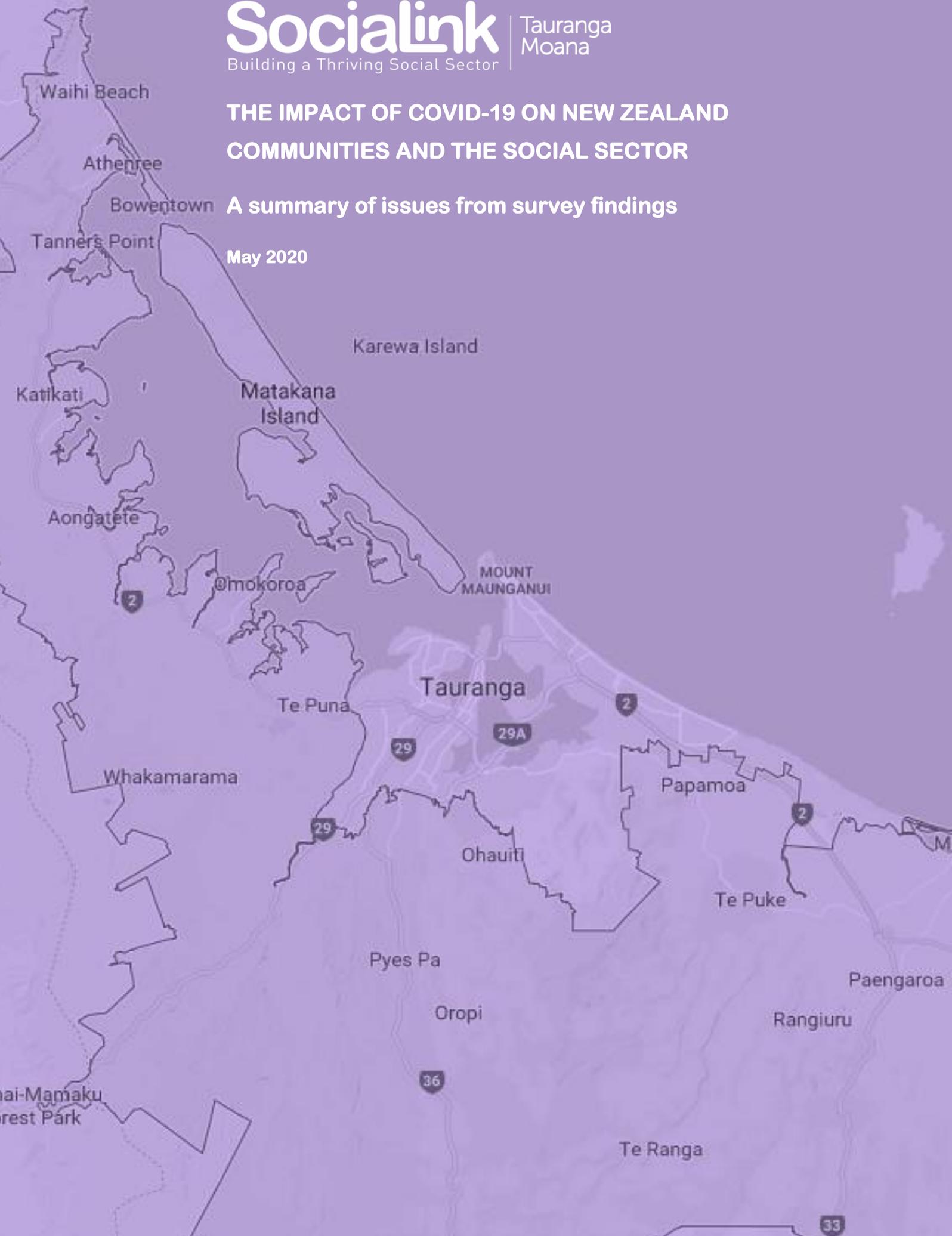


## THE IMPACT OF COVID-19 ON NEW ZEALAND COMMUNITIES AND THE SOCIAL SECTOR

A summary of issues from survey findings

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## A SUMMARY OF ISSUES FROM SURVEY FINDINGS

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### Introduction

Over the past month social service and community sector providers around Aotearoa New Zealand have given feedback via surveys, media and other means about the impact of the COVID-19 lockdown on the communities they support and on their own ways of working.

