

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

Cycle Three Findings (August 2022)

Care in the Community Welfare Response to Omicron Individuals, Families, and Whānau

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 provider 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 existing 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?"**

Note: This document presents findings for question one.

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

24
Individuals,
families, and
whānau

Made up of:

Seven Māori
Five Pacific peoples
Four tauiwi
Eight of Asian descent

These people had received support from one of four community providers, including one Māori, one Pacific, one tauiwi, and one pan-Asian provider.

A thematic analysis was completed to identify key themes and findings relating to the evaluation questions.

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

COVID-19 has presented wide-ranging financial, social, and health challenges

Many individuals, families, and whānau experienced reduced income and job losses as a result of COVID-19. This had persistent negative consequences and caused significant stress and worry:

"My son lost his business. And it was a big loss. He made two more restaurants but every time he would open one, COVID would come. In the end, he told his wife 'I can't do it', he walked out, left everything. Another two, three weeks later, she also walked out with the kids. So they've gone and suddenly I find myself with a mortgage... and I'm very sick, I've started dementia, I've got a tumour, so you know. These last five months have [been] very stressful... I can't sleep at night, I don't know what to do now. So, this is what COVID's done" [Asian female].

Isolating people found it difficult to pay for food and housing costs, as well as for other essentials like power and internet. This was compounded by increasing costs of living:

"...we're all home, so the power was definitely going to hit the roof. And it got to the point where I couldn't afford to pay the power" [Pacific female].

Difficulties keeping COVID-19 positive household members separate from each other, isolating in unsafe environments, concern for vulnerable whānau



members, and the inability to connect with friends, family, and whānau all caused distress, especially for Māori whānau:

"The major impact of COVID is isolation. Really big on whānau and you just get cut off. The kids are cut off too" [Māori female].

COVID-19 presented both physical and mental health challenges. Mental wellbeing was negatively impacted by uncertainty and extended periods of isolation, especially for people with underlying conditions and those with caring responsibilities:

"I just recently lost my husband and I have a son that's been on a mental journey. Me myself suffering from cancer and all these other illnesses so mentally wise it was quite challenging to be in the house and not being able to go anywhere in that 7 or 8 days. Not having anywhere to go to just have that time. To get out. Almost like just to pretend that you couldn't see it for a little while" [Māori female].

Working people with health conditions often had no sick leave available to cover their costs while isolating:

"Every year for me personally, health is impacting [and] I've had to use holiday pay. I don't know what a holiday is because it always seems to be a recovery for me" [Tauwiwi male].

COVID-19 challenges were intensified for those already experiencing hardship



People in existing financial hardship, and supporting large whānau, were particularly affected by COVID-19:

“The first time I met with [Provider], my three boys are affected [by] COVID, they tested positive. That time I quit from work because my husband was diagnosed with cancer. It’s so hard because my family, we just survive from my work and plus my husband not work, he [depended] on ACC. So only his ACC [paid] our rent and our food, but not much... it’s not enough for us.” [Pacific female].

“We lost 11 people in the last 6 months. Coping with COVID, trying to help the whānau and see all our marae closed. And because we only have two aunties alive it is now our generation’s turn to make sure that we look after the whole whānau. And when the financial stuff is on top of you... it’s all right when you’re working because you can afford to do that, but when you’re whānau is getting knocked left, right, and centre... one effect rolls onto the next and to the next. If you think you’ve got it made cause you’ve got a job and everyone in your house has, but the whānau down the road hasn’t, you still gotta share what you’ve got, and if anyone’s going to go without, it has to be those that can go and get it. They’re the ones that have to go without” [Māori female].

People often became aware of Care in Community support through word of mouth



Most people described hearing about support from members of their community.

“It was word of mouth. And yeah so went from one family to another, to another, to another. Then I saw it on Facebook after. But first thing was word of mouth. And it was all positive you know” [Pacific female].

After receiving appropriate and valued support, people spread the word to others in their community. Hearing about support from a trusted source (friends, family, or whānau) increased reach to people who would not typically engage with community or government services:

“It was the same for a lot of my family and friends too, they didn’t feel comfortable reaching out. Asking for help. Even through [Charitable Trust] or any other avenue. But whereas talking with me or them coming through me to get [Connector] to help them, they would do that” [Māori female].

