



The Wellbeing of Community Support Workers During the Covid-19 Pandemic

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Foreword

Paula Tesoriero
Jan Pentecost

The arrival and spread of Covid-19, and subsequent variants, has caused and continues to cause immense pressure on communities, as well as many of the health and disability systems throughout Aotearoa New Zealand.

Disabled people and tāngata whaikaha Māori, their whānau, and the workers who provide care in the community have experienced stress, confusion and frustration. This new research offers insight into the experiences of community support workers at a particularly challenging time in our history.

Through my work as the Disability Rights Commissioner, I promote and protect the rights of disabled people. All people have the right to recognition of their inherent dignity and worth.

The United Nations Convention on the Rights of Persons with Disabilities recognises that disabled people have, among other rights, the right to participate in society on an equal basis with others, the right to an adequate standard of living, and the right to the highest attainable standard of health.

Key to the dignity, health and well-being of tens of thousands of disabled people and tāngata whaikaha Māori, is the role of community support workers. The pandemic, in particular lockdowns, put many people under financial pressure. The example, in this research, of community support workers bringing food to the people they provide care for shows their importance to disabled communities.

Community support workers provide care and connection. They enable disabled people to define and live their life by bolstering participation and wellbeing. When these workers are undervalued and unsupported, that has a negative impact not just on them, but on disabled people and tāngata whaikaha Māori and their whānau.

Community support workers bring extraordinary skills, knowledge and experience to their roles. I welcome this research and its recommendations to prioritise aspects of wellbeing and development for the people undertaking this essential work in our communities.

Finally, I want to convey my thanks to the community support workers who have, and continue to, strengthen and support the disabled community in these times.



Paula Tesoriero MNZM

Disability Rights Commissioner | Kaihautū Tika Hauātanga
New Zealand Human Rights Commission | Te Kāhui Tika Tangata

Covid-19 has caused great disruption and challenge for our communities and our health system in Aotearoa. Older New Zealanders and their whānau had to deal with huge stressors in an ever changing, fast paced environment.

The home and community support workforce continued to support and care for the most vulnerable members of our community, but this meant daily changes to their work, alongside the added worry of bringing Covid into the homes of the people they supported, or home to their own whānau.

This new research offers insights into the experiences of care and support workers during Covid-19, but it also offers insights into the challenges our home and community support workers face every day. The pandemic has served to magnify some of the existing experiences of care workers, and of those they support. And that experience, sadly, is often one of being invisible and unrecognised for their contribution.

It is striking to me, having heard both sides during the pandemic, that support workers were often having to fend for themselves, and find their own solutions to keep themselves safe, and to do their utmost to continue to ensure decent and respectful care was provided to our elders. It was only through the collective action within their unions that care workers were able to bring about some positive changes during this time.

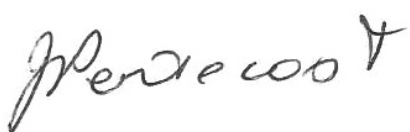
As the National President of Grey Power, I heard from our members and families about their experiences very frequently throughout this period. Despite older New Zealanders having the right to receive the care and support they need to remain living with dignity in their own homes, we know this was not the experience of numerous seniors during the pandemic. They too felt invisible and unheard.

We would do well to remember that, for our older New Zealanders, home and community support workers can be their lifeline to the world, and when that lifeline is inconsistent, or taken away without communication, the effects on people can be dramatic. At any time, but particularly during such a distressing period.

The continued failure to recognise the essential contribution of home and community support workers ultimately impacts on our seniors and their whānau. The lack of support and communication they receive flows on, because the conditions for care workers are the conditions for care. This is why Grey Power will continue to call for the problems in this sector to be fixed, and we hope with the recent launch of New Zealand's new health system these issues will immediately be addressed.

I particularly commend the participant researchers, alongside the entire research team, for creating this work and its recommendations, and I thank those who continue to work tirelessly, often in difficult circumstances, to ensure our loved ones are cared for and supported well as they age.

May our voices, joined together, bring about the changes we all need.

A handwritten signature in black ink, appearing to read 'Jan Pentecost', with a stylized flourish at the end.

Jan Pentecost, QSM
National President
Grey Power

Executive Summary

The Research Design

This research asked What challenges have community support workers experienced, and how has this impacted their health and social wellbeing during Covid-19? It also documented the actions taken by this community to protect their own wellbeing, and that of their clients during the pandemic.

The research used a community based participatory research approach working with two community partners: E tū and PSA unions. The project included a Māori focused stream. A total of 91 participants were interviewed throughout 2021 for this project. This included a group of 19 community support workers who were participant researchers and interviewed other support workers. The findings of this report draw from 87 interviews.

Community Support Work

Overall, the long-term and systemic inequality that is experienced by community support workers influences not only their own individual and collective wellbeing, but also that of their clients and their whānau (family) during periods of stability. This is exacerbated during pandemics and other crisis situations that place more risk, workload and responsibility on community support workers, often with little or no more resourcing than during usual periods of work.

Community support work is complex work that provides support to a range of clients across any age range, with diverse support needs and conditions. Community support work includes tasks that previously were completed by nurses and provides close care and support with contact with bodily fluids and functions. Support workers work in isolation in people's homes in the community with no immediate back up to hand and are the main point of contact for many of their clients.

The Impact of Covid-19

Covid-19 made it more apparent to many support workers that their work, and its contribution to individuals and society, was invisible. For some the change in job status to 'essential worker' provided more recognition and pride than previously, with some communities actively cheering on support workers during the first lockdown. The complexity of the work, and commensurate skills, knowledge and experience required are not generally recognised by society, employers or policy makers.

Workload increased for many support workers during Covid-19. Support workers worked in isolation with a lack of sufficient guidance from either their employer or the government on how to best protect themselves and their clients from Covid-19. They still struggle to get access to appropriate quality PPE in order to carry out their work safely and were put in dangerous positions especially at the beginning of the pandemic.

Organizations provided limited guidance and support, especially during the early days of the pandemic. Many support workers felt isolated and unsupported by their employers, left to make their own decisions about how to provide quality care safely.

Government policy aimed at reducing financial stress, enabling sick leave and childcare for essential workers often did not apply well to the context of community support work. While support workers often respected the government's decision and policy, most felt that there was a lack of respect and regard for their work; and for some, this led to a decrease of trust in authority and a sense that they were on their own to look after themselves at work.



Community Support Worker Wellbeing

Holistic wellbeing, as reported by community support workers, incorporated the following dimensions:

- Good physical and mental health (Physical and Mental Wellbeing)
- Financial security and independence (Financial and Economic Wellbeing)
- Social support which included both whānau and community relationships, and time for leisure and family (Social Wellbeing)
- Spiritual connections (Spiritual Wellbeing)
- Cultural groundings (Cultural Wellbeing)
- Environmental connections (Environmental Wellbeing)
- Feeling valued and contributing (Meaningfulness)
- Lack of stress (Balance of all the above factors)

Meaningfulness was integral to wellbeing through work and social activities in the participants' lives. Meaningfulness encapsulates a sense of purpose and of contribution to people, communities and societies. For many support workers, providing support to people in their homes was meaningful work.

Work was a significant barrier to community support workers' wellbeing. Support workers' exhaustion, tiredness and fatigue caused by work had a negative impact on their wellbeing, as did increased isolation at work and from their employer. These, and increased financial uncertainty during the Covid-19 pandemic created a more urgent lack of wellbeing for community support workers.

Māori Support Worker Wellbeing

The Māori support workers interviewed worked for mainstream, not Māori-led, community support providers. Māori community support workers experienced the same overall contributors and barriers to wellbeing as expressed by the participants as a whole. Many Māori community support workers often spoke to the concept of hauora, speaking about wellbeing being holistic in nature, incorporating personal health (mental and physical wellbeing), whānau and culture (social and cultural wellbeing), and wairua (spiritual wellbeing).

However, Māori participants tended to also refer to culture as being integral to wellbeing, with a lack of cultural awareness within the industry impacting their role. Their wellbeing was negatively impacted by discrimination and racism, lack of cultural awareness and support from their employer, and Western models of care and support that did not allow them to express the ethic of whanaungatanga that promotes positive wellbeing relationships.

Filling the Gaps

Community support workers, their families and communities had to find solutions to protect the support workers' and their clients' wellbeing during the Covid-19 pandemic. This was due to the invisibility of community support work and workers, the isolation associated with their work and a lack of government and organisational support. Some of the gaps identified were experienced as:

- Gaps in the provision of personal protective equipment (PPE).
- Gaps in the care shown for support workers', and their families', welfare.
- Gaps in client care during the pandemic.

These 'gaps' were met by individual community support workers' actions, collective actions with their Unions, support workers organising themselves at work, and community and whānau networks.

Recommendations

In order to promote and safeguard the wellbeing of community support workers and their clients recommendations are made under these key areas:

1. Integration of holistic models of wellbeing that acknowledge and uphold Te Tiriti o Waitangi Principles.
2. Wellbeing-centred employment and procurement practices.
3. Recognising the complexity of community support work, and the expertise of the workers.
4. Sector wide development

Introduction

The motivation for this research came from previous research that has highlighted community support workers as a marginalised workforce.

Moreover, during the beginning of the COVID-19 pandemic, media reports highlighted some of the issues faced specifically by this workforce, in particular around sourcing personal protective equipment (PPE) (Sharpe, 2020) and difficulty getting paid (Public Service Association, 2020). These issues impact wellbeing, and are underscored by inequities, including ongoing systemic gender discrimination (Ministry of Health, 2020), and a failure to protect and promote Māori wellbeing in employment (Home and Community Health Association & Lattice Consulting, 2018). In this research, we asked: What challenges have community support workers experienced, and how has this impacted their health and social wellbeing during Covid-19? We also documented the actions taken by this community to protect their own wellbeing, and that of their clients during the pandemic.

Community support workers have historically experienced poor work conditions – including split shifts, variable hours, low wages and limited training opportunities (Ravenswood & Douglas, 2017). The 2017 Pay Equity Settlement (Ministry of Health, 2020) recognised that low wages and training opportunities for community support workers were caused by historic gender discrimination. This systemic discrimination has resulted in the role and work of community support workers being regarded as low status in

Aotearoa-New Zealand. Their skill and the work that they do is little understood at multiple levels, including by policy makers. Existing gender inequalities are compounded by the lack of visibility of these workers and their work, as they carry out their jobs in people's private homes. The people they care for are also some of the more vulnerable people in our society – of lower status due to their inability to work or independently care for themselves. Often, community support workers are the only people who are in regular, sometimes daily (or more) contact with the people they provide care to. Indeed, community health services are crucial to health and social outcomes and have been significantly under-resourced for some time (Health and Disability System Review, 2020). The importance of community support has come to the fore during the pandemic with reported missed care and inaccessible support due to lack of available support workers and the way in which the work is organised (Baker and King, 2022).

Approximately 11% of the community support workforce are Māori according to PSA member demographics, consistent with data on the health care and social assistance category (McClintock, Stephens, Baker and Huriwai, 2019). Critically, there is some evidence of systemic discrimination in that Māori organisations providing community support have claimed that they are funded at lower levels than other organisations (Home and Community Health Association & Lattice Consulting, 2018). This suggests that as well as gender inequality for this health delivery workforce, there are inequalities based on ethnicity and a lack of attention to Te Tiriti o Waitangi/The Treaty of Waitangi responsibilities. For Māori support workers, inequities are likely worsened because of systemic and ongoing failure to protect and promote their wellbeing in employment. For Māori, these issues are exacerbated with specific cultural issues subsumed into the mainstream narrative. Therefore, this project provided a platform for Māori community support workers to voice their own concerns and meaningfully engage with the development of their own solutions.

This research project, therefore, acknowledges that policy levers at national and organisational levels can both negatively and positively impact the wellbeing of community support workers. This is influenced by long term gender inequity, and long-term failure to promote and protect the wellbeing of Māori community support workers.

The experiences of community support workers, including Māori support workers, directly inform the outcomes and recommendations of this report, with clear practical implications of how health service delivery and employment policy contribute to the health and wellbeing of community support workers.

As detailed in the following sections, the long term and systemic inequality that is experienced by community support workers influences not only their own individual and collective wellbeing, but also that of their clients and their whānau (family) during periods of stability. This is exacerbated during pandemics and other crisis situations that place more risk, workload and responsibility on community support workers, often with little or no additional resourcing than during usual periods of work.

This report identifies actions that have been taken, and recommends actions that could be taken in future, to ensure the wellbeing of community support workers. It aims to add to our knowledge of how organisational and macro level policy and practice impacts on the wellbeing of community support workers. It also foregrounds the experiences of these workers and how they have responded to these challenges. The purpose of this is to inform policy changes to better support the wellbeing of community support workers generally; as well as to begin to address long-term failures to understand and promote the wellbeing of Māori community support workers.

The following sections outline the community based participatory research design of this research, and then describe, based on participants' experiences the characteristics of community support work, and the impact, in general, that Covid-19 and subsequent government and organisational policy responses had on community support workers in general. The report then focuses on the findings that are specific to wellbeing, highlighting the importance of meaningful work, support networks, financial security and freedom to wellbeing; as well as barriers to wellbeing such as exhaustion, tiredness and burnout and isolation. The report then turns to Māori support worker wellbeing before providing recommendations for changes that can be made at organisational, sector and national level in order to protect and encourage the wellbeing of community support workers.

Research Design

2.1 Overall Research Design

The overarching research question in this project is: What challenges have community support workers experienced, and how has this impacted their wellbeing during Covid-19? Furthermore, it specifically investigates what Māori support workers' experiences of wellbeing have been during Covid-19, developing context – and culturally specific frameworks of employee wellbeing with support workers in the community support sector.

The research followed a community based participatory research approach, working with two community partners: E tū and Public Service Association Te Pūkenga Here Tikanga Mahi (PSA) unions, and their community support worker members. Community-Based Participatory Research (CBPR) emphasises community involvement, equal partnerships between community and academic partners, and research for action (Nicolaidis and Raymaker, 2015).

The Māori stream of this research was led by a Māori researcher, Dr Amber Nicholson, conducted in association with Māori participant researchers, one of whom is fluent in te reo Māori, and in line with kaupapa Māori principles. This ensured our team had the cultural knowledge to interact, interpret and validate the experiences of participants in the research context. Interviews took the form of collaborative storytelling (Bishop, 2008) a reciprocal participatory approach that created space to share and co-construct stories and culturally appropriate understandings.

The stages of the research process and partnership are illustrated in Figure 1. The AUT researchers, E tū and PSA worked collaboratively to identify the community need and project design as well as recruiting community support workers to take part in the research. As outlined below, the research partners, and participant researchers were actively involved in the data analysis process. Participant researchers are recognised as a collective as authors of this report in order to protect their identity.

