Care in the Community (CiC) welfare response

Lessons from a real-time evaluation

Document purpose

The purpose of this report is to summarise key findings and 'lessons learned' from the Real-Time Evaluation of the Care in the Community (CiC) welfare response.

Background

The Ministry of Social Development (MSD) is responsible for coordinating the locally-led, regionally-enabled, and nationally supported CiC welfare response.[1] Initially established to meet the welfare needs of people required to isolate under the COVID-19 Protection Framework, the response has been adapted over time to support communities to recover from the impacts of COVID-19.

The welfare response is achieved through Regional Leadership Groups (RLGs), Regional Public Service Commissioners (RPSCs), and MSD Regional Commissioners (RCs) working in partnership with community providers and leaders, iwi, Māori, Pacific peoples, ethnic communities, the disability sector, local councils, and government agencies.

Existing MSD services, including the Food Secure Communities programme and the Community Connection Service, have been leveraged to deliver the response. MSD also set up a COVID-19 welfare helpline, national and regional triaging teams, and new IT supports to share information and referrals.

Scope of evaluation

A Real-Time Evaluation (RTE) was completed to generate rapid insights about implementation and inform organisational decision making about the welfare response.

Information was collected across three cycles between March – August 2022. Online and face-to-face interviews captured perspectives and experiences of:

→ Six RPSCs and 11 Directors and Advisors
→ Two RLG members
→ 38 community providers
→ 15 Community Connectors
→ 24 people who received CiC welfare support (including seven Māori, five Pacific peoples, four tauiwi, and eight people of Asian descent.)

Findings reflect the views of participants in the RTE. Because people self-selected to take part, findings may not be applicable to other people or groups involved in delivering or receiving support through the welfare response. They cannot be used to draw conclusions about the effectiveness, efficiency, or value for money of the response.

Each cycle of the RTE had a different focus.

Cycle One
focused on understanding delivery of the welfare response, particularly with respect to the Community Connection Service.
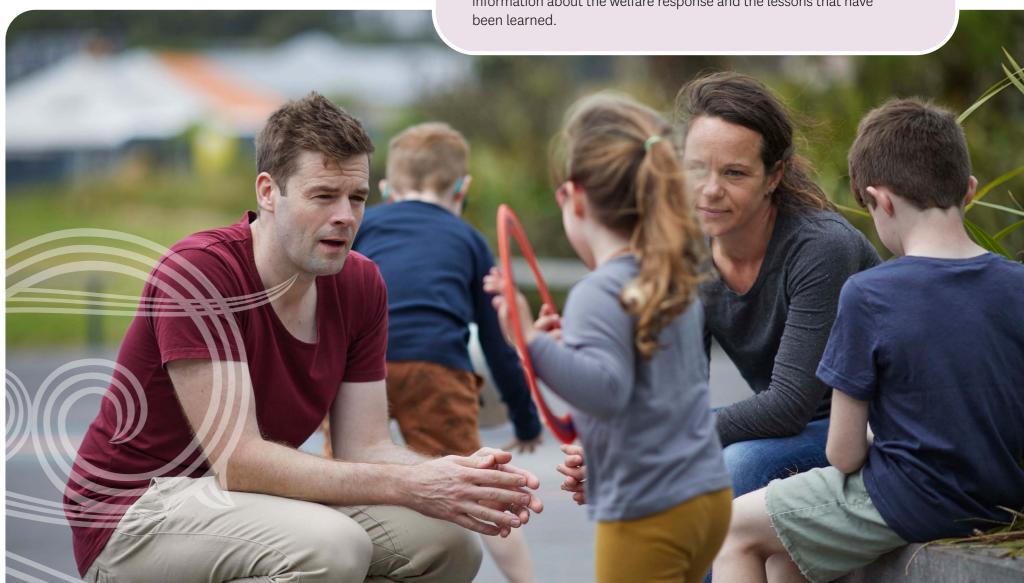
Cycle Two
explored the roles of regional leaders[2] and contracted food providers, as well as the challenges they faced.

Cycle Three
focused on the difference the welfare response made for people who received support. This cycle also examined community provider and Community Connector perspectives on the Community Connector role, the most valued aspects of the response, and opportunities for improvement.

This report summarises key findings from across the RTE cycles and identifies lessons for the future.

This document should be considered alongside additional sources, including the findings of a comprehensive outcomes-focused evaluation soon to be underway.[3] These sources will provide further information about the welfare response and the lessons that have been learned.

Summary of key findings

The Omicron outbreak served as a driver for collective action

The CiC welfare response consisted of multiple components and relied on a complex network of relationships across community, regional, and national levels. The response galvanised key partners to work towards a common goal – ensuring that communities had access to the support they needed to isolate safely and minimise the spread of COVID-19. It also brought organisations that are not traditionally involved in welfare provision to the table.

