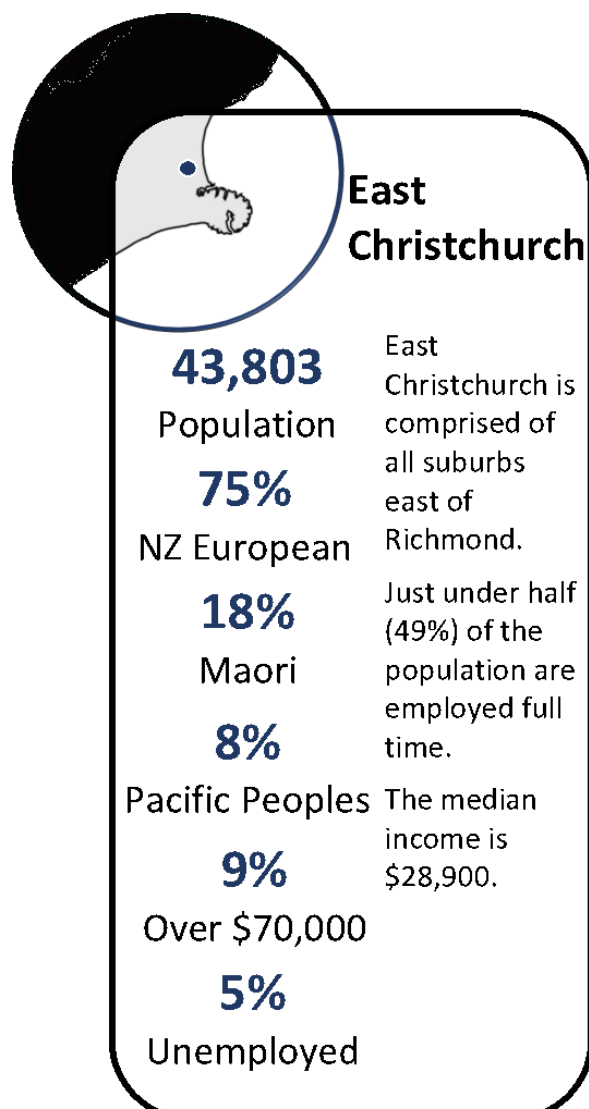


# Evaluation of the Prioritised Virtual Service (PVS) in East Christchurch, September 2020

## Plunket changed the way they delivered services over the COVID-19 lockdown

On March 25, 2020, amidst the global COVID-19 pandemic, Aotearoa New Zealand entered Level 4 lockdown. Whānau Āwhina Plunket developed Prioritised Virtual Services (PVS) to reach whānau in their priority groups by individual phone or video consultations, and support all Plunket whānau through availability of PlunketLine, virtual groups, and other online services.

Whānau Āwhina Plunket asked Malatest International to canvas staff and whānau experiences of PVS across three sites. This case study covers East Christchurch. Christchurch has a special context in Aotearoa New Zealand due to the Canterbury earthquakes in 2010-11 and terrorist attacks in 2019. In addition to the COVID-19 pandemic, the people of Christchurch have experienced tragic loss of lives and upheaval on a large scale in the last decade.



## Our first visit to East Christchurch Plunket staff and whānau was in June

In June Plunket staff were sent an information sheet about the evaluation. We generated a random list of 24 whānau representing a range of ethnicities and PVS groups. Staff distributed

information sheets to up to eight whānau and invited them to participate in an interview with us. Whānau who were interested were followed up by phone and an interview time set up at the Loft in Linwood. We arrived in Christchurch on a very cold, wet day, but were warmly welcomed.

Most whānau who were scheduled for a kano ki te kanohi interview decided to talk by phone instead. By phone, Zoom and in person, we were able to hear from:

- Whānau (six māmā)
  - Māmā and pēpi shared the same ethnicity: one Māori, one Māori/NZ European, one NZ European, one Samoan, one Tongan/Samoan, and one Chinese
  - Pēpi were aged between three and eleven months
  - Five were high priority and one was deferred.
- Kaiāwhina (1)
- Health workers (2)
- Plunket nurses (7)
- The Clinical Leader
- The Clinical Services Manager
- The former Community Services Manager

## Whānau valued their kano ki te kanohi Plunket visits before lockdown

Whānau described good relationships with Plunket nurses, kaiāwhina and health workers. They felt that their Plunket nurse was a good fit for them and they felt comfortable and able to share their goals during visits.