Strategy of Research & Key Partner Roles

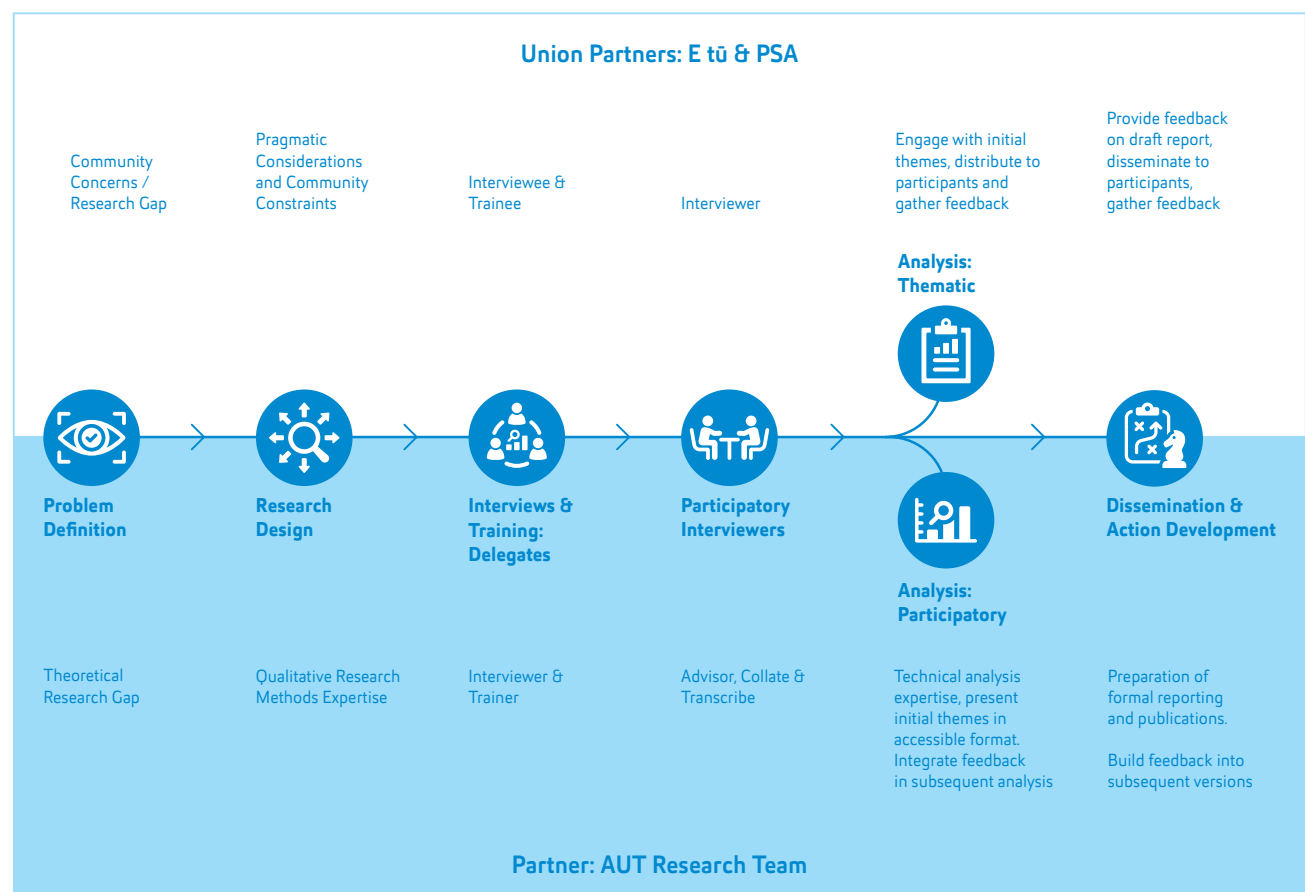


Figure 1: Research Stages and Partner Roles

2.2 Recruitment

The union partners recruited participants by approaching delegates and sharing research advertisements in member networks. Snowball sampling was also used, with some participants sharing the research with other support workers. To take part in the research, participants needed to self-identify as community support workers, have experience working as a support worker during the Covid-19 pandemic and subsequent lockdowns, and the Māori stream had the additional criteria of self-identifying as Māori.

Recruitment of Māori community support workers proved more challenging than expected. This may be due to a lack of Māori community support worker union members, and/or a lack of Māori community support workers within the organisations affiliated with the union partners. This study did not reach out directly to Māori Health Organisations; in future research, partnership with Māori Health Organisations will be essential for reaching a larger number of Māori community support workers.

2.3 Data Collection

A total of 91 participants were interviewed throughout 2021 for this project. Aligning with the CBPR approach, a group of 19 community support workers were first recruited, interviewed using an in-depth semi-structured approach, and trained as participant researchers by the AUT research team. The AUT researchers and participant researchers then interviewed a further 72 participants. A total of 87 out of the 91 interviews were included in data analysis: one participant researcher and two interviewees were not in occupations related to support work, and due to a technical recording issue, one further interviewee's audio file could not be retrieved. The demographics for these four participants are not included in the participant characteristics below.

Participant researchers were able to carry out as few or as many interviews as they preferred, and could recruit their own participants for interviews, with some choosing to do so. In interviews conducted with Māori participants, kaupapa Māori practices were incorporated, such as karakia, mihi, and the use of te reo Māori. In-person interviews were carried out where possible, however with the changing pandemic situation and rural locations of some participants, most interviews were carried out via zoom and phone calls.

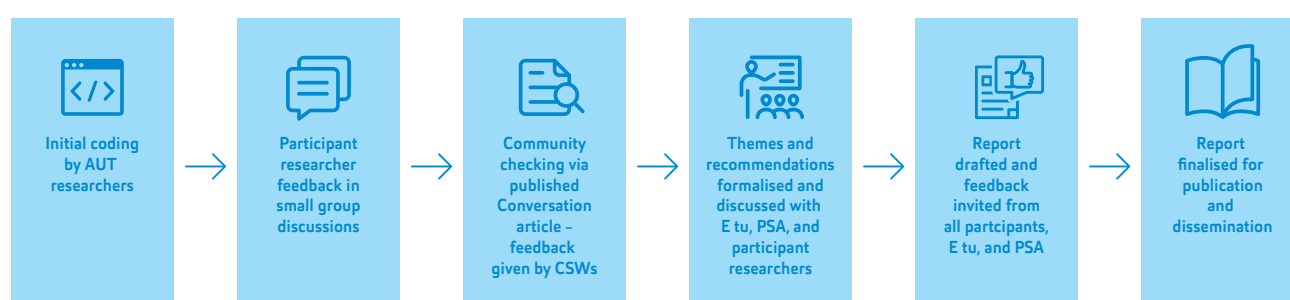
2.4 Ethics and Confidentiality

AUT researchers were bound by AUT research ethics agreement; all participant researchers signed confidentiality agreements; and participants gave their consent to use their interview data. In the process of analysis and publication, participants' individual identities were anonymised through the use of assigned numbers (P1-75; PR1-18), and organisational identity and location have been removed from any quotes used in this report.

2.5 Data Analysis

A staged thematic analytical strategy was used (Hennink et al., 2017), with discussions between the AUT researchers, PSA and E tu, and the participant researchers occurring throughout. The stages of analysis are outlined in Figure 2 below.

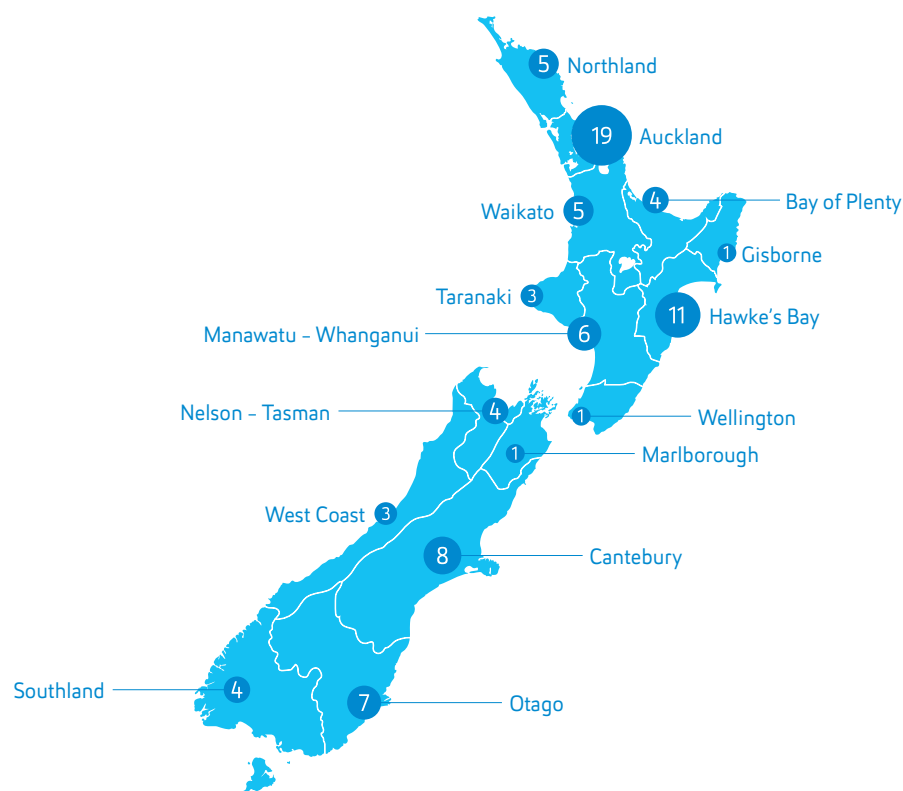
Figure 2: Staged Thematic Analysis



2.6 Participant Characteristics

The research findings include interviews with 87 participants: 18 participant researchers (PRs) and 69 interview participants (Ps). Of these 87 participants, two were not union members, and for a further 13 union membership information is not known. The participants were predominantly female/wahine (82 female and five male), and generally older – of those who shared their age, three quarters (58 participants) were aged between 45 and 74. There were 49 participants who identified as New Zealand European, 14 as Māori, nine as Pacific Peoples, seven as Asian, and three were of other ethnicities¹. Participants' regional locations are shown on the map, Figure 3, below.

Figure 3: Regional Map of Participant Locations



Participants generally reflected the composition of the workforce in community support, although demographic information about this workforce is limited. For example, women (93 percent) and those of Pākehā (82 percent) descent make up the majority of the community support workforce, and 55 percent of the workforce are over 55 years of age, with very few under 30 (HCHA, 2020). Private providers oversee approximately 70 percent of the work in home and community support (HCHA, 2020).

Most participants, 51, were employed by for-profit organisations, while 34 worked for not-for-profit care providers. The participants included 84 support workers, and three participants worked in adjacent roles including coordinator, service manager, and community worker. While the research primarily focused on support workers in home and community care (58), there were also 18 participants in disability support services, and eight in organisations classified as other (generally offering both community and disability support).

Within the Māori stream, all 14 participants were wahine/female, and were also generally older, with those who shared their age including seven participants aged between 45 to 64, and two aged 44 and under. There were eight Māori participants working in home and community care, two in disability support, and two for other providers. Eight of the participants were employed by for-profit providers, and six were employed by not-for-profit organisations. No Māori participants worked for Māori health providers.

¹ Where participants gave more than one ethnicity, they are included in the count for each ethnicity they identified with.

Many of the people who took part in the research came into support work with years of experience and qualifications from prior careers. Some moved into support work after experiences caring for family members, such as this participant who started off supporting their parent:

"And when he came out, he could only move these two fingers and was in an electric wheelchair. And within three years, he was out of his wheelchair walking, talking and he did amazing. So what started off as just helping out with dad turned into why don't you do this full time. You're good at it." (P42)

Some participants had previously worked in other health services and public services, but many had backgrounds in industries such as education, retail, finance and other corporate, tourism, cleaning services, and horticulture and agriculture. Participants' roles in those industries included corporate and management positions, teaching, nursing, and other healthcare work. Participants often came to support work from a variety of other specialised careers:

"I've spent a lot of years in corporate. I spent a lot of years sitting at boardroom tables. I have spent a lot of years conducting meetings. So, I'm really about, okay, what is it that we need to discuss? Are there any issues? How are we going to resolve them?" (P61)

For other participants, support work was their first and only career:

"I found a real love and a real joy of helping people stay in their homes, whether they're elderly or the, you know, they'd injured themselves, like ACC clients and things. I've actually found a real joy of helping them either gain their independence back or just remain safe in their own home." (PR13)

Participants lived in a variety of households, for example living on their own, boarding with others, and living with family or with relatives they cared for, including partners, parents, children, and grandchildren:

"I don't have a partner. I don't have children... I do participate in the lives of my nieces and nephews. I currently have here with me, my niece, her partner and their three kids. So we are one house. We are one whānau." (P50)

Participants also held important roles in supporting their communities, often using their skills as support workers to help friends and neighbours:

"And I also have a neighbour [who is neuro-diverse], and sometimes I'm called over to her if she's having a wee meltdown, sometimes quite a big meltdown." (P17)

Others provided wider informal support to neighbours and other community members:

"Where I live, I've got a lot of fruit trees. So, I would bag them and drop them off at different ones because we have fairly elderly people around us. And just seeing the smile on their face. That was enough. You just sort of thought oh, yeah, you're doing something worthwhile on that as well and not just at work." (P18)

Many were also actively involved in formal community activities

"We are involved in our church; we're involved in Lions. I've just had a very busy year. And because I was president and so you know, - today, we just gave a card to the hospice so I had to do a bit of juggling this morning, because the hospice people could only come at a certain time, and I had a client then." (P44)

The following section outlines the nature of the work in community care and support work in Aotearoa New Zealand, and the way that funding models have shaped the work and working conditions, from the perspectives of the research participants.



