



31 January 2024

9(2)(a)

[Redacted content]

Royal Commission of Inquiry into COVID-19 Lessons: overview and information request

Thank you for your letter dated 21 December 2023 requesting copies of documents related to our agency's work during and after the COVID-19 pandemic.

Our agency had several roles during this time. We supported the all-of-government response in the first lockdown, including providing analytical support to the Ministry of Health and being part of the Caring for Communities workstream. We analysed and advised on impacts on the social sector, including working closely with Treasury to monitor the impacts on wellbeing. We investigated the impacts of the pandemic on issues such as: sole parents and social cohesion, childhood vaccinations, disabled people's vaccinations, and wellbeing for Pacific and Māori populations.

Our key reports are on our website www.swa.govt.nz. The other documents you have requested are included as **appendix 1**. We have included an additional document titled *Environmental scan – Impacts of COVID-19 on Family Violence and Sexual Violence*. This briefing was provided to the Te Puna Aonui Board on 25 May 2022. No additional documents have been identified that fit your criteria.

Please note that the presentation slides on Wellbeing of sole parents during COVID-19 (page 59 - 86) include preliminary results that were used for sense making that formed part of our published report Wellbeing during the first year of COVID-19. As such, there may be slight differences between the data provided in the slide pack and the finalised data in our published report.

We have redacted the names and contact details of staff in the documents to protect privacy if these papers are published at the conclusion of the Commission's inquiry. As the documents included in appendix 1 are not publicly available, we would appreciate being advised if or when the Inquiry intends publishing them.

If the Inquiry needs anything further from the Agency, please contact my Executive Assistant at Jane.Bullick@swa.govt.nz.

Thank you for the opportunity to contribute to the Inquiry's work.

Nāku iti noa, nā



Renee Graham
Chief Executive
Social Wellbeing Agency

Social Wellbeing Agency / Covid-19 response update

9 April 2020

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Social Wellbeing Agency / Covid-19 response update

Date: 9 April 2020
Security level: In confidence
To: Hon Carmel Sepuloni

Purpose

This aide memoire updates you further on how we are contributing to the all of government response to the Covid-19 pandemic. We last provided you with an update on 3 April. This update includes:

- Our current working arrangements and seconded staff
- Data sharing for ICU bed availability
- Operational support
- Policy support

Working arrangements and support for the pandemic response

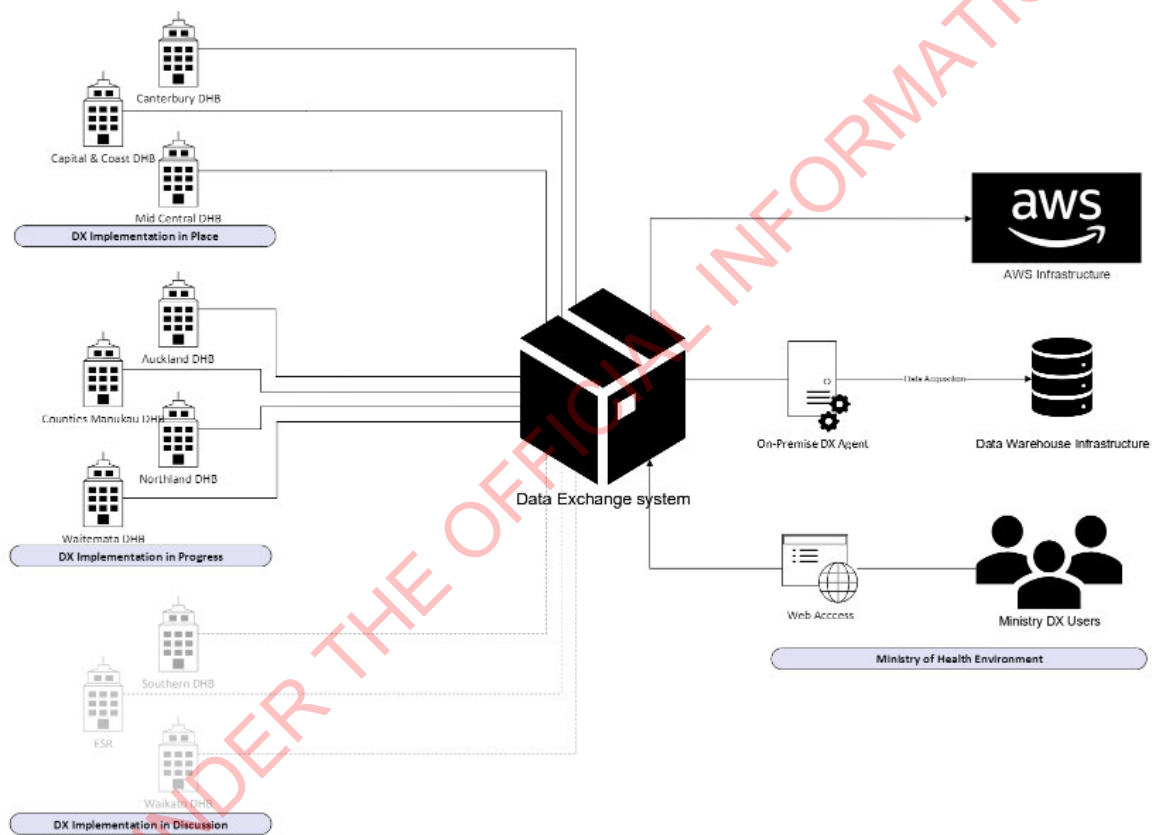
As a non-essential, non-service delivery agency, all of the Social Wellbeing Agency is working remotely. The exception being staff seconded to the National Crisis Management Centre (NCMC), who are working at the NCMC located at the Ministry of Health. We currently have five staff (two more than last week) at the NCMC and expect to have more within the coming weeks. We also have:

- Dorothy has joined the Covid command centre to grip up the Intelligence and Insights work programme requirements working with Lil Anderson, CE Te Arawhiti who is leading the Caring for our Communities workstream. We are working through the practical implications of this and will brief you more fully next week.
- One staff member placed in the Ministry of Health Workforce team, looking at the health system's clinical and non-clinical workforce.
- Two staff helping Regional Public Health Wellington with analysis and analytical support (more staff are likely to help out as this progresses).
- One staff member in contact with the COVID-19 Social Services Government Co-ordination Group who are looking at, among other things, the supply of Personal Protective Equipment (PPE) to essential providers.
- Two teams ready to provide as-needed assistance to response efforts across the sector.

This means approximately 20% of our workforce is directly seconded to help, with at least a further 20% working as needed on projects to support the response effort. We are committed to assisting the COVID-19 response wherever our skills would add value and support to the system.

Data Exchange: ICU bed availability

As we updated on 27 March and 3 April the Ministry of Health is looking to make national ICU bed availability information publicly available. It is critical that the Ministry receives timely information on this so they can respond to the pandemic adequately. We are working with Health Alliance, who provide IT services to the Northern DHBs, to send an aggregated, anonymised dataset via the Data Exchange to the Ministry of Health through the Waitemata DHB server, with consent from Northland, Auckland and Counties DHBs.



Picture provided by the Ministry of Health

Ministry of Health and Waitemata DHB has completed on-boarding to the Data Exchange and has successfully completed test transfers. Ministry of Health and Waitemata DHB are in the final stages of completing the first production data transfer. The other DHBs connected to the Data Exchange will be approached to implement the same data transfer giving a broader view of ICU bed availability.

Once this is implemented, other use cases have been identified to further use the Data Exchange to support the response effort.

Operational support

Our analytics team is providing support to Regional Public Health (Wellington), assisting with the development of a dashboard for their daily situation reports. This dashboard displays key information such as graphs of local COVID cases and call centre volumes. We are currently at iteration three of the dashboard, and the latest draft is being shared with key stakeholders for review.

We have had an initial conversation about providing some analytics support to the Inter-Agency Modelling Trajectory and Impact Workstream within the NCMC, and will let you know if this progresses. We are also helping the Ministry of Health as needed with research assistance.

Policy support

Our Insights team continues to support many streams of policy work being undertaken as a result of COVID-19. This includes the topics we updated you on last week:

- All-of-government policy workstream on mitigating social impacts of Level 4
- Post-response recovery strategy (led by DPMC with Treasury and SSC) looking specifically at potential indicators that could be used to measure and monitor wellbeing progress through the recovery
- Ongoing policy assistance for Ministry of Health.

International social sector response summaries

As mentioned in our last update, we were asked by social sector Chief Executives to look to round up social sector policies that are being implemented internationally in response to COVID-19. We have pulled together some prototype media scans, attached here. It is important to note these are first drafts prototypes for testing, and they are not intended for wider distribution at this time.

Next steps

We will keep you updated on all of the above work as it progresses.

Contacts

Name	Position	Contact Number	First Contact
9(2)(a)			<input type="checkbox"/>
Paul Delahunty	Acting Deputy Chief Executive	9(2)(a)	<input checked="" type="checkbox"/>

Appendix

Appendix One – COVID-19 media scans

International responses to Covid-19: Domestic violence/child abuse

1 April 2020*

*date is slightly different to the date included in published list of briefings on our website

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International responses to Covid-19: Domestic violence/child abuse

1 April 2020

Rates of reported domestic violence have increased for many countries who have implemented 'stay at home' policies in response to Covid-19

In response to the COVID-19 pandemic many countries are implementing policies requiring people to remain in their homes and isolate from others. During these lockdowns media reports from other jurisdictions have documented dramatic increases in reported rates of domestic violence¹.

Given NZs high rate of domestic violence and recent move to alert level 4 it is relevant to consider the policy and operational responses that have been put in place in other jurisdictions in response to this reported increase in domestic violence.

A scan of information available in the international media found three main types of responses to increases in reports of domestic violence:

Increased funding for services and programmes supporting those who experience DV or sexual assault

Canada has announced extra funding for charities/NGOs, including \$50m for programmes and services support those who have experienced DV or sexual assault. PM also urged people to support charities/NGOs. One state (Uttah Pradesh) in India has introduced a new help line, they also state that female officers would respond, and that perpetrators would be arrested.

Introduction of policies/powers that enable perpetrators to be removed from the home during lockdown period

In Italy a court has ruled that in situations of DV perpetrators must leave the home for the duration of lockdown. In the UK there are calls from politians for police to have powers to evict perpetrators from homes for the duration of the lockdown.

Supporting those who experience DV to relocate somewhere safe during lockdown period, can include provision/funding for accommodation

Spain has lifted restrictions on those experiencing DV so that they can leave home and go somewhere safe, and/or report DV. In Germany politians have called for extra funding and for empty hotels and guest houses to be used as temporary safe houses for duration on lockdown, and to lift restrictions to allow women who are vulnerable to leave homes to go somewhere safe.

¹ including China (reported threefold increase in the counties experiencing lockdown), UK, India, Italy, Spain and Germany

Social Wellbeing and COVID-19 in Aotearoa-New Zealand: Five Reasons for hope –
both short and long-term

17 April 2020

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Social Wellbeing and COVID-19 in Aotearoa-New Zealand: Five reasons for hope – both short and long-term.

April 2020

The first reason to be hopeful: We are more resilient than we think

The capacity to experience anxiety and fear is extremely useful. Most people grasp this intuitively, acknowledging its likely importance over millennia for avoiding a host of life-threatening dangers. However, anxiety can become a problem when the response is way out of proportion to the objective threat, or when it persists well after the danger has passed, or when it appears in an extreme form, as seen in panic states. At the time of writing half-way through the national lockdown *anxious apprehension* is an entirely appropriate and legitimate reaction to COVID-19. We are all in uncharted territory, especially as this particular virus has a number of unknown features (acknowledging of course that there have been many pandemics, plagues, natural disasters and wars throughout human history). COVID-19 is a particularly scary prospect because it rates highly on the two key dimensions that drive anxiety: a sense of (i) (un) predictability, and (ii) (un) controllability.

This might explain why so many of us currently feel extremely anxious and worried - about everything and anything! We've had to soak up a double-whammy of sorts. On the one hand, COVID-19 is an example *par excellence* of high *unpredictability* (or uncertainty) by virtue of its

invisibility, long-ish incubation period, differential impact by age and health status, and its variable lethality. On the other hand, our sense of *controllability* is also threatened because the degree to which individuals, communities and nations enact self-control, and adhere to lockdown rules, varies. This can undermine our sense of personal control due to the heavy reliance upon (mostly) strangers 'to do the right thing'. It only takes a small minority of the population to act irresponsibly to see anxiety levels rise sharply. In the short-term, the interdependencies apparent in this scenario can undermine both an individual and collective sense of control. This should change as government initiatives to eliminate the virus show positive impact. However, this could easily become a double-edged sword if some people become cavalier (and thus increase virus transmission risk). The key takeaway message from a positive trend must be *stick with the kaupapa (mission)* as outlined for us by our public health officials and politicians.

The combined impact of low predictability and low controllability, and the potential high costs of exposure (e.g., death) can result in feeling of being completely overwhelmed and 'drowning', at least in the short-term. For some, perhaps many, this feeling could persist in some form or other. In turn, this is likely to reduce attempts to cope, resulting in a growing

sense of helplessness. If this psychological state persists, or worse, infects our 'bubble', depression is possible. This is more likely the more time people spend mulling over (ruminating) about the many things they have lost: incomes, jobs, careers, sense of purpose, goals, dreams, loved ones, friends and colleagues, or more simply their sense of equilibrium and self-efficacy.

All of the above sounds rather grim, and it begs the question: Is this going to happen to me, or my loved ones? The short answer is "It doesn't have to". Research about anxiety, fear and coping suggests that we tend to view people as more likely to succumb in the face of adversity than is the case. A great illustration comes from WWII. It involved the German Blitz strategy of repeatedly bombing civilians living in London, from September 1940 through to May 1941. It doesn't take much to conjure up the tension and fear that people would have felt, hunched up in dark in underground bunkers, children crying, injured nearby screaming, surrounded by ear-shattering explosions, not knowing if the next bomb was for you and yours. At the time it was assumed that many would emerge from these horrors permanently psychologically damaged, yet the opposite occurred. Most came through pretty much unscathed in the psychological sense. This phenomenon is nicely described in a book written by a famous anxiety researcher Professor Jack Rachman called *Fear and Courage*. It seems human beings are far more resilient to existential (life) threatening challenges than we typically assume - and that includes you!

"Human beings are far more resilient to existential (life) threatening challenges than we typically assume"

The Dunedin Study

The Dunedin Study is a multidisciplinary study of 1000 members of the general population, and is arguably the most studied group of human beings in the world. This provides for a unique insight into the amazing variety and complexity of lives; how most of us confront serious challenges and adversity at some point; how many of us cope with aplomb, even getting stronger as a result; how the longer we live, the more psychological damage accrues, particularly among an unfortunate section of the population; and critically, just how courageous many people are in the face of immensely challenging and occasionally overwhelming odds.

Recent Dunedin study findings have shown that well over half of the population will have met standard clinical criteria for at least one psychiatric disorder by early mid-life. This may shock. To explain: the Dunedin study is the longest-running examination of mental health disorders (in the same people across time) in the world. It has used gold-standard assessments of psychiatric disorder starting in childhood at age 11 years and again at ages 13, 15, 18, 21, 26, 32, 38 and most recently at age 45 years with 94% of the sample still alive participating. This ensures the results are both unique and robust.

Richie P has come to know many of the Study participants well, and in ways that go beyond the data that they have so generously gifted, over almost 50 years.

The second reason to be hopeful: Observations about human resilience from the world-famous Dunedin study.

The usual approach to understanding resilience is to try and nail down the factors that characterise people who, despite experiencing a lot of adversity and toxic stress, still manage to end up being successful in life. Here typical success indicators include things like high achievement at school and careers, good physical and mental health, financial security and money management, positive social relationships, in both the community and within households (i.e., intimate and parent-child relationships).

However, this standard 'research' conceptualisation of resilience does not seem to quite *hit the mark* in a time of COVID-19. Rather, some more informal insights gleaned over a quarter of a century by Richie P who directs the Dunedin study might be more revealing.

The first observation is that there are many people in society who pre-COVID-19 were already struggling with the day-to-day tasks of life. Most manage to put on a brave face, but in private they are desperate and unhappy. Little wonder that recent Dunedin study findings have shown that well over half of the population can expect to meet clinical diagnostic criteria for at least one psychiatric disorder by early mid-life.

A second observation relates to the roughly 20% of the population often described as 'the most vulnerable'. The assumption is that these people lack resilience and/or experience an excess amount of adversity. Richie P is constantly reminded how wrong the 'lacks resilience' narrative is, mainly because he is privy to the extraordinary hardships that some people have endured, often from the outset, and sadly accumulating as the years pass by.

Pause for a thought experiment if you wish: think of the six most hideous things you can imagine happening to a person, along with their negative impacts, then double it, and you are just beginning to get a sense of the magnitude of the adversity that some people have had to endure. Yet amazingly, these people still manage to get up each morning, dust themselves off, and face the world. In the case of the Dunedin Study, they happily come in to the Research Unit for 1.5 days of intensive testing (often at some emotional cost for those worst affected) simply because it might help others. Richie P occasionally wonders how he would cope with similarly harsh experiences. His honest answer? Not nearly as well as many of the Dunedin study members.

Certainly, in terms of the traditional resilience paradigm these people are not doing as well as many, but this seems to be an overly simplistic take on what resilience is really about. The fact that these most vulnerable study members continue to contribute generously and gracefully reveals extraordinary strength and true resilience in our view.

These 'qualitative' observations are further supported by the public response to the award-winning four-part documentary series on the Dunedin Study called 'Why Am I' (this aired in New Zealand approximately five years ago). Richie P has received hundreds of direct approaches as well as many emails and letters, all sharing very personal stories and responses to the documentary, but virtually all had two things in common. In lay terms, the first could be described as stories about *overcoming* in face of extreme privation, hurt, neglect, rejection, or failure. In some instances, these were classic stories of redemption.

"People are far stronger, adaptable and dignified in the face of adversity than we or they, give themselves credit for."

The second theme, related to the first, was a deeply-felt expression of gratitude for normalising the idea that we all struggle at times, and that it's ok to be vulnerable, and that these 'truths' might get discussed more honestly and openly in the future. The current COVID 19 crisis provides us with yet another reminder of what makes us human.

The bottom line... people are far stronger, adaptable and dignified in the face of adversity than we, or they, give themselves credit for. Knowing this should embolden us all at this time of peak uncertainty. Equally, admitting that the vast majority of us are vulnerable from time to time requires a modicum of honesty and bravery. This should make us far more compassionate towards others, especially towards those who struggle the most, both during the immediate crisis but also over the long-haul. The first point reflects inner strengths we often fail to recognise, the second involves another form of strength, that is, understanding and compassion for others. The latter is critical if the current mantra "Unite against COVID-19" is to reap rewards.

The third reason to be hopeful: our whakapapa.

From the original Polynesian voyagers, and their latter day descendants, who arrived here on waka, to those who boarded the ships from England, Scotland, and other places, the originals faced a new, unfamiliar and undiscovered land. They were brave when needed, loving and caring when important, and while many would have been scared, there were enough who were made of tough stuff, and had enough vision, positivity, and innovation to fashion Godzone. This is how Aotearoa New Zealand was created. Not by any means perfect, but a work in progress.

Among older New Zealanders some can still recall food rationing, massive social disruption, and family death during WWII, and many have

stories of pain, suffering and deprivation experienced by their parents and grandparents from earlier times including the Great Depression, WWI, and the Spanish Flu pandemic in 1918. Māori were particularly hard hit during the 1918 pandemic, dying at a rate seven times greater than that of Pakeha.

In home isolation last week Richie P found out that his maternal great-grandmother who had babysat him as a child was herself sent to live and work in a stranger's house at age 12. She was required to work for her board beginning at 5am in the morning, finishing around 9 pm doing housework and assorted chores, whilst learning a trade as a seamstress during the day. Her mother had died when she was four-years-old, and the same unhappy event occurred to her two granddaughters meaning that she had to take on the parenting of her two young grandchildren ...starting all over again in her 60's. She just took it in her stride, as there was no option to do otherwise. Atawhai T's grandfather was a shepherd who volunteered to fight in WWII with his Tai Rawhiti brothers and cousins. He won a Military Cross for using telephone poles as a bridge to transport anti-tank guns across a river.

Thus it's not that long ago that our whānau were required to overcome

enormous challenges on a regular basis, equipped with little more than a fish hook (in Maui's case), number-8 wire, and self-belief. This time of COVID-19 presents us all with a chance to admire, and be inspired, by our ancestors. They helped turn resilience into a lifestyle choice. We can do it again.

"This time of COVID-19 presents us all with a chance to admire, and be inspired, by our ancestors. They helped turn resilience into a lifestyle choice."

The fourth reason to be hopeful: Living in a digital (connected) world

Much has been made of the rapid transition from an analog to digital world. It has been dubbed the fourth industrial revolution, and the rate of change - roughly following Moore's law - has been blistering. It is commonplace to have everyday conversations about artificial intelligence, machine-learning, and algorithmic decision-making. However, excitement about the Internet of Things is tempered by conversations about exposure of young minds (and emotions) to hard-core porn for example, and parents worry if their children will lose the ability to communicate face-to-face preferring instead digital forms of social intercourse.

All this has understandably taken a back seat in the current reality – sitting at home, cut off from the world in the physical sense. But, due to the sheer good fortune of being born in the last 100 years or so, we are not totally cut off from our whānau, friends and colleagues. Critically we are still able to maintain social connection. Belonging is a fundamental human need. Brain imaging studies show that the part of the brain associated with physical pain also lights up when people experience social isolation. Lack of social integration and connection can cause physical disease, leading in some cases to premature death. We are

“Digital technology is sufficiently well-developed and sophisticated to serve as a ‘good-enough’ replacement for old-fashioned social connection.”

and sophisticated to serve as a ‘good-enough’ replacement for the more traditional face-to-face, hug-to-hug social connection. Certainly, it

it can never replace the real thing (for many of us at least), but it's a bloody good substitute, especially knowing that had this virus hit 30 years ago, we would have had nothing but a clunky telephone tethered to the wall at our disposal. This should give hope that we can mitigate some of the risks of social isolation and social fragmentation. We are lucky to have this digital buffer, against which COVID-19 will force us to bend, but not break.

The fifth reason to be hopeful: Help is only a few key-strokes away

The COVID-19 threat represents a massive, disorienting threat to people all around the world. We still have a long way to go before we can fully understand its true impact. As noted earlier, this will produce high levels of anxiety, and fear as well as elevating the risk for depression, substance abuse and domestic violence.

The good news, if there is such a thing at this time, is that the best evidence-based therapeutic approaches for dealing with extreme anxiety and sadness and other emotional and behavioural difficulties have been quietly migrating from the clinician's office to the internet for over a decade now. These so-called E-Therapy approaches are supported by literally dozens and dozens of gold-standard controlled trials showing that such courses (accessible via a range of digital devices) are as effective – and in some cases more effective, than standard treatments delivered in the traditional face-to-face manner. They are accessible to everyone who has access to the internet, and right now in New Zealand are offered free of charge. These programmes work. Users like them. They are very cheap and infinitely scalable. As a former Clinical Psychologist Richie P has been closely following their development for two decades. He has witnessed how the clinical magic (and

hard work!) of the face-to-face therapeutic relationship can be faithfully transferred into the digital space. Indeed, in Aotearoa-New Zealand we now have a number of e-based mental health interventions available (see below for more detail about specific offerings). One in particular called *Just A Thought* can trace its origins back 45+ years to a Clinical Research Unit for Anxiety and Depression in Sydney: beginning with the early development of Cognitive Behavioural Therapy (CBT) approaches in Australasia, followed by many years of painstaking intervention research, and now accessible via digital technology. *Just A Thought* has undergone further development and refinement for the New Zealand context. You

“E-based approaches are accessible to everyone who has access to the internet, and in New Zealand are offered free of charge.”

might ask why this programme is better than many the others out there (yes, they’ve become very popular, very fast), and that is an excellent question. The answer is straightforward: this is one of the most rigorously tested and trialled programmes of its type in the world. It is that simple. Only approaches that have been through such lengthy, scrupulously conducted testing and have been shown to improve people’s lives (as well as doing no harm) should be used when dealing with serious psychological distress, particularly at this time when people are likely to be more stressed, anxious, lost and overwhelmed than at any other time in their lives.

Reasons for hope – a more appealing narrative

The whole world is eagerly awaiting a vaccine for COVID-19. Experts suggest that this will take between 12 to 18 months to arrive. Between now and then we MUST also plan to

treat and inoculate against the huge emotional toll that can be expected during this time. The pioneers of e-based mental health service delivery could never have imagined the importance and timeliness of E-tools in 2020! They’re effective for people with current psychological syndromes (e.g., Depression, Generalised Anxiety Disorder). They will also help people stay on track during COVID-19 by teaching coping skills and techniques known to ‘steel’ us against unpredictability, high stress and threat. Yet another *evidenced* reason to be hopeful about our ability to cope with what lies ahead.

COVID-19 has thrown us all, Pakeha, Māori, Pasifika, and other migrants into a new, unfamiliar and undiscovered land. But despite how this happened, we have all been here before. We need to look to the past, and carry forward that which makes us stronger, better, and more connected than before. *He waka eke noa*. We are in this together.

Below is a list of helpful resources that can be accessed on the Web

- Just a Thought. For coping during COVID-19, and managing depression and anxiety disorders.
<https://www.justathought.co.nz/covid19>
- Mentemia. App for mental wellness.
<https://www.mentemia.com>
- Trouble in your Bubble. For Domestic Violence. <https://www.leva.co.nz/>
- Shine. For Domestic Violence.
<https://www.2shine.org.nz/>
- Melon. How to manage your physical health.
<https://www.melonhealth.com/covid-19/>

One last thought...

As the Dunedin Study has shown repeatedly, ‘to be human is to be vulnerable’. The good news is that *we can manage this* - in times of lockdown - and beyond, as we adjust to our

massively changed circumstances (the technical term for this process is habituation), and we will adapt to new ways of living, whatever that entails.

About the authors

- Professor Richie Poulton, Chief Science Advisor to the Social Wellbeing Agency, and to the Minister of Child Poverty Reduction. Director of the Dunedin Longitudinal Study, and designated a *Highly Cited Researcher* (in the top 1% in the world) in the fields of Psychiatry and Psychology (Clarivate).
- Atawhai Tibble, Chief Māori Advisor, Social Wellbeing Agency. Iwi affiliations here.

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Purpose

This aide memoire updates you further on how we are contributing to the all of government response to the COVID-19 pandemic. We last provided you with an update on 9 April. This update includes:

- Our current working arrangements and seconded staff
- Caring for Communities (formerly the Welfare pillar)
- Data sharing for ICU bed availability
- Policy support
- *A case for hope*
- Release of technical scoping paper.

Working arrangements and support for the pandemic response

As a non-essential, non-service delivery agency, all of the Social Wellbeing Agency is working remotely. The exception being staff seconded to the National Crisis Management Centre (NCMC), who are working at the NCMC located at the Ministry of Health. We currently have five staff at the NCMC and expect to have more within the coming weeks. We also have:

- Dorothy and two analysts in the COVID command centre in the Caring for Communities workstream
- One staff member placed in the Ministry of Health Workforce team, and one in the Ministry of Business, Innovation and Employment Contact Centre Reserve
- Two staff helping Regional Public Health Wellington with analysis and analytical support (more staff are likely to help out as this progresses).
- One staff member in contact with the COVID-19 Social Services Government Co-ordination Group who are looking at, among other things, the supply of Personal Protective Equipment (PPE) to essential providers
- Two teams ready to provide as-needed assistance to response efforts across the sector.

This means approximately 25% of our workforce is directly seconded to help, with at least a further 20% working as needed on projects to support the response effort. We are committed to assisting the COVID-19 response wherever our skills would add value and support to the system.

Caring for Communities

Caring for our Communities (formally the Welfare pillar) is one of the COVID All-Of-Government workstreams. Its purpose is to ensure that those individuals, whānau and communities at greater risk of experiencing adverse health, social or economic outcomes as a result of Covid-19 are cared for. Lil Anderson, Chief Executive of Te Arawhiti leads the workstream and Debbie Power chairs the Caring for our Communities governance board.

Dorothy is establishing an Intelligence & Insights sub-workstream within Caring for our Communities to ensure the right intelligence is being collected in the most appropriate and timely way and delivered to the right people in an easily actionable form. Other Intelligence & Insights functions include:

- assessment of patterns and trends to understand when more system-wide approaches may be needed
- provide advice to the governance group about any systemic issues (both immediate issues and issues with the potential for longer-term social and community wellbeing impacts)
- contribute to a forward view of the strategies and approaches required to respond to emerging risks and issues as the response evolves, and
- provide insights reports for various stakeholders to inform the response and to monitor progress.

