹ Vic Health Evidence Check – Mental Wellbeing Risk and Protective Factors Sax Institute

²² Op cit.

conditions that may impact on a person's wellbeing. However, extrinsic protective factors emerged as common themes. These were:

- the nature of social service work, providing support to those most vulnerable
- flexible changes in service delivery and systems
- being supported to work from home
- actively engaging in self-care
- having and maintaining strong family and community networks
- feeling well supported by their workplace including strong and supportive leadership, sound COVID-19 safety strategies, supportive teams, and regular communications
- well-targeted government financial support.

The Nature of Social Service Work

The importance of providing continued support for those most vulnerable in the community has been a noticeable theme throughout the findings of this study. People spoke with commitment about the significance of 'being there for others' and 'supporting those most vulnerable' during the pandemic. When considering the range of protective factors that were important for maintaining wellbeing, this seemed to have served this function for many.

When I was finding things hard, I would stop and consider that I have my family, I have a good job and a roof over my head. It would give me perspective. There were so many people, our clients, who have no work, no secure housing, they are doing it really tough, and we are able to help. These things encouraged me to continue my work and feel really good positive about what we do.

You know, the need is so high. There are so many vulnerable people in our community. People who live alone and have no one. When we had to close [during lockdown] that was the most stressful. Worrying about how people were. My clients. Only being able to call them and not see them. Once the government said we were essential workers, and we could open up that was much better. Knowing that people were ok and that you were there for them. That helped me.

Changes in Service Delivery and Systems

Delivery of services was impacted considerably by COVID-19, especially during lockdowns. This led to changes in how people worked and what was delivered. People spoke about the benefits of strategies, such as COVID Safety Plans and COVID safe measures, support to work from home and the benefits of rostering staff on a week-on, week-off cycle.

Our COVID safety procedures were good. Once we got them in place it helped to feel safe. It helped us continue to provide services to our community. There was a period when we weren't sure but then it became second nature.

At first [during the first lockdown] we didn't know how to do it. Our clients needed face to face services, but we weren't seen as essential workers. This changed and once we were deemed essential, we could put in rosters. Rostered worked with two teams. Team A would do one week in the office and Team B the following week. It allowed people to stay connected to the workplace and their clients while maintaining safety.

Work is divided into teams who work from home or in the office fortnightly.

Benefits of Working from Home

Positive impacts on wellbeing included the ability to work from home, work remotely and re-evaluate work and life balance.

I think the COVID-19 pandemic has shown employers and organisations that working from home is possible and cemented the idea that hybrid working arrangements can and do work, which will improve wellbeing at work and an employee's ability to balance personal and professional commitments.

I had the opportunity to work remotely from my home state for 15 months. After not being able to get home for important occasions including funerals, having the opportunity to work from a state where most of my family live was great for my wellbeing.

I met my partner 18 months ago and that has made a big difference to wellbeing, safety etc since we moved in together and therefore WFH didn't mean complete isolation.

Being able to work more flexibly - be it online options for meetings and training to working from home as an option especially for some types of tasks.

Working from home has made it easier for me to balance my parenting responsibilities.

My physical health has suffered a bit during the pandemic as I wasn't able to exercise as much as I otherwise would have, although I would say that working from home has increased my mental health and wellbeing considerably - notwithstanding the stresses associated with lockdowns etc. I think that the pandemic has given me an opportunity to re-evaluate my work-life balance and my priorities have changes. I would now pursue jobs that offer hybrid working models as a priority over increased pay. I have also contemplated moving down from full time to part time work.

While frontline and essential workers in the social service sector find it impossible to work from home, for many it has led to a marked increase in their wellbeing.

Actively Engaging in Self-Care

People spoke about their individual approaches to self-care, including building exercise and downtime with family into their 'routines', walking the dog or just making regular breaks part of their routine. Setting clear boundaries between work and home during lockdowns was important. Many reflected on the fact that maintaining active self-care was much harder during lockdown. Those who reported actively engaging in self-care seemed to be less impacted by the increased stress of the experience.

Strong Family and Community Networks

Staying connected to community and colleagues seems to have been of critical importance to the majority of respondents. Having strong, loving family and/or community and friendship networks was often reported as helping people to maintain positive wellbeing. Having people to lean on and share the experience with was important for many. Being able to spend more time with family, partners, children, parents, and siblings was important to many people. For others, having strong spiritual or faith-based connections to either a church or community group was important for wellbeing.

I would go and see my mum every day that's just the sort of family we are. We are all really close. I live nearby so that makes it easier. But it is really important to me.

Even during the worst of the lockdown I would take [my baby] out for a walk. We just wander around the local streets. We would do the same thing every day, but it was OK. It was all I needed. We'd see the same people and say hi. It helped a lot.

My husband and I have a strong loving relationship. That helps at the end of the day. And we have faith.

I am just thankful I have a loving family. I have my kids and a partner and lots of support around me. My local community is something I am loving being part of. Everyone knows us it makes things easier.

The strengthening of, and regular connection to, local networks to address or mitigate trending challenges for clients and the community in general.

