

COVID-19 Workforce Planning Q&A or Part 2

Please note: We do not pretend to have all the answers as we are absolutely learning as we go - from our experience to date, from our friends here in WA and over East, from today (such fantastic wisdom in what has already been presented), and from the research. Our biggest tip: stay open to learning from others and remain generous in making the journey easier for others





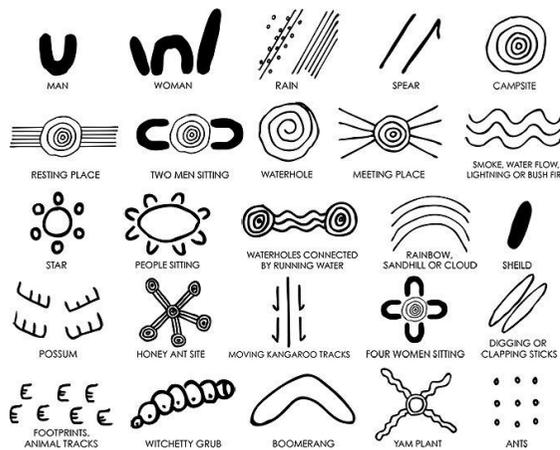
Acknowledgement of Country

- *Ngala kaaditj Wadjuk Noongar moort keyen kaadak nidja boodja.*

We, the staff of Parkerville Children and Youth Care, acknowledge we are meeting on the traditional lands of the Noongar people and pay our respects to their Elders, past, present and future, for they hold the memories, the traditions, the culture and hopes of Aboriginal Australia.

We wish to acknowledge the traditional custodians of the land we are meeting on, the Whadjuk people of the Perth region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

We also acknowledge the Elders of other Aboriginal communities in which we work and live.





Our Principles

- **Supporting Our People:** Invest to ensure we have the supports, right information at the right time, training, comms, and coaching in place to make our team members feel safe – COVID 19 Response Coordinator (RN)
- **Equipping our team: A sense of safety is critical to retention:** Pre-purchase PPE Stocks to last 6-8 weeks, inclusive of RATS regardless of cost
- **Supporting our people to support people:** redesigning services to enhance staff safety and still deliver on outcomes where possible. Plan for outages, and plan for closures if resources (i.e., people) can be redirected to critical service areas.
- **Recognising the multiple impacts on our team:** Our team are family members, community members and fill many more roles that just the work one. Planning for Self Care is a critical investment as many don't prioritise their own wellbeing
- **Systemic and strategic action is required:** Projections of 25-28% of staff on furlough or sick leave at any given time when COVID 19 cases numbers are high gives rise to the need to see the whole service system as self supporting and not individuated. Government and non-government services need to collaborate as neither will have the capacity to cope with critical service needs if one or the other falls due to staffing issues.



Questions and Answers
arising from our last
presentation



How does Parkerville determine when to move from one zone to another?

- Public Health orders and also our Taskforce who review current information, our dashboards, and stated concerns from specific service areas (for e.g. our Youth Homelessness Services). In some ways it will be nuanced and related to things such as PPE equipment availability – If our stocks get low we up the risk Zone so that we can push any service and service supports to working from home to ensure that our 24/7 children and youth homelessness services have all of the equipment they need to do their work safely.

How are you going to support people who aren't vaccinated? Do you have any suggestions for how to approach vaccinated and unvaccinated people being in the same environment?

- We have been identified under the Chief Health Officers definition as a essential and more recently a critical service provider – that means that we have been mandated to ensure our team have been vaccinated with set deadlines for completion. We worked with our team to meet the 31 December 2021 deadline. Wherever possible we have also worked with team members to provide them time to obtain medical exemptions (these are a CHO decision) and/or we have decided to hold their role open for them while they are supported to recover from medical issues that would have impacted on their capacity/capability to get vaccinated at that time.



We know we will have issues with the Award that will restrict our ability to be flexible (long shifts, 3 days on 4 days off). Any tips about how to do it without breaching rules?

We feel your pain as we too have models of care like this!

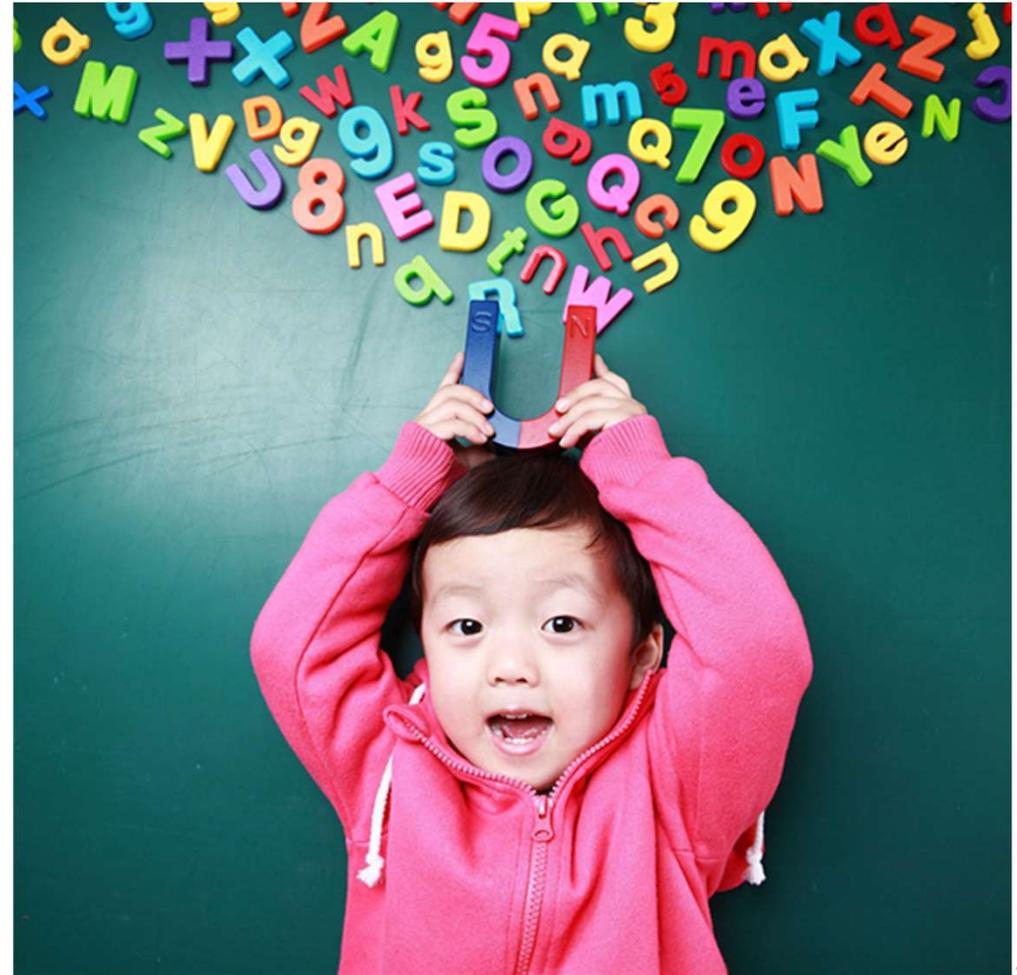
At the moment we believe that there isn't a large amount of room to wriggle as most industrial instruments are very blunt and not designed to enable the agility we may need as Omicron spreads. Despite this really difficult challenge, we are doing a number of things to try and prepare, including:

