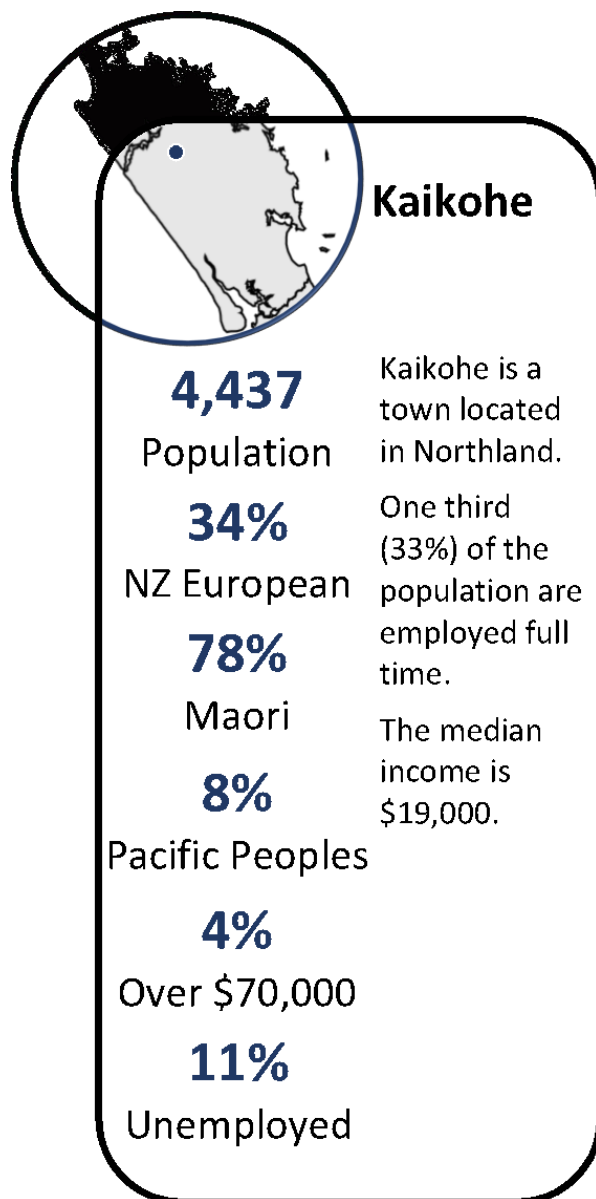


Evaluation of the Prioritised Virtual Service (PVS) in Kaikohe, September 2020

Plunket adapted 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 speak with whānau and staff about their experiences of PVS across three sites. This case study covers Kaikohe.



Plunket staff and māmā shared their PVS experiences with us

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 whānau and invited up to eight whānau to participate in an interview with us. Whānau who were interested were followed up by phone and an interview time

set up at the Kaikohe Plunket clinic, a space where the māmā and pēpi felt comfortable.

An easy to read information sheet was shared with whānau and further explained before the interview started.

Although we had arranged for kanohi ki te kanohi kōrero, some māmā were unable to attend and asked to be contacted by phone. Through kanohi ki te kanohi, zoom and phone calls we were able to hear from:

- **Six whānau Māori** (all māmā): Two low needs whānau, four high needs long-term whānau
- Pēpi were the same ethnicity as māmā and aged between two and seven and a half months.
- **Kaiāwhina (2)**
- **Plunket nurses (3)**
- **The Clinical Leader**
- **The Clinical Services Manager**
- **The Community Services Manager**

Before lockdown, kanohi ki te kanohi visits were important to build relationships

Whānau who had worked with Plunket before lockdown built strong relationships and completely trusted the nurse around their pēpi and in their homes. Plunket staff completed Well Child checks both in the home and clinic, checked on how māmā and pēpi were doing, provided information and resources and connected whānau with any services or groups that were appropriate.

... she would always come to the home. She would turn up and do all of the checks...the contact where they were allowed to come out was really good. (Whānau 2)

Plunket staff used a strengths-based approach in explaining PVS to whānau

Plunket staff emphasised how well whānau with low support needs were doing when they described PVS. Staff heard from some whānau who were not in the high needs PVS group that they felt left out but for the most part, whānau understood the need for PVS.