Feeling Well Supported by Their Workplace

Feeling well supported by their workplace also appears to have been an important protective factor. Respondents spoke about the importance of strong leadership, collegiate cultures, staying connected, increased compassion for each other and effective communication from managers as all being important to their wellbeing.

I found that I felt much more compassionate towards my colleagues. They are friends, a lot of them. We know each other really well but I knew that some of them were having a really hard time and instead of, you know, getting pissed off with them I just had more compassion. We had to get through this together. And it has felt good getting through it together.

It's not that there wasn't some bad behaviour. People were definitely stressed. But I found that things didn't escalate. People were a little more forgiving, maybe, of each other. Given the dire circumstances we were all facing.

Creating opportunities online to meet socially with the team while during lockdown. And then having optional days back in the office, when possible, to connect with staff.

A number of people in the interviews and the survey spoke with admiration about their manager's ability to stay on top of the public health orders and communicate these changes effectively.

My Manager was always there. Always translating what we needed to know. She would watch the daily pressers and make sure there was nothing else we needed to do or know. It was incredibly stressful, but I think she did a remarkable job. I felt incredibly grateful.

I don't know how she did it. She just kept on fronting up. There didn't seem to be much support from the funding body. When the vaccination issue blew up, she just had to work it out. It made me want to step up. Keep things going for our service and our community that was what mattered. Try to support her.

Organisations and managers prioritised connecting with their teams and staff during extended periods of working from home. This was critical to supporting wellbeing.

I feel that we really looked out for each other. We are a small team but we really all stepped up. Contacted each other. Made a point when we couldn't be together in person to just touch base. We were always close, but this made us closer.

Work has been supportive of practices to make sure everyone is included in meetings, and I feel we worked to get our clients support, food, playgroups on line, connections in novel and interesting ways which helped us all as a team.

Strong, Supportive Workplace Cultures

Managers, in particular, spoke about the benefits of having strong, positive cultures and the strength, resilience and flexibility of their teams to adapt to 'whatever was required'. All interviewees in leadership positions were full of praise for their team's flexibility and/or resilience and many reflected on the way that having a positive organisational culture can work as a protective factor on wellbeing.

I always knew we had a strong culture. We look out for each other. We are like a family, and we all have a strong commitment and belief in what we are doing. This was really apparent with COVID. We were able to respond. I had complete faith in my executive and our staff.

Well-targeted Government Support

While people commented throughout the study about the low levels of core funding that many social service organisations receive, especially small to medium sized organisations, both the Commonwealth Government's Jobkeeper measure and the NSW Government's Social Sector Transformation Fund were singled out as protecting the financial security of organisations and staff.

The findings from this study highlight the need for better wellbeing support for the social services workforce. Since the beginning of the pandemic, the sector has been working tirelessly to meet the increased demand for services while trying to navigate the complexity of their work, workforce shortages and growing uncertainty in the world, brought about by the pandemic. Fatigue, stress, feelings of burn out, loneliness and anxiety were apparent in many staff who participated in the research study and while COVID safety plans and procedures were put in place and employee assistance programs were available, many respondents reiterated the lack of support they felt from government/funding bodies and governing boards during the pandemic.

This study identified several protective factors to help combat the negative impacts on staff wellbeing in the sector. These factors are supported by evidence showing more positive outcomes when implemented. Reinforcing these factors at the systemic, organisational, and personal levels should be prioritised. Without them, staff in the social service sector across NSW will continue to experience physical and psychological challenges of meeting the needs of vulnerable communities in the midst of, and after extreme events.

We had weekly wellbeing sessions. We did fun things like yoga and guided meditation. People were invited to bring things that they felt would be beneficial to the group and this really helped. One of our team is tremendous at relaxation techniques.

Our organisation has a really good culture. It's always been a good place to work. I feel incredibly well supported by my manager and I know that the CEO does an amazing job. We have wellbeing programs in place and when this [COVID-19] happened I know I felt that we'd be OK. We had to change what we were doing, and it was really stressful [at times] but we all got the information we needed, and we had really regular team touch bases and together, the management team, we talked about who needed support and would reach out and touch base.

We really benefited from Jobkeeper. It meant we could keep all our staff employed and ensure job security.

I tried to stay aware of where people were at. There were things going on for people that weren't always easy to spot, because we weren't together. But I made a point of touching base every couple of days when I thought people were struggling.

Building a supportive team culture while remote working [was good for my wellbeing].

The Social Sector Transformation Fund (SSTF) was brilliant. It helped us through an extremely difficult time when there was no increase in our core funding.

I found the level of flexibility from the team remarkable. You know governments talk about pivoting and resilience, but this was something else. They stepped up. They had to and they wanted to, and I was really impressed. Their commitment to it, to our community was incredible.

The support and understanding from various funding bodies as to the challenges faced and stress placed upon the services, they fund to continue to deliver programs throughout lockdowns etc.

