COVID-19

From Response to Recovery – the next normal.

Cross sectional design and Thematic analysis of 87 organisational surveys and feedback from 16 Health Service Providers to the COVID-19 response and understanding the 'next normal'.

Detailed Full Report

Abstract

This report seeks to provide further clarity to the Reset, Redesign – Recovery team in terms of understanding what the 'next normal' looks like to the people of the Whanganui DHB rohe. This document follows on from the Strategic Leaders, community response survey and Whanganui River Traders Market feedback analysis and merges and provides interpretation to 87 Organisational Survey responses and feedback from the 16 Health Service Providers through cross sectional study design and thematic analysis. These forms of analysis allow us to determine the relationships between individual survey response concepts and compare them with the wider survey data. By using a cross sectional study design and thematic analysis, there is the possibility to link the various concepts of the individuals and organisations and compare these with the data that was gathered through the strategic leaders interviews, the community response survey, Whanganui River Traders Market feedback and continues to be gathered through the focus groups and wider community engagement.

Report Author

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Background

The impact of COVID-19 on New Zealand has been far-reaching and profound. As at the 16th of September 2020, about 1,802 people have contracted the virus and 25 people have died in New Zealand. Across the globe, over 29.5 million people have contracted the virus and over 933,000 people have died. Health systems have been overwhelmed in many countries and the economic impact is huge and unfolding. The global pandemic and the measures taken to control it have disrupted the lives of all New Zealanders. This has created the need to support the health and wellbeing of the whole population and also ensure we support and address the needs of those most severely impacted, whether that be health and wellness, socially or economically.

The COVID-19 pandemic has tested all aspects of New Zealand society, but with every emergency new opportunities are created. A wider Whanganui rohe integrated emergency operations centre was opened on the 16th of March 2020 in response to the pandemic. This brought the health, social and economic aspects into pandemic response. As this response moved towards recovery, an Integrated Recovery Team was been established to lead the recovery phase of the COVID-19 pandemic. The intention was to plan for recovery from COVID-19 by thinking strategically about 'reset and re-design'. The kaupapa behind this helped form the Integrated Recovery Team (IRT), which also includes Ruapehu District Council and Rangitikei District Council, alongside iwi, government organisations and others.

As the IRT moved from crisis response to recovery mode, it canvassed the community, both individuals and organisations, about their experience of lockdown, what could be done better throughout our region to support people in future, and how organisations can best work together to achieve the best outcomes for our communities.

The next step in this process is to use this feedback, as well as ongoing critical reflection with community groups, to develop a more cohesive structure where health, community, social and economic organisations work together on achieving the aspirations shared with us by the people through this survey and our wider community engagement.

Method

In this report, a cross-sectional analytical study was designed to assess the experiences of the COVID-19 pandemic for members business and health services community. This study was conducted through the use of self-administered surveys and individual interviews with health service providers. Analysis of the data was conducted through both descriptive and thematic analysis.

Participants

All participants were self-identified and participated either through completion of the survey online or by engaging with their Whanganui District Health Board portfolio managers in an individual interview. Participation in the survey had representation from across a range of industry sectors and territorial locations. Organisational surveys were sent out using our main economic development organisations within the Whanganui rohe, namely, MainStreet, the Chamber of Commerce and Whanganui & Partners, databases. Portfolio Managers connected with a selection of Health Service Providers to undertake interviews with, this selection covered a range of Te Ao Māori organisations, age specific care partners (youth and elder) and mental health service providers.

Data Collection

Organisational Surveys

A self-administered survey was developed which asked questions about experiences of COVID-19 and checked on personal and organisational welfare. The survey was then subjected to a review and validation process by members the Integrated Recovery Team to ensure that the survey was sufficiently comprehensive. A pilot of the survey was then carried out with members of the Whanganui and Partners to determine the validity, reliability and clarity of the questionnaire. The feedback was analysed, and a finalised survey was created accordingly (see appendix 1).

The survey variables covered demographics and welfare questions before asking about COVID-19 experiences. Eligible participants were self-nominated through participation in the survey or individual interviews, where the objective of the study was explained. The participants' organisation, names, phone numbers and emails were recorded so that they could be followed up with by the recovery team if required, however, data was kept confidential to protect the privacy of the participants and their organisations.

Individual Health Service Provider Interviews

The Integrated Recovery Team set invited the three portfolio managers at the Whanganui District Health Board to engage with community service providers within their portfolios, to ascertain what their experiences of COVID-19 were in Lockdown. Although each interview began with Q1 and ended with Q4 conversations were not constrained by the interview questions so as to allow new questions or discussion points as a result of each participant's discourse. Both clarification ("What do you mean by…?") and elaboration probes ("Can you give me an example of…?") were used throughout each interview to both prompt the provider representatives in such circumstances and encourage clarity and richness of data. Four questions were asked of them:

1. What new things do you want to keep in regard to your services, initiatives, relationships (that were started during COVID level 4 Lockdown)?
2. What new things will you cease?
3. What previous aspects of service delivery do you want to reinstate?
4. What previous aspects of service delivery do you plan to drop?

Along with the four questions, the provider representatives were asked to think about how the decisions they are making (outlined in the four questions) are likely to impact Māori and have they been involved.

Data Analysis

The depth and richness of the interviews and survey responses is best reflected through the use of both qualitative and quantitative methodologies. In order to objectively analyse the survey and providers responses, descriptive demographics are presented from the survey responses and then the non-binary question responses were put through a text analyser to provide the exact number of times that a phrase or word was mentioned throughout the interviews and survey feedback. We then conducted a qualitative analysis of the survey and providers responses by way of thematic analysis. This was to ensure that the stories, experiences and concepts provided insights by way of themes, into the areas of importance for the members of our community organisations.

Text Analysis

Text Analysis, sometimes called text mining, is a type of quantitative analysis. Text mining is the process of exploring and analysing large amounts of unstructured text data aided by software that can identify concepts, patterns, topics, keywords and other attributes in the data. For the purposes of this report, we have structured this analysis as a complete word analysis (number of times mentioned) and an artificial intelligence (AI) key theme identification based on the text analysis. The key theme analysis is reported in terms of identified themes and percentages. These percentages can total greater than 100, due to the text analysis enabling sentences to be applied against multiple themes where appropriate. These themes were then collated into larger theme groupings where the same topics were mentioned.

Thematic Analysis

Thematic Analysis is a type of qualitative analysis. It is used to analyse and present themes (patterns) that relate to the survey responses and interviews. It illustrates the data in detail among diverse subjects via interpretations. Thematic Analysis is considered most appropriate for studies that seek to discover using interpretations - providing a systematic element to data analysis. It allows us to associate an analysis of the frequency of a theme with one of the whole contents. Thematic Analysis gives an opportunity to understand the possibility of other issues more widely. Namey et al. (2008) stated, "*Thematic [analysis] moves beyond counting explicit words or phrases and focuses on identifying and describing both implicit and explicit ideas.*"

Thematic Analysis allows us to determine subjectively the relationships between concepts and compare them with the replicated data. By using thematic analysis, there is the possibility to link the various concepts and opinions expressed in the survey and interviews and compare these with the data that has been gathered in focus groups, strategic leader interviews, community survey and market feedback and the wider community engagement.

The process for thematic analysis will follow a method of coding and verifying triangulation thematic mapping. Guest et al. (2012) describe four basic steps in undertaking thematic analysis:

1. Familiarisation with, and organisation of, transcripts.
2. Identification of possible themes (coding)
3. Review and analysis of themes to identify structures (coding and thematic analysis)
4. Construction of themes, constantly checking against new data (thematic analysis and triangulation)

Coding

The data consisted of the notations taken throughout the 16 semi-structured interviews and the quotes taken from the survey responses. Drawing on principles and techniques from grounded theory, the data were read and reread several times and open coding was used to initially mark parts of the survey responses and interviews that suggested a theme. The constant comparison method was used to determine whether a chunk of text would be placed in an existing theme or a new one. During this phase, we reviewed the coded data extracts for each theme to consider whether they appear to form a coherent pattern. The validity of individual themes was considered to determine whether the themes accurately reflect the meanings evident in the data set as a whole (Braun & Clarke, 2006). During this phase, some themes did not have enough data to support them or the data was too diverse. Some themes collapsed into each other while other themes needed to be broken down into separate themes. Selected themes needed to be refined into themes that were specific enough to be discrete and broad enough to capture a set of the ideas contained in numerous text segments.

Verifying triangulation thematic mapping

This process consisted of having two other people within the team read and then re-read the interview notes and survey responses and undertake a thematic mapping process. These were then matched against the initial thematic analysis to ensure that the themes were consistent across the verifiers and the initial reported themes. If they matched, the theme was identified as a core theme, if they did not match these were moderated to either form part of a larger theme or became a subtheme within this report.

Results

Descriptive Analysis

Demographics

A total of 87 individuals from organisations completed the organisational survey. Organisational demographic data was obtained during the survey.