Community Support Work

3.1 The Nature of the Work: Complex, Invisible Work

Community support work is aimed at assisting people who need care and support to stay in their homes and communities while maintaining their independence and dignity (Careerforce, n.d.; Ministry of Health, 2020). This work is conducted, on the whole, by individual support workers with no colleagues or supervisors immediately to hand for advice or assistance (Briar et al., 2014). Many support workers only have the option of using a call centre or app-based communication channels to contact managers or co-ordinators if needed, increasing the isolated nature of the job:

"The call centre and everything has been taken up to Auckland. Most big companies are like that now. Yeah, the call centres are in one place and often the people up there, particularly when it's an Auckland [office] may not know what's happening in Wellington." (P4)

"The people in the call centre, their job must be hard too but it's not right, we are dealing with people. It's not dealing with someone's telephone bill." (P66)

Clients can be any age, from young babies upwards, although the majority (71%) of clients are elderly (HCHA, 2020) – some of whom have other conditions including dementia. Other client populations include people living with a disability, injury, or illness and some in palliative care (HCHA, 2020). The type of care and support therefore covers a vast range including disability support, rehabilitation, palliative care and support for all age ranges:



That's one client. I have another client – she has cancer. She's very young and she has cancer. We take her from her bed to the bathroom just to shower her, dry her up, change her clothes and then put her back to bed. (P19)

Care can be provided to very young people and their families:

"I've worked with a six-month-old because her parents needed help because she had to be nostril fed and they had to get a PEG feed into her. I already had [worked with] a child who was being PEG fed, so I was able to help them." (P4)

Despite the complexity of client needs, public perception remains that the job is largely household management (cleaning based):

"I think that some of the public and even some of the clients, you know, I mean, they think we're cleaners. We do a lot more than clean, you know." (P17)

However, this is no longer true, with personal cares being the primary component of the job. This means that support workers can have both breadth and depth of skills and knowledge related to specific types of care: My skills ranging from tetraplegic, brain injury, stroke, dementia, palliative care (P18). In addition to assistance with daily living activities, support workers also provide medical care such as wound dressing, PEG feeds, stoma and catheter care and other tasks previously undertaken only by nurses:

"Well, obviously it depends on which client I'm working with but it could be anything from home help to personal care. I work for high needs clients where I may have to use a hoist or do SPC cares which is your subrapubic catheter, and the cares for that, bowel care. So, it may be having to administer suppositories and/or enemas or just general personal care which could be just like going in and assisting someone to have a shower and get dressed." (P25)

The nature of the job is that support workers work in close proximity with their clients and are exposed to bodily fluids and provide intimate care::

"Personal care. It can be anything from a bed bath to a full two-person hoist shower, colostomy bag, whatever. Colostomy bags are the worst. Especially when they come out and blow." (P31)

"We make sure that they do their own areas. Sometimes if they are a little bit bigger, they can't reach their bottoms and they ask us to do it so then we do that. We never do areas unless they asked us to in particular because of their own privacy. If they are a little bit bigger in the breast area and the abdominal area and they can't lift their breasts up – looking for things like sores underneath them and under their stomach... and we're mainly looking for bumps and bruises and sometimes are found under the abdo [abdominal] areas... So, we check for that sort of stuff." (P10)

The job is complex, with each client having different needs and different home settings:



One of the things that's not really regarded with us in the straight out community support particularly with our more vulnerable people is that you're playing personality games all the time. You've got to change yourself every half hour or hour to fit in with the personality and the character of the person that you're with at the time. It does your mind in sometimes. You go in there bright and breezy and they want somebody that whispers or vice versa. (P61)

A support worker can walk into a home with pets, partners, children, parents or friends who live with the client. Support work also involves observing the health (mental and physical) of the client and determining when there are changes that warrant reporting for further assessment and care.

This workforce has experienced a lack of understanding of their job, and lack of visibility for a long time prior to the Covid-19 pandemic (Ravenswood et al., 2021; RNZ, 2022). This means that the skill, knowledge and experience required to successfully provide support, as indicated above, is often not recognised even by employers, with a perceived distance between decision makers in community support, and those actually doing the work:

"And there's a funny thing because caregivers really are invisible. And I know, I've said that in other forums, you know, in comparison with nurses who are angels, caregivers are just ignored, you know, and it's like a little underworld where, all over your city, women, mostly in uniforms in little cars, are getting in and out of the cars and going into houses and doing things that nobody has any idea about, you know. I think, in a way, that's awesome. It's like this little network of care." (PR12)

The complexity of the job, outlined above, is not understood by the general public or policy makers, who have little to do with this type of work unless someone close to them needs community support:

"And I think that's the problem with a lot of things that go on in all the health industries – the funding stays close to the men in the chief executive's office. It's all very flash there. Go out to where the actual coalface where work gets done." (P27)

Notwithstanding adjustments in pay equity, travel, and hours over recent years (Douglas & Ravenswood, 2019), this workforce continues to face issues of irregular hours, lack of job security, and concerns over earning a living wage from their work (Ravenswood et al., 2021; Ravenswood & Douglas, 2022; Health and Disability System Review, 2020). Few community support workers work standard hours. Although some do work part time by choice, many are forced into reduced hours, or work full time hours over a seven-day week. However, the hours worked in a day are often spread over a 12-hour (or more) period, with the bulk of clients in the morning and evening, and some in the afternoon. When there are gaps in time between client allocations, it is usually not enough time for the support worker to be able to undertake their own personal activities, meet family responsibilities or enjoy leisure activities. Some support workers end up working 12 hour days on a regular basis:



A typical day would start about seven. And depending on what day it is, finished it about 20 to seven at night. Sometimes I'll have a break in between and sometimes I'll work right through. (P17)

Furthermore, weekly hours can fluctuate from week to week depending on changes in clients or being asked to cover additional client hours for staff shortages. Support workers whose 'guaranteed hours' are lower and part-time are left at the whim of co-ordinators and client demand to take up last minute additional hours in order to earn enough money.

Some employers have a '12 days on, two days off' policy leaving support workers physically and emotionally exhausted, unable to take part in their personal lives and, therefore, impacting whānau. The way in which community support work is organised and rostered means that breaks during the day are difficult, or impossible, to plan, and support workers often do not have time to take a break:

"I do like a 12 hour day. Last Thursday, because I had training, I had to forfeit my lunch break, which I couldn't even fit in anyway. So, I was running behind the clock a bit. But yeah, I work from quarter past eight in the morning till I think I was home at quarter past eight at night. And I didn't get a break. Oh, you literally go go go and running behind clock." (P53)

3.2 The Impact of Funding Models on Community Support Work

The structure of community support work is devolved from several government agencies, including the Ministry of Health, ACC, MSD to District Health Boards (DHBs), and means that the way in which care and support is funded and provided is not consistent:

"Part of the problem with us is that we've got too many funders. You see it will be interesting to see what the new Māori Health Authority does.... We've got too many funders and it creates division, fragmentation. It fragments the system. We get funded by the DHB, ACC and the Ministry of Health and they're all different... they are different contracts. So ACC clients get a lot of money and they get a lot of resourcing. A lot of the other ones they don't, it's just you go in." (P68)

The fragmented funding creates a lack of centralised responsibility for community support. Some of this lack of accountability relates to client care:



Well, they hand the funding over and that seems to be the end of their responsibility. They are not interested if the clients complain. There is no one from the Ministry of Health doing check-ups like they do in rest homes. There is absolutely nothing for home care clients. There are issues right throughout the sector. (P66)

The funding model was perceived to have a negative impact on the quality of care available to clients. Some of this related to the way in which 'blocks of care' were funded, which did not acknowledge the actual time it would take:

"The complaint I have about that is I have a lot of clients, the DHB, allocates 30 minutes, and they're not 30 minutes. I have got one at the moment – he's definitely not 30 minutes. He is often an hour in the morning trying to get him to take his medication and have his breakfast. And you regularly report it, it's taking longer. But nothing is done about allocating him more time now and during the lockdown, it was the same. Officially you're paying five to six hours a day. But really, you're at most of those people's places longer – not always." (P12)

In this situation, the support worker shoulders the 'cost' of care in unpaid wages, in order to prevent her client missing out on the support that they need. Changes within the sector included less regular assessments and contacts with registered nurses (RN) for clients:

"A lot of support workers think that – they just didn't even know that the RN doesn't even come every three months there anymore, you know. Yes, it's a real concern that the standard of care and the individual kind of matching has just gone out the window... It's like the care has gone out of management's kind of philosophy, if you like." (P17)

This change in care and support, was ascribed by many to a perceived greater focus on profit in recent years, with fewer not-for-profit organisations providing community support.

"It's too corporate, it's become quite corporate and also, I think they're losing the personal aspect of looking after people, putting people at the centre. It's just business and making money." (P68)

Several felt that as well as having a negative impact on the quality of care, profit was being put ahead of employee wellbeing:

"I think that agencies, very much like retirement villages, are simply focused on profit. They – even though caregivers are what is the gift, you know, providing them with that profit – the ability to make that profit, but they are not passing it on." (PR8)

This played out in practice through poor or unsafe work conditions. As one support worker put it, the system of funding and provision of community support was driving work conditions and quality of care to the bottom:

"See, that's a tricky one. I'm like, I think to myself if I owned it, would I just be as corrupt? Because it's basically like corruption, what they are doing. Like they get the funding, and then they just use, like, minimal input, because it's, you know, it's all just how aged care is run in this country is just shameless." (P3)

3.3 Summary

Community support work is complex work that provides support to a range of clients across any age range, with diverse support needs and conditions. Community support work includes tasks that were previously completed by nurses, and provides close care and support, often involving contact with bodily fluids and functions. Support workers work in isolation in people's homes within the community. There is often no immediate back up to hand (except for clients funded for 2 support workers), and support workers are the main point of contact for many of their clients. Working days are often long, over 12 hours, which are sometimes continuous, and commonly across 6 or 7 days a week. Employer's administrative offices are often in a different region from where the support worker is, meaning that they have little face to face contact or support from their employer on a daily basis.

The complexity of the work, and commensurate skills, knowledge and experience required are not generally recognised by society, employers or policy makers. These perceptions are cemented in funding models that account for a basic costing of care that is often not sufficient to carry out the tasks required. This means that many support workers effectively subsidise the cost of community support through unpaid tasks and time. Funding models further complicate community support because funders (such as ACC, Ministry of Health etc) operate under different funding models, yet a support worker may provide support under each of these funders during a single working day. The fragmentation of funding and how the work is organised means that it is easy for providers or policy makers to remain distant in responsibility for how support work happens on the ground, even when it affects quality of care due to lack of funding, inadequate time, or lack of available support workers.



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Yes we can

**EQUAL PAY
FOR
EXCELLENT
WORK**

to

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The Impact of Covid-19 on Community Support Work

4.1 Changes to the Nature of Community Support during the Covid-19 Pandemic

As established in the previous section, community support has experienced invisibility which means that the complexity of the work and commensurate skill level required is not recognised by many employers, nor in policy settings. A clear example of this invisibility is the way in which funding for the sector still, despite significant worker driven policy changes, has long been underfunded based on gender discriminatory ideas of this work as low-level care, with the ideal worker not needing any particular skill, experience or qualifications. The underfunding largely fell on the shoulders of community support workers who subsidise quality care through their own low wages, and often experience unsafe work conditions. Consequently, community support work was not well resourced when the pandemic began.

This section explains how employer and government responses to the pandemic had flow-on effects to the work conditions experienced in community support. In addition to issues of workload, safety and access to PPE, there were new requirements related to vaccination. Firstly, it explains, drawing on participants' quotes, how the job and workload was affected. It then provides an overview of some of the problems with organisational support for workers during the pandemic and concludes with the issues of how government policy and initiatives were not always cognisant of the reality of community support work.

The Uncertainty, Fear and Exhaustion

BBC Your account
NEWS
Home Coronavirus UK
England N. Ireland Scotland
LIVE Global
coronavirus
infections outpace
China cases

Both the US and Europe are
tightening restrictions further in a bid
to halt the outbreak.



“

It was the fear of the unknown, that was the worst. We could see on TV the situation around the world, the images of the sick and dying, and the number of people getting sick. We knew nothing about what it meant to be locked down – free as a bird one moment, unable to leave home the next. But for me, while everyone else was also fearful, but keeping to their ‘bubble’, I still had a job to do.

I have asthma myself, so I did think ‘gosh, I could die from this’, but I was also scared in case I brought it home to my family, or spread it to my clients. I was going into up to 20 houses per day, yet also being told to keep to my bubble when I was at home. Most people think all we do is make cups of tea and do housework. But I am showering my clients, changing dressings – things that require me to be very up close and personal. Yet we had no masks, no gloves or aprons. In those early days I spent a lot of time crying in my car. Scared and frustrated because the information was coming so thick and fast and not having that PPE really put the fear in me.

”

4.1.1 Workload

Workload increased for many support workers who continued to work during the lockdown periods, due to several factors, including greater hygiene and infection control requirements at work and an increased number of clients in order to cover staff shortages. The use of PPE also added to workload and is discussed more fully in the following section.

Support workers took great care to prevent potentially spreading Covid-19 between clients. Where support workers provided support to clients who lived within retirement village complexes, they were required to adhere to sign in and temperature taking requirements, which increased their time on the job, and was not paid for. In some cases, infection control and the pandemic, meant that there were additional tasks, requiring more time, to complete in order to ensure both the client's and support worker's safety:



I was more cautious with hand sanitising, noticing that clients are going to the toilet and coming out and not washing their hands. You know, that was making me, you know, a little bit more aware; a little bit more nervous and in some of the homes that was impossible to keep that distance from them. And they didn't understand. (PR2)

Support workers also had to spend more time on infection control when returning home from work, especially earlier in the pandemic, when it was still believed that contact and surfaces were a key point of transmission.

"So then, at the end of every shift – I was showering like three times a day, so I'm dumping my stuff at the door. I had a different washing machine for my clothing." (P1)

Additionally, the paid workload or number of clients increased due to staff shortages when support workers were unable to work:

"It definitely hasn't ended. But it was a massive learning curve... I don't know how that we could better prepare for is that if half your work or half your staff opt not to be essential workers at a time when you need more essential workers, or you need a full roster and some of them legitimately are opting not to because they might have children or elderly people or they are vulnerable themselves, it actually puts a lot of pressure on everybody else." (P15)

Although, on the whole, these appear to be piecemeal additions to daily workload, in many instances they all added up to increase the mental and physical workload over the day.



4.1.2 Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) used during the pandemic includes masks, gloves, gowns, visors, and other infection protection equipment (Ministry of Health, 2022). PPE was a key health and safety issue for support workers throughout the pandemic. This was in large part due to concern about infection and a lack of available and appropriate quality PPE. Although a lack of PPE was more apparent in the first year of the pandemic, difficulty obtaining appropriate PPE continues. Some of the PPE issues related to individual providers' processes, but other issues were due to Government, DHB and World Health Organisation policy. The extent of PPE usage required, and its shortages, provided challenges to support workers, clients and their families.