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APPENDIX 1: WELL BEING DEFINED

Wellbeing has become an increasingly important aspect of how we respond to, engage with, and understand our world and the things taking place in it. In Labor's first budget in October 2022 the Treasurer Jim Chalmers will include a chapter on 'Wellbeing' in an acknowledgment that it is a nation's 'economy that is supposed to serve the people, not the people the economy.'²³

Wellbeing has been defined as 'the combination of feeling good and functioning well; the experience of positive emotions, such as happiness and contentment, as well as the development of one's potential, having some control over one's life, having a sense of purpose, and experiencing positive relationships'. The World Health Organization defines positive mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". This conceptualisation of wellbeing goes beyond the absence of mental ill health, encompassing the perception that life is going well.²⁴

Workplace wellbeing is a holistic concept, including personal subjective wellbeing and 'the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organization'. The International Labour Organisation (ILO)²⁵ states that 'Workers' wellbeing is a key factor in determining an organisation's long-term effectiveness and that 'many studies show a direct link between productivity levels and the general health and wellbeing of the workforce.'

It is not possible to separate a person's personal subjective wellbeing from their wellbeing at work. The two are intrinsically connected. How positively engaged and productive people are at work is directly impacted by their sense of overall wellbeing, including overall health, safety, connectedness, and security. Similarly, what happens in the workplace can have a direct impact on a person's overall subjective wellbeing.

²³ Chalmers' first budget will include a chapter on 'wellbeing', Mizzen, R Financial Review. Jul 7, 2022.

²⁴ <https://hqlo.biomedcentral.com/articles/10.1186/s12955-020-01423-y>
Wellbeing is more than happiness and life satisfaction: a multi-dimensional analysis of 21 countries, Ruggeri, K et al in Health and Quality Life Outcomes 18 Article 192 (2020)

²⁵ Occupational Health and Safety Workplace Wellbeing – International Labour Organisation 1996-2022 https://www.ilo.org/safework/areasofwork/workplace-health-promotion-and-well-being/WCMS_118396/lang--en/index.htm#:~:text=Workplace%20Wellbeing%20relates%20to%20all,at%20work%20and%20work%20organization.

APPENDIX 2: METHODOLOGY AND ADDITIONAL DATA

Survey Questions

The online survey was drafted through an iterative process with the team at NCOSS, with input from Social Equity Works research advisors. In the online survey people were asked to report on:

- the workplace issues that had increased or decreased their sense of wellbeing
- what issues had had the greatest impact on their personal wellbeing
- whether they had contracted COVID-19 and how this had impacted them at work.
- if they hadn't contracted COVID-19, how 'worried' they had been about contracting the virus and how this impacted them at work.
- what, if any strategies their workplace had put into place to support them with their wellbeing.
- what they had done personally to improve their wellbeing and how they generally felt about COVID-19 and their wellbeing at work.

They were also asked to rate their satisfaction on four items of the Personal Wellbeing Index²⁶ (PWI): personal health, personal safety, community connectedness and future security. General demographic information and data about the size, location and nature of their workplace was also gathered from respondents.

Interview Questions

During interviews, people were asked to comment on positive and negative impacts to their wellbeing as a result of the pandemic. They were asked for their observations about the wellbeing of their colleagues and whether they had felt adequately supported by their workplaces. Managers and CEOs were asked to talk about special provisions or strategies they had put in place to improve staff wellbeing. Managers and CEOs were also asked to comment on the support they received from the funding bodies and their Boards and Management Committees. In these interviews people were able to range more widely and touch on issues, such as the chronology of the pandemic and how they had been able to respond to various waves of COVID-19, changes in public health orders, safety requirements including vaccinations and lockdowns.

Sample

Most common services provided by respondent organisations were homelessness support and accommodation, child and family services, domestic violence services, aged care, and youth services (see Figure 20 below). With a fairly even spread of which sections of the community organisations were providing service to (see Figure 21 below).

²⁶ PWI is a validated measure of subjective personal wellbeing, <https://www.acqol.com.au/uploads/pwi-a/pwi-a-english.pdf>