The following summarises the findings from this feedback regarding the impact Covid-19 has had on communities and the social sector during the Level 4 Lockdown period. It includes feedback from two similar surveys conducted in the Bay of Plenty by SocialLink and BayTrust and also draws on feedback collated from other agencies such as Social Service Providers of Aotearoa, New Zealand Christian Council of Social Service Providers and The Salvation Army's Social Policy and Parliamentary Unit . (see full list of references below). This report also signals post lock down concerns that have been identified by the social and community sector.

The methods used have been largely reliant on self-selected organisations answering surveys and providing other forms of feedback. There may well be differences in some regions or amongst some particular communities, which will need more re representative and larger samples or other methods to find out.

The feedback indicates however there are some common experiences, needs and concerns about the impact of the lockdown not only in the Bay of Plenty but also in other areas of the country.

### Impact on Social Service Providers

#### Income and Funding issues

- Ability to pay rent and wages worried providers following loss of income. Some had received the wage subsidy while others were facing making redundancies if they could not get short term funding. Other providers thought it was too soon to tell what the impact would be on their funding.
- Providers thought there would be shortfalls in the medium and long-term because gaming funders such as Pub Charity had stopped any funding; some funders were not receiving new applications; national and local sponsorships had been withdrawn; donations had reduced; and major fundraising events and appeals had been cancelled or postponed. Also unknown was the capacity of district and city councils to provide normal sources of funding or what government funders might provide.
- Closure of family stores and op shops had significant impact on income for some providers. Social enterprises such as providing meals had helped off-set reductions in other funding for others.

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- It was anticipated there would be fewer clients (individual, community organisations) able to continue purchasing or contributing to the cost of running some services.
- Providers reported using funds they had set aside for the future so they could meet current increased demand and different ways of working required. They needed increased support to remain sustainable.
- The government commitment to maintain social service funding over the lockdown period or over the short/medium term helped organisations and workers to focus on their work and innovation to respond to the situation.
- Providers also reported a lot of community support with donations from community members; local service clubs (eg Rotary); donations of food and other goods and services and use of equipment

### Changes in Work and Costs

- Some providers reported more financial costs such as vehicle expenses, because of increased field work to support families with mental health and financial issues and through providing additional services for families struggling with loved ones' health and disability conditions and with no respite services available.
- The change to more remote working on-line required purchasing a range of goods and services to operate. These included IT setup (eg hardware, laptops and other devices, head sets, wifi, data and maintenance costs); purchase of pre-paid phones for at risk clients; payment of internet for some families and greater use of courier services
- Providers also noted they needed to acquire and distribute more goods and services for regular and new clients who had lost their jobs such as food, meals and groceries; emergency clothing and bedding and delivery of medication.
- Closure of government agencies such as WINZ and their face to face contact increased providers' administration, advocacy and support work for clients. Clients in financial or housing strife and without internet connections were supported negotiate getting help through these agencies through downloading, picking up and scanning WINZ and other documents; providing food and other necessities; negotiating other services.
- The workload was significant for some. One provider outlined a range of issues dealt with: *"Setting up staff and service delivery to remand homes, meal preparation and delivery to 100 households, rehoused three families whose bubbles being compromised by others behaviour; entered into short-term accommodation for hidden homeless to relive housing pressures in other bubbles, and to offer safe homes for those exiting criminal justice system. - BIG MAHI."*
- Some providers reported less work because families did not want support workers to compromise their bubble. Lockdown conditions also meant no group activities were allowed. On the other hand no group work for one provider meant an increased -- workload because they had to contact 112 people individually instead of through running four groups.

### Impact on Staff and Volunteers

- Uncertainty and worry about COVID-19 on their agency's survival as well as on their personal their families' health and wellbeing left agencies, staff and volunteers feeling vulnerable, tired and anxious.
- Providers reported staff were grappling with the increased time and contact needed to support families and whanau under lockdown and with the changed modes of operating.

- There were less volunteers to help as organisations had to exclude those over 70 and immune-compromised. Some providers reported reduction in services such as home care,
- transport and delivery services because of lockdown requirements for this age group to be at home. Many volunteer opportunities had reduced significantly or disappeared. However there were also many reports of community members stepping up to help out:
  - *“Whilst we serve youth and young people we are receiving an increasing number of local community elderly reach out. Many need groceries and others home support. We have young adults ready and willing to help. We need continued financial support to increase our impact in this way.” “We don't have paid staff but volunteers have done a lot from home.”*
- Some providers run by volunteers were providing more services:
 

*“From 60-70 meals on. Friday night to 230 takeaway cooked meals and we are delivering and having to start earlier (like two days out and start 1pm on Fridays) We are all volunteers and doing extra time while we off work.”*
- Other agencies reported they would pick up after lockdown where they left off as they were run by volunteers, but needed to be careful to work within any COvid-19 parameters, especially for those volunteers over 70.
- The demands of the situation had positive benefits for teams according to several providers.
 

