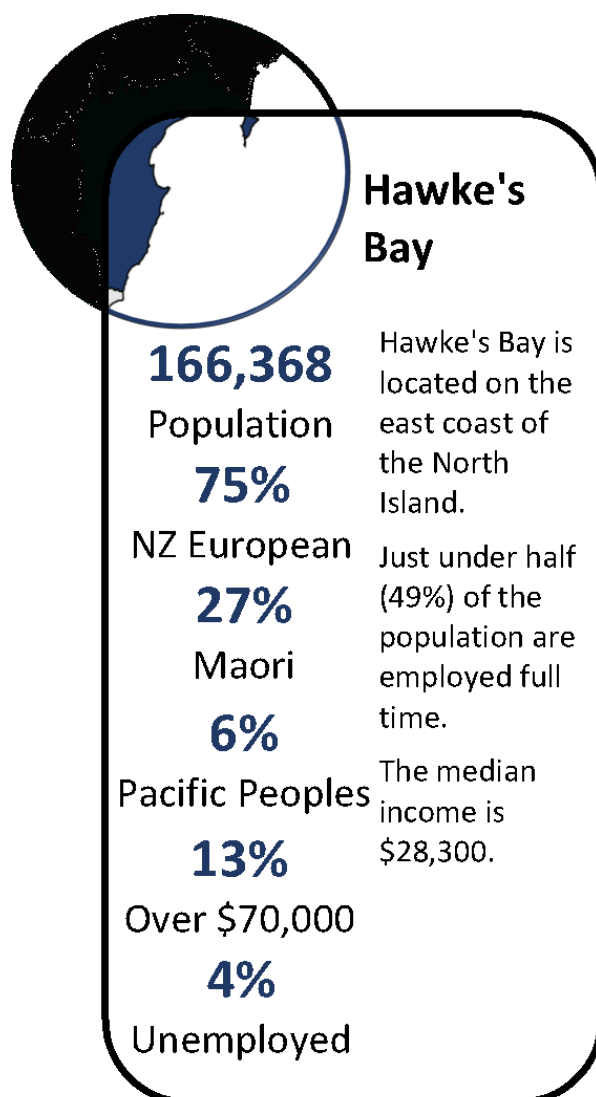


# Evaluation of the Prioritised Virtual Service (PVS) in Hawke's Bay, September 2020

## 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 high 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 Hawke's Bay.



## We heard from Plunket staff and whānau

In June we sent an information sheet to Plunket staff about the evaluation. We generated a random list of 24 whānau representing a range of ethnicities and PVS groups. Staff distributed information sheets to whānau and invited up to eight to participate in an interview with us. Whānau who were interested were followed up by phone and an interview time set up. All whānau we connected with requested a phone interview.

By phone and in person, we were able to hear from:

- **Seven whānau (all māmā):**
  - Māmā and pēpi shared the same ethnicity except for one pēpi: three were Māori, two Māori/NZ European, and two NZ European
  - Pēpi were aged between three and seven and a half months
  - Six were high priority whānau and one was deferred
- **Kaiāwhina (1)**
- **Health worker (1)**
- **Plunket nurses (6)**
- **Clinical Leaders (2)**
- **The Clinical Services Manager**
- **The Community Services Manager**

We also summarised Plunket's administrative data for Hawke's Bay to give a snapshot of demographic information and PVS activities before and during the lockdown period.

## Whānau enjoyed a good rapport with Plunket before lockdown

All whānau described feeling listened to and not being judged by their Plunket nurse, kaiāwhina or health worker. They shared examples of ways Plunket helped build their confidence as parents, respected their ways of parenting and connected them with groups and services to provide support.

