

Real-Time Evaluation of the Care in the Community Welfare Response

Cycle Three Findings (August 2022)

Care in the Community Welfare Response to Omicron Community Providers and Community Connectors

The Care in the Community (CiC) welfare response is a locally-led, regionally-enabled, and nationally-supported approach that helps people remain safe and supported while isolating due to COVID-19. The response supports the Government's overarching COVID-19 Protection Framework objectives to **"Minimise and Protect"** by using a **"no wrong door approach"** to meeting households' welfare needs. This is achieved through Regional Leadership Groups (RLGs), Regional Public Service Commissioners (RPSCs), and MSD Regional Commissioners working in partnership with community providers and leaders, iwi, Māori, Pacific, and ethnic communities, the disability sector, local councils, and government agencies.

MSD set up a dedicated 0800 number staffed 7-days per week, national and regional triaging teams, and new IT supports to share information and referrals, enabling providers to efficiently respond to community needs. Government funding was provided to bolster existing community resources and ensure effective delivery of the response. This included:

- increasing the number of Community Connectors and discretionary funding to enable Connectors to meet essential wellbeing needs
- providing targeted food support for identified foodbanks and community food organisations
- resourcing RLGs and RPSCs to oversee planning, alignment, and delivery of welfare through existing regional partnerships, including specific funding to enable full participation of iwi in the RLGs
- proactive communications to MSD clients and working with other agencies and providers to increase awareness of the CiC welfare response
- All-of-government support for the response through the Caring for Communities Chief Executives Group and their Deputy Chief Executive delegates.

Evaluation in 'Real-Time'

A Real-Time Evaluation (RTE) of the welfare response has been completed to understand how regional coordination mechanisms and partnerships with the community sector are working in practice. Insights from the RTE have been used to inform real time decision making. They have also indicated aspects of the response that can be leveraged to support community recovery, resilience, and empowerment.

Rapid insights about implementation of the response have been collected across three cycles, from the perspectives of RPSCs, RLGs, community providers, Community Connectors, and individuals, families, and whānau. This was achieved through a combination of document review, attendance at coordination meetings, and interviews. The current findings are from Cycle Three, completed in August 2022.

Cycle Three focused on answering three key questions:

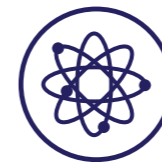
- 1 **"What difference has the welfare response made for individuals, families, and whānau?"**
- 2 **"How are Community Connectors supporting individuals, families, and whānau impacted by COVID-19, and how are they working alongside other roles?"**
- 3 **"What ways of working during the welfare response would be useful to maintain going forward and what could be improved?"**

The context

Information for Cycle Three was collected in July and August 2022. Requests for CiC welfare support increased alongside rising case numbers from the end of June until the end of July (with some variation across different ethnic groups). Requests declined in the month of August,¹ although the proportion of confirmed COVID-19 cases requesting support fluctuated.²

'Real-Time' Findings

Community Connectors walk alongside and advocate for individuals, families, and whānau until they are connected to appropriate supports



Community Connectors are highly trusted members of their communities. They know how to influence, connect, and advocate so that people have access to services and supports they want or need.

Identification of appropriate support(s) is informed by a comprehensive assessment of each person's circumstances – *"you get limited info through an MSD referral. 90% of referrals will be for kai but to get them to think about other ways we can support, we have to probe deeper."*

Connectors work with people to understand their wellbeing priorities, and options to address these. This includes, as a last resort, the use of discretionary funding to help with urgent expenses. After the provision of support (and depending on levels of demand) Connectors conduct follow-ups. This is an important element of relationship building and provides an opportunity to identify other ways in which a household may be supported.

Connectors have extensive knowledge of health and social services within their community, enabling them to navigate people to support that is most

Note: This document presents findings for question two and three.

