

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

Cycle Two Findings (May 2022)

Care in the Community Welfare Response to Omicron

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 (CPF) 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) and Regional Public Service Commissioners (RPSCs) working in partnership with community providers and leaders, iwi, Māori, Pacific, and ethnic communities, the disability sector, Councils, and government agencies. Partnerships between regional leadership structures and communities allow for the welfare response to be delivered in a way that is tailored to local 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.

Evaluation in 'Real-Time'

A Real-Time Evaluation (RTE) of the welfare response is underway to understand how regional coordination mechanisms and partnerships with the community sector are working in practice. A Working Group that includes representatives from across MSD are providing oversight and guidance for the evaluation.

To inform real-time decision making, rapid insights about implementation of the response are being captured from the perspectives of Regional Public Service Commissioners, Regional Leadership Groups, community providers, and Community Connectors. This is being achieved through a combination of document review, attendance at existing coordination meetings, and interviews with key stakeholders.

Data collection for the RTE is occurring across three cycles (approximately six weeks apart). The current findings are from Cycle Two, completed in May 2022.

Cycle Two focused on answering three key questions:

- 1 **"What is the contribution of community food providers and how have their relationships and networks enabled implementation of the response?"**
- 2 **"What is the contribution of RPSCs and RLGs to coordination and alignment of the response and how are they planning for the future?"**
- 3 **"What are the challenges faced by RPSCs, RLGs, and community food providers in delivering and sustaining the response?"**

The context

Information for Cycle Two was collected in May 2022, when every region in the country had passed the peak of Omicron. Participants shared their current observations, and also reflected on their experiences prior to and during the peak.

Despite falling COVID-19 case numbers, providers reported that demand for food remains high and is not restricted to those self-isolating.¹ Families and whānau seeking food support are struggling with the cost of living and the enduring impacts of COVID-19 – **"people don't want to rely on us for food but really there's no option."** While endeavouring to keep up with continued

A team of two evaluators conducted interviews to gain perspectives from:

Eight community food providers, including **four** Māori providers, **two** Pacific providers, and **two** non-Māori/non-Pacific providers.

Five RPSCs, **four** Regional Directors, **one** RLG co-chair, and **six** Regional Advisors.

Findings were sense-checked with participants and a thematic analysis was completed to identify key themes relating to the evaluation questions. Insights from the interviews were triangulated with existing evidence where possible.

demand, providers are preparing for future increases in cases, and identifying opportunities to enhance overall food security in their communities – **"we think this is really key for wellbeing."**

As demand for welfare support decreases, regional leaders reported that they are beginning to assess the ongoing relevance of their regional priorities. These priorities were developed prior to the pandemic and require adaptation to respond to issues that have been created or exacerbated by COVID-19. Regional priorities serve as an important anchor for collective action – **"people want to know where they want to get to in terms of a destination."**

'Real-Time' Findings

Community Food Providers

Food continues to serve as an effective starting point for building relationships

Providers reflected on the importance of food for generating rapport with families and whānau. Food was described as a vehicle through which providers build trust with those seeking support – **"we had a lot of people come to us for help because we had fed them before and had an existing relationship."** Engagement through food opens the door to surface a wider range of needs and develop a plan to address these – **"people come in with food support needs but often due to conversations we identify they need housing support, clinical support... then we refer them to appropriate places."** Providers use this time to check whether people are aware of and receiving their full and correct entitlements and **"ask for consent to share their information with other agencies so they get more support."**



A range of approaches are used to deliver timely and appropriate support to those in need

Providers have developed standard procedures to assess family and whānau needs and tailor their support accordingly. Multiple pathways have been put in place through which people can access and receive support. Whānau needs are assessed early (at the time people reach out or are referred), and providers typically collect information about: household size and demographics, medical needs of members, presence of pets, and financial and employment circumstances. Urgency of need is also determined at this time. Meeting needs was seen as a critical factor in enabling families and whānau to isolate safely – **"we were there to help with things they needed, even if they seemed trivial, because we wanted to keep them home."**



While some providers have been involved in the end-to-end provision of food (from sourcing through to preparation, packing, and distribution), others have focused on specific aspects of food provision. For example, one provider described a partnership with local iwi, where the provider prepared and packed meals, and iwi focused on delivery. Regardless of how they organised themselves, ensuring same day delivery of support was paramount to all providers throughout the response.

¹ For the week ending 29 May 2022, 65% of people seeking welfare support requested food.

For several providers, the provision of cooked meals alongside pre-packaged food has been a unique feature of their support. Māori and Pacific providers developed individualised food packages that were responsive to the unique needs of their families and whānau. In addition to food, they distributed other items that would help families and whānau through their isolation period, including vitamins, medications, hygiene products, and activity packs for children.

