

# BRIEFING FOR MINISTERS AND MINISTRIES

## COVID-19 IMPACT PREPAREDNESS OF COMMUNITY SOCIAL SERVICES

– NEW ZEALAND COUNCIL OF CHRISTIAN SOCIAL SERVICES –  
20 March 2020

### 1.0 BACKGROUND

1.1 The New Zealand Council of Christian Social Services (NZCCSS) is the umbrella group for the Anglican, Baptist, Catholic, Methodist and Salvation Army church social services networks.

1.3 NZCCSS spoke to senior leadership at 14 NZCCSS social service organisations over 2 days, the 18<sup>th</sup> and 19<sup>th</sup> March 2020. These conversations focused on the organizational planning and preparedness of NZCCSS members for the COVID-19 pandemic. The organisations covered a range of service provider type and were based in both large urban and in rural settings. This briefing is based on these discussions.

1.4 The members of NZCCSS are working in many settings within our communities. These include provision of essential health services, provision of transitional, emergency and child protection accommodation, social housing, support for families who have come to the notice or who are at high risk of coming to the notice of Oranga Tamariki, provision of food parcels and community meals, ECE in poor communities, social workers in schools, advocacy for beneficiaries and those on or seeking to get on the MSD Housing Register, counseling and mental health support and community development.

### 2.0 OVERVIEW

2.1 In planning for the COVID-19 response NZCCSS social services providers are focused on providing values-based leadership within their communities. This leadership will strive to:

- Protect the community
- Support and protect client families, whanau and their tamariki and mokopuna, residents of residential services and those experiencing hardship in the community
- Support and protect staff and their families and whanau
- Maintain the ability of the service organisation to deliver services to their communities over the long-term.

2.2 Most NZCCSS members have pandemic plans which they are implementing. Those that do not, have developed short to medium term responses. They are relying on Ministry of Health guidelines and their funding agency advice to support the planning process and working closely with their staff to ensure their responses are pragmatic and have a good likelihood of successful implementation.

2.3 The providers contacted have all indicated they are using this period of pre-community transmission of COVID-19 to plan for different ways of working and to work with their clients to prepare them for different approaches. If, and when, community transmission is confirmed in-home and in-community service providers will concentrate on delivering services via electronic means. Given the tenuous connection of poor and vulnerable people to the internet this will mostly be via cell phone. It is noted the most vulnerable often do not have credit on their phones and they cannot phone/text out, just receive calls.

2.4 It is very apparent to NZCCSS members the poor and vulnerable will be those who are most challenged and placed at risk by the COVID-19 pandemic. Without secure housing or the ability to set aside some food reserves for later, they will need to go out into the community regularly to purchase/find food. Many are reliant on public transport and will be in contact with others. Their access to medical support is constrained by costs and the likelihood of early diagnosis will be decreased, thus increasing personal health community risk.

2.5 Community-based services and government agencies will need to work closely together. There must be a combined respond to the needs of this group, to provide effective supports and decrease the risk of infection to poor and vulnerable members of our communities and to those around them.

### **3.0 RESIDENTIAL SERVICES**

#### **3.1 Aged Care**

3.1.1 Aged care providers have greater experience in managing health risk in residential settings. Currently NZCCSS members providers are working to MoH guidelines on the need to lockdown. These guidelines suggest full lockdown is not yet necessary. Most providers are limiting the number of access points to their facilities and are actively screening visitors to exclude those with illness or who have been overseas recently.

3.1.2 NZCCSS members have indicated that school closures will affect a large proportion of their staff, potentially up to 40% of staff may be absent to care for children. They also have a high number of staff over 65, including senior management and clinical staff. The loss of key staff will affect their abilities to provide full service. They will likely move towards limiting the level of services provided to residents such as less frequent showers and more basic menus.

3.1.3 Provision of Personal Protective Equipment in residential aged care facilities is satisfactory at present, however in a sustained period of infection, additional equipment will be needed.

3.1.4 For community and home-based aged care providers the issue of maintaining staffing and of keeping clients and staff safe from COVID-19 infection will be difficult. Home carers visit multiple homes and the potential for infection and cross-infection is high.

3.1.5 Community and home-based care providers will need surety of funding as their ability deliver services is impacted by staffing issues and self-isolation concerns for older people.

