

# Community Connections—A wellbeing response to supporting staff during the pandemic 2020-2022 in Aotearoa New Zealand

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## A note about Community Connections

Community Connections is a community based disability support provider which primarily offers a Supported Living, Te Pou Hononga, Supported Employment, and Network Support services. In any given week, 263 Community Connections Support Workers provide support to over 500 people in their homes and their communities. Our teams operate across the North Island of Aotearoa New Zealand, with offices based in Wellington City, Kapiti, The Hutt Valley, Palmerston North, New Plymouth, Napier and Whakatane.

Community Connections has a strong commitment to a person-directed approach so people can live the life they choose within their own community and has a vision of a society where people with disabilities are embraced as fully participating citizens. A majority of the people Community Connections support have an intellectual disability. This article offers an overview an organisational response to support staff through the Covid-19 pandemic 2020.

## The impact of the Covid-19 lockdown in 2020

In March 2020, the New Zealand government implemented a 4-level alert system in response to the detection of Covid-19 cases in New Zealand. At various levels, disability support responses by Community Connections were adjusted to comply with the alert system and to meet the needs of the

people supported. Community Connections was defined as an essential service, and some staff were required to work directly with people we support. It was decided by Community Connections management to set up a “well-being” call system to support all staff until New Zealand went back to level 2. (The disease is contained, but the risk of community transmission remains.) This system was not to replace ongoing team and coordinator support of frontline staff, but as an additional support.

This practice note comprises a brief timeline of how and why the Welfare team was formed and the purpose of making wellbeing calls to our staff in the context of Covid- 19, the impact we sought to achieve and how what we learnt through this experience can influence workplace culture and support in an ongoing way.

The Staff Welfare team for Community Connections was established over the week of 21 March 2020 when our government made the choice to move to Level 2 in preparation for Level 3. This was at the emergent stage of the pandemic. With closer analysis of what seemed to be quite a natural development process, we used a task-centred social work model evolved from psychodynamic practice using a simple problem-solving approach to help support staff resolve presenting problems.

An anonymous survey for all staff in the organisation was sent out at Level 2 to elicit feedback around the helpfulness of the calls.

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**Purpose of the welfare team development**

The senior leadership of Community Connections wanted to make sure that staff were connected and coping with what was being asked of them over this stressful time. The calls would also serve as a mechanism to alert senior leadership to any unmet staff needs, unresolved issues, and good practice examples that could be disseminated throughout the organisation.

There was a desire to incorporate our organisational values by using a “strengths based” approach to our conversations, that included legitimising people’s experiences and listening to staff concerns and worries. Community Connections wanted to ensure we were triaging any staff who we considered might require extra support, and also helped people to identify their natural supports.

There was a quick turnaround, with a member of the senior leadership team and a behaviour specialist tasked with setting up the response and identifying team members. A script was developed to guide team members in their communication and a database of staff with a correlating record-keeping line so the conversation could flow smoothly. This is shown in an example from the spreadsheet (Figure 1).

There were initially four members of the team, and it was identified that it was important for them to receive group supervision to discuss their experience. This was to ensure that no members of the team were adversely emotionally affected by hearing repeated stories of others’ experiences.

The team spoke with their own teams about their engagement in the welfare team and

made sure to clearly communicate the purpose and boundaries of the calls—this allowed for a dialogue between the senior leadership team and the co-ordinators that promoted the trust relationship. Initially, communication was effective, so we were able to check that the process that had been developed organisationally was in line with the government response.

There was soon a need to add more people to the team, when it became clear that with the shifting workload it was not manageable for us to make 260 calls between four people once per week. Due to not being able to meet this demand, we moved to one call every two weeks and sent a letter out to all staff via the Executive Director (ED) to let staff know what they could expect from our team.

Team members came from a variety of roles within the organisation: employment support, senior management, behaviour support, and support workers. All team members were chosen because they had demonstrated the skills of quickly building rapport with people and were good listeners and mature practitioners.