Whilst there were some instances of organisations that provided PPE with no shortages or lack of organisation, these were rare:

"So, when we needed the PPE – when I needed more, one of the coordinators... so we were advised that she had a box outside her house with what we requested and we could pick it up from her house which made it a lot easier than going all the way into town. So that was good. So, she just brought out what we needed and had it outside her place so we could grab it." (P34)

Some employers also managed to provide information, and sometimes training, on how to use PPE effectively, as well as how support workers could minimise contact or infection on the job:

"We did have some good advice like to maintain you know your distances as much as we could, which you can when you're giving medications or making beds or whatever. And then they said "as much as possible work from behind or beside your client". So that we could follow good practice as far as minimising contact with people. Very, very hard when you're putting stockings on someone who goes, yackety-yackety-yackety-yack. A mask would have been nice then." (P41)

However, the overwhelming experience was that there was not sufficient PPE provided. In some cases support workers would be given no PPE, or just one mask to use for multiple days and clients, inadequate numbers of masks when they were visiting multiple clients over long days:



We had a lot of trouble over Covid not being able to get PPE properly. We would only be given four or five masks when we've got 15 clients and told to be very selective who we use them with. (P61)

The lack of access to PPE was often in conjunction with inadequate communications or support from organisations. Even though, in retrospect, support workers could see that in many cases their employers were also overwhelmed, the poor quality of communications from employers had negative impacts on the support workers:

*"But really, they had no, they couldn't even say to us, we have no f***ing idea, and we are in despair, and we don't know what to do. That would have been better than an approach that was really quite haughty, you know – just to look at the website and do not, we were actually told do not email us about PPE." (PR12)*

This frustration was exacerbated by other, more visible, health workers receiving better access to PPE:

"And then coming across, like, district nurses like, fully geared up and going into a client for two minutes. And, you know, then I walk in and I've only got like an apron and mask that I might have bought, you know, yeah. Which I did – I bought – I ended up buying a lot of stuff myself." (P17)

As the pandemic progressed, and government regulations or advice changed, PPE did become more available. However, issues with accessing appropriate PPE continued into the second year of the pandemic, this example coming from the delta outbreak in 2021, concerning the quality of aprons and the quality of gloves supplied:

"It was better this time having access to PPE gear. But the aprons we get provided they are just the weird white ones with no sleeves, and you see everyone else [nurses, etc] with their [medical grade] ones." (P66)



They haven't even like provided us with the right PPEs at the beginning. Even now, like I went to get gloves and the only ones that they've got are the food prep gloves... It's just like really disheartening. (P77)

One support worker noted the difference between the very start of the pandemic, and then later outbreaks:

"Just to let you know, we didn't have masks at level four. Whereas now if we go on to a level two, I must wear a mask, ironically. Back then we didn't have to." (P36)



4.1.3 Using PPE

Despite policy initially maintaining that support workers did not need PPE and could maintain physical distance while providing care, they were put in dangerous positions, especially at the beginning of the pandemic:

“Oh, no, he definitely had symptoms at one stage. His nose was dripping. When he was having a shower one day, because he dripped all over me. I think I might have had an apron at that stage.” (P12)

In other instances, the client’s condition (such as mental disability or dementia) meant that it was difficult for the support worker to use PPE:

“We couldn’t wear masks at work because it would have freaked these guys out. Just wouldn’t happen. And other people got to stay at home.” (P27)

Many clients were very concerned with support workers’ use of PPE, especially when the support worker had no PPE to wear. Some clients refused services because the support worker was unmasked, meaning that not only did lack of PPE affect support workers, but also the quality of care available to clients. Despite high expectations for infection control from the support worker, not all clients showed the same concern for the support worker themselves:



Some people expected just too much. We had one lady who all but asked us to change our whole clothes when we went to her place. And yet you would walk in and her whole family would be in there and nobody would be wearing any gear. But we were expected to go with everything and just about have a whole change of clothes. (P23)

As many other healthcare workers and essential workers have since discovered, using PPE at work for long periods of time is uncomfortable. By the second year of the pandemic, wearing masks continually was becoming overwhelming, on top of all of the pandemic related stress, for some support workers:

“I’ve had enough. And of course this job you know you’ve constantly got masks on your face every second of the day and you just can’t get away from it you know. The only time, I feel free is when I’m in my own home. So I think most of my clients have probably forgotten what I even look like because most of the time they only see my eyes.” (P69)

4.2 Organisational Support during Covid-19

Due to a lack of knowledge of Covid-19, and limited preparation for possible pandemic situations, organisational policy was not always well informed. Support workers acknowledged the unknown situation, and were sympathetic of it:

"One thing I could mention is at work, our pandemic policies. We have policies around stuff like this, but actually, they were hopeless. In hindsight, they were just, it was like, you can't – we can't realistically put a pandemic response in place until we had had some experience. Because realistically, the policies that we had at the time weren't really helping very much at all. They were so vague and wishy washy." (P15)

The lack of planning, both in advance of the pandemic, but also as it evolved, meant that the way in which organisations reacted left huge gaps for support workers, and organising support for clients. There was a sense of divide within organisations, with support workers often the only employees working 'on site', as co-ordinators, nurses and managers worked remotely from home. This is reiterated in section 5.6, discussing support workers' isolation.

Communications from employers were sparse, and impersonal, often lacking the guidance needed to compensate for government policy that did not specifically address the context of community support. Some support workers went several weeks during the first lockdown with no communication from their employer. When communication did occur, it was in the form of general, mass communication, sometimes overwhelming support workers with emails that did not readily apply to the situations they found themselves in:



You know the communication that we got was like a copy and paste from the Ministry of Health sites and it's like hang on a minute, those Ministry of Health – most of that's talking about hospitals. What do we do in home – how do we do this in people's homes? (P70)

In addition to poor communications, support workers felt that support from their employer was not available, and in many cases not offered. For some, this meant that they felt totally alone in their work:

"You couldn't get any kind of company support. Lots of words. Lots of memos, but it never ever eventuated into real emotional or physical support for any of us." (P56)

Others saw how workers in different industries were connecting to the workplace, and through their own connections with their unions, knew that their employers were not trying all avenues:

"We could have had zoom meetings – any number of times of support. Not to just block us off. If anything we learned is better quality support for us as support workers, emotionally and physically." (P9)

As one support worker said:

"I think at the end of the day, Jacinda was more worried about me than the company was." (P31).

The lack of support and isolation support workers experienced was exacerbated by a divide in how employees were treated with 'office' employees experiencing better conditions, despite lower infection risk, than support workers:

"I think what got to me the most was the face masks and the people that worked in the office couldn't have given a damn about there not being masks and they were going to be home to their little bubble. And they weren't going out into that bubble and that bubble and that bubble." (P11)

Whilst the majority of support workers experienced the same lack of care and support from their employer, there were some instances in which employers actively attempted to support their employees, however, these examples were rare, and were usually ad hoc, resulting from individual managers' actions:

"So yes, that was very nice of them. Yeah, they keep on calling. They'll call and check on you. How you doing? How's your family. They will even ask, how's your family back in the island? Which I really appreciated that. Yeah, they were very supportive." (P33)

The examples of proactive organisational support were more likely to occur in smaller employers, and especially those who were not-for-profit and/or community based.

In some organisations, there was a positive shift to recognising support workers need to take sick leave if they are unwell, compared to before the pandemic:



What it has highlighted for me is that there used to be a time when you rang up sick and people would say are you sure you're sick? You know sort of thing, and now if you turn up to work and you look as if you're sick, staff member won't let you in the house. They say you don't look well. Can I take your temperature? So it's good to see that the culture is changing in regard to looking after your own your own personal health and the health of the people you love. (P50)

This culture of taking sick leave was encouraged through government policy, and government subsidies to enable workers to take sick leave with minimal financial fall out, however, not all employers were up to date with policy, nor shared it with their support workers:

"So, the support workers were feeling there are things which the government is giving, but why not our company is advising us regarding those eligibilities and concerns." (PR5)

Most of the research was conducted before vaccine mandates were implemented. However, some participants did raise vaccination as part of their experience during Covid-19 as a community support worker. Although support workers could access vaccinations earlier than many of the general population, they had not initially been included as part of the essential healthcare workforce that would receive priority vaccinations. A lack of information meant that some support workers had trouble accessing the vaccination:

"No, because I was a support worker we didn't even get looked at. I had to go out and do my own vaccine because I was a support worker working on the frontline. I never heard a brass razoo... and yet we're right on the front line – more so than most people. We were breaking everybody's bubbles and that sort of stuff. We were right up there in everybody's faces and yet nobody cared whether we got vaccinated or not." (P69)

Care and support workers were able to get vaccinated from April 2021 and should have been supported by their employer with information on where and when they could access vaccinations, as well as paid time off work to do so. While the majority of participants were vaccinated, in order to protect themselves, their whānau and clients, support and information was not available for all:



It seemed, from what I understood that I was eligible, and that my employer was supposed to invite me to get a Covid vaccination. And like, clearly, this wasn't going to happen. So, I went in my own way through the system with the DHB and got myself my own vaccination. I rang them, and I said, "I'm a homecare worker", and they said, "of course, come in". (P12)

Not only support workers, but also some of their elderly clients had trouble gaining access to vaccinations, even when eligible:

"What I am finding now is that I've got a long lot of angry clients, because they want the Covid injection, but they're not able. Well, they don't know when they can go and get it." (P2)

For some, the lack of information led to uncertainty and hesitation. This, combined with a general lack of support and concern from employers during the pandemic, meant that for some support workers the lack of concern they felt from their employer could play into their decision to be vaccinated.

"I feel like the company have let many people down. I know how apprehensive I was and I can imagine you know, there are lots of people that were even more so than I. And I think if they got the same treatment that I got, it's not going to help matters. Because, you know, they're telling you to get the vaccination to keep everybody safe and we are meant to care. And it's like, well, if you're not going to show people that same care and listen to their concerns genuinely, and not just degrade them and make them feel stupid for having those thoughts, that's not really achieving anything." (P76)





4.3 The Impact of 'Invisibility' on Working during Covid-19

Covid-19 made it more apparent to many support workers that their work, and its contribution to individuals and society, was invisible. This was evident in a lack of government recognition in policy and messaging of their work and a lack of understanding in society and government of what the job actually entails. This invisibility meant that some support workers had their essential worker status challenged, especially during lockdowns. For example, there were barriers to using priority queues in the supermarket, and support workers were stopped by police during the first level four lockdown to check they were adhering to regulations:

"Sometimes you get stopped by a police officer...if they see you, because you can't go driving around, like place to place.... It's out of bounds... But being an essential worker – being a support worker with your tag on you – you do get to go to [another suburb]." (P49)

While the first lockdown in 2020 was stricter than others, with even local travel restricted to very essential things such as grocery shopping or medical care, the lack of attention to community support workers, along with a lack of easily visible company branding or essential worker 'signs' such as a company car, or in some cases, a lack of branded uniform, meant that the reactions of police officers might be to challenge support workers travelling between clients more than if they were obviously dressed in medical uniforms.

For some, however, the change in job status to 'essential worker' provided more recognition and pride than previously, with some communities actively cheering on support workers during the first lockdown. The increased social recognition led to a greater sense of pride and being valued for some support workers:



As essential worker – what I felt is I felt so proud because my job is not just a caregiver – it is a frontline job. So people finally gave us some recognition that we are essential workers because normally, what we used to think is IT professionals are the most needed people. But now, nurses, doctors and support workers, like me, are frontline workers and we are so proud to be called essential workers. (PR5)

Nevertheless, as one support worker predicted, the increased visibility and recognition at the start of the pandemic has already decreased, as successive outbreaks mean a lack of novelty and a society that wants to ignore the pandemic as much as possible:

"So, in that respect, the pandemic did elevate us up to essential, and people were maybe a bit more aware...[but] And people will forget again or go back to our normal lifestyle and we will forget about those largely invisible people. Yeah, I think that's the danger out there of that. We will slip back to being those women who do women's work and are paid peanuts." (P36)

4.4 Government Support during Covid-19

As in all industries and occupations, the pandemic has been very new and fast moving, with little known in the early stages. The government, particularly the Ministry of Health and Ministry of Business, Innovation and Employment had a higher profile than usual, and more direct role in how the country could operate at different levels of Covid-19 restrictions. However, the invisibility of community support workers and their lack of recognition (also see Section 3.1) fed through into policy gaps for community support work and workers. Some of these gaps included: lack of PPE provision and WHS advice, and uncertainty over what tasks could be undertaken during Level 4 lockdowns. In some cases those who worked during lockdowns had lower take home pay than those who could not work and instead received government wage subsidies; government sick leave policy and subsidies did not work for many support workers because they worked for more than one employer in order to achieve full time employment.

Some support workers were surprised at what appeared to be slow moves to create policy that would keep them, their clients and communities safe. This was especially so for this cohort, whose day to day work, even pre-pandemic, involves infection control and who, just as many other New Zealanders, are globally connected with family and friends:

"Yes, I felt unsupported, particularly by the Ministry of Health and everything – because I kept reading the news from overseas so I knew what was coming. I knew how bad it was going to get and obviously, a lot of my colleagues weren't doing that. But I knew what was going on in England from reading the press. And we had a month or so there when we were very unsupported." (P12)

Additionally, for many support workers their invisibility to policy makers and lack of recognition meant that there was a perceived and real gap in what policy makers understood and what actually happened on the job. This gap between policy and practice led to actual lack of resourcing for community support, despite government messaging that all issues had been sorted out:

"But also, I felt a bit of a disconnect and at times, I had some rude words to say to them on when they were making statements like – there was enough PPE and things like that, you know. I just felt that at the front line, that some of the information wasn't quite correct." (P36)

These policy gaps highlighted the lack of understanding at government and policy level of the job of community support (McCully & Ravenswood, 2020; Ravenswood, in press), and the tasks carried out daily, leading to unsafe conditions:



Yeah, and then you get told, you're wonderful, you're keeping the country going but get to the back of the queue and you don't deserve gloves and masks because you're not getting up close and personal with people. How do you wash someone's bottom? Do you stand at the other end of the hallway and do it? How close do you have to be to wash somebody's bottom?... at the other side of the room from them? ...Oh, right, okay. So maybe you do need a mask. Well, you can have one mask for that client for that week. But it's a surgical single use mask. What's the point? (PR16)

In practice, there was significant ongoing uncertainty about the provision of community support and how support workers would be protected, as well as uncertainty around how much work would be available. For example, initially household management was not allowed during level 4; and the volume of Accident Compensation Corporation (ACC) clients changed due to issues such as fewer injuries and other clients refusing care due to fear of covid. There was little or no advice for how support workers would be protected in potentially Covid-19 positive client households, as well as how clients would be supported and protected from Covid-19:

"Well. That's the scary thing now. It's that uncertainty. My understanding is that we don't go if someone's got Covid and if there's even a hint of a suspicion, we report it in. And so we would get stood down if we go into the home with someone with Covid, we get stood down. We have to self-isolate. So you just have to protect yourself." (P77)

Additionally, ministry communications provided little clarity to support workers about their work entitlements during the pandemic:



But right now, I don't know what that means if, for example, I couldn't work or had a vulnerable person at home. I don't know whether – I think I'd get paid regularly but I don't know. You know, like it's just the messaging, that communication is not very clear. And I don't know who to ask or how to access information. (P16)

