Impact of COVID-19 on Well Child Tamariki Ora Services

Qualitative Feedback Report, June 2020

Report prepared by Jessica Sandbrook, TAS on behalf of
Interim COVID-19 WCTO Clinical governance group, June 2020.

Introduction

For Well Child/Tamariki Ora programme community providers, the health and welfare of our tamariki, mokopuna and their whānau was imperative during the COVID-19 national lockdown period. While working within the restrictions placed upon communities during this time, providers ensured whānau continued to receive access to their services, and parents/caregivers were supported to access primary and specialist health care, and social services.

The following report acknowledges the mahi of providers working on the front-line as essential workers during the COVID-19 response, and also provides ideas around what new learnings could be sustained going forward. This report has been commissioned by members of the interim Well Child Tamariki Ora (WCTO) governance group, established by the Ministry of Health (MoH) in March 2020, as part of the child health response to the COVID-19 pandemic in Aotearoa New Zealand.[1]

The purpose of the Interim COVID-19 WCTO Clinical governance group is:

- To provide national leadership and Ministry of Health linkage for the WCTO programme during this period
- To govern prioritisation that supports equity of outcome in response to reduced capacity and changed models of service
- To provide assurance of population coverage based on variance and gap analysis and support WCTO providers in maintaining safe and effective practice and to advise on risk and mitigations
- To provide advice on issues that arise in relation to the rapid service change in so far as they are leadership and governance issues (impact on equity, safety) not operational

Both qualitative and quantitative data have been gathered since the inception of the governance group to enable the group to provide guidance and leadership. This qualitative information was gathered by the WCTO Quality Improvement Program Managers (QIPMs) who cover the Northern region, Central region and Southern region.[2]

Feedback was gathered from providers during April and May 2020, via phone conversations and email communication. There were 25 responses received from various WCTO providers located across New Zealand, including one response from Whānau Awhina (Plunket) national leadership. Responses from providers included feedback from both WCTO nurses and service managers.

[1] Members of interim Well Child Tamariki Ora (WCTO) governance group listed in Appendix 1

[2] Please note that the Midlands region does not have a QIPM position due to regional differences in the outworking of the WCTO QI programme.

This information was gathered while providers were still grappling with the impact of COVID-19, the lock-down period and the constraints this brought into normal ways of working. Questions asked included “what has gone well?”, “what have you been worried about?”, and “what are the unintended consequences?” A full list of questions can be found in Appendix 2.

These responses have been reviewed and collected into themes and information in this report, under the following headings.

- Strengths of the WCTO system during COVID-19 restrictions reflected in the feedback
- WCTO system challenges during COVID-19 restrictions identified in the feedback
- Workforce challenges
- Feedback on what needs to be considered regarding whānau moving forward through the alert levels

Report at a glance

Strengths of the WCTO system during COVID-19 restrictions reflected in the feedback

Ability to interact with whānau under COVID-19 restrictions:

Communication and rapport with whānau enabled smooth transition into new methods of service delivery, such as virtual contact. Whānau were accepting of new ways of connecting and reported gratitude for the service continuing. Nurses reported spending more time than usual on phone calls/virtual calls in response to whānau need for support and reassurance.

> *"At the same time though, having voice contact only has really strengthened the conversations. I think it's because while mamas like you being there to weigh their baby, we've had deeper conversations because we've had to find other ways to communicate. Our conversations are different over the phone, and I have to develop relationships really quickly. With the new mamas it usually takes a bit of time to develop the relationship, but again over the phone it's much quicker."*

Positive information sharing with other similar agencies within the region enabled wrap around services to be delivered to whānau. There were many examples of service collaboration and coordination to direct appropriate services to identified whānau.

> *"Receiving password protected minutes from the Maternal Child Wellbeing and child protection meeting. Prior to lockdown information on vulnerable families wasn't shared before the meeting, making it difficult to be able to comment or identify families. Now we are able to identify and prioritise vulnerable families. This has made a huge difference."*

Whānau Ora/Whānau Direct connections – WCTO services who are also Whānau Ora providers were able to provide a responsive service to their enrolled population through the delivery of hygiene, food, and clothing packs (commonly referred to as welfare packs), and many used this opportunity to undertake a visual check of whānau residence and mother/baby. This service was also shared with non-enrolled population who were referred or self-referred.