*...she was so thorough and genuine. She would sit on the ground if I was on the ground. If there are people in the house she was aware when cousins were around, she would go to the room and ask 'how are you feeling?' (Whānau 2)*

At regular visits, Plunket weighed baby, provided information, connected whānau with groups and distributed clothing and other items to whānau who needed them.

*We just moved into our house and we don't have enough things, [so our Plunket Health worker] arranged to give us a baby bed and some of the toys and books before the lockdown. (Whānau 4)*

*I did use their lactation help with the first one. (Whānau 3)*

The trusting relationships whānau had with their Plunket nurse, kaiāwhina or health worker before the lockdown helped with adjusting to the idea of connecting remotely.

*What I love is even though it was through the phone, her genuineness didn't change. (Whānau 2)*

## The ways whānau found out about PVS were different and they responded differently

PVS high priority whānau received a call from their Plunket nurse to say that over the lockdown they could have their visits by phone or Zoom. One mum who had been deferred received a generic text from someone she did not know to tell her about PVS. PVS did not meet her expectations.

*It annoyed me, because Plunket visits are supposed to be WellChild visits...I'm a first time mum, and I'm only 20. The visits are supposed to be helpful but I didn't get any communication around that. (Whānau 1)*

Four of the five whānau who were in a high priority group chose to connect with their Plunket nurse by phone and text. One mum decided to connect by Zoom, but found it challenging to juggle her toddler and try to talk about breastfeeding.

*It's very impersonal, so if you're talking about breastfeeding or bodily functions or problems you don't really want to flash the screen. it feels more awkward than if someone was there to check it out. (Whānau 3)*

Phone calls, texts and emails worked well for whānau and some also called PlunketLine over lockdown.

*It was a really good phone call, she was really thorough in how he was doing and what milestones he should be reaching...She also sent emails and websites, and an online class that was available about feeding solids. (Whānau 2)*

*It was awesome. I really appreciate that with everything happening in New Zealand they were still very good with their service and what they offered to the mums. It didn't feel like there was a change, even though the physical contact wasn't there the feeling of being supported by them was the same. (Whānau 6)*

## If they had a choice, most whānau said they would want both kanohi ki te kanohi and virtual contact

Whānau valued the Plunket nurse seeing them in person. Most whānau also described the benefits of virtual contact, such as convenience and timing.

*...more personal so you can actually ask them if you have questions about your baby in general, if they can see him they can give you an idea whether its normal or not. (Whānau 5)*

*I really like face-to-face and then at the same time on days where baby isn't sleeping and we can't get out of the house, that virtual meet up is still available. (Whānau 2)*

## Plunket staff explained PVS to whānau in different ways

Staff felt they had a good understanding of PVS and tailored their explanation of the services to whānau differently.

*...reassured them that you guys are doing are great job, bubby is doing really well. You've got a family network, you've got access to PlunketLine, you know your GP really well. My attention needs to go next door or up the road to the families that have more complexities in their day to day life and vulnerabilities for babies. (Staff focus group)*

*I never actually used the word prioritised. I also said to them that they were still enrolled in Plunket and they were still important to us, this was only because of the situation we found ourselves in. (Staff focus group)*

*Almost all of my clients were high needs, so I didn't really have to do that. (Staff focus group)*

## Whānau access to technology and availability varied

Most staff found that whānau preferred phone contact rather than using video platforms such as Zoom. Well-resourced whānau were more likely to use Zoom whereas whānau with fewer resources were more difficult to contact.

*...high socio economic people who were literate with technology and had a good connection with internet, versus someone who is maybe on a cheap prepaid phone, no stable internet, changing phone numbers all the time so it's hard to contact them, and sometimes just not answering their phones. (Staff focus group)*

## It was difficult to assess whānau safety without being in the same room

Plunket staff raised concerns about the effectiveness of conversations with whānau about safety issues such as family violence when they were on the phone or video conferencing. In one instance, a mum called the Plunket nurse back to seek help after her partner had been present for the initial phone call.