One key policy gap was in childcare provision for essential workers. While policy meant that support workers should have had access to childcare during lockdowns and other Covid-19 restrictions this was not always accessible in rural communities or because of the irregular hours that community workers work, such as evenings and weekends. This had a significant impact on support workers and their whānau. In several cases, support workers had to take their children to work with them:

"I remember there being a bit of pressure put on the other colleague that I worked with, who had a child as well and she was taking her child to work and he had to sit in the car. That was the key moment where I was like, I have to do something about it because it was cold and you know, when you're desperate, you've got to do desperate things." (P1)

For other support worker parents, they were concerned about their children, themselves and their clients through a perceived higher risk of children of essential workers spreading Covid-19 at daycare:

"But still they're kids – they touch each other, they play with each other. So they're not in a bubble. So I didn't I let my baby to go to a daycare during the pandemic because I just got so scared. So it was my family, – we got support from each other to support the mother of a child, what will we have. So recognising those things would be really great." (PR5)

Although this support worker could draw on family to help provide childcare, others did not have that support. In the following example, the support worker possibly got infected at work, and in addition to being concerned about spreading Covid-19 to their child, had no childcare support:

"And then I brought it home to my son and then I got really sick, there was no backup, because his father doesn't live here. I didn't have any support in the community to help with childcare. I thought, you know, because it happened that quickly, I thought I'd be able to work something out but as time goes on, it doesn't really work like that." (P1)





In some rural or regional communities, collective efforts were made in order to provide for childcare community support workers:

"And so, we ended up getting civil defence in to help us out. It was a really big thing, because there was absolutely no support in the small community for childcare, you know, like all the government said that support workers would, you know, like frontline workers would get support for childcare. But you don't get that in a small community. Yeah, so that was really tough." (P1)

Some support workers recognised that despite the faults, government policy was detailed, and communicated regularly in ways that did not appear to happen in other countries. These comparisons meant that support workers had a lot of sympathy for the government and policy makers. Indeed, some felt that the government was more concerned for their welfare than their employer, even if they might be worse off because of government policy:



I took a financial hit during lockdown by being on the subsidy, but I'm ever so grateful that the subsidy was available. And that just seemed very what's the word – It certainly felt like the government was looking after us even if our employer wasn't. (P37)

However, for some, the perceived lack of regard and understanding of community support work led to a distrust in authority, and a sense that the people making decisions were not well informed about what the work entailed in practice.

Some support workers saw the faults in policy, but understood the pressures on government and policy makers, so while their trust in the government policy did not decrease, they felt at times that they were on their own to make the correct decisions:

*"Yeah, I think they did get it very right... once [they] started figuring out what they needed to do... But then there were times when you had to take the ball into your own hands and say f*** what the government says... Bugger what [my employer] says. I'm taking my own safety precautions." (P8)*

4.5 Summary

While there were some specific pandemic-related issues which arose, in general, Covid-19 worked to significantly exacerbate the already poor work conditions, lack of respect and visibility and risk to health and safety that community support workers experienced prior to the pandemic. The most obvious example is their continual fight to have the need for medical grade PPE supplied to them. The lack of PPE provision resulted from policy makers' lack of knowledge of the complexity of community support work, and that it involves close personal contact, often contact with bodily fluids. Despite community support workers being declared essential workers they did not receive the same recognition and support of other essential workers, and in particular were not recognised as a core part of the health workforce. In some cases, this was apparent even in their own organisations when administrative, managerial and nursing staff had better working conditions and access to PPE. Once vaccines were available for healthcare workers, there was a lack of the promised employer support and information to aid support workers to get vaccinated.

Support workers worked in isolation with a lack of sufficient guidance from either their employer or the government on how to best protect themselves and their clients from Covid-19. Furthermore, government policy aimed at reducing financial stress, enabling sick leave and childcare for essential workers often did not apply well to the context of community support work. One stark example was the lack of available childcare that meant in some instances support workers' children waited in cars while their parent worked. While support workers often respected the government's decision and policy, most felt that there was a lack of respect and regard for their work; and for some, this led to a decrease of trust in authority and a sense that they were on their own to look after themselves at work.

Childcare, Family



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My first thought when I heard about lockdown was that there would be no school or childcare. Panic. Would I be working? If I was, what would happen to the kids? Within a few hours I had heard that we would still be working, which was a bit of a relief, at least I wouldn't be losing my income. But now the problem of childcare became even more worrying. At first, the government seemed to have forgotten that some of us had childcare needs – for the first two weeks I had no arrangements, so I couldn't work for this time. Then, the government brought in childcare for essential workers – but I live in a small community and there was no childcare available. It would've been o.k. if I was in one of the major centres. But in the end, the local community pulled together – they set up a childcare station for us. The local GP got involved and, and the St John's, they found a couple of other people that were willing to help and organised themselves into shifts.

I was also worried about what happened if I got sick; my kids' father doesn't live with us, and they weren't allowing travel for childcare reasons, so I had absolutely no backup. I have another workmate who is on her own with her kids. We've decided that next time we have a lockdown, we'll join 'bubbles', because there's too much stress and pressure for single parents.

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Community Support Worker Wellbeing

5.1 Defining Wellbeing

Overall, wellbeing was expressed by many participants as being holistic in nature, referring to a sense of wellness within the whole person: *wellbeing is the heart, soul, the mind and body basically (P10)*; and encompassing the sense of a life lived well: *I just like that holistic sense of being okayness and like living a good life and that sort of thing (PR14)*. When discussing a holistic, integrated view of wellbeing, some participants spoke about hauora, and some others referenced Te Whare Tapa Whā model (Durie, 1985) in their definitions of wellbeing.

Holistic wellbeing, as reported by community support workers, incorporated the following dimensions:

- Good physical and mental health (Physical and Mental Wellbeing)
- Financial security and independence (Financial and Economic Wellbeing)
- Social support which included both whānau and community relationships, and time for leisure and family (Social Wellbeing)
- Spiritual connections (Spiritual Wellbeing)
- Cultural groundings (Cultural Wellbeing)
- Environmental connections (Environmental Wellbeing)
- Feeling valued and contributing (Meaningfulness)
- Lack of stress (Balance of all the above factors)

For many participants, wellbeing is having a sense of balance in their lives: *it's the life balance between your home life and your family, and your personal happiness and health, that sort of thing (P39)*. Community support workers spoke of the integrated, multiple actions they take to maintain their wellbeing:



I look at every aspect of my life in terms of wellbeing. So, I'm looking at physical and mental health, and making sure I've got a good work/life balance and making sure that, for me, it's about de-stressing, generally. So, I look at, have I got enough time to do my exercise? Am I getting enough time to actually nurture myself mentally? Am I getting the social interaction that I need to be happy every day. Have, I got enough money. Are my kids happy – all of that plays into my wellbeing – it's holistic. (PR18)

Social support networks were seen as part of this balance, and indeed many community support workers spoke of their valuable connections to their churches, whānau and local communities through a number of formal and informal volunteer activities. Conversely, life stressors, including family related issues and community commitments, detracted from wellbeing.

Work was also seen as a contributor to wellbeing, influencing financial, social, mental and spiritual wellbeing. Community support work provides a direct connection to community and was interpreted as a meaningful contribution to the lives of others (see section 5.2):

"Well, having a balance in my life of physical – things, I really like doing things that stimulate me intellectually, something – work that is earning money and feeling like I can have the resilience to manage any difficulties that come up....And having support networks, as well." (P16)

For participants who were also union delegates, while their delegate role was a source of information, solidarity and support for themselves and others it did substantially add to their workload outside of their formal job in many instances. This raised the issue of the balance between the positives of union work and the workload and emotional toll in doing delegate work:

"I was just so busy with working and I work two jobs you see and I also work as a union delegate. So it's always union work to do and every time I think, oh, I might have time now to do this – it doesn't happen." (PR10)

Additionally, being union delegates came with even more stress because of the adversarial approach some managers had towards unions and union delegates:

"Well, for me, just being a union delegate, I always feel like I have a big red mark on my back." (PR13)

Overall, wellbeing was considered to be a holistic concept with multiple factors that contributed to positive wellbeing. The following sections provide more depth around key wellbeing dimensions: meaningful work, supportive networks and financial security and freedom. However, community support workers expressed how work can also be a drain on wellbeing. This is explained below in relation to exhaustion, tiredness and burnout, and isolation on multiple levels. These barriers tended to mirror wellbeing dimensions. For example, isolation is a barrier to being able to take part in community and social support in their personal lives, and exhaustion impacts meaningfulness. This project specifically sought the experiences of Māori community support workers, and their experiences of wellbeing are reported in Section 6.



5.2 Wellbeing Dimension: Meaningful Work

Meaningfulness was integral to wellbeing through work and social activities in the participants' lives. Meaningfulness encapsulates a sense of purpose and of contribution to people, communities and societies. For many support workers, providing support to people in their homes was meaningful work. For these workers 'care' was something that they enjoyed, what attracted them to the work and what kept them in the job:

"I needed to do something and I wanted to do something that was more meaningful and purposeful, as well. Like selling holidays to people isn't always the best thing to do in life. Sometimes you change your whole perspective, you know. So now, I'm like, okay, what was meaningful and purposeful. And then when I started this work, I was just blown away. I actually really enjoy it." (P19)

Meaningful work created a sense of pride in making a difference to other people's lives, which in turn enriched community support workers' own wellbeing:

"I love to be doing something either for the community or for just someone. For me, the role I do helps my wellbeing a lot. It has been helping my wellbeing for all these years I've been working with people with intellectual disabilities starting from the young ones to the adult one to the old age ones. It helps me to understand how other people go through and how we – we might not do the perfect thing, but just to make it a little better – to better their lives." (P20)

One support worker spoke of how they encouraged their rehabilitation client in small steps towards more independence, improving his life but also his personal relationships:

"And he was huge, and he was piddling everywhere. I managed to get him to lose some weight. Get a bottle between his legs and work it up so we could put it in a bottle. I managed to get him to stand and transfer him into his chair. And I also managed to get him to start feeding himself a little bit. And the biggest thing I managed to do – he said two words 'I love you' to his wife – that was her Christmas gift." (P10)

Alongside connecting with and supporting clients to be safe and well, positive acknowledgement from their clients added to some support workers' enjoyment of their job. For many, the connection was linked to their respect for older people and their knowledge and experience.

Participants often attributed this respect to cultural and spiritual values, part of their way of giving back to the community.



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So they're of sound mind not necessarily completely dependent on others. For me to have conversations with my clients. It's just mind blowing because they just have so much [to give]. (P19)

5.2.1 The Burden of Meaningful Work

Although caring and meaningfulness was important to support workers' wellbeing, the 'caring' could also be overwhelming:

"It's getting hard because I'm very passionate about my clients and there's only so much death you can take I think." (P42)

This burden, or sense of being overwhelmed, was particularly evident when community support workers became aware of some of the challenging situations their clients were dealing with:

"I've heard all sorts of things and to this day, I have never repeated anything that those clients have told me in confidence to anybody. Unless, of course, there was physical, sexual, emotional, financial, psychological abuse going on by family members." (PR16)

Participants also described the struggle they experienced in deciding how to respond to these situations, and how they felt when there was limited actions they could take, often with no organisational support, as this participant noted:

"I reported it to the office, and nine times out of 10 nothing happened here anyway." (PR16)

Additionally, participants faced challenging behaviour from clients' family members in their commitment to provide care:



They've got no idea –... what we have to put up with as well. You know, I've been chased out to my car and abused, and I've had all sorts of things happen to me, you know. (P69)

Perhaps one of the most challenging situations for community support workers is when a client dies, and the subsequent grief they experience:

"I went in and I saw the feet lying out from the kitchen into the lounge and I said, oh, you've had a fall and then when I stepped over him to have a look, he had actually passed away... I rang the ambulance first – did that. Then I rang the office and advised them what was happening. So they said ... "we'll give you a call back a wee bit further down just to make sure you're doing okay... And he [manager] just said yep, you've done everything right". That was it – no, are you okay? Nothing." (P34)

Participants described a lack of available support or acknowledgement that they may be emotionally impacted by the death of a client. Some were referred to Employment Assistance Programme (EAP) initiatives, but also felt that organisational support for grief at work should be a more integrated and embedded part of the organisation, given the personal and intimate nature of the work.

During the pandemic, the commitment to meaningful work and their clients resulted in increased stress and concern of community support workers for the wellbeing of others, in particular clients. Some participants were anxious that they might get sick, however this concern was, in most cases, linked to the health and care of others, not for their own health. They were concerned about inadvertently passing on Covid-19 onto high-risk clients:

"I've always been someone – apart from a sickness I've just had – generally, if I get a cold, I'll get a sore throat for a day, then it will go away. But these people – our clients, a lot of them had breathing problems, and were told by the doctors, if you catch Covid, you're dead – sort of thing." (P11)

Many participants spoke of choosing to work during the lockdown periods due to being their clients' only point of contact, or the knowledge that clients would be left unattended if they did not go to work:



Think of something, if the person is not having a shower for a day and in his bed a whole day without having a shower; having a poo and having urinated in his bed and there is no one to care for him – it will be the worst – I find it abuse, one form of abuse. (PR5)

Community support workers in regional or rural areas felt the pressure to work as they were the only or main support worker in the area. This was not only out of a sense of responsibility but also to lower the risk of spread through preventing the need for 'outsiders' coming into town.

These concerns detracted from community support workers' wellbeing because the value they place on their meaningful contribution to their clients' wellbeing, meant more work and effort was required, often unpaid, during the pandemic. Conversely, had they refused to go the extra mile, then their own sense of wellbeing would have been negatively affected through the inability to provide care and support to a level that their vulnerable clients needed.

5.3 Wellbeing Dimension: Supportive Networks

There was much agreement that family, work and community support networks influence wellbeing. As indicated in the previous section, some of this was through a sense of purpose and meaningfulness. Others said positive social support (social wellbeing) increased their own mental and emotional wellbeing:



I guess it's that whole overall wellbeing isn't it? When our relationships are in a healthy way then it helps us as a person.
(P41)

Supportive networks also contributed to spiritual wellbeing. For example, spiritual wellbeing was said to be supported by active participation in social networks such as church, family and community activities. Emotional and mental wellbeing was protected and fostered through seeking professional support (general practitioners, counsellors, and mental health services), support from friends and family, and support from colleagues.