Sector which the survey response organisations work within:

Sector	Count
Accessibility/disability	11
Arts & Crafts	4
Capacity Building / Mentoring...	6
Community Safety	9
Community and Social Services	24
Cultural	11
Education	26
Environment / Sustainability / ...	4
Events and Venues for Hire	3
Faith	7
Finance / Funding	1
Health	25
Heritage	1
Maori	12
Media	0
Migrant and Resettled Comm...	1
NZ Police	4
Pasifika	5
Project Management	4
Rainbow Community	2
Seniors	15
Sport and Recreation	2
Transport	7
Youth	13
Manufacturing	4
Retail	6
Tourism	3
Hospitality	3
Other	28
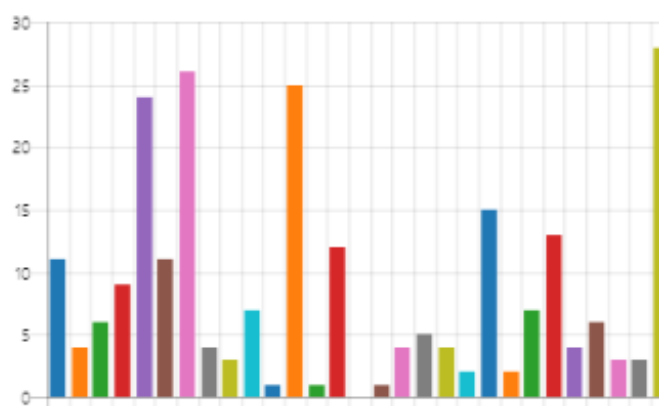
Of those that responded with 'other', they identified their organisations working primarily within waste reduction, building and construction, Information Technology and Design, legal and property.

When asked about their location, respondents advised:

| LOCATION PROFILE		
Location	Count	Percentage
Rangitikei District Council Area	14	16
Ruapehu District Council Area	3	3
Whanganui District Council Area	29	33
Across the Whanganui DHB Rohe	41	47

Closed Questions

The survey presented several closed questions to ascertain the levels support required, the timeframe it is required within and the effects of COVID that members of our business community had during the Level 4 Lockdown. Follow-up exploratory questions were then presented to ask the participants to think and reflect on what things should be done differently, or remain the same within the post COVID environment.

Question 1: Does your organisation need support in the immediate term (the next 3 months) to continue to deliver its services?

Of those surveyed, 18 participants (21 percent) outlined that they will need support in the immediate term (Figure 1). Of the 18 participants that responded that they do need support, three were located in the Rangitikei, seven in Whanganui City and eight who operate across the wider Whanganui rohe.

Figure 1: Immediate support required
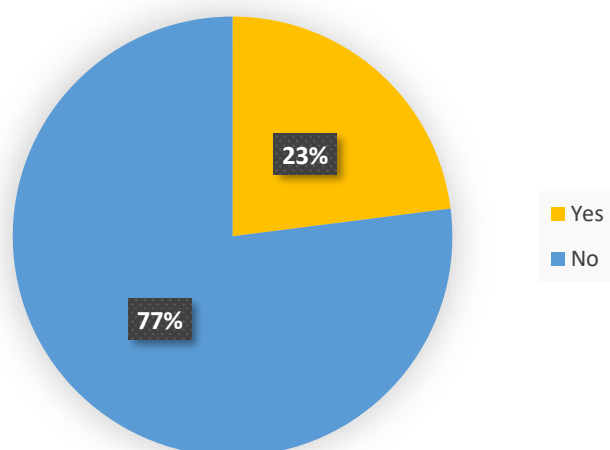
Question 2: If yes, which of the following areas does your organisation need support in the short term?

Those participants who answered yes to question 1, were asked to answer this question and were able to select multiple responses (Figure 2). The options presented were: Developing organisational capacity in adapting to alternative modes of delivery, Developing organisational capacity in using new digital technologies, Developing organisational capacity in organisation restructure such as scaling up or down, Recovery planning and business continuity, Financial support, Flexibility in existing funding arrangements, Building strategic partnerships for collaboration, Exploring social innovation and

enterprise and other. Of those surveyed, 14 participants (78 percent) outlined that they will need financial support. The next most requested type of support was 'Building strategic partnerships for collaboration' (10 participants). Two participants answered 'other' and outlined 'lack of clients' and 'Finding a domestic market that would use my services' as supports required. Any respondent who indicated that they required support had their details passed onto their local economic development agency to follow up with them.

Figure 2: Type of support required in the immediate term
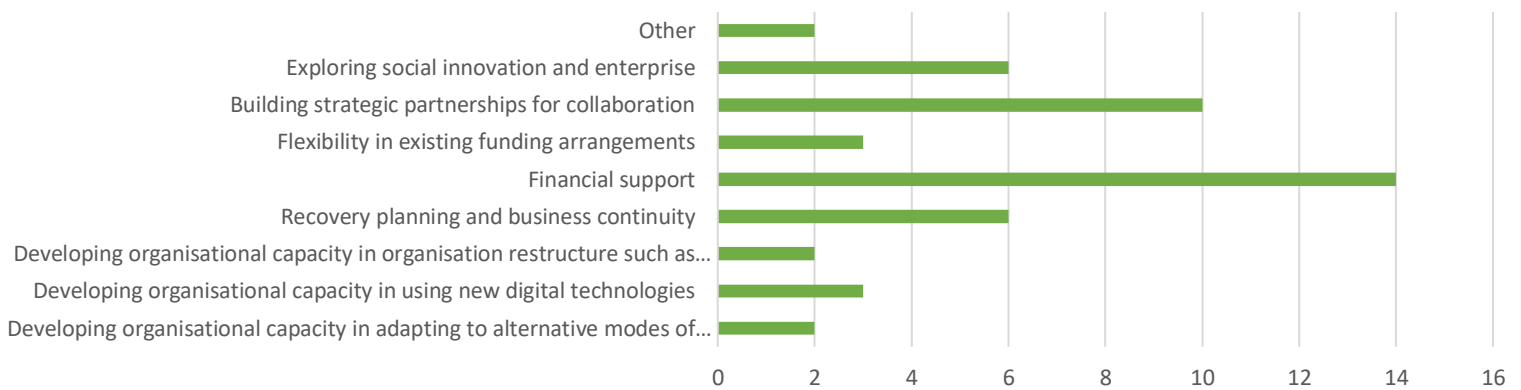
Question 3: Does your organisation need support in the longer term (the next 6-12 months) to continue to deliver its services?

Of those surveyed, 20 participants (23 percent) outlined that they will need support in the longer term (Figure 3). Of the 20 participants that responded that they do need support, five were located in the Rangitikei, four in Whanganui City and 11 who operate across the wider Whanganui rohe. Five of the participants who indicated that they would need immediate support indicated that they would not need longer term support. Seven people indicated that they would need longer term support but not immediate support – with 13 participants indicating they need both immediate and long-term support.

Figure 3: Longer-term support required
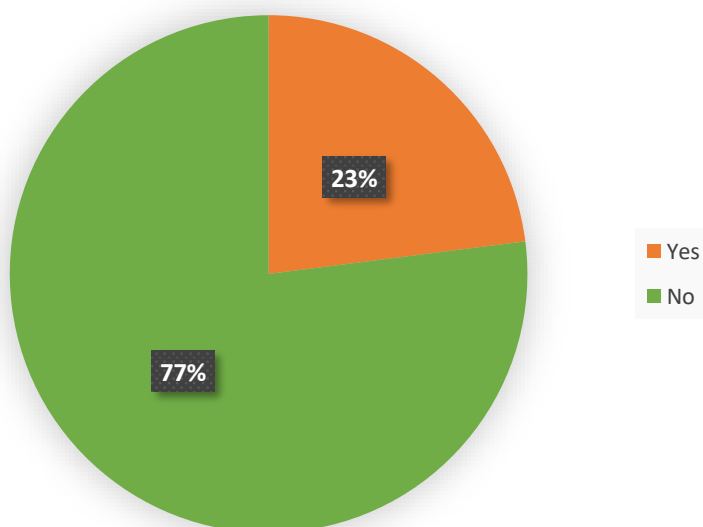
Question 4: If yes, which of the following areas does your organisation need support in the longer term (6-12 months)?

Those participants who answered yes were asked to answer this question and were able to select multiple responses (Figure 4). The options presented were the same for the immediate support questions. Of those surveyed, 15 participants (75 percent) outlined that they will need financial support. The next most requested type of support was 'Building strategic partnerships for collaboration' (Eight participants). Two participants answered 'other' and one outlined 'that it will depend on the availability of new grants/donations' as to what support is required required. Any respondent who indicated that they required support had their details passed onto their local economic development agency to follow up with them.

