

The COVID-19 Protection Framework will mandate vaccinations for a wider group of people than before

- 2 Amendments were recently made to the COVID-19 Public Health Response (Vaccinations) Order 2021 to widen the vaccination mandate to those working in the health and disability sector, prisons, and education services.
- 3 Following this, the Government announced last week that workers at businesses where customers need to show vaccination certificates (such as hospitality and close-contact businesses) will need to be vaccinated when the new COVID-19 Protection Framework comes into effect. Around 40 percent of the workforce are estimated to be covered by the expansion of the vaccine mandate at this stage.
- 4 There will also be a risk assessment process for businesses not covered by the mandate to follow when deciding whether they can require vaccination for different types of work. Legislation to give effect to the recent announcements, including this risk assessment process for businesses not covered by the vaccine mandate, is expected to come into force in December 2021.

Income support remains available for people who decide not to be vaccinated and become unemployed

- 5 Financial assistance from MSD remains available for people regardless of their vaccination status. This includes people whose employment is terminated because they are unvaccinated and their work is required to be done by a vaccinated staff member. The general eligibility and commencement rules under the Social Security Act 2018 apply, which means some people may have to wait 13 weeks before they are entitled to support (13-week non-entitlement period) when applying for financial assistance.¹
- 6 The 13-week non-entitlement period applies if a person voluntarily leaves their employment without a good and sufficient reason.² Examples of good and sufficient reasons for ceasing employment include when the client left the job because the job was outside of their capabilities, or because there was a significant change in conditions of employment that meant the employment was no longer suitable.
- 7 Determining whether a client stopping work due to the vaccination requirement is voluntary unemployment without a good and sufficient reason depends on when the vaccination requirement came into effect:

| Example scenarios | Good and sufficient reason for voluntary unemployment? |
|---|---|
| If a person was in the role before the vaccination requirement was introduced | Because the vaccination requirement was not in place when the person accepted the role, the introduction of the vaccination requirement would be considered a significant change in conditions of employment, making the employment no longer suitable. This would generally be considered a good and sufficient reason for voluntary unemployment. |

¹ Note, the 13-week non-entitlement period is not the initial income stand-down period. The initial income stand-down period (one to two weeks) will still apply in most cases.

² The 13-week non-entitlement period also applies when a person is dismissed for misconduct.

| | |
|---|--|
| <p>If a person accepted a role knowing that there is a vaccination requirement for that role, then decides not to get vaccinated</p> | <p>Because the vaccination requirement was already in place when the person accepted the role, there is no change in conditions of employment that would be considered a good and sufficient reason for voluntary unemployment. Therefore a 13-week non-entitlement period would likely apply.³</p> |
| <p>If a person accepted a role knowing that there is a vaccination requirement for that role, but subsequently found out they are unable to be vaccinated due to health reasons</p> | <p>While there is no change in conditions of employment, the employment would be considered no longer suitable for the person due to personal circumstances. This would generally be considered a good and sufficient reason for voluntary unemployment.</p> |

- 8 Note that the above examples only look at a person's vaccination status as the only reason for voluntary unemployment. In practice, we will look at all of the client's circumstances to determine whether there was good and sufficient reason to stop working. For example, if a client did not wish to be vaccinated but was offered re-deployment into an alternative suitable role that did not have a vaccination requirement⁴, or they were dismissed for other reasons (eg. misconduct), this will be taken into consideration in determining whether the non-entitlement period applies.
- 9 We will be updating guidance shortly to help staff determine when there is a good and sufficient reason for voluntary unemployment in the context of the vaccine mandate changes.

Suitable employment for unvaccinated clients

- 10 Work-tested clients have a general obligation under the Social Security Act to be available for, and taking reasonable steps to obtain, suitable employment and must accept any offer of suitable employment. If a client does not meet these obligations without a good and sufficient reason, MSD can impose sanctions.
- 11 We take into account a range of factors in identifying suitable employment opportunities for clients, such as the type of employment and the skills required, location of the job, client's family and religious commitments and whether the role goes against a client's strongly held views. Vaccination requirements of a role would be part of this consideration.
- 12 We always try to refer clients to employment opportunities that best meet their personal circumstances and employers' requirements. An employment opportunity that requires a person to be vaccinated would generally not be considered suitable employment for a client if they advise us they are not vaccinated.⁵ As a result, declining an offer of employment because they cannot meet this criteria would not generally be considered a breach of their work obligations.
- 13 Where a client refuses to accept an employment opportunity that has been determined to be suitable employment based on the client's personal circumstances

³ Clients who are subject to a 13-week non-entitlement period can be granted a provisional benefit if they start an approved six-week activity, such as training for work, unpaid work experience, voluntary work or other suitable activity.

⁴ For example, MIQ workers, who decided not to be vaccinated when vaccination became a requirement in March 2021, were re-deployed into other roles, where possible, and with mutual agreement.

⁵ Note, MSD would not proactively seek or hold information about a client's vaccination status.

(including consideration of client's vaccination status and the vaccination requirements of the role), this would be considered a breach of their work obligations and sanctions would apply.

- 14 We have also advised our staff that businesses and employers can only ask candidates about their vaccination status when the role requires it; that is, the role is covered by the COVID-19 Public Health Response (Vaccinations) Order 2021 or the employer has completed an appropriate risk assessment to determine that the work must be done by a vaccinated person. An employer's preference to only have vaccinated staff is not a justifiable reason.
- 15 However, MSD should not be providing legal advice to employers, or discussing with an employer whether it is appropriate for the employer to request employees to be vaccinated. We have asked staff to refer employers to the Worksafe website, which provides information to help employers act reasonably and lawfully towards their employees, or advise them to seek their own legal advice.

Emergency Housing Special Needs Grants (EH SNGs)

- 16 There have been staff queries regarding Emergency Housing providers who may only offer services to vaccinated guests.
- 17 MSD does not have any contractual arrangements directly with Emergency Housing providers (that is, MSD provides grants to clients for emergency housing purposes, not the providers). Emergency Housing providers may require guests to be vaccinated before offering services. This decision sits with the providers, and MSD makes no comment on the legality of this position. MSD does not require clients to be vaccinated to access EH SNGs.
- 18 We have advised staff that we cannot provide any advice to providers on whether they can impose vaccination requirements for their guests. Instead, providers should be directed to the Ministry of Business Innovation and Employment website or advised to seek their own legal advice.
- 19 Where staff are aware that a provider is only accepting vaccinated clients, we can let the clients know about the provider's requirements and suggest alternative accommodation options, if available. It is not MSD's role to ensure clients meet a provider's vaccination requirements.
- 20 We have also been working with Te Tūāpapa Kura Kāinga – Ministry of Housing and Urban Development and the Department of the Prime Minister and Cabinet to look at the impact of the vaccine mandate on government-funded housing. We will be recommending to officials coordinating advice to Ministers on COVID-19 Vaccination Certificates prohibition settings to include Emergency Housing providers on the prohibition list, consistent with the wider housing system [REP/21/11/1196 refers].

We will continue to monitor the situation

- 21 We do not consider that any changes to current settings are required at this stage. However, if the vaccine mandate expands further in the future to capture a wider group of sectors and employers, finding suitable employment for unvaccinated clients could become increasingly difficult.
- 22 The MSD Employment Team is currently monitoring the impact of the recent changes to the vaccine mandate. The team has been gathering information from regional teams and are anticipating significant impacts for the health sector. In some regions, District Health Boards have indicated that between 10 and 15 percent of their total workforce are currently unvaccinated, and most are anticipated to choose to remain unvaccinated. Other employers within the health sector, including aged residential care, are also reporting high numbers of unvaccinated workers who are likely to leave the sector. The team will continue to monitor and work through issues around finding suitable employment opportunities for these clients.

- 23 Any changes to social security settings to accommodate changes to the vaccine mandate will require careful consideration, particularly where settings change only for unvaccinated clients as such changes would raise significant human rights issues. Such changes will also require legislative changes and may have various flow-on consequences for the wider MSD client population. We will continue monitoring the situation and provide further advice as required.

File ref: REP/21/11/1201

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



Report

Date: 5 November 2021

Security Level: IN CONFIDENCE

To: Hon Carmel Sepuloni, Minister for Social Development and Employment

COVID-19: A whole of system welfare approach under the COVID Protection Framework

Purpose of the report

- 1 To seek your agreement to circulate the attached Cabinet paper for ministerial consultation, before being lodged for the 17 November Social Wellbeing Committee, with a view to be considered by Cabinet on 22 November.