Māori food providers are driven by a shared responsibility to provide for their whānau and communities



Ensuring that whānau receive timely, integrated, and holistic support is of utmost importance for Māori providers. This was achieved through:

- Working long hours so that **“we never had to make whānau wait”**
- Involvement in all aspects of food provision – **“we made sure we had our own stock, used our own vehicles. Did the sourcing, prepped and packed the parcels, and distributed”**
- Leveraging their relationships with health and social services, local marae, community groups, and suppliers to provide a broad range of supports for whānau
- Actively seeking information about whānau needs – **“we had meetings twice a week with any community members who wanted to join”**
- Extending support to whānau outside their regions – **“we provide across space, time, distance”**

These ways of working enabled Māori providers to build trusted relationships with whānau, who often reached out to them directly for support.

Faith, interconnectedness, and compassion for others are values that underpin and sustain the work of Pacific food providers



Pacific providers view it as **“an honour”** to serve their communities and build connections through food. Their deep cultural knowledge fosters strong relationships and means that support is directly aligned with the preferences of Pacific families – **“we try our best to provide food that [will] resonate with our communities... providing little treats that we know our communities appreciate.”** Every effort is made to tailor support to the specific circumstances of the people they help. This resulted in Pacific providers receiving requests from and supporting families from a range of other cultures and backgrounds, including large numbers of the refugee community.

Pacific providers worked tirelessly to maximise opportunities for people to access support. They advertised their services on social media and radio, established phone lines, and ensured that every single call and contact was acted on. During the Omicron wave **“we worked seven days a week, from 8am to 8pm.”** Family members, friends, community groups, and churches were all called on to overcome workforce shortages and meet demand. Pacific providers reported connecting people with other services and supports that could meet their needs, such as digital literacy education and devices for school-aged children. Connecting people with other supports was viewed as an important way to maintain their continuity of care.

Keeping pace with demand placed significant strain on food providers



Keeping pace with demand was the most significant challenge faced by all providers at the height of the Omicron peak. Sourcing sufficient food and other supplies was difficult, as well as keeping up with changes in food safety practices under the CPF – **“it makes your head spin.”** Several providers felt they did not have enough staff or infrastructure to support the distribution of food. Providers also had to put other work and responsibilities on hold to provide CiC food support, causing worry about meeting targets for other contracts – **“we are concerned that we haven't met some of our targets for some of our other contracts due to COVID.”** Some providers are continuing to find it difficult to meet demand, particularly small organisations – **“it concerns me how small organisations can sustain themselves with the high workload.”**

Relationships and networks have been critical for food providers to support families and whānau, although there have been some challenges



Food providers have worked closely with other providers and community groups to effectively deliver the response. New partnerships and closer collaborations have developed – **“we [now] know people from multiple organisations, including organisations I didn't know before.”** During the peak, this enabled sharing of staff across organisations to meet demand, or to help with different aspects of food provision. Food providers reported that their role in the response has improved their understanding of the services and supports that other organisations offer, expanding their referral networks as a result. Regular meetings between providers and information sharing are now taking place – **“I'd love to retain the sharing of support and communication between organisations.”**

While some food providers felt that collaborations with other providers worked well, others thought **“they could have been better.”** Instances of poor communication resulted in a lack of clarity regarding who was responsible for supporting individual whānau – **“sometimes people were sitting around waiting and it was unclear if different organisations were going to help them.”**

This was also true of collaborations with Care Coordination Hubs.² Some providers noted that there could have been better communication from their local Hubs, as well as better referral processes. The processes used meant that often information did not come through quickly enough to enable a timely response – **“it was taking way too long.”** Some providers also felt there was a degree of bias in which providers Hubs referred to.

Food providers were positive about the relationships that they had formed or strengthened with the Ministry of Social Development (MSD) and other agencies throughout the response. They were particularly appreciative of the fast and flexible approach used to distribute funding – **“MSD has been great, the funding hasn't been difficult to access.”** As a result of the relational approach taken, providers felt more comfortable connecting families and whānau with agency services, supports, and entitlements – **“I don't think we've ever worked so closely to government before.”** Food providers with Community Connectors were particularly well-placed to facilitate these connections.

Despite relationships with agencies being strengthened, food providers identified several opportunities for improvement, including enhancing responsiveness of contracting processes, increasing secondments of staff from across government to address workforce shortages, improving communication between MSD and the Ministry of Health, and simplifying reporting and escalation pathways.