Figure 4: Type of support required in the longer-term
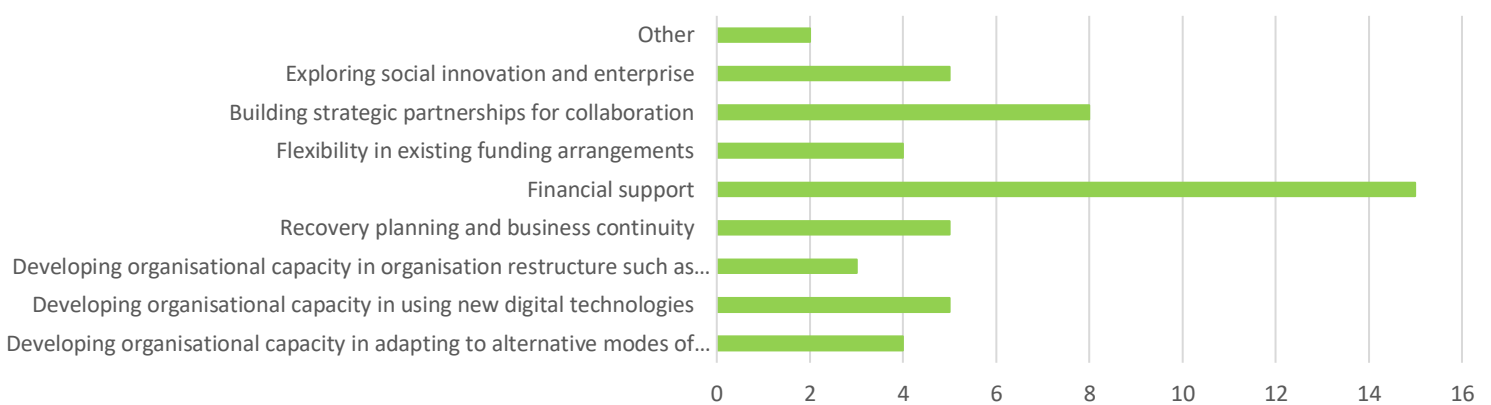
Question 5: Did your organisation continue delivering services during COVID-19 alert levels 4 and 3?

60 participants (69 percent) outlined that they continued to deliver services throughout level 3 and level 4, with 12 participants throughout level 3 only (Figure 5). Of the 15 participants that were not able to operate in level 3 or 4, four were from Rangitikei, four from the wider Whanganui rohe and seven from the Whanganui city area. The main sectors affected by not being able to operate in Level 3 or 4 were: professional education, tourism and hospitality.

*Figure 5: Operating during lockdown levels*
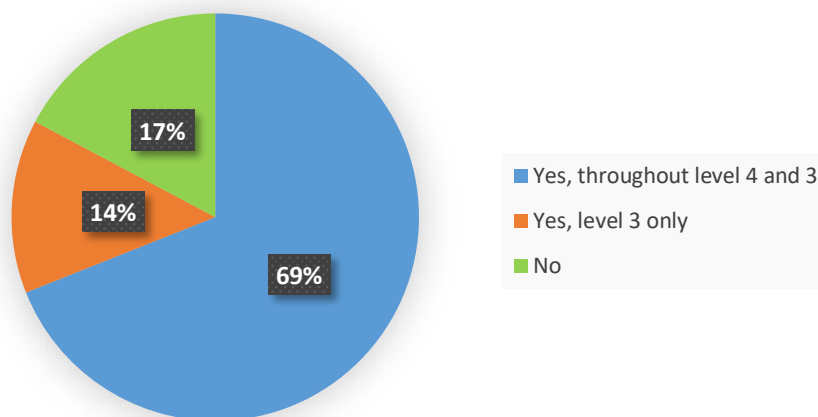
Question 6: If yes, did your organisation deliver the same or different services?

Those participants who answered yes to question 5 were asked to answer this question. The options presented were: Delivered the same service in a different way, Shifted focus to a different Service, and Delivered the same service in the same way. Of the 72 participants who could operate in level 3 or 4, 54 participants (75 percent) outlined that they delivered the same service in a different way. Seven percent shifted their focus and 18 percent delivered the same service in the same way. For those that continued to deliver the same service in the same way, the organisations primarily operated in insurance or IT businesses, of those that delivered in a different way, they were mostly in the health and education sectors, and those that shifted focus were in the community and social services sectors.

Question 7: If your organisation changed its services, what did you change to?

40 participants answered this question and were able to select multiple responses (Figure 6). The majority stated 'other' (18 participants) with the supply of food and household goods and supporting vulnerable populations being the next highest reported change in services. Of those that stated 'other', many changed their services from face-to-face to online (counselling or educational classes), some had to reduce staff to only essential team members, and others to managing teams to work from home vs onsite. Many of these responses are further supported by their answers to question 8 below.

Figure 6: Changes to organisational services
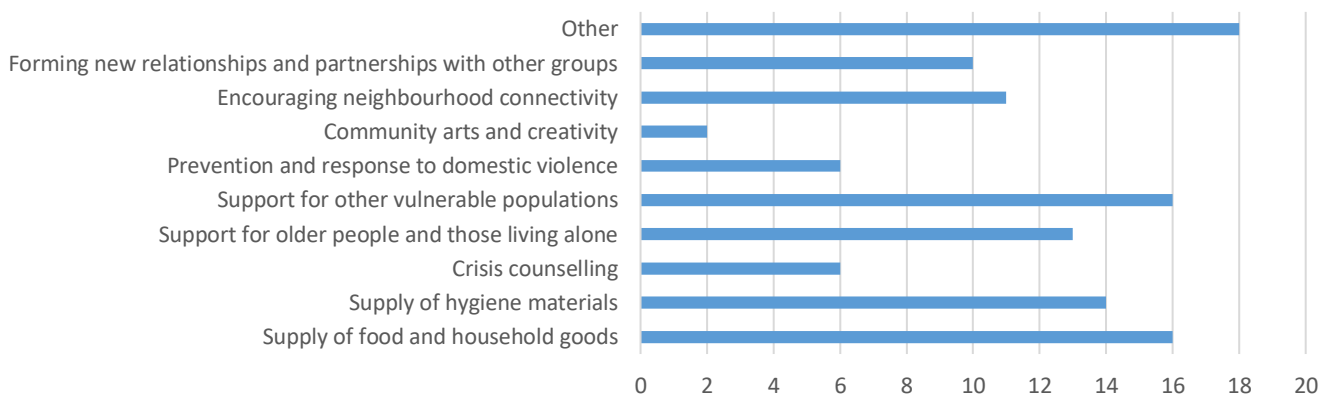
Question 8: During alert levels 4 and 3, how did the mode of delivery change?

Participants were able to answer with multiple responses, and the options presented to them were: We shifted our service provision online, we provided a contact-less (but not digital service), we supported the operations of another organisation and other (Figure 7). The primary response was other with 22 participants selecting this option, followed by shifting service provision online (17 participants) and provision of contact-less services (15 participants) – only two organisations indicated that they supported the operations of another organisation. The organisations that supported other were based in the Rangitikei and work within the disability and manufacturing sectors. Of those organisations that answered 'other', the majority provided limited in person visit services in combination with online offerings – these were primarily in Disability, Health, Community and Social sectors.

Figure 7: Changes to models of delivery
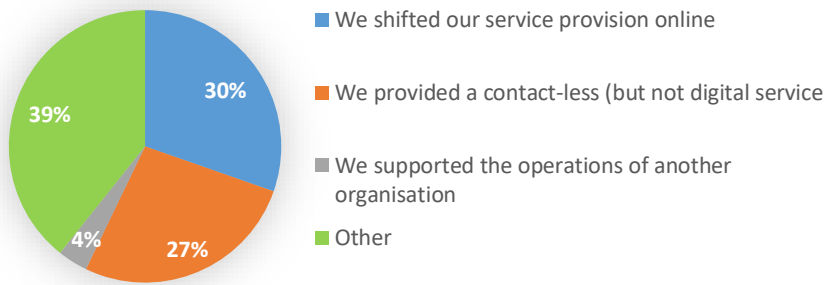
Question 9: Has COVID-19 changed the demand for your services?

Of those surveyed, 23 participants (26 percent) indicated that the demand for their services had increased – these organisations were primarily in the disability and IT sectors. 39 participants indicated that the demand for their services and 25 outlined that the demand for their services had reduced. Of those that outlined that their demand for services had reduced, unsurprisingly, the organisations operated primarily in tourism, hospitality and education sectors. The majority of these organisations identified as working across the Whanganui rohe.

Question 10: Have you been able to access additional funding as a result of COVID-19?

32 participants indicated that the level of funding for their organisation had increased as a result of COVID-19, 45 outlined it had remained the same and 10 reported that it had decreased. For those who reported a reduction in funding, most work within the community and social services, which further has corresponded for many with an increase in demand for their services and an identified immediate or medium term need for financial support.

Question 11: Have you been able to access additional volunteers as a result of COVID-19?