Factors that contributed to the success of collective action include:

→ A clear understanding of roles and responsibilities across all those involved in delivering the response, and the flexibility to define roles in action.

→ Increased communication and collaboration, particularly between iwi, agencies, local government, and community leaders. This was facilitated by regional leadership structures, including weekly RLG meetings.

→ The composition of RLG membership. Iwi engagement combined with representation from the Ministry for Pacific Peoples, the Ministry for Ethnic Communities, local councils, and other community leaders within RLGs ensured that strong links with communities were maintained throughout the response.

→ Increased participation from new and diverse partners and a willingness to share resources to meet demand in their communities.

→ Funding and resource which enabled community providers to formalise their processes and support greater numbers of people than they would have otherwise been able to.

→ A whānau-centred, high-trust, partnership-based approach to funding community providers with a proven track record of delivering community-led solutions.

→ Improved oversight of outcomes achieved by community providers through weekly provider reporting.

Community providers and Community Connectors were instrumental to implementing the welfare response

Trusted by the community

Being able to contact and receive assistance from trusted members of their communities increased the reach of welfare support to people who face barriers to accessing government services. People would bypass the national helpline and contact Community Connectors directly so that they could communicate openly and honestly with someone who understood their culture and circumstances. For many providers, including those in rural or isolated communities, this was essential for being able to take a preventative approach, ensuring they knew exactly what people needed to safely isolate and stop widespread outbreaks.

Connection with appropriate support

People expressed deep gratitude for their Community Connectors, who walked alongside and advocated for them until they were connected with appropriate support. Initially Community Connectors focused on supporting people to safely self-isolate. This included making sure people had access to essentials (such as food, running water, heating, and medication), covering urgent expenses (e.g. rent and utilities bills), and calling regularly to check on wellbeing. After addressing immediate priorities, Connectors focused on linking people to support that could strengthen their independence and protect against the long-term financial, education, and wellbeing impacts of COVID-19.

Multiple referral pathways to increase reach

Community providers worked hard to promote and establish multiple pathways through which people could reach out for welfare support, including from Community Connectors. They made sure that information about support was shared through a range of sources, advertised in locations frequented by their communities, and communicated in a way that would resonate with the people they served.

Timely and tailored food support helped build trusting relationships and surfaced a broad range of welfare needs

Food was the top priority of people requesting welfare support. The fast arrival of food support, and the care and consideration that went into food parcels, alleviated worry and made people feel less alone while isolating. This built a foundation of trust and increased people's willingness to share information about other challenges they were facing, including employment, education, insecure housing, and mental and physical health challenges. People also noted that receiving food support stopped them from breaking isolation rules to go and get supplies, helping to minimise the spread of COVID-19 in their communities.

Individuals, families, and whānau would have struggled to cope without welfare support

Diverse challenges experienced

People who accessed CiC support described a range of challenges presented by COVID-19. They faced increased expenses while isolating compounded by increasing costs of living, and in some instances, job losses and break down of family relationships. Isolation caused significant distress, in addition to disrupted routines, uncertainty, confusion around COVID-19 messaging, concern for vulnerable loved ones, difficulty accessing healthcare, and long-term health impacts of COVID-19. These challenges were intensified for people experiencing financial hardship, those managing pre-existing health conditions, and people caring for large families and whānau.[4]

Support helped to manage these challenges

People believed they would not have coped without support from their community providers and Community Connectors. They felt that serious negative mental and physical health consequences were prevented by the support they received. Support acted as a buffer against the economic shock of isolating, preventing a range of flow on effects from the inability to pay living expenses, including eviction and homelessness. Instead of deteriorating, people's relationships with their family and whānau were strengthened, particularly through connection with culturally responsive programmes, services, and workshops. There was a strong desire to see Community Connectors play an ongoing role to help prevent and minimise the impacts of hardship within communities.

Relational and flexible contracting created the pre-conditions necessary for the welfare response to be successful

Consistent with Social Sector Commissioning[5] reform, a core component of the welfare response was the whānau-centred, high-trust, partnership-based approach to funding community providers. Regional leaders and community providers greatly appreciated how quickly funding was distributed, and the flexibility of Community Connector and food contracts. This gave them the freedom to use funding and resource in a way that would have maximum benefit for their communities.

There were some challenges to sustaining collective efforts

Variation in escalation pathways

Escalation pathways, available at the height of the Omicron outbreak in February 2022, fell away shortly after causing some confusion. Despite a key aspect of the Regional Public Service Commissioner role being to escalate issues to central government, some described their ability to do so as "oversold." Community providers leveraged their relationships with MSD national office and with regional leaders to raise issues; however not all providers had these opportunities.