**Findings**

- Broadly, we noticed that the transition periods were the most challenging for our teams, with people being stressed about how the support they provide, and their personal experience would change depending on the government alert level.
- We also noticed these periods had the potential to impact the people we support; here the clear communication from leadership helped people to remain calm and the team to stay on message.

Person spoken to/ message left?	How are they physically?	How are they emotionally?	Any concerns they have (work)?	Key issues they are facing	Ideas they have	Region	Information elevated to management Yes /No	Emergent issues
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Figure 1. Prompts for Structured Conversations Reflective of the Mana Wairoa Framework

- People are adaptive, particularly support workers.
- Our staff have good ideas and are receptive to innovation.
- Practising what we preach; this calling system was appreciated as a support tool, people appreciated the calls and recognised that it was in line with our organisation’s mission statement. Modelling the importance of checking in with people and community and culture as a part of our mission statement.
- It was noted that some staff, because of the complexity of their role, or their own personal circumstances, required additional support. These people were allocated one person on the team to talk with and received a weekly scheduled call.
- The survey of staff had a low response rate of 26%. Of those responses 79% found the calls *somewhat helpful* to *very helpful*, and 19% found the calls *unhelpful*.

### Impact on the Welfare team

We found that there was a cumulative effect on the people making the calls, hearing other people’s experience as well as processing their own, unique situation. Recipients have a choice as to whether to share information or not; whereas the wellbeing team has had a lot of information and people’s collective stresses to process. This information has now informed future practice for the Wellbeing team, the people assembled to do the work are selected for their level of maturity, their competency with reflective practice and ability to effectively utilise supervision.

There were also reputational impacts. We learned from a number of staff members who had worked for other organisations during various other crises; they commented on the response, including one person who spoke externally about the quality of the support and communication response from our

organisation. This was primarily anecdotal; however, if we could transition to this being an ongoing feature of our organisation this could have positive impacts on staff retention.

Unintended consequences were not just picking up any “slack” but also mitigating health and safety risks and supporting people to feel valued. The team noticed that they felt proud of the work we had done and what had been accomplished in a short time frame.

### Discussion

The team have discussed how the practice knowledge gained could be replicated to respond to a natural disaster and reflected how that might work due to everyone experiencing the trauma collectively during these events. The outcome was a recommendation that regional wellbeing leaders be incorporated into the Health and Safety teams.

Without limits on call time, we found practically there was a maximum number of total hours or people that each caller deal with to achieve quality or helpful outcomes.

Supervision from senior leadership is necessary for the team to reassess what is going on in their personal lives and how that can impact on calls. This was a relatively informal, facilitated catch-up or sharing circle that sought to develop team strategies, explore emotional load, form a cohesive response and adapt changing needs with the ebb and flow of government/societal changes. It was important, however, to have an experienced social worker to facilitate these sessions.

The script was helpful in the beginning to make sure, as a team, were on message and introducing ourselves in a neutral way. Making sure to outline key points, for example: “we are here as additional support, not taking the place of a co-ordinator or team leader”, and “you should still use all of

the usual channels for discussing particular workplace issues with your manager colleagues.” Doing this meant we were able to take records of how people were coping more broadly and follow up where necessary.

Health and safety challenges in future might require scenario-based scripts for identified heightened risk factors. For example, someone in our organisation having Covid-19; what messages do we need to affirm to the team? what information needs to be gathered and who will synthesise that information? The script used was developed initially by leading team members and adapted situationally by the team depending on conversations and needs of staff.

We modelled the importance of checking in with people, being kind and building fellowship and resilience with teams. The Wellbeing team all thought that incorporating more peer support within the organisation would be another good outcome from what has occurred—we are currently developing a mental health training module as part of our onboarding and lessons from this will be incorporated into the way we deliver this training.

There was also a clear process identified within the well-being team that all coordinators were contacted if there was an identified need for support. All staff were informed of this process.

## Reflections

Community Connections aims to support people with a disability and/or health conditions to develop the natural supports necessary to enable them to live in their own home, to connect with their community and to enjoy an independent, fulfilling life. It was noted that this aim was mirrored in the support calls from the Wellbeing team when we talked with people about how they could utilise their natural supports to promote their own wellbeing, and also assist people to connect with additional community support if required.