The majority of the organisations who participated in the survey indicated that they do not use volunteers (68 percent), 18 percent indicated that their volunteer base had either increased or remained the same, with 14 percent having had their number of volunteers reduce. Of the 12 participants (14 percent) who indicated that they had had a reduction in volunteers operate in the community/social and aged care sectors and operate either in the Rangitikei or across the wider Whanganui rohe. Research supports indications that there has been a reduction in volunteers, with the Australian National University (2020) reporting that 2 in 3 volunteers stopped work, and Radio New Zealand (2020) stating that community organisations were 'crying out' for volunteers as many are over 70 years old themselves and therefore needed to isolate. Locally, this was the experience of the Health Shuttle Service with a co-ordinated regional effort being required due to regular drivers no longer being able to support the service throughout lockdown.

Question 12: Do you or your employees require support around mental health and wellbeing?

9 of the 87 respondents indicated that their employees required support around mental health and wellbeing. If a participant responded yes, they were presented with a follow up question (12a) asking what support they required so that their details could be passed onto our most appropriate partner in care (economic development agencies, health partners and Red Cross) to follow up with them directly. The majority required information on how their teams could access mental health and

psychological supports, with some requesting support to help their teams deal with isolation and loss of household income.

Question 12b: Does your organisation have access to EAP (Employer Assistance Programme) or another support service like this?

Linked to question 12, 57 percent (50 respondents) indicated that their organisation does not have access to EAP or equivalent programme to support their team members. 43 percent of the organisations were able to provide this immediate level of support to their teams. Six of the nine respondents who indicated that they require support in question 12 do not have access to an EAP or equivalent programme.

Question 13: Thinking about the next 3 months, what are the top 5 immediate challenges or concerns for your organisation?

All participants answered this question and were able to select multiple responses (Figure 8). The majority stated that their most immediate challenges were ensuring their services were reaching those that needed the services the most, and how, as organisations they will innovate and adapt to the world post COVID-19. Of those that responded with 'other', some identified 'planning for the future', 'access to overseas travel for clients' and others 'Human resource' or 'loss of staff'.

Figure 8: Top 5 immediate challenges in the next 3 months
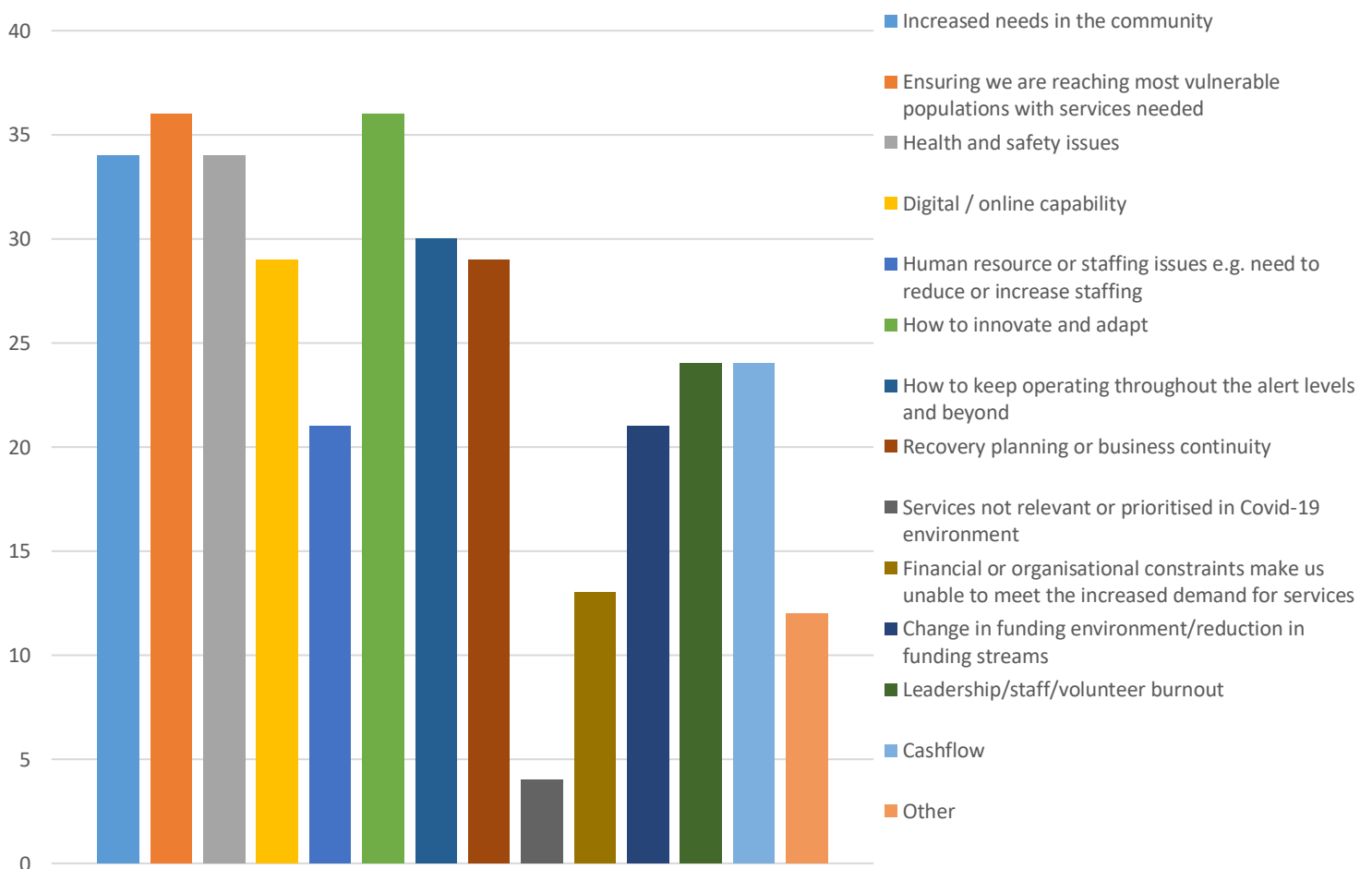
Question 14: Thinking further ahead to the next 6-12 months, what are the top 5 longer term challenges or concerns for your organisation?

All participants answered this question and were able to select multiple responses (Figure 9). The majority stated that their longer term challenges were the same as their immediate challenges, in ensuring their services were reaching those that needed the services the most, and how, as organisations they will innovate and adapt to the world post COVID-19. Of those that responded with 'other', the same issues identified in Question 13 were reemphasised.

Figure 9: Top 5 longer term challenges
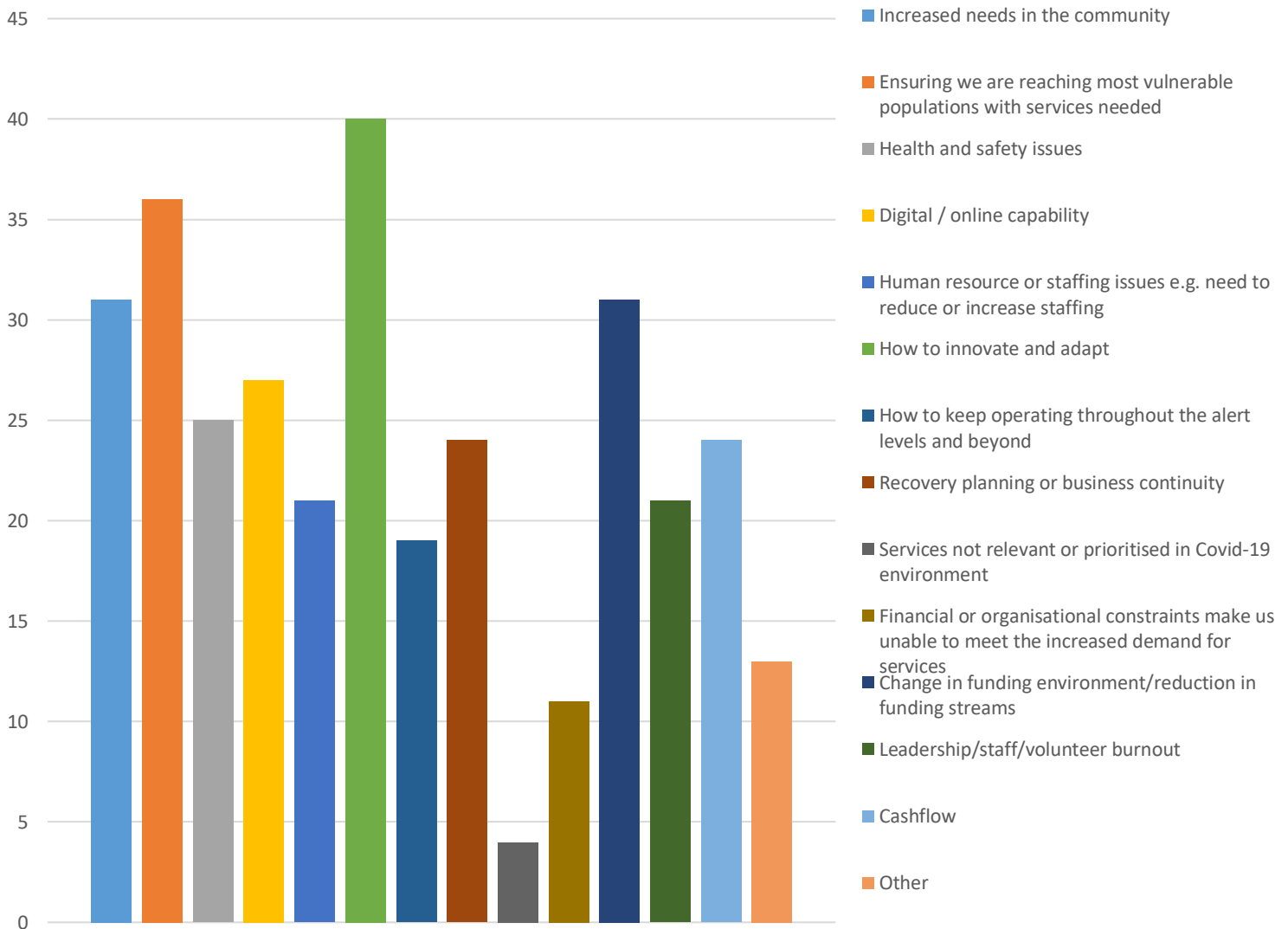
Question 15: Have you experienced any of the following positive outcomes or trends as a result of COVID-19?

