New Zealand Council Of Christian Social Services

Covid-19 Lessons Learned

Te Tira Ārai Urutā | NZ Royal Commission, March 2023

Tirohanga Whānui | Overview

The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on the Covid-19 pandemic. We appreciate the opportunity to ensure that the mātua ā-wheako me whakaaro of our membership, the six largest social service providers in the country, is heard at this time.

Whakaaro Matua | Main Thoughts

Feedback on the questions of the Inquiry from our membership was diverse, embodied a great breadth and depth of thought, and brought back many feelings. Our analysis of their whakaaro can be distilled to the following points:

1. Empathy fatigue hindered later efforts and resulted in a long tail
2. All disparities and imbalances were magnified
3. The government seemed not to understand the role of social services when making decisions
4. Organisations had to walk the balance between supporting their community and their staff
5. The leadership and communication from the government needed to walk a fine balance
6. Nothing could have prepared us, but community showed its resilience and adaptability
7. The tail was long, and it hasn't yet finished

Horopaki | Context

1. Empathy fatigue hindered later efforts and resulted in a long tail

The experiences of organisations varied greatly between each lockdown. While we were, as a whole, underprepared for the trials of the first lockdown, what we had in abundance was resource and a strong sense of community. Everyone was engaged and dedicated to helping – whether that was through increased availability of volunteers, or access to funding, or organisations pivoting to work together for service delivery, there was a strong sense of availability. Members told us about their local support offices giving them their own PPE when there was none available from central repositories, and there was a strong feeling that the 'chequebook was open' for claims relating to PPE and kai in particular.

By the second lockdown, much of this congeniality had waned. There were much stricter limits on what could and should be funded, and many fewer people, both from workforce and volunteer base, to help. Individual organisations found that they had already adapted, and had better systems in place to organise their personnel. Many of the large changes to processes (including updating systems for digital delivery) had already been completed, which helped enormously, but there were still issues to be addressed that were hampered by a waning sentiment. Auckland in particular felt the sting of additional empathy fatigue, nearing empathy burnout with its extra restrictions.

This manifested in a number of ways.
- The vaccination mandates reduced the kaimahi significantly as people were forced to choose between their personal beliefs and their employment or volunteer engagement.
- Donations, a critical funding stream for our members, slowed as community felt that they had already 'given enough' during the first lockdown.
- Members of the public, growing more disillusioned with the perceived restrictions on their freedom. Some went out of their way to make life difficult for staff members who were just trying to follow policy. Our members who run Aged Residential Care found this to be particularly true – visitors to the facility would refuse to wear masks or provide negative test results before entering the facility, and more than one member organisation gave reports of the staff that tried to stop them from entering being screamed at and spat on.
- The restrictions on visiting loved ones made people angrier, and this made work stressful and sometimes unsafe for staff. One of our members created a validated badge system for individuals who met vaccine requirements, ensuring more access to family members that were resident at their Aged Care facility. They asked for a $10 contribution to the making of the badges, for which they had purchased a new machine to facilitate the initiative – this was reported by the media as them attempting to "cash in" on their residents, further increasing angry sentiments.

2. All disparities and imbalances were magnified

Social services, overwhelmingly, engage with the most vulnerable and most disenfranchised members of a community. Race, gender, socio-economic status, rural location, and age are enormously complicating factors when it comes to equitable access to support. During te mate urutā, it was evident just how much more vulnerable these issues made people.