> *"The MoH need to know that we worked over and beyond for the same pay and funding, it showed our resilience under pressure. Resilience of a Māori organisation looking after our whānau in our community. The organisation was able to get funding for kai vouchers and because of the connections in the community we could deliver to whānau who needed it."*

Innovation and flexibility in how technology was used enabled WCTO kaimahi to communicate and connect with whānau. Using apps that whānau were familiar with was of high benefit e.g. Facebook and Messenger, WhatsApp, Facetime.

> *"Tamariki Ora [service] has their own Facebook page. [The service] shares MoH links, information regarding COVID-19, basically just keeping them (whānau) up to date – we are doing what is convenient for whānau either letter/Facebook/telephone or video calling using Facebook Messenger."*

WCTO providers were able to act as health information translators for whānau regarding COVID-19 advice.

Of the respondents, 60% said they felt the amount of WCTO support for whānau and tamariki during COVID-19 has been adequate. Of the respondents 65% said they had no issues with new baby cases.

Business continuity and internal processes under COVID-19 restrictions:

Providers identified the **ability to transverse into virtual consults quickly** worked well. For those who had access to high quality, up to date technology the service could be delivered in a completely new way in a very short timeframe.

> *"As an organisation we were able to quickly prepare ourselves to work from home. Our Tamariki Ora team were able to utilise IT to ensure we were able to stay connected for support and information. Supportive leadership at all levels of [home organisation]. Te Puni Kokiri put direct funding into high need whānau in the first three days of lockdown and our organisation implemented this to assist them."*

Information Channels from MoH and DHB were effective, with regular and useful information shared to WCTO managers. Helpful leadership and support from DHB and home organisations was reported.

> *"Assurance for people that funding would continue, and jobs were secure, the human recognition was very heartening for people. The combination of human empathy and technical information and support was good."*

Proactive management and support of staff. Managers were able to support staff through good communication systems e.g. regular virtual hui, phone calls and email.

General Practice (GP) & WCTO collaboration: where services were able to work together, whānau could be seen concurrently for both immunisation and parent support/education, and brief physical assessment of infants. Some WCTO providers were able to request General Practice Teams provide extra support to whānau e.g. to weigh a baby with Failure to Thrive (FTT).

> *"Liaising with the GP practice do the immunising and then the Well Child checks. Hadn't done this before. Learning to have the Well Child chat in the 20 mins while waiting for immunisations – this was challenging as the focus was on immunisations rather than the check."*

Midwifery and WCTO collaboration, providers and midwives worked together in some circumstances to ensure identified vulnerable whānau were supported by both entities through the COVID-19 lockdown. Some providers described an improvement in contact/communication with midwives.

Two services mentioned their pandemic plan, and that they were able to put this into action, which led to efficient decision making and responses to the COVID-19 restrictions.

WCTO system challenges during COVID-19 restrictions identified in the feedback

Rurality – services and whānau located in areas with poor internet coverage did not have the same capacity to deliver or receive virtual services. This created equity differences when contrasted with urban areas with good coverage.

Technology – equipment not adequate, or access to helpdesk support to troubleshoot issues not adequate. Reports included issues such as not having a laptop or tablet to work from home, issues with old equipment that was not capable of virtual collaboration, and user issues where kaimahi may benefit from training on how to use and troubleshoot virtual collaboration tools. Some services had patient management systems that were fixed in place by way of a desktop, and/or fax machines. When lockdown occurred, staff had to leave the office for two weeks and data couldn't be entered, and referrals couldn't be received. One also reported complete lack of electronic data entry for providers.

Financial Difficulties for whānau. For some whānau with limited resources, living day to day was difficult. Food and basic needs are a higher priority than technology. Many providers reported that a portion of clients have no access to any technology, or the data/credit to use it. This is true in both urban and rural areas. This is usually a direct result of inadequate funds to cover costs of the technology. The consequence of this was that very high need whānau could not be easily contacted and may have missed out on services. A suggested response was to ensure a need such as access to phone, support with transportation were taken care of – led by the WCTO provider who has the connection with whānau.