*“Role dynamics changed somewhat but to betterment of our agency as working together in the team to do whatever is necessary.” “Majority of Staff responded wonderfully.” “Our staff are amazingly responsive and are doing whatever is needed to ensure our clients are well supported and new responses can be implemented on quickly.” “Our staff have been fantastically adaptable (mostly) and brave. It's also a testament to the high-quality work they have done to date that made the whanau in our care that, for the most part, they have adjusted too. Most difficult have been those who, in the words of one social worker, ‘still don't get it.’ So some risky face-to-face encounters have occurred.”*

## Health and Safety Issues

- Managing health and safety issues were highlighted by providers of residential services or providing personal cares and support. This included trying to obtain personal protection equipment (PPE) and managing anxiety and stress for staff, clients, family and whanau.
  - *“Staff have faced personal danger through clients not observing or understanding isolation rules ... the ongoing struggle for PPE supplies for [agency] staff has been stupidly hard, and the DHBs have been negligent in managing this supply ... In one of our hostels, staff over the last four weeks have had 100 people a day to cope with in their bubble.”*
- It could also be challenging trying to meet family, health and safety requirements in working from home and also sourcing essential equipment:
  - *“Inability or difficulty of many staff to work from home - due to many reasons including family responsibilities, lack of equipment including specific to people's physical needs (staff with disabilities/injuries unable to access larger screens, sit/stand desks, double screens etc), poor connectivity. Additional pressure on remaining staff to pick up the load and doing long hours. Additional time needed to organise even simple logistical tasks such as courier pickup/delivery for PPE - taking hours of negotiating with courier companies despite our organisation being an essential service.”*
- Due to some staff only able to work from home or stay in their own bubbles because of compromised health, other staff were taking on extra workload. There were reports of staff finding the situation very difficult because of family issues they also had to deal with, becoming mentally unwell and others close to burnout.



## Increased telephone communication and new on-line presence in delivering services

Providers around the Bay of Plenty and other parts of the country reported more services were delivered by telephone and online communication rather than face to face connection. These included setting up telephone call centres to coordinate welfare, information, services and social connection calls.

*“We have built a website which helps us capture requests, volunteers, and now has been extended to provide community information and connection. This was built on 20th March and has over 2000 hits already - one of our staff maintains this daily.” “IT requirements have increased to maintain accessibility for staff and clientele. Communication to communities by way of online services has increased and requires a dedicated FTE”*

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- Others offered counselling and wellbeing calls. Clients were reported as appreciating the telephone calls and on-line contact and generally they worked well.
- On the other hand there were some more negative aspects to the lack of face to face contact reported by providers, especially about being able to support people affected by family harm.

*“The ability to maintain the levels of client interaction [is difficult] as opposed to face to face contact. In terms of domestic violence cases for example it’s very difficult to establish a trusting relationship via phone. It required patience on behalf of both staff and client to use such communication technology and could be tiring. “Providing addiction support by phone; some clients not have the patience.” Visiting face to face usually enabled some interaction and checking out but ‘Contacting clients by telephone is entirely dependent on them picking it up.’.”*

- On-line activities and resources for clients were developed by many providers who usually provided face to face or in person programmes but could not do this under lockdown. In some cases it was their first foray into providing this form of on-line resource. Modes included zoom meetings and Face-book live information and teaching sessions. Some providers reported it was expensive to turn resources into on-line learning and they needed more funds and skills to do this.
- Those turning to providing online resources included agencies who ran holiday programmes; after-school activities, children and young people’s learning, skill development and fun initiatives; education lessons; and initiatives like adult parenting classes.