Two of our analysts have joined Dorothy in the Intelligence & Insights team which is based in the Operations Command Centre. Dorothy is not sure how long she will be in the role. At this stage she is able to fulfil the role and continue to lead the SWA as the role isn't full-time and her leadership team are managing the day to day operations of the SWA. The role is also providing an excellent opportunity to ensure DPUP principles are being applied (as appropriate in the current situation) to how intelligence is being collected and used.

Data Exchange: ICU bed availability

As we have update previously, the Ministry of Health is looking to make national ICU bed availability information publicly available. It is critical that the Ministry receives timely information on this so they can respond to the pandemic adequately. We worked with Health Alliance, who provide IT services to the Northern DHBs, to send an aggregated, anonymised dataset via the Data Exchange to the Ministry of Health through the Waitemata DHB server, with consent from Northland, Auckland and Counties DHBs. The first successful production data transfer was completed on 9 April.

The Ministry of Health now receives an hourly updated dataset of ICU bed availability from Auckland DHB, Counties Manukau DHB, Northland DHB and Waitemata DHB. The Ministry of Health are drafting a letter to other DHBs to facilitate the adoption of the Data Exchange and the implementation of this nationally.

Although the Data Exchange is not the only method to transfer data, this use case proved it is quick to implement, only taking three weeks from the initial meeting to the first data transfer.

Policy support

Our Insights team continues to support many streams of policy work being undertaken as a result of COVID-19. This includes the topics we updated you on last week:

- All-of-government policy workstream on mitigating social impacts of Level 4
- Post-response recovery strategy (led by DPMC with Treasury and SSC)
- Ongoing policy assistance for Ministry of Health.

Measuring recovery

We are supporting the Department of the Prime Minister and Cabinet (DPMC) on how to measure progress of New Zealand's recovery from COVID-19. We are developing measurement options to capture COVID-19's impacts, government support and subsequent recovery across a broad range of wellbeing domains. The next steps are to agree an approach with DPMC and start engaging with relevant stakeholders.

A case for hope

Professor Richie Poulton, our Chief Science Advisor (and the Science Advisor for Child Poverty Reduction), and Atawhai Tibble, our Chief Māori Advisor, have been working on an opinion article for media consumption about COVID-19. It outlines five reasons for hope during this pandemic, centred around social wellbeing. We have been liaising with your office on this and will provide your office with a draft tomorrow.

Short form wellbeing survey guidance

We are planning to release a technical scoping paper next week that we produced on a short form wellbeing survey, as it is relevant to current COVID work. We circulated a draft around wellbeing researchers and the content was seen by Police as a useful guide for collecting information for the At Risk Communities and People COVID workstream. Given this, we are planning to publish so it is available for anyone else who might find it useful.

We are currently doing final reviews and will provide your office with a copy early next week.

Next steps

We will keep you updated on all of the above work as it progresses.

Contacts

Name	Position	Contact Number	First Contact
9(2)(a)			<input type="checkbox"/>
Paul Delahunty	Acting Deputy Chief Executive	9(2)(a)	<input checked="" type="checkbox"/>

Social Wellbeing Agency / Covid-19 response update

1 May 2020

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Social Wellbeing Agency / COVID-19 response update

Date: 1 May 2020
Security level: In confidence
To: Hon Carmel Sepuloni

Purpose

This aide memoire updates you further on how we are contributing to the all of government response to the COVID-19 pandemic. We last provided you with an update on 17 April. This update includes:

- Our current working arrangements and seconded staff
- Caring for our Communities
- Pandemic modelling
- Data Exchange

As we move back to business as usual in the coming weeks and months, we will revert back to our regular fortnightly reporting to you.

Working arrangements and support for the pandemic response

As a non-essential, non-service delivery agency, all of the Social Wellbeing Agency is working remotely. The exception to this are four staff seconded to the National Crisis Management Centre (NCMC) located at the Ministry of Health and staff supporting activity at the Operations Command Centre. We have:

- Dorothy and two analysts are in the Operations Command Centre within the Caring for Communities workstream
- Two data scientists supporting the pandemic modelling activity
- One staff member finishing up activity within the Ministry of Health Workforce team, and one in the Ministry of Business, Innovation and Employment Contact Centre Reserve
- One staff member in contact with the COVID-19 Social Services Government Co-ordination Group who are looking at, among other things, the supply of Personal Protective Equipment (PPE) to essential providers
- Two teams ready to provide as-needed assistance to response efforts across the sector.

This means approximately 40% of our workforce is either directly or indirectly assisting with the COVID-19 response.

Caring for our Communities

As previously updated, Caring for our Communities (formally the Welfare pillar) is one of the COVID All-Of-Government workstreams within the Operations Command Centre. Its purpose is to ensure that those individuals, whānau and communities at greater risk of experiencing adverse health, social or economic outcomes as a result of Covid-19 are cared for.

Dorothy is establishing an Intelligence and Insights sub-workstream within Caring for our Communities to ensure the right intelligence is being collected in the most appropriate and timely way and delivered to the right people in an easily actionable form.

The Intelligence and Insights team has been identifying and sourcing data and information related to the wellbeing of communities and priority groups. They have identified approximately 70 individual reports, data sets or surveys that provide a range of qualitative and quantitative information.

The team is putting in place processes to securely receive, track and store information and make it easily accessible for stakeholders while also sharing insights with the Joint Intelligence Group. Connections have been made with other intelligence teams across government.

There is a need for ongoing, operationally focused reporting, though the frequency and scope of this reporting will change as we move down Alert Levels. There is also a call for development of more in-depth insights to support medium and long term thinking as we move into recovery. This work is underway.

Pandemic modelling

In response to a request from the Operational Command Centre (OCC), two Agency data scientists have been assigned to support the pandemic modelling. The goal is to improve the national-level model so that subpopulations with higher risks from infection (such as the elderly and people with existing health conditions) are treated in a way that reflects this risk. Drawing on the IDI, our staff defined a range of higher-risk groups, and produced estimates of the size of, interactions between, and progression of the disease within each group.

Preliminary results were provided to the OCC in just five business days. Our data scientists remain available to provide further support or refinement of that analysis. We are also scoping other areas for analysis that would contribute to planning for recovery, particularly in the social wellbeing space.

Data Exchange

ICU bed availability

As we have updated previously, the Ministry of Health is looking to make national ICU bed availability information publicly available. It is critical that the Ministry receives timely information on this so they can respond to the pandemic adequately. We worked with Health Alliance, who

provide IT services to the Northern DHBs, to send an aggregated, anonymised dataset via the Data Exchange to the Ministry of Health through the Waitemata DHB server, with consent from Northland, Auckland and Counties DHBs. The first successful production data transfer was completed on 9 April.

Since then, Mid-Central DHB (on 22 April), Canterbury DHB and Capital & Coast DHB (on 24 April) productionised their shares into the Ministry. The Ministry of Health now receives an hourly updated dataset of ICU bed availability from nine DHBs covering over half the country.

The Ministry of Health have sent a letter to other DHB CIOs to facilitate the adoption of the Data Exchange and the implementation of this use case nationally. Discussions to implement this share are now underway with Waikato DHB, Lakes DHB, and Bay of Plenty DHB, and their shared services provider, Health Share.

Although the Data Exchange is not the only method to transfer data, this use case has proven it is quick to implement, only taking three weeks from the initial meeting to the first data transfer between Ministry of Health and Waitemata DHB, and only a further two weeks to productionise an additional three shares.

Food distribution

We are currently exploring, in conjunction with MSD, potential use cases to support food safety and distribution. We have identified a potential initial use case connecting Koro Hiakai to KiwiHarvest, to enable secure and automated sharing of food distributor information and needs from Koro Hiakai's database to KiwiHarvest. If deemed feasible and implemented, this share could support more efficient distribution of critical food supplies around the country to Kiwis in need during the pandemic.

Next steps

We will keep you updated on all of the above work as it progresses.

Contacts

Name	Position	Contact Number	First Contact
9(2)(a)			<input type="checkbox"/>
Paul Delahunty	Acting Deputy Chief Executive	9(2)(a)	<input checked="" type="checkbox"/>

Potential roles for SWB in the Covid 19 Response and Recovery Funding for the Social Sector (A3)

27 July 2020

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Potential roles for SWB in the COVID-19 Response and Recovery Funding for the Social Sector

This year the Government has announced over \$50 billion of new funding to support New Zealand through the COVID-19 response and recovery. According to the *Wellbeing Budget 2020 - Rebuilding together* document, funding that has been allocated across the forecast period in the social sector includes:



Health
OPEX \$5.60 billion CAPEX \$755 million



Social Sector
OPEX \$665.3 million CAPEX \$87.2 million



Education
OPEX \$813.6 million CAPEX \$115.1 million



Justice
OPEX \$606.1 million CAPEX \$169.7 million

Below, we have set out three roles (B, C and D) the SWB could play in regards to the COVID-19 response and recovery funding for the social sector, and the information required to support each role. All three roles build off the first step (A) which is to develop a coherent picture of how much is coming into the social sector and where it is going. The next steps will vary depending on what role the SWB decides to play. All three options will require sharing of information and resources from SWB agencies and will need to be supported to move quickly because of the time-limited nature of the much of the funding from the CRRF.

A. Creating a coherent picture of the COVID-19 Response and Recovery Funding for the Social Sector

Role of SWB: To have a consistent understanding of how the COVID-19 Response and Recovery Funding is used across the social sector to inform further decision making. This is foundational to the other roles described below.

Information needed to support this role: We recommend that the project begins with a single snapshot of the new investment across the Public Sector from Budget 2020 and the CRRF. This would include updating the publicly available information above to build an understanding of all expenditure across the public sector and could potentially be expanded to other funding at a later time if needed.

Reasons for this: Currently there is limited visibility of CRRF and Budget 2020 spend across the social sector, as the view is fragmented across agency and thematic lines.

Next steps: To create this picture we will require input from all agencies regarding their financials and plans, in particular Treasury.



B. Understanding the key segments of the COVID-19 Response and Recovery Funding for the Social Sector



Role of SWB:

Determine if spending is prioritised against key segments and identify whether there are gaps or overlaps that need to be addressed.

Information needed to support this role :

Once we have created a coherent picture of COVID-19 spend, we could tag the spend to different key priorities, populations or regions.

Segment options could include:

- Priority or Outcomes of interest, for example, Education, Employment and Training (as is already underway in the EET group)
- Populations of interest, for example, Children (as is already underway by Oranga Tamariki)
- Regions of interest for example, for example, Otago
- By provider/delivery type, to increase visibility of which partners are being used to deliver services or receiving funding.

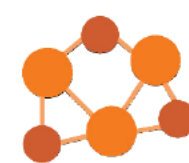
Reason for this:

A coherent picture broken down by selected key segments would allow us to determine if there are any gaps or areas of duplication. For example, is spending being targeted at the same issues from multiple sources?

Next steps:

- SWA would work with Social Wellbeing DCEs to select key segments to prioritise.
- Input from SWB agencies will then be needed to identify the ability for the spend to be broken down by the selected key segments.
- This will require input and sharing of information between SWA and Treasury.

C. Leading the stewardship of the COVID-19 Response and Recovery Funding for the Social Sector



Role of SWB:

Ensure there is correct governance and monitoring of the COVID-19 Response and Recovery Funding for the social sector.

Information needed to support this role:

Once we have created a coherent picture of COVID-19 spend across the social sector, SWB could review the proposed approaches to this spend including governance and monitoring:

- **Governance:** What governance groups exist across the social sector and if are there any opportunities to improve coordination between them. This could include local/regional coordination mechanisms.
- **Effectiveness:** Building a picture of the processes and infrastructure in place to understand effectiveness of this spend over time.

Reason for this:

There is currently limited understanding of how the social sector spend is being coordinated and no coherent view of how the effectiveness will be evaluated over time.

Next steps:

- To create this picture we require input from all agencies regarding their membership of governance groups, and their monitoring and evaluation mechanisms.
- This will require input and sharing of information between SWA and Treasury.

D. Setting and driving strategic opportunities from the COVID-19 Response and Recovery Funding for the Social Sector



Role of SWB:

Set and drive strategic transformational change using the COVID-19 Response and Recovery Funding across the social sector.

Information needed to support this role:

Once we have created a coherent picture of COVID-19 spend, we would identify:

- Cost pressure vs transformational spend in the COVID-19 funding,
- Key areas that could be prioritised for transformational collective investment, for example homelessness, cycle of poverty, mental health.

Reason for this:

Some of the COVID-19 response money will deal with immediate issues, however, some could be targeted at transformational improvement across the sector. This funding is a once in a lifetime influx of potential investment that could be used to address long standing issues across the social sector.

Next steps:

- SWA will build a picture of cost pressure vs transformational spend.
- This will require input and sharing of information between SWA and Treasury.
- We will then work with the SWB and SW DCEs to identify key areas of interest and provide a full scoping note, including the scope of what funding should be considered and why. This could include looking at opportunities for upstream investment, prevention and building resilience in whānau & communities.

Monitoring COVID-19 Recovery (October Update)

2 October 2020

Monitoring COVID-19 Recovery Key wellbeing stories and indicators

11 September 2020

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Monitoring COVID-19 Recovery: October 2020 update

Date: 1 October 2020
Security level: In Confidence
To: Hon Carmel Sepuloni, Minister for Social Development

Purpose

This paper updates you on our Monitoring COVID-19 Recovery project, including a new September monitoring prototype. We spoke with you about this at our last agency meeting and presented the previous July monitoring prototype. You suggested that we send these prototypes to the Minister of Finance, as he may be interested.


Recommendations

It is recommended you:

Note the contents of this briefing, including the September monitoring prototype ☐ Yes ☐ No

Indicate whether you would like to send the monitoring prototypes to the Minister of Finance ☐ Yes ☐ No

Hon Carmel Sepuloni
Minister for Social Development


Paul Delahunty
Acting Deputy Chief Executive
Social Wellbeing Agency

This project delivers a wellbeing monitoring product and underlying infrastructure

As New Zealand recovers from the impacts of COVID-19, Government will need timely monitoring data and insights to track progress. This project delivers two things:

- 1. A wellbeing monitoring product**

This product informs senior decision-makers on the progress of COVID-19 recovery and supports decision-making. We are using Treasury's [Living Standards Framework](#) to present data-led insights on a regular basis (e.g. once a month) across social, economic and environmental wellbeing domains.

- 2. Underlying data infrastructure to support the wellbeing monitoring product**

We are working with Stats NZ to develop their public-facing [COVID-19 Data Portal](#). This provides indicator data across wellbeing domains to support our monitoring product as well as other products and analysis. We are also exploring how to generate useful indicators from the Integrated Data Infrastructure.

During the lockdown, we and others recognised the need for a monitoring product focused on recovery rather than operationally-led responses. This product captures the widespread impacts of COVID-19 and supports decision-making which cuts across wellbeing domains. We see the audience for this product as being high level government decision makers.

We worked across government to produce two monitoring prototypes

We are near the end of a prototype phase. In this phase we worked across government to produce wellbeing monitoring prototypes. Our July prototype was well received by the Social Wellbeing DCEs (the project sponsors) and they commissioned a new September edition. These are attached as appendices, with supporting information as Appendix 3. This product is a living prototype, and we are actively seeking feedback from agencies to inform its future. Given the far-reaching nature of COVID-19, there are many areas we could focus on and not all will be covered by a single prototype.

The success of these prototypes and future editions depends on subject matter experts across government who can generate content and insights. We play a central role in supporting them and providing strategic oversight.

The September prototype focuses on education, the Auckland regional lockdown, and perceived job security

There are two aspects to the September prototype:

- 1. A scan across the month's key wellbeing stories.** This edition focuses on school and ECE attendance and the wellbeing impacts of a regional lockdown approach, using Auckland as a case study.

This scan provides senior decision-makers with emerging wellbeing data and insights about how COVID-19 recovery is progressing, and what areas may need further investigation.

- 2. A closer look at a key issue relating to the COVID-19 recovery.** This edition looks at the link between perceived job security and wellbeing.

This 'closer look' section investigates a key issue relating to the COVID-19 recovery in more detail. This could relate to population groups, regions, or themes which cut across the Living Standards Framework domains and capitals.

We are reviewing the future direction of this project

We are working with key stakeholders such as the Treasury and the Department of the Prime Minister and the Cabinet to understand how this project can deliver the most value going forwards. Any ministerial feedback will also help inform this.

Social Wellbeing DCEs will then consider option to take forwards.

Name	Position	Contact Number	First contact
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Attachments

Appendix 1: September monitoring prototype

Appendix 2: Supporting information for key wellbeing stories and indicators in September prototype

Appendix 3: July monitoring prototype

Monitoring COVID-19 Recovery: Key wellbeing stories and indicators – September 2020 DRAFT

Subject matter experts across government are doing a regular scan using the [Living Standards Framework](#) to see how wellbeing is changing as we recover from COVID-19.

They've identified two themes this month that will be important to consider when planning for recovery: skills and knowledge for children and young people, and wellbeing impacts of a regional lockdown approach.

This product provides senior decision-makers with emerging wellbeing data and insights about how things are progressing, and what areas may need further investigation.

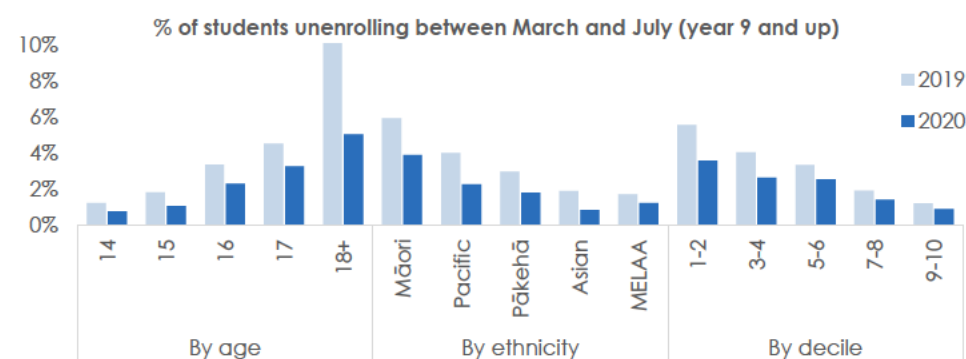
Children & young people – skills and knowledge

We focused on children and young people to better understand what challenges they may face on the COVID-19 recovery. These impacts will be particularly important to watch for children and young people in Auckland, given the second lockdown.

Fewer senior secondary students are leaving school

Though there have been reports of students leaving school to support their families, data to July 2020 shows more students were staying enrolled in school:

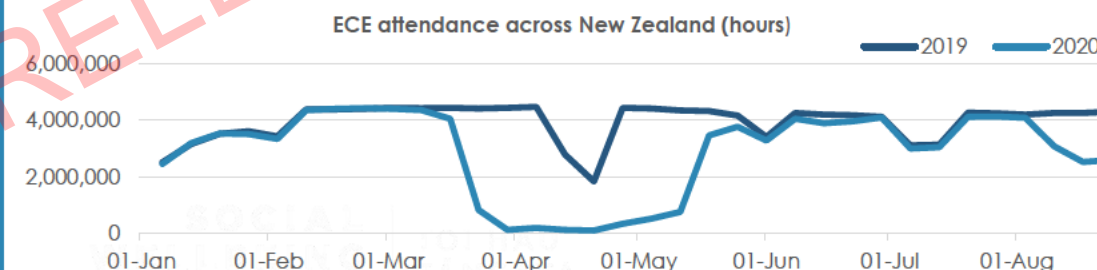
- The number of secondary students reported as leaving school (unenrolling) over 2020 decreased by 19% compared to the same period last year.
- As demonstrated in the graph below, unenrolment fell for all age groups with a significant decline for those aged 18+
- Pacific students saw a 30% reduction in people unenrolling compared to 2019. There was also a larger reduction in students leaving from lower decile than higher decile schools.¹



- Increases in senior secondary school retention are important because they give students an increased opportunity to acquire new skills and achieve school qualifications, which can improve their future labour market outcomes.
- This could also indicate a tightening labour market. According to data from the 2008 Global Financial Crisis, students appear to change their behaviours very rapidly in response to economic conditions.
- Note this is national data which does not cover the period of Auckland's latest lockdown.

While ECE attendance is back to normal for 3-5 year olds, it remains down for 0-2 year olds

- For 3-5 year olds, participation in Early Childhood Education (ECE) was back to normal levels at Alert Level 1, though it has dipped again for the recent Alert Levels 2/3. For 0-2 year olds, there are far fewer children attending ECE, and they are attending for fewer hours per week.
- Nationally, excluding Auckland, there was a 11% reduction in hours over the first three weeks of the most recent Alert Level 2. This was larger for Pacific (-17%) and Māori (-15%) children.²
- Changing ECE participation can be an indicator of changing workforce participation patterns, particularly for women, and the state of household budgets.



1. Ministry of Education - March and July school roll returns 2012-2020

2. Ministry of Education administrative data

3. According to the COVID-19 Health and Wellbeing Survey's provisional results for the week 24 to 30 August

4. Social Wellbeing Agency, Short Report: Social isolation, loneliness and COVID-19, May 2020

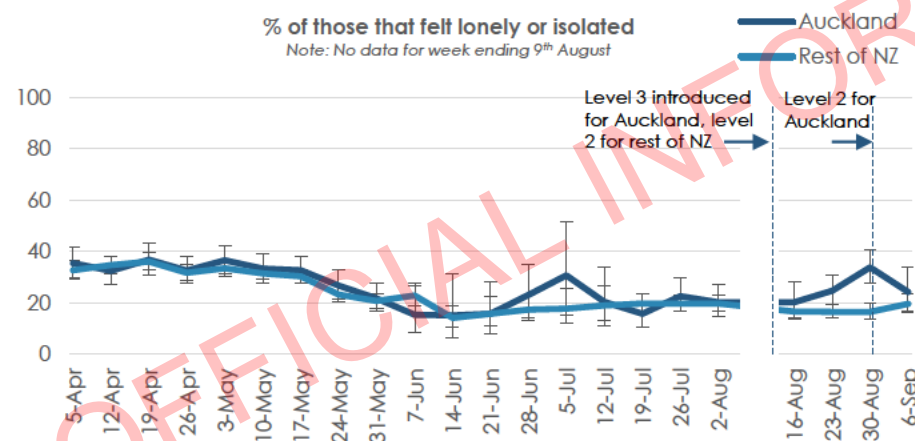
5. For example, mothers with young children reported greater family wellbeing impacts and work-family conflict under the first national lockdown. Taken from Prickett et al. Life in Lockdown, 2020, Working Paper 20/03

Auckland – wellbeing impacts of a regional lockdown

The second lockdown was regionally implemented allowing us to see how more stringent lockdown measures affected different aspects of wellbeing between Auckland and the rest of the country. It provides intelligence on areas that may need more support if future regional lockdowns are required.

Loneliness is a key risk from lockdown – and has wider wellbeing effects

- In aggregate, Aucklanders were lonelier and had more COVID-19 related worries than the rest of the country during their second lockdown, though these differences were only statistically significant in the last week of the lockdown.³



- There is consistent evidence for a relationship between loneliness, health and wellbeing. Loneliness is associated with poorer physical health (strong evidence for cardiovascular health and mortality), mental health (particularly anxiety and depression, but also self-harm and suicide), and a lower quality of life.⁴
- The potential for lockdowns to increase loneliness for an extended period of time needs to be considered when making regional lockdown decisions.
- Aucklanders in aggregate were also more stressed about leaving home and nervous about the current situation than the rest of New Zealand while in Level 3. However, Aucklanders did not report increased levels of depression or anxiety during the 2nd lockdown.

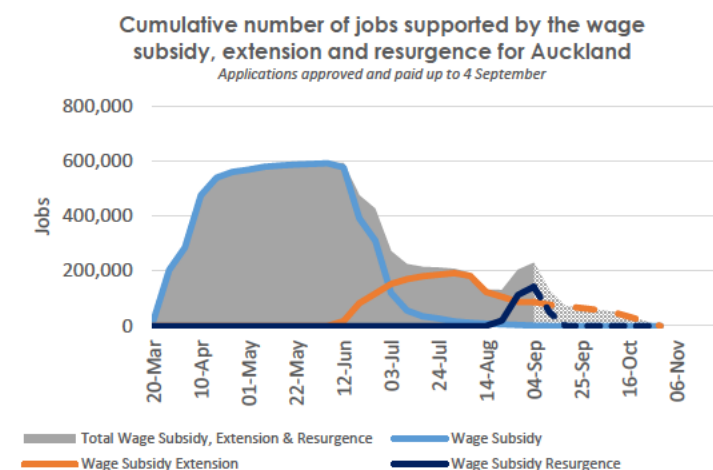
School attendance may recover more slowly, especially for certain communities and age groups

- Auckland student attendance was still noticeably lower than 2019 levels two weeks after its second lockdown (7 to 11 September).² This contrasts to the first lockdown, where Auckland's attendance was back to normal levels after the first week of physical learning.
- This slower recovery was driven by lower attendance of Māori, Pacific and decile 1-2 students, particularly amongst primary-aged students
- Absences were largely 'explained but unjustified' absences. These refer to when the student or their whānau provides a reason for an absence, which falls outside the school's attendance policy. Reasons can include where students take on care or work responsibilities, where whānau have safety concerns, where there are immunocompromised whānau, or where there are other barriers to attendance (e.g. lack of transport)

Economic support will need to be tailored

Auckland had the highest proportion of jobs supported by the Wage Subsidy, even before the return to Alert level 3.

- In Auckland 63% of jobs were supported by the original Wage Subsidy compared with the rest of New Zealand at 56%.
- The Wage Subsidy Extension (28% of jobs) and Resurgence Wage Subsidy (18%) also supported a higher share of jobs in Auckland than the rest of NZ (17% and 7% respectively).



Most Jobseeker Support growth in August was concentrated in Auckland but there were also impacts on other regions

- In August the number of people on Jobseeker Support in Auckland grew by 5%. This was not as large as during the first lockdown (41% increase between March and April)
- It is likely that the Wage Subsidy Resurgence and the Wage Subsidy Extension are mitigating the negative economic effects of the lockdown.
- Some regions outside Auckland were also affected. Waikato saw increased Jobseeker Support claimants in August even though the number fell in the previous month (seasonally adjusted).

Vulnerable and isolated communities are particularly affected by repeat lockdowns

- The Office for Seniors conducted research with its Auckland stakeholders during the second lockdown. While the majority of older people are resilient, the lockdown restrictions had a compounding effect on the most vulnerable groups of older people – particularly the socially isolated and digitally excluded.
- Some demographics, such as women (and particularly women who fall into multiple groups that experience inequalities e.g. wahine Māori), are also disproportionately impacted by COVID-19 lockdowns.⁵

The information in this A3 was supplied by subject matter experts at the following agencies:

Children & young people – skills and knowledge: Ministry of Education and Ministry for Women

Auckland – wellbeing impacts of a regional lockdown: Caring for Communities Education Working Group, Ministry for Women, Ministry of Health, Ministry of Social Development, Office for Disability Issues, and Office for Seniors

This A3 was produced by a cross-agency team led by the Social Wellbeing Agency

A closer look at perceived job security and wellbeing – September 2020

The 'closer look' section investigates a key issue relating to the COVID-19 recovery in more detail. This could relate to population groups, regions, or themes which cut across the [Living Standards Framework domains and capitals](#).

DRAFT

PROTOTYPE

There could be long term wellbeing impacts if high levels of perceived job insecurity persist.

June 2020 quarter data suggests COVID-19's impacts are increasing perceived job insecurity. We know that feeling job insecure affects wellbeing.

While there are programs designed for displaced or unemployed workers, perceived job insecurity is an 'internal experience' which affects a wider pool of the labour force.¹

1

Perceived job insecurity can be just as stressful as actual job loss or unemployment^{1 2}

Feeling insecure is associated with poorer physical and mental health, and lower subjective wellbeing

Perceived job insecurity affects health and wellbeing because of increased stress. This stress comes from:^{1 3}

- anticipating the problems associated with a job loss
- financial worries
- mental strain associated with being in a powerless position
- ambiguity about the future

Prolonged feelings of job insecurity are particularly detrimental to health and wellbeing.

2

One in four workers perceived at least a medium chance of losing their job

25% (equivalent to 653,000) of all workers perceived a 'medium', 'high' or 'almost certain' chance of losing their job in the next 12 months

Whilst the wage subsidy has reduced the number of people who have lost their jobs, it may not have reduced feelings of insecurity for those in work as there's uncertainty over what happens next.

People experiencing material hardship were less likely to feel they were in a secure job

20% of people with severe hardship reported 'almost no chance of losing their job', compared to 41% of people with no hardship.