A team of two evaluators conducted in-person interviews with:

11 Community Providers
(including North and South Island based providers supporting Māori, Pacific, and Asian populations, and one supporting tāngata whaikaha)

7 Community Connectors
(from eight different provider organisations)

Findings were sense-checked with participants and a thematic analysis was completed to identify key themes and findings relating to the evaluation questions.

appropriate for them – *"we are working with whānau and their needs and bring in the right support so whānau don't have to go to multiple agencies."*

Advocating to remove barriers is a key element of the Connector role – *"with our Pacific peoples – for most of them, language is a barrier. So what we try to do is empower them. Even though they have language barriers, they can still navigate these services, Community Connectors can be advocates."*

Warm handovers are used to link people to supports and services – *"we will hold their hand until they receive support, see how [it] is going, is that helping you? If it's not we will take them back, find other options and see if [they] help rather than okay you can call them, this agency."*

Community Connectors' ultimate aim is for people to be empowered by the support they receive – *"whānau that receive wrap around services, their service use actually tracks down over time. [They] become more self-sufficient over time."*

Community Connectors are embedded in organisations that support them to be effective



Community Connectors work in organisations that offer a wide range of integrated supports and that are closely connected with their community – *“the beautiful thing about our organisation is that we have lots of networks in the community and people are always willing to help.”* As a result, they are well-placed to ensure support reaches those who want or need it.

Providers have worked hard to ensure there are multiple avenues through which people can access Community Connector support – *“we have three different pathways (phone, email, and agencies can refer directly). We have the Covid Connectors pathway available for all ethnicities.”*

Community Connectors’ networks ensure they can efficiently navigate people to supports and services



Community Connectors hold numerous relationships at local, regional, and national levels. This enables them to quickly connect people with supports that they need – *“with Community Connectors, because they have vast support in the community, they are able to help 24/7.”*

Connectors spend significant time nurturing their existing relationships and developing new ones – *“whānaungatanga is one of our core values. This is not just with whānau, it is with the other service providers too. This is part of who we are and means we can be in places that aren’t accessible to others.”* For example, Connectors working with tāngata whaikaha have developed close relationships with health professionals that enable them to provide bedside support to hospitalised whānau – *“we’re non-health professionals and yet [we’re] invited in.”*

Community Connectors are highly trusted, enabling them to reach people who have not previously engaged with government services



People feel comfortable seeking help from Community Connectors because they are from their own community – *“people didn’t want to contact [the] MSD line. When they found out about us – they circumnavigated no matter how quick MSD referrals were. They knew Māori were on our line. We are a small community – everyone has a connection. You don’t get that response when you go to the o8oo line.”*

Community Connectors also establish trusting relationships through:

- Food and care parcels carefully tailored to the needs of each household
- Non-judgemental and respectful communication
- Messaging designed to make people feel comfortable to seek help
- Spending time on relationship-building
- Making sure people have access to translation and interpreting services

Community Connectors have a passion for serving their community, viewing it as a privilege to work alongside people – *“our job is to be there to serve whānau. It’s a privilege to be able to serve them.”* This further increases the trust that people have in their Connectors – *“whānau will let me in and share what they usually don’t share.”*

Community Connectors working within Asian provider organisations deliver tailored and culturally appropriate support



Asian providers are acutely aware of the challenges faced by Asian people living in New Zealand. Their extensive research and experience have enabled them to utilise Connectors to best address these challenges.

Community Connectors’ language abilities compliment those of existing staff – *“we employed multi-lingual [Connectors], bilingual, Vietnamese, Burmese, Cambodian, Thai, Malaysian, and Chinese ethnicities. So they speak in two different Asian languages, in addition to nine other permanent staff, so we are catering to about 15 to 16 languages in house.”*

Community Connectors develop tailored messaging about available support, recognising that engagement with community and social services is an unfamiliar concept for many Asian migrants. Information is made available in multiple languages through a broad range of avenues, including helplines, websites, online and in-person seminars, and newsletters.

In order to maximise the reach of support, information is shared in locations frequented by the community, such as local libraries – *“it’s not only about messaging, it is about being present in the community, at the community setting, being there in that locality.”*

The provision of culturally appropriate food is important for building trust and breaking down barriers to Asian people receiving further help – *“first and foremost send the parcel straight away... initially people were reluctant and shy because no one in the history of migrant community have offered them that sort of a support.”*

The inability of mainstream services to appropriately respond to the needs of Asian communities has led to Asian providers setting up a broad range of in-house supports over time. Community Connectors refer people to these supports in the first instance, which include mental health and addiction services, parenting programmes, and interpreter services – *“we always find out there’s nowhere to refer because they have agency, but they don’t have the people who can speak the relevant languages... we have to take up this role to help the client as opposed to WINZ.”*



Community Connectors make a critical difference to the COVID-19 outcomes of rural communities



One provider based in “a very rural community” noted that Community Connectors’ preventative approach and connectedness with whānau has made all the difference for their outcomes.

