In Confidence

Office of the Minister for Social Development and Employment Cabinet Social Wellbeing Committee

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

Proposal

- This paper seeks 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-19 Protection Framework (CPF). It responds to two invitations to report back to Cabinet, including:
 - 1.1 a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions [CAB-21-MIN-0421 refers]
 - 1.2 a proposal to expand the Community Connection Service to help meet ongoing demand among diverse communities [CAB-21-MIN-0412 refers].

Relation to government priorities

This proposal supports the Government's objective to keep New Zealanders safe from COVID-19. It targets a whole of government welfare approach that will support responses under the Government's agreed CPF.

Executive Summary

- On 18 October 2021, Cabinet agreed that the CPF will replace the Alert Level Framework [CAB-21-MIN-0421 refers]. We note that a key focus for the Government under the CPF is for people to get vaccinated. The approach in this paper will align with the Ministry of Health (MoH) testing, case investigation and contact tracing approach.
- 4 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 is particularly prevalent for Māori and Pacific people compared to others.
- Under the CPF people with COVID-19 will be supported to self-isolate at home/ in the community. This paper is focussed on the welfare system approach that will support people with wellbeing needs to keep safe while in self-isolation. Key agencies are working to integrate the health, housing and welfare system approaches for people who need to self-isolate.

- If this support is not provided there is likely to be more breaches of self-isolation. This will lead to greater health risks to communities through increased transmission and further pressure on the health system.
- The welfare approach will not need to support everyone who needs to self-isolate to the same level. Some people will manage without any or limited support, whereas others will need more. This approach builds on existing support provided by the Ministry of Social Development (MSD), other agencies' existing services, and those offered through funded providers.
- The length of time Aotearoa New Zealand will be operating under the CPF is yet unknown, however I propose that this approach starts immediately and continues to June 2023. This will ensure that regions are ready to support the welfare response as soon as necessary and adapt as policy settings are confirmed.
- I propose allocating a total of \$204.1 million until June 2023 to deliver a regionally-enabled and locally-led welfare approach that can respond effectively to people in self-isolation. The approach includes three parts:
 - 9.1 **locally-led delivery**: to deliver critical welfare and housing support to people self-isolating including food, community connection, additional welfare and social needs, provider capability and capacity building that integrates with existing agencies' services and support
 - 9.2 **co-ordinated assessment and referral**: for the assessment function that will integrate with the health and housing response to co-ordinate the provision of locally-delivered critical health and welfare needs of individuals and whānau who are self-isolating
 - 9.3 **regional leadership:** to resource existing cross-sector regional leadership groups, including enabling iwi to partner and participate, and Regional Public Service Commissioners to support alignment and coordination 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. The remaining \$52 million relates to service costs and will be put in contingency delegated to joint Ministers to be drawn down as necessary.
- I am seeking Cabinet agreement to MSD leading the coordination of the welfare approach, working closely with key agencies across the health, housing and economic approaches, and with iwi/Māori.
- I am also seeking Cabinet agreement to mandate the Regional Public Service Commissioners with leading the regional alignment and coordination of the public service contribution to the CPF, including the welfare approach.

In December 2021, I will jointly update Cabinet with the Minister for Housing on the implementation of the welfare and housing approaches. This will be aligned with the health report back also to Cabinet in December 2021.

Background

- 14 Cabinet agreed to replace the COVID-19 Elimination Strategy (the Alert Level Framework) with the CPF to minimise and protect against COVID-19 through local and targeted lockdowns. MoH is also delivering a "home isolation" model as part of the CPF called Managing COVID-19 in the Community.
- On decisions on the CPF, Cabinet invited me to report back in November with a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions [CAB-21 MIN-0421 refers].
- Further, in an earlier paper, Cabinet agreed to allocate funding of \$13.55 million for six weeks from 9 October 2021 to 21 November 2021 to meet anticipated demand for food and other essential wellbeing items. As part of that paper, Cabinet also invited me to report back on 15 November with a proposal to expand the Community Connection Service to help meet ongoing demand among diverse communities [CAB-21-MIN-0412 refers].
- 17 I have included my proposal for an expanded Community Connection Service within the proposed welfare approach for the CPF, as it is a key component.

The welfare system approach will provide an integrated, responsive and equitable approach to the COVID-19 Protection Framework

- 18 Under the CPF, the current Alert Level Framework will be replaced by a traffic light system. The welfare approach will need to be responsive to the number of people who are COVID-19 positive and/or are required by government to self-isolate.
- Projections of COVID-19 positive cases, based on different scenarios, have been used as the basis of costings in this paper. The projections will evolve as we understand how transmission responds under a minimisation and protection strategy.

The welfare approach will align with the health response to keep people safe at home when self-isolating

- MoH, Te Tuapapa Kura Kāinga the Ministry of Housing and Urban Development (HUD), Kāinga Ora, the Ministry of Business, Innovation and Employment (MBIE), the Department of Prime Minister and Cabinet, MSD and other key agencies are designing a response that integrates the health, housing and welfare system approaches under the CPF.
- The proposed welfare approach is designed to support the delivery of the traffic light system and the Managing COVID-19 in the Community model. Its overarching aim is to support people to stay safe at home for the duration of

- their self-isolation period, limiting the potential of further transmission and the increased pressure this would place on the health response.
- The principles of ensuring equity in individual and whānau experiences and enhancing their mana when engaging with services will guide the approach. It will focus on ensuring equitable support is provided, particularly for Māori, Pacific, children and young people, older people, disabled people and others who we expect to be most affected. It will respond to individual and whānau needs.
- The pandemic has placed pressure on economic disparities. High income earners are able to work from home and less likely to lose their jobs than those in low-skilled and low paying jobs. Some low-income households have yet to recover from COVID-19 related income loses, which makes them financially vulnerable to further self-isolation.
- On this basis, we expect that people self-isolating, who have good income and wellbeing, will not need much, if any, support from an agency or community provider. The COVID-19 Leave Support Scheme will continue to be available for employers, including self-employed people, to help pay their employees who need to self-isolate and are unable to work from home. However, additional support will be available if they need it as one-off support.
- We also know that 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 is particularly prevalent for Māori and Pacific people compared to others.
- Further, some people who are COVID-positive and/or are required by government to self-isolate may have a broad range of immediate welfare needs to feel safe at home, including:
 - 26.1 non-residents who cannot access many government services, including people stranded in New Zealand and who have overstayed their visa
 - 26.2 many families having to live together during self-isolation (often out of necessity due to living costs) causing pressure on relationships
 - 26.3 people and families living in substandard or overcrowded housing before becoming infected with COVID-19
 - 26.4 people, including older people and disabled people, at risk of abuse, neglect, family violence and/or sexual violence
 - 26.5 people who are at risk of being socially isolated, particularly older and disabled people