Participants were able to answer with multiple responses (Figure 10), and the options presented to them were: Increased connection/partnerships with other organisations, Increased connection to our community, Access to new revenue streams, Expanded reach through online delivery and Increase in digital knowledge. 44 participants indicated that a positive outcome was an increase in their overall digital knowledge which is consistent with the findings from Vodaphone NZ which indicated that COVID has pushed digital adoption forward by 2 years; "Many hard-working business owners perhaps

felt they didn't have the time, the budget or the resources to make the move to a new technology. However, where technology may not have been a high priority in the past, companies are now realising they need it if they are going to survive" (Mandow, 2020). In terms of community and organisation connectiveness being rated highly as a positive of the crisis, these results are consistent with the findings in the 24 Strategic leaders' interviews, the community response survey and Whanganui River Traders Market feedback reports.

Figure 10: Positive outcomes and trends post COVID-19

Legend:
- Increased connection/partnerships with other organisations
- Increased connection to our community
- Access to new revenue streams
- Expanded reach through online delivery
- Increase in digital knowledge
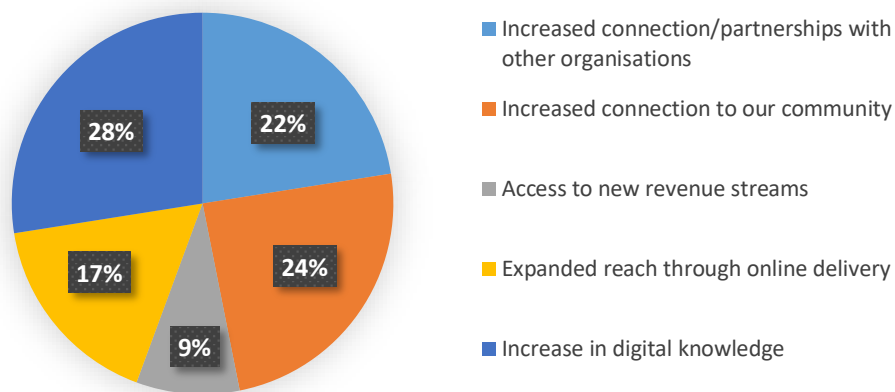
Question 16: Is there any service, support, learnings or offering you feel you could share for the benefit of other community organisations?

28 of the 87 respondents indicated that they did not believe there was any service, support, learnings or offerings that they could share for the benefit of other community organisations. The equivalent respondent percentage was 'Building strategic partnerships for collaboration' (32 percent) with the next most selected being 'adapting to alternative models of care' (25 percent) and 'using new digital technologies' (25 percent) – these top three support the positive outcomes identified in Question 15.

Figure 11: Positive outcomes and trends post COVID-19

Legend:
- Developing organisational capacity in adapting to alternative modes of delivery
- Developing organisational capacity in using new digital technologies
- Developing organisational capacity in organisation restructure such as scaling up or down
- Recovery planning and business continuity
- Financial support
- Flexibility in existing funding arrangements
- Building strategic partnerships for collaboration
- Exploring social innovation and enterprise
- No
- Other

If a participant responded with other, they were presented with a follow up question (16a) asking if they could provide further information. Responses included supporting organisations with training, education, sustainability (waste reduction and environmental) and creating strong relationships with iwi and community partners.

Exploratory Questions

Question 17: Over this time, how have your services/initiatives /relationships made a difference for Māori wellbeing?

This question was asked directly after Question 9 of this analysis and was question 15 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 1760 words analysed. The breakdown of the top five words mentioned were:

1. Support
2. Whānau
3. Community
4. Services
5. Phone

Collectively they attributed 5.8 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- Support community-based services [*79.16%*]
- Reducing access issues for Maori [*27.84%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 88 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. Support for whānau in their communities
2. Reducing equity issues

Question 18: What are some of the positive outcomes or trends you have experienced as a result of COVID-19?

This question was asked directly after Question 14 of this analysis and was question 24 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 2157 words analysed. The breakdown of the top five words mentioned were:

1. Community
2. People
3. Work
4. Support
5. Family

Collectively they attributed 7.3 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- A focus on the community and an increase in services being provided to the community [*67.13%*]
- Collaboration and support between organisations [*29.37%*]
- Work, life balance [*23.02%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 123 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. Organisations working together with the community to deliver services where needed
2. New ways of working more flexibly.

Question 19: As a result of COVID-19, what new things should we keep?

This question was asked directly after Question 16 of this analysis and was question 26 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 1422 words analysed. The breakdown of the top five words mentioned were:
1. Remote
2. Services
3. Online
4. Options
5. Community

Collectively they attributed 4.7 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- Providing services remotely [*47.72%*]
- Providing Services in the community [*39.69%*]
- Reduced barriers to accessing services [*22.22%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 48 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:
1. Support community-based services and new ways of working
2. Reducing equity issues

Question 20: As a result of COVID-19, what new things we will cease?

This question was question 27 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 685 words analysed. The breakdown of the top five words mentioned were:
1. Nothing
2. Meetings
3. Greetings
4. Working (from home)
5. Distancing

Collectively they attributed 16.7 percent of the total word count.

Key theme identification based on text analysis – 'Nothing' has been removed for the purposes of this analysis:

Main Topics:
- New ways of working [*23.47%*]
- Social distancing [*12.78%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 32 coded units. Through this coded data, one theme was developed. The theme combined both the positive and negative reported experiences. The theme was:
1. New ways of working

Question 21: As a result of COVID-19, what old things we will reinstate?

This question was question 28 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 764 words analysed. The breakdown of the top five words mentioned were:
1. Face-to-face
2. Staffing
3. Visitors
4. Service
5. Programmes

Collectively they attributed 7.6 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- In person meetings [*54.12%*]
- Social gatherings and occasions [*34.59%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 43 coded units. Through this coded

data, one theme was developed. The theme combined both the positive and negative reported experiences. The theme was:

1. In-person interaction

Question 22: As a result of COVID-19, what old things we will drop?

This question was question 29 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 567 words analysed. The breakdown of the top five words mentioned were:

1. Nothing
2. Meetings
3. Kai (drop offs)
4. Travel
5. Silos

Collectively they attributed 5.6 percent of the total word count.

Key theme identification based on text analysis- 'Nothing' has been removed for the purposes of this analysis:

Main Topics:
- Cessation of working in silos [*26.31%*]
- Support for the community [*22.28%*]
- Cessation of non-essential travel [*13.16%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 27 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. Organisations working together with the community
2. Reducing equity issues

Question 23: If you were given the opportunity to redesign health services within our district, what would you do?

This question was question 30 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 1912 words analysed. The breakdown of the top five words mentioned were:

1. Funding
2. Services
3. Community
4. Access
5. Mental (Health Services)

Collectively they attributed 7.3 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- A focus on holistic wellness [*62.22%*]
- Change funding to focus on the community [*34.23%*]
- Free access to healthcare (across the system including Dental) [*21.67%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 113 coded units. Through this coded data, three themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. Organisations working together with the community to deliver services where needed
2. Reducing equity issues
3. A greater focus on the whole person (holistic/whānau ora).

Question 24: In the future, how would any changes in the way you operate or deliver services, improve equity of outcomes for Māori?

This question was question 31 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 1872 words analysed. The breakdown of the top five words mentioned were:
1. Support
2. Access
3. Community
4. Services
5. Provide

Collectively they attributed 5.8 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- Support community-based services – indigenous design [*65.13%*]
- Reducing access issues for Maori [*29.65%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 83 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. Organisations working together with the community to deliver services where needed
2. Reducing equity issues

Question 25: Is there anything else you would like to share with us regarding the challenges and opportunities COVID-19 has provided for your organisation?

This question was question 34 of the survey. Please refer to Appendix 1.