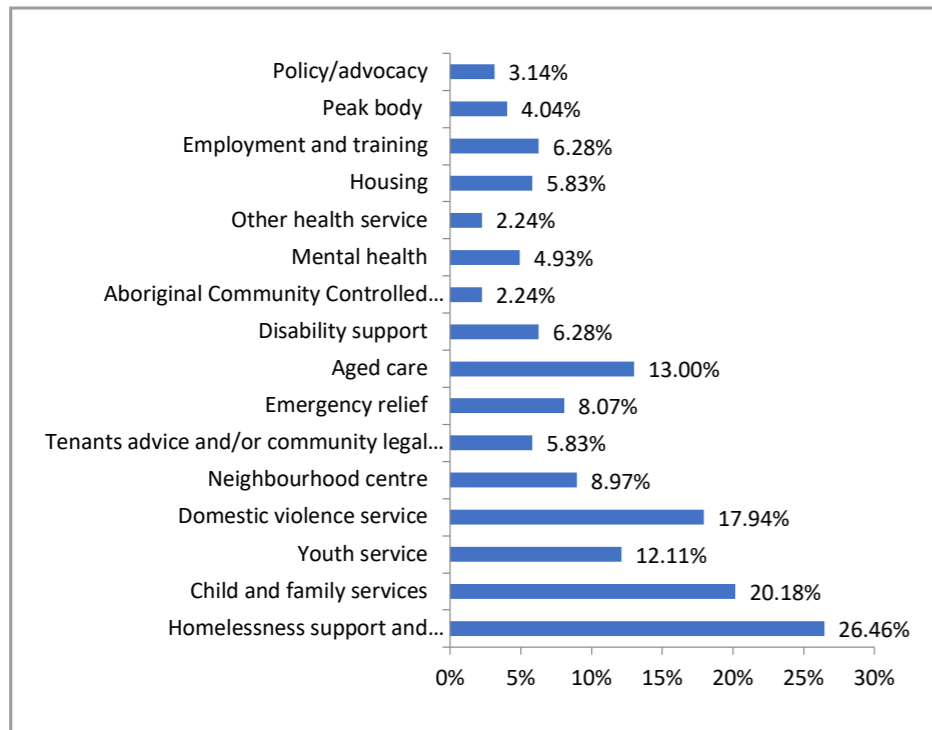


Figure 20: **Services Delivered by Respondents' Organisations**

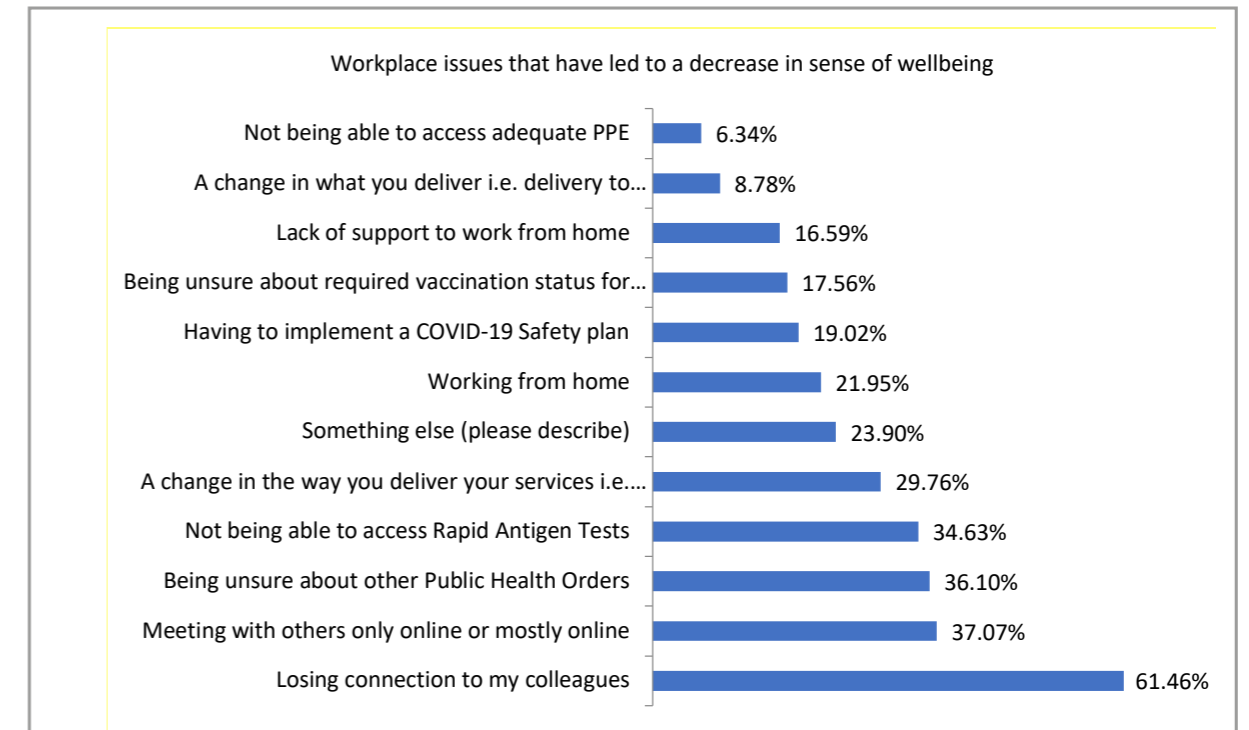


Figure 22: **Workplace Issues and Decrease in Wellbeing**

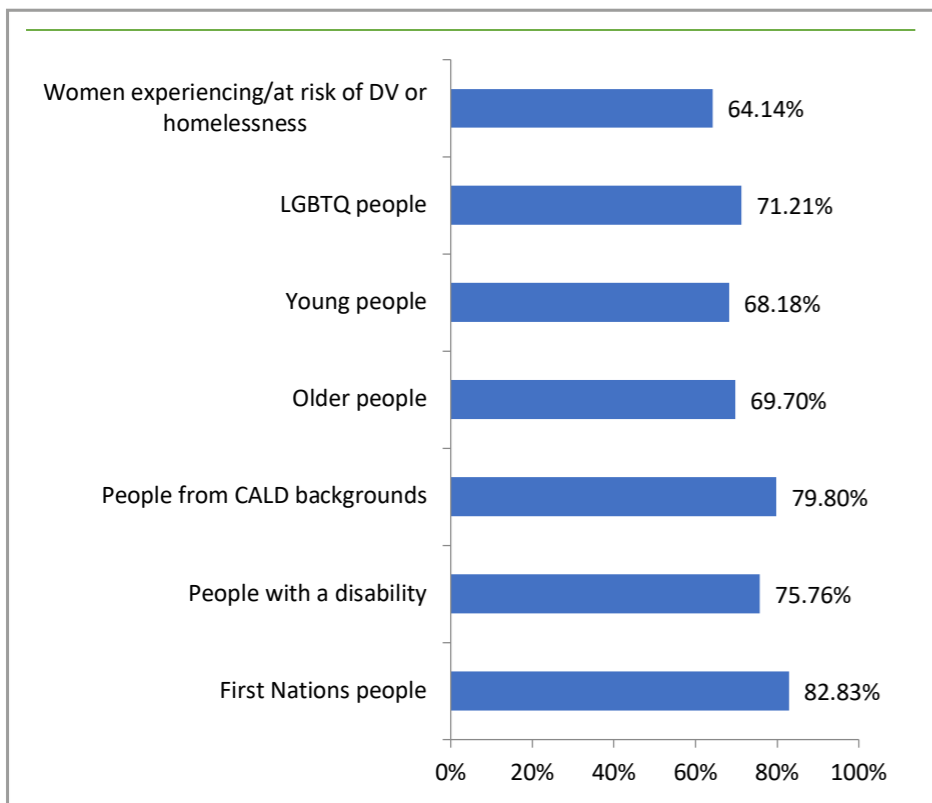


Figure 21: **Provision of Services to Sections of the Community**

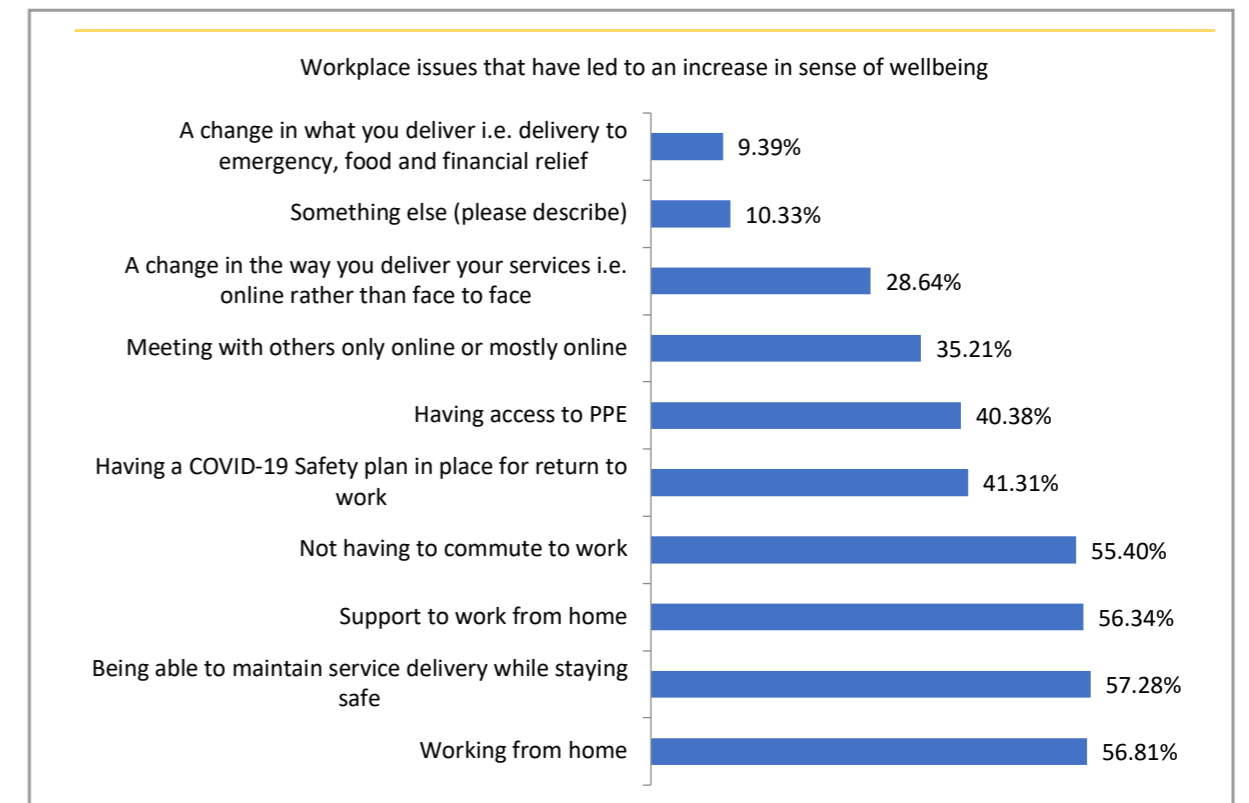


Figure 23: **Workplace Issues and Increase in Wellbeing**

	Homelessness support and accommodation	Child and family services	Youth service	Domestic violence service	Aged care	Aboriginal Community Controlled Organisation	Total
Being worried about contracting COVID-19	28 48.28%	17 37.78%	14 51.85%	20 51.85%	13 44.83%	2 40%	62
