



whānau āwhina
plunket



Malatest
International

Summary of PVS Evaluation

January 2021

In the first 1000 days we make the difference of a lifetime

Background

Prioritised virtual services are a new way of working for Whānau Āwhina Plunket

- In response to the COVID-19 pandemic, we agreed with the Ministry to prioritise our services based on need and respond to in-person contact restrictions. The new approach was called Prioritised Virtual Services (PVS).
- WCTO was considered an essential service but was required to be delivered virtually (by phone or VC) unless an in-person visit was absolutely necessary.
- We commissioned **Malatest International** to undertake an independent evaluation of PVS to help inform short and long-term service decisions.

Prioritised Virtual Service:

- **all** clients to receive core contacts one to three
- **all** Māori and Pacific whānau with short-term high-needs
- **all** whānau with long-term high-needs

All other whānau were directed to other sources of support including PlunketLine and other community services

Whānau Āwhina Plunket service delivery under PVS

- Whānau reported a preference for in-person contact in the whānau survey but many were also positive about a mix
- Staff thought virtual contacts would be more effective where they had already built a good relationship through in-person contact. Characteristics like transience, high level of need and speaking English as a second language could make it harder to engage whānau virtually
- Prioritisation enabled staff to work in a more whānau-led way and to invest more resources in getting in touch with some harder to reach whānau
- Post-lockdown, some whānau who had been previously assessed as low-need were encountering challenges resulting from loss of income including inability to meet their basic needs

Staff described different personal situations where work was impacted both positively and negatively by working from home - including family and parenting responsibilities, physical space, access to resources and reliable technology such as wifi and phone signals

Prioritisation under PVS

- Most clinical and community staff reported they understood the PVS criteria but they varied in understanding and agreement of the kaupapa underpinning it
- During the lockdown period whānau Māori and Pacific families had more contacts on average than non-Māori non-Pacific families, comparing 2019 and 2020 mean number of contacts for cores 1 to 3
- Most staff understood the inclusion of ethnicity within the prioritisation criteria and some were enthusiastic about the difference between equality and equity. These staff were delighted that PVS afforded them the opportunity to prioritise whānau they knew needed them the most
- A small number felt discomfort about the criteria and were concerned that some whānau who they saw as having higher levels of need were being de-prioritised. The discomfort was often focused on the inclusion of ethnicity as a prioritisation criteria

*The **caseload management dashboard** proved to be a useful tool in supporting staff to identify prioritised whānau.*

*PVS enabled **more time** to focus on high-priority whānau*

***Some** staff continued to work in a prioritised way after the lockdown ended*

*Staff wanted to be able to **identify higher priority whānau** within their own caseloads rather than using fixed criteria*

Insights from our whānau (3614 respondents)

Whānau were *overwhelmingly positive* about their contact with Whānau Āwhina Plunket

- **83%** said their questions about child health were answered
 - **83%** felt respected and listened to, and said that our staff spoke to them in a meaningful way
 - **82%** trust our staff
 - **70%** said staff also answered questions about their own health
 - **60%** said our support met their physical health needs
 - **68%** said we helped them feel confident about their parenting
- **92%** preferred in person contact
 - **68%** were positive about a mixture of in person and virtual
 - **55%** were positive about phone calls
 - **44%** were positive about video conference calls (interestingly, video calls had the highest rate of Plunket staff offering support from other services and Plunket)
 - **76%** understood what support they could get from us

How Whānau Āwhina Plunket staff were supported to do their jobs

- Almost all staff told us they had excellent support throughout the lockdown from their managers and teams
- Staff wanted fewer and clearer communication
- Most staff reported they had practice guidance they needed to deliver WCTO virtually and were confident working with whānau virtually
- More staff were concerned about the guidance around family violence and growth in the absence of weight measurement
- After lockdown, many staff reported increased workloads as a result of catching up on core contacts with whānau they had not been able to reach during lockdown. Contacts with some whānau who they had struggled to contact required dropping by or 'cold-calls'

"The PVS dashboard was good because it gave us a tool to very quickly visually drill down to our priority populations"

"A lot of learnings came out of it. A lot of PD is required on what equity is and how to whakawhānaungatanga 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"

How PVS contributed to seamless service delivery

- In some regions clinical and community team relationships strengthened over lockdown. Working virtually was an opportunity to become more connected across other teams
- Some staff spoke about the need to refer whānau Māori to iwi providers where they were able to access kai, clothing and hygiene packs over the lockdown period. Referrals to other services were managed in a way that gave autonomy to whānau, providing ability to assess and decide as a whānau what services would be useful
- Most staff agreed that it was necessary to work through a virtual service for the safety of staff and whānau over lockdown

One in five of the whānau surveyed had engaged with at least one of our community services.