Rapidly changing messaging

Regional leaders and community providers found it challenging to interpret and disseminate the volume and complexity of frequently changing COVID-19 messaging from central government, especially regarding the rules around isolation. Regional leaders played an important role in redeveloping government messaging so that it was simple, clear, and tailored to their local contexts.

Difficulties with information sharing

Community providers and regional leaders felt there were opportunities to improve communication between government agencies, particularly with respect to information sharing. Regional leaders expressed that timeframes for responding to requests for information from central government were extremely tight, placing strain on their relationships with communities. The relationship was not reciprocal as central government did not always respond to their requests for information or support in a timely way.

Uncertainty of ongoing resource

Sustaining collective action efforts requires ongoing resourcing. However, no assurance of funding beyond June 2023 was given regional leaders or community providers. This severely constrained providers' and leaders' ability to retain a skilled and experienced workforce, and their ability to plan and progress work on regional and community priorities.

Responding to demand placed significant strain on all partners in the welfare response

Community providers and regional leaders had expended significant energy and invested substantial resources in supporting their organisations and their communities since the beginning of the pandemic. The Omicron outbreak placed further pressure on an already stretched workforce; community providers and Community Connectors reported working 12 hours a day, seven days a week at the height of the first peak,[6] while regional leaders had to manage frequently expanded responsibilities on top of their existing roles within agencies and organisations. Concerns around staff illness, fatigue, and burnout were common and contributed to ongoing difficulties in meeting demand.

Strain was particularly evident among Māori, Pacific, and ethnic regional leaders, community providers, and Community Connectors. They worked tirelessly to make sure appropriate messaging, food, and support was reaching their communities. Family members, friends, community groups, local suppliers, churches, and marae were called on to help achieve this.

Lessons for the future

A locally-led, regionally-enabled, and nationally supported approach is emerging as a valuable framework for supporting community wellbeing and recovery

Many people who sought and received CiC support had not previously accessed community or government services before. The "no wrong door" approach taken by community providers increased trust and confidence among individuals, families, and whānau who had previously been underserved by government. This was made possible by communities taking a leading role in the response, with support from regional leaders and national agencies. Maintaining a trusted interface for people to access community and government supports that work for them is essential if we are to prioritise equity, wellbeing, and social inclusion in Aotearoa New Zealand.[7]

> *This model of delivery is one of the best models I have seen coming from central government. We have never ever seen any central government agency come down to community level. And then not only that, there's resource coming through. And it is reaching the doorsteps of the community who have never accessed those services."*

Enabling the regions to respond through the resourcing of regional leadership structures resulted in a more 'joined up' public sector and forged new partnerships with iwi, local government, and community leaders. Continuing to honour the relationships that have been formed and strengthened presents an important opportunity to help address siloed and fragmented government, and aligns with the principles of Social Sector Commissioning.[5]

> *[We did] 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."*

Iwi engagement and diverse representation at the regional level helps ensure support is tailored to communities

Regional leaders across sectors, including the public service, acknowledged the value of iwi engagement and participation in the RLGs. Iwi understanding of their communities informed the effective distribution of welfare support, including placement of Community Connectors within their regions. The diversity of RLG representatives also led to the development of COVID-19 and welfare response messaging that was responsive and accessible to multiple cultures and languages.

There are opportunities to improve the representation of priority groups (including Pacific peoples, youth, and people with disabilities) within RLGs going forward.

> *Leadership from iwi was critical in our success."*

Clear communication and information sharing is critical to the success of collective action efforts

Rapidly changing and complex government messages required regional leaders and community providers to spend significant time reformulating these in order to generate "a single source of truth" and provide a clear sense of direction for their communities.

> *Nationally supported means those big policy decisions need to be clear."*

Frequent meetings between all partners were critical to the success of the response, providing an opportunity to share resources, learnings, and experiences, and have urgent issues raised and resolved. Meetings also served as a platform for community leaders, including iwi, to hold regional and national leaders to account. Meetings that brought together local, regional, and national perspectives were particularly successful, such as weekly meetings between Regional Commissioners, Community Connectors, providers, and agency representatives in some regions.

> *Those meetings are becoming fruitful now because initially everyone was shy or they [didn't] want to share too much. The trust wasn't there. But now people are opening up. People are sharing details."*

There are opportunities to further increase access to MSD and other government agency representatives and supports

Increased communication between MSD officials and community providers improved awareness, understanding of, and willingness to connect people with MSD products and services. Community Connectors further supported this connection by leveraging their relationships with Work and Income staff, and understanding of eligibility criteria, to help people access MSD support. This is important in light of the barriers to receiving help from Work and Income experienced by some people and communities.