*I think the way they engage with me and make me feel, just someone who is understanding and not feeling judged about choices that I make... I have decided to bottle feed. At first when I decided to do that, I felt really guilty because I was made to feel I should be breastfeeding. So it's good when you can talk to a Plunket nurse about it and not feel judged. (Whānau 2)*

*Culturally around feeding, we take the advice but some of it is because in [our] culture they eat different things and that is information they [Plunket] don't always know. That is probably where it differs a bit. (Whānau 4)*

## Whānau appreciated being contacted by Plunket and told about PVS

All whānau we spoke with received a call from Plunket to explain how PVS would work over the lockdown. Although some whānau would have preferred kano ki te kano engagement, they understood that this would not be possible and they felt supported through PVS.

*Having that first chat with her and her letting me know I can ring her or text her whenever I needed to was enough. She wasn't pushy or anything. When I was ready or if I needed to I could. (Whānau 1)*

*I felt reassured with the questions she asked and my answers to it... She made me feel like we were doing good and I could call her at any time to ask any questions that I may have. (Whānau 3)*

## Whānau chose to engage with Plunket via phone, text and email

Whānau preferred to be contacted by phone, and some also had links sent to them via text or email so they were able to source information and support when they had time. Video calls were considered too difficult to set up and some whānau did not always have data available.

*I don't know about the video calls as I don't always have data or credit. I don't have a laptop so my phone is good. (Whānau 1)*

*I feel like I didn't have time to hold my phone or laptop up while I'm trying to deal with the kids. It was never ever quiet enough to do it. (Whānau 3)*

Whānau were linked with different Plunket and other services. These included lactation support, Birth Right and a trauma nurse. Some whānau called PlunketLine and this was mostly helpful, although one māmā experienced long delays on PlunketLine and called her GP instead.

*I was calling maybe three times, but no one was answering. I had a couple of times where I really needed to talk to a nurse so I might have called my own doctor in the end. (Whānau 2)*

## Most whānau were happy to continue with a mix of virtual and in-person engagement

One māmā felt strongly that authentic engagement could only take place kanohi ki te kanohi, but for the most part, PVS had shown whānau that there were advantages to working with Plunket remotely.

*I don't know, there is nothing like talking in person. They can't see you [on the phone]. I could say I'm so good and secretly I'm not... Don't change the visits ever. (Whānau 5)*

*I think [phone is] better, because they seemed more relaxed and they didn't have an appointment straight after mine that they had to get to so they gave me a bit more time and asked a few more questions. (Whānau 4)*

## Staff had a lot of information to digest about PVS at an extraordinary time

Plunket staff were notified about PVS by email and PVS was also explained to them in one-on-one dashboard training with the Clinical Leader. Not all had appropriate technology at home in the early days of lockdown, with some using a tablet instead of a computer.

*I felt quite stressed. The tablets are not great, they crash sometimes. (Staff interview)*

*It was really an anxious time, and when people are anxious they often don't learn or remember. It's hard to assimilate what's been shared with them. Noting that is really important - that this was a huge challenge for people. (Staff interview)*

## Staff received mixed messages from Plunket about different aspects of PVS

Information for staff from Plunket changed rapidly during the early days of PVS. One communication concerned re-deployment, which was at the forefront of most of our staff interviews.

*For the first few weeks we were told you are going to be re-deployed and that is that... There was a lot of anxiety around that and across the board about not knowing where we were going. (Staff interview)*

Other communication from Plunket about booking whānau was inconsistent.

*I found the information that we were receiving was inconsistent and it changed from day-to-day. The Thursday was you're not going out. You need to call everybody and cancel them and rebook them for a month later. By the next week, all those people you've not got to cancel them. That was embarrassing and frustrating. (Staff interview)*

## There were opportunities to strengthen awareness of equity in the community

Staff described the worried well - resourced parents who carried an expectation that Plunket would provide the same services indefinitely.

*There is an expectation that they have a right that they receive these services. People don't look at it on an equity level and sometimes it's an unconscious bias that people assume and think that they had the right and deserve to have this service. (Staff interview)*

*The backlash comes to us. It doesn't go to management it comes to us directly and we're having to field that off and that's not fair. (Staff interview)*

PVS highlighted a need for more professional development so that staff could confidently explain PVS and work with high priority groups.