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¹ https://berl.co.nz/economic-insights/asia-and-pacific-covid-19-gdp-and-inflation/nutritious-food-increasingly

² https://www.health.govt.nz/system/files/documents/pages/impact_of_covid-

¹⁹_on_pacific_peoples_living_in_south_auckland.pdf

- 26.6 sole parents and people experiencing additional unpaid work and caring responsibilities
- 26.7 people who are unemployed or have lost income having to trade off utility and other costs with paying for food, due to fear of losing power being evicted or defaulting on mortgage payments
- 26.8 people addicted to drugs and alcohol and/or who suffer mental health, including poor sleep or anxiety
- 26.9 homeless people living in boarding housing or other accommodation with shared facilities such as university halls and camping grounds
- 26.10 people with health and/or disability support needs who require external support
- 26.11 people living in rural or isolated areas with limited options for delivery of essential items, or where delivery may be delayed due to the remoteness
- 26.12 people living in Emergency Housing
- 26.13 people with disabilities that may not have suitable accommodation or support options
- 26.14 migrant and culturally and linguistically diverse (CALD) communities, who may not be accessing government supports.
- The welfare system approach will aim to ensure that, upon MoH being notified of a positive COVID-19 case or directing someone to self-isolate, and where the initial assessment has identified that welfare support is required, the appropriate welfare agency or provider will be engaged to navigate and support critical wellbeing with urgency.
- The welfare system approach will support a broader cohort than the health response. It will focus on two groups who need welfare support to keep safe while self-isolating at home:
 - 28.1 people who are COVID-positive and their households
 - 28.2 other people who are required by government to self-isolate.
- 29 Further, it will support people through different phases that may interlink:
 - 29.1 Readiness MoH, HUD and MBIE are undertaking work that will help ensure households are prepared and able to self-isolate when needed.
 - 29.2 Response supporting people to keep safe while isolating at home by meeting essential welfare needs and supporting resilience where possible to help prevent decreases in health and wellbeing. For example, the Community Connection Service is focussed on this aspect.

- 29.3 Recovery and resilience supporting those households who need extra help after a period of self-isolation to rebuild their wellbeing and set supports in place to help strengthen resilience (e.g. supporting people back into work or to find work, building financial capability, and/or working with the education system to re-integrate into learning).
- Given that Tāmaki Makaurau is rapidly approaching the target vaccination rate for the CPF, I propose we plan for this approach to begin immediately and to continue until at least June 2023. Some regions are also likely to be transitioning to the CPF over the Christmas holiday period when we traditionally experience a surge in emergency welfare and housing demand, particularly emergency food. We therefore need to support the welfare approach to be ready now so we can respond flexibly.
- Local and regional components that involve baseline human resource and immediate service pressures will need to be allocated immediately this financial year. The focus will be on supporting welfare needs in those regions that are highly affected, initially Tāmaki Makaurau. Further non-fixed costs for year two could be allocated for a contingency and be part of the business-as-usual CPF approach to welfare.

Clearly defined roles and responsibilities will support success

- Regional Public Service officials and other regional leaders have told us that having roles and responsibilities clearly understood will to be critical to success locally. Work is underway to ensure there is clarity of roles and responsibilities across agencies and that this is supported through integration across the parts of the system.
- The health-led response will initiate the assessment of need, including whether the home and living situation is suitable for self-isolation. It will also be responsible for all health system engagement, primary and preventative health care and support, including mental health support, and medicines.
- The welfare system approach will lead localised welfare responses to address financial and other essential needs including food. As part of this, MSD will continue to support existing clients who are in receipt of an Emergency Housing Special Needs Grant.
- MoH and MBIE are leading work on the legislative mechanisms needed to support compliance requirements and decisions on where responsibility for this sits. While the welfare approach would not be responsible for compliance, it could support it by making notifications as appropriate.

Alignment with housing response

Most people who test positive for COVID-19 and their household members will be supported to remain at their usual residence rather than having to enter a Managed Isolation and Quarantine Facility (MIQF), unless that place is not suitable for safe self-isolation. Assessing the suitability of accommodation for self-isolation as part of the case assessment will be critical.

- In the accommodation response, agencies will join up at a national and regional level to utilise their expertise and relationships where they already exist and will ensure equitable support is provided, such as:
 - 37.1 HUD will support providers and clients in Transitional Housing and Contracted Emergency Housing (Rotorua)
 - 37.2 Kāinga Ora and other Community Housing providers will work with other agencies and other community providers to ensure support is in place for people if their living situation is suitable for community self-isolation
 - 37.3 MSD will support clients receiving Emergency Housing Special Needs Grants if their living situation is suitable for community self-isolation
 - 37.4 MBIE will support through the Temporary Accommodation Service (TAS).
- Officials expect that the accommodation response will apply mostly to individuals living in emergency and temporary accommodation and some high-density complexes, and it is important wherever possible for clients to have the provider they trust and have an established relationship to support them if they need to self-isolate.
- There will be a need to have alternative accommodation options for COVID-19 positive people who are in accommodation that is unsuitable for safe self-isolation (such as some properties with shared bathroom or kitchen facilities, which can make social distancing from other bubbles challenging) and for COVID-19 patients who are not compliant with self-isolation guidelines.
- Agencies are working through the options for alternative accommodation. The decision about where some people isolate will take into a number of considerations including public health advice, individual and whānau needs and choice, and availability.
- Any costs associated to secure alternative accommodation options will be addressed through locally-led delivery funding. Agencies will monitor this, noting that it will likely require draw down on the contingency. Quickly wrapping local welfare and community support around households accommodated in local options will be crucial for maintaining wellbeing when a household is self-isolating.
- The alternative accommodation options to support people to safely self-isolate are likely to vary across regions, but would include:
 - 42.1 use of another private residence suitable accommodation that the COVID-19 positive person can access, through friends or whānau.
 - 42.2 transfer to an MIQ Facility where the case is within 3 hours of MIQ

- 42.3 DHB supported community isolation facilities, which could provide a small volume of alternative accommodation solutions however, this is limited in scale, not available in all regions, and will not be able to meet anticipated increased demands
- 42.4 local options identified regionally by relevant agencies, partners including iwi/Māori, and community providers (for example portable options, bespoke facilities in some areas or use of private rentals).
- Agencies are working to better understand the current suitability and availability of accommodation across the regions and, where possible, secure more for the accommodation response. In some regions, there will be limited options particularly in many, smaller locations throughout New Zealand and in regions where housing supply is severely constrained. Further, it will be difficult to bring on board additional accommodation options, particularly over the summer period.
- At present, MBIE's TAS's legislative mandate is restricted in relation to service provision of activities outside of civil defence emergencies. If this mandate was to change then TAS could be directed to provide support for people in need of isolation accommodation. TAS's strategic reserve of accommodation (porta cabins) is currently fully committed assisting with the Westport flood recovery and these assets are likely to stay committed until at least August 2022, and its current workforce (8 FTE) are fully committed across three active responses including Westport.
- Additional resourcing would need to be recruited or contracted to operate a service for isolation accommodation. MBIE will require \$0.5 million to temporarily increase capacity to work with relevant government agencies to establish a service (outsourced service provision). Once established, the operation could be passed over to a more appropriate agency to contract manage. Additional funding would be required to fund alternative accommodation options which depending on the number of customers and length of time the service was in operation would likely be significant. Alternative accommodation solutions for six months will require \$5 million.