Text Analysis

The text analysis for this question had 1725 words analysed. The breakdown of the top five words mentioned were:

1. Digital
2. Collaboration
3. Community
4. Time
5. Lockdown

Collectively they attributed 6.8 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- A focus on the community [*33.66%*]
- Collaboration and support between organisations [*25.47%*]
- Utilisation and integration of technologies [*18.66%*]
- Social isolation and lockdown [*15.40%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 80 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. New ways of working more flexibly.
2. Organisations working together with the community to deliver services where needed

Question 26: What new things do you want to keep in regard to your services, initiatives, relationships etc.

This question was question part of the series asked of the Health Service Providers.

Text Analysis

The text analysis for this question had 2011 words analysed. The breakdown of the top five words mentioned were:

1. Support
2. Relationships
3. Digital
4. Access
5. Services

Collectively they attributed 4.6 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- Support and Access to services [*41.41%*]
- Collaboration and support between organisations [*21.32%*]
- Utilisation and integration of technologies [*18.66%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 65 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. Reducing equity issues
2. New ways of working more flexibly.
3. Organisations working together with the community to deliver services where needed

Question 27: What new things will you cease?

This question was question part of the series asked of the Health Service Providers.

Text Analysis

The text analysis for this question had 425 words analysed. The breakdown of the top five words mentioned were:

1. People
2. Lockdown
3. Response
4. Transport
5. Doing (so much)

Collectively they attributed 7.2 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- Bringing back in-person meetings [*63.44%*]
- Lockdown [*15.56%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 15 coded units. Through this coded data, one theme was developed. The theme combined both the positive and negative reported experiences. The theme was:

1. In-person interaction

Question 28: What previous aspects of service delivery do you want to reinstate?

This question was question part of the series asked of the Health Service Providers.

Text Analysis

The text analysis for this question had 367 words analysed. The breakdown of the top five words mentioned were:

1. Support
2. Face-to-face
3. Groups
4. Access
5. Training

Collectively they attributed 5.1 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:
- Support and Access to services [*36.87%*]
- Bringing back in-person meetings/training [*21.59%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 23 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. In-person interaction
2. Organisations working together with the community to deliver services where needed

Question 29: What previous aspects of service delivery do you plan to drop?

This question was question part of the series asked of the Health Service Providers.

Text Analysis

The text analysis for this question had 229 words analysed. The breakdown of the top five words mentioned were:
1. COVID-19
2. Isolation
3. Poor (service, no longer tolerating)
4. Paper
5. Impact

Collectively they attributed 4.3 percent of the total word count.

Key theme identification based on text analysis:

Main Topic:
- Lockdown and isolation requirements [*61.84%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 9 coded units. Through this coded data, one theme was developed. The theme combined both the positive and negative reported experiences. The theme was:

1. In-person interaction

Question 30: How does this impact on Māori?

This question was question part of the series asked of the Health Service Providers.

The text analysis for this question had 1365 words analysed. The breakdown of the top five words mentioned were:

1. Support
2. Access
3. Whānau
4. Iwi
5. Health

Collectively they attributed 5.6 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:

- Support community-based services – indigenous design [*41.26%*]
- Reducing access issues for Maori [*36.79%*]
- A focus on holistic wellness [*28.44%*]

Thematic Analysis Summary

The coding of the survey data for this question resulted in a total of 67 coded units. Through this coded data, two themes were developed. The themes combined both the positive and negative reported experiences. The themes were:

1. Reducing equity issues
2. Organisations working together with the community to deliver services where needed

Discussion - Themes

The analysis of the survey responses and the health provider interviews led to the formulation of three core themes and two subthemes. These themes were:

Core themes

- New ways of working
- In-person interaction
- Reducing equity issues

Subthemes

- *New Ways of working*
    - Collaboration in design and delivery of services with our communities
    - Focus on holistic wellbeing

New ways of working

This core theme has been previously identified as important in the 24 strategic leaders interviews (Collaboration between partners in care, a focus on the community and the ways we are working) and the community survey and river market feedback (changes in the way we operate as organisations and understanding and supporting our communities). The business community has outlined that in a post COVID-19 world, organisations need to work in a more agile and collaborative manner, identifying opportunities for change in the way things are funded, support towards operating economically in lockdown levels and focusing more on the overall wellbeing of individuals, the community and the economy. It emphasises the importance to act rather than react. Even as the COVID-19 crisis continues to create a world of uncertainty, the goal must be to rebuild for the longer term. Companies that are strong and resilient will be better placed to survive and prosper (Sneader et al*., 2020).

In a COVID-19 world, organisations have been forced to consider the way they operate and interact with their customers and clients – for example social distancing, utilisation of technologies, contactless operations, reduction of in-person meetings, changes to greetings etc. The way we encourage this safe way of operating, through changes in service delivery, funding decisions and active collaboration between agencies will support the ability for our businesses to contribute to regenerative economies and thriving communities.

Intuitively, we understand that the crisis will not only leave many organisations struggling for survival but will also force some to look for alternative strategic paths. While on the one hand, the COVID-19 crisis has imposed enormous challenges on businesses, on the other, it has also necessitated innovations, presenting organisations with opportunities to identify new business models that will allow them to survive through the crisis.

> *"Improve networking & integration between hospital and community based services. More respect and funding for primary health, community services."*

> *"New relationships were formed, old relationships strengthened, working together in a crisis situation merely showed what we have always known what we as a people are capable of for our people."*

"Flexible working environments - ability to react quicker to future pandemics. Need to ensure personal hygiene levels are kept up and the need to stay home if unwell."

"Communication with businesses to make sure they are aware of what's available and to assist where we can to make sure they remain open and employing people, making sure businesses are moving to online platforms as well as normal regional business."

"The flexibility of having an added option of online service delivery to clients who prefer it."

"A mixture of onsite & distance working & flexible working hours. Increased use of digital platforms to reduce travel & increase participation & engagement."

"New service delivery models. Virtual and paperless processes."

"Flexibility of hours for staff. Ability to work from home. Remote access to computer systems."

"The ability to provide digital and tele-consultations, flexible appointment times."

"Connectivity with all groups Mainstreet, Whanganui and Partners. Iwi business, Chamber of Commerce to have a concise plan moving forward to be more effective in obtaining results for our business."

"The worry is that we just fall back into pre Covid-19 ways, so we are deliberately reviewing to ensure that this does not happen."

Collaboration in design and delivery of services with our communities

Co-design is intrinsically linked to the notion of empowerment (Zamenopoulos et al., 2019). The term empowerment has been widely used in co-design contexts such as community architecture (Sanoff, 2010), community planning (Friedmann, 1992), social innovation (Manzini, 2015) and participatory design (Bødker, 1996). Generally, empowerment has been used to express a view of co-design as a process that helps people to take control of their lives, develop critical awareness and knowledge about their situation, as well as develop long lasting skills and capacities to participate and shape their own environment beyond the confines of their immediate situation post COVID-19 (Zamenopoulos and Alexiou, 2018). By enabling collaboration with our communities and businesses, we can support a movement of change within the Whanganui rohe, towards the empowerment of our communities to co-design thriving communities and regenerative economies that create wellbeing for all people, places and the planet.

Participants within the survey and interviews indicated the need to work together, to listen to the community's and businesses aspirations, and to operate within the sense of 'goodwill' for the betterment of the community. They outlined their aspirations for health to work in a more community focused (less hospital centric model) and that councils are stronger advocates for quality housing, water, economic development and neighbourhood regeneration.

"More focus on providing health interventions that support wellness, including lifestyle interventions, stronger advocacy for good quality housing for all, healthcare/wellness support opportunities taken into communities rather than communities needing to come to healthcare"

"Greater use of one-stop-shops for all clinical and social health needs. Reducing the need for separate appointments and separate travel for GP, pharmacy, specialist services, hospital services, social services, cultural services, MSD, Oranga Tamariki etc."

"Make sure all medical providers are part of the plan not just selected groups, this would speed up the response especially when we have skill locally, a register of the ability of health professionals to tap into the knowledge."

"Engage and fund community groups better to be the ambulance at the top of the cliff. Explore ways to ensure people remain in their own homes and remain a vital part of their communities. Collaboration/coordination/merging/stocktake of services to avoid duplication and create a better flow through the "system" for people."

"Bring people together to seriously look at what an integrated health system might look like in the community and in conjunction with the other health systems. Be creative, be innovative, make it work for the community."

"Community connectedness and kindness, renewed focus on the importance of people"

"Helping each other and being kind to one another not just in extreme conditions like Covid-19. "

"Collaboration of organisations A strong sense of goodwill"

"Innovative ways of service delivery and collaborative approaches thinking about different ways to carry out roles. Providing a range of services to remote communities".