Executive summary

- 2 The paper seeks Cabinet agreement to allocate \$216.2 million until June 2023 to enable the delivery of a welfare approach under the COVID-19 Protection Framework.
- 3 The four components include: locally-led delivery of critical supports including food, the Community Connection Service, extra welfare services, provider capability; local coordinated assessment and referral, and regional leadership.
- 4 \$166.4 million would be allocated immediately to enable planning, workforce recruitment and training, and to meet service pressures particularly in Tāmaki Makaurau and other affected regions. \$49.8 million would be held in contingency and delegated to you and the Minister for Finance to draw down as necessary.
- 5 Agreement to the approach and funding as soon as possible will ensure there is sufficient time to stand up operations. Current funding agreed by Cabinet for community service supports is due to be exhausted by 15 November 2021 and does not take account of supporting people with COVID-19 self-isolating at home.

Recommended actions

It is recommended that you:

- 1 **Agree** to circulate the attached draft Cabinet paper for ministerial consultation.

Molly Elliott
General Manager
Social Development, Child and Youth Policy

Date

Hon Carmel Sepuloni
Minister for Social Development and
Employment

Date

Background

- 6 This paper addresses two invitations for you to report back to Cabinet, including:
 - 6.1 a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions [CAB-21-MIN-0421 refers]
 - 6.2 a proposal to expand the Community Connection Service to help meet ongoing demand among diverse communities [CAB-21-MIN-0412 refers].
- 7 On 11 October 2021, Cabinet agreed to \$13.55 million over six weeks to meet sustained demand for food, and other essential items (the latter provided through discretionary funding from the Community Connection Service) [CAB-21-MIN-4012 refers]. We anticipated that this funding would be exhausted by 15 November 2021.
- 8 As part of its decision, on 11 October 2021, Cabinet also directed the Ministry of Social Development to report back to you and the Minister of Finance on:
 - 8.1 How prior funding for community needs has been allocated
 - 8.2 A costing model for resurgence related community needs funding with clear and consistent assumptions, and
 - 8.3 The need for additional funding to address community need directly relating to resurgence related restrictions [CAB-21-MIN-4012 refers].
- 9 You will both received this report on 8 November 2021.

The draft paper sets out a locally-led approach to equitably support people who are self-isolating, using existing services and networks

- 10 We have designed the proposed approach in the draft Cabinet paper so that the Government can respond equitably to people who have to self-isolate and need welfare support to keep them safe at home. We also believe the proposed approach is an effective way to manage uncertainty in the number of people needing to self-isolate, with a diverse range of needs and scale of local outbreaks.
- 11 With the Government's move away from a centrally managed elimination strategy to a minimise and protection strategy, it provides assurance and accountability through regional oversight and locally led-delivery, including funding for iwi/Māori partners.
- 12 Cabinet has agreed to transition to the Community Protection Framework (CPF) once each District Health Board region reaches the target of 90 percent of the population double vaccinated, with the possibility of Auckland transitioning earlier if the target is reached in that region earlier [CAB-21-MIN-0421]. Given the current rate of daily vaccinations, this could occur for Auckland from late November 2021. Cabinet could also make a decision to shift to the CPF before all regions reach 90 percent.
- 13 COVID-19 outbreaks will affect some communities more than others due to lower vaccination rates, poor service infrastructure, and long-standing disparities in health and wellbeing access and outcomes. This will particularly affect Māori and Pacific.
- 14 According to the 2017-2018 New Zealand Health Survey, main adult beneficiaries report high levels of health needs and health care insecurity even when economic and social conditions are favourable. In 2017-18, about three-quarters of adult main beneficiaries who reported either severe mental health challenges or at least two other chronic conditions reported at least one barrier to receiving primary care.
- 15 Some health policy settings for the conditions under which people will be contact traced and required to self-isolate are still under development. Consequently, the proposed welfare system approach is designed in a way that is flexible and can adapt as policy settings under a minimise and protection strategy evolve over time.

We are designing using limited projections and uncertain demands

- 16 All agencies have been working on provisional near-term projections from the Department of the Prime Minister and Cabinet and projections into 2022 from the

Ministry of Health (MoH) that estimates weekly COVID-19 positive cases (not including close contacts) based on possible scenarios.

- 17 Estimated costs of delivering the welfare approach included in this draft of the Cabinet paper are based on the current available assumptions around expected case numbers for the remainder of 2021 and into 2022 and can be updated as new MoH modelling becomes available.
- 18 We assume that the majority of households will be able to support themselves to self-isolate, but that about 20 percent of cases may require some type of welfare support and of those about 30 percent may require follow-on referrals to other services. These assumptions are informed by our existing analysis of social outcomes, but may need to be updated as time goes on and more information about the needs of those testing positive or having to quarantine become known.

We have proposed a risk managed approach to costings

- 19 Based on these assumptions, we estimate the cost of delivering the welfare approach to June 2023 to be \$392.7 million, including costs to MSD and the Ministry of Housing and Urban Development (HUD). However, given that we do not yet know the impact of COVID-19 cases and flow on welfare needs for 2022, we propose that you only seek funding for a portion of these estimated costs now. Specifically, we recommend:
 - 19.1 seeking an allocation of funding totalling \$216.8 million now that will enable planning, workforce recruitment and training for the welfare approach to June 2023, but only the variable costs for the locally-led delivery of this approach to June 2022
 - 19.2 propose that only \$166.4 million is allocated immediately, with the remaining \$49.8 million to be placed in contingency and be delegated to joint Ministers to be drawn down as necessary, and
 - 19.3 propose that the remaining costs for locally-led delivery, which are dependent on case numbers and currently estimated to be \$176.5 million for 2022/23, be sought through a subsequent request for funding when more is known about the impact of case numbers in 2022.
- 20 Subject to your view of the costings, we can continue to work with the Treasury on them and further refine prior to lodgement as needed.

The approach builds on core agency services, infrastructure and networks; other agencies have sought funding through this paper

- 21 While the proposed welfare approach would be led and coordinated by MSD, it will complement and align with other key agencies and approaches delivering supports under the CPF. Furthermore, while most of the funding sought through the paper would be allocated to MSD, there is also a component of funding for HUD.
- 22 During the previous lockdowns, HUD funded providers to help keep people safe and secure. This included funding for additional staff and security in transitional housing and COVID-19 response accommodation. HUD has included a request for \$10 million in the paper, which has been discussed with the Office of the Minister for Housing and Urban Development. HUD considers that funding to boost the capacity and capability of these providers to respond to immediate need under the CPF will be essential.
- 23 In addition, other agencies will continue to be responsible for funding and delivering other components of the welfare system approach, including:
 - 23.1 Te Puni Kōkiri and Te Arawhiti are leading the delivery of the second phase of the Māori Communities COVID-19 Fund which supports Māori, iwi and communities to respond to needs under the CPF. Funding will focus on increasing resilience by supporting social cohesion, ensuring access to information and resources, and supporting locally-led and co-designed approaches to managing local priorities and risk;
 - 23.2 TPK is also administering Whānau Ora to support whānau resilience;

23.3 Ministry of Pacific Peoples is leading the delivery of the Pacific Aotearoa Communities COVID-19 Fund (PACCF) to address critical interventions to bolster the ongoing Pacific health and welfare response as we transition to the CPF.

23.4 The Ministry of Education is delivering a \$14.9 million package of targeted support for students in Auckland to support their re-engagement in learning. This package is designed to target learners who are most at-risk of disengaging and includes community-based support through iwi, Māori and Pacific organisations, targeted funding for schools, counselling, and additional capacity in Attendance Services over Term 4 2021 and Term 1 2022. MoE is also prioritising work to understand the range of needs and support for learners, their whānau and the education sector required under the new CPF.

The Community Connection Service is a key part of MSD's local support

- 24 The expansion of the Community Connection Service complements the welfare approach described in the paper. It proposes placing more Community Connectors in critical locations where service access and navigation, particularly for individuals, needs to be improved. It also proposes increasing the discretionary funding available to Community Connectors to meet unexpected immediate material hardship needs.
- 25 We have separately provided you with a detailed report on the Community Connection Service, which you may wish to share with ministerial colleagues [REP/21/11/1210].

Next steps

- 26 We recommend the draft Cabinet paper is circulated for ministerial consultation from 8 November 2021 with a view to lodge it for Social Wellbeing committee's consideration on 18 November and Cabinet on 22 November.
- 27 On 8 November 2021, we will send you the report back on food and essential items expenditure from 17 August 2021 to 11 October 2021 (see paragraph 8 above).

Appendix

Appendix 1: Draft Cabinet paper

File ref: REP/21/11/1204 (OBJ ref A13716179)

Author: Marissa Whight, Policy Manager Regional Development Policy

Responsible manager: Molly Elliott, General Manager Social Development, Child and Youth



Report

Date: 5 November 2021

Security Level: IN CONFIDENCE

To: Hon Carmel Sepuloni, Minister for Social Development and Employment

Overview of the Community Connection Service

Purpose of the report

- 1 This report provides you with information to support conversations with your Ministerial colleagues around the role and function of the Community Connection Service in anticipation of the proposed *whole of system welfare approach under the COVID Protection Framework* and expansion of the Community Connection Service.
- 2 This report provides:
 - 2.1 a detailed background on the Community Connection Service
 - 2.2 an overview of the shifts in the Community Connection service since 2020
 - 2.3 a comparison to Whānau Ora
 - 2.4 the proposed expansion of the service in the welfare approach under the COVID-19 Protection Framework.