To respond effectively to localised outbreaks, the approach will need to build on existing community and regional level delivery and leadership structures

It will be hard to predict transmission and service demand for both the health and welfare system. The welfare system approach will need to be able to be rapidly scaled up or down to respond to the level of need.

The welfare approach has four parts that enable flexibility and responsiveness

47 s 9(2)(f)(iv)

. Given we do not yet know the impact of COVID-19 cases and flow on welfare needs for 2022, I will only seek funding for a portion of this estimated cost now.

- I propose allocating a total of \$204.1 million over two years to deliver a locally-led welfare approach that ensures the Government can respond effectively to the critical welfare and wellbeing needs associated with local outbreaks. The key parts of the approach will include:
 - 48.1 **Locally-led delivery**: to deliver critical welfare and housing support to people self-isolating including food, community connection, additional welfare and social needs, provider capability and capacity building that integrates with existing agencies' services and support.
 - 48.2 **Coordinated assessment and referral**: for the assessment function that will integrate with the health and housing response to co-ordinate the provision of locally-delivered critical health and welfare needs of individuals and whānau who are self-isolating.
 - 48.3 **Regional leadership:** to resource existing cross-sector regional leadership groups, including enabling iwi to partner and participate, and Regional Public Service Commissioners to support alignment and coordination in the implementation of the CPF.
- To complement the welfare system approach, HUD is seeking \$10 million to boost its providers' ability to manage their COVID-19 incident response. Providers' response and management plans will be tested if cases rise as we expect. Funding will enable them to employ additional support service staff to increase on-site management and security arrangements (particularly for those higher risk high density sites or accommodation with communal/shared facilities), and to help coordination with MoH, existing regional leadership, and local communities under the new system welfare approach. This HUD funding is reflected in the total funding for the locally-led delivery component.

This approach builds on the continued success of local providers in managing lockdown wellbeing demands and reinforcing their capability and capacity

- Current and past lockdowns in Tāmaki Makaurau, Waikato and Te Tai Tokerau have shown that effective responses have relied on the knowledge, experience and connections of iwi/Māori, community providers and community groups.
- In Tāmaki Makaurau and Waikato, agencies, iwi/Māori, Pacific providers and communities have worked well within the system to mobilise and respond to communities' needs. This has ensured there has been culturally responsive models that have promoted engagement with existing services, including income support and employment through MSD.
- During lockdown from August 2021, MSD heard from providers who were supporting families who experienced a range of wellbeing issues. Support was targeted toward issues directly resulting from COVID-19, such as time spent in lockdown preventing access to food, wellbeing items, income and job loss, disengagement from family, community and other networks including church and education, grief and fear of infection. Other issues were amplified by COVID-19 such as mental health, alcohol and drug addiction, family and

- relationship stress and harm, intergenerational housing issues, and loneliness and social isolation.
- HUD has provided funding to providers to help keep people safe and secure during previous lockdowns. This has included funding for additional staff or security in transitional housing and COVID-19 response accommodation. Continuing to ensure funding is available to boost the capacity and capability of providers to respond to immediate need is essential. Officials will continue to work through these issues.
- The proposed approach will align with and complement other relevant agencies' business-as-usual services, funding and local level service and community networks to deliver a holistic response. Core primary needs will include food, financial assistance and connectivity, including both phones and data/internet access. There will also be increased demand to support more complex social and community issues, particularly mental health, addiction, family harm and housing strain, and possibly transport needs.

Local welfare and community supports will build on what already exists and will align with the health response

- Locally-led delivery will build on the existing relationships, infrastructure and services that social sector agencies have within regions. It will reinforce what already exists where necessary to deliver effective and culturally responsive support. Services will focus on supporting people who are self-isolating to be safe, where it is needed. These services will also focus on ensuring equity, noting the significant diversity that exists within communities.
- The welfare approach recognises and will build on the strengths of iwi/Māori, community providers, and groups who know their communities and how to best support them. The benefit of this approach is flexibility to respond to the range of needs that different people have. Community providers can pivot in ways to meet these specific needs that government agencies often cannot.
- However, we also recognise that workforce capacity is stretched after successive lockdowns from being relied upon by multiple agencies to deliver different services. Community providers and groups also rely heavily on volunteers whose capacity to support may shift as restrictions ease and paid work resumes. In addition, older volunteers may have health conditions that put them at greater risk of infection and impact on their ability or willingness to continue to volunteer. We are seeking increased funding to boost both capacity and capability of these providers to meet anticipated need.
- The approach will not need to support everyone who is required by government to self-isolate. Some people will be able to manage without any support, and others may need only minimal support. However, some households will need more support to be safe while self-isolating. All support will be integrated with existing services and products funded or delivered by the Government.

The Community Connection Service promotes effective local service delivery and needs to be expanded to flexibly respond to unexpected demand under the CRF

- On 6 April 2020, Cabinet agreed to fund the Community Connection Service [CAB-20-MIN-0155.30 refers].
- Since 17 August 2021, MSD allocated additional funding to meet increased demand for wellbeing support through the Community Connection Service.
- On 11 October 2021, Cabinet agreed that I report back on a proposed expansion of the Community Connection Service [CAB-21-MIN-0412 refers]. This expansion was proposed to ensure that the diverse needs of individuals and whānau, and ongoing demand among diverse communities, can be met, particularly by ensuring they have access to the services they need.
- Given the transition to the CPF, the expansion of the Community Connection Service will shift to complement the wider welfare approach described in the paper. This will be considered as a part of the Expanding Pathways Fund.
- The initial aim of the Community Connection Service was to offer flexible support to individuals and whānau in need, particularly with psycho-social needs. Community Connectors act as a conduit for individuals and whānau to government services that they may not access, such as through Work and Income. Providers have a 'no wrong door approach' and whānau and individuals in need of the Community Connection Service can be assisted through any service line.
- Currently, MSD funds 157 Community Connectors positions across a range of community providers, including in MIQF. Community Connectors can access a small discretionary fund to meet the unexpected immediate material hardship needs of the people they work with.
- As seen in the Tāmaki Makaurau response, the Community Connection Service has become the 'go to' service for various bespoke arrangements needed to respond to the extraordinary circumstances surrounding COVID-19, such as:
 - 65.1 support for families in MIQF
 - 65.2 support for those having to self-isolate
 - 65.3 support for deportees unable to leave New Zealand
 - 65.4 support for temporary residents.
- Providers have reported that the Community Connection Service has had positive impacts for organisations and their communities as described below:
 - organisational impacts increased capacity, improved interagency relationships and increased community engagement