Focus on holistic wellbeing

As with the core theme of 'New ways of working', a focus on holistic wellbeing was identified by the 24 strategic leaders as important (Focus of the social determinants of health) and outlined in the survey responses and interviews with relation to redesigning health services and impacts for Māori. A holistic take on wellbeing, however, is more than just the societal contributory factors (education, employment, housing etc), but also at a more individual and whānau level. Mason Durie in 1982, clearly articulated the premise behind holistic wellbeing in his model 'Te Whare Tapa Wha' (Durie, 1998). With its strong foundations and four equal sides, the symbol of the wharenui illustrates the four dimensions of Māori well-being. Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell. In a traditional Māori approach, the inclusion of the wairua (the spiritual dimension), the role of the whānau (family) and the balance of the hinengaro (mind) are as important as the physical manifestations of illness. The importance of taking this holistic approach and integrating it into healthcare was outlined as essential.

"The COVID-19 response somewhat slowed the implementation of Hokai Rangi, the Department of Corrections strategy. This is gaining momentum again post move to level 2 - Our strategy strengthens our approaches, and working with Māori in our care, their whānau, and all of our partners, we expect to improve wellbeing outcomes. A consequence of this will be a reduction in the current disproportionate recidivism and imprisonment rates, and ultimately greater community safety."

"Continued to maintain provision of holistic care throughout the challenging time for all whanau."

> *"More communication with the client/patient from health services Lack of consideration re culture of the client/patient Lack of health services support for client/patient with mental issues"*

> *"Make sure that strategies are put into place that ensure Te Whare Tapa Wha is not compromised. Te Taha Wairua must become an integral (not token) part of any health strategy to benefit all cultures."*

> *"The idea that a community's health and well being is everyone's responsibility and it needs to be acknowledged and encouraged. That if the vulnerable are cared for, the community as a whole benefits. Environmental gains made by cleaner air due to less traffic on roads. People working from home People being able to cater for themselves, learning to cook and grow vegetables. Looking after your neighbours."*

In-person interaction

Survey respondents indicated that the resumption of in-person services may be further delayed due to the varying lockdown levels and the requirements for social distancing. While some business and organisations have been able to move their service provision online, other rely on in-person interaction and the meaningful contact that this brings, for the success of their service. The telehealth patient experience report (McGregor and Carey, 2020) indicated that although technology should be used as a suite of services, solely online service delivery is not the preference, and can sometimes hinder progress with patients and their whānau. Furthermore, several of the community and social organisations that responded to the survey indicated the increasing loneliness that is being created through a lack of touch and social gatherings/support/community groups.

Positive human touch is an integral part of human interaction. Whether it's a warm embrace, a reassuring hand on the shoulder or one arm linked through another, physical contact is a large part of how we show concern and establish camaraderie with friends and loved ones. But as we practice social distancing to prevent the community spread of COVID-19, platonic physical touch among friends and colleagues is off limits. When physical contact becomes limited—or, in some cases, eliminated—people can develop a condition called touch starvation or touch deprivation (Pierce, 2020). During this pandemic, support and community groups have been essential for people to feel like there is a collective experience, even though they may have to remain physically distanced. A re-coming-together has enabled a sense of purpose and reduction in social isolation in the lower lockdown levels.

> *"Ability to have meetings face-to-face with people and their families/whanau. In some situations, it has been difficult to determine whether the person has fully understood the conversation by phone. Some calls would have lacked privacy for this reason – e.g. in hospitals or ARC facilities, where staff facilitated the phone call."*

> *"Face-to-face meetings with other stakeholders will also be resumed whenever possible – without the continuity of regular meetings, the relationships are not as strong."*

> *"Support groups – older persons coffee and peer support group and Children's Group."*

> *"We will keep aspects of technology going to support those that need to work remotely in future, however after this time we all much prefer face to face meetings where possible."*

> *"Keeping in contact with whanau and others is not new but we must make more time to maintain meaningful relationships with customers and students."*

"Meeting up with friends, having gatherings, meetings etc."

"From business perspective - more face to face networking, door knocking for Clients"

"We will reinstate group outings when the time is right"

Reducing equity issues

Within the wider Whanganui rohe, ethnic inequities between Māori and non-Māori are the most persistent and compelling in health. These differences are further increased when factoring in people who live in rural areas or socio-economic areas of deprivation. In order to address these inequities, we need to partner with Māori as the foundation of success. This is around indigenous co-design in a manner that is mana enhancing for those involved and our communities. Recognising that Māori have their own health aspirations, priorities, goals and ways of working, we need to partner with and work alongside Māori, offering tools, resources and support to advance Māori health, so all Māori and non-Māori can live long, healthy lives in thriving communities. Good health for everyone demands a society that is fair and just, committed to equal opportunities as well as equal outcomes, and ready to shift the focus if that is needed (Durie, 2019). Many survey respondents indicated that the way they operate their business is not ethnicity biased, and that they believe there is nothing more they can do to support Māori inclusion. However, of the health service providers, a number indicated that there was much work to do to reduce the inequities.

"Address the issues of systemic racism and colonialisation that preference old white men"

"Find better ways to communicate that we want to support Māori-led organisations on their terms. It is our responsibility to provide the support that is wanted, needed, and helpful but we are not able to decide what that support or mahi needs to be."

"Greater emphasis on face-to-face time helps address 'digital divide' issues which often prove to be an added barrier for Maori."

"Involve Maori in the decisions - have them sitting around the table."

"Develop stronger relationships with Iwi leaders for collaboration, understanding and guidance. Work in partnership to provide culturally safe spaces to hear the voice of Maori"

"Equity for rural Maori would be improved if we had POAC funding and continuity of care."

Recovery Report Series Conclusion – Next Steps

The Integrated Recovery Team sort to understand the impacts that COVID-19 had on the communities of South Ruapehu, Whanganui and Rangitikei, individually and as businesses or organisations. We would like to acknowledge those members of the community and business sector that took the time to participate in the surveys, interview and market engagement – without this participation the insights that we have been able to bring together would not have been possible. We would like to further show appreciation to the supporting organisations, iwi and project teams who enabled this work to continue during the recovery period. In particular, the Whanganui Regional Health Network, Te Oranganui, Whanganui and Partners, Te Ranga Tupua members, the Tamaūpoko Community Led Development Team and Safer Whanganui. Since the time these surveys were conducted, the Integrated Recovery Team has undertaken a number of community engagements and focus groups from across the rohe. These focus groups session insights will be presented in the final report of the Recovery Series.

 A series of reports have been presented to detail these findings and provide insights into the concerns and new ways of working from our communities perspective. These reports were:

- The 24 COVID-19 Response Strategic Leader Interviews Report.
- The Community and Organisational Survey Summary Report.
- The 372 Community Survey responses and feedback from the Whanganui River Traders market Day Report.
- This 87 Organisational Survey responses and feedback from the 16 Health Service Providers Report.

It is acknowledged that there is several projects and community pieces of work within the rohe that sit alongside these reports to further provide a voice to the community, and it is important that we are able to collectively utilise these insights to support the future direction of the rohe to enable Thriving Communities and Regenerative Economies.

Throughout the surveys, interviews and feedback, there have been a number of consistent themes that have emerged from the responses. 11 core themes were identified, and 22 subthemes, however, upon reflection of all of the reports, the overarching theme from the participants was:

Together is better

- It has become clear that we need to leverage the post-COVID environment to identify new ways of working. Post-COVID Aotearoa New Zealand is not about getting back to normal, because normal was never good enough for majority of our people. For organisations, this includes how we work together in a more collaborative manner across boundaries for the benefit of our communities, how we stamp out inequities, how we integrate digital solutions into our businesses and organisations, and how we work in partnership with our communities. For our communities, how we work together (neighbours, whānau, localities etc), how we ensure that our voices are heard and embedded in co-design models for services and economic decision making and how we can support one another. For individuals, this includes how we care for ourselves, our whanau and our environment and about making active decisions to be informed and involved. It is about how we seek support when we need it (economic, social, health) and support others to get the help they need too. Our communities, organisations and whānau are stronger when we are united together.

HE WAKA EKE NOA

WE ARE ALL IN THIS TOGETHER

Whanganui, Ruapehu and Rangitikei COVID-19 Organisational Recovery Survey

The Whanganui rohe regional recovery team is keen to start a conversation to capture initial information from organisations to inform planning for the Social, Economic and Health/Wellness recovery, as well as identifying opportunities to improve the way we operate and deliver services. The recovery team consists of the Whanganui DHB (and supporting health agencies), the three District Councils (Whanganui, Ruapehu and Rangitikei), Whanganui Emergency Management Team and iwi representation.

As part of the recovery plan, we are making a commitment to Social, Economic and Health/Wellness Recovery. The regional recovery team understand that collectively we are required to enable and support our communities to live their healthiest lives possible in thriving communities. The arrangements for recovery, which we have called reset, redesign and recovery, involves the coordinated efforts and processes used to bring about the immediate, medium-term and long-term holistic regeneration and enhancement of our communities following this COVID-19 pandemic.

The recovery team is committed to fostering and developing partnerships that aim to prevent and minimise the wide-reaching impacts that COVID 19 and related stressors may have on our physical, environmental, economic, health and mental and social wellbeing. We are committed to working in authentic partnership with other providers, iwi, government, social and community agencies to build strong, resilient, connected people and whānau.