Supportive work networks were significant to wellbeing at work. Positive interactions with colleagues, forming bonds with co-workers and sharing work stories, problems and experiences were important aspects of this support:

"We have a meeting once a month. Some of the deciding factors that helped me decide to go over to [my current employer] was that connectivity with them. So, we meet them once a month – the ones that bother going to the meeting or at union meetings. And if we have any two people jobs. I really enjoyed the two people jobs 'cause you get to know your other co-workers really well... I remember when I worked with [previous employer], going to the Christmas party and we all looked at each other thinking I don't actually know any of these people." (P41)

These contacts became more important given the isolated nature of the work (see below, section 5.6), and the way in which the anti-social nature of work hours and shifts often did not allow support workers to interact with their social networks:

"It is important because in this industry where you have been given a shift that [the rostering] doesn't see if it's a day or a night or so you have got to adjust your family, your life around the work, to suit your work, and to suit your family as well... it just goes together alongside each other." (P21)

The majority of participants reported that social connections at work were not available, and in some cases were denied or discouraged. This lack of positive work relationships, made it difficult to deal with stress and issues such as grief that are part and parcel of this work:

"And most people – they don't want to call something like EAP to talk to some random stranger – they would rather talk to a colleague, or you know, which lives around the corner and who does the same thing – who has the same experience and it's just not encouraged." (PR17)

5.4 Wellbeing Dimension: Financial Security and Freedom

A key influencer of wellbeing was expressed as having financial security and the freedom to make choices around the structure of work. For some of our participants, financial and economic wellbeing was expressed as being enough 'to survive' or to 'pay the bills'.

"Because I am alone, surviving financially alone, I think financial wellbeing underpins the rest of it for me. If I don't have financial wellbeing where I'm managing to pay costs of life – living costs – I don't see how I can have any other kind of wellbeing because you know, I might be healthy but if I can't put food on the table, or pay the rent, it doesn't matter whether I'm healthy or not." (P37)

However, many went further, stating that wellbeing would mean a state beyond simply 'surviving', and would mean being comfortable, or being able to afford extras.

"It's to be able to do nice things for them. But my little granddaughters love it when I take them out to a cafe... If I was on a benefit or minimum wage, I wouldn't be able to do that. But I am not on minimum wage, I am on level four." (P68)

Despite the importance of financial security, many identified that this was not enough to encompass wellbeing, articulating that I cannot just work for money (P5). Some also described how the value of their work was not expressed in their income level, with a large amount of societal value being gained in return for a relatively low income.



We must be at the bottom of the pack in the health system – the lowest paid workers in the health system – support workers and yet we do such an amazing job for our kaumātua and kuia but it is just not acknowledged in the fair proper way financially. There's a gap. (PR6)

Those that maintained financial security tended to enjoy community support work more as they were able to work to their own timetable and maintain work-life balance; they were not under pressure to take extra work.

"I say no to clients who are physically too difficult for me, but it took me a bit to do that. And it's only really that I've... got another job, and that my expenses are not so great that I'm able to do that... when [this employer] has been my only job, and I've had to take anything I can get I was working pretty silly hours and doing things that I wasn't really capable of. And, you know, taking risks that bothered me." (PR12)

"I am more part time than full time, but I choose to be. So any hours that I do is what I choose and that's purely because of the stage I'm at my employment life and I'm able to do it really... I can work weekends, and I can work mornings, afternoons, nights – my choice." (P48)

5.4.1 Covid-19 Impacts on Financial Security

In general, it was felt that the factors which led to financial security were eroded during the Covid-19 pandemic. Many felt a sense of insecurity around hours, and for some whether they would be able to continue working at all:

"I was in one of the vulnerable groups, and we didn't know whether to continue work or to stay home or whether I will be financially supported or not." (PR5)

Participants also expressed concern and uncertainty about whether they would retain their income, or if not, if they would be eligible for the NZ Government's Covid-19 Wage Subsidy.



And with the wage subsidy, it had to be applied for every four weeks by the employer so that was a stress as well, that I knew it was going to run out in four weeks' time, and I had to let my employer know I do want it again for the next four weeks and I wanted again for the next four weeks. I just felt that it was not easy to communicate with them, and that I was somehow making life difficult for them – making more work for them. (P37)

Participants felt that, as essential workers, they were deserving of the kind of financial top-up seen in other areas of the essential workforce, to acknowledge the contribution of workers through the Covid-19 period.

"I actually earned less in Covid than what I would have been getting if the government had paid. I think it was down to about \$280 a week, whereas the government, I think were paying something like about \$400. So I would have been better off not to work." (P55)

In particular, participants felt that this lack of financial acknowledgement was symbolic of the societal view of community support work highlighted in the section 'Community Support Work'.



5.5 Wellbeing Barrier: Exhaustion, Tiredness and Burnout

One of the key wellbeing issues for community support workers was tiredness, exhaustion and burnout symptoms. Although these could be seen as outcomes of poor wellbeing, our participants also described how this dynamic acted as a barrier to wellbeing.

At a broad level, the majority of participants described tiredness and exhaustion, linked to work conditions, such as extended work hours, as outlined in the section 'The Impact of Covid-19 on Community Support Work'. For example, one explained *the physical health normally is quite good for me, just somehow, I feel very tired if I work a long time (P62)*. Some stated a need to seek professional help, for example *I had been to the doctor twice on just physical exhaustion (P9)*. Over one quarter of participants described symptoms that move beyond this and are generally linked to workplace fatigue and burnout, including poor appetite, apathy, anxiety, lack of motivation and depression:

"My mental health some days is no good at all. And right now, I know that this is the time I had to get out because I don't care. I don't care about people. I don't care about terribly much." (P23)

In addition to burnout symptoms, participants also linked their work directly to illnesses they had been subsequently diagnosed with. These conditions ranged from acute medical emergencies, such as perforated bowel, to long term conditions such as diabetes, alopecia, and allergies:

"My physical health – well it definitely – it has been affected you know because I'm not looking after myself. My diabetes has come back. I'm stress eating; tiredness but don't want to admit tired." (P70)

The exhaustion, tiredness and burnout experienced by community support workers had a subsequent negative impact on wellbeing, particularly in terms of social wellbeing, where the hard work, long hours and anti-social shifts created issues of not only lack of time to spend with friends and whānau, but also a lack of energy to be able to interact with their family:



My partner works more hours than me because he starts early in the morning so yeah we kind of see each other in the evenings if I'm not working evenings. I do feel my son misses out on quite a bit because sometimes I have to say no because I'm not able to pick him up or I'm too tired today, sorry, son, you can't do this and can't do this. (P53)

Others described how exhaustion from work has negatively impacted their spiritual wellbeing:

"I'd like to walk away from the service, because it does – the ethics of it is just doing my head in and my heart. So, the wellbeing side of it – can get into the spiritual, yeah. In terms of my faith, hugely strong. In terms of actually doing what I should be doing, too exhausted. Missing – missing the gatherings because just too tired. Don't go to camps. Don't do this. Don't do that. So the connection with people even with spiritual contact has been extremely limited." (PR9)

Although the way in which rosters, days off and hours are organised was the main cause of exhaustion, the meaningfulness attached to their roles also contributed to a sense of exhaustion and burnout:

"Because that's another thing is that we've also got a high rate of burnout with our older support workers. Because they know that if they don't do the work, someone that's less experienced is going to be sent in to half-arse the job." (PR15)

5.5.1 Covid-19 Impacts on Exhaustion

The Covid-19 pandemic exacerbated the conditions leading to exhaustion for community support workers. In particular, the additional workload, safety issues and access to PPE during this period significantly increased the feeling of tiredness and exhaustion for these workers, as outlined in the section 'The Impact of Covid-19 on Community Support Work'. The reduced workforce during lockdown periods (with some community support workers being unable to work due to vulnerabilities) meant that many found it very difficult to take any leave during these periods. As essential workers, in a 24/7 type job, support workers were often unable to have, as a minimum, public holidays off work. The lack of a break from work was highlighted as a barrier to emotional and mental wellbeing:

"I needed to go for an annual holiday at that point. I hadn't had one for a long time partly because I don't usually take my holidays at the start of the year, not at Christmas... I postponed a holiday. I hadn't had a stat [statutory] holiday for quite a few months, maybe a year. And then of course, it just disappeared." (P15)



At the time too because in the care industry, there are a lot of older carers, so the 65+ – so they will all ruled out. So there was so much work and I know there was a time there when I burnt myself out. Because I just was just doing crazy hours, which I shouldn't have. (P48)



5.6 Wellbeing Barrier: Isolation

Isolation emerged as a major barrier to wellbeing. This can be seen through different lenses of isolation at work, isolation from the employer, and isolation from society. These factors were exacerbated during the Covid-19 period.

5.6.1 Isolation at Work

An overwhelming number of support workers expressed that there was a lack of collegial interaction due, in part, to the independent nature of work. However, as discussed in section 5.3, there was little encouragement or opportunity provided by the employer for support workers within the same organisation to connect with each other, and in some cases employers actively discouraged or forbade it. This worsened during the Covid-19 pandemic, with offices adding restrictions to who could enter as a response to Covid-19 responses:

"And I mean, to the point where it really annoys me that I can't bowl into our local office and use the tearoom to make a cup of tea or go to the toilet. There's a big sign on the door that unless you have phoned in and made an appointment, you're not allowed to enter." (P61)

Often, the only time that community support workers may interact with other support workers was during work meetings, in-person training or two-person cares. However, many spoke of changes whereby employers stopped holding meetings, and had often moved training online, thus increasing the isolation for these workers. This was particularly so for those who worked in regional and rural areas, where they may be the only support worker in their area.



I like working as part of a team. But sometimes it feels like we're not. We're working in isolation, because the rapport between – I don't know, it would be better if they had more staff meetings, even if they did it with well, not zoom. But yeah, I suppose zoom is the only option. (P17)

Participants spoke about how interaction with other workers would provide much needed support, advice, quality control, and help when something goes wrong. Therefore, the increasing isolation at work has a significant negative impact on their own wellbeing, and potentially on client wellbeing due to the lack of opportunity to share information and experience with each other.

5.6.2 Isolation from Employer

A major theme that arose was that the distance between employers and community support workers lead participants to feeling undervalued and underappreciated. Many support workers said no one checked up on their wellbeing, and they felt that they had no support at work:

"But as I keep kind of saying to people, stress in your life is one thing; being pounded all the time in your job is completely different. You are feeling literally in danger all the time. You're feeling threatened...and there's no backup, and there's no one you can call because nobody's going to come. But you do feel threatened. And the thing is that you tend to feel threatened by your employer. You just feel threatened by the job. You're aware that you're not really a person... We're a virtual employee working in a virtual world in a virtual system – we're not people." (PR9)

This was especially the case during Covid-19 and lockdowns, where support workers were even more isolated during their work:

"We support workers need more support. We don't just need more, you know need just PPE or protection, we actually need a person, we know who it is, and where we can go to, who is actually listening to us, who is trying to deal with our issues, who feels responsible and who is there for us. And we just don't get that." (P5)

The isolation and lack of contact during work is so profound, that some support workers avoid having breaks: *"I don't take a lunch break in general because why would I want to sit by myself in my car." (P61)*

Another isolating aspect of the organisation of community support work is the location of head offices, moving away from local communities, and in some cases even out of regional areas. Not only did this increase support workers' isolation in relation to having a local person to speak to, it meant that some work-based social activities, which were a rare occurrence overall, were inaccessible:

"Sometimes, the agency will say, oh, yeah, we've got whatever – a Christmas party or something. But it's in – where are they based now? The Wellington one is based in [some distance away] – why on earth would I go, you know, on my day off, you know, all the ways there for Christmas party, you know?" (PR8)

The physical isolation from the employer also meant that co-ordinators and supervisors had a lack of knowledge of what was happening on the ground. This could range from a lack of understanding of logistical issues such as travel between clients, a lack of knowledge of the characteristics of clients and type of support that they need, and a sense of total isolation for the support worker in case anything urgent came up, such as a workplace injury or accident, or clients' challenging behaviours:

"I felt unsupported in regards to dealing with these behaviours [workplace violence] at the time, because there were no people on the ground. They were all working from home so they were all on a phone. So in some cases my biggest PPE would have been having someone there and it wasn't there. I had someone on a phone." (P50)

5.7 Summary

This section highlighted the holistic nature of wellbeing as expressed by community support workers. Wellbeing was seen as an ongoing dynamic between personal wellbeing (physical, mental and emotional), social wellbeing (family, whānau and communities) and work factors such as a sense of meaningfulness at work, social networks at work, and financial security. Meaningfulness was a key dimension of wellbeing, and central to the wellbeing and lives of many community support workers. This was evident in how their work contributed to their wellbeing through a sense of worth and value. However, it was also integral to support workers' involvement in whānau and community, with many deriving social connection and meaningfulness through volunteer work in their communities – a topic that is further explored in Section 7.

Work was a significant barrier to community support workers' wellbeing: the way in which community support work is rostered, with high workloads and antisocial hours meant that support workers could not access whānau, community and spiritual connections to support their wellbeing. Furthermore, community support workers were isolated at work, even more so during the pandemic which, combined with a sense that they are not valued, led to considerable negative wellbeing such as isolation, exhaustion and burnout. While some of this occurred prior to Covid-19, the way in which their employers responded during Covid-19 to reduce social interactions at work, make it more difficult to approach co-ordinators and managers, left community support workers alone during their work, including when facing grief and challenging behaviours from clients and clients' families.

Māori Community Support Worker Wellbeing

6.1 Defining Māori Community Support Workers' Wellbeing

Māori community support workers experienced the same overall contributors and barriers to wellbeing as expressed by the participants as a whole, such as meaningfulness, support networks and isolation. However, Māori participants tended to also refer to culture as being integral to wellbeing, with a lack of cultural awareness within the industry impacting their role.

Many Māori community support workers often spoke to the concept of hauora, speaking about wellbeing being holistic in nature, incorporating personal health (mental and physical wellbeing), whānau and culture (social and cultural wellbeing), and wairua (spiritual wellbeing), with some citing Te Whare Tapa Whā (Durie, 1985).

"I see wellbeing as definitely like hauora and balance and having the time to look after our own needs and needs of our whānau." (P7)

"Remaining well, incorporating Whare Tapa Whā, as such which is basically one of my favourite health models, I guess. Because if my health is in order, then basically I'm in order. Keeping a clean environment and knowing that if I'm going to work, I'm not sick, I'm not tired and I'm not unwell in any way, shape, or form, eating well – there's a whole lot of things incorporated in it." (P8)

Māori community support workers tended to speak more freely about spirituality, including it as part of their wellbeing.



Spiritually, being able to keep myself on track to make sure that I'm getting my work done in a safe manner. Ensuring that when I need timeouts, spiritually I do take that and I do have those days off in between to step back when things get heavy at work, particularly when I'm losing clients or clients are passing on, or clients are moving on in the different forms that they do move on, whether it be through death, whether it be through moving into a long term care, moving away from the area to go to whānau. (P8)

Some spoke about relationships they had with their tūpuna watching over them, and others talked about the spiritual connections with the people they care for:

"Only when I kind of leave my client's place I sort of say oh Lord please look after this one and away I go and then halfway down the road I'll be talking away to him saying oh just look out for her; she's not in a good space." (P54)

6.2 Wellbeing Dimension: Culture

Culture plays a large part in the wellbeing of Māori participants, with some speaking about how their Māoritanga enhanced their role.

