



Australia and Aotearoa New Zealand Domestic Responses to COVID-19 from March 2020 – July 2021

Executive Summary

In March 2020, the Australian and the Aotearoa New Zealand Governments initiated their domestic responses to the COVID-19 pandemic. This case study details the response measures both governments implemented from early 2020 to July 2021 and the effect they had on Aboriginal and Torres Strait Islander and Māori peoples. The study shows that both governments implemented specific measures to support and protect Indigenous and Māori communities through the pandemic, but highlights the significant, disproportionately negative impact COVID-19 has had on these communities.

Measures implemented by the Australian Government included establishing an Aboriginal and Torres Strait Islander Advisory Group on COVID-19, implementing funding measures focussed on health, social wellbeing, economic stimulus, and research, restricting travel to remote communities, establishing the Remote Point of Care Testing Program, and ensuring food security in remote areas. The Government also distributed a national advertising campaign, prioritised vaccinations for Aboriginal and Torres Strait Islander peoples, worked with the Aboriginal Community Controlled Health Sector to rollout the vaccine, and increased the stock of personal protective equipment and pharmaceuticals to protect communities and health care staff.

The response measures implemented by the Aotearoa New Zealand Government included the development of a four-tiered alert level system, creating a COVID-19 Māori Response Plan and the COVID-19 Vaccine Programme Māori Implementation Strategy, passing COVID-19 specific legislation, and distributing targeted pandemic messaging. Actions included restricting non-essential movement, connecting iwi and non-government Māori organisations with agencies to deliver support, targeting investment in Māori communities, businesses, and health providers, providing funding to a range of pandemic impacted industries and providing care packs for distribution to Māori communities.

Aboriginal and Torres Strait Islander peoples were significantly impacted in a range of socioeconomic areas. Border closures, community lockdowns, travel and gathering restrictions, reduced participation in traditional cultural practices, access to healthcare, disability services and education, and increased the severity of family violence. Poor digital and healthcare literacy also reduced compliance with COVID-19 measures. The negative impact on cultural practices, particularly funeral and sorry business, was particularly noted. Underlying these impacts was the increased risk that poor housing and living conditions facilitated virus transmission, and the greater health implications of COVID-19 for Aboriginal and Torres Strait Islander peoples.

Māori communities in Aotearoa New Zealand were also substantially impacted. During lockdown periods, access to adequate health care was reduced, telehealth appointments were difficult to secure, and community-based service provision absent. Many Māori were concerned about breaching travel restrictions so delayed seeking urgent treatment or avoided hospitals. Low socio-economic students had difficulty in accessing devices or the internet for online learning. The disproportionate impact of pre-existing housing issues for whānau was emphasised by the pandemic, with Whānau Māori Community and Marae Response Fund funded payments unable to fulfil upcoming rent and utility payments. The gathering restrictions impacted cultural, celebratory, and funeral events, affecting morale and mental health.

As Aboriginal and Torres Strait Islander and Māori peoples are disproportionately impacted by poor health outcomes and are more susceptible to disease compared to other ethnicities, the Australian and Aotearoa New Zealand Governments hard lockdowns, national, state and community border closures protected health and reduced the risk of widespread mortality.

COVID-19 response and recovery measures remain ongoing priorities for Australia and Aotearoa New Zealand with economic recovery a key focus for both governments. Australia invested in improving outcomes for Indigenous Australians in aged care, health, infrastructure, education, women's safety, Indigenous businesses, and employment outcomes, while the Aotearoa New Zealand government developed the Māori Economic Resilience Strategy to build Māori economic resilience.

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Overview

This case study provides an overview of the domestic response to COVID-19 in Australia and Aotearoa New Zealand from early 2020 to July 2021. This case study is an initiative under the Australia and Aotearoa New Zealand Indigenous Collaboration Arrangement (the Arrangement). The Arrangement supports the sharing of information on Indigenous policy development and implementation between the National Indigenous Australians Agency (NIAA) and Te Puni Kōkiri, the New Zealand Ministry of Māori Development.