When you initially let them know that it will be a while before their next appointment, you could see the shock and they weren't happy. But, once you highlighted all of their strengths and told them how well they're coping, they were quite open. (Staff focus group)

Plunket nurses focussed on informing whānau about wider community needs and the importance of wrapping around vulnerable whānau during the lockdown.

We are getting hammered in social media and it is our low needs whānau. I understand it is really important to them, but they probably don't realise that there are whānau out there that have lost their jobs, no food or nappies, looking at eviction. People don't realise what is going on in the community. It's about explaining that there is other stuff, and usually they don't mind. (Staff focus group)

Plunket staff were concerned about the use of the term 'priority' and discussed in detail how the name PVS could be easily misinterpreted by whānau to mean they were not a priority to Plunket.

What we found that some people had called it a priority service to some people and that had people's backs up. The word priority is not a good word. I almost wish it was called something different. You're pretty much saying to them they are not a priority which is not the case, that word definitely could have been changed. (Staff focus group)

Whānau felt informed about PVS but staff re-deployment was not explained to them

Whānau appreciated hearing from Plunket staff. Those in the PVS high needs group were contacted by their Plunket nurse or kaiāwhina to advise what Plunket services would look like during the lockdown. Whānau were offered support by phone or Zoom. All whānau in Kaikohe declined the option of Zoom but agreed to be contacted by phone.

I hadn't heard from my midwife since the last time I had seen her...she didn't even let me know that she had to stop, so that was nice that Plunket even rung me, because I wasn't expecting that as well. (Whānau 6)

I got a call back from [my Plunket nurse], and it was the call through COVID to see how baby was, give me the update about what was happening with Plunket and that they would be in touch when we start back up. (Whānau 1)

One Plunket nurse who had strong relationships with several māmā was re-deployed during the lockdown. A few māmā shared their disappointment in suddenly having a new Plunket nurse without any explanation.



From the beginning, [my Plunket nurse] would always ring, it was continuous contact. It was quite strange not to hear from her. I was trying to call her and to this day I still haven't had a reply. I think that for me as a mum, this person has been in your home continuously, and now you're going to get another [Plunket nurse] due to COVID, but still it was still your client, and it would have been nice for a proper hand over. That rapport and person has been around your baby and now you've got another person. I think handling those situations, they could do a bit better. (Whānau 2)

Plunket staff agreed with Māori whānau being prioritised, but did not feel that PVS was an effective way to support high needs whānau

The 'Priority' element of PVS resonated with staff and there was a good understanding of the need for Māori whānau to be prioritised for PVS.

I'm happy we are focussing on our Māori, to identify that we have missed a lot of our Māori tamariki. Because it's a prioritised virtual service I think it does as in it prioritises Māori but I don't think it does as in being virtual. It's great as in it's prioritising our Māori whānau which need we to put more time and resources into, but virtually isn't necessarily the right way to do it. (Staff focus group)

The 'Virtual' aspect of PVS did not work well for Māori and other high priority whānau as it was difficult for Plunket to contact them. Often whānau were transient, changed numbers regularly or preferred to know who they were talking to. Kanohi ki te kanohi was the most successful way of contacting whānau.

I felt like it was harder for me because I was on the phone, so that whole whanaungatanga is a lot harder if you're cold calling somebody. I found our higher needs whānau were less likely to answer the phone. (Staff interview)

It was hard at some stages because they don't answer their phones or you don't get a contact number from them. When you've exhausted all of your options to get a number you sometimes couldn't get a hold of them at all. (Staff focus group)

Virtual contact was not always possible in rural areas

The PVS involved contacting whānau via virtual platforms which was challenging in areas with unstable phone and Wi-Fi signals. Kaikohe and its

surrounding areas are home to many small rural valleys. For some whānau the luxuries of clear reception and Wi-Fi was almost non-existent. This disadvantaged the ability of whānau to be contacted on a regular basis during lockdown.