*“For so many NZ youth living with disabilities, social isolation is sadly something they know all too well and we are determined that they should not feel further isolated during this time. To this end, we have initiated a range of online options to keep our Jammers in touch, active and encouraged and will continue to use this platform until such as time as the government directs us that we are able to reopen our workshops.”*

*“Our mentors continue to connect with our children three times a week through Zoom. The kids are responding really well to this connection, and look forward to the events.”*

*“An increase in demand and engagement in our [Course]. Due to people being more available they have finished the course faster than normal.”*

*“We are running daily live fitness videos for clients and the general public to engage in (to stay connected and get active). This is a totally new service we have never provided.”*

*“We are also providing virtual connection events for young people to connect with each other and with us.”*

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*“Currently we are working from home and concentrating on passing on information to our database, and responding to webpage and phone enquiries. We have no funding to do anything else.”*

- Appreciation and support from children, clients, parents, teachers, community members and staff for the new on-line ways of working was mentioned by providers who said they intended to continue and further explore these forms of delivery. The lockdown period had provided both a necessity and opportunity to change ways of delivery that were acknowledged as useful and successful.

## Collaboration between providers

To address the emerging and increased needs especially on food and housing security, social sector organisations reported drawing on existing collaboration within communities, staff networks and tightened communication and coordination.

- *“Our local response team is keeping us well informed and updated. We have a fantastic collaboration within our town which already existed before this event.”*
- *“Staff continue to draw on their networks in order to support their clients. The collaboration effort by Homeless Providers has tightened, and improved communication apparent. Hui are held weekly.”*
- *“Because our close connections before the lockdown we are continuing to work closely with other agencies within our town to service our whanau. Our local response team has collaborated with the Managers in the agencies to ensure a smooth process of services and needs for our whanau.”*
- *“A lot more time is currently spent on collaborative groups to try and establish other spaces to support victims during the lockdown. I have also received calls from Stat agencies, wanting our involvement in sourcing accommodation, etc, something we have not had to do before, and which is time consuming.”*

## Impact on the Community

### Getting food

- Obtaining affordable food is a major issue for families already living in poverty or who had suddenly become unemployed or on reduced income. Providers reported seeing more older people need help obtaining food and groceries.
- People on low incomes did not have the disposable income to stock up and once they had paid rent and other household bills, had limited money for groceries. They had to buy more frequently and the food they had was more expensive because lower cost items had gone from supermarket shelves. Some items such as fruit and meat were considered more expensive.
- Foodbanks and other services providing meals and grocery items had seen a huge increase in demands for their services. The Salvation Army reported Auckland and Northern region continued to see the most food parcels distributed but the biggest increase was in Central (lower North Island) region where the 14 April weekly number was a near ten-fold increase over the same week in March ( COVID-19 Social Impact Update 2.) It reported Ministry of Social Development (MSD) paid out just under 70,000 Special Needs Grants for food in the week to 10 April. This is more than three times the



weekly average during January and February, of around 23,000. This means around

- 85,000 additional food-hardship grants were paid out in the first three weeks of the Level 4 lockdown.
- Single parents with young found shopping for food, child care products and medications very difficult when children could not go with them, or they did not have their own vehicle.
- Iwi and Maori providers teamed up with suppliers to make thousands of food and care packages, delivering to whanau who need them.
- Additional government support for foodbanks was noted as being immediately helpful and necessary.

### Struggling with lack of income

- Providers reported the lockdown revealed there were more families barely managing and struggling financially with daily living than they had been aware of. As well, they were seeing recently unemployed clients now needing access to financial help.  
*“The wage subsidy is about the same as the rent for people around here. Losing your job and trying to live on the wage subsidy is tough. For large households that rely on multiple wage earners to get by and have large bills to pay it is very hard.”*
- Families were applying for hardship with creditors to reduce payments on loans or applying for Kiwisaver hardship withdrawals because they couldn't meet essential living costs.

### Access to communication technology

- Clients' lack of access to electronic communication devices and to internet access stymied contact, with clients unable to afford or engage without computers, phones, wifi or with limited phone credit. Connectivity had become an unaffordable luxury for some already in poverty or with reduced or no work.
- Older people who did not use communication technology or have internet access risked missing out on getting information about COVID-19 or other health and welfare support.
- Communication was difficult for some clients because cell phones did not always have credit on them and they had no landline.
- Staff of some providers delivered modems and support via Facetime to assist whanau stay in touch with each other and services available.
- Other examples of IT related costs were providing pre-paid phones for isolated and vulnerable clients, turning education programmes into on-line learning and building websites to coordinate care.
- Accessing new learning resources and opportunities was more evident. Clients were reaching out for support and happy to connect online or by phone for emotional support and sense of normalcy. Others were successfully setting up Facebook profiles and groups.