² See www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/caring-people-covid-19-community

Summary

Food enables providers to build trust with families and whānau seeking support, allowing them to surface a wide range of needs beyond the need for food. Throughout the welfare response, providers used a range of approaches to deliver timely and appropriate food support. Keeping pace with demand placed food providers under significant strain. Relationships and networks have been critical to their success, although some collaborations presented challenges.



Regional Public Service Commissioners and Regional Leadership Group members

RPSCs and RLG members make a distinct contribution to the response



RPSCs described their role as **“Chief Communications Officer, Chief Repeating Officer, and Chief Troubleshooting Officer.”**

They are members of the RLGs and are Cabinet mandated to lead regional alignment and coordination of the public service contribution to the CPF, including the welfare response. The personal relationships between RPSCs and other leaders in their regions are key to their success – **“I don’t direct anybody. It is a collaborative process.”** RPSCs are supported by Advisors and Directors who provide a critical secretariat function.

RLGs are responsible for supporting the response to the CPF in their regions, including coordinating and monitoring welfare response delivery. They identify barriers to delivery, act quickly to remove these, and escalate issues as required. RLG membership is carefully considered by each region, with feedback sought from the community – **“tell us who will be useful at the regional level to help you.”**

RLGs have defined the purpose, structure, and membership of their meetings through Terms of References and standard meeting agendas. Meetings served as an important forum for generating a **“common operating picture”** and raising issues that required a cross-agency effort to ensure effective delivery of the response. Attendance at RLG meetings continues to remain high across regions.

Many RLGs have developed sub-function groups with a specific focus, such as communications, economics, and housing. Communications sub-function groups have played a particularly critical role throughout the response, developing messaging about support that is consistent, wide-reaching, and easy to understand. They have also tailored messaging to their local context and communities, recognising that **“messaging from the centre wasn’t hitting the hearts of our whānau.”**

Inclusion of iwi within RLGs has been fundamental to their success



Resourcing provided through the Iwi Partnership Fund has enabled iwi to engage meaningfully in the RLGs. Their participation has taken different forms: iwi chair the RLGs in some regions, while in others they co-chair or are a representative. RLGs have viewed iwi participation as critical to their success – **“for us it was fundamental and a commitment to Treaty partnership. They are an essential part of who we are. I don’t see how you could have an RLG without iwi.”**

Collaborative partnership with iwi has:

- Contributed to raising community awareness and understanding of the CPF
- Supported vaccination efforts
- Ensured a richer understanding of community needs
- Identified opportunities to better serve the community, including through funding new providers to deliver the response
- Informed effective placement of Community Connectors across regions

Through the RLGs, iwi have been able to **“openly talk about things that weren’t working”** and ensure that regional and national leaders are held accountable. Continuing to honour new and strengthened relationships with iwi will be important if a locally led approach is to succeed going forward.

Local government participation in the RLGs has helped tailor the response to community needs



Participation of local government within the RLGs has been highly valued by members. This provided increased opportunities for issues to be acted on outside of meetings and introduced connection points that never existed before. Participation also ensured local government had access to timely information about national decisions that would affect their communities throughout the response. By being kept in the loop they **“were able to champion the response.”**

Representation of local government on RLGs, combined with representation from diverse communities (e.g. Ministry for Ethnic Communities) and engagement with iwi, has ensured strong links to the community have been maintained throughout the response – **“all the voices around the table ensures experience of what is happening on the ground in communities is captured.”**

New relationships have developed and a more joined-up public sector is emerging

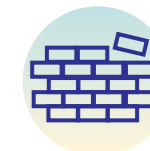


Through the RLGs, agencies and organisations that do not typically work together have been able to contribute to the response – **“we were growing relationships. It was relationships that this whole thing rested on.”** RLGs reported that they now have a better understanding of what other agencies and organisations do. Some regions reported that relationships between MSD and the Ministry of Health were not as effective as they could be at the beginning of the welfare response, but by working collaboratively, these significantly improved over time.

RLGs reported that the relational approach to funding and contracting community providers was greatly appreciated by the community sector, aligning with the locally led vision of the response. It also enabled MSD and other agencies to move away from their tendency to work with known providers, increasing reach of the response across regions.