"I like to believe that our inherent values and tikanga and way of doing things that subconsciously looks after many Māori without them even knowing it." (P74)

Do you think being Māori has impacted your wellbeing? *"Yeah. 100%. I think it's made me realise how important whānau are." (P76)*

Whilst some Māori support workers specialised in end of life care, others expressed that although they focussed on care for the living, their cultural background gave them support in dealing with death.

"I think sometimes being Māori, we have sort of inner strength, that you, I reckon is that families are looking for some sort of stability and reassurance, when you're there helping them through this final part of their journey." (P48)

"I also previously while before I became a nurse, I worked for hospice, dealing with end of life because we kind of grew up with that with our old people. And so it was natural." (P54)



6.2.1 Cultural Awareness at Work

Culture is not just important for personal wellbeing, but many Māori community support workers spoke about the importance of culture for clients. Due to the intimate nature of community support work, there is an obligation to respect the mana of the people they care for.

"I think just acknowledging and respecting the cultural aspect of somebody – and I'm not being disrespectful to everyone else. It's just that culture is important to me. So especially like religious beliefs or anything like that, and you have to acknowledge that because you're in their home. So if you can't acknowledge it you shouldn't be in their home." (P48)

"For me, I always looked it up and find out the main things so that you don't cause offence the moment you walk through the door." (P76)

Some Māori support workers spoke about how they were often called to deal with clients that were deemed 'challenging' by the organisation. These support workers spoke about how recognising the importance of culture was key in dealing with clients.



So you have got clients who are really vulnerable, and they're not getting care and you relate to them, but I think you relate to them on a different side too because culturally, you like know how important whānau are to them. (P48)

"For me work as kind of a pathway for me to find people that need that little bit extra. That's how I see my work. My work, they will contact me if there is somebody challenging, because I don't see people as being challenging. I see them as needing something different... And so they can send me to somebody who's supposedly being challenging, but actually, they just need a different understanding. They need a different approach to it." (P76)

Māori support workers echoed the need for supportive work networks as essential to wellbeing, but some expressed that having colleagues that understood their own cultural paradigms was key:

"It was such a neat feeling because like we talked work three hours. We're talking work and we talked about all this stuff. And it was just really satisfying to sort of talk to somebody who could get things." (P48)

6.3 Wellbeing Dimension: Whanaungatanga

Many linked wellbeing to meaningfulness of work, but often spoke directly to the relationships they had with their clients, referring to them as whānau, with some attending tangi and whānau celebrations:

"That word 'client' is a dirty word to me... Because that makes me feel like they are a number. They are just another person that you need to – I don't know, it's hard to put it into words. Once you've been on with someone for a certain amount of time, they become your whānau." (PR15)

"You feel part of their family because you know, it's about trust and being trustworthy and honest and so these old people – they're vulnerable and they're counting 100% on you and the family do too." (PR6)

Māori support workers tended to talk about their role in terms of empowering, or enabling independence of the people they support:

"I actually really start off with a bit of whanaungatanga and that really helps. That's probably the best thing. Just try and make them feel comfortable pretty quickly, especially if it's somebody you're going to go and give them a shower, and you need to get them in a shower within a few minutes of being here. So it's just lifting their mana really." (P7)

6.4 Wellbeing Barrier: Discrimination

Māori support workers experienced many of the same overarching issues as the general community of support workers outlined in earlier sections such as burnout and exhaustion. Adding to these stressors, some Māori support workers had been subjected to racism:



[I had] a bit of a breakdown. I had clients that were very racist and they can be downright nasty. The expectations that they expected of you was way out there and that took a lot. It took a lot. (P54)

"A call centre is not equipped to deal with all those issues. Those are really important issues... But they're trying to often put us onto jobs where I think it's open to discrimination and that sort of thing." (P68)

Additionally, Māori participants expressed concern at the lack of Māori workers within the industry as a whole which exacerbated such issues due to a lack of support networks and understanding.





6.5 Wellbeing Barrier: Lack of Cultural Support and Awareness by Providers

Māori support workers spoke about the lack of cultural awareness and training to deal with cultural issues.

"But the company don't give that education. Or they don't, you know, like even when we're sent to somebody, we're not told about anything culture related." (P76)

One participant spoke in depth about how Māori communities are less likely to receive support in some geographical areas, due to a lack of Māori providers, coupled with a lack of cultural awareness of existing providers:



There's not enough of a desire for agencies to be adaptable to the needs of Māori or other cultures and Māori feel that. So that's kind of been the conversations that I've had with members of the local hapū – kaumātua from the local hapū is that, why, when that not willing to meet the needs, should they open your home to that? (P7)

Some Māori support workers, recognising the need for cultural awareness have asked to be the first person offered such jobs. Or conversely, the call centre are told that this relationship is not ideal:

"I've repeatedly told them I can't go to some because some I know their families intimately or personally so I don't really want to go there and they're Māori and they keep ringing back up." (P68)

Yet, the lack of communication and co-ordination between workers, co-coordinators and clients, and the systemic lack of Māori support providers and workers has meant that matching Māori support workers with Māori clients and whānau does not often occur.

6.6 Wellbeing Barrier: Rigidity of Professional Boundaries

There was a sense from Māori participants that the professional boundary that is stipulated by the working relationship between client and support worker is a construct that does not necessarily match up with the ethic of whanaungatanga that promotes positive wellbeing relationships.



Because you know what, if you're going to tell me that I'm crossing boundaries, yet, this person's mana is upheld, whether they're Pakēhā or where the clients from you know, and there's a positive influence and they are succeeding and achieving for them. (P74)

We're only supposed to do what's on the care plan but we go over and beyond because no one else is there with them. Family is not around... And you know the clients – they are crying – they've got tears – don't do. Oh, it's like it's okay, Nan. Yeah. (PR6)

6.7 Summary

Whilst Māori community support workers, on the whole, tended to talk of the same wellbeing dimensions and issues as outlined in the section 'Community Support Worker Wellbeing', there was an added dimension of culture that was seen as key to wellbeing. However, this also led to the experience of discrimination and cultural misunderstandings. This quote from a participant encapsulates some of the key issues for Māori support worker wellbeing, and how unacknowledged cultural frameworks can affect Māori support workers, not allowing them to express their full potential:

"It can be challenging, though, for Māori staff, especially when their managers don't get them... Māori struggle because of that and what happens is Māori – they just go back – they move into the woodwork, they just come back and they don't contribute any ideas and they just get on – they go to work; they get on with their job; they do their job; they tick the boxes that they must so it doesn't draw any attention to the hours. Yeah, and that's not growing and developing our people either by allowing them to just be those kinds of staff members." (P74)

Caring for my clients



“

Many of my clients were scared. Especially the elderly clients, they thought they were going to die. They had no idea what was going on. And I had to reassure them, but I didn't really know myself. Often I was their only contact with another person: their families were often not allowed to travel to see them. So they looked to me for reassurance and support. But I didn't feel like I had any more information than they did. I was terrified I was going to take something into their home and infect them, I knew they wouldn't survive if they got it. Yet I was going into up to 20 houses each day, with no protection. I felt responsible for their wellbeing.

For some clients, this stress meant they were more difficult than usual. Already, some of our clients can be quite angry and upset and frustrated with life – they're in pain and you know, their independence keeps diminishing. Then the extra stress of thinking they might get sick, for some, they became even more difficult.

I did go outside of my usual job for some of them – for example, with groceries. I mean, there was delivery, but only if you bought over \$100 worth – for many of my clients living alone that was too much. So I used to go shopping for them, even though I knew I shouldn't, and wasn't getting paid for it. And to the chemist for their medication.

”

Filling the Gaps

7.1 Community Support Workers 'Fill the Gaps'

Community support workers, their families and communities had to find solutions to protect the support workers' and their clients' wellbeing during the Covid-19 pandemic. This was due to the invisibility of community support work and workers, the isolation associated with their work and a lack of government and organisational support. Some of the gaps identified were experienced as:

- Gaps in the provision of personal protective equipment (PPE);
- Gaps in the care shown for support workers', and their families', welfare;
- Gaps in the client care during the pandemic

At a collective level, participants spoke of three categories of collective action – the role of the union in filling gaps in community support worker wellbeing; the ways in which groups of workers were coordinating to fill these gaps; and the role of their communities in filling the gaps. Taking collective action not only addressed barriers to wellbeing, it contributed to improved wellbeing through a greater sense of purpose (meaningfulness) and greater social networks for support at, and outside of work. The support workers showed innovation, community engagement and political activism in their solutions to fill these gaps. The following sections explain the individual and collective actions taken, to 'fill the gaps' left by organisational and government policy and practice.

7.2 Individual Actions

Individual actions were taken to protect their self and family, and to fill gaps in client care. In particular, participants spoke of their own actions taken in filling the gap left by a lack of PPE and sanitiser: *I was wearing plastic bags for aprons that I'd manipulated that I got from the supermarket (P1)*. Many support workers made their own masks to use. While many people in Aotearoa-New Zealand did the same thing, for most it was for use in their personal lives. Support workers had to make masks to keep themselves safe at work:

"So, I made homemade masks. Out of hand towels [from instructions] that I found on Facebook, with rubber bands to go over my ears." (P65)

As well as taking individual action to protect themselves, participants also spoke about filling the gaps in care for clients. Some of these gaps included not being able to complete housework tasks for clients (as these were not deemed essential during the initial level 4 lockdown in 2020), not being permitted to collect and deliver medication, and not being permitted to do grocery shopping for clients. Participants spoke about how they would complete some of these tasks for clients in order to ensure their health, safety and comfort during lockdowns despite organisational and government policy that disallowed it. These tasks were undertaken on the support workers' own time, therefore unpaid for. For example:

"The services we provide had been stopped. So we weren't meant to be [going to the chemist] doing that, but they had no one else to do it... So I just do our chemist run for all my clients and my family all at once sort of thing and drop them all off as I went. And, you know, I couldn't see it being an issue." (P42)

In some instances, support workers would notice that clients did not have sufficient food or meal support due to Covid-19 restrictions and prepared and cooked food for clients:



We were going in cooking meals for them. I was even cooking some meals at home here and just taking them to one of my clients who was quite elderly, and he wasn't really one to cook very much for himself. So I was doing that to try and help him. (P63)

7.3 Collective Action: Unions

Unions had a key role in supporting community support workers during the pandemic. That was through providing actual support for workers, and lobbying for appropriate PPE; providing social support networks at work for community support workers; and sharing information and creating international networks. Participants spoke of the importance of the unions in creating connections to decrease their social isolation at work. Some of this was in practical terms of creating communication channels, such as phone trees, but also through social media such as Facebook. For some participants, the support of their union was a significant factor:



I had more care and love from the union than I did my own employer. (PR13)

The unions had an important role in both sourcing PPE, and placing pressure on organisations and the government, to provide PPE to community support workers.

"So, my wellbeing was actually the union... she got a box of 50 gloves for me and we rallied together all the support workers that had to go into isolation [could not work due to Covid-19 vulnerabilities] – all the extra PPE and we distributed it out to the working support workers." (PR15)

Participants also spoke about the importance of unions in terms of facilitating knowledge sharing, for skill development and sharing information on work rights.

"So, if people don't question things, nothing will change. So, belonging to the union, if I sat and had a conversation with another union member and said, 'What do you think about this?' and they'd go, 'I don't know' – so you start asking people's opinions and questions – then it gets raised and then someone has to give an answer." (P48)

7.4 Collective Action: Workers Organising Themselves

Participants also spoke about ways in which they organised themselves to fill gaps in wellbeing. These actions were diverse, and ranged from informal communication lines, organising cover for leave, debriefing about client needs and passing on information about correct PPE. For example, support workers organised themselves into teams in order to ensure they could find cover for shifts. They took this action after being unable to take leave because of a lack of cover provided by their employer. The lack of ability to take leave impacted negatively on their wellbeing:

"And we now coordinate ourselves. You know, like if you've got an appointment or got to have a day off, we now send it out on that and say, right, who can cover these shifts?" (P44)

In another example, workers shared information about clients in order to better enable them to provide high quality care, but also to ensure their own safety should clients have any particular physical or behavioural needs, or not take Covid-19 safety precautions:



If one had been to a client, and the client did not really comply with all those Covid rules, and had visitors, which, for example, have just been overseas not long ago, then actually they called you and said, look, be a bit extra careful there because you know, this is a party place, or this is what, and this was good. So, we kind of shared lots of things with each other. (PR17)

In the absence of employer-initiated support networks, collegial networks were often a result of support workers taking their own initiatives.

"We are inherently a very good team. We are quite a close team because we live and work in the same community, so we have really strong ties to our community and to each other. But that's not necessarily prioritised as our work culture... And to me, that's really important and quite frankly, we could do with some more of that teamwork stuff because mostly, there's not a lot of it. If it happens, it's a by-product of what we bring to the job but it's not actually intentionally put in place." (P15)

7.5 Collective Action: Community Networks

Participants also described how the wider community pulled together to fill the gaps during the Covid-19 pandemic period. Some drew on their existing community networks and knowledge to ensure that people would not go without:

"I'm good in the fact that I know all the people in the community and in lots of different groups, so I knew who to call, if anybody needed a bit more support for things like groceries or wood was other thing." (P1)

Communities also took actions to ensure that support workers had PPE in order to be able to work safely during lockdowns and outbreaks. One dairy owner made sure that plenty of masks were kept aside and sold them to the local support worker at cost. In other cases, family and friends had access (sometimes through their own employment) to PPE items, or would make them, and would get extra to supply the community support worker:



Oh, we still have to buy sanitiser. But I've got some friends that buy it in wholesale and then I get it at wholesale rates. Six litres at a time. Then whatever support workers need it, that can come grab it from me. (P26)

Other participants described the ways in which the community pulled together to provide PPE. One community worked together with whānau members, iwi health providers and other support workers to issue 'hygiene' kits.

"So we were able to get some sanitisers and that... And get it out to our members – well, any support worker that we could find – it was many members." (PR15)

7.6 Summary

As indicated in earlier sections, community support workers experienced considerable negative wellbeing due to government policy that did not understand the work that they do, and organisational practices and policies that created barriers to wellbeing through issues such as a lack of provided PPE, isolation at work and exhaustion, tiredness and burnout. This left gaps in community support worker wellbeing created by those who were responsible and had the resources to support community support workers: government agencies and community support providers. While the way in which community support workers 'filled the gaps' highlights their skills, knowledge, dedication and community networks, it does expose just how much they were invisible workers, and their clients 'invisible' clients during the pandemic. Consequently, support workers, their families, their communities and unions had added burden during Covid-19 in order to support community support workers and their work.