Down at my dad's place sometimes I couldn't get reception. So, it was just knowing when I was there I couldn't get reception. (Whānau 6)

[I cannot get reception at my house] and our internet is crap as well. (Whānau 2)

The lack of access to clear reception and Wi-Fi also disadvantaged staff who lived rurally and were barriers to maintaining relationships with whānau. Kaiāwhina spent a lot of their time building rapport and engaging with whānau in their role, however the rural landscape prevented one kaiāwhina from her mahi during the lockdown.

We had a kaiāwhina, but she couldn't work because of where she lives, there was no internet or reception. It was hard for (the kaiāwhina) because she couldn't do anything. (Staff interview)

I was starting to feel a bit guilty because I wasn't really doing any mahi. We tried everything, you just can't get reception where I'm staying. (Staff interview)

The PVS dashboard helped staff to identify whānau who had been placed in the wrong priority group

Staff valued the use of the dashboard and the simplicity of gathering client information. The dashboard helped staff to identify whānau who were in the wrong priority groups.

What we found is because we delved into the caseloads, we found that the health needs assessment for this area was not good... COVID gave us a chance to explore that which we wouldn't have done otherwise. It was quite bad, there were whānau that hadn't been seen for many months, they got lost, and they were high needs, vulnerable families. (Staff focus group)

Plunket staff were not able to confidently screen for family violence over the phone

Plunket staff discussed the difficulties in accurately and safely screening for family violence over the phone. Staff were not able to see māmā or confidently know who was in the room during the call. The subtleties of movement and body language were lost over the phone.

I think the negative of phone calls with whānau is some of them will tell you what they think you want to hear. If you were there you would get that instinct and know there is more happening. You can't pick up any facials or body language. It was really hard to do family violence screening over the phone, there were lots of barriers. (Staff focus group)

You're always ringing mum and they say everything is good. So you can either take that comment or you can ask other questions to see if things are actually good. Its all about the right questions. You have to be quite creative with the questions to try and get the answers. (Staff focus group)

Relationships with wider community services and iwi were strained during the lockdown

Staff shared their frustrations in not being able to help iwi and community services during the lockdown. Plunket staff were known to work closely with whānau and provide resources to whānau in need. Community providers, midwives and iwi were calling upon Plunket staff to assist and offer resources. The inability of Plunket staff to be out supporting the community providers has had a damaging impact on existing relationships.

I think it has been really negative. There has been a lot of voicing from other providers about the frustration that we haven't been able to go out. Midwives especially, it has really done a huge damage on our relationship with midwives and we've been trying to do a bit of repairing of that. (Staff focus group)

Iwi providers had reached out to us to help with some practical support and we were told we were not to go back to our clinics under any circumstance. (Staff focus group)

Staff struggled to accept staying home when they had clothing and resources in their clinics which could have been distributed to whānau in need.

There was lots of request for families needing clothing which was really hard because we weren't supposed to come back to the office and get stuff. Knowing that the [clothing] was there and not being able to get it to them was really difficult. Some of the iwi providers were calling out for support and we couldn't do anything, that was frustrating. (Staff focus group)

We re-visited in September and heard from staff and whānau

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. Three māmā came into clinic and two māmā wanted a phone call. An additional five māmā were contacted but did not respond to our communications. In September we were able to hear from:

- **Whānau (5 māmā)**
- **All māmā and pēpi shared the same ethnicity**
 - 3 māmā: Māori
 - 2 māmā: NZ European
 - Pēpi were aged between six weeks and four months
 - High long term (1)
 - High short term (2)
 - Low need (1)
 - Low need new-born (1)
- **Kaiāwhina (2)**
- **Plunket nurses (4)**
- **The Clinical Leader**
- **The Clinical Services Manager**
- **The Community Services Manager**

We invited two community stakeholders to connect with us but one declined due to limited availability and one did not respond to our request.

Since our last visit, staff workloads had increased significantly

Staff told us their workloads had increased since our first visits. New staff felt they had been fast tracked into their positions as they were required to respond to whānau needs within their community. Whānau needs and complexities had intensified, and staff were predominantly making referrals to other agencies for kai, clothing, maternal mental health and heating for cold, damp where.