*I felt like you were only getting half of the story of the reality of what was happening. (Staff focus group)*

*...you don't know who else is in the house, or who else is listening. When you're there you can actually use all of your senses to hear what is in the next room, to see different shadows changing from other rooms, see how many cars are in the drive way when you turn up, but if you're just calling you can't see that. (Staff focus group)*

## Plunket staff thought that Māori whānau and other priority whānau were disadvantaged by PVS

Some Plunket staff thought the experience of PVS and Plunket services in general were the same for everyone, regardless of ethnicity. Others described in detail the need for equitable outcomes and for more community education about equitable access to health and other services. Many staff found that whānau with highest need were unable to be supported by PVS because they did not respond to phone calls and cold-calling was not possible.

*There were some of the very highest need that did not answer their phone. I text and text them to see if it was okay for me to phone them but often they wouldn't respond to text or the phone. (Staff focus group)*

Plunket staff faced challenges in engaging with parents for whom English was a second language. Hand gestures and body language did not work over the phone.

*Our problem with a lot of those families is they were English as a second language and we did have problems with interpreter services. A lot of their staff weren't available, so it was really hard. (Staff interview)*

## Community teams provided critical connection for whānau during the lockdown

Community teams across the Southern region worked together throughout lockdown.

*We set up a system we called 'Clinical to Community Referral'. For example, if the Plunket nurse was doing a call with someone and they said I am feeling really isolated and I need some connection, we would send that through to the community team and they would make contact. They worked in the area of setting up virtual groups and webinars so they could hook people into those later. (Staff interview)*

## Working from home added a layer of stress to staff, but it promoted use of Zoom to connect the team

Staff shared their stories of working from home. They juggled families, some with small children. The boundary between work and home became blurred and this could be challenging when staff were talking with whānau about issues such as mental health or family violence.

*It was really hard when you had a discussion with a family that had been in a horrific family violence situation and you were using that language in your home environment... how do I walk out of that headspace from work to home? (Staff focus group)*

Staff valued meeting regularly via Zoom, which was not a mode of communication they used regularly before lockdown. The regular meetings opened up opportunities for recognising each other's expertise and strengths which would be used more widely in the future.

*Our individual skills have been heightened during that time. Now they're thinking I know who I can go to if I've got somebody with eczema because you're really good with that. (Staff interview)*

## There were opportunities to strengthen Plunket's communications

Staff told us their job was made difficult when whānau received independent communications from Plunket without staff knowledge.

*As frontline workers dealing with family directly, don't do text messages behind our backs.. because it digs us a hole and we have to crawl our way out of it. (Staff focus group)*



## We re-visited in September and heard from staff, whānau and community

Plunket staff distributed information sheets to community stakeholders and whānau about the evaluation and invited them to participate in an interview with us. From our previous visit, we knew that most whānau preferred a phone interview but we were flexible in allowing whānau to choose their communication mode and one māmā wanted to share some of her story by text. In September we were able to hear from:

- Whānau (4 māmā)
  - Three māmā and pēpi shared the same ethnicity: one Māori, one NZ European, one Chinese
  - One māmā was NZ European and her pēpi was Māori
  - Pēpi were aged between five and fourteen months
  - All were high priority
- Kaiāwhina (1)
- Health workers (2)
- Plunket nurses (6)
- The Clinical Leader
- The Clinical Services Manager
- The Community Services Manager
- The Senior Community Services Co-ordinator
- A community stakeholder organisation

Two community stakeholders were invited to connect with us but one declined due to time constraints.

## Staff workloads were heavier since our last visit

Staff were noticeably more time pressured during our second visit than when we met with them in June. Plunket staff identified two main reasons for their increased workloads. These were a back-log in client visits post-lockdown combined with administration for both Plunket visits and for other organisations and agencies. For example, Gateway assessments and hui for Oranga Tamariki Family Group Conferences and more communication from Oranga Tamariki about mutual clients.