Being worried about my family contracting COVID-19	38 65.52%	29 64.44%	20 74.07%	28 71.79%	16 55.17%	2 40%	84
Being worried about vulnerable members of my community contracting COVID-19	30 51.72%	26 57.78%	15 55.56%	24 61.54%	15 51.72%	5 100%	77
Being worried about not having enough staff to do the extra work required	33 56.90%	21 46.67%	13 48.15%	19 48.72%	16 55.17%	2 40%	67
Being worried about working from home due to lockdown	11 18.97%	16 35.56%	8 29.63%	7 17.95%	4 13.79%	2 40%	33
Being worried about doing the wrong thing in respect of the Public Health Orders or the Infringement Notices	15 25.86%	16 35.56%	10 37.04%	13 33.33%	8 27.59%	2 40%	41
Having to do more because of increased demand on our service with no extra funding	38 65.52%	24 53.33%	17 62.96%	23 58.97%	14 48.28%	3 60%	77
Being worried that we won't be able to support our communities to understand the fast changing public health issues	24 41.38%	25 55.56%	17 62.96%	17 43.59%	7 24.14%	4 80%	57
The impact of increased complexity in my work brought about due to COVID-19	42 72.41%	31 68.89%	22 81.48%	31 79.49%	14 48.28%	4 80%	89
The impact of increased uncertainty that COVID-19 has brought into our lives	34 58.62%	32 71.11%	22 81.48%	29 74.36%	20 68.97%	2 40%	87
Having to isolate due to contracting or being a close contact to some who has had contracted COVID-19	24 41.38%	20 44.44%	11 40.74%	14 35.90%	7 24.14%	2 40%	48