The staff have never been faced with so much stress and the hard part is the majority of the staff are new. They've been through a pandemic, they've started a new role during the pandemic... That is a massive trial and on top of everything we've got the stressors of the social needs for whānau and the increase in reports of concern. (Staff focus group)

COVID-19 created new challenges for whānau and it was critical for staff to work with 'what's on top'

Clinical and community staff acknowledged the hardship that whānau continued to experience because of the COVID-19 lockdown. Whānau were under more pressure and Plunket's focus on 'what's on top' was important to enable whānau-led focus of clinical interactions.

Everything has changed. The mental health for whānau during the lockdown. There was a lot more stress, financial stress and losing jobs. It has to be focussed on whānau led and not what we've brought in to do or priority for us, the WellChild checks but really acknowledging what is going on for them. (Staff focus group)

It was good because it was the first time I felt like I wasn't being judged. Up until that point we'd seen numerous lactation consultants and [baby] had been hospitalised and we had seen nurses and doctors and the midwives and up until [my nurses] visit I felt like I was a really bad mum... She put some perspective on it and she sat and talked.... She didn't put an opinion on anything. She let me come to my own conclusion and clarified things. (Whānau focus group)

Staff wanted further practice guidance for managing whānau contacts

Staff queried how to manage the number of contact attempts required in contacting whānau. Over the lockdown period there were whānau for whom staff had genuine concerns but were not contactable. Once staff were able to cold-call these barriers were mitigated and staff were able to check in with many whānau. If there was another lockdown situation, staff identified a need to have better guidance on time limits in attempting contact.

If I couldn't get a hold of whānau I spent a lot of time contacting a GP, contacting the next of kin, I spent so much time trying to find whānau and almost every time came to a dead end... (Staff focus group)

Staff continued to work with priority whānau

The community of Kaikohe and many of its surrounding valleys are home to large populations of whānau Māori with limited services and income opportunities.

Both clinical and senior management staff throughout the rohe have recognised the need to address inequities that their whānau face. They have committed to a pro-equity journey to increase opportunity, positive experiences and access for whānau in their communities.

We are 100% on a pro-equity journey in regard to we are 100% prioritising our priority clients. All of the girls have high priority caseloads. There is no extra resource or any time or energy extra and above going towards our low needs whānau. We 100% need to pour our resource and time into our priority whānau and we have to create an unequal service to bring up the inequity that has been there for such a long time. (Staff focus group)

When she [Kaiāwhina] came she spent about an hour with us and it wasn't rushed at all. I spent three weeks in hospital with my daughter and she was the first person to ask how I was doing... nurses, midwives and doctors, they were worried about my health not me mentally and emotionally. She was the first one to question if I had postnatal [depression] and that was really cool to be able to say yes I think I do. (Whānau focus group)

Te Tai Tokerau established drop-in clinics for low needs whānau but high needs whānau also felt welcome there

Kaikohe Plunket established a drop-in clinic initiative to offer low needs whānau opportunities to see a nurse without taking away any resource from high priority whānau. An unintended positive outcome of the drop-in clinics was whānau in the high priority group also accessing this service.

We've got drop in clinics everywhere now and we didn't have that pre COVID. Since COVID has happened we've established drop in clinics... it's even capturing our priority clients which was not what it was intended for... But our high needs are liking them as well. (Staff focus group)

It was important to whānau that staff acknowledged whānau structures

For whānau Māori, whānau did not just mean māmā and her pēpi, whānau was a wider collective. Plunket nurses in Kaikohe were praised for their ability to recognise the importance and role each member had within the whānau.

Feeling comfortable with her and recognising that my child is part of a whānau. I felt like that was left out quite a bit at the hospital and she recognises that. She asks where my older child goes to day-care, how is he, and still today remembered that he was with my mum up north fishing and asked how that went. [My nurse understands that my daughter] is part of a whānau and if my whānau is not alright then she is not going to be alright. She acknowledges us as a whole. (Whānau focus group)

Other māmā described the benefit in having a Plunket nurse who was also a māmā. This shared experience meant that she was able to trust the judgement of the nurse both clinically and as a māmā. Whānau also reiterated how inclusive it was to have a nurse who focussed on older children as well and did not come solely for their new baby.