## Safety Issues – Family violence, -alcohol and drug use

- There were high levels of concern from providers that family violence is escalating but the lockdown was preventing women leaving for their own safety. Providers reported they were increasingly responding to issues of lack of safety for women and for tamariki in homes where there was family violence, as tensions and anxieties mounted, and there was limited access to usual forms of external safety.
- Social workers and others working with vulnerable children worried how they were faring in stressful family conditions. Remote working with children rather than face to face meant it was more difficult for children to talk especially if caregivers were in the room.
- The requirement to be at home in bubbles caused further difficult situations for families dealing with alcohol and drug issues. Some people were reported to be self-medicating with alcohol and other drugs while others were struggling to get hold of them. This led to additional stress on families, sometimes contributing to family violence.  
*“Addiction does not go into lockdown. More families are having to refuse entry back into their bubble by loved ones who have been out using for a period of time. More stress on whanau.”*
- There were also reports of people with addiction issues doing well under lockdown, with reduced access helping them maintain stability.
- Other providers reported “Clients are wanting to take help but due to lockdown not keen on registering for any intervention services at the moment, however they admit they are going through additional stress at home with relationships, financial stress and extra childcare responsibilities.”

## Isolation, social connection and mental health

- Increased anxiety and other mental health concerns were reported including about access to income, food and housing related matters.
- People were reported as suffering grief and loss at varying levels, compounded by uncertainty of the times. There were requests for more check-ins and more regularly scheduled 1-1 counselling.
- People suffering with health conditions and chronic pain who could not get medical or surgical care under lockdown conditions sought additional support from providers to deal with pain and mental stress.
- Isolation and loneliness was an issue particularly for older people; families struggling with children with disabilities and people who didn't have family or friends to maintain social connection.
- The discourse around COVID-19 and impact of lockdown on business and the economy was reported as having a toll on older people:  
*“Many of the older population (70+) are presenting issues of questioning their value and worth to society. Many are fit and healthy but feel they are being made to feel no longer an essential part of community and offer nothing to the community. Majority have worked all their lives but are feeling like they are an unwanted appendage.”*
- There were reports clients didn't want intensive therapeutic interventions, but many people said they appreciated having phone or zoom contact for support and checking in.
- There was no respite care to enable a break and disabled people faced specific challenges in caring for a child.

- The requirement to live within one or two bubbles was challenging when the family did not fit the norm.
- Foster care was even more challenging under lockdown because of additional household expenses such as increased data use and food expenses. Providers thought they should be considered an essential service in keeping children safe.
- Providers of residential care noticed many young people were missing physical contact with whanau and some were struggling with the rigours of isolating.
- Some providers set up caring caller services run by staff or volunteers to phone clients regularly for a welfare check and companionship.
- Community members and clients were also noted as coping well, resilient and resourceful.

*"People are wanting information and help as to how they can be more resilient and sustainable...Hopefully some collective good and positivity can come out of this crisis!"*

## The future: Post lockdown concerns

- Increased need for services was anticipated post lock-down including in the family violence area, mental health and pastoral care, financial advice and support, grief counselling for children due to COVID-19 issues; financial issues for migrants, people on temporary visas and international students; respite needs for foster parents and grandparents looking after children. There was concern about people had not reached out for assistance and the unknown numbers of people suffering.
- Fewer patients suffering chronic health conditions such as diabetes, heart disease, cancer and asthma were getting in contact with their GPs under lockdown, particularly Maori patients. Video and phone methods were not being used. There may need to be more mobile clinics to go out to communities to improve equity and access.
- Family violence, depression, anxiety and other issues were expected to rise as people face loss of income, unemployment and simply being in close proximity with others all the time. These would impact low-income and more marginalised communities.
- Winter months would see more need for fuel and power to keep dwellings warm and dry.
- Depending on the road ahead, it may prove difficult to sustain social harmony between people with jobs and the unemployed and across different generations. "The cohesion we see now in the immediate response may be replaced by anger, frustration, depression, anxiety and sad human stories." (Gluckman and Bardsley, 2020)
- A greater support system between social sector agencies and more sharing of resources, information and ideas was suggested.

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*Disclaimer: The information provided is based on organisational and services information gathered from interviews and desktop research in 2020. Please let SocialLink know if there are any inaccuracies or updates.*