Some workers felt more job insecure

The following groups reported higher rates of job insecurity (% reporting at least a medium chance of job loss):

- Those on casual (46%) and fixed term (39%) contracts
- People working in Admin and support services (43%), Transport, postal and warehousing (39%), Rental, hiring and real estate (39%), and Accommodation, food services (38%)
- The self employed (35%)
- Those with disabilities (34%)

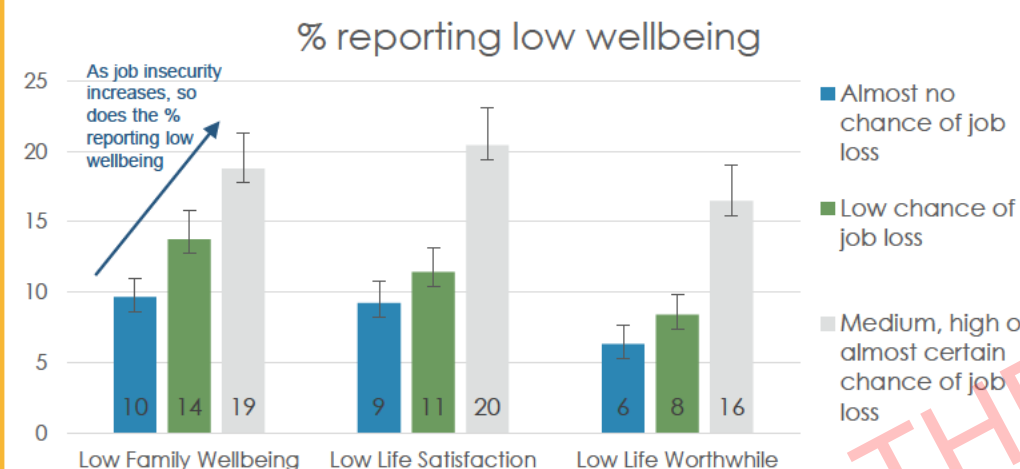
Compared to 25% across all workers

There were no major differences in perceived job security along ethnicity, age or sex lines, though there were some notable differences when controlling for secondary characteristics. For example, 30% of female 18-24 year olds perceived at least a medium chance of losing their job compared to 15% of male 18-24 year olds.

There is no pre-COVID baseline to compare these figures to as this is the first time the HLFS has asked a question on perceived job security.

3

People with perceived job insecurity tend to have lower wellbeing



20% of people with at least a medium chance of losing their job reported low life satisfaction, compared with 9% of people with almost no chance of job loss

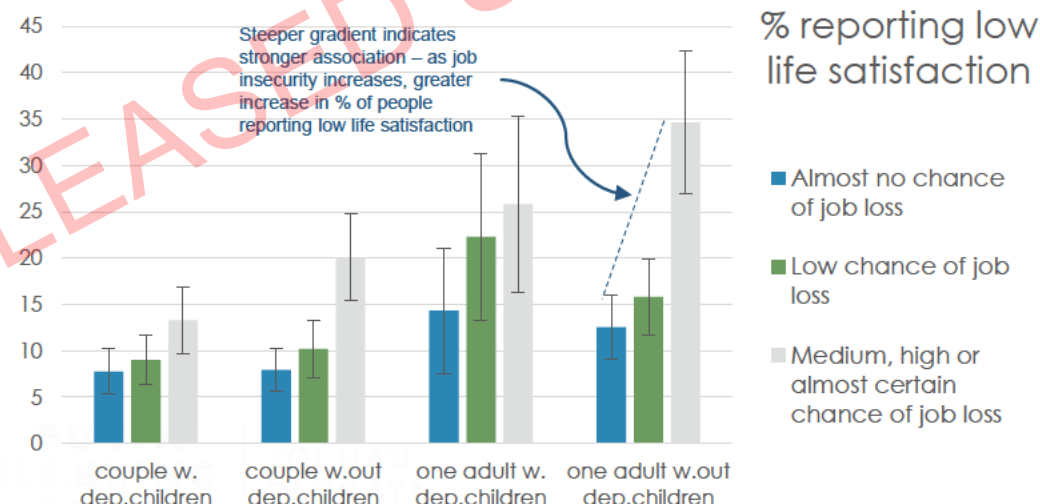
This same pattern is seen for family wellbeing and whether people see their life as worthwhile. Rates of poor mental wellbeing also increase with greater likelihood of job loss.

'Low wellbeing' is defined as when someone scores a wellbeing score of 0 to 6 out of 10.

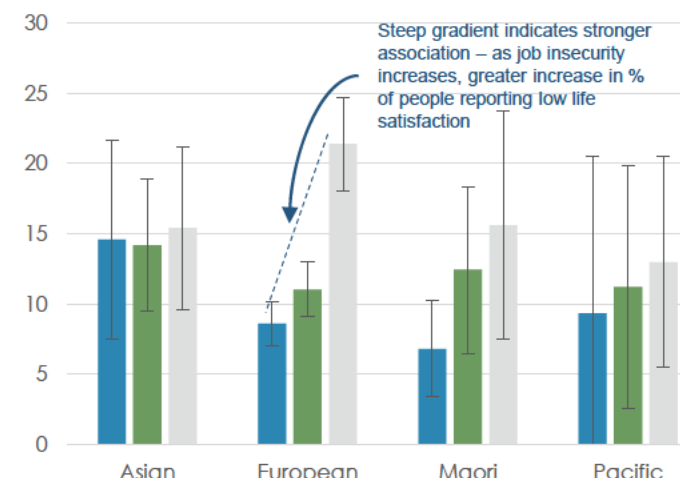
4

Some groups have a stronger association between perceived job security and wellbeing

Perceived job security seems to matter more for the wellbeing of one adult households without dependent children



Europeans were more likely to report low life satisfaction if they perceived a higher chance of job loss



Further analysis is needed to investigate if these differences are due to selection (where those who feel job insecure have other characteristics that make them more or less likely to report low wellbeing e.g. poor health), or if it relates to differences in resources for coping with feelings of job insecurity such as social supports, or both.

The groups with stronger associations between job security and life satisfaction aren't necessarily the groups which feel the most job insecure.

For example, people living in one adult households without dependent children were the least likely to feel job insecure. But those who did feel insecure were much more likely to report low wellbeing.

'Low life satisfaction' is defined as when someone scores 0 to 6 out of 10 on self-rated life satisfaction.

Data and methodology

This analysis covers the June 2020 quarter which includes the first national lockdown.

We analysed the recently published wellbeing module of the Household Labour Force Survey (HLFS). This is the first time we have been able to analyse links between perceived labour conditions and wellbeing at an individual level.

We used a question which asked respondents to state the likelihood that they would lose their job for reasons outside of their control within the next 12 months.

The wellbeing module will be included in the HLFS until March 2021, so there's an opportunity to track this issue over time.

1. Burgard SA, Brand JE, House JS. Perceived job insecurity and worker health in the United States. *Social Science & Medicine* (1982). 2009 Sep;69(5):777-785. DOI: 10.1016/j.socscimed.2009.06.029.

2. Kim, T.J., von dem Knesebeck, O. Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment. *BMC Public Health* 15, 985 (2015). DOI: 10.1186/s12889-015-2313-1.

3. Lütke C. How self-perceived job insecurity affects health: Evidence from an age-differentiated mediation analysis. *Economic and Industrial Democracy*. May 2019. DOI:10.1177/0143831X19846333.

Source: IDI, analysed by Social Wellbeing Agency and Ministry for Social Development. Access to the data presented was managed by Statistics New Zealand under strict micro-data access protocols and in accordance with the security and confidentiality provisions of the Statistic Act 1975. These findings are not Official Statistics. Error bars are at the 95% confidence level.

Supporting Annex for key wellbeing stories and indicators – September 2020

This annex provides supporting information on the 1st A3 stories (key wellbeing stories and indicators) of the September 2020 monitoring prototype.

An overview of the [Living Standards Framework](#) is at the end of the annex.

Children and Youth – skills and knowledge

School unenrolment rates - supplied by the Ministry of Education

- 2.1% of students who were included in roll returns of secondary schools in March 2020 had left school by the roll return in early July 2020. This is a large reduction from 3.5% between March and July 2019, and is the lowest since 2012, which is as far back as this data goes.
- The leaving rate between the March and July roll returns has particularly dropped for students aged 18 or older (10% in 2019 to 5% in 2020); Māori students (5.9% to 3.9%); Pacific students (4.0% to 2.3%); and students in decile 1-2 schools (5.5% to 3.6%).
- According to the live enrolment system used by schools, a total of 20,271 secondary students were reported as unenrolling from a school between January and 8 September 2020 and did not subsequently enrol in a different school. This represents a 19% reduction in the number of students leaving school from the total of 24,939 students leaving over the same period in 2019.
- The school enrolment systems report that between 1 July and 8 September 2020, 1,181 students left Auckland schools and did not re-enrol in another school. This is fewer students than the 2,094 students leaving Auckland schools over the same period last year (representing a 44% decrease).
- Of the 533 schools in the country with secondary-aged students, 48 (9%) schools had at least five additional students leave so far this year compared to the same time last year. Five of these schools were in Auckland.
- Of the remainder of schools (not in Auckland), 196 (48%) schools had about the same number of students leave this year compared to last year (± 4 students), and 161 (43%) schools had at least five fewer students leave so far this year compared to 2019.

Early Childhood Education – supplied by the Ministry of Education and the Ministry for Women

- ECE participation is particularly important for 3 and 4 year olds because there is strong evidence that quality ECE at these ages develops critical skills, and supports later educational achievement.¹ ECE participation at all ages also enables workforce participation for whānau.

¹ [Centre for Education Statistics and Evaluation. A review of the effects of early childhood education.](#)

- ECE for 0-2 year olds requires lower child-to-teacher ratios, and is subsidised less, so many families of these children may pay higher fees. Changing ECE participation can therefore be an indicator of changing workforce participation patterns and the state of household budgets. This may be particularly true for women, who undertake more unpaid labour than men, including care for children², and have been disproportionately impacted by job losses due to COVID-19.³
- Total hours attended at ECE services in the weeks spanning Alert Level 1 (8 June to 9 August) were down 3.7% from 2019 to 2020. There was a reduction of 2.2% in the number of children reported as attending, compared to last year. This indicates that about half of the reduction in hours is due to fewer children enrolling and about half is due to children attending for less hours per week.
- The reduction in children participating in ECE in 2020 is mainly due to a reduction in the number of new children entering the system, as opposed to children leaving ECE. In 2020, 33,844 children attended an ECE service at some point in January or February but did not attend during Level 1. This was slightly less than the same figure last year, of 34,327 children leaving ECE between February and June 2019. In both years, children mainly leave ECE because they turn 5.
- There were very large differences in impacts by age. For 3 to 5-year-old children, there were only 0.6% fewer hours attended at ECE services over Alert Level 1 compared to the same time last year. For 0 to 2-year-old children, there was an 8.4% reduction in hours. For infants under one alone, there was a 16% reduction. For 5-year olds, there was a 31% *increase* in hours, indicating a delay in school enrolment. However, it continues to be the case that almost all 5-year olds are enrolled at school.
- Drops in ECE hours attended over Alert Level 1 compared to the same period in 2019 were larger for Pacific (-8.2%) and Māori (-4.1%) children, as well as children attending services with an Equity Index (EQI) rating of 1 (-9.2%) or 2 (-6.4%). For 3 to 5-year olds only, there were minimal differences between groups, with the exception of Pacific children (-3.8%) and EQI 1 services (-3.9%).
- We have preliminary data spanning the second Alert Level 3 in Auckland and Alert Level 2 in the rest of the country (10 August to 30 August). This indicates a smaller reduction in ECE participation compared to the previous Alert Level 2/3. In Auckland, there has been a 75% reduction in hours over the three weeks spanning Alert Level 3, compared to a reduction of 90% for the first Alert Level 3.
- For other regions, there was an 11% reduction in hours over the first three weeks of the most recent Alert Level 2, compared to a 28% drop in the original Alert Level 2 (11 May to 7 June). The most recent drop has been larger for Pacific (-17%) and Māori (-15%) children, as well as EQI 1-2 services (-20%).

² 2018 Census data shows that more women perform unpaid work than men. Of Census respondents who had looked after children in their household in the previous four weeks, 57.5% were women. Of Census respondents who had looked after ill or disabled people in the household, 60.8% were women.

³ June 2020 quarter unemployment statistics have a limitation in that to qualify as unemployed a person without a job must be actively seeking work, which often was not possible during the COVID-19 lockdown. A comparison of the number of people not in the labour force (NILF) in June 2020, with those recorded in June 2019, shows that the number of Māori NILF women increased by 4,900 to 95,600 (the highest level seen since March 2019). Pacific NILF women increased by 5,500 from June 2019, to 58,400 – the highest number ever recorded. Overall more women left the labour market between June 2019 and June 2020 than men (15,500 women versus 13,800 men). The Ministry for Women anticipates that many of the new NILF women will be recorded as unemployed in the next quarter, with Māori and Pacific women disproportionately affected.

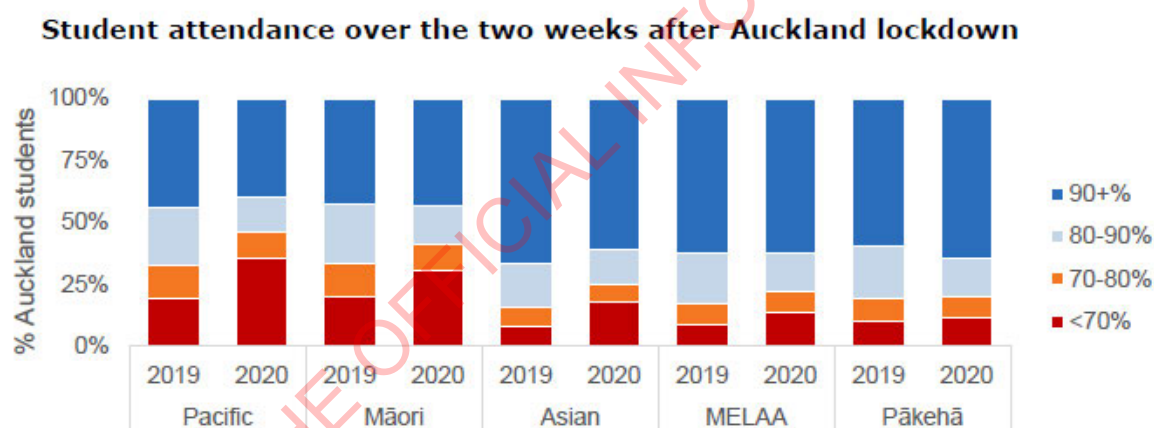
Auckland – wellbeing impacts of a regional lockdown⁴

Loneliness and wellbeing – supplied by the Ministry of Health

- During the last week that Auckland was in Alert Level 3 (week ending 30 August), 12 percent of Aucklanders experienced depressive or anxiety-related symptoms compared with 7 percent of the rest of the country. However, this difference is not statistically significant.
- There are some limitations with the COVID-19 Health and Wellbeing Survey sample, including small numbers of Asian and Pacific respondents.

School attendance for Auckland – supplied by the Caring for Communities Education Working Group

- The graph below shows student attendance in Auckland two weeks after the Auckland lockdown (7 to 11 September). There was a similar proportion of Māori and Pacific students attending regularly compared to the same fortnight in 2019, but an extremely large increase in the number of students who were absent for at least three days out of the fortnight. This increase represents approximately 4,000 Māori students and 10,000 Pacific students.



- Note that attendance data for this period is less complete than usual, with 64% of Auckland schools submitting attendance data in both weeks to the Ministry of Education.
- Whilst data has not been analysed at a sufficiently granular level to evidence conclusions in terms of Ethnic communities, it appears that some Ethnic communities are also impacted by the same attendance issues as Pacific, Māori and students.
- Auckland, particularly South Auckland, includes a relatively large Māori and Pacific demographic, with a young and thriving population. South Auckland has considerable strengths and resilience factors including tight-knit communities, strong cultural bonds and a provider network that has connections into the community. As a result, we have been able to contextualise the attendance data with anecdotal information from the iwi, Māori, Pacific and ethnic organisations and NGOs that are helping their whānau and communities. Reasons include:

⁴ Auckland's Social and Economic Recovery Insights is a regular monitor compiled by central government agencies, Auckland Council and Auckland Tourism, Events and Economic Development (ATEED). It provides information on economic and social impacts of COVID-19 on Auckland and tracks Auckland's recovery. For further information please contact claire.mortimer@mbie.govt.nz

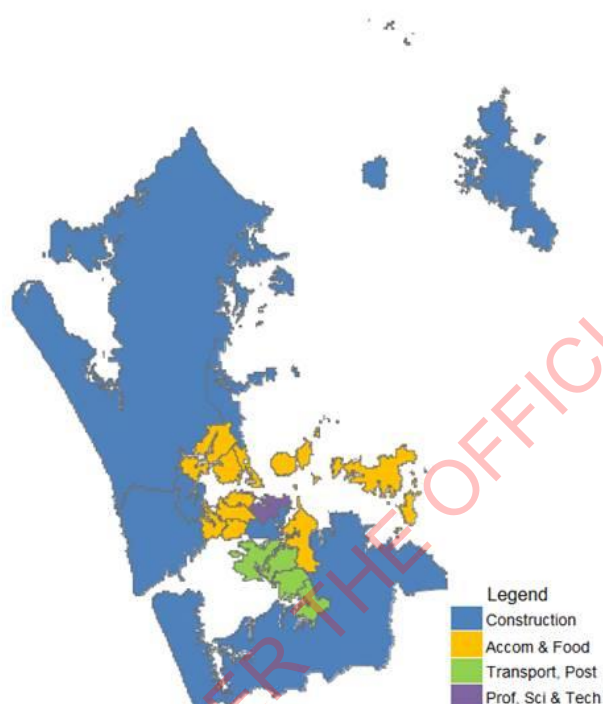
- Anxiety, mental distress and intergenerational wellbeing concerns are informing attendance decisions
- Long term equity and social wellbeing issues are amplifying the impacts
- Housing insecurity negatively impacts attendance and engagement in education
- The digital divide creates challenges, particularly for socio economically disadvantaged families and those unable to access information in their languages

Vulnerable communities – supplied by the Office for Seniors

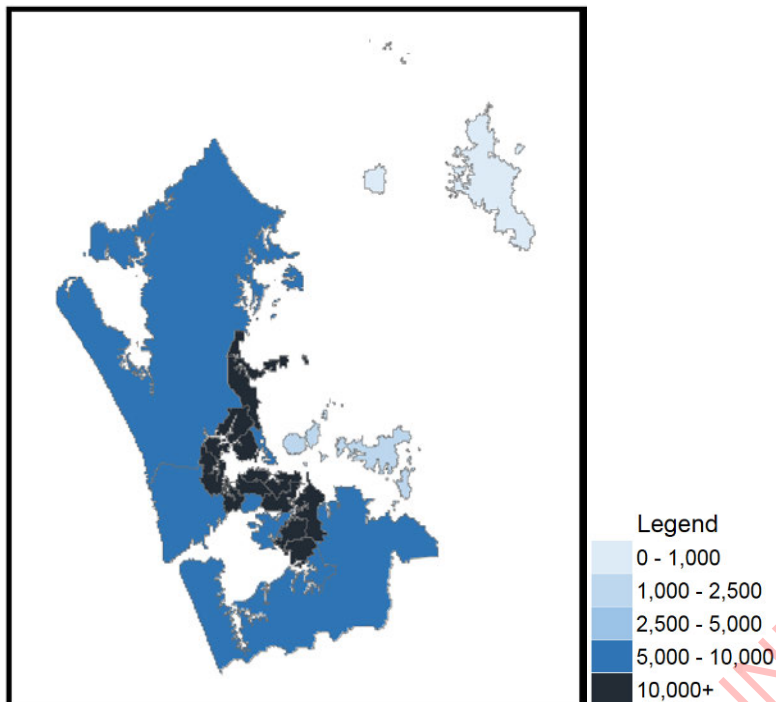
- The Office for Seniors contacted a cross-section of Auckland stakeholders in the week ending Friday 28 August 2020 to ask them about the impact of further restrictions in Auckland following the re-emergence of COVID-19 in the community.
- They told us that those people who are normally fine continue to be fine and many are managing better this time. However, those who are already vulnerable, such as socially isolated and digitally excluded older people, are struggling. They are losing their confidence to go out into the world and are not necessarily regaining their confidence between lockdowns. Existing issues are being compounded.
- We have received reports of a decline in participation when activities resumed in Level 1. Early indications are that this decline has been exacerbated by recent increases in restrictions.
- Stakeholders were worried about long term fatigue and mental wellbeing if lockdowns continue. They also raised concerns about funding for non-government organisations and community organisations, the long-term financial impact on older people, carer burnout and digital exclusion (particularly as more services and social interactions are moving online).
- There is also growing concern around misinformation and ageist commentary.

Wage subsidy – supplied by the Ministry of Social Development

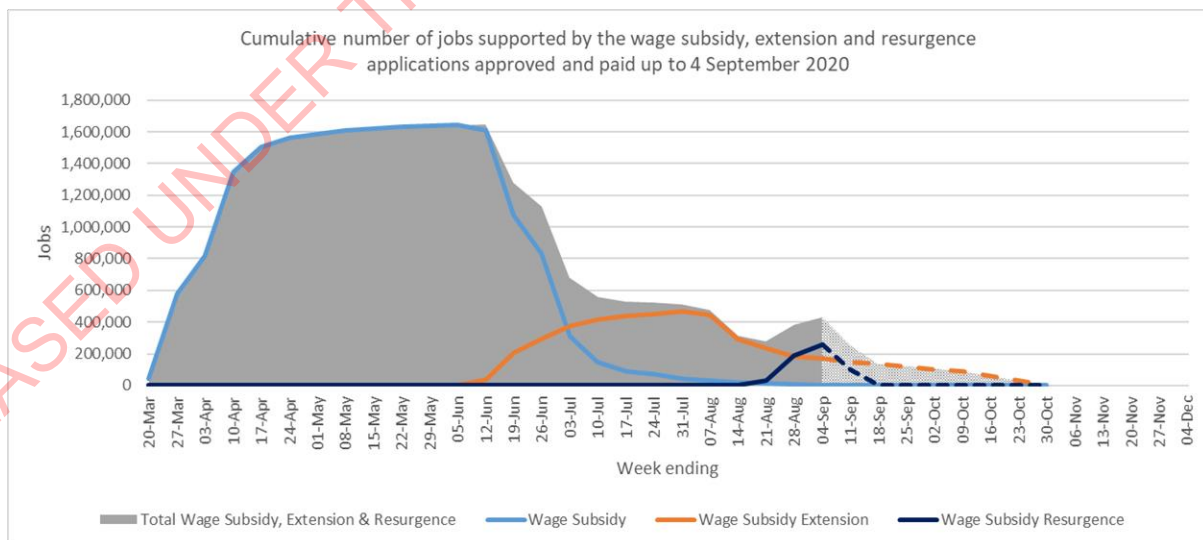
- The industries in Auckland with the highest number of supported jobs during Alert Level 3 were:
 - accommodation and food services
 - construction
 - retail trade
 - professional, science and technical services
 - manufacturing
- The support required differed across Auckland depending on where people live. The following shows the industry that had the highest number of jobs supported by multiple wage subsidy schemes (based on where employees live by local board):



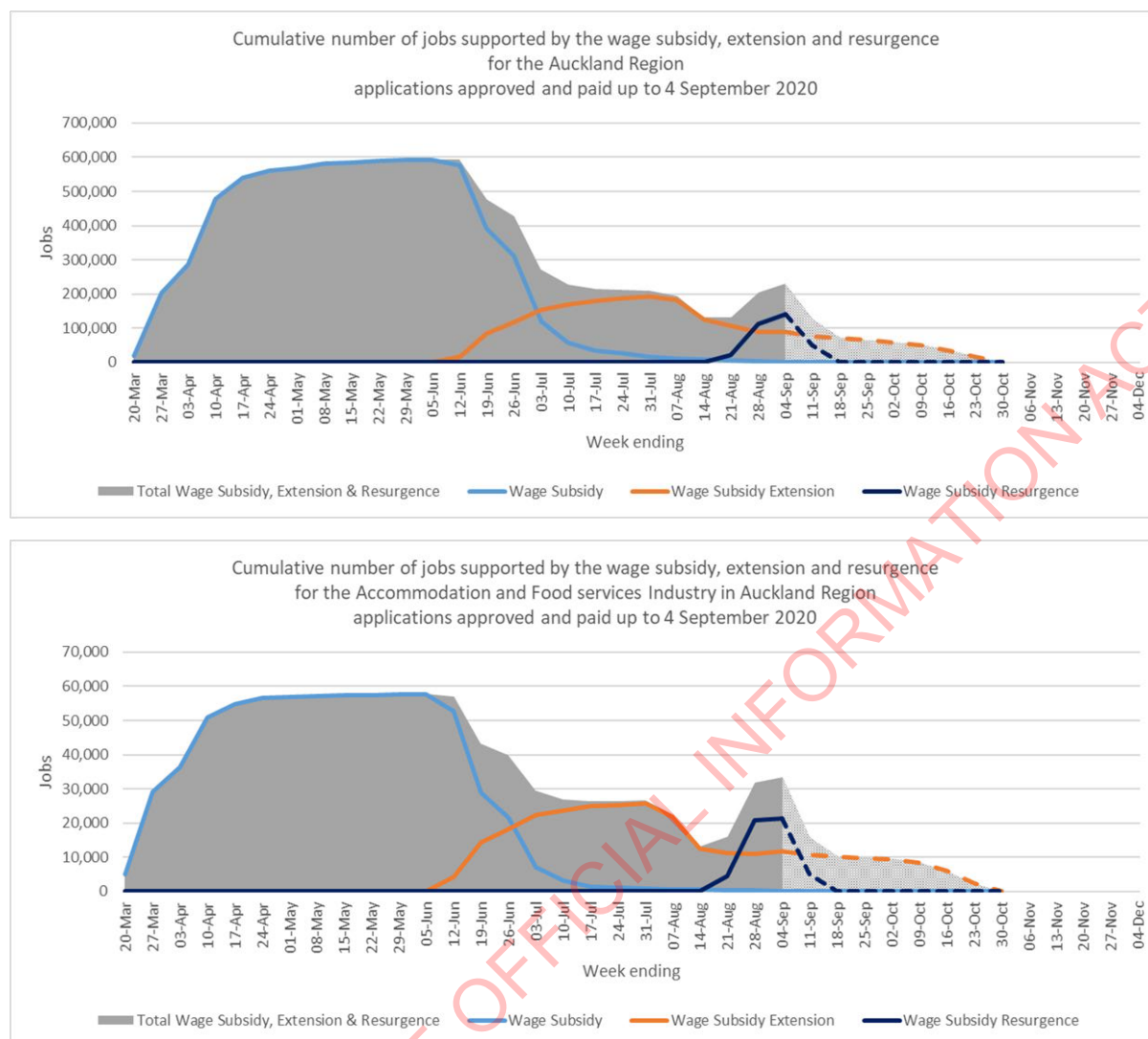
- The following gives the number of unique jobs expected to reach the end of their Wage Subsidy period after 4 September 2020



- The following gives the number of unique jobs supported across NZ, within Auckland and for accommodation and food services in Auckland. It shows how the patterns differ:
 - there was a smaller drop, proportionately, from the Wage Subsidy to the Extension in Auckland compared to all of NZ
 - The Resurgence Wage Subsidy was more prominent in Auckland, especially for the accommodation and food services industry



SEPTEMBER 2020 MONITORING PROTOTYPE – SUPPORTING ANNEX



- Unique jobs are defined as unique combinations of an employer and employee. Employees can work for more than one employer – for example, a person with two part-time jobs – so each of these jobs is counted in the total count.
- Most of the growth in Jobseeker Support in August was also concentrated in Auckland. Regions outside of Auckland were also affected, but to a lesser extent. Some regions, such as Waikato, also increased even though the number had fallen in the previous month (seasonally adjusted).
- As people roll off the Wage Subsidies, we may see a rise in benefit numbers, mainly for Jobseeker Support.
- The Ministry for Women are concerned about job seeking women being underrepresented in Jobseeker data, as the relationship criteria can keep them from accessing Jobseeker benefits.
- Please note that the wage subsidies are paid directly to firms to support jobs. They are not paid to employees.

Living Standards Framework

Source: <https://www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework>

The Living Standards Framework (LSF) represents the Treasury's perspective on what matters for New Zealanders' wellbeing, now and into the future. The LSF is a flexible framework that prompts our thinking about policy impacts across the different dimensions of wellbeing, as well as the long-term and distributional issues and implications.

It includes:

- the 12 Domains of current wellbeing outcomes;
- the four Capital stocks that support wellbeing now and into the future; and
- risk and resilience.