The United Nations has acknowledged that the COVID-19 pandemic has had a disproportionate impact on people in vulnerable situations globally, including Indigenous peoples. On 11 March 2020, the World Health Organisation declared the COVID-19 outbreak a global pandemic. Subsequently, the Special Rapporteur on the Rights of Indigenous Peoples, Mr Francisco Cali Tzay, drafted a report to the UN General Assembly and Human Rights Council on the impact of COVID-19 on the rights of indigenous peoples¹. He found the pandemic exposed weaknesses and exacerbated disparities in public health and social systems. Mr Tzay stated that indigenous peoples were often left behind in national responses, contributing to the wider range of systemic violation and disadvantage they already face.

Australia and Aotearoa New Zealand

Australia and New Zealand developed a range of response mechanisms to protect Aboriginal and Torres Strait Islander peoples and Māori, respectively (see *Appendix A* for a glossary of terms). Key factors included implementing strategies early and working in partnership with the Indigenous leaders and communities. This approach is outlined below with appendices providing further detail on the initiatives covered.

Snapshot of

COVID-19 cases in Australia and Aotearoa New Zealand as at July 2021

- As at 28 July 2021, the Australian Department of Health reported 174 cases of COVID-19 among Aboriginal and Torres Strait Islander peoples, which represents approximately 0.5% of all cases in Australia. At 28 July 2021, there were no known COVID-19 fatalities of Aboriginal and Torres Strait Islander peoples in Australia. At 28 July 2021, there were no Aboriginal and Torres Strait Islander persons living in remote or very remote Indigenous communities with COVID-19.

¹ Office of the United Nations High Commissioner for Human Rights, 2020, *Report on the impact of COVID-19 on the rights of indigenous peoples*, <https://undocs.org/en/A/75/185>

- As at 22 July 2021, the New Zealand Ministry of Health reported there were 210 cases of COVID-19 among Māori, which represented 7.4% of all cases in New Zealand at that time. Of those that were infected, there have been five known COVID-19 fatalities of Māori in New Zealand, accounting for 19.2% of deaths from COVID-19 in the country.

The Australian Government response

The Australian Government responded to the COVID-19 pandemic by implementing a range of measures to support the domestic response. Specific measures for Aboriginal and Torres Strait Islander peoples included:

- Establishing an **Aboriginal and Torres Strait Islander Advisory Group on COVID-19** to develop and deliver a *Management Plan for Aboriginal and Torres Strait Islander Populations* (the Management Plan) and implement the *Australian Health Sector Emergency Response Plan for Novel Coronavirus* for Indigenous Australians (see Box 1). This Advisory Group would remain the lead point of coordination and advice for Aboriginal and Torres Strait Islander COVID-19 related issues throughout the pandemic, reporting directly to the Australian Health Protection Principal Committee.
- Implementing a broad suite of funding measures addressing health, social wellbeing, economic stimulus, and research in response to the impacts of COVID-19 including to promote economic recovery. This included a \$123 million package over two years to support Aboriginal and Torres Strait Islander communities and businesses in their responses to COVID-19;
- Community-requested and government implemented travel restrictions to **stop non-essential movement** into remote communities under the Commonwealth’s Biosecurity Act 2015;
- Establishing the **Remote Point of Care Testing Program** which reduced testing times by 45 minutes and provided on-the-spot results in remote Aboriginal and Torres Strait Islander communities;
- Ensuring food security in remote stores by addressing national issues of supply and securing adequate market share for remote food and grocery management companies, wholesalers, and distributors in collaboration with state and territory governments;
- A national advertising campaign to address concerns around the lack of information on what to do when people presented with COVID-19 symptoms. A First Nations-owned public relations company developed targeted communication materials for the Aboriginal Community-Controlled Health Sector (ACCHS) and communities; and
- Prioritising Aboriginal and Torres Strait Islander People in the National Vaccine Rollout.
- Establishing guidelines for Australian Government Agencies, services and programs to limit travel into remote communities
- Increasing Australia’s supply of personal protective equipment and pharmaceuticals held in the National Medical Stockpile.

Further detail on the range of Australian measures is at *Appendix B*.