*A lot of learnings came out of it. A lot of PD required on what equity is and how to whakawhanaungatanga properly instead of just ringing them up and expecting them to tell you over the phone. That is not how you need to work if you want them to engage with you. (Staff interview)*

## There was variation in staff ability to work remotely

Staff had different personal circumstances which affected their ability to work from home. Parenting, sharing resources and space with family members and access to technology impacted staff capability and capacity.

*I have four kids. Juggling them and work in the same household I found stressful. I couldn't really do work because I had to deal with the kids. (Staff interview)*

## It was difficult to contact and assess safety of high priority whānau

Without the ability to cold call, staff relied on whānau answering their phones or responding to messenger or other apps. Reliance on whānau to answer made it difficult to contact high priority whānau.

*I found particular high needs clients who tend to change their phone numbers every month anyway... you couldn't contact them at all. (Staff interview)*

Staff were not as confident screening for family violence over the phone. Where staff had safety concerns, there were few services who entered homes during the lockdown but Police were active.

*High maternal mental health or high needs and we couldn't contact them in the lockdown, nothing. So quite a lot of alarm bells ringing. The Police were really responsive actually. They were fantastic. But that was really our only option. (Staff interview)*

## Some community relationships strengthened but others suffered

Lead maternity carers (LMCs) did not understand the need for PVS. Midwives were directed to the Plunket 0800 number which also caused frustration.

*With the midwives, there has been some backlash about how we weren't visiting at all during the lockdown and that has come back to us and created a big situation. (Staff interview)*

*Learnings from this is that next time, if something comes out from a national level, I will also be sending an email out to all of the LMCs to the DHBs, to any of my stakeholder groups saying who the local Plunket contacts are. (Staff interview)*

Relationships with iwi and other community organisations strengthened.

## Staff Zoom hui provided support but did not communicate PVS activities

Staff had regular Zoom meetings which provided critical support and cohesiveness, however communication about the effectiveness of working in PVS was not apparent until after lockdown.

*That was one positive about our team. We would actually have a meeting and we probably connected with each other in other ways more than we had before. (Staff interview)*

*The cracks started to show when we came out of the lockdown and the levels changed. I particularly looked at dashboard information and I was overwhelmed at some of the work that we thought was being done that had not been. (Staff interview)*

## We returned to Hawke's Bay in September and spoke with whānau, staff and a community stakeholder

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 how they wanted to talk with us. Eight whānau agreed to be contacted. One māmā came into clinic and six māmā wanted a phone call. Our last māmā did not respond. In September we were able to hear from:

- **Whānau (7 māmā)**
  - 2 māmā: Māori
  - 4 māmā: NZ European
  - 1 māmā: Scottish
  - Pēpi shared the same ethnicity as māmā and were aged between 3-9 months
  - We were unable to gather information about priority grouping. We tried to follow up, however staff who provided initial details were away.
- **Kaiāwhina (1)**
- **Plunket nurses (3)**
- **The Clinical Leader**
- **The Clinical Services Manager**

Three community stakeholders were invited to connect with us. One stakeholder came to the clinic for a kōrero and the remaining two did not respond to our communications.

## Staff felt overwhelmed by their current workloads

Plunket staff were still catching up on a backlog of whānau needs including mental and physical health issues that had been created because of the lockdown.

*Mental health, there have been a few going through to the traumatic birth at the hospital and to GPs. There's been issues with hips. They weren't seen over lockdown so their first face-to-face visit has been with Plunket and the hips are out so there has been more referrals through to the GP to get them double checked. (Staff)*

Months after the lockdown, whānau were experiencing new forms of hardship and this increased the complexity of their interactions with Plunket. Many whānau lost jobs during and after lockdown, community support services were closed and whānau did not have access to kai or clothing.

Maternal mental health was a major concern for Plunket staff who reported a rise in referrals for these services. This was particularly apparent for recent migrant whānau who normally had intensive family support but were now unable to have family members enter the country to live with them when the new baby arrived.