It was also noted that support workers felt “less isolated” in their practice by having the opportunity to connect with others in the organisation outside of their team through the Wellbeing calls, but also by sharing practice examples that had been successful when supporting people during the Covid-19 lockdown.

Wellbeing calls were not limited to frontline support workers but included all people in the organisation from support workers to the Executive Director, including auxiliary staff. Feedback from staff was that people developed a feeling that they were part of an organisation that responded to the Covid-19 lockdown together.

## The 2021 lockdown 17 August 2021–31 August 2021 Actions and reflection

Aotearoa New Zealand went into another Level 4<sup>1</sup> lockdown on 17 August 2021, for two weeks. The Wellbeing team went into action and within two days we began making calls to essential frontline support workers. We inducted two new members to the team, including a Kaiārahi<sup>2</sup> who has been working with teams to develop a self-managing approach to their work and develop understanding around our new Mana Wai Ora<sup>3</sup> framework.

We used the same script and created a new spreadsheet for calls, we recorded data in the same way—we were able to connect the team with the appropriate support from their coordinators where there was uncertainty.

We decided also to prioritise contact to Support Workers providing essential support. In the interim period between lockdowns, we had made individualised plans for each person we support. We identified that people in Te Rito o Rehua<sup>4</sup> and Te Pou Hononga<sup>5</sup>, were also prioritised due to the intensive and frequent support needed by individuals in these services.

As an organisation, we had already developed strict protocols as many of these team members work in a number of homes and the risk of cross-infection was high; therefore, we knew the stress levels from some people would likely be higher, particularly those with family members and others to support in their own lives.

Once we completed these calls, we found that many people did not answer the calls or were not too worried about the lockdown, they were understandably prepared for a “short sharp” lockdown- although as it turned out the Auckland area ended up being in level 3 for a total of nine weeks.

Some key takeaways (it is worth noting that these points were taken from the brief notes captured by our team so they should be taken as indicators of the broader response):

- Of 318 employees, we managed to speak directly with or texted 211
- One staff member had passed away since we last used the spreadsheet (not Covid related)
- Physical health—we had one person with a serious reaction to the PPE-7
- Of the 211 direct contacts with staff, three calls had information that needed to be elevated to Coordinators, the implication from this being that staff felt well prepared and communicated with
- 56 people of the 211 we had direct contact with had ideas for things we could do to improve services
- Of the 211 people we spoke with, we recorded 13 people struggling emotionally, feeling overwhelmed or worried about the community spread of the virus and five people specifically mentioned feeling isolated
- Three people commented on poor communication from the organisation
- Five people made a general complaint
- Three people made a specific compliment about the organisation
- Five people specifically mentioned completing training modules
- By far the biggest stressor for our staff was managing family obligations whilst doing their job, particularly those with children also at home.

Overall, staff were comfortable with the individualised plans and protocols that had been developed since our last lockdown and seemed more relaxed and able to handle the challenges presented by the lockdown. They also reported feeling (largely) happy with the communication they had received from the organisation. It was unknown at the start of this lockdown how long it would last, we knew it would be reviewed after two weeks, so many people initially reported enjoying the lockdown.

Community Connections’ work during this period would have been much more challenging if we have been operating in the city of Auckland, although as an organisation we have had periods where we have had regions in different Level stages—providing an added element of complexity for communication with teams. Due to our Hawkes Bay Kaiārahi coming onboard to the Wellbeing team in the first two months of their job, they reported experiencing a great opportunity to develop relationships with many staff members in a short period of time.

This lockdown was less stressful for people; they broadly reported knowing what they had to do and completed tasks efficiently and with confidence. This Wellbeing kaupapa has been fully integrated into the Community Connections’ dynamic response to health and safety challenges and significant events; it has also become part of our everyday practice.

## Notes

- 1 <https://covid19.govt.nz/about-our-covid-19-response/history-of-the-covid-19-alert-system/#alert-levels>
- 2 Coach
- 3 Empowerment through Wellbeing
- 4 Teams delivering personal care supports
- 5 Teams delivering 24/7 supports