Box 1. Aboriginal and Torres Strait Islander Advisory Group on COVID-19

- The Aboriginal and Torres Strait Islander Group (the Advisory Group) on COVID-19 advises the Australian Government’s Department of Health on culturally appropriate ways to protect Aboriginal and Torres Strait Islander communities from the spread of COVID-19.

- The Advisory Group reports to the Australian Health Protection Principal Committee and is co-chaired by the Department of Health and National Aboriginal Community Controlled Health Organisation (NACCHO). The Advisory Group includes: Public Health Medical Officers and leaders from the ACCHS; Aboriginal Health Services; state and territory government public health and medical officials; Aboriginal communicable disease experts; the Australian Indigenous Doctors' Association; and the NIAA.
- The Advisory Group meets regularly and guides the Aboriginal and Torres Strait Islander response to COVID-19 and the vaccine rollout. The Advisory Group is a key mechanism for Indigenous advice to be provided to National Cabinet and reflects the Government's partnership approach to addressing the impacts of COVID-19.

The Aotearoa New Zealand Government Response

The Aotearoa New Zealand Government implemented a comprehensive set of measures in response to the impacts of the COVID-19 pandemic, including:

- Development of a four-tiered alert level system. New Zealand moved to a state of emergency and Alert Level Four on 25 March 2020 that required self-isolation for the entire country for an initial period of four weeks. Movement was limited to shopping for essentials, seeking medical treatment, and for essential workers. Border restrictions were implemented with exemptions for citizens and permanent residents.
- Adherence to alert level restrictions by households and whānau bubbles appeared to vary considerably due to many factors such as financial status, household make-up, essential worker status, health needs, disability, food and shelter security, and gender. Many households have many of these factors intersecting compounding the challenges they had to deal with. A large number of households reportedly had essential workers and/or vulnerable people in them. In a large national study with 14,876 respondents, over half had essential workers in their bubbles and 40% had vulnerable people in them (Kearns et al., 2021). Similar figures were found in a study of university students. One study of 278 university students found 8.6% of participants were essential workers and continued to work in face-to-face conditions during lockdown, while 33.5% reported someone one in their lockdown bubble was an essential worker.
- Additionally, 14.8% of participants reported that their bubble included both an essential worker and a high-risk person (Broodryk & Robinson, 2021). In the South Auckland Pacific community research, seven of the ten families who participated had at least one essential worker within their family group (Colmar Brunton, 2021b). Essential workers who lived in large households or flatting situations, co-parented children or cared for people outside their whānau bubble (such as the elderly or disabled) reported that, despite being ethically conflicted due to the knowing the risk they presented to others, they often broke their bubbles due to having to cope with these personal situations (Trnka et al., 2021). University students also reported breaching lockdown rules to seek social contact but were less likely to do so if there was an essential worker in their bubble (Broodryk & Robinson, 2021).
- Te Puni Kōkiri moved quickly to ensure that *hapū*, *iwi*, *marae*, and Māori organisations were able to support the needs of their communities. Te Puni Kōkiri utilised strong community networks to help link up *iwi* and non-government Māori organisations with other agencies, to deliver immediate support to *whānau* in need, and to strengthen the overall emergency response system at the local level.
- Funding initiatives to mitigate the impact of COVID-19 included an initial \$12.2 billion COVID-19 Economic Response Package with support provided to a range of industries; and targeted investment in Māori communities and business to support outreach, health services, and pandemic response planning.
- Creation of the **COVID-19 Māori Response Plan** to ensure the health and wellbeing of Māori was protected during the pandemic. The Whānau Ora Commissioning Agencies played a crucial role in providing effective, rapid support to more than 226,000 *whānau* members. Te Puni Kōkiri supported the Whānau Ora Commissioning Agencies by providing care packs (including hygiene and sanitation items), access to food and essential supplies, and other provisions and health information. As at June 2021, 217,049 care packs were distributed, supporting communities

and organisations which had an immediate need for such supplies. Grants were also provided to assist with basic needs.