Baseline assessments of 102 households were completed prior to the first Omicron peak, which was only possible because Connectors were members of the community – “because the Connectors live and are from the community, their assessments weren’t obtrusive, families were comfortable opening doors and sharing [their] situation open and honestly. All these conversations were had in a sensitive and uplifting way because it was with people they trusted and saw walking around the streets.”

This ensured that Connectors knew exactly how to prepare whānau to safely isolate and stop widespread outbreaks. For the approximately 40 households without access to bathroom facilities, Māori Communities COVID-19 Funding was used “to quickly get portaloos and showers to households... we didn’t focus on once they became COVID positive, we started that discipline before they tested positive.”

As soon as Connectors learn of someone testing positive, they provide support most appropriate for that person and their whānau. As a result, “there have been no hospitalisations in our community. Literally lives have been saved. None of our most vulnerable have had COVID and to me, that’s amazing. Have been able to ensure that whānau have stayed home. And that comes down to the way community connectors communicated, shared the plans, and checked in regularly.”

Community Connectors are using a “team approach” to best meet the needs of their communities



Community Connectors work alongside a range of different roles, such as food distributors, Whānau Ora Navigators, Kainga Ora Navigators, counsellors, financial mentors, social workers, support workers, and healthcare professionals – “500 Community Connectors cannot do the role that MSD envisaged of them alone – need to take a team approach.”

By taking a team approach, Community Connectors can make sure people are linked to the right support. They recognise the boundaries of their role and know when to refer to specialist services – “also important to be not be afraid to say what you are not – I know I’m not a health worker or social worker.”

Key distinctions made between the Connector role and others is their focus on:

- Addressing COVID-19-related impacts
- Providing short-term support – “the Community Connector wouldn’t do that long term clinical intervention”
- Flexibly connecting people to services they need (rather than service provision)

Several providers have Community Connectors and Whānau Ora Navigators working together to support whānau. These roles are treated as distinct but complementary, with Connectors enabling Whānau Ora Navigators to focus on their core work (long-term goal-oriented support) and move away from responding to crises – “by providing triage and short-term support, the [Connector] role enables Whānau Ora to play in a non-crisis space.”

Aspects of the response that have been most valued and would be useful to maintain include...



The locally led-model of working which has increased the reach of support to those who need it – “this model of delivery is one of the best models I have seen coming from central government. We have never ever seen any central government agency come down to community level. And then not only that, there’s resource coming through. And it is reaching the doorsteps of the community who have never accessed those services.”

Community Connectors have given effect to the locally-led element of the response – “single biggest value of CiC was that members of the community were caring for community. They were from the community for the community so instantly related and trusted. That’s priceless.”

Increased resource has enabled community providers to formalise their processes and support greater numbers of people – “regardless of whether iwi got funding, we would have filled the gap. We had the underlying mindset to provide services and resources for community – and we had the capacity to do this at a concentrated level. It’s been a gamechanger for our community.”

Opportunities to increase connectedness and collective wellbeing of communities have been appreciated. Community Connectors have been testing innovative ways to strengthen community resilience and wellbeing, such as through community hui, workshops, and education sessions – “they have started running community hui, we will tell them to come, greet, meet, then we ask them what are the issues, what they would like to hear... it is very well-received.”

Contractual flexibility has been necessary for Community Connectors to provide tailored support for individuals, families, and whānau – “so I think the beauty of the Community Connector is you don’t get a fixed criteria and so you have that little bit of flexibility and that’s where I see you kind of really put the client in the centre.”

Better communication between providers, regional leaders, and government agencies has strengthened relationships and improved ways of working. At the national level, providers have observed increased communication and collaboration – “they’ve started talking to each other after so many years... Health NZ, MSD has started talking to each other, thank god.” Weekly meetings between Community Connectors, providers, and MSD staff (including Regional Commissioners) are occurring in some regions. These are highly valued, providing an opportunity to share learnings and have urgent issues raised and resolved.

A closer relationship with MSD has increased providers’ and Connectors’ understanding of MSD products and services, expanding the range of supports that people can be connected to – “we discover things like Pacific liaisons in MSD space that families and whānau can connect to. Now [we] have a stronger relationship with MSD and this has helped a lot in terms of the support we provide.”