#### **RECOMMENDATIONS 3.1:**

- I. Plan to deploy Personal Protective Equipment to staff in residential care facilities where COVID-19 is or may be present
- II. Given the impact on older senior leadership of aged care facilities MoH should decrease the audit requirements placed on organisations. The lead up to audits require a lot of time from senior leadership which as described above may become unavailable in a community transmission scenario.
- III. Maintain surety of funding as actual numbers of people being supported and the ability to deliver all non-essential services is impacted.

## **3.2 Other Residential Services**

3.2.1 Those service providers with residential facilities face different issues. Support for residential clients cannot happen remotely, so the maintaining of a healthy environment for residents and for staff poses many problems. Facilities with shared bathroom, cooking and eating facilities have been identified very high-risk settings with limited capacity to self-isolate.

3.2.2 The residential facilities with the shared bathroom and cooking arrangements are often those used for the highest risk clients. These are people who are likely to be homeless without this support. The closing of these facilities during the pandemic will place these residents at high personal health risk and increase the risk for the communities they live in.

3.2.3 Facilities providing support for at risk mothers and babies, for reintegrating ex-prisoners, for people at high risk of homelessness all require staffing. Once community transmission occurs and/or COVID-19 cases are identified in the residence there will be strong need to provide support and confidence for those staffing these residences. Organisations in these situations are trying to identify alternative arrangements to isolate people who may have been exposed to COVID-19 or who are displaying possible symptoms. However, these options are limited.

### **RECOMMENDATIONS 3.2:**

- I. Provide access to motels, mobile homes or other temporary accommodation for providers of residential services to allow for effective self-isolation and health care.

## **4.0 EMERGENCY SUPPORT**

### **4.1 Homelessness**

4.1.1 Those working with homeless people, in all its forms, are challenged in designing mechanisms for self-isolation for these clients. Mechanisms to maintain the health and wellbeing of people in who are rough sleeping and to protect those living in overcrowded and/or couch surfing situations with will need to be implemented.

### **RECOMMENDATION 4.1:**

- I. Provide access to motels, mobile homes or other temporary accommodation for services which work with homeless people to allow for effective self-isolation and health care.

### **4.2 Food Security**

4.2.1 The provision of food parcels and other food support will be very difficult as current mechanisms for food collection and delivery are impacted. There are early reports of less food being available from supermarkets and food rescue services. Providers are currently working on food parcel provision employing social isolation strategies (2 meters of separation). There is concern when community transmission occurs there will be a lesser number of volunteers available to bag and distribute food. Currently many/most volunteers are 65 plus, and the safety of these volunteers may be compromised.

### **RECOMMENDATIONS 4.2:**

- I. Develop and implement a formal logistics plan to source and provide food to community-based foodbanks.

- II. Reward volunteerism by younger, fit and healthy people, possibly via a social marketing programme encouraging this group to volunteer. A mechanism to directly pay beneficiary volunteers for volunteer costs via additional payments in the benefit system should be instigated.

## 5.0 IN COMMUNITY SOCIAL SERVICES AND SUPPORTS

5.1.1 Most community based social services are based on building effective relationships via face to face interaction. Currently service providers are continuing with these services. Strategies to maintain staff wellbeing include:

- Maintaining a social isolation distance with clients
- Instigating enhanced cleaning regimes
- Calling ahead to ensure the people being home-visited are not self-isolated or suffering any COVID-19 type symptoms
- Offering staff over 65 and those with compromised immune systems the opportunity to work from home, take “COVID-19 Leave” and increasing the amount of sick leave available to staff

5.1.2 Service providers see community transmission as a trigger point for stopping existing working face to face strategies and commencing a telephone/email type service provision and undertaking working from home. Some providers are well equipped to enable working from home with laptops, cloud filing systems and cellphones. Other providers are less well equipped and see real problems with enabling their staff to work from home. However, all providers spoken with to date have staff equipped with cell phones.

5.1.3 Clients of NZCCSS social services providers have a tenuous connection with the internet and with cell phone connectivity. This will provide a major blockage in maintaining contact with clients. It will be especially so where clients want to contact their social service providers.

5.1.4 The use of telephone contact systems is seen as a holding pattern for progress made, stopping clients from reverting to previous behaviours, but less able to progress people to towards positive outcomes.