Executive Summary

- 3 The Community Connection Service (CCS) was established through Budget 2020 and allocated \$41.25 million over two years.
- 4 So far, the CCS have had positive impacts for the organisations and their communities, and has adapted to the changing COVID-19 environment.
- 5 Since 17 August 2021, providers including those with Community Connectors have been a key component of the response to increased welfare needs.
- 6 The CCS and Whānau Ora, while complementary, serve different purposes to communities across Aotearoa
- 7 On 11 October 2021, Cabinet invited you to report back on a proposed expansion of the Community Connection Service [CAB-21-MIN-0412 refers].
- 8 The expansion of the Community Connection Service is being considered as a part of MSD's contribution to the whole of system welfare approach in light of the transition to the COVID-19 Protection Framework. A draft Cabinet paper setting out the proposed approach has been provided to you for Ministerial consultation [REP/21/11/1204 refers].

Recommended actions

It is recommended that you:

- 1 **note** that the Community Connection Service agreed to by Cabinet as a part of Budget 2020 has evolved and expanded in response to changing community needs and the ongoing public health response to COVID-19

- 2 **note** Community Connectors have had a positive impact on organisations and their communities and have been key to meeting the welfare needs of communities that are not met by existing services and supports
- 3 **note** that the Community Connection Service and Whānau Ora, while complimentary, serve different purposes to communities across Aotearoa
- 4 **note** the expansion of the Community Connection Service is proposed in the upcoming whole of system welfare approach to the COVID-19 Protection framework, to meet the anticipated needs of COVID-19 positive individuals and their household who require welfare support to safely isolate at home
- 5 **agree** to circulate a copy of this report to Ministers as required to provide background on the Community Connection Service.

agree/disagree

Marama Edwards
Deputy Chief Executive
Māori, Communities and Partnerships

Date

Hon Carmel Sepuloni
Minister for Social Development and
Employment

Date

The Community Connection service was established as a part of Budget 2020 to support response and recovery from the impacts of COVID-19

- 9 In July 2020, Cabinet agreed to the establishment of the Community Connection Service (CCS) through Budget 2020 as part of a wider Ministry of Social Development (MSD)-led Community Wellbeing Support package¹. As a part of the package, \$41.25 million was allocated over two years to create 125 Community Connector positions. This was a part of the psycho-social response and recovery plan from the impacts of COVID-19 to support individuals and whānau who may be struggling with the impacts of COVID-19.
- 10 Subsequent to the implementation of the Community Connection Service the number of Community Connectors increased to 140 due to demand.
- 11 The CCS builds on the success of similar support put in place after events such as the Canterbury Earthquakes and Whakatane Floods.
- 12 The CCS funding consists of two components:
 - 12.1 Community Connector role to provide short-term service support.
 - 12.2 Discretionary funding to meet immediate hardship needs.
- 13 The CCS network is made up of existing MSD providers, who are allocated funding to recruit Community Connectors.
- 14 The establishment of this service recognised, that for many individuals and whānau, the emergence of COVID-19 had multiple, overlapping impacts on their lives, and exacerbated existing issues.
- 15 Some families were able to recover from these impacts, however, there were also many who required short-term support to find their grounding again.

140 Community Connectors have been placed across Aotearoa to support all communities

- 16 Community Connectors are located across Aotearoa in all 11 MSD regions and are based in both urban and rural and isolated areas.
- 17 The CCS provides services to individuals and whānau from a range of different groups including Māori, Pacific, Culturally and Linguistically Diverse (CALD) communities, supporting youth, people with disabilities and mental health needs, among others. It is targeted towards communities that are likely to be disproportionately impacted by COVID-19.
- 18 Community Connectors also provide support to individuals and whānau that may be considered 'hard to reach' by other services, including:
 - 18.1 individuals and whānau in rural and isolated area; and
 - 18.2 people that are reluctant to engage with government due to mistrust or previous negative experiences.

The CCS can be tailored to meet the specific needs of communities

- 19 Although the funding for the CCS is consistent, the role is flexible to ensure CCS can be easily adapted to specific community and cultural needs. While still fulfilling the core requirements of the role, providers have used the role in innovative ways to meet the different needs of their communities.

¹ The Community Wellbeing package consists of the Community Capability and Resilience Fund, the Building Provider Capability and Resilience Fund and the Community Connection Service.

- 20 One provider, for example, used the funding to hire temporary contractors on an as-needed basis; an approach that allowed them to match need with relevant skills and experience. In hiring multiple part-time staff or contractors, organisations reported they could “get a much wider skillset and basis of employee than just hiring one person to go out and try and do everything”.

Community Connectors provide short term support to individuals and whānau to address multiple and complex need

- 21 Community Connectors provide a ‘sort and support’ service that supports individuals and whānau to address immediate complex and multiple needs. This is achieved by connecting them to information, support and services from multiple government and community organisations. This is critical for individuals and whānau to fully engage with identifying needs and changes that may be required and allowing a matching of support from across the community.
- 22 Community Connectors take a strength-based, active approach by building trust and relationships with individuals and whānau, and act as a single point of contact to provide certainty and decrease stress. Early intervention and support have often prevented the need for more intensive services.
- 23 The role of Community Connectors includes:
- assessing current circumstances of the individuals or whānau
 - identifying key barriers and breaking down multiple/complex needs into separate short-term goals
 - addressing immediate hardship needs either through existing support mechanisms such as through Work and Income or through the discretionary fund if all other options are exhausted
 - connecting individuals and whānau to relevant services and supports from government agencies and NGO providers to address short-term goals and barriers
 - supporting individuals and whānau into services that lead to employment, training or longer-term support.
- 24 Many of the providers with Community Connectors offer multiple service streams such health, housing and employment and implement a “no wrong door” approach. In practice this means that individuals and whānau are supported to access the full breadth of services.
- 25 For example, a person coming to a provider to access a food parcel will receive an assessment. If that assessment indicates that there is a broader hardship issue, staff in the foodbank can call on the Community Connector. The Community Connector can then identify the immediate support needed and connect the individual or family to other services including MSD services or longer-term whānau support services, such as those delivered through Whānau Ora. In the current environment, the Community Connector will also be able to discuss vaccination and other measures of protection against COVID-19.
- 26 As a short-term intervention, it is hoped that through the support of the Community Connectors, the individual and whānau will stay connected to services and supports as necessary. In addition, it will build confidence in government and community services and support.
- 27 To support the implementation of the CCS, in specific regions, MSD has committed dedicated case management support to assist in undertaking hardship assessments, along with materials and information that will enable the Community Connector to inform individuals or families about the support they are entitled to.

Discretionary Funding

- 28 Community Connectors are also able to access a discretionary fund to meet immediate hardship needs of individuals and whānau so that they can focus on longer

term needs. Community Connectors were initially provided with \$27,500 per connector.

- 29 The fund is intended to be used as a last resort when all other avenues to source support have been exhausted, including hardship assistance provided through MSD.
- 30 Some examples of what the fund has been used to support include:
 - purchasing other household essentials such as bedding, towels, cutlery
 - purchasing clothing
 - payment of electricity or gas bills
 - car registration fees or warrant of fitness to help people with essential transportation
 - purchasing mobile phones, tablets or other devices to keep people connected.
- 31 Use of discretionary funding may also include providing immediate essential items for age-related needs (baby food, nappies), petrol vouchers to relocate people to more appropriate housing or access to key essential items. It does not include giving money to individuals or families directly.

The CCS has had positive impacts for the providers and their community

- 32 We recently completed a case study of providers and community groups to better understand the value and impact the Community Wellbeing Package (CWP) funding may have had for communities in the response and recovery of COVID-19.
- 33 Case studies were carried out with 22 providers and community groups across Aotearoa, nine of these providers had Community Connectors. We have completed interim analysis of the Community Connector case studies and have identified three overarching themes: organisational impacts, community impacts, and the funding model.

The CCS has had organisational impacts...

- 34 The organisational impacts identified through the case studies included:
 - 34.1 increased capacity
 - 34.2 improved interagency relationships
 - 34.3 increased community engagement.
- 35 The CCS provided funding on an FTE basis and providers invested their funding into hiring staff which increased capacity. Most organisations had recruited staff into 'connector' or 'navigator' roles.
- 36 Providers with relationships to other services in their community identified that the CCS improved referral pathways between services. By way of example kaimahi from one organisation were co-located in a hub with other community groups and services and were able to refer clients to these services seamlessly.
- 37 The CCS also increased community engagement. Through an expanded workforce and working in partnership, several organisations spoke of hosting hui in the community which expanded awareness of and demand for their services. It was also believed to have helped build trust with the community.