Table 4: Organisational Type and Wellbeing Impacts

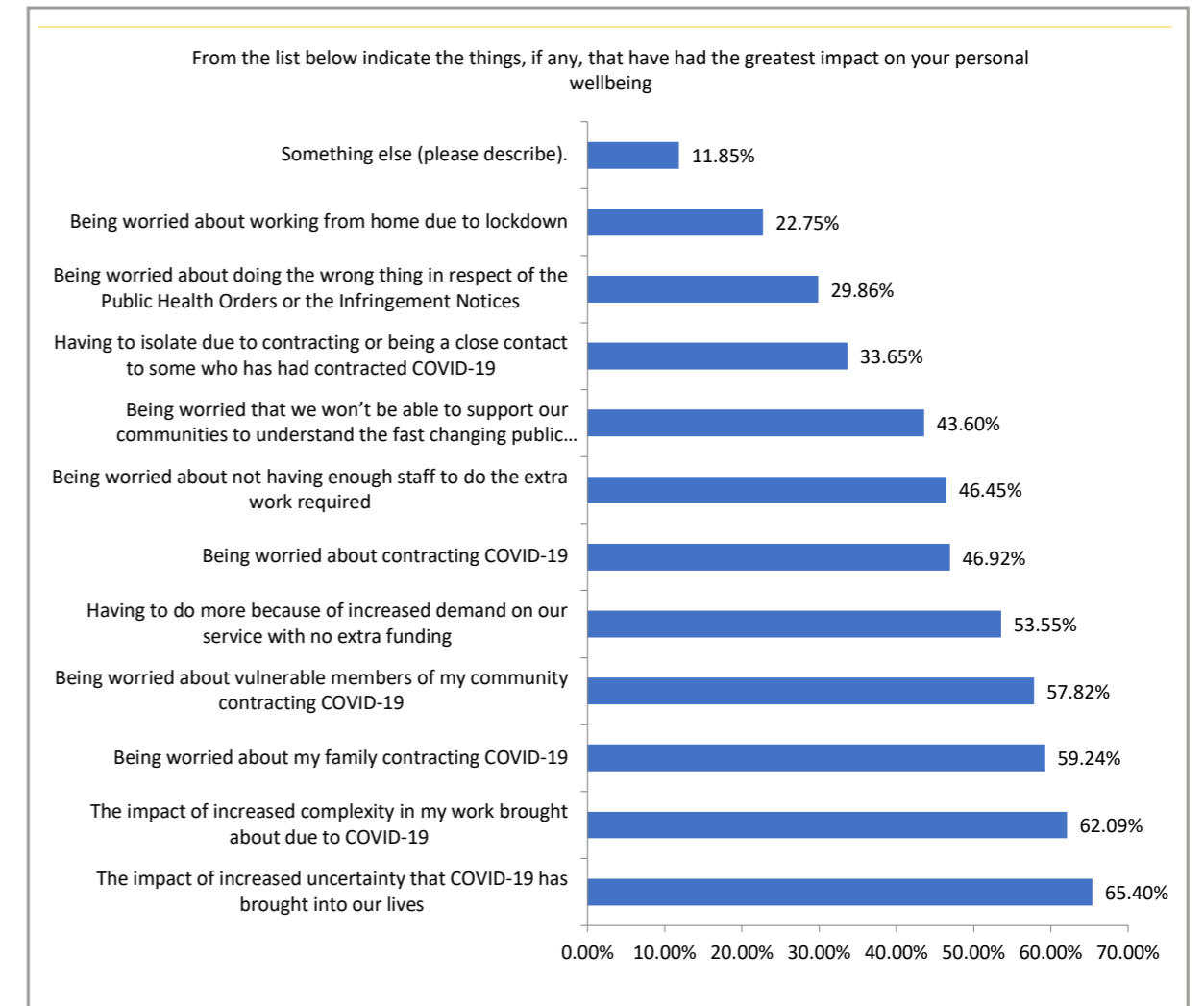


Figure 24: Workplace Issues and Increase in Wellbeing

APPENDIX 3: LITERATURE REVIEW

To place this study in context a targeted literature review of the impact of COVID-19 on Australian workplaces was conducted to identify trends or issues arising in relation to workplace wellbeing, with a particular focus on workers in the health and social and community service sectors.

The Overall Impact of COVID-19 on Australians

Butterworth et al. (2022) conducted a longitudinal study to examine the effect of lockdowns on the mental health of Australians. They compared mental health data from 2011-2019 with data from the 2020 COVID-19 period. It was found that mental health decreased for all Australians during COVID-19. Compared to people from the rest of Australia, those from Victoria, who suffered greater periods of lockdown, were found to have a significantly greater decline in mental health. They also determined that this effect was greater for women compared to men, especially for those with children under 15 years. The authors concluded that the mental health impact of COVID-19 may disproportionately affect some subgroups and that support should be provided accordingly to those who are at a higher risk, such as provision of childcare services.

However, the effects of COVID-19 were not all negative. A recent study by Cornell et al. (2021) investigated the positive impacts of the pandemic on Australians. Not surprisingly, those who worked for pay from home were significantly likely to report positive effects of the pandemic, compared to those working outside the home or not working at all. The three most positive themes were “work flexibility”, “family time” and “calmer life”. They suggest that those working outside the home with no option to work from home should be considered by policy makers in future.

Impact on Healthcare Workers

There has been a wealth of research into the wellbeing of frontline healthcare workers during the pandemic. A cross-sectional study, conducted by Dobson et al. (2021) after the COVID-19

pandemic, found that a considerable proportion of Australian healthcare workers reported moderate to severe symptoms of anxiety, depression, and PTSD (20%, 21%, and 29%). Nursing and junior medical staff reported higher rates than more senior staff members. Symptoms of burnout were predictive of other psychological distress symptoms. However, their study did not include a baseline measure to compare these data with healthcare workers’ wellbeing prior to the start of the pandemic.

Smallwood et al. (2021) found that although Australian healthcare workers displayed high levels of resilience, this was not sufficient to prevent anxiety, depression, and burnout symptoms. Predictors of poor mental health in frontline workers appear to be those who have less years of work experience, are female, working in a nursing role and have pre-existing psychological illnesses. Furthermore, research by Stubbs et al. (2021) found that although mental health outcomes of healthcare workers had improved since the peak of the pandemic, they had not returned to pre-pandemic levels. The authors suggest that ongoing support is needed for Australian healthcare workers around COVID-19 stress and burden.

Impact on other Frontline Workers

Less research has been concerned with the impact of COVID-19 on other workers who may still be delivering face-to-face services and have had their job impacted by lockdowns and COVID-19 safety measures. Roberts et al. (2021) explored the impact of COVID-19 on rural workers, specifically paramedics, police, community nurses and child protection workers. They found that depression and anxiety scores for these workers were roughly two to three times higher than the general population and that the rates of burnout were high. Interestingly the research suggested that the impacts were not due to COVID-19 itself, but, instead, due to organisations’ responses to COVID-19 (or lack thereof). Poor responses by organisations meant an increased workload and a lack of practical support in the workplace. A

Hungarian study by Gorgenyi-Hegyessy et al. (2021) found that healthcare support was a determinant of worker wellbeing and satisfaction, which the authors attribute to COVID-19. They suggest that healthcare concerns have become of greater interest to employees as a result of the pandemic.