> *"92% of our enrolled whānau are assessed as high need long and short term, therefore I was very concerned about our vulnerable/high need Tamariki Ora clients. They would not be prepared for the speed we went into lockdown, as they live week to week and cannot make ends meet at the best of times."*

High need of enrolled clients/whānau. The high percentage of more vulnerable whānau enrolled with some WCTO providers impacted on the ability to prioritise according to need. Some services were not able to relegate service delivery substantially. Others struggled with ensuring they were able to identify all high need families.

Face to Face versus virtual contact. Many providers inferred that important intangible information and intelligence is gathered at a home visit. Missing this interaction caused some clinicians substantial concern regarding missing potential issues whereby whānau would benefit from early intervention.

> *Not being able to do physical contact face to face. Not the same working over the phone. Difficult to assess reality of situation over the phone.*

> *Potential for tamariki and their whānau who may not be able to verbalise issues being overlooked (sometimes a home visit is essential to assess the unspoken, also to visually observe the tamariki).*
>
> *Face to face was also cited as necessary when there were concerns regarding potential harm (physical, emotional, mental) to infant and children. A large amount of feedback reported that whānau with high needs require home visit support and services. Another concern was regarding the lack of physical space in whānau homes that would enable them to speak privately during virtual contacts.*

> *We have been worried about the unmet need in children who are enrolled with other providers in our areas where there are current social and medical risk factors that are not being seen face to face e.g. maternal mental health need in the immediate postpartum period birth to 8 weeks, food security, family harm increase.*

Immunisation on time: was a concern for many providers. Providers talked about encouraging whānau to go to their GP to ensure baby receives immunisations on time. The concern was around whānau who were reluctant to take baby out of the home bubble and related to whānau who would normally receive immunisations from WCTO service providers. One provider reported going out to deliver immunisations despite lockdown instructions.

Duty of care – nurses' responsibilities, ethics and values were challenged, this was heightened where there was misunderstanding of the MoH guidance e.g. no face to face care to be provided at all versus empowering nurse's clinical judgement and decision making.

Breastfeeding support – some providers reported issues around inadequate support for mothers with breastfeeding issues.

Lack of clinical leadership support – for clinical decisions versus administrative decisions. Some nurses are managed by non-health professionals and the decision-making process can be impacted by different understandings of priority and need. Some nurses reported feeling like they were not able to talk through issues with other clinicians who understood the context and could support them.

> *I recommend a National Tamariki Ora body – I find myself going to the Plunket website for information. For getting information out during times like COVID19 [we need a] network where we get information for whānau and staff.*

Staff redistribution – not all organisations understood the WCTO staff were still providing an essential service and WCTO staff were redeployed to other areas of business. This will have impact on the work required to catch-up with whānau who may not have received contact during the lockdown period.

Whānau disengagement – some whānau were unable to be contacted and/or were reluctant for contact from WCTO providers.

> *A lot of the whānau have gone bush, gone to stay with their whānau with no cell phone coverage. We leave messages which they may pick up when they come into town. Whānau tell us they came into town to see the GP but I know that's not the case. So, I have to actually drive by my target group particularly.*

Workforce challenges

Not all respondents had concerns about staff, however for some the experience of COVID-19 heightened or highlighted issues.

Staff concerns that were identified included:

- staff fatigue
- lack of support
- annual leave being cancelled
- the need to protect staff family members who are vulnerable
- inadequate office space for physical distancing
- gaps in clinical leadership
- pressure to redistribute staff
- 'sole nurse' workforce in some organisations
- not being named as part of the essential workforce and thus not entitled to support such as free childcare, difficulty when partner is deemed essential worker
- staff confined to working online continuously – not good for physical and mental health
- staff experiencing social isolation and their own family issues
- inadequate staff capacity to cope when normal WCTO services resume