Distribution – across people, places and generations – matters across all three of these dimensions.



The Treasury's Living Standards Framework

To help us achieve our vision of working towards higher living standards for New Zealanders, we developed the Living Standards Framework. Our Living Standards Framework provides us with a shared understanding of what helps achieve higher living standards to support intergenerational wellbeing.

Distribution

Our work is focussed on promoting higher living standards and greater intergenerational wellbeing for New Zealanders. These require the country's Four Capitals – human, social, natural and financial/physical – to each be strong in their own right and to work well together.



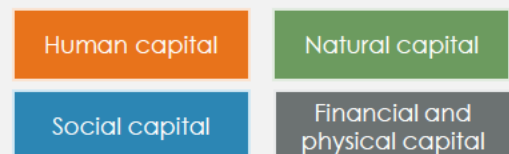
Monitoring COVID-19 Recovery: Key wellbeing stories and indicators across the Living Standards Framework domains – July 2020

**DRAFT -
PROTOTYPE**

This A3 provides a regular overview of how wellbeing is changing as we recover from COVID-19. It flags key stories and indicators for each domain. For future iterations we will aim for more cross-domain analysis.

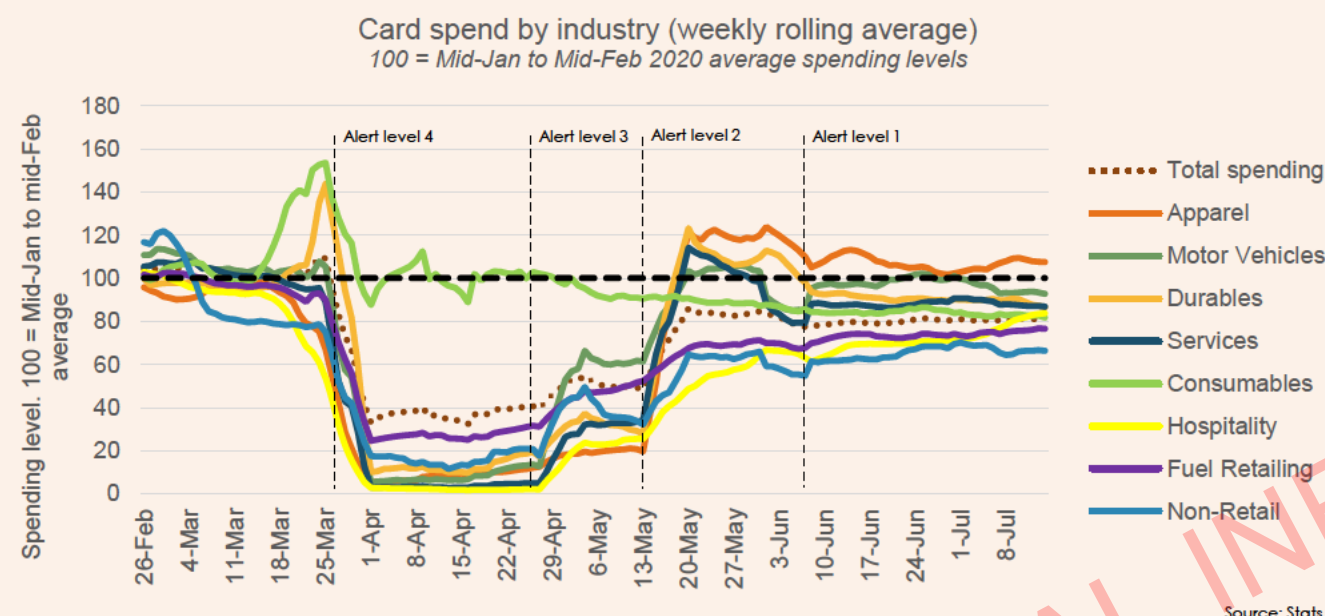
The intention is to inform senior decision-makers about how things are progressing, and what areas may need further investigation or attention.

The 4 Capitals which the 12 Domains of current wellbeing relate to:



Income & consumption

Spending is back to normal levels in some sectors (e.g. apparel) but not others (e.g. fuel)



Subjective wellbeing

Subjective wellbeing is improving

82% of people surveyed were somewhat or completely satisfied with life these days, up from **70%** at the end of April.

75% of 12-24 year olds surveyed felt they were managing ok to extremely well during lockdown. In general 12-14 year olds fared the best and 19-24 year olds the worst.

Source: COVID-19 Health and Wellbeing Survey, Youth Pulse Survey

Knowledge & skills

Modest increases in tertiary enrolments but falling workplace-based enrolments

Some tertiary institutions had modest increases in domestic enrolments in the second trimester, particularly for older students (those over 25).

Workplace-based learning (apprentices and industry) enrolments have fallen **1-2%** each month since February.

Source: MOE analysis

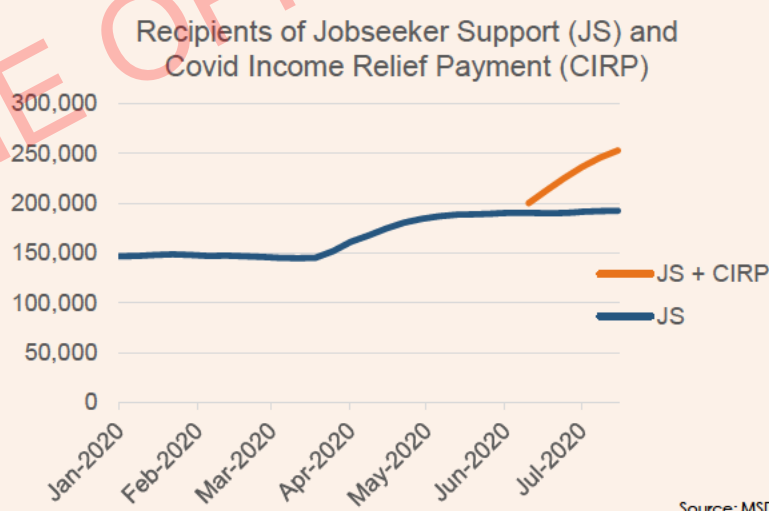
Safety & security

Big falls in recorded victimisation during lockdown, but smaller drops for Māori



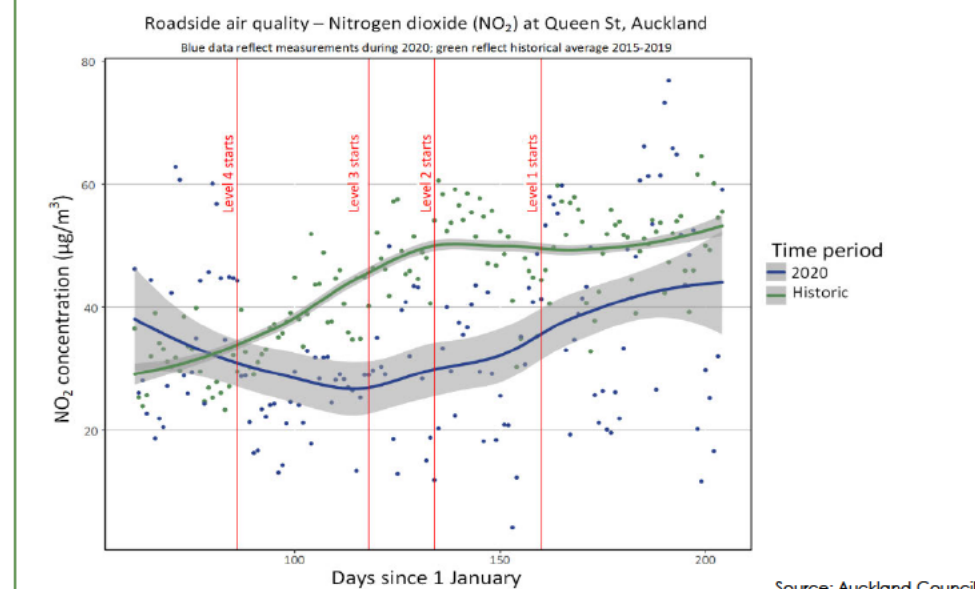
Jobs & earnings

Benefit numbers continue to grow



Environment

City centre air quality improved during lockdown, and then deteriorated as the economy re-opened



Health

The risk of COVID-19 community transmission remains low, however, there are additional health impacts

The risk of an ongoing local spread of COVID-19 remains low. During lockdown there was a fall in accidents and there is much less flu-like illness this winter.

Some experienced anxiety or loneliness during lockdown, but there were also positive impacts from slowing down and greater connection to family. It is not inevitable that there will be a spike in mental health issues.

Additional impacts of the pandemic include longer waiting times for planned health care interventions and possibly more virtual health assessments. Source: MOH

Housing

Support requests are increasing and prices are generally level

Housing register applicants and Emergency Housing Special Needs Grants have continued to rise over the last few months.

Rents generally aren't falling despite reduced activity. Mortgage deferrals have levelled off over last 6 weeks. Queenstown stands out with a **20%** median rent drop, and a **9.1%** house price drop since April.

Source: REINZ, MBIE tenancy bonds

Civic engagement

Trust holding up well

Trust in police and politicians, and satisfaction with government performance increased after lockdown.

Source: NZ Attitudes and Values Survey.

Social connections

People are feeling less lonely since lockdown

1 in 3 people surveyed felt lonely or isolated at least a little of the time during the lockdown. This fell as we moved down the alert levels; from a peak of **38%** on 19 April to **18%** on 14 June.

Source: COVID-19 Health and Wellbeing Survey

Time use

No updates

Cultural identity

No updates

A closer look at recovery via the Jobs & Earnings wellbeing domain – July 2020

This A3 takes a more in-depth look at a key issue, to provide more detail on population groups, regions, and interactions between Living Standard Framework domains and capitals.

1

Different sectors are more dependent on the WSX, compared to the original subsidy...

So far 15% of jobs (~350,000) are being supported by the WSX.

19% of jobs in Auckland are being supported by the WSX, followed by Otago (17%) and Canterbury (16%). Gisborne, Southland and Manawatu-Wanganui have the lowest share of supported jobs (~ 9%). Based on current uptake rates, we expect the WSX will protect around 500,000 jobs.

In this section we look at the ongoing wage subsidy extension (WSX).

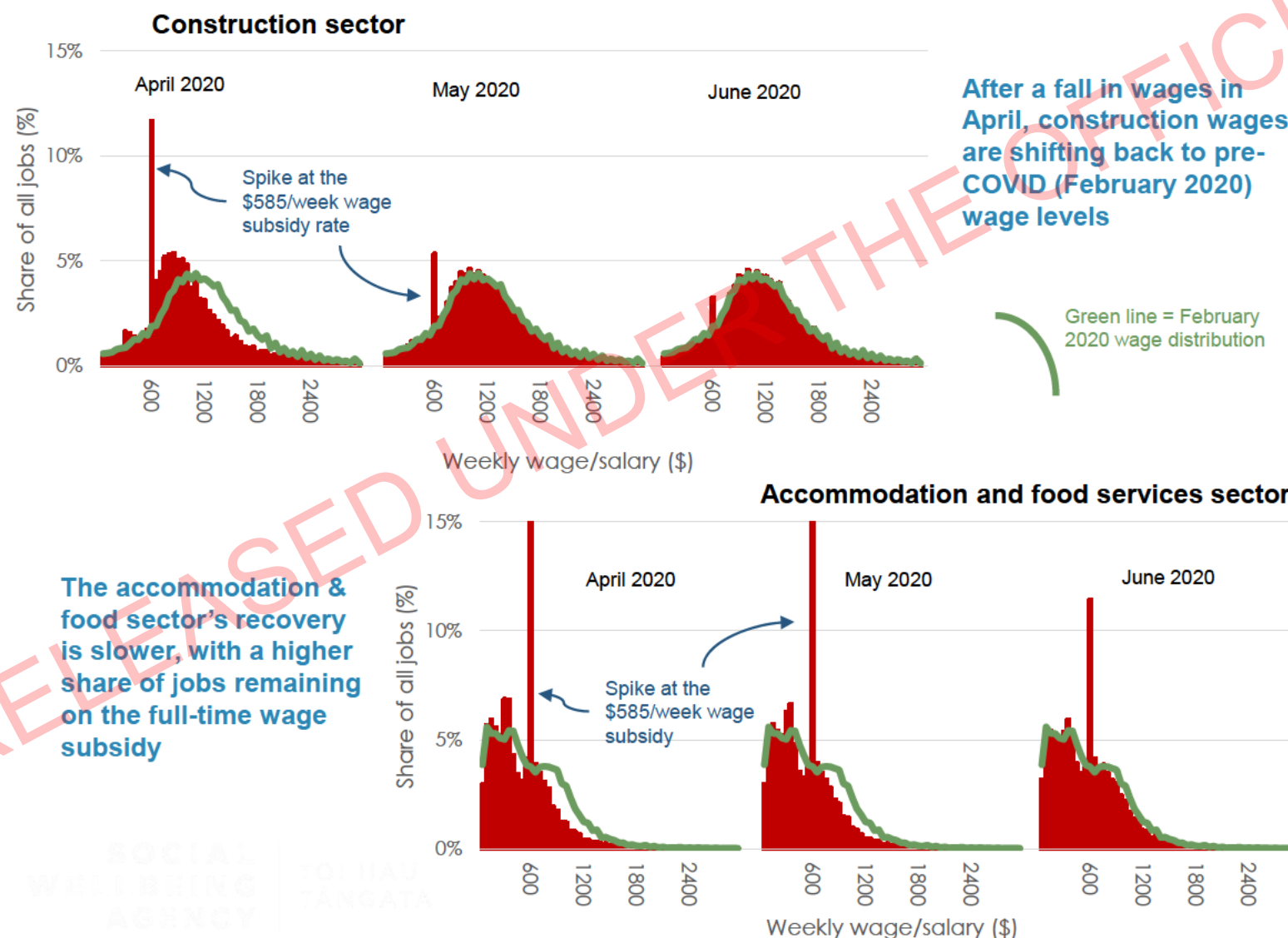
This analysis covers up to 12 July 2020 and does not cover the self-employed.

The original WS was taken up by firms which had a 30%+ COVID-related decline in monthly revenue compared to the previous year. Firms can now apply for the WSX until 1 September 2020. For the WSX the cut-off has increased to revenue falls of 40%+

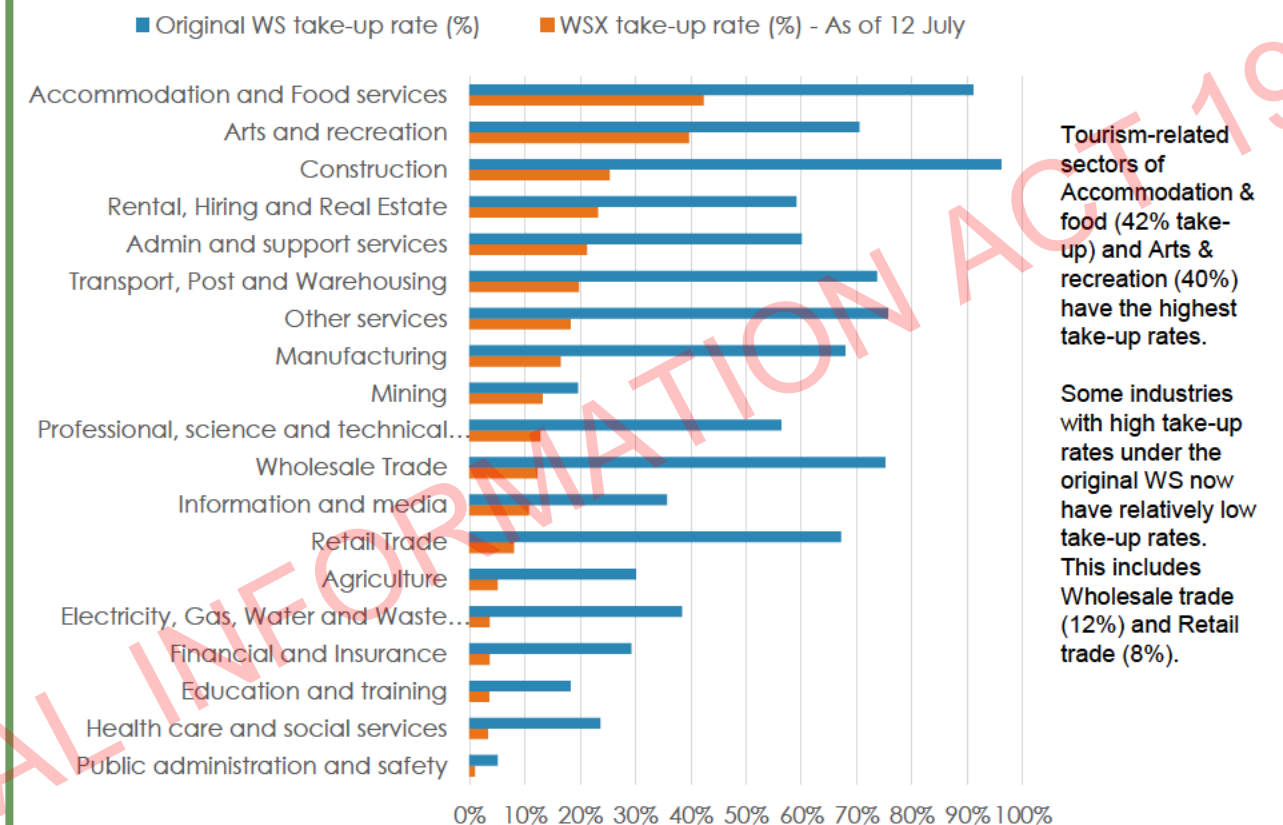
2

We expect that sectors with higher WSX take-up rates will recover slowly...

We can see signs of a quicker recovery in construction sector wages, and slower recovery in accommodation and food



Tourism-related sectors now have the highest wage subsidy take-up rates



3

...and employment in these high take-up sectors could be at risk, once the wage subsidy ends...

Certain population groups could be more exposed, as they tend to work in higher WSX take-up sectors

Asians are more likely to take up the WSX

Asians work in the highest WSX take-up industry, accommodation and food, at over twice the rate as other ethnicities (12% versus 5-6%). Unlike other ethnicities, take-up does not fall as age increases.

17% of male job holders are taking-up the WSX, compared to 13% of female job holders.

Women tend to work in lower WSX take-up sectors, such as health care (18% of all women's jobs).

Younger people are more likely to take up the WSX

18% of 15 to 29 year old job holders are supported by the WSX compared to 13% of those aged 60+.

Older people tend to work in industries with lower WSX take-up, such as health care and education. Younger people are more heavily represented in industries like accommodation and food, and construction.

The average wage for those taking up the WSX (\$775/week) is lower than original wage subsidy recipients (\$925/week). This suggests WSX recipients may be less financially resilient to future employment shocks

Next steps

We are seeing COVID-19's disparate impacts on jobs and earnings for different groups. We will be able to analyse links between these trends and wider wellbeing domains with the upcoming release of Household Labour Force Survey data.

Aide-memoire: OIA: COVID-19 Contractors

25 June 2021

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

OIA request: use of contractors during COVID-19

Date:	21 June 2021
Security level:	In Confidence
To:	Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

This paper briefs you on our proposed response to an Official Information Act request from Phil Pennington (Radio New Zealand) on the use of contractors for COVID-19 response activity.

Request and proposed response

The request below is dated 31 May 2021 and must be responded to by 29 June 2021. We understand that Radio New Zealand (RNZ) has requested the below information from all public sector agencies. Below is our proposed response, noting that we did not have a direct role in COVID-19 response or recovery.

Request

RNZ has requested information specific to COVID-19 recovery, defined by them to include any work programme or similar that largely or primarily is aimed to respond to the pandemic or its impacts. References to contractors have been defined as contractors specifically related to any aspect of COVID-19 recovery.

RNZ has requested, in relation to the Social Wellbeing Agency:

1. detail of how covid recovery is being primarily undertaken, including:
2. the name of any units/teams/similar leading it, or involved in it
3. if these are new or repurposed units/teams/similar, the date when they began covid work number of permanent and/or fixed term staff (not contractors) working (primarily) in any aspect of Covid recovery
4. number of contractors working
6. if available, budgeted spending on contractors of Covid recovery
7. Actual hourly or daily (or other) rates of contractors at whatever level (similar to what is provided in your Annual Reviews to select committee)
8. range of hourly or daily (or other) rates of contractors at whatever level
9. Separately, the same for consultants (if available)

10. if a contractor is in charge, or second in charge, of a Covid recovery units/teams/similar and/or work programme, pls detail all such roles
 - what that position is
 - how long they have been engaged in that role
11. if a covid recovery units/teams/similar worker numbers are more than 50% contractors, pls state and describe
12. pls detail the variation of that % over time eg up or down
13. pls detail why over 50% of such staff are contractors
14. pls detail any cases where unplanned/unexpected employee attrition or turnover has had an impact on number of contractors having to be engaged, and/or length of that engagement, and/or the seniority of position having to be filled by a contractor
15. provide a timeline in terms of when contracts wind up, or are forecast to, or when units/teams/similar/work programme winds up or is forecast to
16. any complaints received from employees, unions, contractors or the public about use of contractors or consultants in covid recovery
17. pls detail if any audit or review or similar has been or will be, or might be, undertaken re use of contractors or consultants in covid recovery

Proposed response

The Social Wellbeing Agency does not currently undertake any direct COVID-19 response or recovery activity. The Agency did contribute to some all-of-government or agency response workstreams in early 2020, including:

- Informally or formally seconding around 30% of our people to other agencies and all-of-government response workstreams such as the National Crisis Management Centre and Ministry of Health
- Providing analytical support to the Ministry of Health and Regional Public Health (Wellington)
- Providing an intelligence function for an all-of-government welfare response.

Within this work, one contractor was informally seconded to the Official Command Centre for the National Crisis Management Centre, at an hourly rate of \$130 + GST.

In addition to this, the Agency initiated a project in early 2020 originally called *Monitoring COVID-19 Recovery*, a prototype product that displayed data on wellbeing-focused indicators. This project has evolved into *Aotearoa Wellbeing Update*, which looks broader than just COVID-19 recovery and is still in prototype phase.

Contacts

Name	Position	Contact Number	First Contact
Alistair Mason	Director, Office of the Chief Executive	9(2)(a)	<input checked="" type="checkbox"/>

Environmental scan – Impacts of COVID-19 on Family Violence and Sexual Violence

25 May 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Environmental scan - Impacts of COVID-19 on Family Violence and Sexual Violence

Date: 14 July 2022

Security level: In-confidence

To: Te Puna Aonui Board

Purpose

This briefing note provides an overview of the impacts of COVID-19 on family violence and sexual violence, both in New Zealand and internationally.

Recommendations

It is recommended you:

Note that international evidence suggests that the rate and severity of family violence increased during the pandemic ☐ Yes ☐ No

Note that some specialist FV and/or SV non-government organisations reported increased demand and severity of violence in NZ during lockdown periods. ☐ Yes ☐ No

Note that data held by government agencies showed longer-term increasing trends in the reporting of FVSV, but it is not yet clear how or whether COVID-19 impacted these trends. ☐ Yes ☐ No

Note that, given what we know from natural disasters about the long tail of increased prevalence and severity of violence, agencies should plan for increased demand for FVSV support services in the short and medium term, particularly given the increasing prevalence of other family stressors (ie, worsening economic conditions, social connections and support). ☐ Yes ☐ No

Alexander Brunt
Deputy Chief Executive
Social Wellbeing Agency

Overview

1. You have asked the Social Wellbeing Agency to prepare an environmental scan looking at what effect COVID-19 has had on Family Violence and Sexual Violence (FVSV), both in New Zealand and internationally. We note that family violence and sexual violence are distinct forms of violence, but that a significant proportion of sexual violence occurs within a context of family violence.¹
2. During a disaster or crisis, it may be harder for people experiencing abuse to access help. Victims may also be unable to use their usual strategies for staying safe. Stay-at-home orders, work from home mandates and the closure of schools and childcare centres have meant that many adult and child victims were isolated from people and resources that could usually help.²
3. A person using violence may have had more opportunities or new ways to exert control and use violence. Lockdown measures may have provided people using violence with additional opportunities to monitor, control and manipulate. Isolation may also have provided more opportunities for violence and reduced opportunities for help seeking or reporting.
4. International evidence suggests that other countries saw increases in the rates and severity of family violence during the COVID-19 pandemic. Emerging research and reports from providers in New Zealand also point towards similar increases here.
5. While administrative data held by government agencies shows a consistent, long-term upwards trend in FVSV indicators (noting that it is unknown the extent to which this reflects increased reporting rather than increased prevalence of violence). It is unclear whether, or the degree to which, COVID-19 impacted this trend. It will be some time before a clear picture of the impact COVID-19 has had on New Zealand FVSV rates emerges. It will be important to continue to monitor the impacts as it is likely that other factors, including the economic situation for many families, will compound family stressors that could lead to worsening family violence.
6. We know from previous natural disasters here and overseas that patterns of escalating violence are not restricted to the period during a disaster; elevated risk continues after a disaster, and well into periods of recovery.
7. Therefore, it seems prudent that agencies should plan for increased demand for FVSV support services in the short and medium term, especially considering that the worsening economic outlook is likely to compound stressors that resulted from the pandemic.
8. Additionally, as prevention and awareness raising activities continue, we may also see an increasing willingness to report FVSV and more people seeking support. This would result in higher levels of service demand on Police and other service providers without necessarily indicating increased prevalence of violence.

¹ New Zealand Crime and Victims Survey (Cycle 4 and pooled data)

²Usher, K, Bhullar, N, Durkin, J, Gyamfi, N, Jackson, D. Family violence and COVID-19: Increased vulnerability and reduced options for support. April 2020

International research shows that gender-based violence escalated during the COVID-19 pandemic

9. While experiences differ country by country, overall, research shows that gender-based violence, violence against women and children, sexual violence and interpersonal violence increased during the COVID-19 pandemic.^{3,4}
10. A range of factors shown to influence FV/SV during the pandemic included economic stress, disaster-related instability, increased exposure to exploitative relationships, and reduced options for support. Social isolation exacerbated vulnerabilities and limited support options.⁵ There were also potential increases in negative coping mechanisms such as excessive alcohol consumption. For example, in Australia domestic alcohol sales rose 36%, as people drank at home due to the closure of hospitality venues.
11. Examples of worsening rates and severity of FVSV during the COVID-19 pandemic in the OECD and China, collected by the New Zealand Family Violence Clearinghouse, include:
 - When stay-at-home orders came into force in Australia, Police reported a 40% decrease in general crime rates but a 5% increase in domestic violence call outs. At the same time there was a 75% increase in Google searches for support for domestic abuse.⁶
 - A survey of 15,000 women in Australia found that for many women, the start of the pandemic coincided with the onset or escalation of violence and abuse.⁷
 - An Australian survey of domestic and family violence service providers found that 75% of frontline family violence workers reported an increase in the complexity of client needs in the context of COVID-19. 50% of frontline workers indicated that there had been reports of worsening or escalating violence.⁸
 - A UK survey found that of women living with their abuser during lockdown, 61% said the abuse had worsened.⁹
 - China was the first country to impose a 'mass quarantine' and reported that domestic abuse incidents rose threefold in February 2020 compared to the previous year.¹⁰
 - During quarantine both Italy and France had to commission hotels to provide shelter for increasing numbers of people escaping domestic violence. France reported a 32% - 36%

³ <https://nzfvc.org.nz/covid-19/FAQ-part-1>

⁴ [Issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf \(unwomen.org\)](#)

⁵ Van Gelder, N., Peterman, N. Potts, A. O'Donnell M., Thompson, K. Shah, N. Oertelt-Prigione (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence, EclinicalMedicine

⁶ Usher, K, Bhullar, N, Durkin, J, Gyamfi, N, Jackson, D. Family violence and COVID-19: Increased vulnerability and reduced options for support. April 2020

⁷ Boxall, H., Morgan, A., Brown, R. The prevalence of domestic violence among women during the COVID-19 pandemic, AIC, July 2020.

⁸ Foster, H., Fletcher, A. Update: Impacts of COVID-19 on domestic and family violence in NSW. Womens Safety, NSW, 2020.