- Kai became the main focus of many organisations, drawing staff and resourcing away from other services to ensure that this could be facilitated. As a result, other programmes halted, taking support away from the clients who relied on them during a critical period.
- No aspect of the blanket guidelines had any cultural nuance, and none of the information that came out was geared towards supporting specific cultural needs in the population. Specific gaps came in the form of restrictions and lack of support around tangihanga – international best practice was not tempered with Te Ao insight to ensure our specific cultural lens was supported at this time.
- The digital divide made it difficult for older people, low-income households, and migrants to receive support from now-remote service providers, and also presented issue for some older members of the workforce to adapt to. There are also many services for which there was no established digital practice, and many sectors felt that gap keenly when trying to engage this way.
- Youth were asked to compromise their privacy in digital sessions which regulations stipulated must be recorded. In addition, trying to pivot youth programmes entirely into a digital space was often ineffective, and some organisations reported a drop in participation that they are still trying to recover from.
- Rural providers received less support overall, but also less in relation to their costs – service delivery in rural settings is more expensive per client, and there are fewer organisations with collaborative potential to lean on. Main centres felt well supported, but those more remote organisations felt incredibly isolated at this time.
- Clients and staff who were already isolated through age, disability, or living situation, felt the burden of loneliness and isolation grow over the lockdown period as their normal social engagements were cancelled or transitioned to online venues, leading to reported increases in suicidal ideation and significant cognitive decline among the elderly. In many cases, this period of

enforced loneliness frayed the last tenuous connections to community, and for many people their "bubble" still exists. The ongoing impact of this will be evident in cognitive decline and mental health issues for older people long into the future.
- Unhoused clients were almost impossible to reach and support under the settings provided.
- The in-home workload imbalances that already underlay the lives of many women were escalated when they suddenly were responsible for childcare during their work day under a lockdown.
- Renumeration imbalance in the form of "pay parity" discussions made workforce issues even mor difficult to deal with, as health workers in the community sector felt like second-class essential workers compared to their counterparts in the hospitals.

For both the community that was being supported and the workforce of the organisations themselves, there was a magnifying glass placed over the inequities of life, and these have only seemed to grow in the time since.

3. The government seemed not to understand the role of social services when making decisions
Within a social service provider, there are often many discrete units at play. A single organisation may have a social work arm, a health arm, a counselling arm, and sometimes even an early childhood service. While these work holistically in-house, with clients accessing many of the supports, they are often funded by different branches of government, and as a result were managed disparately and disharmoniously over the pandemic. Each of these sectors had different guidelines that organisations were forced to wrestle into a consistent plan, most often resulting in everyone following the most risk-adverse and restrictive settings regardless of department in order to provide consistency. Mandates to be vaccinated provided additional tensions, with a profound lack of understanding as to who was being mandated for what. For example, a social worker under the umbrella of a health organisation would be mandated for vaccine, while her colleague under a different contract in the same organisation would not. A nurse working in a Youth One Stop Shop would not necessarily be mandated based on his contract, while his Aged Care colleague would. The profound lack of consistency reflected a deep, entrenched lack of understanding about the way that social services function, and an unwillingness to discuss these issues with the organisations most affected by these decisions. This was also reflected in organisations often needing to tell their funding departments what they needed, as opposed to being asked or engaged. One of our members recalled a point in confrontations around funding with government departments where they effectively had to state that unless the funding they were asking for was approved, then a stop-work order would be enacted throughout the sector, as the work could not be done safely or effectively without the funding. These tensions exacerbated an already stressful time.

4. Organisations had to walk the balance between supporting their community and their staff
To be a supporter of community is one thing, but to hold that in contest with the wellbeing of your staff is another. Many of our member organisations feel this pull regularly, but the way that their responsibilities as employers seemed to be at odds with their responsibilities as service providers was exacerbated during this period. Asking staff to expose themselves to risk, both in the form of exposure but also to the anger, fear and sometimes violence of community members, did not feel always like the right thing to do.

The issue of mandates also created strong tension in organisations. While many of our members have said that they were grateful for the mandates, both in that they agree with vaccination as a key

tool and also that they were glad to not have had to make that decision in-house. Providers with mixed-model provision who had less obvious mandate requirements were forced to make choices that put staff at odds with one another and created questions around the extent of their power as employers to require these things from their staff. While some sectors have a history of requiring vaccination (for example, nurses must provide evidence of vaccination for a battery of diseases before they can even begin training), this was the first brush with this complexity that other parts of the social sector experienced. Some of our members questioned the wisdom of the mandates at all, citing public health advice against a blanket vaccination mandate at the time.