...as well as impacts on the community

- 38 The community impacts identified through the case studies included:
 - 38.1 practical support
 - 38.2 psychosocial support
 - 38.3 importance of holistic support.

- 39 Providers detailed that the support to meet immediate practical needs secured a “solid foundation” from which communities could build. Whilst not an exhaustive list, practical support was identified as fitting into six main categories: employment, finance, housing, food, immigration and IT.
- 40 In addition to support for practical needs, providers also discussed connecting people to mental health services and support for family violence. Some Community Connectors also provided psychosocial support and skills training. One organisation spoke of how this psychosocial support enhances practical support, as it gives people the tools they need to engage with employers or training.
- 41 Many providers spoke to the importance of supporting complex or multiple needs. Some had invested funding into a triage or needs assessment process, in which the Connector could identify the root causes of needs and facilitate connections to the right support, regardless of the number of agencies or needs that might be. Providers appreciated that the CCS supported this holistic approach. One provider stated that “our people just respond so much better to a holistic way of dealing with our traumas, intergenerational trauma or anything we are going through”.

The funding model is flexible and accessible

- 42 Providers have been largely positive about the funding model. The process was described as flexible, accessible, refreshing, and an overall better approach to commissioning. Providers also appreciated the package because it offers a result that allows for building networks between services and Community Connectors, and produces work that is community-led and driven.
- 43 The flexibility of the funding supported a holistic approach, as previously described, and a small number of providers described the funding as filling a gap in previous provisions to allow a level or coverage of support they were unable to provide beforehand.

The CCS has evolved and expanded in response to emerging community needs and COVID-19 environment

- 44 Since the service was established in 2020, the function of CCS has evolved and expanded to meet changing community and government needs and environments. This change has been driven by provider innovation and service requirements in response to outbreaks of COVID-19 and public health measures.
- 45 CCS is a partnership between community, regions and government. This partnership with government (regionally and centrally) and community providers ensures that Community Connectors are in the right places and spaces, responding to emerging community needs. Community Connectors also access MSD services to ensure individuals and whānau are receiving full and correct entitlements and have access to the full suite of MSD support including employment services.
- 46 Because of being trusted and able to respond flexibly, the CCS has become the ‘go to’ service for various bespoke arrangements needed to respond to the extraordinary circumstances surrounding COVID-19, such as:
- 46.1 support for families in MIQ and those having to self-isolate
 - 46.2 support for vaccination increase
 - 46.3 support for deportees unable to leave New Zealand and temporary residents who are not eligible to access other government assistance.

Community Connector support to MIQ facilities, self-isolation and vaccination uptake...

- 47 There are currently 16 Community Connectors located in MIQ facilities (14 in Auckland and 2 in Wellington). These Connectors are contracted by CCS providers, however, since they are located in MIQ facilities they go through an MIQ-specific induction process. Coordination of these Community Connectors is managed through MSD.

- 48 During the recent delta-outbreak, Community Connectors supported a number of individuals and families in identified clusters such as the Assembly of God church congregation, people living in transitional and emergency housing and people who had to self-isolate at home.
- 49 In response to the roll-out of vaccinations, additional Community Connectors have also been provided temporarily to support vaccination uptake, particularly in Auckland.

CCS provides support to people who are usually not reached such as deportees unable to leave New Zealand and temporary residents

- 50 Some community providers who were allocated funding to coordinate bespoke responses to meet the specific needs of their communities including working with deportees unable to leave New Zealand and temporary residents who were not eligible for other assistance.
- 51 In these cases, regardless of immigration status, Community Connectors provided the same level of service provided to the rest of the community. In addition, some Community Connectors also worked with Immigration services to address wider needs of this cohort.

Community Connectors met significant demand for wellbeing items in the welfare response to the recent outbreak

- 52 Since 17 August 2021, MSD has allocated \$17.9 million additional funding to meet increased demand for support to access essential wellbeing items and support through providers with Community Connectors, most notably in Auckland.
- 53 Support for wellbeing items funded the delivery of 'wellbeing packs' that included items such as PPE, sanitiser, masks, sanitary items, household items and connectivity packs (mobile data). This is in addition to the items and services already provided for through the discretionary fund.
- 54 A sample of four large providers who collectively represent 16 per cent of the allocated funding shows that they supported 19,395 households. The reporting derived from this sample is not able to distinguish where a family might have accessed support multiple times.
- 55 Community providers with Community Connectors report quarterly. Their quarterly reporting as at end of September only showed part of the period that the additional funding covered. The next quarterly report is due at the end of December and will provide a more fulsome view of the demand.

Comparison of the CCS and Whānau Ora

- 56 Connection and navigation services are available across the system, such as the navigation service provided by Whānau Ora. Comparisons are regularly drawn between the Community Connection Service and Whānau Ora. While there are some functions that can be considered similar, and the services are complementary, there are several key points of difference between these services.
- 57 In addition, it is important to note that some service providers have both Community Connectors and Whānau Ora Navigators.
- 58 Appendix One provides a brief comparison of CCS and Whānau Ora.

The CCS addresses short term needs while Whānau Ora seeks to address long term goals

- 59 The purpose of the CCS is to offer flexible short-term support to address immediate needs by connecting clients with support and services.
- 60 In comparison Whānau Ora seeks to build whānau capability to support self-management and independence, place whānau needs and aspirations at the centre of social services and build long-lasting, trusting relationships between service providers and whānau.

Community Connectors support people who are not currently supported through Whānau Ora

- 61 Both services offer to all whānau and families in Aotearoa, including main centres and rural and isolated areas. However, the CCS prioritises key cohorts such Māori, Pacific and CALD communities. CCS is also flexible and can target key locations and support individuals and whānau where needed.
- 62 In addition, MSD has put targeted effort into placing Community Connectors into rural and isolated areas.

Both services have played an important role to date in response to the recent outbreak of COVID-19

- 63 In response to the recent outbreak of COVID-19, both services have help meet essential needs (kai, wellbeing packs, household bills, learning needs etc) and have had a role in supporting families in MIQ and self-isolation.
- 64 In addition, as noted previously Community Connectors also provide support for deportees unable to leave New Zealand, and support for temporary residents. Whānau Ora does not currently provide support to these groups.

The Community Connection Service and Whānau Ora are complementary

- 65 The breadth of services offered by CCS and Whānau ensures that the wide-ranging needs of all communities are addressed, especially in response to COVID-19.
- 66 This difference in services provides a complementary pathway for people who need both short-term and long-term support. Community Connectors will address the immediate needs of individuals or whānau and where they identify that the individual or whānau may require longer-term whānau support services, they are able to refer them to Whānau Ora.

The CCS is proposed to be expanded to respond flexibly to unexpected demand as we move to the Protection Framework

- 67 To support the overall welfare approach, we propose placing more Community Connectors in critical locations where service access and navigation particularly for individuals needs to be improved. This includes spaces that support priority cohorts i.e. Māori, pacific, ethnic communities, youth, older people, people with disabilities and mental health, which may be in the urban areas. We anticipate there will also be higher demand in rural and isolated areas.
- 68 A strength of the CCS is its ability to triage service with urgency, and that it has developed a specialist response in providing MIQ support. This makes it ideal for supporting the welfare needs of people and whānau who are required to self-isolate but who may not need longer-term support.
- 69 In addition, we propose that Community Connectors will help individuals and whānau to navigate and connect to the various services available during self-isolation under the COVID Protection Framework, and afterwards. This will be particularly important for certain groups, such as disabled people who need tailored support.
- 70 We also propose increasing the discretionary funding available to Community Connectors to meet unexpected immediate material hardship needs.