⁹ [A-Perfect-Storm-August-2020-1.pdf \(womensaid.org.uk\)](#)

¹⁰ Usher, K, Bhullar, N, Durkin, J, Gyamfi, N, Jackson, D. Family violence and COVID-19: Increased vulnerability and reduced options for support. April 2020

increase in domestic abuse complaints following the implementation of self-isolation and quarantine measures.¹¹

- In the USA, individual states reported increases in domestic abuse incidents ranging from 21% to 35%.¹²

Emerging research and reports in New Zealand indicate a possible increase in FVSV as a result of COVID-19

12. Information from FV and SV service providers in New Zealand show a similar pattern to what international evidence shows. For example, specialist family violence service provider Shine said during the first COVID-19 lockdown both the number of referrals and the severity of violence rapidly increased.¹³
13. Submissions from community and government organisations to the Human Rights Commission indicated that there was an increase in FV and SV during the first national lockdown in New Zealand, however much of this went unreported to Police and other service providers.¹⁴ For example, TOAH-NNEST (Te Ohaakii a Hine – National Network Ending Sexual Violence Together), a national organisation representing about 40 specialist NGOs providing services for sexual violence prevention and intervention, reported to the Commission an escalation in cases involving strangulation and sexual violence as well as a general increase in demand for their services.
14. The Human Rights Commission also reported a range of impacts for women experiencing violence including distress, isolation, difficulties accessing support, and people using violence utilising COVID-19 related restrictions to further abuse adult and child victims.
15. Research from the University of Otago has found that 9% of New Zealanders completing an online survey reported they had directly experienced some form of family harm over the March/April 2020 lockdown period, including sexual assault, physical assault, or harassment and threatening behaviour.¹⁵
16. Reports to the Backbone Collective (a national coalition of survivors of Violence Against Women in Aotearoa New Zealand) from victim/survivors indicated that abusers used the pandemic to further their abuse. The Collective has now conducted a survey on the impact of COVID-19 on abuser behaviour. The results were not yet available at the time of writing.

¹¹ Reuters News Agency (2020). As domestic abuse rises in lockdown, France to fund hotel rooms. *Aljazeera*

¹² <https://theconversation.com/domestic-violence-growing-in-wake-of-coronavirus-outbreak-135598>

¹³ <https://www.newshub.co.nz/home/new-zealand/2021/01/last-year-described-as-horror-year-for-domestic-violence-in-new-zealand.html>

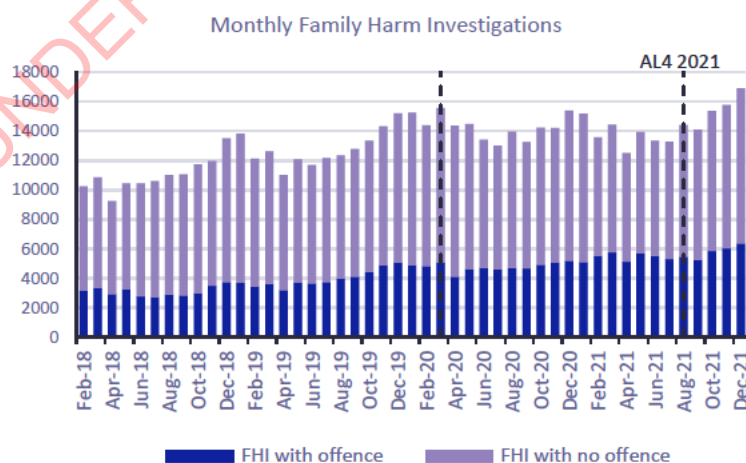
¹⁴ [FINAL HRC Submission to the Special Rapporteur on womens rights.pdf](#)

¹⁵ [FAQ part 1: Understanding the impacts of COVID-19 | New Zealand Family Violence Clearinghouse \(nzfvc.org.nz\)](#)

17. Some data sources showed an increase in factors contributing to risk of family violence. In 2020 the Children's Commissioner conducted a survey on Life in Lockdown¹⁶. The report shared children's and young people's reflections of the first nationwide COVID-19 lockdown in March-May 2020. This report showed that while there was overall higher self-reported wellbeing when compared to 2018 wellbeing studies, there was considerable variation when analysed by school decile, with lower deciles showing consistently lower wellbeing ratings compared with those in higher decile schools. This indicates that for some families from lower socio-economic communities, life stressors increased as lockdowns created significant challenges and widened existing inequalities.

Agency data appears to show a long-term increase in reporting of FVSV, but COVID-19 has not shown a clear impact on this trend

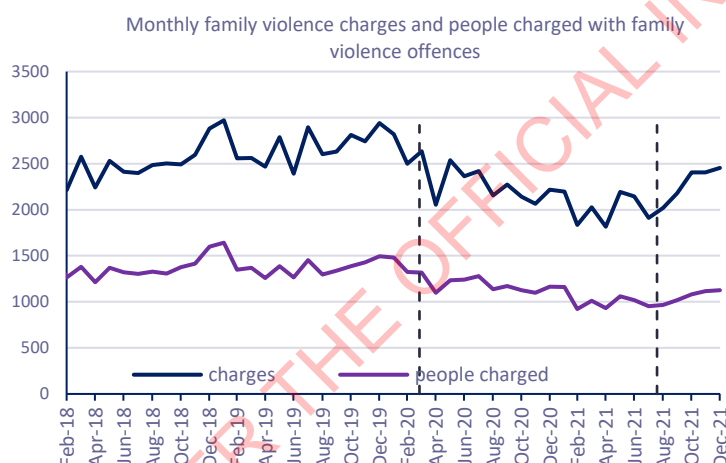
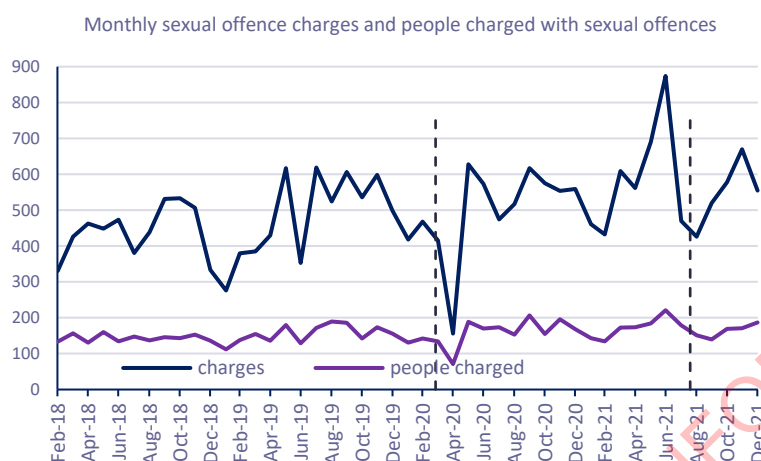
18. The Ministry of Justices prepares a dashboard on FVSV on behalf of Te Puna Aonui (formerly known as the Joint Venture Business Unit) for the Minister for the Prevention of Family and Sexual Violence. The purpose of the quarterly dashboard is to present a range of administrative data of FV&SV in Aotearoa, along with some available population-based data. It contains indicators measuring FVSV prevalence as well as insights from NGOs. The previous dashboards have shown that reported family violence rates appear to be increasing. However, we know that FVSV is significantly under-reported, and it is unknown whether increases in recent years may be partly driven by increased willingness to report, rather than increases in rates of FVSV. There is not a clear pattern in the administrative data that could be attributed to COVID-19.
19. Key points from the last dashboard, in December 2021, included:
- 19.1 Police data showed an increasing trend in the number of Family Harm Investigations (FHI) per month. However, this was not directly attributable to COVID-19. Lockdowns appeared to have little effect on the number of FHIs within a given month. The long-term increase in FHIs could be due to a change in reporting behaviour, driven by the Family Violence Act



¹⁶ [Life in Lockdown | Office of the Children's Commissioner \(occ.org.nz\)](https://www.occ.org.nz/life-in-lockdown)

2018 coming into force on 1 July 2019 (this was expected to lead to an increase in FHIs), or operational changes (like multi-agency responses such as Integrated Safety Response, Whāngaia Ngā Pā Harakeke) that place more emphasis on family harm.

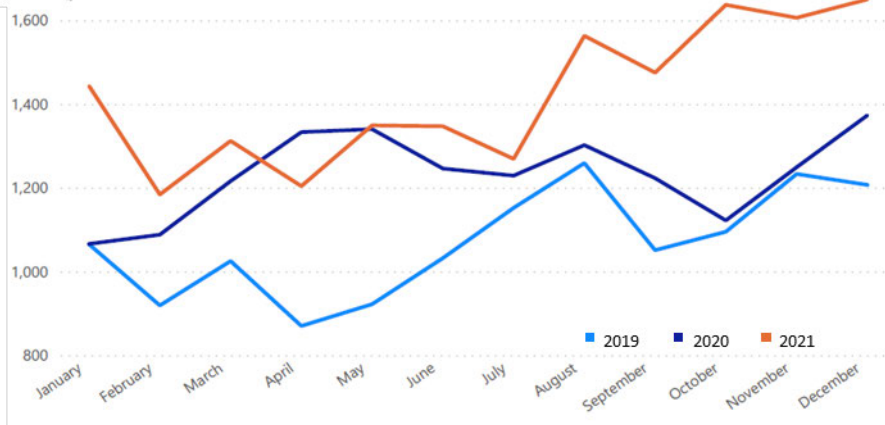
- 19.2 Ministry of Justice data showed that sexual offence charges had been decreasing since January 2020 (prior to this, there had been a long-term trend of increase). However, we have no reason to believe that the short-term increase since August 2021 represents a sustained shift.



- 19.3 Reports of concern received by Oranga Tamariki peaked and troughed across the year, with low points being school holidays and lockdowns, when educators do not have direct interaction with students. Overall, the number of reports of concern received by Oranga Tamariki has been slightly trending down over the last 10 years (with the last three years showing no significant difference in that overall trend).

- 19.4 The data from Victim Support showed that referrals have been increasing over time; monthly referrals in 2021 were higher than for every month in 2019, and there has been a increase of around 300 referrals in the six months since July 2021. Family violence referrals have increased more than any other type of referral to Victim Support. This could be driven by increased willingness to seek help or changes in Police practice leading to more referrals to Victim Support, rather than increased rates of family violence.

Family violence referrals to Victim Support



19.5 Data from Women's Refuge indicated a steady number of community clients throughout 2021, with an increase in numbers from 2020. The data does not show an increased demand towards December 2021 compared to 2020.

20. The next Quarterly Family Violence Dashboard is due for release in July.

21. Lockdowns and alert level restrictions may have affected the data above in the following ways:

- 21.1 New Zealand had a different approach to COVID-19 than most of the rest of the world, with more intense lockdowns for shorter periods of time. This means that the impacts of our lockdowns could be different from what was seen overseas.
- 21.2 Victims had less exposure to third parties who have opportunities to report abuse (for example, teachers and service providers).
- 21.3 Because women were more likely to be in the presence of their abuser, some of the normal channels for help were not available during higher alert levels.
- 21.4 Being locked down with abusers provided fewer opportunities for victims to leave abusers or to report FVSV.
- 21.5 Lockdowns where victims were locked down in a different place than abusers meant abusers had fewer opportunities to abuse victims.

22. There are other forms of Family Violence that have not been measured over this time period (ie broader patterns of coercive control).

23. Cycle 4 of the New Zealand Crime and Victims survey (NZCVS) has recently been released and has observed no significant change in levels of offences by family members or sexual assaults against adults since the pandemic. It observed a slight decrease in the prevalence rate of offences by intimate partners since the pandemic. If there was an increase during lockdowns, the NZCVS results suggest this has not sustained over a longer time period.

24. It will be some time before a clear picture of the impact COVID-19 has had on New Zealand FVSV rates emerges, and it is likely that other factors, including the economic situation for many families, will compound family stressors that increase risk factors for family violence.

Conclusion

25. Research and evidence from the OECD and China demonstrate increased severity and prevalence of FVSV during the COVID-19 pandemic. International and local research also tells us that natural disasters have negative effects on mental health and wellbeing, and rates of violence and abuse, which can continue long after the emergency period is over.
26. While the extent that COVID-19 has impacted the prevalence of FV/SV in Aotearoa is unclear, it seems prudent that agencies should plan for increased demand for FVSV support services in the short and medium term, especially considering that the worsening economic outlook is likely to compound stressors that resulted from the pandemic.
27. Increased reporting – which we hope to see if services for victims improve – could also add to the demand for FV/SV services. For example, it is hoped that legislative changes to better support victims of sexual violence in the justice process will increase reporting. It is crucial that services can respond to increasing demand so that victims who do report get the support that they need.

Name	Position	Contact Number	First contact
9(2)(a)			<input checked="" type="checkbox"/>

Aide-memoire: Sole mothers during COVID-19

26 July 2022

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Wellbeing of sole mothers during COVID-19

Date:	21 July 2022
Security level:	In Confidence
To:	Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

1. This aide-memoire provides initial key findings from work to explore the wellbeing outcomes of groups we consider might have been most impacted by COVID-19 (particularly sole mothers) in the first year of COVID-19.

Background

2. We were asked by Treasury to undertake analysis to support its Wellbeing Report. The Wellbeing Report is required to be published every four years, focusing on the state of wellbeing in New Zealand, and the sustainability or risk relating to wellbeing in the future.
3. As one input into the Wellbeing Report, we agreed to investigate the wellbeing of sole mothers during the first year of COVID-19. We also looked at other groups that might have been impacted by COVID-19 including disabled people, people in Auckland, and Māori and Pacific peoples.

Our work

4. Our work so far has identified broad trends in various aspects of wellbeing during COVID-19. We have made two key comparisons:
 - How did wellbeing change from the most recent data point prior to COVID-19 (the 2018 General Social Survey) to the first data point during COVID-19 (the June 2020 Household Labour Force Survey, which started collection in the last week of the initial national lockdown in 2020); and
 - How did wellbeing change over the course of the first year of COVID-19 (using wellbeing data that was collected for the same people in each quarter, up until April 2021).
5. We cannot be certain that changes in wellbeing over this period were solely due to COVID-19. Nevertheless, we consider the global pandemic to be the most significant event likely to have affected widespread wellbeing since 2018. We think that our planned follow up analysis will allow us to make more confident statements about causality.

Our findings

6. The key findings so far from this research are:

- All groups we examined reported higher life satisfaction during the first year of COVID-19 compared to levels reported in 2018.
- The increases appear to be meaningful – using estimates on the economic value of life satisfaction from the Treasury, changes in life satisfaction since 2018 across the adult population are valued at approximately \$10 billion – about 4% of GDP in 2020.
- Other countries for which life satisfaction data exists (UK and Australia) experienced a drop in life satisfaction over the same time period.
- While sole mothers reported an initial increase in life satisfaction early on in the pandemic, this had dropped by early 2021.
- Sole mothers also reported a similar initial increase and later drop in reports of whether their income met their needs.
- The drop in reports of income adequacy appeared particularly large for sole mothers in Auckland.
- Trust in other people and in institutions (such as Parliament) was much higher early in the pandemic than in 2018 for almost all groups we looked at. For sole mothers, this boost in trust tended to fade out over the pandemic.
- Reports of discrimination worsened for Māori and Pacific people during COVID-19, compared to 2018.

7. Many of these findings were counterintuitive – we had assumed mostly negative impacts from COVID-19. They contrast with experiences in other countries, such as United Kingdom and Australia, where more consistent falls in life satisfaction and related metrics have been observed following the outbreak of the pandemic. However, these findings are consistent with other New Zealand research looking at wellbeing outcomes over the first year of COVID-19 (Grimes, 2022).

Implications of our findings

8. These results are primarily descriptive and are intended to serve as the basis for scoping the next phase of our analysis, which will answer questions relating to 'why'.

9. Findings we view as most likely to have policy implications include:

- The increase in life satisfaction (and other measures of wellbeing) for most in the population compared to before COVID-19

The subsequent decline in these same measures for sole mothers over the first year of COVID-19.

10. Potential, but as yet untested, explanations for our findings include:

- International comparisons many people may be making, and their consequent favourable assessments of the effectiveness of the New Zealand response to COVID-19. This is consistent with higher reported trust of Parliament, the health system and police in 2020, as well as the difference in life satisfaction trends between New Zealand and other countries, more negatively impacted by the pandemic.
- Increased social cohesion, cooperation and community solidarity in the face of a common threat (the 'team of five million' effect). This is consistent with increases in inter-personal trust and safety that was reported during the COVID-19 period.
- Targeted economic supports provided prior to and during COVID-19, which may have improved the material wellbeing of many people, particularly those with low incomes prior to COVID-19. About 60% of sole parents (fathers and mothers) are supported by benefit. Sole parents reported large increases in the degree to which their income was sufficient to meet their needs in early 2020, when there were also several increases to benefit levels, as well as supplements like the winter energy payment. Many of these parents would have also benefitted from changes to the Families Package (extensions of paid parental leave) in 2018 and 2020.
- Worsening of some economic conditions (including the increased cost of living and housing prices) in 2021, which may not have been matched by increases in benefit payments. This is consistent with increased concerns relating to family wellbeing and income reported by sole mothers (the majority of whom are beneficiaries), and the larger drops in family well-being reported by sole mothers in Auckland during the lockdowns later in 2020 and early 2021.

Next steps

11. The next stage of work involves more detailed analysis of the groups identified for this analysis during the first year of COVID-19. Over that year, Stats NZ interviewed the same people four times, asking about the same wellbeing outcomes. We plan to track these individuals' changes in wellbeing over this time, comparing them to things that were going on in their lives at the same time, including government policies, such as lockdowns and changes to income supports.
12. We also note that Stats NZ published new results on wellbeing from the 2021 General Social Survey on 5 July 2022. These recently published results cover the five months after the data we are using in our analysis (up until August 2021). An initial review of this data suggests ongoing trends consistent with those we have identified through our work. In some cases, wellbeing measures for sole parents in August 2021 were below the level in 2018. The underlying data from this new collection is not yet available outside of Stats NZ, so we are not yet able to incorporate it into our current project. However, we are working with Stats NZ analysts to better understand the new data and identify any collaborative research opportunities.

13. We will keep you updated with our subsequent findings and will provide you with advance copies of publications that will feed into Treasury's Wellbeing Report. We expect that there will be one short publication describing the same broad trends included in the attached slides, and a second short publication describing the results of the more detailed analysis. We will coordinate the publication date with Treasury and your office. It may be that our reports are published in conjunction with the release of the Wellbeing Report (late this year).
14. We will take you through the attached slide pack at our next Agency meeting on Wednesday 27 July.

Contacts

Name	Position	Contact Number	First Contact
Alex Brunt	Deputy Chief Executive	9(2)(a)	<input checked="" type="checkbox"/>
9(2)(a)			<input type="checkbox"/>

Attachments

Appendix 1. Wellbeing of solo parents during COVID 19

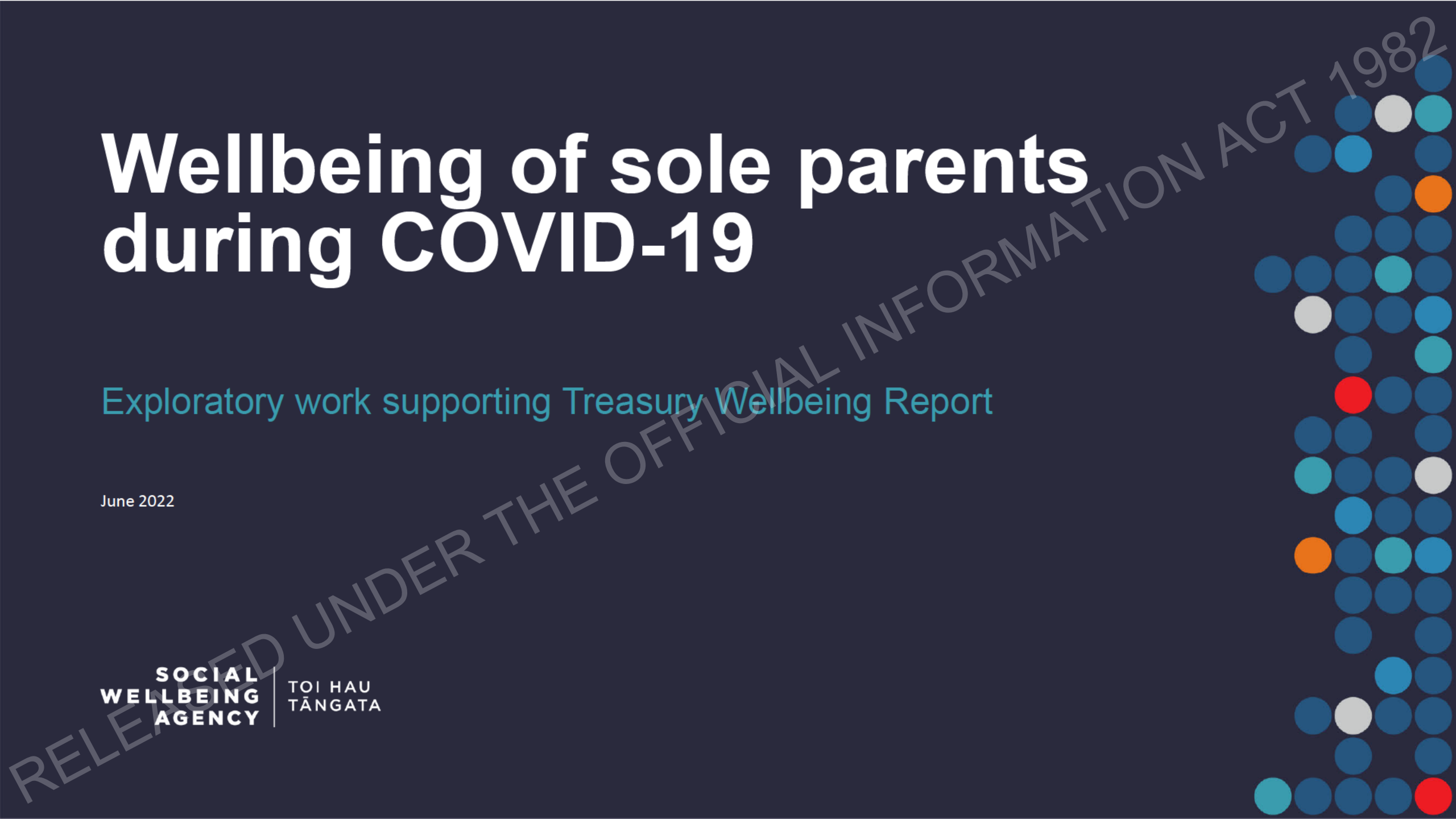
Wellbeing of sole parents during COVID-19

Exploratory work supporting Treasury Wellbeing Report

June 2022

**SOCIAL
WELLBEING
AGENCY**

TOI HAU
TĀNGATA



Scope of the work

We want to explore the reported wellbeing of different groups of people during COVID-19.

We are relying on several data sources:

- General Social Survey from 2016 and 2018 (to explore pre/post-COVID comparisons)
- Household Labour Force Survey from May 2020 – April 2021 (longitudinally linked)

We want to focus most on a few key groups (mainly 18-64 year olds):

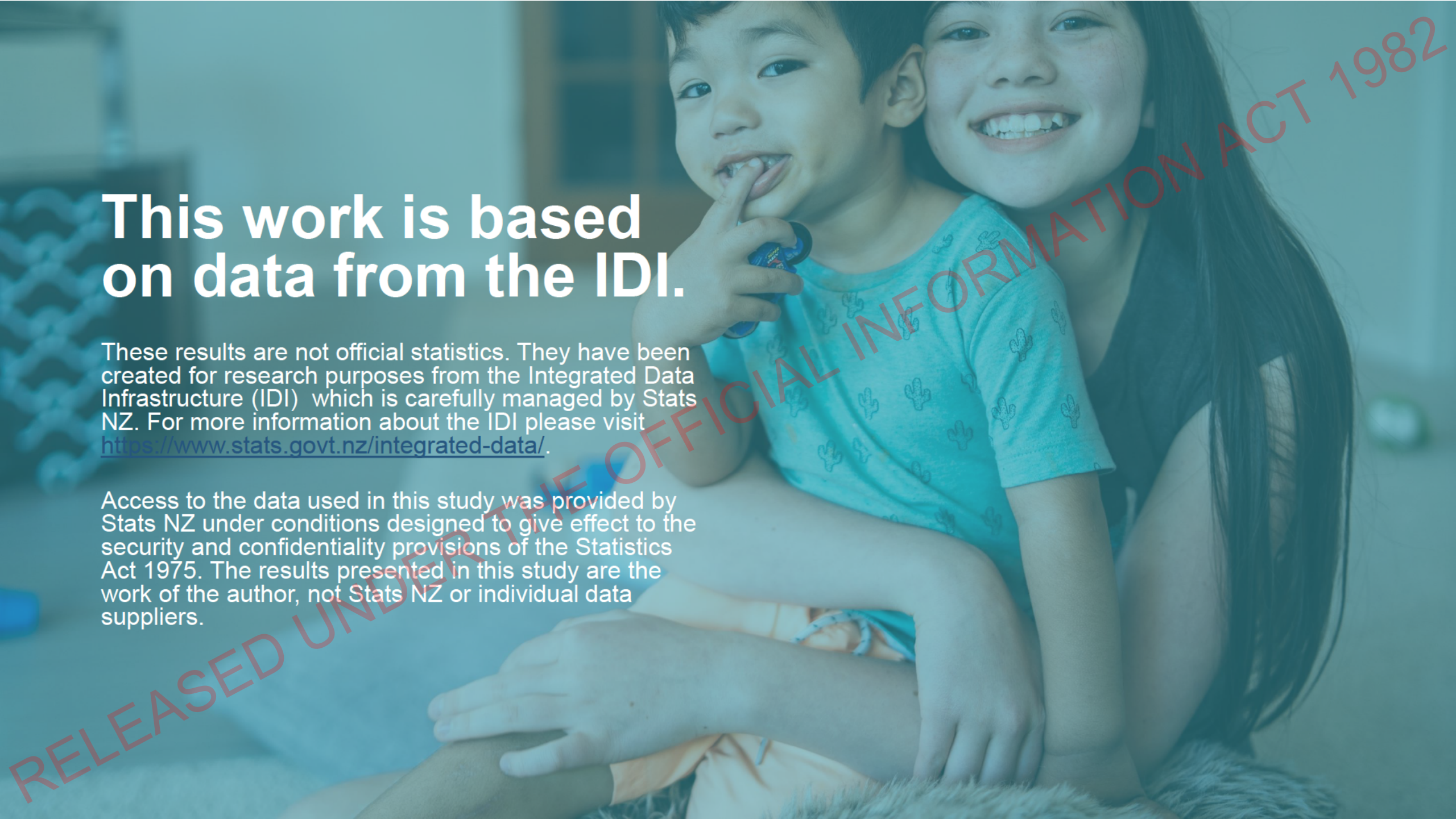
- Sole parents (**main focus**)
- People in Auckland
- Disabled people
- Māori and Pacific people

These slides describe **high level trends** in various wellbeing outcomes, as a precursor to a more detailed investigation of trajectories and causes.

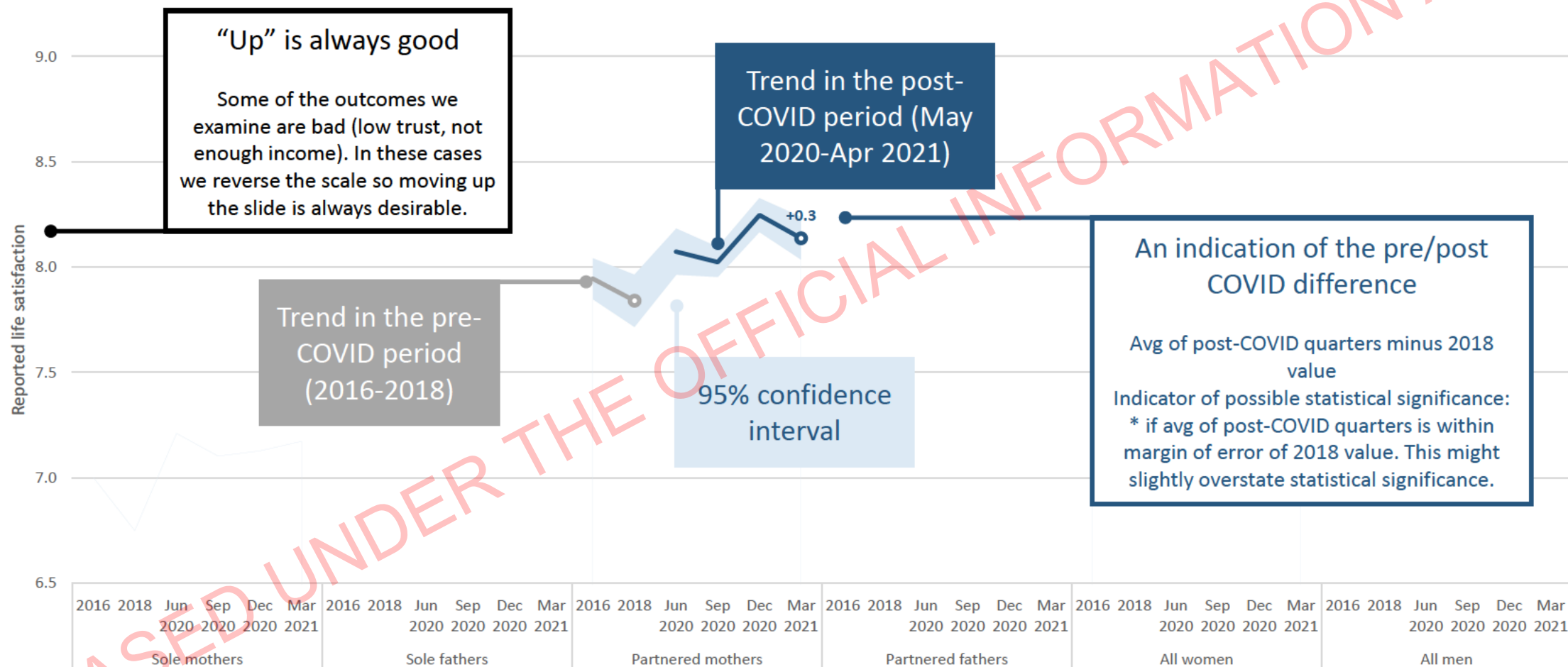
This work is based on data from the IDI.