Food was a top priority for people isolating because of COVID-19 and receiving food support prevented them breaking isolation



Food was the most frequently requested form of support while people were isolating. Families and whānau reported that food consumption increased dramatically during this time. Receiving food parcels made it possible for them to get through isolation without going hungry:

“I never heard from my kids [that] they are hungry because of these guys” [Pacific family].

People commented that care had been taken to ensure that food parcels and isolation packs met their needs and circumstances. Receiving food support helped them feel connected to their community while isolating:

“When I get the food box, I feel like ‘oh I’m not alone’ even though I’m isolating... like this country looking after me. This is very nice. And reduce the stress” [Asian male].

Many people had never previously received food support. However, this was essential for the circumstances, with several noting they would have otherwise broken isolation:

“If I didn’t get the support I would have gone to the supermarket. It wasn’t a matter of wanting to go out but I would have had to. I needed to feed my kids and my animals” [Māori female].

The provision of food helped Community Connectors and providers build trusting relationships with individuals, families, and whānau



Upon receiving food, people felt that a heavy burden had been lifted from their shoulders. This helped build trust with providers and Community Connectors and generated interest in learning about other supports they could offer:

“They’ve built that trust, they’ve built that relationship... it’s not just about putting the parcel on the door, and sending you a text and saying, ‘oh it’s at the door’... so you’ve built that relationship to trust them with a little bit of your information” [Māori female].

“I called them for a food parcel not knowing who they are. And then after when I got the food parcel, I was like ‘wow’ and then ‘okay let’s have a look, what do they do?’” [Pacific female].

Community Connectors provided other immediate supports that enabled people to isolate safely



Community Connectors checked whether people requesting food support had any other pressing concerns, such as the ability to pay their bills and rent. For one person with a chronic health condition, the use of discretionary funding to cover his rent while isolating made it possible to save vital annual leave and retain his housing:

“...that made a big impact for me because it meant that I was able to last the distance and survive” [Taiwiwi male].

Immediate supports were designed to promote the well being of those isolating and included ensuring people were in a safe living environment. One person described how their Community Connector coordinated with their landlord, MSD, and a plumber to get a broken pipe fixed and maintain their access to water during their isolation period.

After addressing their immediate needs, people described how Community Connectors would follow-up, helping them feel supported and cared for:

“The fact that the support was continuous and that they checked in throughout the isolation was massive. It made you feel like you were gonna be alright, you know what I mean? Like you’d make it through” [Māori male].



Community Connectors linked individuals, families, and whānau to other support and services that would have ongoing benefits



People described how their Connectors made sure they were aware of other community and government supports, and removed barriers to accessing these:

“There’s a lot of stuff that you don’t know about that you can get and are entitled to. Having that person [Community Connector] and they’ll say ‘well hang on, I’ll ring somebody who might be able to help.’ Because people don’t tell you...” [Māori female].

Pacific families described how much they valued being supported by their Connector to access digital literacy training and educational programmes for their children:

“[The children] say ‘you know the Tongan teacher [at the community provider’s homework sessions], it’s more understandable when they explain than my teacher at school’” [Pacific female].

Connection with appropriate supports enhanced people’s independence and long-term wellbeing. As one kaumatua who was supported to complete Work and Income documentation and open a bank account so he could receive his benefit and accommodation supplement said:

“All I needed was a push up, that’s all I need. And once I get a push up, I carry on and do the rest” [Māori male].

Support from community providers and Connectors prevented a range of negative impacts



Individuals, families, and whānau believe they would not have coped without CiC support:

“I don’t know how we’re going to survive... they really help us through the lockdown” [Pacific female].

“He [Connector] goes above and beyond. Oh, honestly, he saved us in that time” [Māori female].

They felt that serious negative mental and physical health consequences were prevented by the support received:

“I’m not saying that I was there, but who knows, maybe it could have been there, suicidal, you know. It could of come to, because I will be thinking ‘how am I going to feed these kids?’ You know, ‘maybe I’m the problem in the equation, take me out’” [Pacific female].

“The simple fact is, I would have went without, I would have lost 10 kilos really easy because the first priority is to the mokos. Yeah, so during that time my blood sugars were reading something like 16, my blood pressure around about 200 over 180, so you know, just without that support I could have well been really, really close to having a stroke, because with the complications I have, that’s where it was at... yeah and being able to get that support made a huge difference” [Māori female].