*The last three or four weeks for me I have felt I just can't keep up with all the other stuff that is now just getting on top. (Staff focus group)*

*We can see the child and the family but that creates a lot of work that we have to do after the visit. And now that there has been more of that time, just to fit it all in. (Staff focus group)*

## If there was another lockdown, staff would not change PVS but they would want flexibility and better communication

Clinical staff thought it was important to continue prioritising whānau so that those with the most need were supported by Plunket. If there was another lockdown staff would like some flexibility in the virtual aspect, with provision for 'front gate' visits or drop offs to a small number of whānau they were worried about.

*A lot of their mental health was so poor and they weren't going to the doctor or anything. And there was so much violence, [and homelessness] living in vans. (Staff focus group)*

Staff identified a need for practice guidance on what to do when they couldn't contact whānau in lockdown.

*[When] I have emailed, texted, phone-called, tried to have Zoom meetings multiple times with a family and haven't been able to get hold of them. And I am really worried about them. Apart from doing a report of concern or ringing a GP how do we support that staff member with that. (Staff interview)*

Staff also wanted flexibility in extending the high priority group, for example including isolated migrant families or older babies of first-time parents.

*At five months, introducing solids. Some people were muddling through that. They may have been searching the internet for information about that which may or may not have been helpful to them. (Staff focus group)*

All staff said that in another lockdown they would want to see communication from national office before it was sent to whānau. This way they would be prepared for questions from whānau.

*Maybe a day's warning that this is going to go out and this is how it is going to read. It might not be that they are inviting us to give a whole lot of feedback around that but at least we can mitigate it. (Staff focus group)*

Staff reiterated the high volume of communication they had received and in another lockdown situation they would want more concise communication and practice guidance.

*What I would change I would make it a bit more condensed. Simple stuff, easier to read, easier to use. User friendly. (Staff focus group)*

## Staff and whānau preferred kanohi ki te kanohi contact

Although whānau told us in June that they would choose a mixture of virtual and face to face contact, both staff and whānau were engaging almost exclusively face to face post-lockdown. Whānau feedback to staff was for a face to face preference.

*They wanted face to face. They were starving for it. I had one mum put it to me why would I want something sub-par when I can have the real thing? (Staff interview)*

*It was good because I knew there was a face to the voice. (Whānau 7)*

Staff valued being in homes, meeting the other people in the house, and the opportunity to have eyes on baby, which was critical when there were safety concerns.

*Eyes on their little new torsos, check they are alive. When you are at that level you honestly know you can't do it properly. (Staff focus group)*

*[virtual engagement] You are doing a half job in the same amount of time. (Staff focus group)*

Staff also found being in the same room enabled more natural communication.

*It is actually more tiring over the phone. Because you are not using your senses. You have got to really really concentrate. (Staff focus group)*

## Staff explained PVS to whānau in a strengths-based way

When they outlined PVS to clients, staff did not use the term PVS and tried not to say 'prioritised'. One Plunket nurse said that she told low needs whānau *we will make the WellChild programme work for you* and offered drop-in clinics and community activities, as well as the range of virtual options such as Plunketline.

*... because I want her to get something out of those contacts rather than she is just turning up for the sake of it. I do emphasise it is a voluntary service. (Staff interview)*

*On the flipside, a high needs family.. I offer additional support...I highlight the visits in the WellChild book for them. I say yes you have got this amazing page on this side where we can have as much contact as you need. So it is more of a wrap around approach instead of a fragmented timeline where I only see you at these stages. (Staff interview)*

## Despite staff efforts to explain PVS, whānau expectations of contact from Plunket had not shifted

In the weeks after lockdown, staff prioritised contacting whānau who they had not been able to engage with over lockdown. These whānau were in the high priority group and cold-calling was the best way of connecting with them.

*So you can do a bit more investigation. See if you can catch them. At least if you can see someone at the residence say do you know where the family have gone? (Staff interview)*

Whānau in the priority group we spoke with felt confident in their parenting and one māmā told us how reassuring it was to have Plunket support available.

*Mostly I know if I need them I can ring them. If I have a question or anything. They will ring me back straight away. They said even if it one of the silliest things, you might think it is silly, just ring them and ask them anything. (Whānau 7)*

Staff continued to receive regular complaints from whānau who expected contact from Plunket. Most were not in the high-priority group.