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit <https://www.stats.govt.nz/integrated-data/>.

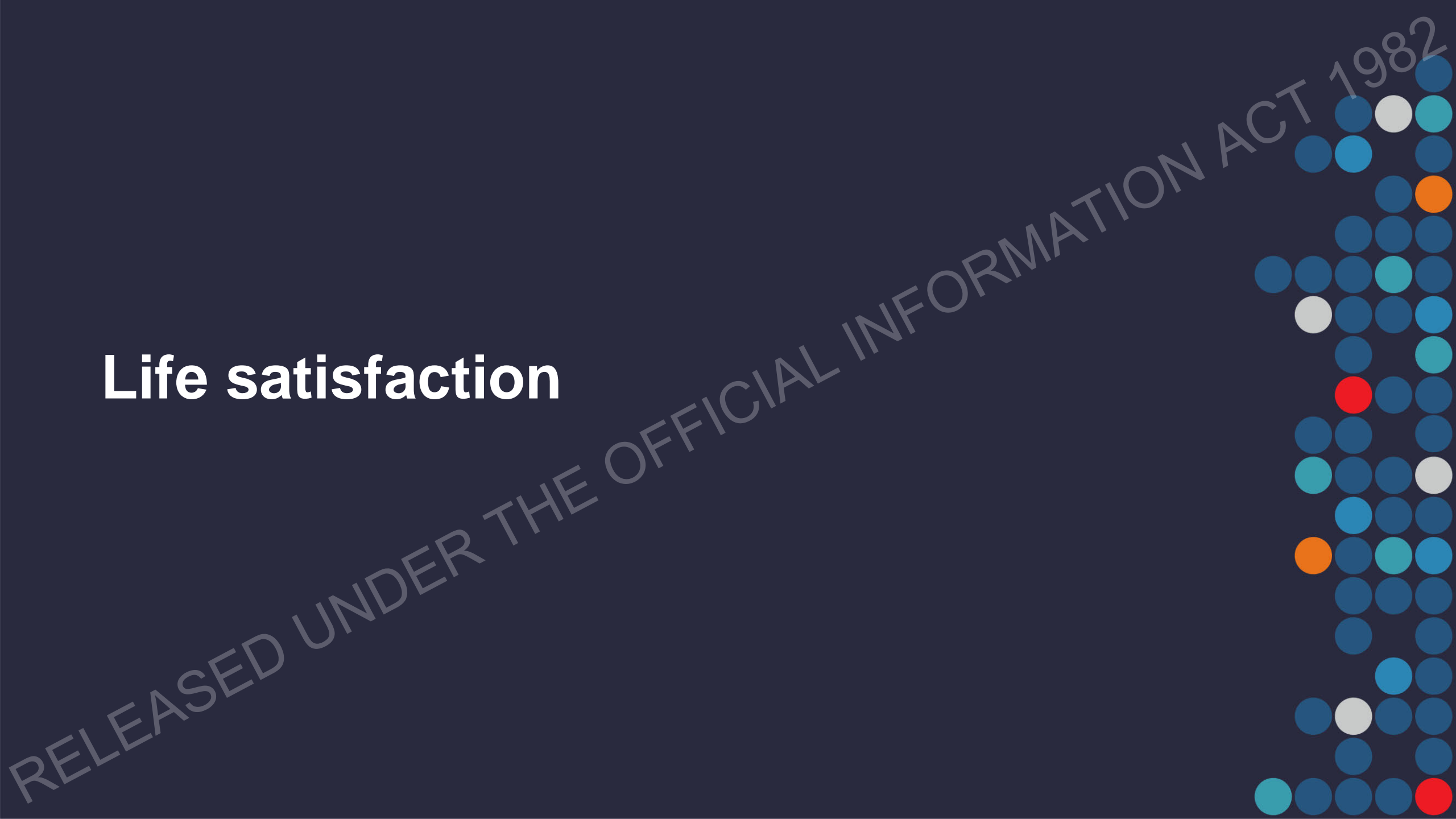
Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 1975. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.



How we are reporting these trends

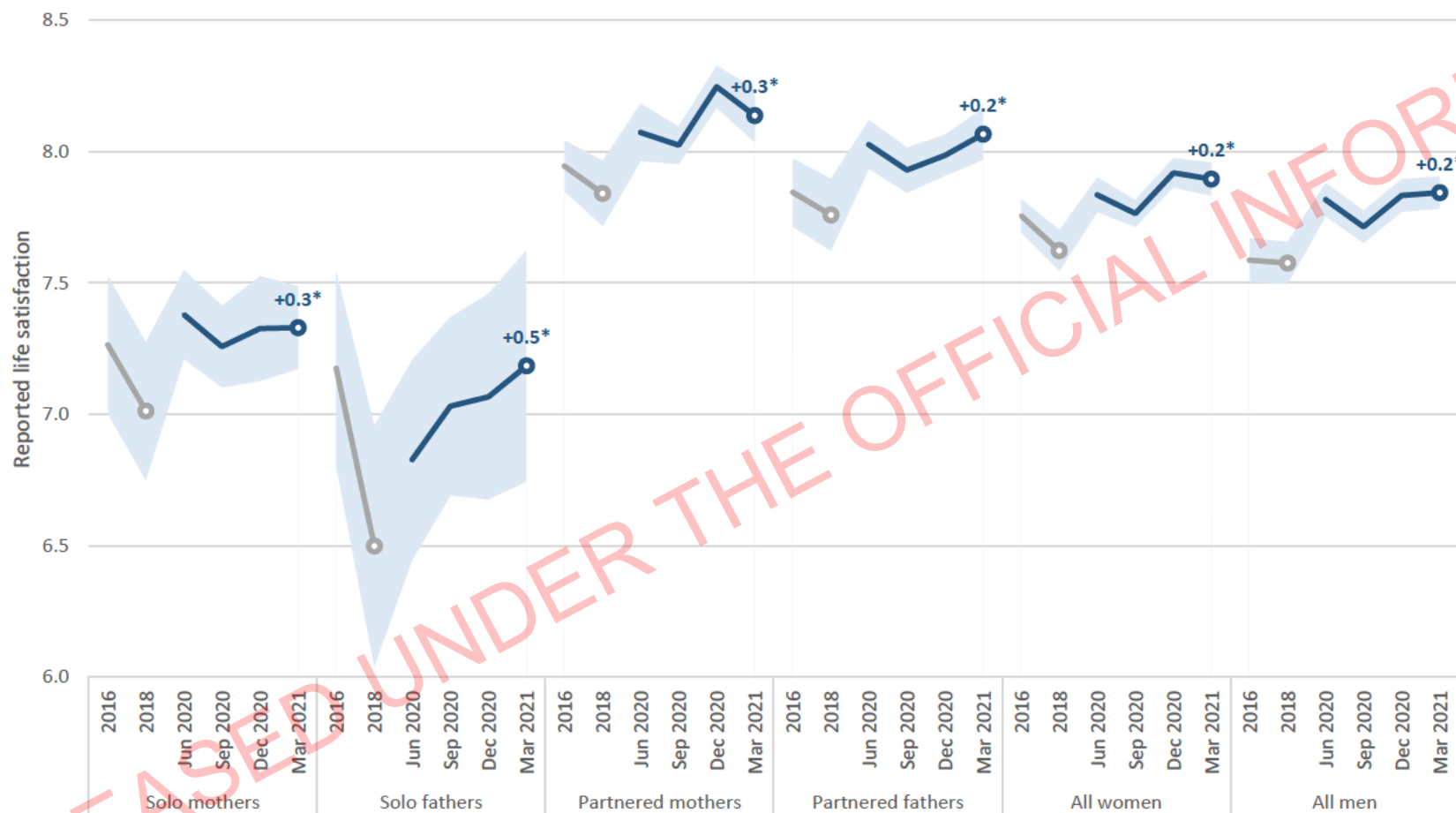


Life satisfaction



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All types of parents reported substantially higher life satisfaction during COVID-19



All groups had higher life satisfaction throughout 2020-21 than in 2018.

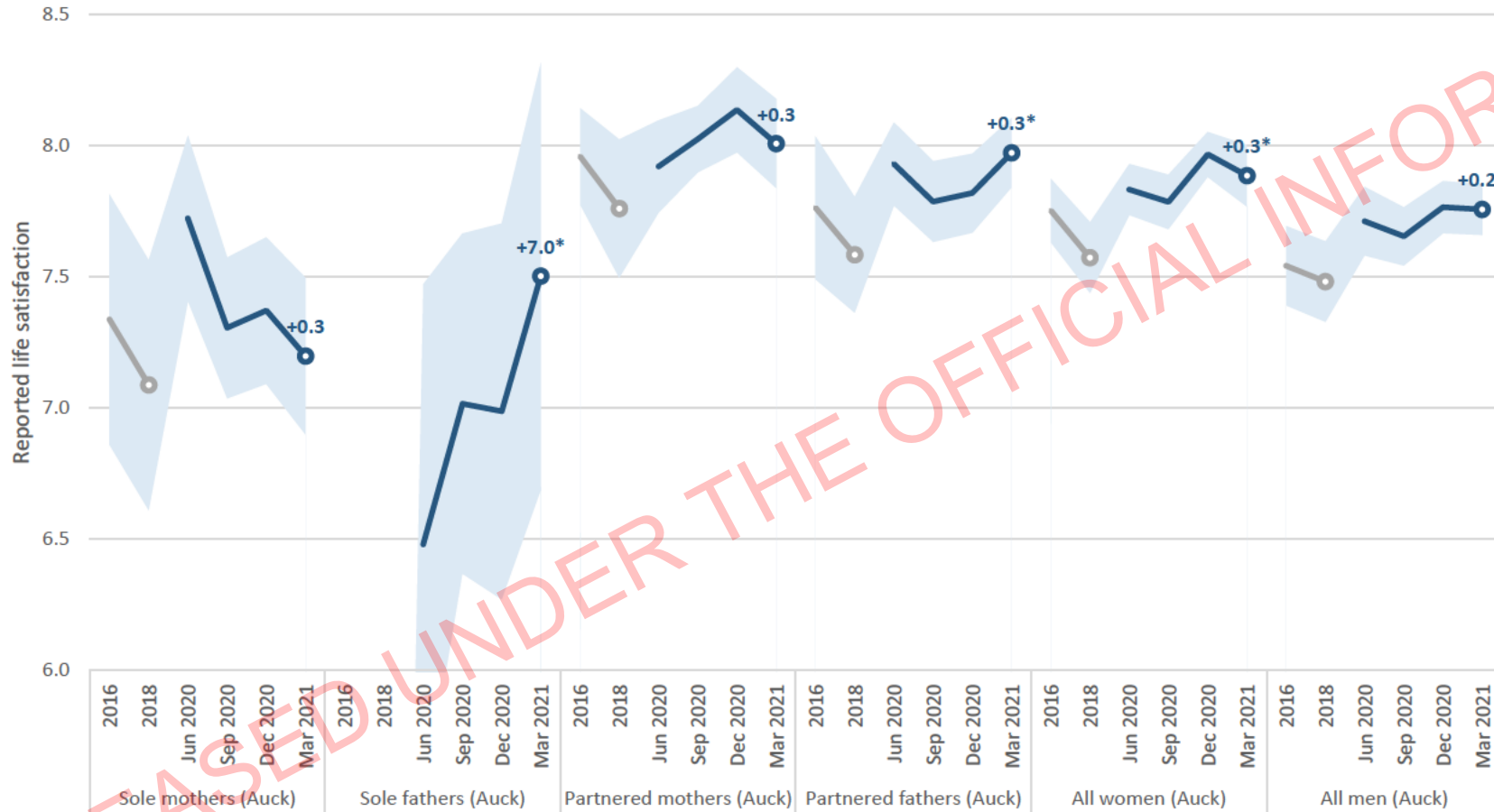
Using CBAX estimates, this increase is “worth” \$9.6b across all NZ adults.

For solo parents, 2020-21 life satisfaction was about 2016 levels, while for partnered parents, it was a significant increase.

Partnered parents had significant increases during COVID, while solo parents did not.

Note: This slide is limited to data relating to 18-64 year olds only.

There was a pronounced dip during 2021 for sole mothers in Auckland



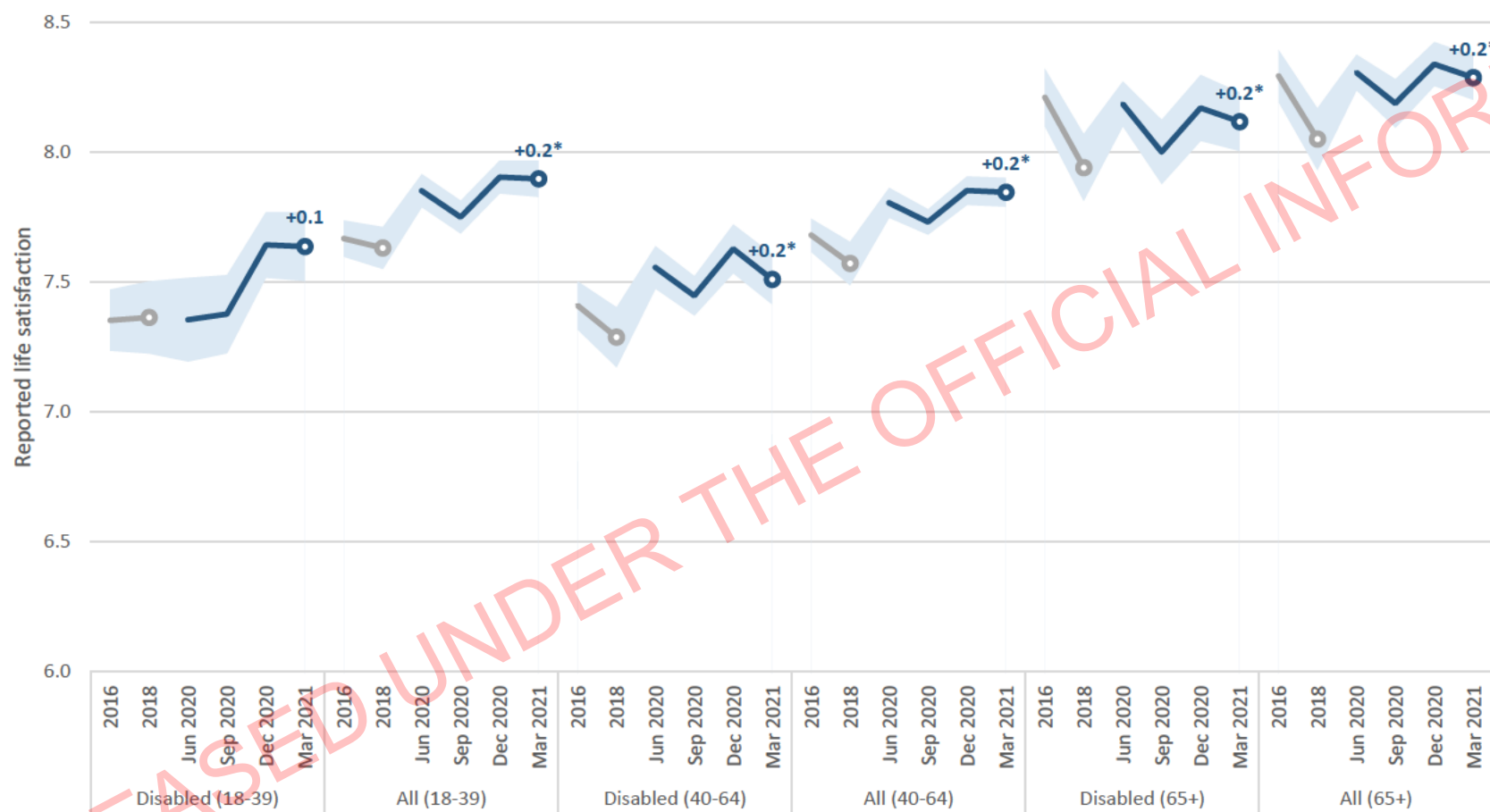
Broadly speaking, trends in Auckland were similar to national trends (with larger errors).

However, there was stronger evidence of a decline in life satisfaction throughout the pandemic for sole mothers in Auckland.

For sole mothers, life satisfaction dropped back to 2016-2018 levels (not lower).

Note: This slide is limited to data relating to 18-64 year olds only.

Similar trends across ability and age

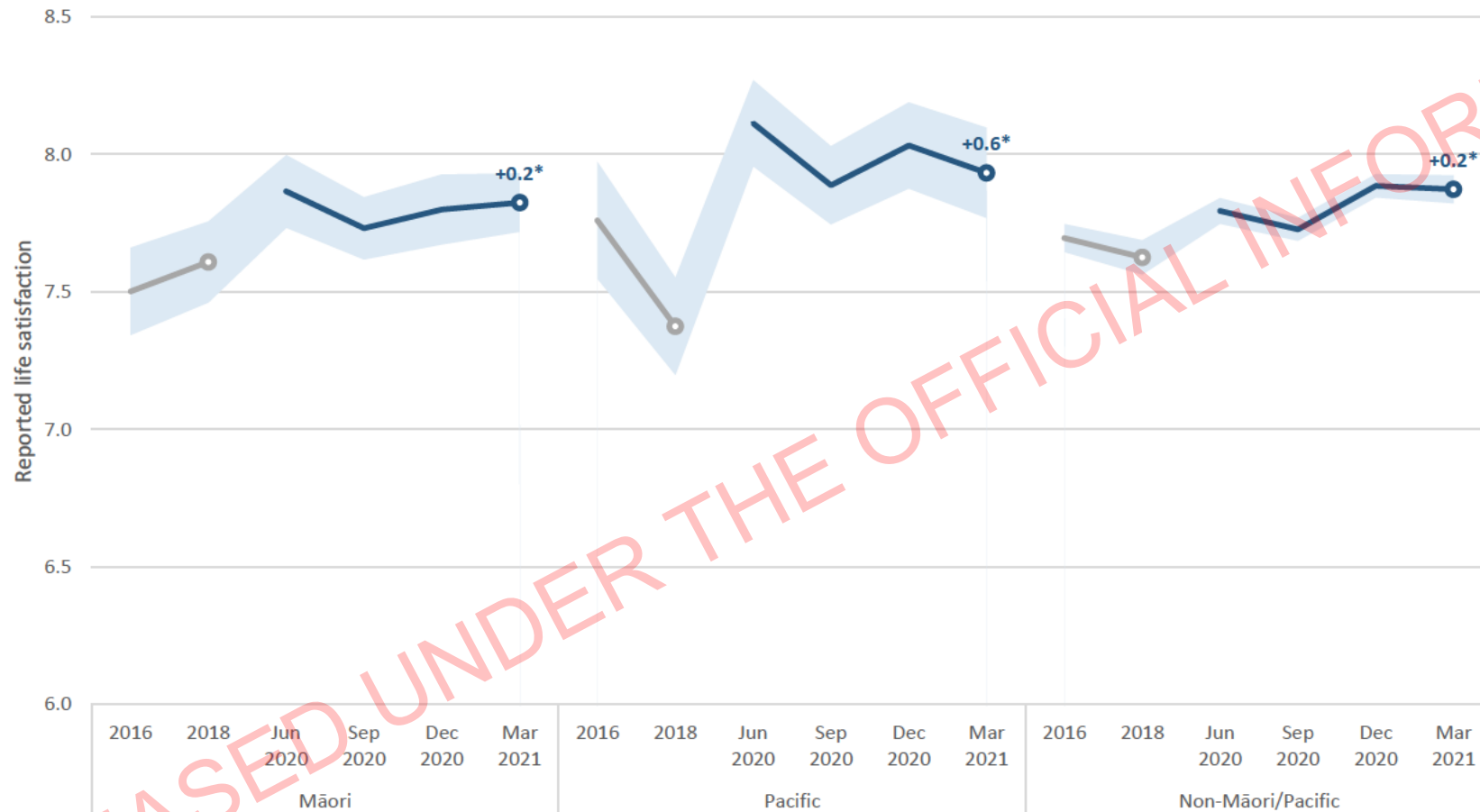


With the exception of younger disabled people, all groups showed a large difference in life satisfaction between 2018 and 2020-21, and relatively little difference throughout the pandemic period.

Younger disabled people did not report a significant difference in satisfaction until the December 2020 quarter.

This last finding appears to be driven by Auckland.

Pacific people reported particularly large increases in life satisfaction

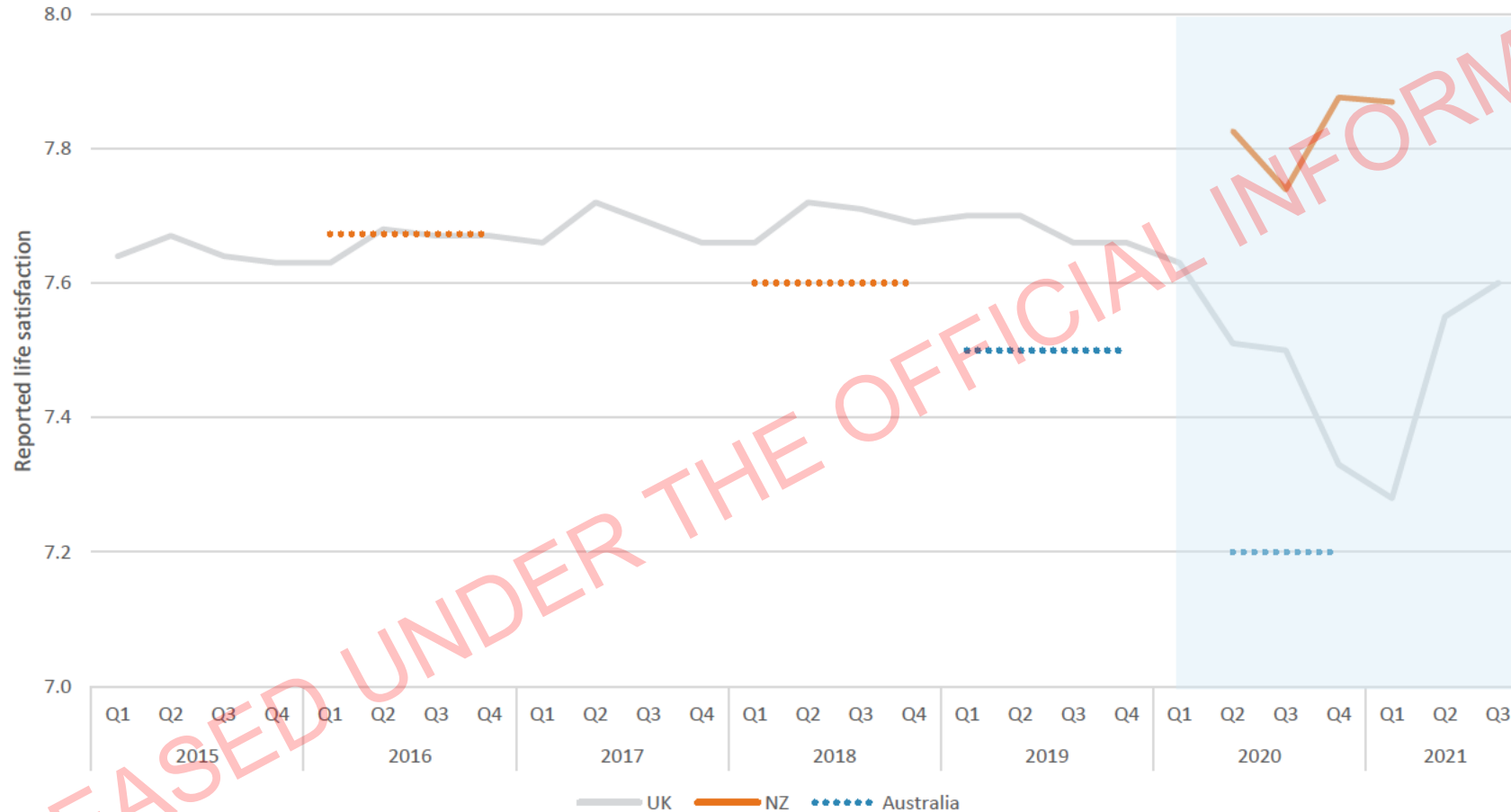


The increase in life satisfaction from 2018 to immediately after the first national lockdown was larger for Pacific people than any other group we examined.

For Pacific people, there did not appear to be strong differences in trends within and outside of Auckland (though large errors here).

Note: This slide is limited to data relating to 18-64 year olds only.

Other countries did not experience this increase in life satisfaction



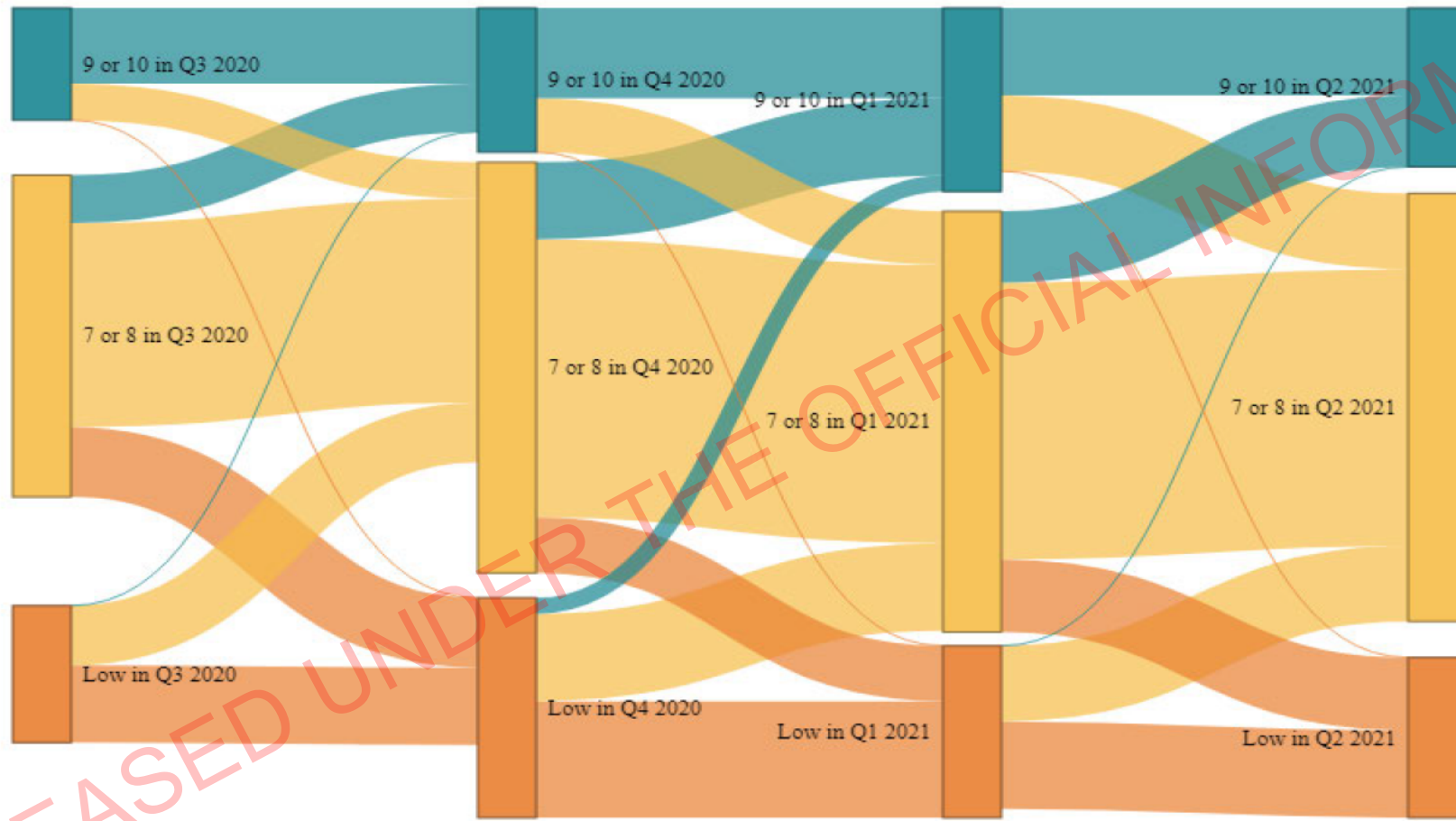
Both the UK and Australia regularly ask and report on life satisfaction in the same way New Zealand does.