5.1.5 Bringing new clients into the service may be problematic. The ability to develop a rapport, undertake meaningful initial assessments, set realistic goals and develop plans for implementation via telephone could present real problems. It is understood that with the economic impact of the pandemic more people will be presenting for support. Further thinking is required to develop systems to allow for enrolling and supporting additional clients.

### RECOMMENDATIONS 5.0:

- I. Provide an 0800-phone number to enable new clients without cellphone credit to dial-in to a call centre and be transferred to an appropriate social service provider located within their home area.
- II. Provide access to individual 0800 numbers to social service providers so their clients can contact them directly even if they have no credit on their phones. The social services providers can provide their individual 0800 number to their clients.



- III. Provide free access to critical information, supports and enrolment forms for government support to people on cell phones without credit. Ensure the web-based information and forms are cell phone enabled.
- IV. Support organisations without the “work from home hardware” - laptops, cloud services etc. - to access this equipment in a cost-effective way.

## **6.0 EDUCATION**

6.1 The ongoing provision of education services will be based on information, advice and directives received from the Ministry.

6.2 For the low socio-economic communities where NZCCSS members provide ECE services the provision of ECE is also the mechanism of pro-social supports for the parents of the children involved. Developing mechanisms to maintain contact and sense of community for these parents will be important.

6.3 For the people involved in budgeting, life-skills and other programmes developing accessible mechanisms to enable home based learning and development will be important. It must be recognised that these people are likely to have tenuous access to the internet and cell phone connectivity.

### **RECOMMENDATION 6.0:**

- I. Roll out community access to the internet for those with low incomes. This could be for specific websites and localised social services and community development initiatives.

## **7.0 EMERGING THEMES OF CONCERN OVER THE SHORT TO MEDIUM TERM**

7.1 With the call for New Zealanders overseas to return home there may be an influx of people with few resources returning from overseas with no accommodation, little access to food and other supplies. The number of New Zealanders working in Australia in insecure work returning to New Zealand as the economic downturn affects employment there could be a significant group.

7.2 The increasing numbers of New Zealanders requiring emergency and other supports during an economic downturn is likely to high. The NZCCSS Vulnerability Report published for 6 years after the Global Financial Crisis recorded a steep increase in demand for food parcels, counselling, family violence and general social services. Over this time there was also a strong increase in the complexity of needs being faced by our members’ clients with most client families and whanau having multiple needs and issues.

7.3 There was a strong downturn in housebuilding after the GFC. This contributed to the housing crisis currently being experienced. If the decrease in building activity is replicated during the downturn then the housing crisis is likely to deepen. This will be further escalated by the numbers of New Zealanders returning and fewer New Zealanders leaving for overseas employment.

7.4 The impact of the downturn in the national and international finance markets will see a decrease in the income and reserves of philanthropic organisations. This will result in less philanthropic funding being available to community organisations at a time when their services are needed the

most. Post the GFC the government of the day instituted a significant “Community Response Fund”. This fund ran for three years and was available to community organisations to respond to the needs in their areas.

7.5 Government department funding to community social services organisations will have to be flexible. Given the impacts of the COVID-19 pandemic and the changes in modes of delivery currently occurring the output and outcome requirements of existing contracts may not be able to be met. Yet having strong and capable organisations working in communities with families and whanau will be critical. Government agencies must acknowledge the difficulties in delivering services as per the contract requirements and guarantee funding to community organisations and social services providers.

7.6 The aging volunteer workforce means that less volunteers will be available in an environment of community transmission of COVID-19. With more people not having secure employment due to the economic impacts of the pandemic, strategies to incentivize people to volunteer will need to be developed. See recommendation 4.2 (II)

## **8.0 THOSE WITH THE LEAST – LEAST ABLE TO COPE**

NZCCSS members know most of their clients are impacted by poverty. Recent increases in the minimum payrates and the announcements that benefits and winter energy payments will increase are welcome. However, most low-income people live week to week. They are often dependent of food parcels to bridge the difference between their weekly income and the essential payments they must make. Given this they have little in the way of food reserves and if forced to self-isolate will be dependent on the good will of family, friends and charity to survive. Mechanisms to support the members of this group be more resilient are needed.

### **RECOMMENDATION 8.0:**

- I. Provide an immediate COVID-19 payment to beneficiaries and low-income earners to enable the purchase of a store of basic supplies to enable these households to have a greater level of resilience. Such payments could be made in a similar way to emergency food grants.

### **For further information please contact:**

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