*Some staff felt delivering the service virtually had a **negative impact** on relationships within the wider community particularly with Lead Maternity Carers who continued with in-person contact over the lockdown*

Challenges

- Staff identified, whānau access to technology, views on the value of virtual appointments and ability to stay on long-enough as being challenges to connecting by phone or Zoom
- Our staff found it harder to identify some whānau needs without being able to visit whānau in their own spaces and seeing them in-person. Family violence, safe sleep and physical assessments were all identified as difficult
- Workloads were variable, with some staff working long hours and others unable to contact clients/whānau due to people not answering their phones. The majority of staff reported their workloads were manageable during normal working hours but one-quarter of community staff and one-fifth of clinical staff disagreed.

Staff had different levels of knowledge and confidence working with whānau Māori and Pacific families

“Sometimes they [family] were hard to contact, Zoom wasn’t always possible because they had to have data so that was an issue or they didn’t have a tablet or anything. Sometimes they didn’t want to Zoom for other reasons - the privacy or who else was there”

How well PVS contributed to improving outcomes for whānau

- Whānau were positive about the outcomes from their contact with us during the lockdown period. Most reported our staff answered their questions about their child's health. Around two-thirds said our staff answered their questions about their own health and helped them feel more confident in their parenting
- PVS enabled more time to focus on high-priority whānau but contacting high-priority whānau could be difficult when whānau did not have reliable phones or other technology
- Improved outcomes for whānau depended on reaching and responding to whānau Māori, whānau with different levels of need, and whānau in different locations
- The impact on outcomes for whānau is limited by the relatively short time between the lockdown period and the end of the evaluation (four months). The evaluation focussed on more on what worked and where there were challenges in implementing PVS



How learnings from implementing PVS can help strengthen all our services

For staff

- Build confidence
 - virtual consultations such as reassuring whānau about baby's growth however, family violence screening required further training to build confidence of many staff
 - the interface between health and social services and build stronger community and agency relationships
- Strengthen
 - knowledge about equitable health access and outcomes.
 - understanding of the roles of the clinical and community teams to support continuity of care.
- Consistency in assessing and recording whānau level of need will help ensure whānau are placed in appropriate priority groups.
- Whānau Āwhina Plunket staff described how their relationships with LMCs were strained due to a lack of information and understanding of PVS, including their high LMC workload.
- PVS did not create any barriers between us and iwi providers however there are opportunities in some regions to build and strengthen these relationships
- Prioritising team meetings will keep up momentum in growing team cohesion.

Other learnings

- Staff have quickly reverted to engaging with whānau in-person.
 - Staff generally viewed that in-person contact was much more preferred than virtual contact
 - Whānau also valued 'putting a face to the voice' and physical assessments but some said virtual contact would be convenient to them sometimes, for example on a wet day or when they were juggling other whānau needs.
- Virtual services did not work well for whānau who did not have technological resources for e.g. in rural communities
- Māori were over-represented in communities without mobile phone coverage, with limited phone access, or unable able to top up their phones
- Our staff had clear direction to practice in a whānau-led way
- Most staff embraced the 'what's on top' approach of working, encouraging partnership and autonomy.

APPENDIX

Evaluation

The objectives of the PVS evaluation were to:

- Assess how well PVS has achieved outcomes for tamariki and whānau Māori
- Assess how well PVS has improved outcomes for all other children and families.
- Assess how well Whānau Āwhina Plunket staff are supported to do their jobs
- Assess the effectiveness of the prioritisation
- Determine whether Whānau Āwhina Plunket met the PVS service delivery objectives



APPENDIX

Methodology

- Sentinel site visits including interviews with
 - Our staff (33 on the first visit and 28 on the second; and 18 extra interviews)
 - Our whānau (19 whānau on the first visit and 16 on the second).
- Surveys of:
 - Our whānau (3,614 responses – 27% response rate)
 - Our community staff (81 responses – 43% response rate)
 - Plunket Nurses (304 responses – 50% response rate)
- Analysis of our administrative data.
- Table-top practice guidance review

Key Questions

- ✓ How staff were supported to do their jobs
- ✓ Prioritisation under PVS
- ✓ Whānau Āwhina Plunket Services delivered under PVS
- ✓ How PVS contributed to seamless service delivery
- ✓ How well PVS contributed to improving outcomes for whānau
- ✓ How learnings from implementing PVS can help strengthen all Whānau Āwhina Plunket services