The UK series shows only minor fluctuations until 2020, at which point life satisfaction falls until early 2021.

Even in Australia, which was less affected than many other countries early in the pandemic, saw a large decline in life satisfaction in 2020.

Note: Dotted lines indicate estimates that were reported annually, rather than quarterly.

Reminder: There is a lot of variation around these averages



Since we have linked data for the post-COVID period, we can see how reported wellbeing for different individuals is changing throughout the periods.

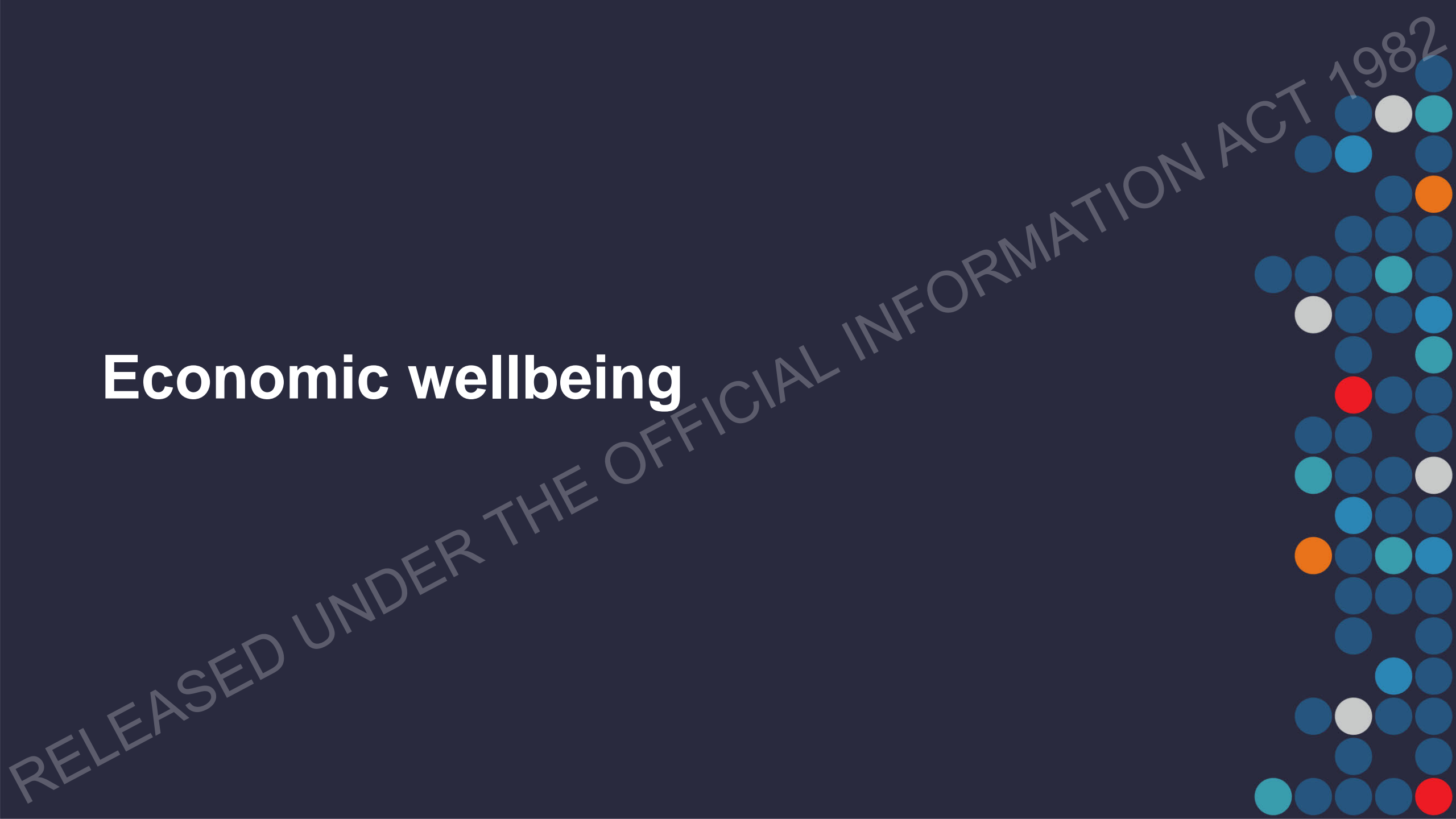
This is looking at life satisfaction for sole mothers outside Auckland.

There is a lot of churn between categories, resulting in little change in mean scores.

Future longitudinal models can dig into this more.

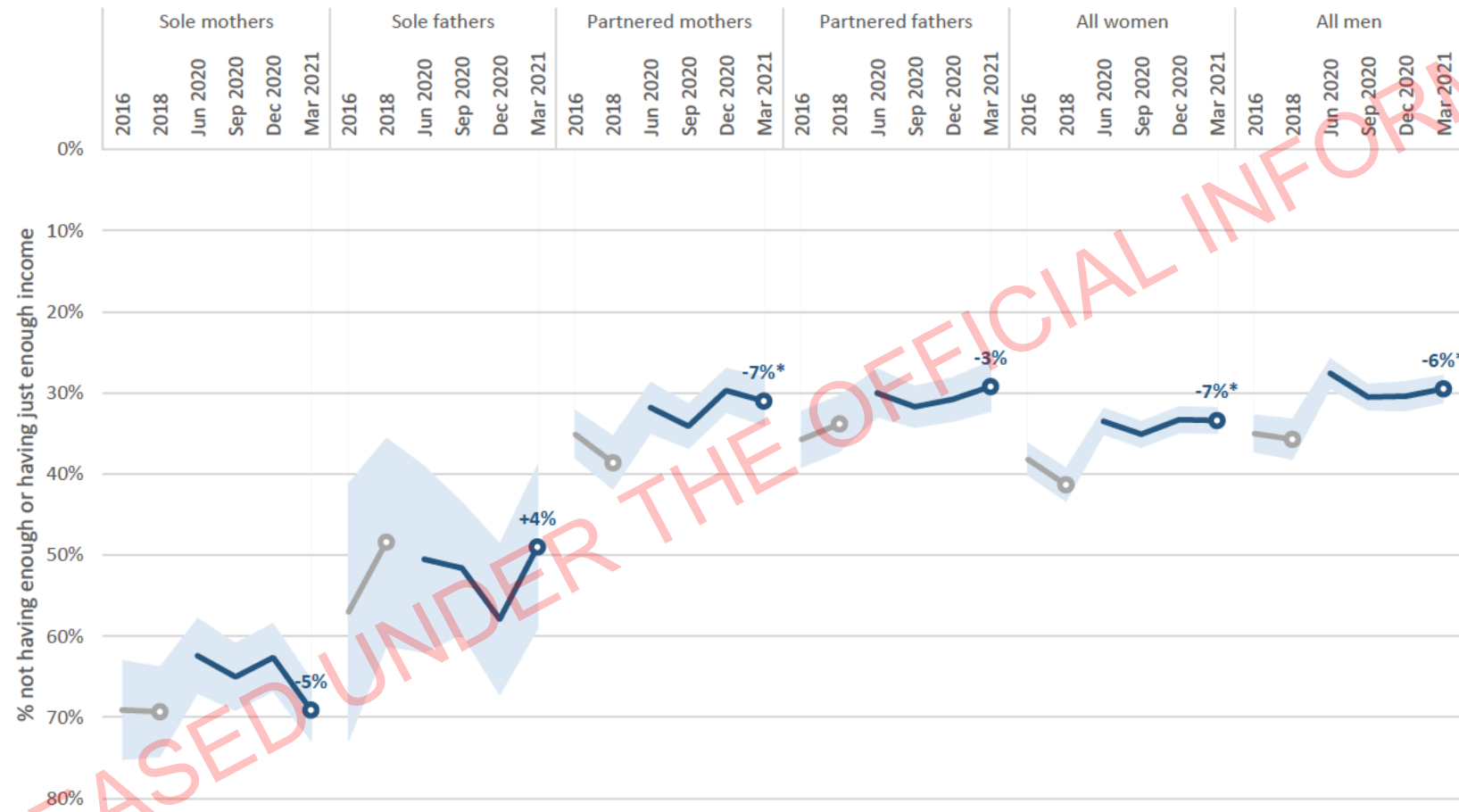
Note: This slide is limited to data relating to 18-64 year old sole mothers only.

Economic wellbeing



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Sole mothers reported more income concerns in the last quarter in our data



Both sole and partnered mothers had significant improvements in income adequacy early on in the pandemic.

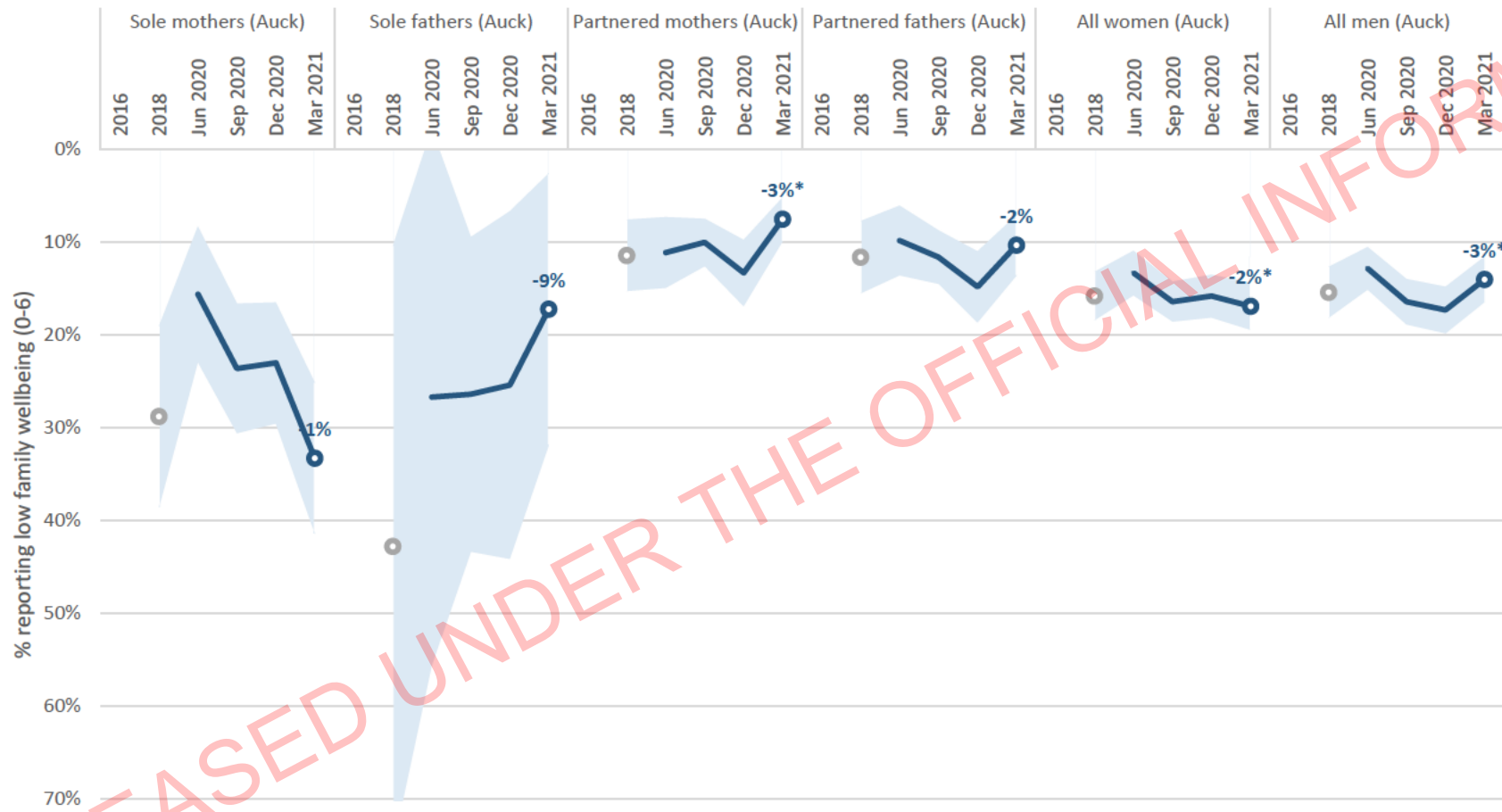
However, sole mothers had a large drop in the March 2021 quarter, back to 2018 levels.

No corresponding decrease in employment rates.

Worse in Auckland: Sole mothers didn't get a boost in 2020, and saw a larger reduction in 2021.

Note: This slide is limited to data relating to 18-64 year olds only.

Sole mothers in Auckland reported substantial drops in family wellbeing at the same time



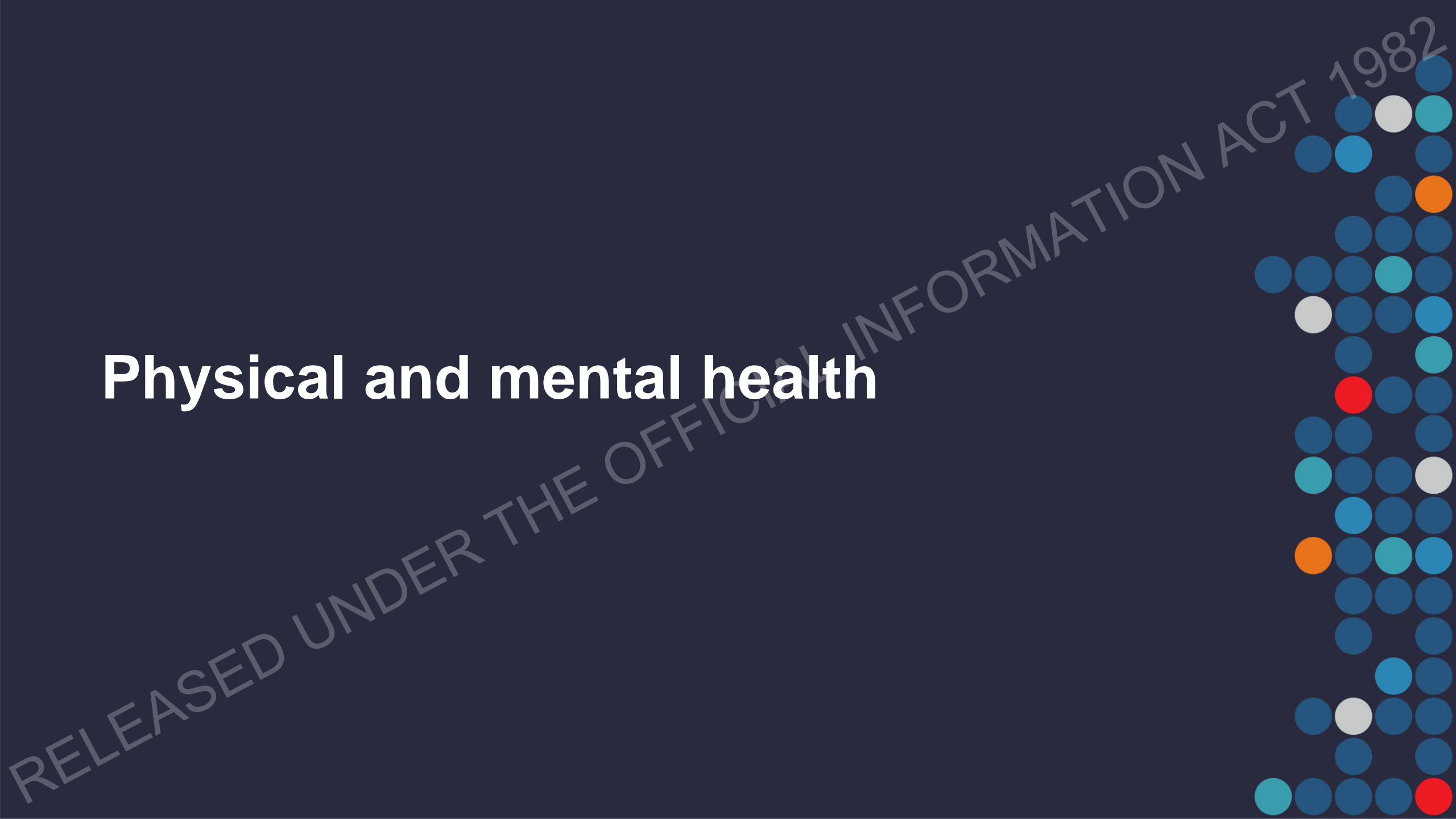
Auckland sole mothers were significantly more likely to report low family wellbeing scores in the March 2021 quarter, compared to earlier in the pandemic.

This occurred at the same time as the decrease in income adequacy, suggesting a lack of income/affordability might be impacting on children.

No other group we examined (disabled; Māori; Pacific) showed similar trends.

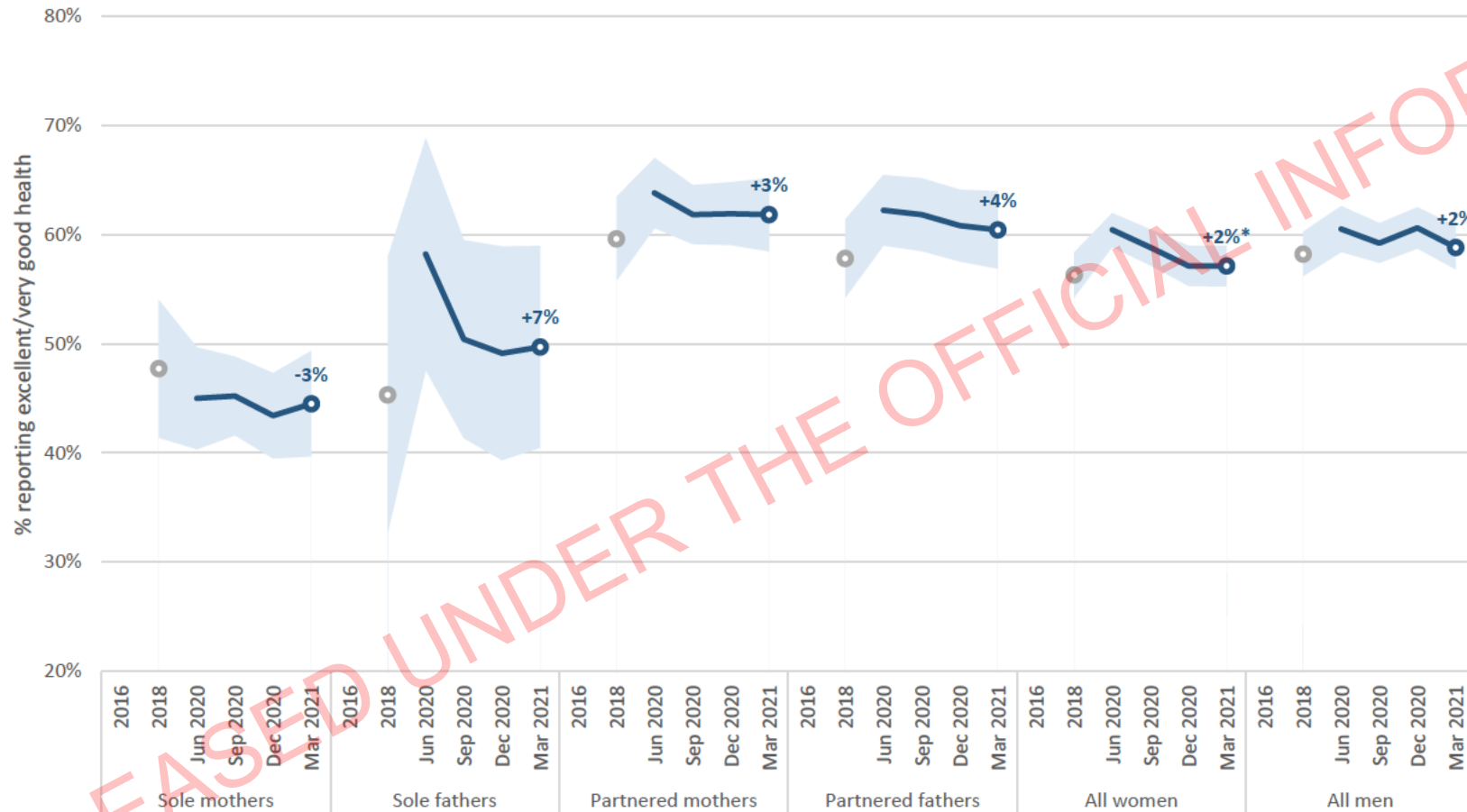
Note: This slide is limited to data relating to 18-64 year olds only.

Physical and mental health



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Most groups reported short-term improvements in health that faded out over the pandemic

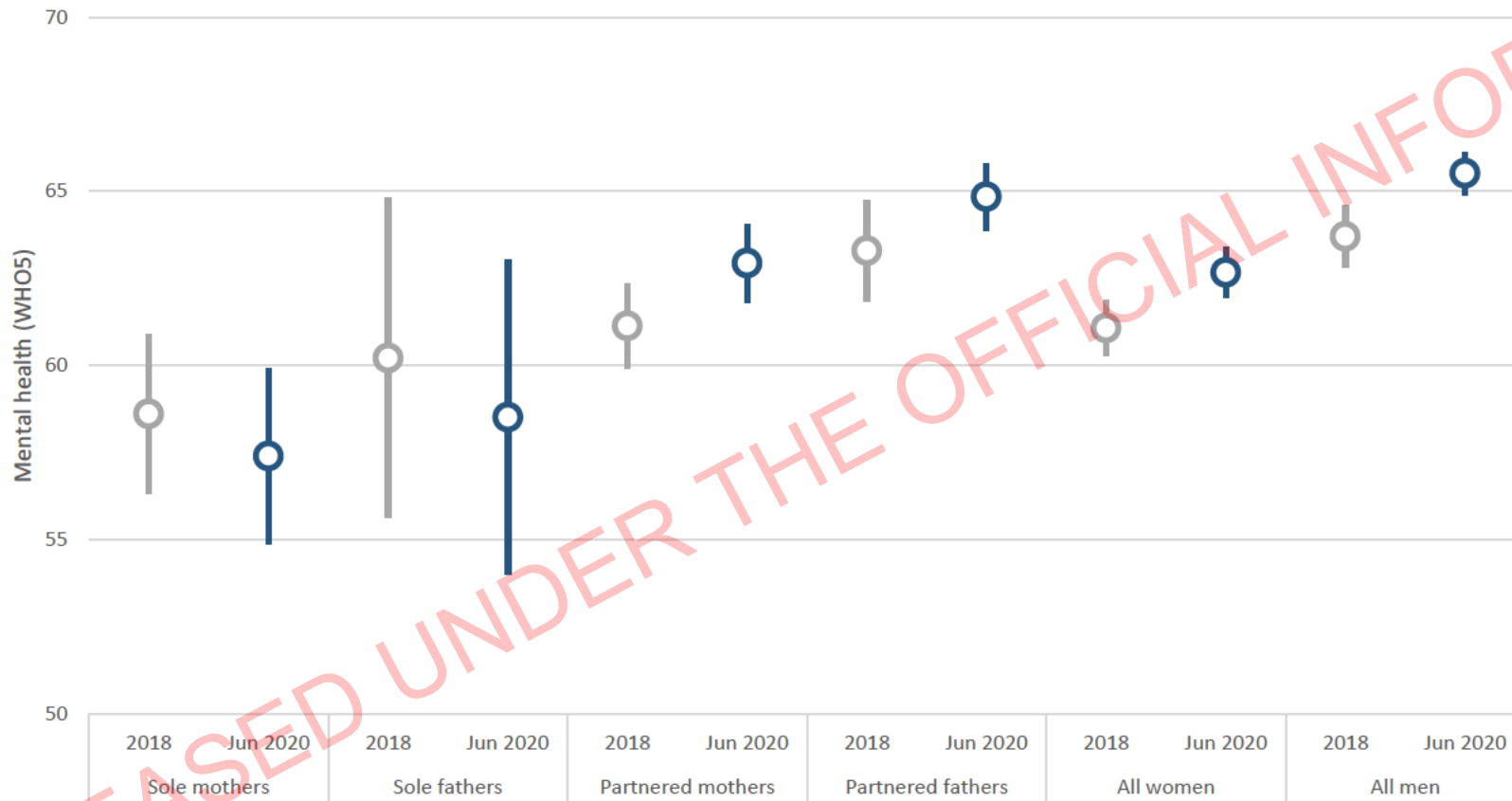


Self-reported health was significantly higher for most groups immediately after the first national lockdown, but not in the March 2021 quarter.

There were a few groups that reported significantly worse health in March 2021 compared to 2018 (all in Auckland): sole mothers; 18-39 year olds; 40-64 year olds; all men; non-Māori, non-Pacific people.

Note: This slide is limited to data relating to 18-64 year olds only.

Partnered parents reported better mental health during the pandemic; sole parents did not



Sole parents were one of the only groups we examined that did not have significantly higher mental health in 2020.

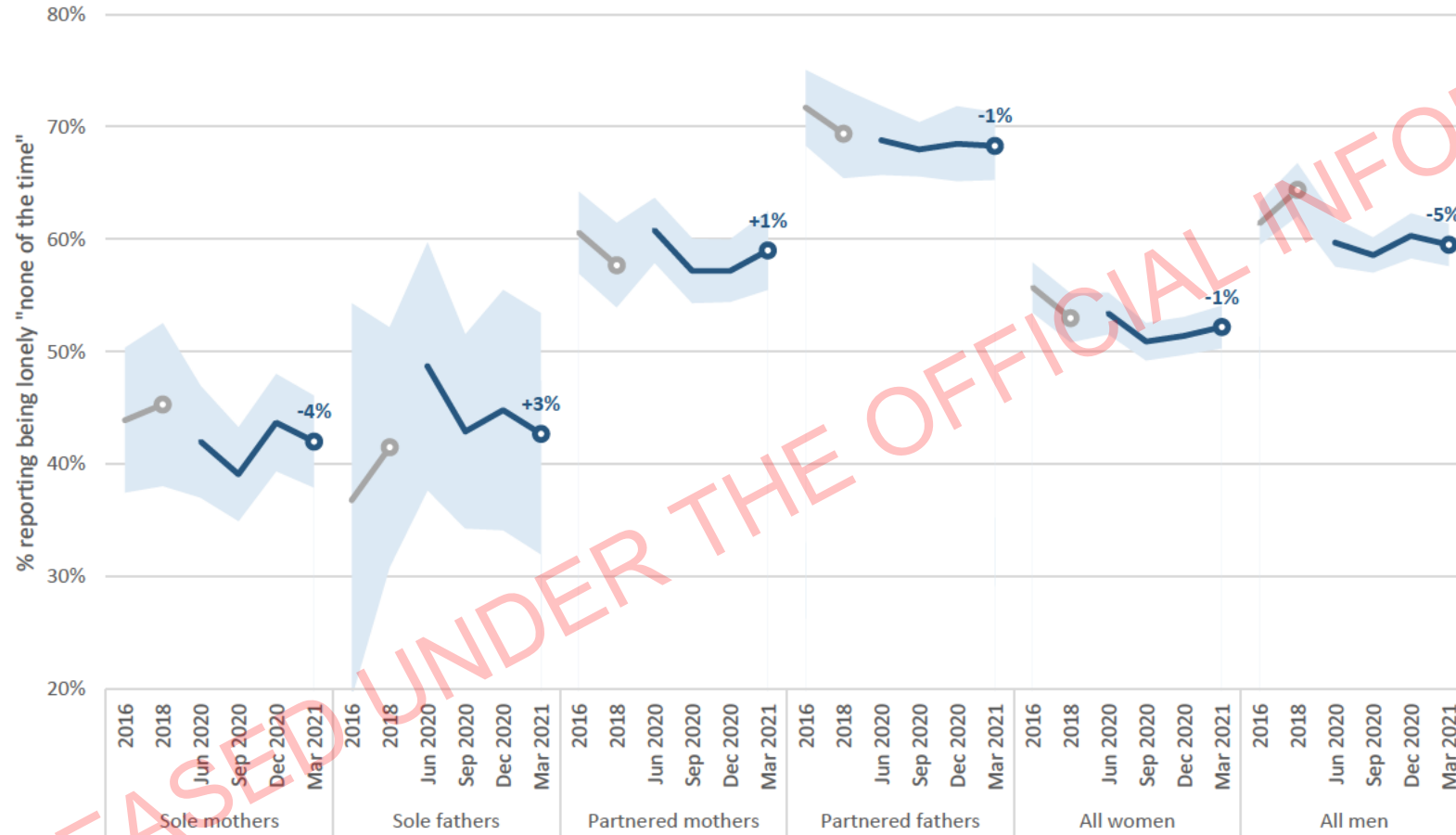
While most groups reported higher life satisfaction **and** mental health, sole mothers reported higher life satisfaction **but not** mental health.