Appendix

- 71 Appendix One: Overview of the comparison of the Community Connection Service and Whānau Ora

File ref: REP/21/11/1210

Author: Out of scope, Policy Analyst, Social Development, Child and Youth

Responsible manager: Serena Curtis, General Manager, Pacific and Community Capability Programmes and Marissa Whight, Policy Manager, Social Development, Child and Youth

Appendix One: Comparison of the Community Connection Service and Whānau Ora

| | Community Connection Service | Whānau Ora |
|--------------------------|--|---|
| Background | Formally established through Budget 2020, built on success of similar initiative run previously by MSD and allocated \$41.25 million over two years to create 141 Community Connector positions. | Whānau Ora was launched in 2010 and is a Kaupapa-Māori, holistic approach to supporting long-term whānau wellbeing. |
| Purpose | <p>Community Connection Service seeks to offer flexible support to people with high and complex needs to meet short-term goals by connecting them with support and services. Particular focus on psycho-social needs.</p> <ul style="list-style-type: none"> • Supporting adults to re-engage with education • Assisting re-entry into the workforce. • Supporting individuals and families to access housing, improved housing • Supporting individuals and families to access budgeting services. | <p>Noting that Whānau Ora, or whānau wellbeing, is defined by whānau themselves, Whānau Ora as a programme seeks to build on the existing strengths of whānau to support them to become self-managing and independent and meet their needs and aspirations.</p> <p>This is achieved by putting whānau at the centre of decision-making. Long-lasting, ongoing and trusting relationships between whānau and Whānau Ora partners/service providers are essential to supporting whānau aspirations.</p> <p>Services are generally commissioned through a devolved commissioning model.</p> |
| Target population | All individuals, whānau and families in Aotearoa, including urban, rural and isolated areas | All whānau and families in Aotearoa. |
| | <p>Additional support:</p> <ul style="list-style-type: none"> • Focus on key cohorts: Māori, Pacific and Culturally and Linguistically Diverse communities. • Key locations depending on presenting issue (eg. COVID-19 Outbreaks in Auckland) • Locations outside of Whānau Ora reach in rural and isolated areas | |

| | | |
|--|--|--|
| Use of navigators | Navigators are used to connect individuals and whānau to services and support and are trusted. | |
| | <p>Community connectors are the primary way the Community Connection Service operates in practice. Community Connectors take an active approach to identifying the immediate complex needs of individuals and whānau and supporting them to access the information and services they need. They work closely to build the trust of individuals and whānau, and 'break down' immediate barriers'.</p> <p>They enable access to information and support from multiple government and community organisations, including dedicated MSD case managers to assist people to access entitlements.</p> <p>Community Connectors are from the community they serve and have established relationships and trust.</p> | <p>Kaiārahi (or navigators) are one of a number of Whānau Ora functions.</p> <p>Kaiārahi work closely with whānau to identify their specific needs and aspirations, then help identify the services, education providers or employment and business opportunities. Kaiārahi support whānau to plan, and then connect them with the support they need to achieve their goals. Kaiārahi have the cultural and local knowledge necessary to understand whānau situations and build relationships of trust and confidence.</p> |
| Use of direct funding | Both services have direct funding available to meet short term needs. | |
| Role to date in COVID-19 response | Both services have help meet essential needs (kai, wellbeing packs, household bills, learning needs etc) and have had a role in supporting families in MIQ and self-isolation. | |
| | <p>Additional support:</p> <ul style="list-style-type: none"> • Support for deportees unable to leave New Zealand, and • Support for temporary residents. | <p>Additional support:</p> <ul style="list-style-type: none"> • Support whānau resilience. |



Report

Date: 12 November 2021

Security Level: IN CONFIDENCE

To: Hon Carmel Sepuloni, Minister for Social Development and Employment

Cabinet paper - COVID-19: A whole of system welfare approach under the COVID Protection Framework

Purpose of the report

- 1 This report seeks your agreement to lodge the attached Cabinet paper on 15 November 2021, with the intention to discuss the paper at Social Wellbeing Committee (SWC) on 17 November 2021. This paper is scheduled to go to Cabinet on 22 November 2021.

Recommended actions

It is recommended that you:

- 1 **agree** to lodge the attached Cabinet paper on Monday 15 November 2021, with the intention to discuss at SWC on Wednesday 17 November 2021

Agree/Disagree

Molly Elliott
General Manager
Social Development, Child and Youth

Date

Hon Carmel Sepuloni
Minister for Social Development and
Employment

Date

We seek your agreement to lodge the attached paper to Cabinet

- 2 You are taking a paper to Cabinet that seeks agreement to a whole of system welfare approach (the welfare approach) targeted to people who need support to be able to safely self-isolate at home under the new COVID 19 Protection Framework (CPF).
- 3 The paper responds to two invitations to report back to Cabinet, including:
 - 3.1 a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions [CAB 21 MIN 0421 refers]
 - 3.2 a proposal to expand the Community Connection Service to help meet ongoing demand among diverse communities [CAB-21-MIN-0412 refers].
- 4 We seek your agreement to lodge the attached paper to Cabinet on Monday 15 November 2021 (see Appendix One).

The attached Cabinet paper seeks agreement to the proposed welfare approach under the COVID-19 Protection framework

- 5 The welfare approach will build on existing locally-led delivery infrastructure that will be enabled by existing regional leadership and centrally supported by agencies.
- 6 Cabinet agreement is sought to allocate \$204.1 million until 30 June 2023 to enable the delivery of the proposed welfare approach under the COVID-19 Protection framework. This funding will be allocated as follows:
 - 6.1 \$177.7 million for locally-led delivery
 - 6.2 \$8.3 million for coordinated assessment and referral
 - 6.3 \$18.1 million to resource regional leadership
- 7 If agreed, \$152.1 million would be allocated immediately to enable planning, workforce recruitment and training, and to meet service pressures particularly in Tāmaki Makaurau and other affected regions. The remaining \$52.0 million will be put in contingency and delegated to you and the Minister for Finance to draw down as necessary.
- 8 Agreement to the approach and funding as soon as possible will ensure there is sufficient time establish operations. Funding agreed by Cabinet for community service supports is due to be exhausted by 15 November 2021 and does not account for support to people with COVID-19 self-isolating at home.

Ministerial and agency consultation has been completed and the feedback has been incorporated

- 9 The paper has been circulated for ministerial and agency consultation¹. While we consider most of the feedback was minor, some has been more significant.

Significant feedback and changes

- 10 There have been key changes made in response to feedback from the Ministry for Pacific Peoples.
- 11 There have also been significant changes in the proposed housing support from Ministry of Housing and Urban Development (HUD).

¹ Agencies consulted: The Treasury, Ministries of Health, Housing and Urban Development, Education, Youth Development, and Pacific Peoples, Te Puni Kōkiri, Te Arawhiti, Oranga Tamariki, the Department of the Prime Minister and Cabinet, the National Emergency Management Agency, Kāinga Ora, Office for Disability Issues and Office for Seniors.

Ministry for Pacific Peoples

- 12 In the draft Cabinet paper provided to you on 5 November 2021, we noted that the Ministry for Pacific Peoples (MPP) was considering interventions to support the Pacific communities, including funding for Pacific community groups.
- 13 MPP have advised that they are no longer seeking funding for Pacific community groups to support the transition to the CPF as anticipated. They will however look to support engagement with Pacific community groups to partner and support the wider response efforts.

Response

- 14 We have amended paras 105 and 106 to reflect the change in funding sought by MPP and to emphasise Pacific engagement support. We have also included reference to the explorative work being undertaken by MPP to provide culturally responsive community-based isolation support services.

Ministry of Housing and Urban Development

- 15 In the draft Cabinet paper provided to you on 5 November 2021, there was also a component of funding for the Ministry of Housing and Urban Development (HUD).
- 16 The accommodation section has been updated to reflect discussion at the joint Ministers meeting on 11 November regarding accommodation options.

Minister feedback

- 17 We have also received some minor feedback from Ministers as detailed below. Feedback was also received from the Prime Ministers office and incorporated into the paper.

Minister for Children

- 18 The Minister identified that:
- 18.1 Oranga Tamariki providers may be supporting whanau who require additional supports to safely isolate.
- 18.2 There may be impacts for children who Oranga Tamariki work with as a result of needing to self-isolate.

Response

- 19 We have strengthened commentary in the paper to reinforce that the welfare approach will acknowledge and consider the various needs of people requiring support and that this will be available across a range of providers contracted by government, not limited to those that MSD contracts with.
- 20 Para 29 lists the groups of people who the welfare approach will need to be flexible to support the needs of, and children are included within the groups listed here.

Minister for Crown Māori relations

- 21 The Minister noted that:
- 21.1 The paper could be stronger in signalling how it will work with Māori, including to enable Māori-led services
- 21.2 The paper could clarify how the response will vary according to local need.

Response

- 22 We have strengthened points throughout the paper to clarify these points, notably in paras 98-101 on support for Māori.

Minister for Māori Development

- 23 The Minister asked for clarification on any overlap with Whānau Ora.

Response

- 24 In addition to Appendix two, we have added a new paragraph X to highlight how the Community Connection Service will complement Whanau Ora.

Minister for Agriculture

- 25 The Minister noted that the paper lacked a rural perspective, and that those living in rural areas may face challenges.

Response

- 26 We have noted in para 29 that the welfare approach will need to be flexible and responsive to the needs of those living in rural or remote areas, who may not have the options for delivery of essential items and food that those living in urban areas do.

Minister for Women

- 27 The Minister noted that the paper did not address gendered impacts likely to affect women more.

Response

- 28 We have added to paragraph 29 further situations where the welfare approach will need to respond flexibly to need, and have added a section on women in the population impacts.

Agency feedback

- 29 We also received feedback from the following agencies: DPMC; the Treasury; Office of Disability Issues; Office for Seniors; Ministry of Health; Te Puni Kōkiri; Oranga Tamariki; Kāinga Ora; and Te Arawhiti. We also received feedback from the Regional Public Service Commissioners and MSD Regional Commissioners.