*So some of the calls I receive, they start with: I haven't been seen since February. Instead of: during lockdown I received a call and now I am wondering when my next one is. (Staff focus group)*

*I am just getting really frustrated with trying to see a Plunket nurse... I have texted her twice to arrange the next appointment and I am yet to receive a response from her. (Whānau 8)*

## Staff felt their COVID19 risk was minimised

Lockdown had taught staff that they could work effectively from home and this encouraged staying away from others if they were feeling unwell.

*We've had more people work from home if they're a bit off and that message has become really, really clear and people are quite happy to do it. That's great and that's been a combination of COVID being in the world and people being more aware. (Staff interview)*

Some whānau wanted reassurance about COVID19 exposure risk being minimised and others valued seeing facial expressions over wearing masks.

*I asked them to use the sanitiser [when they visited our home]. We have the cleaning station by the door for ourselves and our visits. (Whānau 9)*

*It is a bit hit and miss. Sometimes you have clients who say actually I don't want you to wear a mask. They struggle with the limited facial expressions. I completely understand that, how it is hard to ready body language. Particularly when you are talking about things that might be a bit more of a sensitive topic. (Staff interview)*

## Plunket community teams supported high and low priority whānau

Not all clinical staff were aware of the community support available through Plunket but relationships that had strengthened for clinical and community teams continued, with referrals between teams still happening.

*Huge demand [for clothing exchange]. We had 60 people wanting clothes. (Staff interview)*

*Yeah so she [Plunket nurse] connected me to...a swap shop where you can swap baby clothes. So I went there today. I took some up today and swapped up some clothes. It was good. (Whānau 7)*

Whānau had different feelings about engaging in group activities post-lockdown. Some were reluctant due to potential virus exposure and others told us they were pleased to have their Plunket nurse refer them to community activities.

*[Plunket nurse gave me] information and I put it up on my fridge. Haven't had chance to use it yet. Mums groups, bubs groups, music. I would love to go but with the COVID thing I have been really concerned. (Whānau 9)*

*And they have told me about the drop-in clinics and the baby massage course. Trying to tie more of the whānau in the community in. I said oh yeah. Put me down for that. (Whānau 7)*

The community team saw an increased demand in whānau wanting to participate in online community activities. For example, a community support worker had started a Plunket Penpals group as in Level 2 whānau were not able to visit rest homes for their regular morning teas with residents.

*I had to take [Plunket Penpals] post offline as I had 40 odd replies of people wanting to be part of it. It will be nice to reconnect with residents but also I hear from people saying we don't have grandparents here. So it is good for them too. (Staff interview)*

## Relationships between Plunket and most other community organisations continued to strengthen

With the exception of LMCs, staff thought that their relationships with community organisations were working well.

The community organisation we heard from as a key stakeholder shared whānau with Plunket and gave many examples of isolated whānau who had Plunket checking in with them over and since lockdown. The community organisation valued being able to refer whānau to Plunketline with questions, and knew that Plunket would provide sensible information.

Relationships with LMCs were still poor. One interviewee thought that the relationship between LMCs and Plunket had always been problematic but had become exacerbated since lockdown.

*There was one [LMC] who was quite rude over the phone. Said I am not doing my job because we are not seeing people face to face. (Staff interview)*

## Communities were experiencing greater challenges post-lockdown

Staff were seeing the negative economic and social effects of COVID-19 in communities months after lockdown. Staff noted higher need in their communities for mental health and other support and some thought that this might effect PVS groups.

*Mental health is just exploding. Just in the last two weeks. Got to here and now people who have never accessed mental health services in their life are now just in a bad place. A lot of that is financial worries. Job loss. (Staff focus group)*

*The people that wouldn't normally ask for support. Now partner has lost their job. You can see it happening. We need to be mindful of that through PVS. It needs to be ever changing and ever being looked at. Yes we have got the priority clients but we have got a whole new ballgame happening soon. (Staff interview)*

Staff continued to work with what's on top for whānau and were led by their needs.

*Addressing their needs instead of the schedule. (Staff focus group)*

*Even when I came out of [Women's] refuge they said what do you need for baby? We can get that for you. (Whānau 7)*