1. We have identified staff who would be prepared to work with children and young people who may be COVID-19/Omicron positive
2. Identifying any other staff with all the contractually required checks (inclusive of a DoC 395 check) who might agree to acting in a carer role should that be necessary
3. Employing casual staff and getting all relevant checks in place so that we can ask them to scale up their time to cover a carer should they be off for the 7 +- days testing and isolation period (this is a designated critical service)
4. Identifying if we could or would set up and mobilise our own assets (houses/cottages) to house children and young people who may be unwell and having specialist teams care for them – 50/50 feasibility on this one given the community spread and recruitment issues
5. Identifying if our buddy house model when we have to move children off campus (it's a part of our fire evacuation plan) can be mobilised more generally while carers are unwell – there are increased costs associated with this action.
6. And we are designing service approaches parallel to normal service delivery so that we can move into a different way of operating if critically needed (ie if our carer team are unwell and there are no other options). Its in our back pocket if you like as there are quite a few challenges to its implementation – not the least being that we have to accept (**said with massive anxiety about budgets**) that this will cost us a lot of money as our normal carer teams cannot be disadvantaged if we have to put it into action.

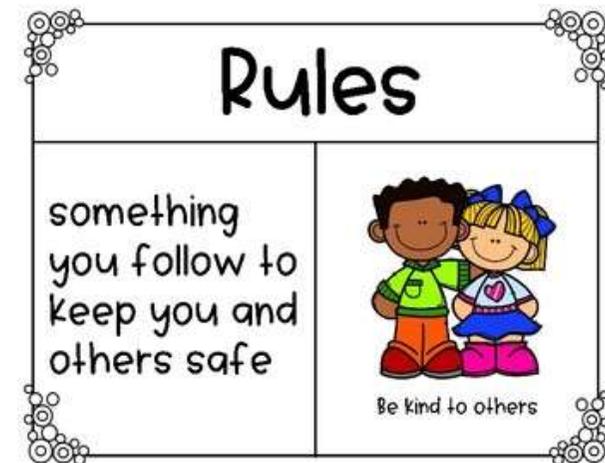


If a staff member is delaying vaccination would you isolate them only or give them an ultimatum to get vaccinated or lose their job? The reason I'm asking is because we are just not able to fill specialised positions in remote areas.

- We understand this issue but its not evident for us right now as we sit under the Chief Health Officer ruling about mandated vaccinations and we have full compliance. Having said that we worked hard with some of our team members to get there so I would have to say it's a case by case thing but given the CHO Public Heath orders it can only be a short term fix
- All of our clinical work can readily move to Telehealth and we have evidence that it works; last week we had a close contact (reassigned to a casual contact) move into telehealth delivery seamlessly
- All of our education, training and employment work can also go remote with most of the young people we serve excelling in this context (the superstars that they are!)
- our outreach teams have been very inventive on how they have contact with young people without putting themselves at risk too
- in short we know there are options for remote service delivery and we know the people we serve respond well to that option when they have to.



- **Are you restricting movement of staff between sites and if so at what point would restrictions be introduced?**
- We are already being careful with staff movements between Perth and the Midwest region as there are no known community spread cases in that area. Once we up their risk zone to a higher level the restrictions get stronger, and only critical roles will be approved for movement between the regions. We may adjust this as we learn more and work out what risk controls work, and which ones are redundant. Like everyone here we are learning as we go
- In the metro we have a 2 risk zone model with Armadale and Midland as the primary sites. We are just learning that this may be redundant as we do not control the movement of our team outside work hours and they may be moving all over the Perth metro area as they go about their daily lives, but for now it is in place and we apply the risk zone assessment process to each area.





Thank you



- We hope that we have provided enough detail in our Q&A responses to help spark and idea –
- Please refer to our first presentation for more related information – its been posted
- Learning from each other is gold – thank you to everyone that has helped us both here in WA and over East, your generosity has been humbling and welcomed. We hope that we have provided some assistance to your thinking too.
- Special mention and thank you must go to Anglicare WA and Anglicare Victoria.