- 30 Most of this feedback was also minor and mirrored the feedback from Ministers. Some key themes raised by agencies include:

30.1 Confirming the need for the approach to work for a variety of different groups and be responsive to need

30.2 Similar to the point above, questions around the scope of the approach and who it would support

30.3 The need to work with Maori, iwi and other groups

30.4 Operational questions, which will help inform the approach as it is further developed.

- 31 In response to feedback from Treasury, we have also included options for scaling in the paper.

Next steps

- 32 Subject to your agreement, the attached Cabinet paper will be lodged on Monday 15 November 2021, with the intention for the paper to be discussed at SWC on Wednesday 17 November 2021.

- 33 This paper is scheduled to go to Cabinet on Monday 22 November 2021.

Appendix

- 34 Appendix One: Cabinet paper - COVID-19: A whole of system welfare approach under the COVID Protection Framework

File ref: REP/21/11/1225

Author: Out of scope, Policy Analyst, Social Development, Child and Youth.

Responsible manager: Marissa Whight, Policy Manager, Social Development, Child and Youth

Aide-mémoire



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

Cabinet paper

Date: 19 November 2021 Security Level: Cabinet Sensitive

For: Hon Carmel Sepuloni, Minister for Social Development and
Employment

File Reference: REP/21/11/1251

COVID-19: A whole of system welfare approach under the COVID Protection Framework

| | |
|---------|---------|
| Cabinet | Cabinet |
|---------|---------|

| | |
|-----------------|------------------|
| Date of meeting | 22 November 2021 |
|-----------------|------------------|

| | |
|----------|--|
| Minister | Hon Carmel Sepuloni, Minister for Social Development and Employment |
|----------|--|

| | |
|----------|---|
| Proposal | <p>You are presenting this paper which is seeking Cabinet's agreement to a whole of system welfare approach targeted to people who need support to be able to safely self-isolate at home under the new COVID Protection Framework (CPF).</p> <p>The paper responds to two invitations for you to report back to Cabinet, including on:</p> <ul style="list-style-type: none">• a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions [CAB-21-MIN-0421 refers]• a proposal to expand the Community Connections Service to help meet ongoing demand among diverse communities [CAB-21-MIN-0412 refers]. |
|----------|---|

| | |
|---------------------------|--|
| Changes made since SWC | |
|---------------------------|--|

The Cabinet paper has been updated to reflect amendments made following the discussion at SWC on 17 November 2021.

Changes include:

Ministerial feedback

Minister Radhakrishnan noted impacts for ethnic communities and the need for an equitable approach. While not requested by the Minister, we have updated relevant parts in the paper and the operational design will consider how we implement this.

Local accommodation solutions

As discussed at SWC, we have opened up the language that there may be a variety of portable housing options.

Following the meeting with the PMO, your office and agencies on 19 November, the Cabinet paper has been updated to note that agencies are working to ensure appropriate accommodation solutions are available where people who are self-isolating need this type of critical support.

Agencies will join up in the region and work with iwi/Māori and community providers to provide bespoke arrangements where needed. Where necessary, local options may be funded through the locally-led delivery funding component of this paper and may require draw down on contingency funds. The work to join up the welfare and housing approaches will be supported by Regional Public Service Commissioners, working with MSD RCs (where not the same person), other officials and partners.

Appendices

Appendix One – diagram of the whole of system welfare approach was removed at the request of the Secretary for Social Development.

Key issues

Targeted welfare support is needed to implement the CPF. Cabinet agreed to replace the COVID-19 Elimination Strategy (the Alert Level Framework) with the CPF, as part of a decision to minimise and protect against COVID-19.

Under the CPF, most people with COVID-19 will be supported to recover at their usual place of residence through a self-isolation model.

The integrated package of welfare and community supports outlined in the paper will support people who are COVID-19 positive, their households and others who are directed to self-isolate to keep safe if needed. Without this response, some people who are vulnerable may be unsafe at home. There could also be more breaches of self-isolation, greater risks of the virus spreading in the community, and further pressure on the health system.

Not everyone who is required by government to self-isolate will need the same level of support. It is expected that there will be households who will require only limited or no support, whereas other households may require multiple supports to manage complex situations. The approach is therefore flexible in how it will respond and pivot to meet different needs.

The paper sets out the framework for an aligned health, welfare and housing approach to providing support

Officials are working to ensure the approach is integrated with the health response which will identify those who test positive for COVID-19. The assessment process linked to those who test positive will identify individuals' and households' needs to safely self-isolate. A housing response will ensure that people with COVID-19 have appropriate accommodation to safely self-isolate.

The approach is highly responsive to diverse needs and multiple localised outbreaks through its locally-led approach.

It has three key components that will provide assurance and accountability to the Government to meet uncertain demand:

- locally-led service delivery
- regionally-enabled through strong leadership and coordinated assessment and referral function
- centrally-supported

New funding is needed to enable these components to deliver the welfare system approach

In addition to core-agency supports delivered across government, funding of \$204.1 million is sought for key components of this model through to June 2023.

A breakdown of the funding by component is provided at Appendix One. Appendix Two sets out the key assumptions.

- \$177.7 million for critical welfare support, including food and other essential items, and housing supports delivered to households that are self-isolating by community providers. This includes an expansion of the Community Connection Service to reach more communities
- \$8.3 million to establish and resource a co-ordinated assessment and referral function that will integrate with the health and housing responses in regions to provide locally-delivered critical health and welfare needs to households that are self-isolating.
- \$18.1 million to resource existing cross-sector regional leadership groups, including support for iwi to partner and participate, and for Regional Public Service Commissioners to support alignment and co-ordination in the implementation of the CPF.

Of the total of \$204.1 million, \$152.1 million will be allocated immediately to start planning and sustain the workforce over the next 18 months and to meet immediate service costs over the next three and a half months. This includes:

Workforce costs – over 18 months

- \$8.3 million for co-ordinated assessment and referral
- \$18.1 million for regional leadership
- \$58.2 million for locally led delivery of food and community connection

Immediate services for whānau – for three and a half months

- \$54.5 million for service costs for food and immediate items, housing, family and sexual violence, financial capability, disability supports (insert footnote: \$3million of this funding for housing is allocated upfront, but will be drawn down in 2022/23)
 - \$7.5 million for Provider capability and community preparedness and awareness
 - \$5.5 million in the event of lockdowns or surge demand
-

The remaining \$52 million relates to service costs and will be put in contingency delegated to joint Ministers to be drawn down as necessary.

Next steps

The paper seeks agreement to the approach and funding to deliver welfare supports under the CPF. Officials are working with selected regional officials to start planning and get ready.

Appendix Three provides an example of the design work among officials to ensure an integrated health and welfare approach on notification that someone is COVID positive and needs to self-isolate and home.

If agreed by Cabinet, officials will work closely with regional leaders (including local government, iwi/Māori and community) and providers to further support the design of a consistent and tailored approach to suit local scale, needs and service capability.

The paper proposes that you and the Minister for Housing jointly update Cabinet in December 2021 on the implementation of the welfare and housing approaches. This will be considered alongside a report back from the Minister of Health.

It is not possible to provide further detail on how functions will operate, as it is contingent on Cabinet decisions and the ability to consult with external partners and providers. Furthermore, delaying Cabinet decisions until this detail is available would have impacts for timely implementation, particularly for Tāmaki Makaurau where the service pressures are highest currently.

Our advice

Budget 2020 CRRF funding

The Prime Minister's Office has requested clarity on how Budget 2020 CRRF funding has been utilised by MSD.

The CRRF allocation of \$299.4 million that MSD received in Budget 2020 to fund community-led services and strengthened provider networks will be leveraged to deliver an effective locally led CPF response (see Appendix four).

- Of this total, \$33.560 million was allocated to support the national lockdown in March 2020, which was focused on immediate response needs and bolstering services experiencing increased demand.
- With the remaining \$195.884 million, MSD worked with communities through their strong provider network and directed funding into community organisations to build resilience and meet the needs of communities. The programs funded include the Community Capability and Resilience Fund, Food Secure Communities, Community Connectors, Provider Capability, Māori Partnerships, Building Financial Capability, Family Violence services, and Disability services.

The paper provides support for **Tāmaki Makaurau** Auckland has experienced a prolonged lockdown and many community organisations have had to respond to a significant and sustained surge demand on services.

In order to provide certainty to those providers over the summer period (and subject to Cabinet's agreement of the funding envelope) we could consider an upfront instalment of the 'locally-led' funding for eight weeks to Auckland providers. Currently providers are receiving funding in two-week instalments based on circumstances and alert levels.

Locally-led funding components would include: housing (for portable accommodation and HUD provider support); food support; Community Connection Service (discretionary funding); flow-on welfare supports, including: Family and Sexual Violence supports, Building Financial Capability, disability support services, Ministry of Youth services.