There are signs that the regional coordination structures set up to implement the CPF are beginning to create an enduring platform for working together. The Omicron outbreak has served as an impetus for collective action, galvanising government agencies and other partners to work collaboratively and cohesively to support communities. They shared information to generate **“a single source of truth”** and focused on doing **“something as a joined-up public service to support our communities... there is a strong connectedness we have built in the past six months working through this.”** For example, one region described how RLG participation led to the Department of Corrections, Fire and Emergency, Civil Defence, and local council all working together to meet an overwhelming level of demand for food at the height of the response. RLG members expressed a strong desire to continue this way of working to tackle cross-cutting issues that are the **“collective responsibility”** of all agencies – **“it would be a shame to go back to agency siloes.”**

Regional leaders are working to embed structures and mechanisms, but challenges remain, particularly with respect to sustainability



Sustaining regional leadership mechanisms remains a challenge. There are several threats to sustainability, including:

- **Uncertainty around ongoing funding of secretariat support** – RPSC Directors and Advisors have enacted a range of activities to ensure a connected and coordinated response. There is uncertainty about whether they will be resourced beyond June 2023, impeding regional leaders from delivering against a strategic work programme and presenting challenges for retaining a skilled and experienced workforce.
- **Scope of work** – Prior to the Omicron outbreak, the scope of RPSC roles expanded to include a focus on social, economic, skills and workforce, and environment sectors. More recently, there has been some indication they will support regional coordination for Health NZ and the Māori Health Authority, and efforts to improve school attendance. This places pressure on already stretched leaders who have had to work over capacity for many months, balancing their RPSC roles with their substantive ‘day jobs’ within government agencies – **“there is a need for a public service commissioner or equivalent function to be a full-time position to embed this way of working.”**
- **Timeframes for responding** – Regional leaders noted that timeframes for responding to requests for information from central government officials were often extremely tight and placed strain on their relationships with community partners.
- **Maintaining energy** – There is a clear sense of fatigue and tiredness among all regional leaders and their staff who have participated in the response. Fatigue among Māori and Pacific leaders is particularly notable, with these staff leveraging their communities to do the **“heaving lifting”** for the response.



Several other challenges encountered by RPSCs and RLGs were raised, including:



- **A lack of oversight of government investments**
 - All RLGs expressed difficulty understanding funding coming into their regions, and this was viewed *“as a bit of a lolly scramble sometimes”* with *“no future view of what funding would be coming up.”*
- **Issues with escalation pathways** – Regional leaders described levers to escalate as *“oversold”* and expressed disappointment that opportunities to escalate issues to the national level have reduced over time.
- **Conflicting messaging from the centre** – Many RLGs expressed challenges interpreting the volume and complexity of messages from central government – *“there is the need for comms to be simplified... nationally supported means those big policy decisions need to be clear.”*
- **Managing representation on RLGs** – Ensuring appropriate representation was described as a challenge, particularly for regions with multiple iwi and/or many government agencies wanting to be represented – *“first and foremost we wanted people from the regions.”*
- **Nationally-driven aspects of the response** – Some RPSCs and RLG members felt the response was more nationally driven than supported and that their ability to influence decision making was limited.

Summary

Regional leadership structures make a critical contribution to coordination and alignment of the CiC response. Diverse representation and participation of iwi within these structures is helping to form a well-connected regional and national public service that works cohesively to respond to community needs. However, sustainability needs to be considered to support the ongoing operation of RPSCs and RLG members.

Looking Forward



Food providers, RPSCs, and RLGs are considering their future focus

As New Zealand moves to the recovery and resilience phase of the pandemic, providers and regional leaders are reconsidering their roles and areas of focus. While food parcels served as *“a quick fix to urgent need in the community”*, providers are beginning to build family and whānau resilience in relation to food, including through cooking classes and recipe sharing, education for communities, the development and promotion of community gardens, and provision of resources to support families to grow their own vegetables. Providers also are looking to move away from solely providing support to those self-isolating. Many of the underlying issues faced by families and whānau have been exacerbated by COVID-19 and working on these enduring issues is key to achieving community wellbeing and resilience – *“there are a lot of restrictions on how we operate that try and make us focus on covid but we are trying to proactively get out in the community.”*

RPSCs and RLGs desire the ability to maintain their way of working to combat issues broader than the CPF – *“the CiC response in the last 9 months has shown there’s a model of working we need to retain, particularly the involvement of iwi.”* They are unanimous in their support for integration of health and welfare supports, hauora and manaaki, to deliver better wellbeing outcomes for their communities going forward. Ongoing resourcing of regional leadership roles, iwi participation within RLGs, and secretariat support, as well as improved information sharing pathways, will be important if the community-led, regionally-enabled, and nationally supported approach is to become embedded.

Scope of Cycle Two

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

Findings will be built on using information collected in the final cycle of the RTE which will capture additional participant perspectives, including those of a small number of families and whānau.

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.

Next Steps

Cycle Three of the RTE is due to commence in July 2022. Consultations with stakeholders to identify focus areas for further exploration in Cycle Three are underway. Decisions will be made in collaboration with the Evaluation Working Group.