Going forward, opportunities for improvement include...



Increasing access to MSD and other agency supports.

There is currently variation in the extent to which providers and Connectors can link people with supports. This is easiest for people working in organisations with a range of co-located services – *“I think it’s access. I am fortunate to have all three [government agencies] where I am. Feels like an advantage when really we are all doing the same job. We should all have access.”*

Greater cross-agency collaboration and information sharing could further support providers and Connectors in their roles, particularly through the integration and streamlining of funding and services – *“our system and funding have an issue... especially in the ethnic space a lot of our cultures are collective, you want to have a more wraparound service, rather than having five agencies involved...what I’m saying is, if we can consolidate.”*

Resource and flexibility to support people in other regions would enable providers and Connectors to better support people outside their geographic boundaries – *“we get phone calls from other places and people also suffering, and they can’t get help in their areas. Sometimes we just help them... but that’s not sustainable.”*

Attention and responsiveness to the issues facing ethnic and migrant providers is needed. These providers currently feel under-resourced to support their communities – *“we should start picking up the phone and start calling people again to see the support is required or not. We haven’t got time or energy or manpower to do that.”* Increasing the availability of translators and interpreters would make it easier for ethnic communities to access support from a broader range of services.

A simple reporting tool that captures family and whānau voice and accurately reflects workload is required. Providers and Connectors expressed that current reporting does not reflect the true extent of their workload – *“so many phone contacts we make with whānau, reporting doesn’t reflect that. We can’t record all calls that each whānau need. Only 25-40% of our mahi is captured in reporting. It is a big limitation.”* They also feel their inability to provide narrative information means the difference they are making for people is not being captured – *“we want to feed narratives into reporting and there is so much that gets lost because reporting doesn’t capture that... we need to value the subjective side. And hearing straight from community is the best way to do this.”*

Appropriate funding, multi-year contracts, and professional development opportunities would help to retain and build the Community Connector workforce – *“the resource, the continuity, funding assurance, that*

makes a big difference in an employee’s mindset.” Some providers felt that remuneration for the Connector role did not accurately reflect their workload – *“we pride ourselves on the quality of care we provide – staff do the work that is necessary to meet the needs of community regardless of FTE that is provided. But, in reality, it costs more to run than what you fund us.”* This was considered particularly true for Connectors within Māori and Pacific organisations. Other providers would like to be able to offer training and professional development opportunities to their Connectors – *“there’s no training and framework there to support them to do the work, and you don’t have that supervision and things in place to support [their] development as well.”*

Community providers see Community Connectors having an ongoing role in addressing issues that contribute to people experiencing hardship



Providers believe that Community Connectors have an important role to play in addressing the inequities that existed prior to, and have been exacerbated by, the pandemic – *“before the pandemic even hit there were so many inequities within different levels of society. [The] pandemic highlighted the support needed on the ground.”*

They would like Connectors to be available to support increasing numbers of ‘working poor’, people living in poverty, and people affected by the ongoing impacts of COVID-19.

In addition to supporting people to access opportunities and services, providers see Connectors playing a key role in the following areas:

- Removing barriers to primary and mental health care
- Increasing engagement in education and training
- Alleviating financial hardship (by improving access to financial advice and assistance)
- Building confidence and increasing feelings of safety and security
- Re-connecting people with their home and community – *“reconnection back to tūrangawaewae, their forest, river, land. Rehabilitating and reintroducing [iwi] back to society, back to having tangi, back to using rivers in the summer. There is that connection and opportunity for Connectors to run safe programmes that bring families back to marae, go to school, work, community meetings. There are some real practical workshops or wananga that can be run.”*

Scope of Cycle Three

The findings presented in this A3 represent the views of participants involved in Cycle Three of the RTE.

A comprehensive evaluation that assesses the quality of implementation and outcomes achieved by the CiC welfare response has been planned. This will identify lessons for the future implementation of locally-led, regionally-enabled, and nationally-supported approaches to increase community wellbeing and resilience.

¹ Weekly monitoring data identified 3,327 requests for welfare support in the week ending 31 July 2022. This had reduced to 2,430 requests for the week ending 14 August 2022.

² For the week ending 14 August 2022, the proportion of confirmed COVID-19 cases who requested support rose from 7% to 9%.



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