> *We discover things like Pacific liaisons in MSD space that families and whānau can connect to. Now [we] have a stronger relationship with MSD and this has helped a lot in terms of the support we provide."*

Some regional leaders found it easier to escalate issues to central government than others, with RPSCs who were also Regional Commissioners having greater access to MSD resources and support. Not all community providers and Community Connectors had close relationships with MSD at the local or national level, impacting their ability to connect individuals, families, and whānau with relevant services.

> *I am fortunate to have all three [government agencies] where I am. Feels like an advantage when really we are all doing the same job. We should all have access."*

Success of Community Connectors lies in their ability to work alongside other roles within organisations closely connected to their communities

Community Connectors' relationships, compassion, and extensive knowledge of health and social services enabled them to build trust, remove barriers, and effectively navigate people to appropriate supports. Being from, and understanding, the community was key to being able to work with people who had not previously received community or government assistance. This aligns with surveys of local communities demonstrating that support for community wellbeing is often found in friendships and community interactions rather than professional services.[8]

> *Single biggest value of CiC was that members of the community were caring for community. They were from the community for the community so instantly related and trusted. That's priceless."*

Being based in trusted organisations that offered a wide range of integrated supports enabled Community Connectors to be effective in their roles. Community Connectors used a "team approach" to provide support, working alongside diverse roles within and external to their organisations (such as as food distributors, Whānau Ora Navigators, Kainga Ora Navigators, counsellors, financial mentors, social workers, support workers, and healthcare professionals). This allowed Connectors to remain focused on short-term support and advocacy, rather than service provision, and efficiently connect people to specialist support where required.

> *Community Connectors fit with all the different services we provide and give us the wrap around support in the different areas of health and social wellbeing… this enables us to provide the right level of support."*

Flexible, non-prescriptive, and high trust contracting arrangements enable support to be responsive to individual, family, and whānau priorities

Receiving fast and flexible funding supported community providers to draw on their own experience, skills, and understanding of their communities for the welfare response. The relational approach to contracting, particularly with respect to the allocation of food and Connector funding, is consistent with the move to adopt relational commissioning approaches across the social sector.[5] This involves moving from a system that responds to people's needs with pre-determined services, to one that supports individuals, families, and whānau to live a life they value.

So I think the beauty of the Community Connector is you don't get a fixed criteria and so you have that little bit of flexibility and that's where I see you kind of really put the client in the centre."

Providing certainty of funding could help to embed these new ways of working and nurture the new and strengthened relationships between central government and the community sector.

The resource, the continuity, funding assurance, that makes a big difference in an employee's mindset."

Attention and responsiveness to the issues facing ethnic and migrant providers is needed

Community providers supporting ethnic and migrant populations reported that their concerns are often overlooked by government agencies. They experienced a high level of demand for support which they often provided in-house due to the limited availability of culturally responsive services to refer people to. Increasing the availability of translators and interpreters would make it easier for ethnic communities to access support from a broader range of services.

We sit on different boards and committees regionally and nationally where the decisions are made, we try our best to convey the messages in the humblest way we [can]. But what we have seen is, listening is there but action is not there. We cannot see any actions coming through…"

Continuous learning and improvement can be supported through regular reporting and professional development opportunities

Community providers and Community Connectors expressed that their weekly reporting tool did not accurately reflect their workload or allow for whānau voice to be captured through narrative descriptions. This prevented learnings (for both providers and funders) about ways of working that made the biggest difference for individuals, families, and whānau. Modifications to regular reporting, as well as professional development opportunities, should be identified in partnership with community providers to ensure they support continuous learning and improvement. Learning what works and recognising different systems of knowledge have been identified as necessary to improve Social Sector Commissioning in Aotearoa New Zealand.[5]

We want to feed narratives into reporting and there is so much that gets lost because reporting doesn't capture that. If we really want evaluation, we need to value the subjective side. And hearing straight from community is the best way to do this."

[1] See: https://www.health.govt.nz/system/files/documents/pages/covid-19-care_in_the-community-framework-25aug22.pdf

[2] The term 'regional leaders' encompasses RPSCs, their Directors and Advisors, and RLG members.

[3] An outcomes-focused evaluation is planned to begin in November 2022, with early findings available June 2023. This will explore the wider eco-system of the response and capture perspectives of a large representative sample of people who received CiC support.

[4] The mortality rate attributed to COVID-19 has been higher in high deprivation households and Māori and Pacific households (COVID-19 Trends and Insights Report, Ministry of Health).

[5] See: https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/social-sector-commissioning-update-2022.pdf

[6] This is supported by Pulse Check Survey responses during the peak which consistently demonstrated Community Connectors working over capacity.

[7] See: A fair chance for all – Breaking the cycle of persistent disadvantage. Interim report, September 2022. New Zealand Productivity Commission.

[8] See: State of our communities 2022. The Salvation Army, Social Policy and Parliamentary Unit.