- 66.2 community impacts practical support, psychosocial support and enabling a holistic support model.
- A strength of the Community Connection Service 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 by government to self-isolate but who may not need longer-term support.
- Community Connectors act as a conduit for individuals and whānau to government and non-government services that they may not currently access, such as through Work and Income. This is particularly important for supporting individuals, whānau and communities who are less likely to be engaged with government services, such as CALD communities.
- Community Connectors will continue to perform this role for individuals and whānau during self-isolation and afterwards. For example, Community Connectors have a direct line into MSD to ensure expedited support to access existing and eligible MSD products and services. This flexible, navigation role will be particularly important for certain groups, such as disabled people, who need tailored support. The services that people are connected into can help them to develop the tools they need to be confident and self-determining.
- Across the continuum of readiness, response or resilience, Community Connectors could help individuals and whānau to:
 - 70.1 access food and essential items during self-isolation
 - 70.2 access health and safety programmes, including mental health, addiction services, anger management or family violence services
 - 70.3 access supports to improve their ability to self-isolate at home (e.g. heating and insulation or furniture and appliances)
 - 70.4 access budgeting services
 - 70.5 re-engage with education
 - 70.6 re-enter the workforce, such as through MSD's employment services.
- MSD is working with Te Puni Kōkiri to ensure the Community Connection Service expansion complements Whānau Ora navigator roles and presence. There are clear and complementary differences between both services, which working together will support a broader range of community members who are highly vulnerable. See Appendix One for a comparison of both services.
- 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 will include rural and isolated areas where we anticipate higher demand. For example, in Te Tai Rāwhiti, current funding only allowed one Community Connector in Te Araroa. However, based on positive feedback from local iwi and given existing

- service access issues, we would recommend placing more Community Connectors within trusted providers in more towns up the East Coast.
- The funding sought through this paper will enable the 157 Community Connectors to remain engaged through to 30 June 2022 and allow a further 105 Community Connectors to be engaged over that same period. Our current assumption is that each Community Connector will work with up to 30 families at any one time.
- We also propose increasing the discretionary funding available to Community Connectors to meet unexpected immediate material hardship needs of people who are required by government to self-isolate. \$ 9(2)(f)(iv)

Funding to increase access to food during self-isolation is a critical need, and will be delivered by community-level partners

- There will be an important ongoing role for community partners to provide food and other supports to households in need that are required by government to self-isolate at home in addition to the ongoing food needs that they are already supporting.
- Our experience from previous lockdowns has given us a better understanding of the kinds of support that will likely be needed under the CPF. We know that in the immediate aftermath of a lockdown event, foodbank providers report a rapid increase in demand for food support. MSD data on food Special Needs Grants (SNGs) shows a similar, but less prolonged, spike in demand following lockdowns.
- This demand for material support reflects a range of factors that will vary depending on the circumstances of different households. Households with limited social support or who have substantially reduced employment income because of self-isolation will need the most support. Anecdotally, we are aware that the cost of food is increasing for most households, so there may also be impacts on low income households being able to access what they need.
- Fven before COVID-19, one in five children lived in severely to moderately food-insecure households. Prevalence of food insecurity is high among children in Pacific and Māori households, in sole parent families and large families, in low-income families, and families living in high-deprivation areas.³
- While SNGs will continue to play an important part of the safety net to support many of these households, funding will be needed for foodbank providers because they will often be better placed to provide the right kind of immediate support to households in need that are self-isolating.⁴ For example, a grant

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³ https://www.health.govt.nz/system/files/documents/publications/household-food-insecurity-among-children-new-zealand-health-survey-jun19.pdf

⁴ Although Cabinet has agreed to raise the income and assets limits from November this year to allow more working households to access SNGs, some of these households may still be unfamiliar with or reluctant to seek support from MSD.

- may enable a household to purchase food online, but if households are selfisolating and cannot get immediate deliveries made, a food parcel may be the only immediate support available to avoid self-isolation breaches.
- Funding for foodbanks, food rescue and community food organisations will support the operation of the food secure network over the next 18 months. This will include funding for the New Zealand Food Network and direct funding to providers, as needed, to supplement provision from donated and rescued food. This will ensure the network can continue the support provided to get through the current lockdown (for Auckland in particular) and support future localised lockdowns; whilst also ensuring food-related support for the welfare component of the care in the community model.
- The amount of funding needed for these organisations to provide food support will depend on a range of factors, including the number of cases, the circumstances of households needing to self-isolate and the duration and geographical extent of response framework settings.

Welfare response in a coordinated assessment and referral function

- Agencies are working on an aligned systems approach to managing the coordinated assessment and referral of people who are COVID-19 positive. This function will be designed with officials and partners in regions, building on what already exists where recommended.
- MoH, alongside the local DHB and/or health provider, is responsible for undertaking an initial needs assessment when a person is identified as COVID-19 positive. This supports an initial determination of what supports are required, which could include the need for a more appropriate place to isolate if needed and/or immediate welfare support.
- A critical step will be the timely handover of this information to the appropriate provider to deliver welfare and housing services, as needed.
- Agencies are working to ensure there is one coordinated approach that captures health and welfare information through a technology solution at key engagement points with households. The information captured will inform welfare and community service delivery by the provider (funded by any social sector agency) that ensures continuity in support for the household.
- Some regions are already operating similar functions. In Tāmaki Makaurau, the Auckland Emergency Management (AEM), Auckland MSD and Auckland DHB established a Welfare Triage Centre to identify unmet needs and provide a referral pathway to ensure the most appropriate agency is meeting this need in a coordinated manner. AEM and other agencies have provided increased staffing and are making outbound calls to people referred by MSD or the DHB as self-isolating and having welfare needs.

Existing regional leadership will provide strategic oversight and coordination

- The work of regional leaders across sectors, including the Public Service, will be critical to enabling an effective shift from a centrally-led elimination strategy to a minimisation and protection strategy under the CPF.
- 88 Existing regional leaders can provide assurance and accountability for the CPF, but as there is not existing funding allocated for this purpose, resourcing to support the backbone of these functions is required.