Social Service Sector Staff and COVID-19

There has been limited research into the impact of COVID-19 on wellbeing in the social service sector. One study by Coram et al. (2020) investigated the response of community services sector staff during April and May 2020. Respondents were mostly from youth, family, children, Aboriginal and Torres Strait Islander and financial support services. Changes to service delivery and client needs were reported even across the small timeframe of the study, prompting organisational pressure in the form of funding issues and operating safely. However, respondents reported that new delivery models and working from home offered flexibility and provided benefit to staff and clients. Despite a resilient and flexible response to change, respondents still reported high degrees of uncertainty about the future. Whether or not the impact of COVID-19 on the social service sector has continued beyond the initial wave in 2020 has not been investigated.

However, some Australian research has been conducted on the domestic and family violence (DFV) sector and aged care staff separately. A study by Baffsky et al. (2022) conducted interviews with 51 practitioners and managers from the DFV sector in Australia. They found that COVID-19 escalated the incidence of DFV and subsequently led to heightened demand and an increased workload for staff. Transitions to telehealth were reported as being difficult; it was harder to build rapport and workers experienced ‘Zoom fatigue’. In terms of wellbeing, most interviewees were concerned about their wellbeing, citing exhaustion, disconnection to colleagues and a blurring of professional and personal boundaries. Their findings suggest that DFV staff support flexible working arrangements, such as a blend of working from home

and working on site. Additionally, those that do choose to work from home must be supported in ensuring they are appropriately set up to deliver client work. The authors advocate for the integration of working from home into safety policies within organisations.

A similar study by Carrington et al. (2021) investigated the effect of COVID-19 on Australian DFV services and their clients. A nationwide survey recruited 362 participants from the sector. In terms of impacts on DFV staff, they found that people experienced fears for their own health and for their future. This was compounded by an increased emotional toll and a change in service delivery. Some staff reported that, without additional support, shifting to online service delivery resulted in isolation and vicarious trauma.

Research by Brydon et al., (2022) examined the impact of COVID-19 on the mental health of residential aged care staff in Australia. 288 staff members were surveyed across six states and territories. They found that, overall, staff reported increases in loneliness, anxiety, and stress. The most commonly identified stressors were concerns about the safety of self, residents, and family, as well as the fear of infecting residents. The findings suggest that additional support to aged care workers is required to improve the mental wellbeing of staff.

APPENDIX 4: COVID-19 WORKPLACE WELLBEING RESOURCES

The following resources are a sample of those that are available to support organisations in mitigating the impact of COVID-19 on workplace wellbeing.

Type of information	Source of Information	Link
The Black Dog Institute has a range of resources available on their website to support workplaces during COVID-19, including support for Managers and a working from home checklist.	Black Dog Institute	https://www.blackdoginstitute.org.au/news/managers-heres-how-to-support-your-staff-during-covid-19/
COVID-19 Employee Wellbeing Information Pack includes information on how employees can support their mental health, social wellbeing and keeping healthy. It also includes links to mindfulness videos and other support services.	Local Government NSW website (City of Newcastle)	
Strategies to support wellbeing of decision makers through periods of sustained pressure. The guide includes support for decision makers in organisations, including small businesses.	Australian Government National Health Commission	https://www.mentalhealthcommission.gov.au/getmedia/4c6e115d-fa17-4df4-a0f9-5107976ea488/Covid-guides-decision-maker-wellbeing.pdf
Links to support services for mental health and general wellbeing within the workplace	Service NSW	
Managing employee wellbeing during COVID-19. Information for managers and employees. Specific information for different people e.g., LGBTQIA+, Aboriginal and Torres Strait Islander, disability, remote and regionally located.	NSW Government Public Service Commission	

Type of information	Source of Information	Link
Managing a mentally healthy workplace. Supporting staff to return to work.	NSW Government	https://www.nsw.gov.au/mental-health-at-work/mental-health-at-work-resources/resource-kits/covid-19-mental-health-at-work-resource-kit#toc-covid-19-returning-to-work-and-mental-health
Working from home guidance for businesses. Includes links to working from home resources.	NSW Government	https://www.nsw.gov.au/covid-19/business/rules-guidance/working-from-home
Practical advice for Department of Communities and Justice (DCJ)-funded service providers in managing the impact of COVID-19. Specifically, managing risk and seeking support in response to workplace changes due to COVID-19.	NSW Government Department of Communities and Justice	https://www.coronavirus.dcj.nsw.gov.au/data/assets/pdf_file/0020/830360/COVID-19-Guidelines-Module-1-Risks-and-Support.pdf
Practical advice for Department of Communities and Justice (DCJ)-funded service providers in managing the impact of COVID-19. Specifically, guidelines for workers responding to COVID-19 risk in the workplace and worker wellbeing.	NSW Government Department of Communities and Justice	https://www.coronavirus.dcj.nsw.gov.au/_data/assets/pdf_file/0003/830361/COVID-19-Guidelines-Module-2-Guidelines-for-workers.pdf
COVID-19 management and vaccination policy for DCJ service providers. This policy sets out the approach that all service providers must take to consider and manage COVID-19 risks to keep workers and the people they work with safe.	NSW Government and Homelessness NSW	https://www.coronavirus.dcj.nsw.gov.au/_data/assets/pdf_file/0005/820238/covid-19-management-and-vaccination-policy.pdf



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