The amount we could allocate would be dependent on the final decision by Cabinet for the final costings.

The approach does not include some similar support previously provided by MSD in response to COVID-19.

The proposed welfare approach does not include some of the supports which MSD has traditionally developed to support people impacted by COVID-19. This is because this approach is about ensuring people can safely self-isolate when they need to, rather than buffering the impacts of COVID-19 on employment and income. Below we set out previous supports developed by MSD and why these are not featured as part of the welfare approach.

A bespoke payment to non-MSD clients eg the COVID-19 Income Relief Payment (CIRP)

- CIRP offered income relief for up to 12 weeks for people who suffered job loss due to COVID-19 from 1 March to 30 October 2020. Standing up a similar initiative would take approximately 12 weeks to design, develop and implement.
- The initiative responded to anticipated widespread job loss, had low take-up and raised equity considerations for support between beneficiaries and non-beneficiaries. Additionally, implementation put significant pressure on MSD staff capacity due to the process of determining eligibility.
- On this basis, similar initiatives would not be considered a suitable lever to use for short, localised lockdowns. Instead, 'preventative' levers that reduce the risk of job loss may be more suitable, in addition to the existing welfare system and wider COVID-19 support initiatives.

Temporary removal of initial income stand-down periods

- This initiative was implemented in response to the initial nation-wide lockdown in 2020 from 23 March 2020 to 24 July 2021. It responded to the unprecedented impacts of COVID-19, one of which was increased benefit uptake due to forecasts of widespread job loss.
- Implementing the removal of stand downs has considerable operational and fiscal cost to MSD, taking approximately one month to operationalise. Additional time is required to reinstate stand downs due to the operational complexity of doing so. It should be noted this initiative cannot be regionalised.

-
- As a result, this lever is best used to mitigate long-term impacts of COVID-19 as opposed to short term, regional lockdowns. MSD's view is that there is merit in considering permanently removing stand downs.

Increase for food grant limits regionalised and responsive to traffic light system

- Demand for food grants has now reduced since the initial jump following Alert Level changes in August 2021. This may be due to additional funding provided to foodbanks in response to the COVID-19 resurgence in August 2021.
- Where demand exists, discretion can be used to issue food grants above existing limits and MSD now has improved capability and capacity to manage inquiries for food grants through, for example, contact centre channels.
- Under the proposed welfare approach, funding for foodbanks, food rescue and community food organisations will also support the operation of the food secure network over the next 18 months. This will ensure that those who need support to access food while they are self-isolating are also supported, as opposed to just those who cannot afford food.
- Making this change would require further policy work and three to four months of IT implementation time to ensure the IT solution can expand and contract as required with changes to regional traffic light systems. Further to this, this initiative may not adequately support requirements to self-isolate under the CPF compared with, for example, funding for food banks.

Doubling Winter Energy Payment (WEP)

- This initiative cannot be implemented where lockdown occurs after a WEP payment period (May to September) and cannot be regionalised.
- This initiative was not implemented in response to the COVID-19 resurgence in August 2021 as timing for decision making and implementation was too tight to enable implementation prior to the WEP payment period ending.

The expansion of the Community Connection Service is a complementary mechanism to support welfare delivery

The paper notes that the expansion of the Community Connection Service (CCS) will support delivery and will complement other services, particularly Whānau Ora. Appendix two of the Cabinet paper provides a comparison.

CCS is a partnership between community, regions and government. This partnership ensures that Community Connectors are in the right places and spaces, responding to emerging community needs. A strength of the CCS is its ability to triage support for people with urgency, and that it has developed a specialist response in providing MIQ support. This makes it ideal for supporting the welfare needs of people and whānau who are required by government to self-isolate, but who may not need longer-term support.

Comparisons are regularly drawn between CCS and Whānau Ora. While some functions are similar, and the services are complementary, there are several key points of difference between these services. In addition, some service providers have both Community Connectors and Whānau Ora Navigators.

Key comparisons are outlined below:

- CCS offers flexible short-term support to address immediate needs by connecting clients with support and services. Whānau Ora seeks to build whānau capability to support self-management and independence. Community Connectors address the immediate needs of individuals or whānau. Where the person needs longer-term support, they can refer them to Whānau Ora.
- Both services work with all whānau and families in Aotearoa, including main centres and rural and isolated areas. However, CCS prioritises key cohorts such as Māori, Pacific and Culturally and Linguistically Diverse communities. CCS is also flexible and can target key locations and support individuals and whānau where needed. In addition, MSD has placed Community Connectors into rural and isolated areas where there were no existing Whānau Ora services or navigators.

The welfare approach will utilise existing Māori and Pacific providers to deliver supports

We anticipate that there will be impacts on provider capability and capacity as we transition to the CPF. Accordingly, the funding sought through the proposed welfare approach includes support for providers to maintain service capacity. In addition, support for Māori and Pacific providers in particular will build capability to deliver culturally responsive welfare and social supports. This is particularly important as Māori and Pacific communities are likely to be disproportionately impacted and require higher levels of support to self-isolate.

This funding and approach will reinforce and complement other existing funding including:

- the second phase of the Māori Communities COVID-19 Fund led by Te Puni Kōkiri and Te Arawhiti to support Māori, iwi and communities to respond to the CPF
- Whānau Ora, as detailed above
- funding from the Ministry for Pacific Peoples to support Pacific communities to be engaged through the whole of system response and transition to CPF.

The housing approach is still emerging

Agencies are working to understand the suitability of accommodation across public housing, transitional and emergency housing, and the ability to secure additional supply.

Supply varies across regions from week to week depending on domestic tourism, and movements across emergency, transitional and public housing, and the private rental market.

Agencies are working nationally and regionally to ensure accommodation solutions are available for people cannot safely

self-isolate at their usual place of residence. Officials are still working through options for alternative accommodation.

The paper outlines the current set of options, including use of an alternative private residence, MIQ, DHB supported community isolation facilities, local options identified by housing agencies including portable options.

While we have not stated this in the paper, the approach relies on housing related agencies supporting people that they have contact with in the first instance and providing alternative options for others as needed. We are of the view that people who do not have a suitable place to self-isolate should not be referred to MSD for emergency housing – the alternative options outlined in the paper should be used.

Talking points

- I am proposing a welfare system approach that is aligned with the health and housing responses.
- It will ensure people who are COVID-19 positive, their households and others who are required by government to self-isolate at home have the critical welfare support the need to stay safe.
- This will prevent further unnecessary spread of COVID-19.
- The minimisation and protection strategy means we need delivery to be led locally and regionally. We need to be responsive to uncertain cases and diverse needs.
- This is a systems approach; people being supported will be referred into any service – funded by any social sector agency – that best suits their needs. It will also leverage iwi/Māori and local government strengths.
- The paper being considered seeks agreement to the approach. I will provide Cabinet with more detail on implementation with Minister Woods in December.
- Funding workforce costs now is an investment in the people to deliver this approach over the next 18 months. We need to relieve and supplement a strained workforce.
- Recruitment and training for this approach needs to start immediately.
- Other funding is for food, housing, connection to services, and other services such as family and sexual violence, financial capability, disability and youth support services. We will continue to monitor demand.
- We are leveraging Budget 2020 CRRF funding for community services to deliver the locally led CPF response.

Author: Out of scope, Senior Policy Analyst, Regional Development Policy

Responsible manager: Marissa Whight, Policy Manager, Regional Development Policy

Appendix One: Breakdown of new funding needed to implement the welfare approach

| Component | 2021/22 \$million | 2021/22 (In contingency) \$million | 2022/23 \$million |
|---|-------------------------|--|----------------------|
| Fixed Resources – Regional | 6.1 | - | 12.0 |
| <i>Regional Leadership</i> | 4.1 | | 8.1 |
| <i>Iwi/community leadership</i> | 2.0 | | 3.9 |
| Fixed Resources – Assessment and referral | 3.3 | - | 5.0 |
| Fixed Resources – Community | 12.6 | - | 45.6 |
| <i>Food support (extension of baseline for Food Secure Programme)</i> | 5.0 | - | 12.5 |
| <i>Community Connectors (additional 105 connectors)</i> | 7.6 | - | 12.6 |
| <i>Community Connectors (continuation of existing 157 connectors in 2022/23)</i> | - | - | 20.5 |
| Variable funding – direct whānau supports | 51.5¹ | 39.0² | 3.0 |
| <i>Housing (MBIE/HUD)</i> | 12.5 | - | 3.0 |
| <i>Food support</i> | 14.1 | 14.1 | - |
| <i>Community Connectors (discretionary funding)</i> | 14.8 | 14.8 | - |
| <i>Further community support for whānau/households (eg financial capability, family/sexual violence, disability supports)</i> | 10.1 | 10.1 | |
| Variable funding – Provider Capability | 5.3 | 5.3 | - |
| Variable funding – Community Preparedness and awareness | 2.2 | 2.2 | - |
| Variable funding – Community contingency (in the event of lockdowns or surge demand) | 5.5 | 5.5 | - |
| Total (\$million) | 86.5 | 52.0 | 65.6 |