Existing regional leadership groups

- Within each region, there are strong relationships to build on and strengthen for this purpose. These groups include Public Service leaders, iwi/Māori, local government and some community leaders. It is important to use these existing structures to ensure there is no duplication or confusion. For example:
 - 89.1 Te Tai Tokerau has an established group, *Northland Intersectoral Forum Regional Leadership Group*, that includes key government agencies and is well linked in with Te Kahu o Taonui (the Northland Iwi Leaders Group) and local government. The Regional Public Service Commissioner co-chairs this regional leadership group.
 - 89.2 In Tāmaki Makaurau, the existing *Auckland Regional Leadership Group* is focused on public service and local government leadership and strategic coordination. Leadership in Tāmaki Makaurau may need to be managed differently given the scale of the region and critical connections with iwi/Māori, and community leaders and providers.
 - 89.3 In Waikato, the regional leadership group is co-chaired by the *Regional Public Service Commissioner* (also the MSD Regional Commissioner) and an iwi representative (currently vacant). It also includes iwi leaders (Chief Executive/General Manager level), a Pasifika leader, other central agency Chief Executives (CE), CDEM Group Controller, and local government CEs.
 - 89.4 In Te Tai Rāwhiti, the regional leadership group is Rau Tipu Rau Ora (RTRO), which is the body overseeing the COVID-19 pandemic response and recovery plan. RTRO is a partnership of Gisborne District Council, local iwi authorities and other lead entities. It has invited the Regional Public Service Commissioner and other key agency officials to join and work together to reach isolated communities in the rural East Coast.
 - 89.5 In the Bay of Plenty-Waiariki, the regional leadership group is engaging with iwi/Māori to establish regional boundaries based on mana whenua boundaries and are using Te Waka Hourua (Te Arawa waka and Mataatua waka) as a way of organising and coordinating their efforts. This will future proof the region to ensure iwi/Māori are at the heart of efforts to support whānau and communities.

If accountability (including decision rights) is aligned with funding at a regional level, the existing regional leadership groups could be well-positioned to oversee planning, alignment and delivery of the welfare, health, economic and housing approaches, as these approaches evolve over time. This can ensure we are responding appropriately to regional and local differences.

The role of the NEMA and CDEM emergency management structures

- The National Emergency Management Agency (NEMA) and Civil Defence Emergency Management (CDEM) Groups supported the Government responses to COVID-19 in 2020 and subsequent resurgences. Some regional leadership groups are part of existing CDEM Joint Committee and Coordinating Executive Group structures, often reflected in Regional Resurgence Plans. Many are also supported to operate through NEMA and CDEM resources.
- NEMA and CDEM Groups will transition out of responding to the current and future resurgences over an agreed period. They will focus on ensuring the emergency management system can deal with any concurrent emergencies that might arise. Some regional officials have identified current COVID-19 structures and networks are framed using CDEM coordination arrangements. A new mandate would support these leadership functions to operate in the CPF. There will also be a resourcing impact where CDEM transitions out from administering some existing regional leadership groups. CDEM Groups will continue to participate in these regional groups.

Cross-sector and Public Service strategic coordination

- Existing regional leaders will work together to decide the group that provides assurance and accountability at a regional level to enable the CPF.
- The agreed group will provide oversight, alignment and connection to locally-led delivery across approaches. It will also provide a mechanism for the Government to seek advice and input into decisions regarding the CPF.
- In terms of coordinating health, welfare, housing and economic approaches regionally, Regional Public Service Commissioners, DHB CEs, MSD Regional Commissioners and other key officials will work together to provide strategic oversight, connecting to local and operational coordination.
- I am seeking Cabinet agreement to mandate the Regional Public Service Commissioners (RPSCs) as the key central government representatives on the regional leadership groups. RPSCs will support the regional alignment and coordination of the public service contribution to the CPF, including the welfare approach. A key role will be ensuring the public service effectively partners with iwi/Māori, local government and large service providers as appropriate. Their mandate was strengthened by Cabinet to perform this type of function for the Government [GOV-21-MIN-0023 refers]. RPSCs are not currently resourced to provide this function under the CPF.

- 97 MSD Regional Commissioners will take a lead role in coordinating the implementation of the welfare system approach in their regions.
- Regional officials agree that partnerships with iwi/Māori will be critical to the success of the CPF and the welfare approach. Therefore, funding for existing regional leadership will also enable partnerships with iwi, hapū, and other Māori organisations, ensuring consistency with Te Tiriti o Waitangi. Building on successful iwi-led approaches, such as Te Whānau-ā-Apanui, partnership approaches will help to address inequity in Māori vaccination rates and the potential for adverse community impacts from a localised resurgence.
- This funding will also enable key leaders representing Pacific people and other communities who are most affected to be part of leadership functions, particularly in Tāmaki Makaurau, Waikato and Wellington.

Agencies will align services and funding in the welfare approach

- We recognise that some of the support that people will need while self-isolating will be available from within agencies' core business.
- Therefore, this approach will use and strongly align with the existing services and products that agencies provide. Communities also enter through their existing relationships and channels with agencies. These will be used to connect people with the services and support they need, if any.

Support through economic and income supports

- I understand that the Minister of Finance will be bringing to Cabinet a package of support that recognises the need to adjust business-based supports under the CPF. It focuses on retaining existing schemes that are still fit-for-purpose under the new framework, with modifications where needed.
- The availability of the Leave Support Scheme and the Short-Term Absence Payment under all levels of the new framework reflects their importance in promoting compliance with public health requirements, such as self-isolation. \$9(2)(f)(iv)

Support for Māori

- The second phase of the Māori Communities COVID-19 Fund (MCCF), led by Te Puni Kōkiri and Te Arawhiti, supports Māori, iwi and communities to respond to 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. Implementation of this fund is still in progress and will be developed in line with the welfare approach. MSD is part of the senior officials group supporting strategic oversight of the MCCF. In addition, RPSCs will work with TPK regional offices to ensure co-ordination with the MCCF.
- Officials from MSD, TPK and Te Arawhiti are working closely to align and coordinate funding for iwi/Māori. For example, this will include ensuring

- criteria for funding is complimentary and not duplicative. It will also enable Māori, iwi and communities to apply for funding from different agencies in a coordinated way across the system.
- 106 Since August 2021, Whānau Ora Delta Response has included Commissioning Agencies to mobilise their networks of over 180 providers, and pivot resources to respond to whānau need. Key activities include establishing, operating and supporting testing and vaccination centres, distributing kai and support packages, direct funding for essential goods such as food, utilities and connectivity. Commissioning Agencies also supported their partners with indirect costs such as funding for PPE, marquees, transport, storage and workforce development. This helped to ensure continuity in support for whānau and communities.
- The Community Connection Service's ability to triage with urgency and focus on immediate needs for both individuals and whānau complements the Whānau Ora approach that supports whānau over the longer-term.