Staff training was also compromised due to the pandemic. While many of the existing staff had to rapidly pivot to new ways of delivering a familiar service, there were recent graduates entering the workforce under unprecedented settings. Even now, our organisations have said that newly trained staff who had only existed in a digital space during te mate urutā found it difficult to transition to kanohi ki te kanohi environments afterwards. This still has implications for practice today, and may require further investment into training

5. The leadership and communication from the government needed to walk a fine balance

Our members expressed consistent appreciation for the decisive action that the government took during this time. Without the clarity that was provided it would have been much harder to navigate the complex landscape presented by te mate urutā. The strong people-first approach was a vivid reflection of the kaupapa of social services, and appreciated deeply by the sector. They also expressed gratitude that Civil Defence remains a key part of the Department of the Prime Minister and Cabinet, to ensure that it remains a priority focus area.

While the content of the communications that were provided was appreciated, the volume was deeply overwhelming to providers trying to provide information to staff and community. Organisations reported that during the early days, new batches of information were coming out so frequently that they were having to rewrite documents and send out communications to their kaimahi more than twice a day. The rapid turnover made instruction fatigue a notable concern for management. Slowing down or limiting the information to once daily, or even every other day except in the case of urgent updates, would have made things much easier for providers to manage.

6. Nothing could have prepared us, but community showed its resilience and adaptability

Many of our members told us that when they looked at their previous Pandemic Strategy Plans, the first thing they did was throw them in the bin. Without any mātua ā-wheako, nobody can understand how to lead an organisation though such a trying time. The capacity of organisations to pivot, restructure, and provide solutions to problems while literally writing their new policies “on the run” is a testament to the strength of the individuals within the organisation and their dedication to their communities. Transitioning to distance and digital delivery was difficult, but it allowed organisations to continue to do the work they needed to. Collaboration and secondment between organisations for shared projects like kai distribution was necessary and well facilitated. Our members were reminded through this that they can and should be immensely proud of the work that they do in their communities, and also the extent to which community is vulnerable without them.

7. The tail was long, and it hasn't yet finished

For many of our organisations, it doesn't feel like this Inquiry is truly looking back. How can you look back at something that isn't yet over? The long tail of the Covid-19 period still exists everywhere in the social service sector. The ongoing effects of the choices made will be with our members for years to come.

Members mentioned a number of ways that te mate urutā is still with them -
- The continued delays in surgical delivery that leaves Aged Care clients backlogged and waiting based on "complexity of need"
- Youth support groups still trying to get back on their feet after a failure to successfully pivot digitally
- Significantly depleted volunteer bases after mandate restrictions and empathy fatigue cut their numbers
- Staff who completed their training in the pandemic and are yet to fully embrace the role without those restrictions
- Funding regimes that continually fail to understand the pressures on social services or account for their holistic delivery and complex nature
- A workforce so strained and stretched by the continued impacts of Covid-19 that gaps in staffing are commonplace and add to the workload of colleagues in a cyclical nature
- The escalation in complexity in many clients from the restrictions on support when it needed to be at its highest.

Whakaaro Kati | Closing Remarks

Social Services bore an immense weight on behalf of communities during the Covid period. In addition to their standard responsibilities to serve, support and protect the most vulnerable members of our society, they were our front line for information, decision making and resources at a time we all needed more than we could give. Social services gave more than they had, both at an individual and a structural level, and many are still feeling the consequences of that. While many organisations feel an immense sense of whakahī at having been at the forefront of our nation's Covid response, there are some for whom the cost feels disproportionate to what was gained, especially in areas where the long tail of Covid still persists. We look forward to the learnings from this Inquiry capturing not only the individual experiences of people across Aotearoa, but the experience of the organisations which supported them during te mate urutā.

Ko wai tātou | Who we are

NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.

Through this membership, NZCCSS represents over 230 organisations providing a range of social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith and Te Tiriti o Waitangi. Further details on NZCCSS can be found on our website www.nzccss.org.nz

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