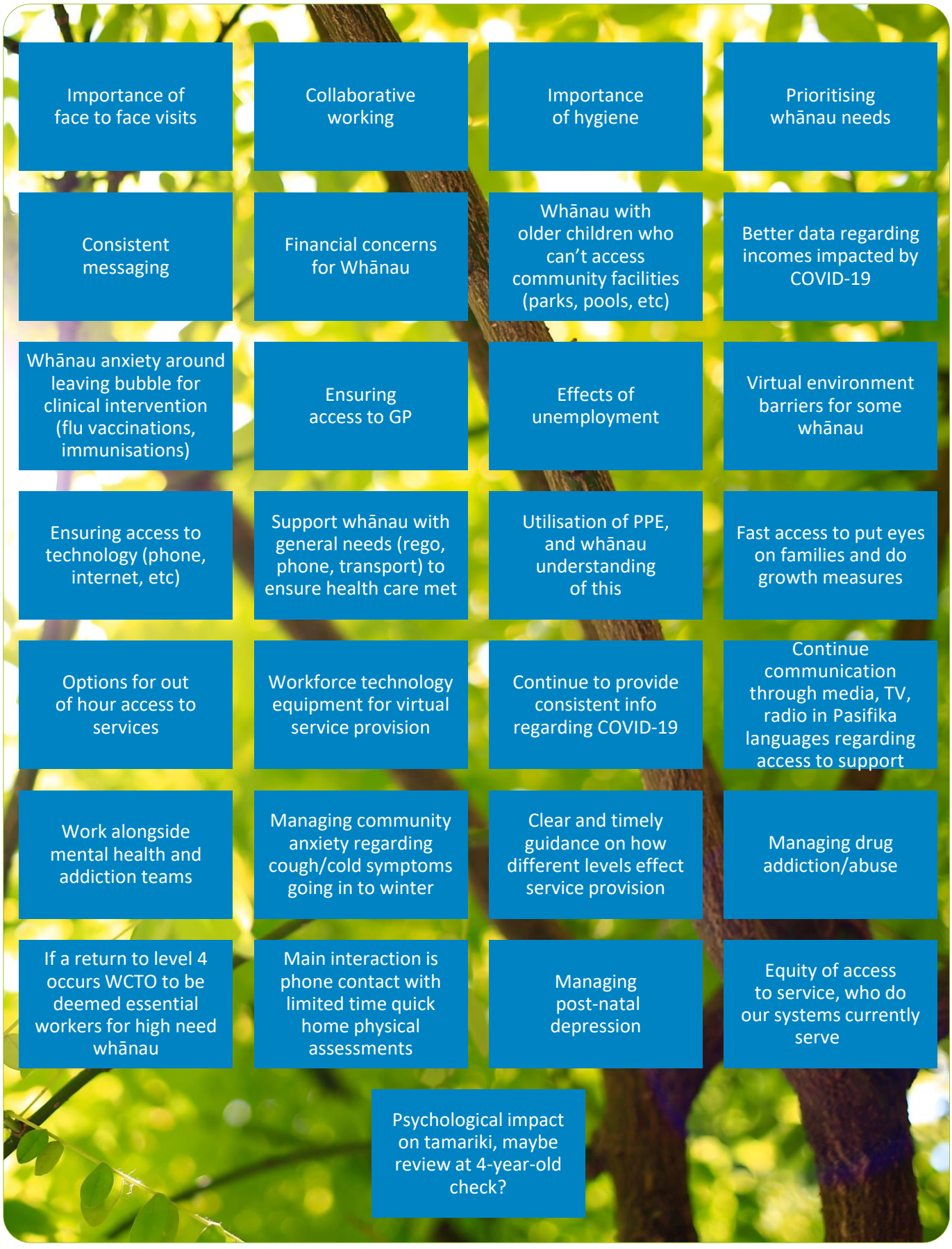
> *Some peer support from other Tamariki Ora Māori services would have been great. Which we have highlighted for our Tamariki Ora nurse.*

> *At the start of lock down it was quite overwhelming. Early on even getting an email was overwhelming, because you didn't know what it would contain or what new thing would be asked of you, or what decision needed to be made. After a couple of weeks, it was better, easier to cope, more settled.*

> *Worried if I was doing what I was supposed to do correctly, because I didn't have any other senior clinical person to reflect my thinking with, was I making the right decisions for everybody?*

> *Working from home – have spent less time in traffic going from home to office to whānau back to office then home. Now going from home to whānau to home. Fits better with whānau life. Less stress. Spending more time with my whānau has strengthened our relationships.*

Feedback on what needs to be considered regarding whānau moving forward through the alert levels



COVID-19 reflections from the front-line

- Whānau have enjoyed having a slower pace of life, having both caregivers at home supporting each other, cooking homemade food, eating less unhealthy 'takeaway' food, whānau thinking more intentionally about parenting.
- Smaller communities working together, having a direct link to the Civil Defence operations in the district really helped.

