

## Appendix Four: Additional options analysis for Omicron welfare response

Targeting Option	Description	Benefits	Risks
1. Scaling up access for all welfare needs	Welfare supports available to all either required to self-isolate or voluntarily self-isolating. Gateways available into support through NCTS/MSD contact centres/NGO or community providers.  No welfare assessment beyond checking needs and referrals for high/medium/low need.	All with self-isolation needs have access to welfare supports.  Ensures avenues for people who are often invisible or hard to reach to government services through community organisations.  Provides channels for people who do not have good digital literacy.  Delivers support to those who may be voluntarily self-isolating but at risk of severe illness should they contact COVID-19	This option has limited targeting risking overuse by people who may not be in hardship and has could have significant delivery risks from unpredictable surges in demand through voluntary isolation.
2. Scaling up to provide proportionate support to need for households required to self-isolate (preferred and recommended in Joint Report to Ministers)	Targeting to only households required to self-isolate under s70 notices for phases 2/3.  No wrong door for support but level of support specific to self-isolation related need - gateways available into support through NCTS/MSD contact centres/NGO or community providers  Welfare assessments of high/medium/low lead to tailoring of supports proportionate to need.  Enables other responses such as those through Whanau Ora and MCCC to focus supports around preparedness and resilience.	Provides support that is proportionate to need and minimises oversupply through a welfare assessment.  Ensures avenues for people who are often invisible or hard to reach to government services through community organisations.  Provides channels for people who do not have good digital literacy.  Utilises wider NGO/community sector, but in a manner that doesn't overburden them with the risk of delivery and provides certainty.  Ensures a workforce is available to respond to future unknown variants or to pivot towards recovery efforts into late 2022/23 in line with findings from the 2021 literature review <i>Community Resilience - What Matters and What Works</i> <sup>1</sup> .	This option has manageable delivery risks <ul style="list-style-type: none"> <li>- Workforces for additional community connectors can be gained by working with employment services and across government agencies and partners to stand up other lines of support should case numbers exceed 5,000 cases/day.</li> <li>- Commercial delivery arrangements can be put in place to manage peak loads and demands on the foodbank network.</li> <li>- MSD workload can be balanced and prioritised, however choices to stop BAU work will need to occur if shift to phase 3 occurs or if workforce experiences large absenteeism from illness.</li> <li>- Trade-off of providers and community pivoting to support the response being that some existing contracts may either not be met and/or not be able to be reported on, so visibility of the impact on existing arrangements/programmes may be limited.</li> </ul>
3. Limiting access to only households with highest need who are required to self-isolate	Targeting only to households required to self-isolate who are assessed by MSD as having high welfare needs (either through means testing or limiting to existing beneficiaries, Community Service Card holders, those receiving Income Related Rent subsidies., those assessed as living in overcrowded housing, those with disabilities that impact self-isolation)	Comparatively costs less than the preferred approach. Minimises risks of over-supply of supports to households who may otherwise be able to support themselves.	This option is deliverable, but risks people either not safely isolating or not following public health requirements under s70, thus undermining strategic objectives of CPF.  Adding a point of verification such as a means test or a criterion for community support will refine the scope of those that receive support, however, it will mean: <ul style="list-style-type: none"> <li>• addition time at the front of the process to assess criteria which extends time before person in need receives supports</li> <li>• significant training time to ensure processes are in place across the community connection service or to only conduct checks through MSD, creating bottlenecks</li> <li>• there will be people that do not meet the criteria and no clear responsibility to hand off to other services,</li> <li>• people are at risk of not isolating as they feel they have no choice in order to access support which could include continuing to work.</li> </ul> <p>This option significantly risks people who mistrust government/MSD not seeking support and could mean they do not safely isolate. It could also add pressure to deliver alternative arrangements through community organisations.</p> <p>This option would likely disproportionately negatively impact Māori, Pacific and recent migrant communities.</p>
4. Access only to	Targeting to only households with a positive case.	Comparatively costs less. Minimises risks of over-supply of	This option is deliverable but is likely to lead to close contacts required

<sup>1</sup> [Community resilience — what matters and what works - Ministry of Social Development \(msd.govt.nz\)](https://www.msd.govt.nz/what-we-do/our-approach-to-work/our-approach-to-work/our-approach-to-work)



Targeting Option	Description	Benefits	Risks
households who have a case that tests positive	A household would only receive support upon a positive result passed through from NCTS and assessed by MSD as having a low, medium or high welfare need.	<p>supports to households who may otherwise be able to support themselves.</p> <p>(Subject to final isolation requirements from health, this may become the likely targeting under phase 3 where only households with a positive case are required to self-isolate, however limits access through one channel which would make it different to option 2 and would introduce the approach in phase 2).</p>	<p>self-isolate under phase 2 with welfare needs from not following s70 notices or not isolating safely.</p> <p>There is risk that this creates pressure on other parts of the response and drives up demand for RAT and PCR tests.</p> <p>With only one channel into welfare support, this option at either phase 2 or 3 significantly risks those who do not have good digital access or those who may have been more comfortable seeking support through community organisations, from gaining access to supports.</p> <p>This option would likely disproportionately negatively impact Māori, Pacific and recent migrant communities under phases 2 and 3.</p>
5. Only Food provision and no further scaling up of community connectors	<p>Households requiring to self-isolate with welfare needs would only have access to BAU MSD services (hardship assistance grants) and food distribution.</p> <p>Community connection service would only be available in very limited circumstances and not guaranteed.</p>	<p>Comparatively costs less upfront but may lead to higher costs in a prolonged outbreak as people may present with more acute needs later on or at community providers who will feel obligated to assist.</p> <p>May minimise the risks of over-supply of supports to households who may otherwise be able to support themselves.</p>	<p>This option is deliverable, but risks households requiring to self-isolate from not having:</p> <ul style="list-style-type: none"> <li>essential wellbeing items available (eg. nappies/formula for babies, data and phone access, utilities, appliances needed for washing, etc)</li> <li>other welfare and care needs of whanau not being addressed (eg. support to access health and safety programmes, including mental health, addiction services, anger management or family violence services).</li> </ul> <p>It also risks inconsistent and disparate access to services as Community Connection services would only have 303 FTE and would be overwhelmed to unsafe caseloads, requiring limiting access.</p> <p>This option moves the management of access to community support to the providers and therefore the risk of someone not being supported and without welfare support having a negative health outcome. Providers are likely to stretch resources to meet the needs of a wider group out of ethical and value-based decisions making.</p> <p>This option significantly risks people who mistrust government/MSD not seeking support and could mean they do not safely isolate. It could also add pressure to deliver alternative arrangements through community organisations.</p> <p>This option would likely disproportionately negatively impact Māori, Pacific and recent migrant communities.</p>