Conclusion

This research asked What challenges have community support workers experienced, and how has this impacted their health and social wellbeing during Covid-19? The challenges that community support workers faced during the first two years of the Covid-19 pandemic exacerbated the ongoing poor work conditions and lack of visibility of this workforce. This research found that the lack of understanding of what community support work entails underpinned government Covid-19 responses. These responses did not adequately provide for community support workers, and in some cases put these workers and their clients at greater risk than necessary. For support workers, the risks included Covid-19 infection, exposure to violence from clients and families, increased injury risk, and significant emotional and mental health risk due to the increased isolation and lack of support during the pandemic.

At an organisational level, a general lack of value placed on the work of community support workers meant that clear guidance and support was not available. Indeed, in some cases their concerns and requests for items such as PPE, or 'care bubbles' were actively denied. There were discrepancies in work conditions during the pandemic between occupational groups within the same employer. For example, office and managerial positions sometimes had better access to PPE, and the ability to work at home. This starkly illustrates the divide between support workers who are often treated as low-skill workers, and office, supervisory and managerial positions. The invisibility of community support workers to their employers, society and government led to an increased sense of isolation during the first two years of the pandemic.

The lack of support for community support workers meant that they, their unions, whānau, and communities had to step in to fill the gaps left by organisational and government policy. In other words, much of the burden of risk of community support work – including cost of PPE, unpaid hours of work, and workplace health and safety risk – fell onto community support workers. Policy makers' lack of understanding of the job, and subsequent lack of clarity in official guidelines, meant that a significant burden of 'regulatory' work fell onto unions and their delegates. For these community support workers, their work to uphold the community support health system, and their communities, was an added burden on top of a job that was already undervalued and stressful, alongside the ongoing stress of the pandemic. Unions had a significant role in providing up to date information as well as creating opportunities to connect with other support workers, and accessing and distributing PPE. Additionally, they had to work to ensure that community support workers' voice was heard by employers and policy makers throughout the pandemic. Despite this, the knowledge, experience and voice of support workers was absent in the development of health guidelines and related Covid-19 employment policy.

There were, however, some instances of employers who provided additional support and care to their community support workers. These ranged from instances of personal communication, asking if support workers were ok, to the occasional employer who would offer assistance with accessing financial support, and also food parcels. These examples mostly occurred in smaller, not-for-profit community support providers. These examples also illustrate the way in which wellbeing is perceived to be a holistic concept by community support workers: their emotional, physical, social, financial, spiritual, cultural wellbeing are all connected along with feeling valued, environmental connections and a lack of stress. Moreover, their work intersects across these wellbeing realms. Overall, community support workers' work conditions, at present, prevent them from experiencing wellbeing, which is a balance of all these factors.

During the first two years of the pandemic, key issues that detracted from community support worker wellbeing included a lack of supportive networks at work; and long hours and anti-social rostering (as well as infection control protocols) that prevented them from accessing whānau, friend and community support. Importantly, for some community support workers who have children in their care, the lack of employer and government childcare support had significant impact on the wellbeing of their whānau. Similarly, a lack of consistent advice and guidance from employers and government agencies over how community support work would continue during Covid-19 led to considerable financial insecurity for some community support workers whose hours fluctuated considerably.

For Māori support workers, these same barriers to wellbeing existed, but with additional stressors of an almost total lack of support for their own, and their clients', cultural wellbeing. This included a lack of acknowledgement by employers and funding models of the way that Māoritanga contributes to their ability to provide support and care, a lack of Māori community support workers within the general community support network, and little thought or capacity for the organisation to match client cultural needs and community support worker expertise. These challenges indicate that the funding and delivery models for community support work does not incorporate responsibilities under Te Tiriti o Waitangi, and, as outlined below with regards to community support workers in general, the way in which community support is funded is within a tight, Western approach mainly to physical cares which does not address the holistic care and support needs of clients.

A very significant barrier to community support worker wellbeing was exhaustion, tiredness and stress. This was an ongoing issue prior to the pandemic, which has developed from the work conditions discussed earlier: long working days (even on split shifts); financial insecurity; unpredictable hours; lack of breaks and time off; and little social or formal contact with colleagues and supervisors. Additionally, there was little or no support for them to deal with the emotional stress attached to community support work, including grief, racism and workplace violence from clients, and working in a system that does not fund or promote holistic models of care and support. As in many caring professions, the industry relies on the fulfilment that caring brings to such workers in order to attract and retain good staff. The paradox is that the meaningfulness that this brings to workers can lead to burnout and exhaustion. Despite organisations insisting on professional boundaries to protect both the client and worker, they often do not align with the rapport needed to undertake such intimate cares.

As the Covid-19 pandemic enters its third year, the issues that have continually faced community support workers during the pandemic have not dissipated. Support workers and their unions still have to fight to gain access to appropriate PPE for which there is not earmarked funding identified once Covid-19 restrictions are lifted. The way that community support work is funded and administered means that some employers will not provide PPE unless it is specifically funded in the contract for services. Support workers continue to work very long hours and days, especially as labour shortages have deepened. Many, if not all, of the issues for wellbeing identified in this report are issues that arguably are workplace health and safety concerns that should be addressed as part of the general duties of the employer: stress, fatigue, bullying and harassment, increased risk of injury due to workload and isolation are all covered by the Workplace Health and Safety Act 2015. While constrained circumstances might be tolerated or acceptable during an urgent, short-term crisis, the lack of regard and acknowledgement for community support workers and commensurate negative impact on their wellbeing is now long-term and does not appear to be being addressed by policy makers at the time of writing this report.

Previous work has identified the need for service integration and strategy for community health and disability at a national level (Director General's Reference Group, 2015). This would enable better integration across services such as the way in which community support intersects with disability support. Integrated services at a national level such as this would have facilitated better utilization of the community support workforce during the pandemic: those who may have been underemployed with one provider or service could have been seconded to, as one example, disability support, or indeed, Covid-19 testing stations and community programmes. Flexibility for support workers to remain within their locality but to work for clients as needed, as opposed to only those that their employer contracts for, could have avoided uncertainty in income for some support workers, overwork for other support workers, and the missed care that some clients have experienced during the pandemic. Given the recent establishment of Health New Zealand–Hauora Aotearoa and Te Mana Hauora Māori–Māori Health Authority, as well as the Ministry for Disabled People it is optimal timing to initiate changes to integrate care and support services with national oversight across the entire service and workforce. As this report indicates, Covid-19 has exacerbated the negative impact of community support work on support workers' wellbeing. Change is overdue, and leveraging the system level changes underway to support this essential healthcare workforce's wellbeing is urgent.

Recommendations

The following recommendations are based on participants' experiences at work and definitions of wellbeing. These are recommendations for actions that are needed in order to better protect community support workers' wellbeing. While many of these will improve community support workers' wellbeing during 'normal' times, as this report has shown it will also better protect them during times of crisis such as the current pandemic. Indeed, this report has shown that systems for the employment of community support workers are not adequate at the best of times, and that the ongoing issues of isolation, undervaluing and poor work conditions are only exacerbated during the pandemic.

All community support workers identified wellbeing as a holistic concept that incorporates elements of spiritual, social, financial, physical, mental and environmental wellbeing and meaningfulness. For the most part, their work has a negative impact on their wellbeing. Additionally, Māori community support workers experienced greater challenges to their wellbeing, including a lack of being able to work in culturally supportive organisations, and to provide culturally appropriate care. Clearly the systems, at organisational and sector-wide level, do not meet expectations under Te Tiriti o Waitangi principles.

These recommendations offer a range of changes that can be made at the workplace or organisational level, the sectoral and societal levels. They also include recommendations that are achievable in the short term, and some that may need longer-term work to enact. These recommendations address the key issues identified in the findings of this report.

1.

Integration of Holistic Models of Wellbeing that Acknowledge and Uphold Te Tiriti o Waitangi Principles

Goal: The sector is a thriving Tiriti based sector, that provides holistic and culturally appropriate care for Māori clients and support workers.



I feel that the supports are western – there’s not enough of a desire for agencies to be adaptable to the needs of Māori or other cultures and Māori feel that. (P7)

- 1.1** Integrate holistic models of care that include Māori concepts of wellbeing and are centred around tino rangatiratanga for clients, their whānau and support workers.
- 1.2** Care plans involve the whānau in their development; care plans recognise the role and needs of whānau in relation to the person receiving support; the role of community support workers are included, as appropriate, as part of the whānau.
- 1.3** Procurement processes and funding prioritise those service providers which are Māori led, offer te reo Māori based community support or genuinely prioritise Te Tiriti in their policy and practice.
- 1.4** Māori-led community support services are available consistently nation-wide.
- 1.5** Training in Te Tiriti o Waitangi and tikanga Māori is made available nationally for service providers; such training is expected to be undertaken by managers, administrative and support workers alike, ensuring that managers are able to encourage and support Māori employees.
- 1.6** A national code of standards for the development of the Māori support workforce and provision of community support provision for Māori clients is implemented and overseen by a devoted Māori led team and includes a national point of contact and network for Māori community support workers (see also recommendation 3.4 and 4.1).

2.

Wellbeing-Centred Employment and Procurement Practices

Goal: Community support workers are treated as valued employees, whose wellbeing is integral to the communities they provide support to.

"But unfortunately, that's tends to be a little bit part of the general attitude towards us. We're seen as workers. We care for vulnerable people. The care is not so much for us as for the people that we work with, so yeah, it is somewhat unbalanced." (P36)

2.1 Workplace wellbeing policy takes a holistic approach to wellbeing; it considers the whole person, which includes their mental, emotional and physical health; community support workers' wider family and community networks; and financial stability.

2.2 Organise work to reduce isolation.

- Hours of work are generally organised into full shifts, rather than split shifts.
- Rosters are organised so that community support workers have days off work every week, and weekend days where possible.
- Co-ordinators are trained and supported to roster according to client need and community support worker expertise, with the support of software that enables full views of community support workers and client allocations.
- Regular opportunities are provided by employers for community support workers to engage with each other, for both practical purposes (such as information sharing, training, care co-ordination) and to increase social cohesion across community support workers.

"I think maybe sometimes we need counselling, because of the workload and stress that we are having. Yeah, I think counselling will be one of the best thing to do." (P33)

2.3 Reducing the impact of exhaustion and burnout on community support workers.

- Readily accessible trauma-informed counselling (above standard EAP offerings that may be available) be available to all community support workers, especially in relation to grief counselling, racism and workplace violence towards community support workers.
- Regular guidance, supervision or team de-briefing be introduced to the sector and included in the funding model.
- Workplace health and safety training include regular training on working through difficult situations, managing challenging client behaviours.
- Further research and policy development be urgently undertaken into the incidence and impact of workplace violence towards community support workers.

"It's the uncertainty of income, the uncertainty of hours." (P61)

2.4 Financial security for community support workers in funding and employment models.

- Funding and employment practices support consistent weekly hours that do not fluctuate, and result in liveable weekly incomes.
- Costs associated with conducting their work are fully compensated, including mileage compensation in line with other government standards, vehicle insurance and maintenance, or provision of company cars, work phones and data plans.

2.5 Workplace health and safety is fully resourced and supported.

- Community support workers are provided with ample and high-quality PPE.
- Full care plans, identifying any risk associated with the client, their family or household, or their housing are readily accessible and are prepared with the community support workers' involvement.
- Regular and full training is provided to community support workers on how to de-escalate aggression, and how to minimise or avoid injury to themselves in cases of workplace violence.
- A review of the provision of appropriate PPE to the community support workforce is undertaken to ensure that now, and in the future, community support workers can freely access appropriate grade PPE for use during their work.

3.

Recognising the Complexity of the Work, and Expertise of the Workers

Goal: This sector is recognised as a significant, specialised sector that has people and community at the centre.

3.1 Funding of community support shift from a profit (and cost-minimisation) focus to acknowledge the relational element of care and support work.

- Assess clients' need based not solely on physical need for support, but social and emotional support as well, and resource support work accordingly.
- Include clients, their family/whānau (when appropriate) and support workers in the care and support plan for each client; enabling them to make recommendations when updates and changes are made.
- Care assessments and plans include the cultural needs of Aotearoa's diverse communities and provide support accordingly; and include support workers in their development.

"Get a consultation group together, of experienced support workers that can actually go into consultation with the people that are designing the care plans. I think that they need to take a good look at the layout of the care plans." (P17)

"I think the company could do a lot in the ways of cultural learning especially in New Zealand, because we're such a diverse country... I think that would be important." (P76)

3.2 Return to 'community' models of community support whereby the service providers have local offices and units, and care co-ordinators are familiar with support workers and clients, thus enabling co-ordinators to allocate support workers based on their skills and experience required for individual clients.

3.3 Reinstate more consistent in-person care and support qualifications that are funded by employers and reflect the complexity of community support work.

3.4 Further develop career pathways for this sector, including the establishment of national occupational standards and linkages between the current NZQA qualifications, leading into degree level qualifications (see also recommendation 1.6).

"It doesn't seem to be much of a way of going up the ladder if you are a support worker. Even after doing level four, I can't quite see where it's going to lead." (P22)

3.5 Wages recognise the skill, experience and expertise required to provide community support and are adjusted annually (without formal claim processes) to retain gender equity.

3.6 Opportunity for community support workers' voice is implemented and core to service provision models at multiple levels of the sector, from workplace health and safety, care plans, training and career development, to sector wide strategy and policy.

4.

Sector Wide Development

Goal: That the sector is resourced to recognise its significance to healthcare, and that all its workers are supported in sustainable career paths.



If you just do fire brigade work – just put out a fire and then the next fire when it comes up and the next fire but you don't really. What I miss is solutions that actually prevent fires and longer term solutions and that's on many many levels in our agency, I think – there are longer term solutions needed, which means you know, also it has to do with staffing. It has to do rostering. It has to do with communication; it has to do with transparency – it goes through everything pretty much. (P5)

- 4.1** A national office for community support work is established that has oversight of quality of care, work conditions, workforce planning and development, and occupational standards. It would also provide community support workers with a point of contact to report any employment or care related issues independently of their employer. This office would collaborate with other agencies and Ministries to manage care and support workforce development and planning; as well as consistent and flexible care and support provision to clients across several sectors (see also recommendations 1.6 and 3.4).
- 4.2** Standardised, and funded, HR information systems are implemented to enable rostering that supports wellbeing and quality care and support.
- 4.3** Standardised training is developed for managers and co-ordinators, and expected to be undertaken, to ensure that all managers and co-ordinators have a full understanding of the sector, of high quality and holistic care and support models.
- 4.4** Career pathways are developed for administrators, co-ordinators and managerial positions to create a thriving sector.

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