Support for Pacific people

- Pacific communities and families have been one of the groups most affected by COVID-19 since 17 August 2021. In response to need for food and essential items, other access to agency services, such as financial assistance, and other wellbeing support, MSD used allocated funding to build the community-level infrastructure and develop strong relationships with providers by:
 - 108.1 working with Pacific social service providers across Tāmaki Makaurau to maximise the use of MSD-funded Community Connectors allocated to those providers to support the broader Pacific workforce network
 - 108.2 providing discretionary funding attached to the Community Connection Service supported families to access essential items for their wellbeing
 - 108.3 dedicating a Work and Income case manager supported some providers to enable timely access to immediate and longer-term income support packages, with support available in multiple Pacific languages
 - 108.4 supporting three Pacific Food Secure Providers (Affirming Works, South Seas and The Fono) to become a centralised food hub for other medium to small Pacific providers
 - 108.5 supporting an additional Pacific provider (SIAOLA Vahefonua Tonga Methodist Mission Charitable Trust) – national service based in Auckland – focussed on supporting the Tongan community
 - 108.6 supporting Pasifika Futures and their providers to play a major role in supporting Pacific people in South Auckland. As at 29 October 2021, Pasifika Futures provided 32,907 packages of support across Auckland

to roughly 31% of the Pacific population in Auckland – of which 64% went to South Auckland.

- The Ministry of Pacific Peoples (MPP) is considering a range of interventions to bolster the ongoing Pacific health and welfare response as Aotearoa transitions to the CPF. MPP will continue to work MoH and MSD, as well as other agencies, to support Pacific health providers and community groups to transition Pacific communities to the CPF.
- As part of the transition, MSD anticipates there will be an impact on provider capability and capacity, including for Pacific providers and community organisations delivering support who are not formal providers. Provider funding proposed in this welfare system approach will provide necessary support to Pacific social service providers to maintain service capacity. It will also build capability to deliver culturally-responsive welfare and social support through the proposed welfare approach to the CPF.
- MPP will also provide funding to support Pacific communities to be engaged through the whole-of-system response and transition to the CPF. This will ensure that community groups are better able to partner and support the wider response efforts, including those delivered by the Community Connection Service.
- Pacific communities are likely to disproportionately require support with selfisolation due to ongoing housing inadequacies as well as requiring culturally fit-for-purpose self-isolation solutions. MPP will explore where there are opportunities to provide further support to Pacific community providers and build on communal resources to enable community-based isolation capacity and support services, alleviating capacity pressures on MIQF and ensure culturally-appropriate isolation options are available for Pacific communities.

Support for children and young people will reinforce the welfare approach

- 113 The Ministry of Education (MoE) 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 we know 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.
 - 113.1 The Community Connection Service will also reinforce this by supporting re-engagement with education.
 - 113.2 In addition, over \$10 million is being administered through a partnership with the Ministry of Youth Development (MYD) Te Manatū Whakahiato Taiohi through the Ākonga Youth Development Community Fund to support at-risk ākonga (learners) who have been adversely affected by the impact of COVID-19 to stay engaged in their education journey through community-based youth development programmes.

- MoE is also undertaking work to understand the range of needs and support for learners, their whānau and the education sector required under the CPF and how it will prioritise and support the delivery of these services. This will build on support provided during previous lockdowns, including the provision of:
 - 114.1 internet connectivity to support learning at home when isolation is needed or when schools are operated in a restricted capacity
 - 114.2 digital devices to support learning from home when isolation is needed, or a school is operated with restricted capacity
 - 114.3 essentials (such as period products and lunches) at home where students face barriers to access
 - 114.4 sufficient resourcing to enable parents who cannot work from home to continue working where their child is unable to attend their regular early learning or schooling provision, so that parents do not have to stop working to care for children
 - 114.5 resourcing for schools to provide hardpacks where online learning is not an option, such as for art and science work
 - 114.6 resourcing for iwi, Māori and Pacific organisations to learners and whānau to maintain engagement in learning.
- 115 MYD continues to support over 100 youth development providers, particularly those that are delivering critical services to ensure holistic youth development support for the four priority cohorts: Māori; Pacific; women; rainbow; with disability; living in the regions; ethnic communities; and young people that intersect these cohorts. Addressing increased demand and complexity of needs for young people through early intervention and prevention youth development services and providing stability for youth development providers while investigating options for a more sustainable funding model remains at the fore for MYD.
- 116 Oranga Tamariki has a role in:
 - 116.1 supporting partners and providers to make proactive and regular contact with whānau and caregivers who they look after to ensure children are safe and well
 - 116.2 supporting partners and providers to identify the wellbeing needs of children, young people, and whānau they work with, and ensuring these issues have visibility and are addressed when local or regional welfare/wellbeing responses are designed and delivered
 - 116.3 encouraging partners and providers to utilise existing funding flexibly to respond to COVID-19 related needs for children and whānau, and ensuring they are connected with other government channels to meet any additional needs

116.4 continuing to fund, and continually assess the effectiveness of a range of prevention, early support, and intensive response services available to support children and whānau.

Central support is being stood up to enable the success of this approach

- Agencies will also seek alignment at the central level to ensure that core enabling functions including contracting, communications and program management is complementary to fill gaps and prevent overlaps.
- 118 National support will help to ease some of the pressure regional teams will be required to manage under this approach. For example:
 - 118.1 development of communications and guidance materials that are coordinated across agencies
 - 118.2 contract administration and management that are already held at a national level
 - 118.3 providing strategic oversight, system level monitoring and reporting.
- 119 Central support will be particularly important as we transition to the CPF in alignment across health, housing and welfare responses.

While existing funding mechanisms will be leveraged, additional funding is needed to ensure effective planning and delivery

Through the Caring for Communities CEs' group, officials across agencies are working to coordinate and leverage various funding and contracting arrangements. This includes the recently approved funding injection for Whānau Ora, community resilience funding within the MCCF and MoH funding for the Managing COVID-19 in the Community model.

Funding for community partners and providers

- The key components of funding needed to support iwi/Māori and other community-level partners and providers to flexibly respond and pivot to meet critical needs includes:
 - 121.1 meeting immediate material hardship and wellbeing needs including purchasing food, essential, and discretionary items
 - 121.2 supporting more complex needs such as mental health, addiction, family harm, grief, and loss
 - 121.3 lifting provider capacity and capability
 - 121.4 supporting workforce development and resilience.
- 122 Currently the system is stretched and there is widespread fatigue. This funding is expected to improve the resilience of the system.

Funding for regional leadership and coordination

- The key funding components will provide assurance and align with accountability to deliver the core regional functions of the CPF, including the welfare approach.
- Support and resourcing for existing cross-sector and public service regional leadership to oversee and coordinate CPF system approaches health, housing, welfare and economic, including enabling partnerships with iwi and community leaders at leadership levels.
- Funding to set-up a regional assessment and referral function, including systems to support the flow of information from the health system (including mental health).