*Lots and lots of maternal mental health stuff and the isolation. For instance, immigration families they would usually have their mum over in this time especially Indian [families] and they can't so lots of isolation. (Staff)*

Staff noted hardship being experienced by new groups who were previously well resourced, with whānau who were not in the priority group now seeking mental health and other support.

Whānau displayed many complex social needs when they met with Plunket post-lockdown, leaving some staff feeling overwhelmed. Staff reported 'feeling like social workers' rather than nurses.

*... I feel like it's changing a lot what our role is, it's more social work rather than nursing and that's not really what I want or signed up for... if they need social services we shouldn't be that person, they should have social workers or there are other services that could support them. (Staff)*

*There needs to be more nurses. Our caseloads are so unmanageable.. people need more time spent with them but we can't. We're burning ourselves out at the other end. (Staff)*

## Many staff continue to work with what's on top for whānau

Staff were encouraged to focus on *what was on top* for whānau during the lockdown rather than a tick box approach. Some nurses shared that they generally practiced in this way pre-COVID and being led by whānau enabled meaningful conversations instead of pressure to complete every task at a visit.

*It meets their needs a lot better now and they're directing that appointment. It's what they want to talk about. It's not that they're being asked 101 questions. (Staff)*

*I don't want to be like, so do you smoke when you know that they've never smoked. So it's nice to not have the pressure to tick all of those boxes and get it when you can or when it fits into the conversation. (Staff)*

## Whānau reacted differently to hearing about the intent of PVS

Explaining prioritisation was an ongoing activity for Plunket staff. They found some whānau with low needs for support understood and agreed with prioritisation and Plunket's need to work with whānau who need extra awahi and support.

*Some people are really open to it and others aren't. It depends on the person, if it's a person who is empathetic and they understand the need to spend time with vulnerable families then they get it. They get that they're well resourced and they will call if they need anything and they're ok with that. (Staff)*

Other staff faced negative whānau attitudes and reactions when they explained why prioritisation is continuing post-lockdown and some whānau shared with us their expectations of Plunket being a universal service.

*If they know their entitlements and they know they should have these visits and they want them when they want them, then they are less likely to get it, it's like you've taken something away from them and they don't like that. (Staff)*

*I might not be high needs but the service that Plunket provides, I don't feel it's necessarily for people who are high needs or have problems. It's for everyone to be able to have that reassurance. I think that is really important. (Whānau 8)*

## Whānau wanted a mixture of appointments

We explored whānau views on a virtual service after lockdown. Some whānau preferred phone contact over face-to-face as it was more convenient for their lifestyle.

*...I was thinking about that. If it was awful rainy weather that's quite difficult with children so maybe it would be good to have the option. Now we're all much better with our Zoom and online communication. (Whānau 8)*

*I think a phone call is fine, I don't really feel like I would need to do online [Zoom]... but a phone call is nice. (Whānau 9)*

Other whānau were not receptive to the idea of a virtual service. One māmā who had been contacted this way during the lockdown missed the interaction and simplicity of a face-to-face catch up.

*To be honest it was pretty annoying. I prefer not [virtual contact]. I prefer the hands on contact and cuppa teas especially with my children. It's my first time having twins so I enjoy the interaction it makes, you know that I'm doing ok or if I need anything they're right there and they can see us better rather than on a computer. (Whānau 11)*

*I don't think I would be very comfortable with it [virtual contact] because the baby would be crying, and it's like 'oh one second' and you'd be constantly shifting yourself when you're trying to have engagement. Virtual would be hard. (Whānau 12)*

### Staff continued to connect whānau with activities, playgroups and resources

Whānau felt well informed about different playgroups within Plunket but also in the wider community such as Childcare and Family Centres.

*It's really nice. It's nice to see other mums and you can go and sit there with your baby if you wanted on a rainy day or you can have a coffee. It's really good. (Client 9)*

All māmā we spoke with were aware of PlunketLine, playgroups, coffee groups and some community services that were appropriate to their situation.