My Plunket nurse now has kids of her own so she can pass advice on what helped with her. (Whānau 9)

I've been talking to her not just about my little baby but my other kids as well so that was cool. When she comes over I share about the older ones because my oldest one throws a lot of tantrums.. she gives me advice and the little booklets to help so that is helpful. (Whānau 9)

Staff and whānau preferred to engage kanohi ki te kanohi

Months after lockdown ended, both whānau and staff highlighted the importance of face-to-face engagement. Although there were a few māmā who did not mind both virtual and face-to-face contact when appropriate, most whānau appreciated being able to see their nurses either in their own whare or in the clinic space.

Face-to-face would be my choice because I think you get so much more out of it and there are little things that you wouldn't get over the Zoom. [My Plunket nurse] showed us a different way of burping her so it's different things like that, that you would lose. So for me face-to-face. (Whānau focus group)

I think the PVS doesn't work for our Māori whānau. We already know that it's the face-to-face and the real connection. Even if you get them on the phone they will just tell you what you want to hear there is no way to measure the quality of what they're saying. (Staff focus group)

Two māmā who had difficulty with feeding and premature pēpi did not like the thought of a virtual service. Physical checks were essential in their situation and the inability to do checks meant that a virtual service would not be meaningful to them.

In the situation that I'm in I would definitely not be ok with [no physical checking] because she's premature I have to make sure she's gaining. I'm lucky I have the outreach nurse but as many opinions as I can get is always reassuring. (Whānau focus group)

I wouldn't be ok with it. The weighing is a big thing for us because she lost too much weight and ended up back in hospital and her whole feeding and the way she feeds has changed because of the weight loss. So if we weren't having those continual checks then I would worry. (Whānau focus group)

PlunketLine has been accessible and useful for whānau

Whānau expressed how simple it was to call PlunketLine for additional support. Plunket staff were helpful in offering different services, activities, playgroups and Plunket resources to whānau.

I've called the PlunketLine with my little baby when she was sick. It was really good because I was worried, but they calmed me down and they told me how to help her get better. (Whānau 9)

In the context of COVID-19 and the overloading of HealthLine, one māmā was grateful to hear about PlunketLine and had no trouble getting through to a PlunketLine operator.

Yeah she wrote down the number which was really handy because the Healthline is really packed at the moment with COVID. We've also talked a bit about playgroups and that's something I'm definitely interested in. (Whānau focus group)

Plunket had a positive impact on whānau parenting confidence

Staff told us that for the most part, whānau sought reassurance that their baby was healthy and validation they were doing a good job as parents.

We explored with whānau how confident they felt about their parenting in general. All māmā giggled when this question was asked and explained that no two days are the same. Some days whānau felt like they were *nailing it [parenting]* and other days they felt like they were *back to square one with no idea*.

One māmā had an unpleasant experience with her midwife and this negatively impacted her confidence and ability to parent.

I lack confidence and I've felt throughout this whole entire process I haven't been listened to. I've felt like it's been 'what does she know, she's a first-time mum' That hasn't been a reflection of Plunket but for me from the moment we've had the midwives that's how I've felt. (Whānau focus group)

As this māmā engaged with Plunket she was *absolutely blown away by the support and aroha* she felt from her Plunket nurse.

[Since engaging with Plunket] I would say it's increased [my confidence] because she's listened to me and she's actually told me 'actually what you're doing is right'. (Whānau focus group)

Plunket staff want to strengthen their relationships with iwi providers and community services

During our first visit, staff acknowledged the strain that was put on relationships with iwi and other providers over lockdown, particularly LMCs. Moving forward, staff want to promote their pro-equity journey and create lasting relationships with other providers who serve whānau in their communities.

I think my staff need to connect with the midwives, but I think we need to get in their faces and get out there to the antenatal classes and introduce Plunket and the service and telling mums at that point what to expect. (Staff focus group)

Our kaiāwhina need to be going and visiting our Māori providers to see if they have any initiatives going where we can support them. We need to get in there and get to know them and work with them so they're able to hear about the mahi we're doing and so we can support the mahi they're doing. That is definitely something we need to work on. (Staff focus group)