Financial Implications

- This estimate is based on current cross-agency
 Modelling Steering Group projections of about 4,500 new cases per week in
 2022. Should a more optimistic projection of case numbers be used (of only
 about 2,800 new cases per week) this estimated cost of delivering the welfare
 approach would be instead (9/2)(f)(iv) over two years.
- 127 Given we do not yet know the impact of COVID-19 cases, localised lockdowns, and flow on welfare needs for 2022, I will only seek funding for a portion of the estimated cost now.
- 128 I am seeking \$204.1 million until June 2023 to fund the three components:
 - 128.1 locally-led delivery: \$177.7 million, including \$162.2 million for MSD, \$5.5 million for MBIE and \$10 million for HUD
 - 128.2 coordinated assessment and referral: \$8.3 million
 - 128.3 regional leadership: \$18.1 million.
- 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

- 129.1 s 9(2)(f)(iv) for co-ordinated assessment and referral
- 129.2 s 9(2)(f)(iv) for regional leadership

22

⁵ These estimated projections are based on initial results from Te Pūnaha Matatini modelling based on scenarios developed by a cross agency Modelling Steering Group completed in November 2021. The 4,900 weekly cases for 2022 projection is from scenario of 'High' border arrivals with a health system that has high tolerance for hospitalisation of COVID-19 positive patients.

	129.3 s 9(2)(f)(iv) for locally led delivery of food and community connection
	Immediate services for whānau – for three and a half months
	129.4 s 9(2)(f)(iv) for service costs for food and immediate items, housing, family and sexual violence, financial capability, disability supports
	129.5 s 9(2)(f)(iv) for Provider capability and community preparedness and awareness
	129.6 s 9(2)(f)(iv) in the event of lockdowns or surge demand
130	The remaining \$52 million relates to service costs and will be put in contingency delegated to joint Ministers to be drawn down as necessary.
131	s 9(2)(f)(iv)
132	Within this costing model, there is funding to account for some contingency in the event of localised lockdowns or sudden surge in people needing to self-isolate. However, this is limited and may be exhausted sooner than anticipated if there are a number of localised lockdowns or unanticipated surges in demand.
Scali	ng and phasing options
133	s 9(2)(f)(iv)
134	s 9(2)(f)(iv)
	134.1 s 9(2)(f)(iv)
	134.2 s 9(2)(f)(iv)
	13/13 a 0/2)/f/(iv)

9(2)(f)(iv)

Given the uncertainty of demand and complexity of context we will be requiring our local and regional leaders and partners to manage, I am not recommending these scaling options. The whole of system welfare approach being proposed will require a level of resilience to be successful in delivering under the Government's CPF.

Legislative Implications

136 There are no legislative implications.

Impact Analysis

Regulatory Impact Statement

A Regulatory Impact Statement has not been prepared as there are no legislative implications.

Population Implications

- Some people who are likely to be more impacted by COVID-19 may also require more support to be able to safely self-isolate. The population groups who may be more impacted than others are described below, however not everyone within these groups will require welfare support. The welfare system approach will support those with welfare needs to be able to self-isolate. This approach will work in parallel with other system responses under the CPF, including the health and economic responses to collectively lessen the impacts that may be felt by these population groups while self-isolating.
 - 138.1 **Māori**: Lower vaccination coverage for Māori means Māori communities are more likely to be infected by COVID-19 in the community and be required by government to self-isolate. This is consistent with the current outbreak where Māori represent 35% of infections. Māori also disproportionally experience family and sexual violence, which may be exacerbated by self-isolation.
 - 138.2 Pacific people: We know that Pacific communities are especially vulnerable to COVID-19 asmany experience poorer housing and financial outcomes. Around 84% of Pacific people have had their first COVID-19 immunisation, however there are disparities in uptake across Pacific populations which means some Pacific ethnic groups may be more vulnerable than others. Furthermore, with 30% of the Pacific population aged under 15 years, a significant proportion fall within the under-12s who are not yet eligible to receive a COVID-19 vaccination.
 - 139 **Children and youth**: The World Health Organisation has identified young people as the greatest spreaders of COVID-19. In New Zealand, young people (aged 10 to 20 years) make up 38% of all New Zealand

COVID-19 cases. At present, those aged under 12 years in New Zealand cannot be vaccinated. Young people are expected to be highly impacted by self-isolation through the CPF. They will benefit from accessing support from providers with strong youth development practice and existing relationships with, and knowledge of, vulnerable young people. Data from the Youthline Helpline shows the mental health and wellbeing of young people is impacted more during COVID-19 lockdowns. Specifically, the issues relating to Relationships-Partners, Relationships-Family, and of Loneliness & Isolation and Depression and Sadness were heightened during the recent lockdown (17 August to date). We anticipate these issues will persist and be compounded under the CPF. In addition, COVID-19 has increased the number and complexity of the needs of young people, especially during lockdown.

- 139.1 Older people: Many older people are on reliant on NZ Super and may not be as prepared to self-isolate at short notice and may need assistance to access essential items to be able to self-isolate. Many are digitally excluded and will not be able to access essential food and services online. A significant proportion of older people live alone, particularly women, and they may not have support from wider whānau, friends or the community. Issues such as cognitive decline, an unwillingness to ask for help, anxiety, loneliness, a lack of support networks or limited English will impact on health and wellbeing. Older people who are isolated from their normal support networks due to restrictions may be more vulnerable to abuse and neglect.
- 139.2 **Low income**: Households with low incomes, including but not limited to those reliant on a benefit as their main source of income, may not be as prepared to self-isolate at short notice and may need assistance to access essential items in order to self-isolate.
- 139.3 **Disabled people**: People who are disabled are more likely to be infected with COVID-19, more likely to need additional support, and more likely to experience violence and abuse. Disabled people are also more likely to suffer poorer health outcomes, including a higher death rate if they catch COVID-19. Significant distress has been reported by families under current Alert Level Three restrictions and there is potential for these issues to be exacerbated by self-isolation. In particular, disabled people fear losing their supports if they are required to self-isolate. Ensuring accessibility of communications and support will be critical to supporting disabled people to self-isolate when needed.
- 139.4 **Women:** There are likely to be disproportionate gendered impacts on women under the CPF, as women are more likely to be in caring roles; more likely to be victims of sexual and domestic violence; more likely to be experiences precarious work situations or unemployment; more likely to be sole parents; more likely to be experiencing additional unpaid work and caring responsibilities including educating their

children. It will be important for the needs assessment and referral mechanism to take these needs into account.

Human Rights

140 There are no human rights implications.

Consultation

The following agencies were consulted on this paper: The Treasury, Ministy of Health, Housing and Urban Development, Ministry of Education, Ministry for Youth Development, Ministry for Business Innovation and Employment, the Ministry for Ethnic Communities, Ministry for Pacific Peoples, Te Puni Kōkiri, Te Arawhiti, Oranga Tamariki (Ministry for Children), the Department of the Prime Minister and Cabinet, the National Emergency Management Agency, Kāinga Ora, Office for Disability Issues and Office for Seniors.