Confidence intervals are too wide to talk with confidence about people in Auckland.

The other group not reporting higher mental health was disabled 18-39 year olds.

Note: This slide is limited to data relating to 18-64 year olds only.

Loneliness does not appear to be a concern for parents in the pandemic



While loneliness did increase post-COVID, this appears to be driven by non-parents, despite sole parents reporting the most loneliness in 2018.

The only group of parents reporting significantly more loneliness after COVID-19 was partnered dads in Auckland.

There was particularly large worsening of loneliness among people over 65, men in Auckland without dependent children, and Māori and Pacific Aucklanders.

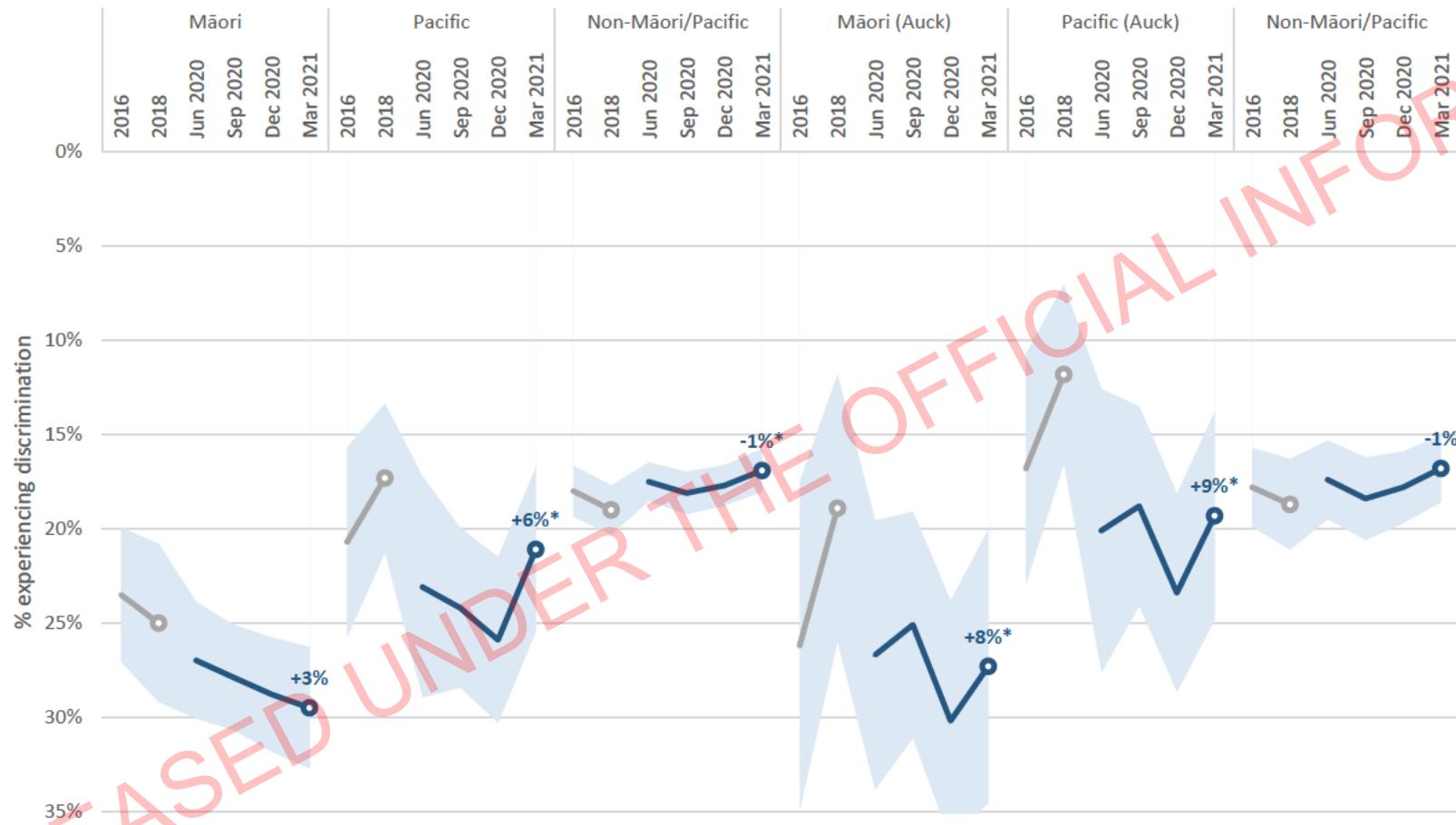
Note: This slide is limited to data relating to 18-64 year olds only.

Social cohesion



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Discrimination worsened for Māori and Pacific people



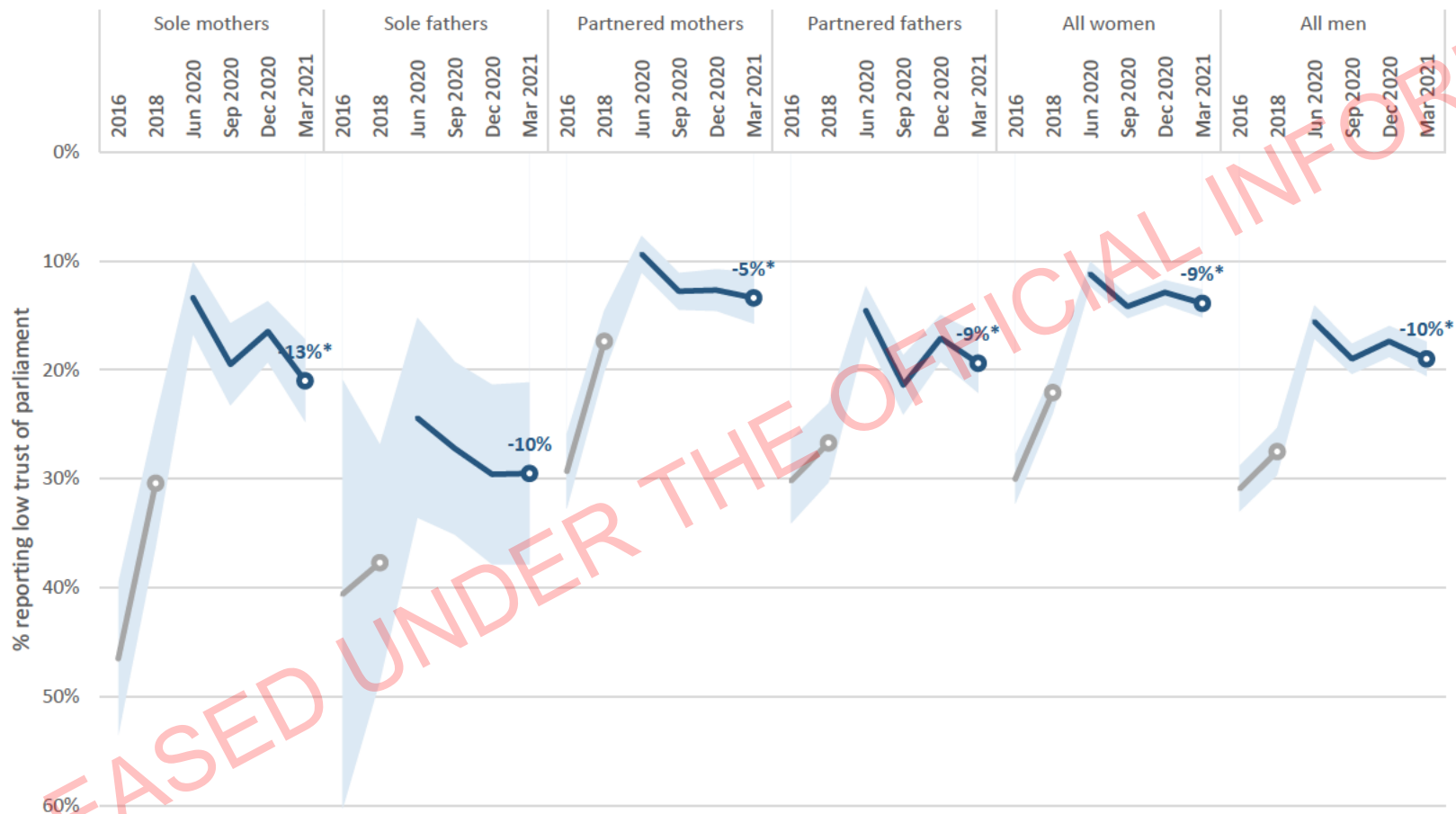
Note: This slide is limited to data relating to 18-64 year olds only.

The proportion of both Māori and Pacific people reporting they had experienced discrimination substantially worsened during COVID-19, compared to 2018.

These changes appeared to be particularly large in Auckland, although there is a large amount of uncertainty here.

There were not major changes for parents or for younger disabled people, but people over 65 (disabled and non-disabled) also reported worsening discrimination.

Though trust in parliament was lower in 2021 than 2020, it was still higher than the baseline 2018 levels



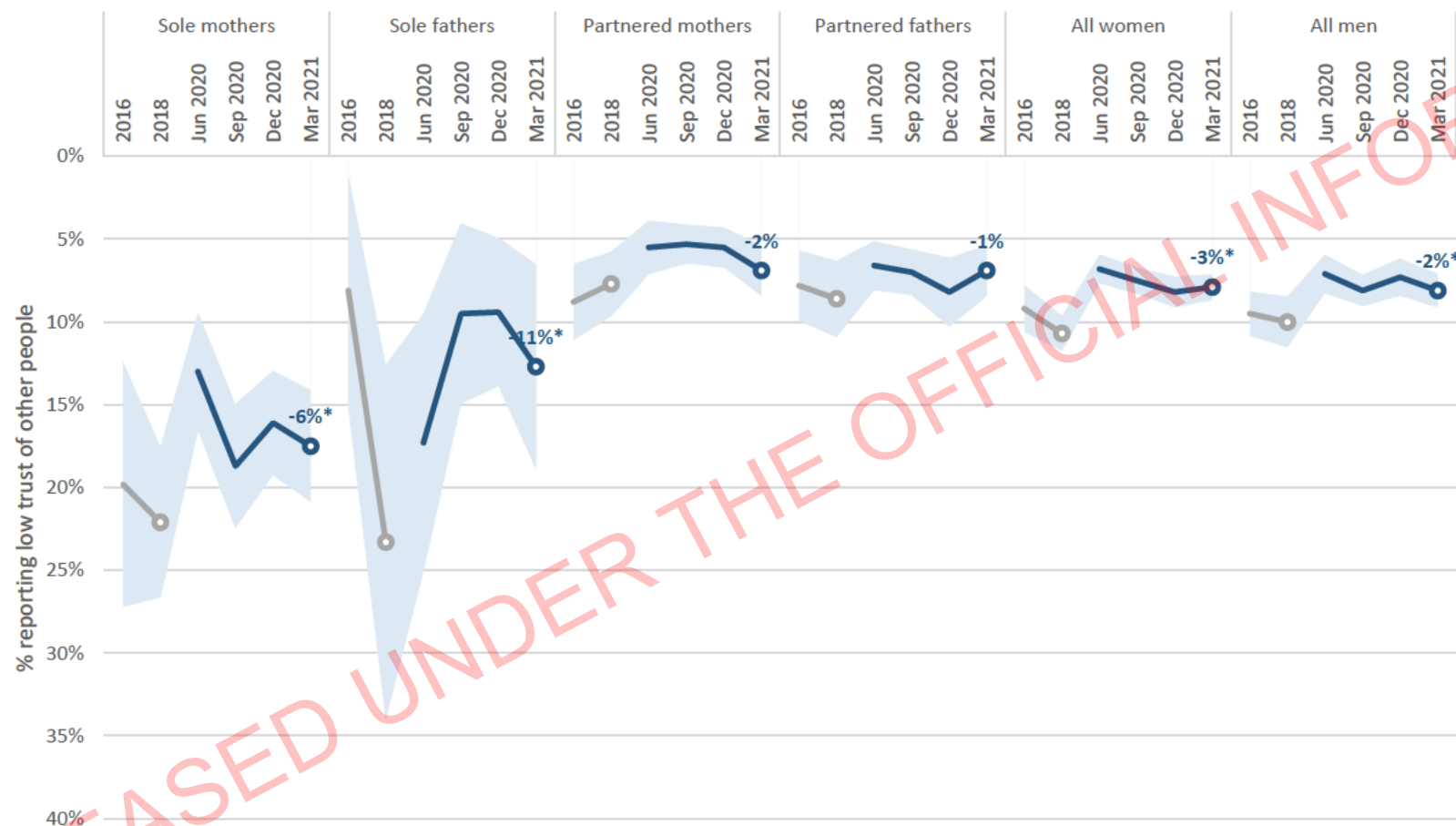
All groups we examined reported significantly higher trust in parliament immediately after the first lockdown.

For many groups (including sole mothers, partnered parents, and Māori), trust fell during 2020 and 2021, but remained significantly higher in March 2021 than it was in 2018.

For other groups such as disabled people and parents in Auckland, trust did not significantly change over 2020, and remained higher than in 2018.

Note: This slide is limited to data relating to 18-64 year olds only.

Most other measures of trust experienced a short-term boost, but then fell back to 2018 levels



Sole mothers reported significantly higher levels of trust in other people, the media, the health system, and police in the June 2020 quarter.

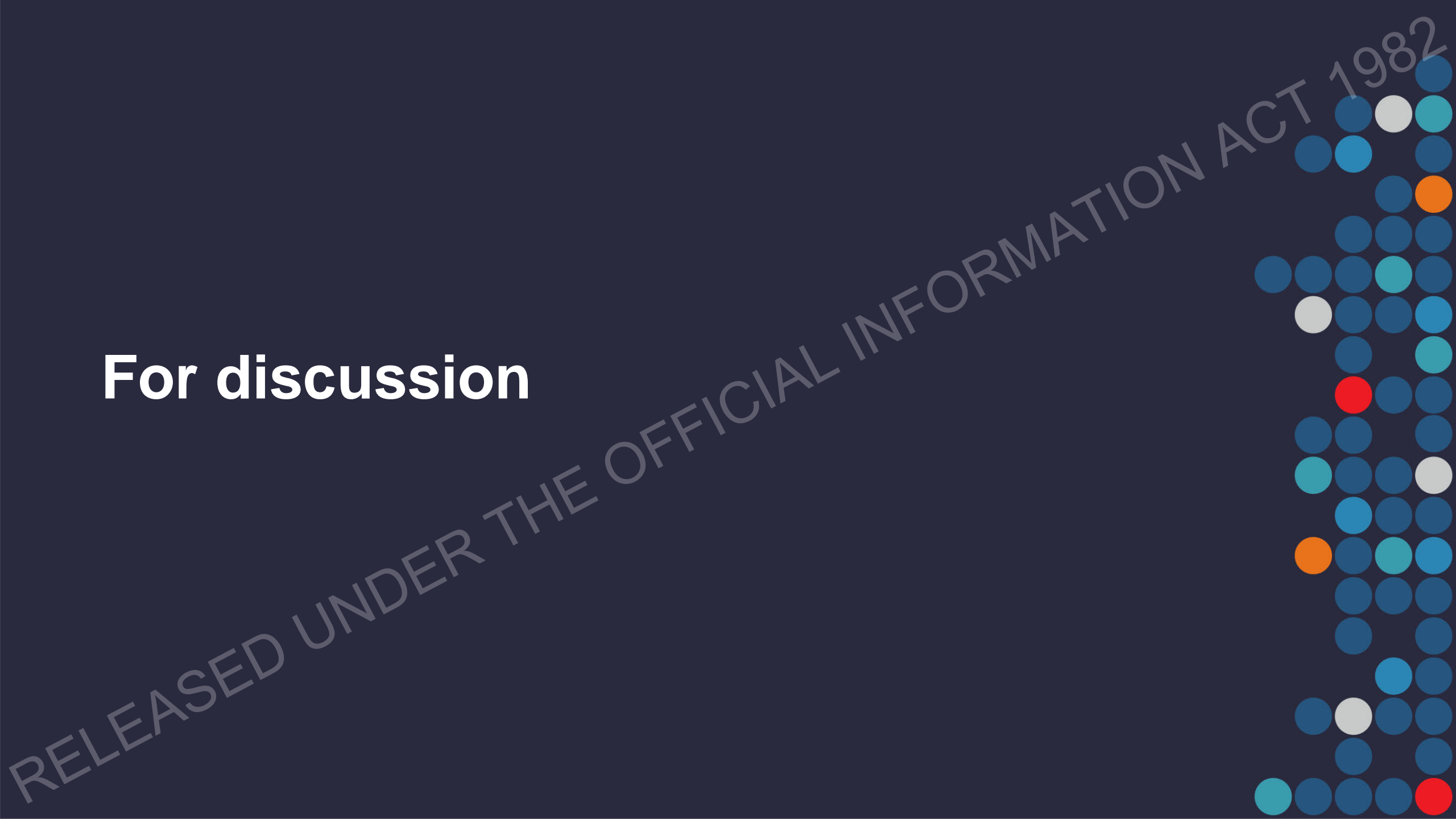
Each of these trust measures then began deteriorating, and by March 2021, were not significantly different to baseline 2018 levels.

The reduction in trust in the health system was greater for sole than partnered mothers.

For disabled people and Māori, while trust dropped during 2020, it remained higher than 2018.

Note: This slide is limited to data relating to 18-64 year olds only.

For discussion



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Thoughts so far

Immediately after the first lockdown, most people reported increases in life satisfaction and most other measures of wellbeing we looked at, relative to 2018 levels.

For sole mothers, the boost for many of these measures faded out over the following year, with particularly large declines in economic wellbeing in Auckland in 2021.

Not (as of March 2021) worse than 2018 levels, but trending in a concerning direction.

How do we think and talk about these findings?

What could we do to drill into these issues?

Briefing: Upcoming Publication – Wellbeing during the first year of COVID-19

28 October 2022

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Upcoming publication: Wellbeing during the first year of COVID-19

Date: 28 October 2022

Security level: In Confidence

To: Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

This briefing summarises the results of the attached draft report, *Wellbeing during the first year of COVID-19*, which we intend to publish on our website in the coming weeks, to align with Treasury's release of its Wellbeing Report.

Recommendations

It is recommended you:

Agree to forward this briefing and attachments to the Minister for Disability Issues, Minister for Māori Development, Minister for COVID-19 Response, and the Minister for Pacific Peoples

☒ Yes ☐ No

Alex Brunt
Deputy Chief Executive
Social Wellbeing Agency

Hon Carmel Sepuloni
Minister for Social Development and
Employment

Background

1. Treasury asked us to undertake analysis to support their Wellbeing Report. The Wellbeing Report is required to be published every four years, focusing on the state of wellbeing in New Zealand, and the sustainability or risk relating to wellbeing in the future.
2. Our report is a detailed examination of wellbeing, using a Stats NZ survey in 2020-21, over the first year of COVID-19, focused on how wellbeing responded in the immediate to medium-term to the emergence of the virus.
3. In July, we provided you an aide memoire summarising some earlier results of this work (SWA – 21/22 – 075 refers). These results have been incorporated into the first (and most detailed) section of the report.

Our findings

4. The key findings from this research were:
 - 4.1 Reported life satisfaction was slightly higher in the first year of COVID-19, compared to 2018. The increase was greater for Pacific peoples, parents, and older people. Over the same period, people in Australia and the United Kingdom reported declining life satisfaction.
 - 4.2 Life satisfaction was lower during periods of lockdown. When examining the August 2020 lockdown in Auckland, we found the largest negative impacts on life satisfaction among Pacific peoples and sole mothers.
 - 4.3 Changes in life satisfaction over COVID-19 were driven by changes in health, loneliness, and income.
 - 4.4 Pacific and Māori people reported much higher family wellbeing in 2020 compared to 2018, but older people reported much lower family wellbeing.
 - 4.5 Most groups were more likely to report having enough money in 2020 than in 2018. For sole mothers and Māori people, this faded out over the first year of COVID-19. For groups such as Pacific peoples, while income adequacy increased in 2020 compared to 2018, a large proportion still reported not having enough money during COVID-19.
 - 4.6 Compared to 2018, most groups reported more positive outcomes in June 2020 across physical health; mental wellbeing; perceived safety; and trust in other people, the health system, media, the police, and parliament. Many of these initially positive effects faded out over 2020.
 - 4.7 Mental wellbeing did not improve in 2020 for sole parents or disabled people.
 - 4.8 Increases in loneliness in 2020 compared to 2018 were particularly concentrated in men, older people, and Pacific peoples. We found some evidence that loneliness increased during lockdown, but this was not consistent across all of our analyses.
 - 4.9 Pacific, Māori, disabled, and older people were more likely to report experiencing discrimination in June 2020, compared to 2018.

4.10 The Winter Energy Payment improved income adequacy and family wellbeing in 2020.

Consistency with other findings

5. There are three other similar reports that have recently been published or are forthcoming, and broadly show consistent results to this report:
 - 5.1 A recently published journal article by Arthur Grimes, an economist with expertise in wellbeing analysis. This article compared wellbeing outcomes in 2018 to outcomes in 2020, using the same data sources in our report. Like our report, this article found that most aspects of wellbeing improved over this time, and that life satisfaction and loneliness deteriorating during periods of lockdown (<https://onlinelibrary.wiley.com/doi/full/10.1111/roiw.12585>).
 - 5.2 A forthcoming paper by the Treasury (a different input into their Wellbeing Report), which examines how COVID-19 has impacted wellbeing. The Treasury paper takes a wider view than our report, but results are consistent between them.
 - 5.3 A forthcoming analysis on the impacts of the Winter Energy Payment (prior to COVID-19) on income adequacy that was commissioned by MSD. That analysis found similar results to our findings on the impact of the doubled Winter Energy Payment during 2020. The MSD report is planned to be published later this year – for this reason, we have referred to these findings only in very high-level terms in our report.
 - 5.4 As part of developing this report, we sent a draft for comment to officials at Stats NZ, Treasury, Ministry of Social Development, Te Puni Kōkiri, Ministry for Pacific Peoples, Whaikaha – Ministry of Disabled People, and some academics, and incorporated their feedback into our discussion.

Public release of the report

6. We plan on publishing the report on the SWA website in late November 2022, along with a summary document on the findings and a one-page information sheet highlighting some findings about life satisfaction. Due to the complementary relationship between this report and the Treasury report looking at wellbeing and COVID-19, we plan on releasing them at a similar time, with coordinated messaging.
7. The draft communications plan (Appendix 1), the one-page information sheet (Appendix 2), the summary document (Appendix 3) and the full report (Appendix 4) are attached as appendices.

Contacts

Name	Position	Contact Number	First Contact
Alex Brunt	Deputy Chief Executive	9(2)(a)	<input checked="" type="checkbox"/>
9(2)(a)			<input type="checkbox"/>

Attachments

Appendix 1. Communications Plan

Appendix 2. Information sheet: Life satisfaction during the first year of COVID-19

Appendix 3. Te Atatū Insights report: Wellbeing in the first year of COVID-19: Summary

Appendix 4. Report: Wellbeing during the first year of COVID-19

Appendix 1: Draft Communications Plan

Key messages

Overall messages

- This report examines how the wellbeing of various groups in New Zealand responded in the immediate and medium term, over the first year of COVID-19.
- It analysed 13 wellbeing outcomes for 16 groups and showed that wellbeing outcomes were statistically significantly higher in June 2020 than in 2018 for 60 percent of the time and statistically lower only 3 percent of the time.
- The positive effects included reported life satisfaction, whether people felt they had enough money to meet their needs, and in measures of trust and safety.
- These positive impacts may relate to New Zealand's immediate response to the pandemic, when compared to people's experiences in other countries, and actions taken by the Government, whānau, hapū, iwi, and ethnic and community groups to support people in 2020.
- The various impacts of the COVID-19 pandemic are still emerging.
- This report examines the time of 2020-2021 and does not cover social inequities that may have since resulted from the pandemic or how wellbeing may have changed since this time.
- The Social Wellbeing Agency's role's is to analyse data across the social sector to inform Government policy and funding decisions. For this report data was analysed from the General Social Survey and the Household Labour Force Survey, carried out by Stats NZ.

Messages on the findings of the report

- Reported life satisfaction was slightly higher in the first year of COVID-19, compared to 2018.
- The increase was greater for Pacific people, parents, and older people.
- Over the same period, people in Australia and the United Kingdom reported declining life satisfaction.
- Life satisfaction was lower during periods of lockdown.
- When examining the August 2020 lockdown in Auckland, we found the largest negative impacts on life satisfaction among Pacific people and sole mothers.
- Changes in life satisfaction over COVID-19 were driven by changes in health, loneliness, and income.
- Pacific and Māori people reported much higher family wellbeing in 2020 compared to 2018, but older people reported much lower family wellbeing.

- Most groups were more likely to report having enough money in 2020 than in 2018.
- For sole mothers and Māori people, this faded out over the first year of COVID-19.
- Compared to 2018, most groups reported more positive outcomes in June 2020 across physical health; mental wellbeing; perceived safety; and trust in other people, the health system, media, the police, and parliament.
- Many of these initially positive effects faded out over 2020.
- Mental wellbeing did not improve in 2020 for sole parents or disabled people.
- Increases in loneliness in 2020 compared to 2018 were particularly concentrated in men, older people, and Pacific people. We found some evidence that loneliness increased during lockdown, but this was not consistent across all our analyses.
- Pacific, Māori, disabled, and older people were more likely to report experiencing discrimination in June 2020, compared to 2018.
- The Winter Energy Payment improved income adequacy and family wellbeing in 2020.

Risks and mitigation

The following table identifies potential risks from the release of the report and mitigation approaches.

Risk	Mitigation
<i>Reputation risk:</i> the report is seen to be too academic and not practical enough.	Publication of a separate shorter summary document that covers off on the implications for society. Key messages about the aim of the report – i.e. it is not a policy report, and it links to the Treasury broader work on Wellbeing.
<i>Reputation risk:</i> the report is perceived not to cover negative experiences during COVID-19 in 2020 and 2021 e.g. losing loved ones, not being able to see families, losing businesses and jobs.	Key messages about the nature of the report and that it is a snapshot in time – note that social inequities may have resulted since. Distinguishing between the changes before/during COVID-19 and the pre-existing social inequities. Engagement with key agencies ahead of release.
<i>Reputation risk:</i> the report results in criticism that not enough is being done for vulnerable groups impacted by COVID-19.	Ensure the report is distributed to key stakeholders prior to release.

Information for website

Website text to accompany publication

Wellbeing during the first year of COVID-19 summarises several pieces of analysis examining wellbeing during the first year of COVID-19. It uses data from four quarterly Stats NZ surveys of New Zealand population from May 2020 to April 2021. It explores how the reported wellbeing of a population – and key groups within this population – changed over time.

This report relates to another recent report published by the Treasury, looking at aspects of wellbeing during COVID-19. [[Link to report](#)]

News item for website

New Zealanders' perspectives on wellbeing and life satisfaction during the first year of COVID-19 have been examined to understand the impact of the pandemic on our daily lives.

A new report examines how the wellbeing of various groups in New Zealand responded in the immediate and medium term, over the first year of COVID-19. It analysed 13 wellbeing outcomes for 16 groups and showed that wellbeing outcomes were significantly higher in June 2020 than in 2018 60 percent of the time and statistically lower only 3 percent of the time.

The positive effects included reported life satisfaction, whether people felt they had enough money to meet their needs, and in measures of trust and safety.

These positive impacts may relate to New Zealand's immediate response to the pandemic, when compared to people's experiences in other countries, and actions taken by the Government, whānau, hapū, iwi, and ethnic and community groups to support people in 2020.

The various impacts of the COVID-19 pandemic are still emerging. This report examines wellbeing up to early 2021. It does not cover social inequities that may have since resulted from the pandemic or how wellbeing may have changed since this time.

The Social Wellbeing Agency's role is to analyse data across the social sector to inform Government policy decisions. For this report, data was analysed from the New Zealand General Social Survey and the Household Labour Force Survey, carried out by Stats NZ.

Timeline

Actions	When
Copy goes to Minister's office with Aide Memoire and includes outline of comms plan	Mid-October
Report and summary documents finalised	Late October
Final publication on website, and on LinkedIn, and distribution to stakeholders	Late November (align with Treasury release)

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