The role of recovery is to:
1.   Understand – develop relationships, listen, gather evidence, identify needs
2.   Coordinate efforts – work with other partners and organisations to deliver initiatives to influence the immediate, medium and long term holistic community regeneration
3.   Monitor and adapt – monitor indicators and trends to inform decision making

We are working on the first stage, gathering information, so we have a set of questions that we would like you to answer to help us understand the strengths, vulnerabilities, needs and priorities of those organisations that are affected by this emergency. We are committed to a pro-equity approach and would like you to think about the impact for Maori.

All information collected is anonymous and will be used to determine our response efforts and recovery requirements. All demographic information collected is for reporting and follow-up (if required) purposes only .

The survey will take 10-20 minutes to complete.

1

Name of your organisation: *

Enter your answer

2

Your name

Enter your answer

3

Contact phone number *

Enter your answer

4

Email address *

Enter your answer

5

Do you work *

○ Across the Whanganui DHB Rohe

○ Whanganui District Council area only

○ Rangitikei District Council area only

○ Ruapehu District Council area only

6

Please identify which service areas your organisation works in *

- ☐ Accessibility/disability
- ☐ Arts & Crafts
- ☐ Capacity Building / Mentoring / Training
- ☐ Community Safety
- ☐ Community and Social Services
- ☐ Cultural
- ☐ Education
- ☐ Environment / Sustainability / Climate Change
- ☐ Events and Venues for Hire
- ☐ Faith
- ☐ Finance / Funding
- ☐ Health
- ☐ Heritage
- ☐ Maori
- ☐ Media
- ☐ Migrant and Resettled Communities
- ☐ NZ Police
- ☐ Pasifika
- ☐ Project Management
- ☐ Rainbow Community
- ☐ Seniors
- ☐ Sport and Recreation
- ☐ Transport
- ☐ Youth
- ☐ Manufacturing
- ☐ Retail
- ☐ Tourism
- ☐ Hospitality
- ☐ Other

7

Does your organisation need support in the immediate term (the next 3 months) to continue to deliver its services? *

○ Yes

○ No

8

If yes, which of the following areas does your organisation need support in the short term?

Below are some examples but feel free to add others.

☐ Developing organisational capacity in adapting to alternative modes of delivery

☐ Developing organisational capacity in using new digital technologies

☐ Developing organisational capacity in organisation restructure such as scaling up or down

☐ Recovery planning and business continuity

☐ Financial support

☐ Flexibility in existing funding arrangements

☐ Building strategic partnerships for collaboration

☐ Exploring social innovation and enterprise

☐ Other

9

Does your organisation need support in the longer term (the next 6-12 months) to continue to deliver its services? *

○ Yes

○ No

10

If yes, which of the following areas does your organisation need support in the longer term (6-12 months)?

- [ ] Developing organisational capacity in adapting to alternative modes of delivery
- [ ] Developing organisational capacity in using new digital technologies
- [ ] Developing organisational capacity in organisation restructure such as scaling up or down
- [ ] Recovery planning and business continuity
- [ ] Financial support
- [ ] Flexibility in existing funding arrangements
- [ ] Building strategic partnerships for collaboration
- [ ] Exploring social innovation and enterprise
- [ ] Other

11

Did your organisation continue delivering services during COVID-19 alert levels 4 and 3? *

- ( ) Yes, throughout level 4 and 3
- ( ) Yes, level 3 only
- ( ) No

12

If yes, did your organisation deliver the same or different services?

- ( ) Delivered the same services in the same way
- ( ) Shifted focus to different services
- ( ) Delivered the same service in a different way

13

If your organisation changed its services, what did you change to?

- [ ] Supply of food and household goods
- [ ] Supply of hygiene materials
- [ ] Crisis counselling
- [ ] Support for older people and those living alone
- [ ] Support for other vulnerable populations
- [ ] Prevention and response to domestic violence
- [ ] Community arts and creativity
- [ ] Encouraging neighbourhood connectivity
- [ ] Forming new relationships and partnerships with other groups
- [ ] Other

14

During alert levels 4 and 3, how did the mode of delivery change?

- ( ) We shifted our service provision online
- ( ) We provided a contact-less (but not digital service
- ( ) We supported the operations of another organisation
- ( ) Other

15

Has COVID-19 changed the demand for your services? *

○ Demand had increased

○ Demand is the same

○ Demand has reduced

16

Over this time, how have your services / initiatives / relationships made a difference for Māori wellbeing?

Enter your answer

Section 5

The next question helps us to understand access to resources

17

Have you been able to access additional funding as a result of COVID-19? *

○ Our funding has increased

○ Our funding has remained the same

○ Our funding has reduced

18

Have you been able to access additional volunteers as a result of COVID-19? *

○ Our number of volunteers has increased

○ Our number of volunteers has remained the same

○ Our number of volunteers has reduced

18

Have you been able to access additional volunteers as a result of COVID-19? *

○ Our number of volunteers has increased

○ Our number of volunteers has remained the same

○ Our number of volunteers has reduced

○ We do not use volunteers

19

Do you or your employees require support around mental health and wellbeing? *

○ Yes

○ No

20

If yes, can you identify what that need is?

Enter your answer

21

Does your organization have access to EAP (Employer Assistance Programme) or another support service like this? *

○ Yes

○ No

22

Thinking about the next 3 months, what are the top 5 immediate challenges or concerns for your organisation? *

☐ Increased needs in the community

☐ Ensuring we are reaching most vulnerable populations with services needed

☐ Health and safety issues

☐ Digital / online capability

☐ Human resource or staffing issues e.g. need to reduce or increase staffing

☐ How to innovate and adapt

☐ How to keep operating throughout the alert levels and beyond

☐ Recovery planning or business continuity

☐ Services not relevant or prioritised in Covid-19 environment

☐ Financial or organisational constraints make us unable to meet the increased demand for services

☐ Change in funding environment/reduction in funding streams

☐ Leadership/staff/volunteer burnout

☐ Cashflow

☐ Other

23

Thinking further ahead to the next 6-12 months, what are the top 5 longer term challenges or concerns for your organisation? *

- [ ] Increased needs in the community
- [ ] Ensuring we are reaching most vulnerable populations with services needed
- [ ] Health and safety issues
- [ ] Digital / online capability
- [ ] Human resource or staffing issues e.g. need to reduce or increase staffing

23

Thinking further ahead to the next 6-12 months, what are the top 5 longer term challenges or concerns for your organisation? *

- [ ] Increased needs in the community
- [ ] Ensuring we are reaching most vulnerable populations with services needed
- [ ] Health and safety issues
- [ ] Digital / online capability
- [ ] Human resource or staffing issues e.g. need to reduce or increase staffing
- [ ] How to innovate and adapt
- [ ] How to keep operating throughout the alert levels and beyond
- [ ] Recovery planning or business continuity
- [ ] Services not relevant or prioritised in Covid-19 environment
- [ ] Financial or organisational constraints make us unable to meet the increased demand for services
- [ ] Change in funding environment/reduction in funding streams
- [ ] Leadership/staff/volunteer burnout
- [ ] Cashflow
- [ ] Other

24

What are some of the positive outcomes or trends you have experienced as a result of COVID-19? *

Enter your answer

25

Have you experienced any of the following positive outcomes or trends as a result of COVID-19?

☐ Increased connection/partnerships with other organisations

☐ Increased connection to our community

☐ Access to new revenue streams

☐ Expanded reach through online delivery

☐ Increase in digital knowledge

26

As a result of COVID-19, what new things should we keep? *

Enter your answer

27

As a result of COVID-19, what new things we will cease? *

Enter your answer

28

As a result of COVID-19, what old things we will reinstate? *

Enter your answer

29

As a result of COVID-19, what old things we will drop? *

Enter your answer

30

If you were given the opportunity to redesign health services within our district, what would you do? *

Enter your answer

31

In the future, how would any changes in the way you operate or deliver services, improve equity of outcomes for Māori? *

Enter your answer

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Is there any service, support, learnings or offering you feel you could share for the benefit of other community organisations? *

- ☐ Developing organisational capacity in adapting to alternative modes of delivery

- ☐ Developing organisational capacity in using new digital technologies

- ☐ Developing organisational capacity in organisation restructure such as scaling up or down

- ☐ Recovery planning and business continuity

- ☐ Financial support

- ☐ Flexibility in existing funding arrangements

- ☐ Building strategic partnerships for collaboration

- ☐ Exploring social innovation and enterprise

- ☐ No

- ☐ Other

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If you answered other - can you provide further information

Enter your answer

Thank you!

Thank you for your time and for sharing your valuable insights with us. We look forward to growing our understanding together and adapting to all COVID-19 has thrown our way in order to best support our communities. We will be in touch to share some findings with you.

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Is there anything else you would like to share with us regarding the challenges and opportunities COVID-19 has provided for your organisation?

Enter your answer

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