Communications and Proactive Release

- 142 If agreed, a communications approach will be developed with relevant Ministers' offices.
- 143 I also intend to proactively release this Cabinet paper following Cabinet consideration.

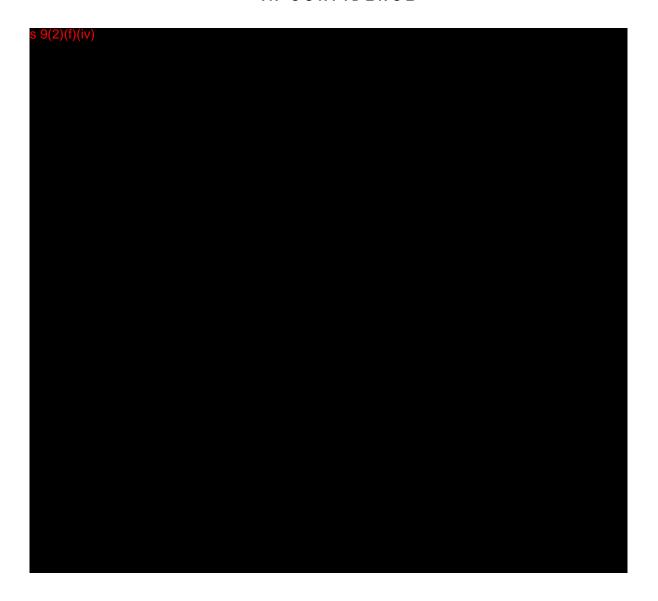
Recommendations

The Minister for Social Development and Employment recommends that Cabinet:

- note a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions will be required to support Aotearoa New Zealand's transition to the COVID-19 Protection Framework
- agree that the welfare system approach will be demand driven and support a broader cohort than the health response, focusing on two groups who may need welfare support to keep safe while self-isolating at home:
 - 2.1 people who are COVID-19 positive and their households
 - 2.2 other people who are required by government to self-isolate.
- note that locally-led delivery through a range of existing providers, including Māori and Pacific providers, will promote equity and responsiveness by connecting people in self-isolation to the service that best suits their needs
- 4 **agree** to build on existing locally-led delivery infrastructure that will be enabled by existing regional leadership and centrally supported by agencies
- agree that the Ministry of Social Development will lead the coordination of the welfare approach, working closely with key agencies across the health, housing, and economic approaches, and iwi/Māori

- agree to mandate the Regional Public Service Commissioners with leading the regional alignment and coordination of the public service contribution, including the welfare approach, to the COVID-19 Protection Framework
- 7 **invite** the Minister for Social Development and Employment and the Minister for Housing to jointly update Cabinet in December 2021 on the implementation of the welfare and housing approaches under the CPF
- 8 **note** that this report back will be aligned with the related report back that will be provided by the Minister of Health also in December 2021
- 9 note that to enable this welfare approach to effectively support the COVID-19 Protection Framework, it requires immediate investment to plan, prepare for an unknown level of demand and continuing delivery in affected areas
- note that MBIE will require \$0.50 million to temporarily increase capacity to work with relevant government agencies to establish a service (outsourced service provision). Additional funding of \$5.0 million would be required to enable an alternative accommodation option for six months
- note that the total cost of the proposed whole of system welfare approach is estimated to be \$9(2)(f)(iv)
 - 11.1 appropriated funding \$152.1 million
 - 11.2 contingency funding \$52.0 million
 - 11.3 s 9(2)(f)(iv)
- agree to provide \$152.1 million in funding for the following until 30 June 2023:
 - 12.1 locally-led delivery s 9(2)(f)(iv)
 - 12.2 regional leadership s 9(2)(f)(iv)
 - 12.3 co-ordinated assessment and referral s 9(2)(f)(iv)
- 13 s 9(2)(f)(iv)

s 9(2)(f)(i\	()			



- agree that the proposed changes to appropriations for 2021/22 above be included in the 2021/22 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply
- agree that the expenses incurred above be charged against the COVID-19 Response and Recovery Fund established as part of Budget 2020
- agree to establish a tagged operating contingency of up to the amounts as follows in Vote Social Development to provide for a revised approach to welfare and community-based supports:

	\$m – increase/(decrease)				
	2021/22	2022/23	2023/24	2024/25	2025/26 & outyears
For food and other essential wellbeing items – Tagged Operating Contingency	52.000	-	-	-	-

- authorise the Minister for Social Development and Employment and the Minister of Finance jointly to draw down the tagged operating contingency funding in recommendation 16 above subject to a report to Ministers:
 - 17.1 outlining how funding has been allocated to meet costs to support the transition to the COVID-19 Protection Framework
 - 17.2 outlining any update to the underpinning costing model and assumptions for additional funding that relates to this transition.
- agree that the tagged operating contingency in recommendation 16 above be charged against the COVID-19 Response and Recovery Fund established as part of Budget 2020

19 s 9(2)(f)(iv)

authorise the Minister for Social Development and Employment, in consultation with other Ministers as appropriate, to make decisions on related minor policy and technical matters.

Authorised for lodgement

Hon Carmel Sepuloni

Minister for Social Development and Employment

Appendix One: A brief comparison of the Community Connection Service and Whānau Ora Navigator Support

	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. In Budget 2020, Whānau Ora was allocated \$136.087 million.		
Purpose	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. • 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.	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. 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. Services are generally commissioned through a devolved commissioning model.		
Target population	All individuals, whānau and families in Aotearoa, including urban, rural and isolated areas			
	 Additional support: Focus on key cohorts: Māori, Pacific and Culturally and Linguistically Diverse communities. Key locations depending on presenting issue (eg. COVID-19 Outbreaks in Tāmaki Makaurau) Locations outside of Whānau Ora reach in rural and isolated areas 	All whānau and families in Aotearoa.		
Use of navigators	Navigators are used to connect individuals and whānau to services and support and are trusted.			

	Community Connectors are the primary way the Community Connection Service operates in practice.	Kaiārahi (or navigators) are one of a number of Whānau Ora functions.		
	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'. They enable access to information and support from multiple government and community organisations, including dedicated MSD case managers to assist people to access entitlements.	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.		
	Community Connectors are from the community they serve and have established relationships and trust.			
Use of direct funding	Both services have direct funding available to meet short term needs.			
Role to date in COVID-19	Both services have helped meet essential needs (kai, wellbeing packs, household bills, learning needs etc) and have had a role in supporting families in MIQF and self-isolation.			
response	Additional support:	Additional support:		
	 Support for deportees unable to leave New Zealand, and 	Support whānau resilience.		
	Support for temporary residents.			