1 This funding is anticipated for 3 and half months – ie from end of November 2021 to March 2022

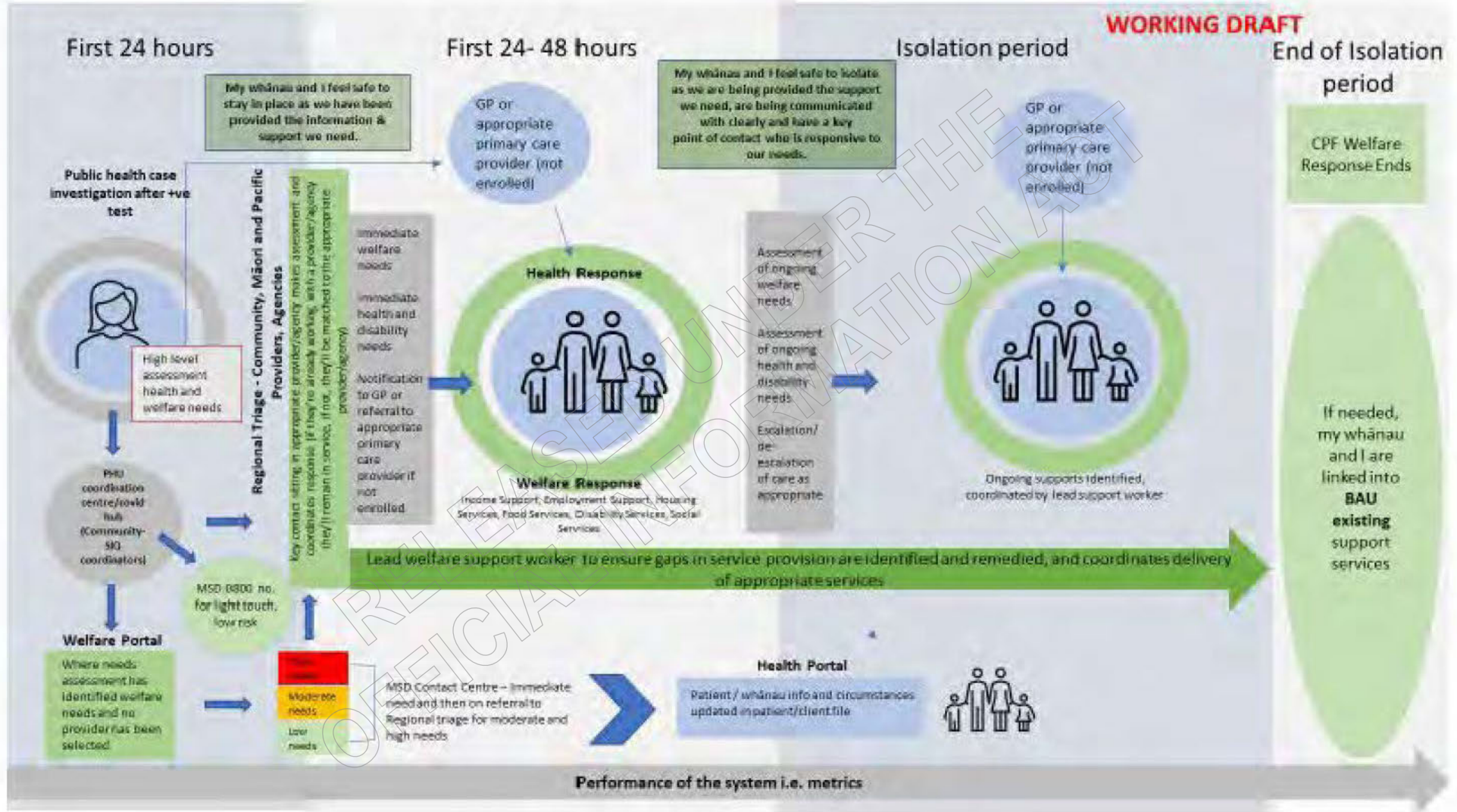
2 This funding is proposed to be placed in contingency to be drawn down on agreement by joint Ministers. Once the contingency is exhausted, further variable funding may be sought. In the event that the funding is not used in 2021/22 it can be moved into 2022/23

Appendix Two: Key assumptions for funding sought

| Area | Key assumption | Numbers |
|---|--|--|
| <p>Positive Cases – utilising DPMC/Treasury projections based on Te Pūnaha Matatini modelling (as at 8 November 2021)</p> <p>These assumptions can be updated in 2022 as new modelling is made available.</p> | <p>For 2022 – assume increasing international arrivals and high tolerance in hospital system to support positive cases</p> | <p>Rising to 4,500 positive cases per week.</p> |
| <p>Households required to self-isolate</p> <p>Parameters in <i>COVID-19 Minimisation and Protection approach – public health readiness</i> (for consideration at SWC 17 November)</p> | <p>Assume a narrowing of close contacts will be required to self-isolate (discontinue casual plus and casual exposure events)³</p> <p>Assume that quarantine and isolation requirements reduce to 10 days</p> | <p>Up to 20,500 people isolating in any one week.</p> <p>About 14 days of self-isolation, assuming that there is some transmission within households resetting the self-isolation clock with each new positive case.</p> |
| <p>Those people requiring assistance</p> <p>Parameters calculated using analysis from the IDI looking at segments</p> | <p>Assume that 20 percent of those people self-isolating will require some welfare supports (food/community connection service)</p> <p>Assume that a sub-set of that 20 percent will require further welfare supports – 35 percent of the 20 percent</p> | <p>Up to 4,500 people/households requiring assistance</p> <p><i>Note that some households may be split during self-isolation but both requiring assistance.</i></p> |
| <p>Cost to serve</p> | <p>Food parcels are for four people and last about half a week. Four food parcels over the 14 days estimated.</p> <p>Community Connection caseload is about 1 to 30</p> <p>Average cost of additional welfare supports, a blend of annualised cost to service across a range of services</p> | <p>Food: \$400 / 14 days (or \$100/parcel)</p> <p>Community connection discretionary funding: \$420 / 14 days</p> <p>Further welfare supports: \$278 / 14 days</p> |

³ Note that no current projections of those that may be required to self-isolate exist. Values use in costings assume that for every positive case there are another two people who will need to self-isolate as immediate close-contacts. This discounts for the transmission within households.

Appendix Three



Appendix Four: Background – MSD Budget 2020 CRRF Allocation

- MSD, our partner agencies, and our network of providers have worked together to build a flexible and responsive system that was designed to accelerate and sustain recovery from the 2020 COVID-19 outbreak. The system was not built with the COVID-19 Delta strain in mind. Notwithstanding this, the foundations built to date have proven to be effective in responding to the wide range of different issues and challenges that Delta brought. This is an example of where flexibility of approach and trusting that local partners know how best to respond to local issues has worked very well.
- Community Capability and Resilience Fund (\$36 million) have been used to support communities to make their own arrangements to provide support for those in need at a local level. This has included activity that ensures social inclusion, information sharing, community gardens, support for Māori Wardens, marae initiatives, and much more. The ability to support communities to come up with local solutions has been important over the last twelve months. This funding has also supported initiatives that assists in vaccination efforts.
- Food Security (\$32 million) has ensured that communities are able to develop solutions at a local level to support those that need supplementary food support. With over 160 relationships in place there is a strong network established by MSD. Whilst the funding allocated was intended to also support response efforts up to alert level 2 settings, short term level three lockdowns in Auckland were also supported through this initiative without further funding. The funding has cemented the central role of the New Zealand Food Network in the overall food security environment. This ongoing work between MSD and the food security sector meant that New Zealand's food security network had the capability needed to respond when Delta arrived.
- Community Connectors (\$41.25 million) have been called a game changer with funding being rapidly deployed to put in place almost 160 connectors to meet high demand for this type of support across New Zealand. Community Connectors can be found all over the country including in MIQ facilities. The uniqueness of the role, in that Connectors can both resolve immediate barriers for whanau and then connect whanau with a broad range of services, including through their knowledge of MSD products and services, meant we had an effective mechanism already established and able to scale up to support communities when Delta hit.
- Provider Capability Funding (\$22 million) has allowed providers to consider what they need to grow their capability to be more effective and efficient in how they deliver services. The need to deliver differently with COVID in the community will again mean they need to adapt their operational approach and investment to date has created the foundations for our providers to respond quickly and effectively.
- Building on the investment made through Budget 2020, the emergence of the Delta variant in August of 2021 saw MSD allocated an additional \$38.15 million of funding to meet immediate community need for food (\$18.2 million), other essential items (\$17.9 million), and supporting Iwi responses (\$2.0 million).