*I did one of the Pin groups ... I'm still connecting with the girls that I connected with back then. My Plunket nurse gave me the details of it and she was telling me to like the page of Plunket on facebook and it comes up as an alert too. It was really, really helpful to go along and hear the horror stories that they've got as well, that it's not just you going through that. Being able to connect with other people who are in the exact same situation that you're in. (Whānau 12)*

*[Plunket] gave me numbers as well and said I'm on the right track and to know that PlunketLine is always open if you need to ask any questions, And who to talk to for playgroups. I never got that experience with my older children so I thought that was really lovely. (Whānau 12)*

### Whānau felt acknowledged and listened to by their Plunket nurse

Plunket staff thought it was important to build good rapport with whānau to be able to work together effectively. For many māmā, building a trusting relationship meant being listened to and not judged. One māmā was grateful to share her feelings and experience of postnatal depression with her Plunket nurse as it was once 'pushed under the rug'.

*[My experience with my older children] was a lot different and I was a little bit unsure whether to come back to Plunket. But this time round they're more open. ...Now I can feel comfortable in telling them I'm fine or no I'm not ok, it's knowing that there is someone there to listen and offer their support. (Whānau 12)*

*I guess it's listening to you, and not being judgemental of what you're doing. They're talking with you and giving you options to talk to help with things if you're having trouble. I find it really nice when we go in there my Plunket nurse is very much involved with my daughter. She talks to her and plays with her. It becomes a little bit more warming than walking into an appointment and getting what you need and then walking out, that's what is important to me. (Whānau 13)*

### If there was another lockdown, staff wanted to see some adaptations to the PVS criteria

Months after lockdown ended, staff noted changes in whānau situations, income loss, accessibility and resources in the community. Whānau who did not fit the PVS high need criteria were assessed as being low need and capable of resourcing and finding support through PlunketLine but some staff thought the criteria should be flexible to allow support to a wider group.

Some staff described unmet need for first time parents past the three-month mark and thought they should be contacted for a longer period.

*I would add first time parents but not in the high needs long term section but as a keep in touch with these people. Not necessarily that they need the full service. I don't think after three months they're ready to be on their own. (Staff)*

Other staff felt that parents who had large gaps between children and new migrant whānau should be considered in future high priority criteria.

*Parents who have had a gap between their children of five years or more, I would classify them as new parents again. (Staff)*

*We have quite a big refugee population. That group very much struggled with [communication]... [In our community] there is only one interpreter that can speak [their language]. So while we moved to a virtual space and trying to get that interpreter on the phone, in a three way conversation it was really, really hard so we lost a lot of engagement with that population. (Staff)*

### Plunket were working to strengthen relationships with other community providers

Relationships between Plunket and other community organisations were affected differently over the lockdown. Some organisations worked more closely with Plunket, whereas others felt disconnected. Staff continued to receive complaints from LMCs who were unaware of Plunket's work with whānau during the lockdown.

*We had some challenges on a local front with the LMCs there were complaints that came in... (Staff)*

Plunket Hawke's Bay implemented a text service where they text the midwives and acknowledge that they have received a referral.

*With some of the other midwives it's been strengthened since then because we've started contacting them to say we've got their referral and we've arranged to see the family so that has helped to strengthen it. (Staff)*

A key stakeholder told us that their communication with Plunket continued to strengthen during and post-lockdown.

*The connection between us and Plunket now is stronger than it's been for a very long time. We have a very clear communication guideline which has worked really well. During that lockdown period I was very accessible and for Plunket they were able to access me and vice versa. (Stakeholder)*

Word of Plunket's equity focus was spreading and staff received positive feedback from iwi about PVS.

*I think it's actually better and they've seen that we're making a conscious effort to prioritise Māori and Pacific... it's been good. I link in with them at some of the meetings at our level and it's been like this is great what you're doing. (Staff)*