> *"We have had representation on the Civil Defence welfare group – receiving information in real time to be able to contribute to the welfare response (Vulnerable Whānau tracked on a shared spreadsheet to ensure they were supported with wellbeing and had what they needed to survive – food/meds/gave parents a Breast pump in letter box / coordinating through GP e.g. meds and dropping off."*

- COVID-19 restrictions had negative impact on solo caregivers because it heightened isolation and loneliness.
- Opportunities for reflection and recalibration of internal systems.

> *"Whilst COVID-19 has provided many challenges for our WCTO service, it has also presented an ideal opportunity for us to "clean up" our system or data. We are pleased and encouraged with the overall outcome. This will better inform and enable us to manage our workload especially in relation to Core WCTO health assessments. The "time out" has been productively focused on improving our systems and having everyone on board with the shared understanding of our goals and aspirations for outcomes for our clientele."*

Appendices

Appendix 1

Interim COVID-19 WCTO Clinical governance group

- Dr Timothy Jelleyman, Paediatrician and Chief Clinical Advisor - Child and Youth, Child and Community Health - MoH (Chairperson)
- Dr Barry Taylor, Paediatrician, Clinical Advisor - Child and Youth, Child and Community Health - MoH
- Alison Hussey, Principal Advisor (Clinical) - Well Child Tamariki Ora, MoH
- Raewyn Bourne, Group Manager, Tipu Ora (WCTO Provider)
- Dr Teuila Percival, Paediatrician and Director of Pacific Health Unit, University of Auckland
- Alison Eddy, CEO, New Zealand College of Midwives
- Charrissa Keenan, Programme Manager, Te Wahanga Hauora Maori, Te Puni Tumatawhanui - HBDHB
- Jessica Sandbrook, Quality Improvement Programme Manager, TAS
- Dr Jane O'Malley Chief Nurse, Whānau Awhina

Advisors to Interim COVID-19 WCTO Clinical governance group

- Kimberley Schmack, Business Analystv- Well Child Tamariki Ora, MoH
  Karen Magrath, National Advisor, Whānau Awhina
- Kylie McCosh, Senior Portfolio Manager- Well Child Tamariki Ora, MoH
- Kass Jane, Principal Clinical Advisor - Maternity, MoH

Appendix 2

Qualitative Questions for WCTO Providers

Questions are designed to provide the emergency WCTO governance group with insights into how WCTO providers are experiencing the impact of COVID-19.

Verbal consent should be gained for this information to be shared with the WCTO Emergency Governance Group and MoH WCTO review team.

You should offer to email participants a copy of their answers if you collect this information over the phone.

Role of interviewee:		Region WCTO Service is located:	
Consent gained to share information with MoH:		Yes/No	

These questions relate to your experience as a WCTO Provider during the COIVD-19 Pandemic.

Thinking back over the past 8 weeks in relation to your Tamariki Ora Service (21st March was level 2, 23rd March Level 3, 25th March level 4):

1. What has gone well?
2. What have you been worried about?
3. Can you describe the support and information you have received for the service?
4. Can you identify any unintended impact and subsequent consequences that have occurred because of COVID-19 (these could be positive or negative)?
5. What do you think needs to be considered going forward for the service?
6. Were there any barriers/issues that affected your service providing 'virtual' WCTO services?
7. Do you have any concerns in relation to your staff (or yourself)?

In relation to whānau/tamariki:

8. Do you feel the amount of WCTO support for whānau and tamariki during COVID-19 has been adequate?
9. Have you had any issues with new baby cases?
10. If a whānau/tamariki need was identified how were decisions to meet the need made and who made them?
    a) How were they made:
    b) Who made them i.e. were the clinicians, managers, both? Nurse and clinical leader, clinical leader has final say.
11. What do you think needs to be considered regarding whānau and tamariki moving through the alert levels from now?

Prepared by

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Kahui tuitui tangata

Illustrations courtesy of
Well Child Tamariki Ora My Health Book published by Ministry of Health, 2010.