The support ensured that relationships, especially with family and whānau, were not negatively impacted by the stressors of isolation. Some people also reported that without assistance they would have been unable to pay essential living costs, which could have led to eviction or homelessness:

“I kept hearing all these horror stories about how people have been kicked out through COVID and things like that and I was like ‘oh my god is this going to happen to me!’” [Taiwi male].

Community Connectors and providers made it possible for people to ask for and receive support



People found it a big challenge to seek help from community and government services, describing this as *“the very last resort”* [Māori female]. They were also unable to ask for help from family and friends who were in similar situations:

“COVID was so much around that it was so difficult that, you know, we could not ask our friends to help” [Asian female].

They felt that community providers and Community Connectors had a way of making them feel comfortable to ask for and receive support. Ways of working that were most appreciated included:

• **Ease of access** – *“when you contact [Provider] you could text them. Or you could call them, or you could message them on Facebook. They had all different ways of communicating”* [Pacific female].

• **Timely support** – *“when I rang them [they] pick up straight away”* [Pacific female].

• **Treatment with compassion, respect, and empathy** – *“she didn’t treat me like a client number...she [treated] me like a woman, like a human... so there was a lot of compassion there”* [Taiwi female].

• **Understanding of context** – *“unless you’ve lived that life, unless you’ve been down on your luck, you have no understanding”* [Māori female].

For Asian families, the ability to connect with someone who **understood their culture and who spoke the same language** was important:

“Having staff that speak different languages, Asian languages, that was really helpful, cause the longer you speak someone’s language, even if it’s just a greeting, it makes such a difference” [Asian female].

For Māori whānau and Pacific families, providers’ and Connectors’ **whānau-oriented way of working** made them feel like they were being supported by members of their own family/whānau:

“They are part of my family, it’s really close... they are on our side, beside my family” [Pacific female].

The fact that Community Connectors were trusted members of their own community also made it easier for people to access support:

“[Connector] has been a tremendous help because he knows so many people. He can source anything really cause he has a lot of contacts and knowledge. And he also lives in our community” [Māori female].





In contrast, there were barriers to receiving help from Work and Income



Some people had also sought help from Work and Income but encountered several barriers. Others did not feel comfortable doing this because of their previous experiences.

Some people felt that support from Work and Income was difficult to access, could not be provided in a timely way, and that there were limits on support that meant it did not respond to their circumstances or needs:

“WINZ, if I call or I walked in, they say ‘you have to book it’ and I say ‘I know but I really need it now’. So it’s pushing me away cause I don’t want to go there cause I know what they’re going to say” [Pacific female].

“After two times of asking they said I’d gone over budget so I actually pleaded with the lady, with Work and Income, I said to her ‘look I really need help, I need some food’... I fell down on the ground crying because I was on hold for 53 minutes and she just would not listen to me” [Tuiwi female].

Eligibility criteria meant that some people did not qualify for assistance despite living in significant deprivation, and where support was provided, it was often not enough:

“When I called Work and Income, they just wanted to do their needs analysis on me and say ‘oh your criteria is this so you can’t meet this” [Tuiwi female].

People thought support should continue to be available to address issues that existed prior to, and have been exacerbated by, COVID-19



People wanted to see support from Community Connectors available in the long-term, particularly to address issues they were facing before the pandemic. These have only been amplified by COVID-19 and increasing living costs:

“Done a fantastic job, there’s no doubt about it. My next thing is, how are we gonna keep doing it? Because there are so many whānau out there that need help. So, this support has been fantastic through the pandemic, but I think it needs to be flowing along medically, dental, and food, cause food is one of the things that people go without. Mothers and fathers go without to feed the kids” [Māori female].

Māori whānau felt that the type of support offered by Community Connectors and their organisations strengthens communities by giving people opportunities to connect (and stay connected) with one another:

“Doing things together, because as a people we don’t do anything alone, we don’t like to be. Cause when you do it in a group you have that support. That gives you the hand up that you mightn’t know that you need” [Māori female].

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 3327 requests for welfare support in the week ending 31 July 2022. This had reduced to 2430 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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