- A targeted vaccination approach across four groups, starting with those at highest risk of infection.
 - For Māori, the Ministry of Health developed the **COVID-19 Vaccine Programme Māori Implementation Strategy**. Developing partnerships between Government agencies and the Māori Health Authority, Māori providers, experts and *iwi* have been vital in securing the necessary resources to support Māori health and wellbeing for vaccine allocation and distribution.
 - The Ministry of Health dedicated \$1.5 million to the workforce funding Māori health providers and their staff. This aimed to provide core training for *kaimahi* Māori, including immunisation, vaccines, cultural competencies, and other core skills to support the COVID-19 vaccine service. Developing a stronger workforce is necessary for ensuring the efficient response to Māori needs and provide clinically and culturally safe services.
- The passing of the *COVID-19 Response (Requirements for Entities – Modifications and Exemptions) Act 2020* to support business and Māori governance entities through the immediate impacts of COVID-19. This legislation provided governance entities with relief from certain statutory obligations and requirements in their constitutions and other rules that were impractical due to the pandemic.
- Targeted pandemic messaging achieved through Māori television and social media, and a translation service to support the National Crisis Management Centre, the Ministry of Health and core government agencies to provide public health messages and information in te reo Māori. This included developing a lexicon of pandemic-related terminology that had not previously existed.

Further detail on the range of New Zealand measures is at *Appendix C*.

Impacts of COVID-19 on Aboriginal and Torres Strait Islander peoples

COVID-19 has had far-reaching impacts for Aboriginal and Torres Strait Islander peoples in a range of socioeconomic domains, including:

- Members of the communities needed to consider the risk they may pose to other members by returning to or travelling between communities, in taking part in traditional cultural practices, ceremonies, gatherings, and Sorry Business, as well as the impact of and options for children returning from boarding school.
- Aboriginal and Torres Strait Islander peoples are at a higher risk from morbidity and mortality during a pandemic and far more rapid spread of disease due to pre-existing medical and non-medical factors, particularly within discrete communities.
- As with all populations that experience disadvantage, there may be additional challenges around healthcare literacy in Aboriginal and Torres Strait Islander communities, which impacts community understanding of, and compliance with, isolation and precaution measures.
- High rates of poverty limit the capacity of families and communities to adapt to rapidly changing emergencies. There is also a reduced ability to tolerate the financial impact of loss of work in the event of isolation. Low levels of income also impact people's ability to purchase food, medicines and other hygiene products such as tissues and cleaning products, especially in the event of lockdowns or where pre-purchasing is required. This increases susceptibility to COVID-19 due to the potential for inadequate nutrition, compromised hygiene, or non-compliance with isolation requirements.
- Aboriginal and Torres Strait Islander peoples with a disability may face a number of additional barriers in accessing health care and services during the COVID-19 pandemic. The Management and Operational Plan for People with Disability provides direction and guidance for people with a disability (including Aboriginal and Torres Strait Islander peoples) to ensure equitable access to health care during the outbreak.

- Increased demand for family violence support services was required. Prior to the pandemic, Aboriginal and Torres Strait Islander women experienced disproportionately high levels of violence compared to non-Indigenous women. Research into the prevalence of domestic violence among Australian women, including Aboriginal and Torres Strait Islander women, indicated an increase in both the prevalence and severity of domestic violence since the onset of the COVID-19 pandemic. Research and anecdotal evidence at the time suggested that COVID-19 public health measures had a concerning impact on experiences of family violence, increased drug and alcohol use and reduced help-seeking behaviours for Aboriginal and Torres Strait Islander women.

Measures implemented by the Australian Government to mitigate and manage these impacts included:

- Working in partnership with Aboriginal and Torres Strait Islander peoples as per the National Agreement on Closing the Gap;
- Establishing **Operation COVID Shield** in June 2021 to boost public confidence in the Australian vaccine rollout and to ensure as many Australians are vaccinated as early as possible.
- Programs to help Aboriginal and Torres Strait Islander peoples from remote communities: remain safe; avoid homelessness or displacement during travel restrictions; and meet quarantine requirements as needed. Examples include **South Australia's Return to Country**, the **Northern Territory's Safe Stay Plan for Remote Community Visitors**, **Victoria's Social Housing Stimulus Package** and **Western Australia's funding to upgrade community housing stock in remote Indigenous communities**;
- Funding and interest rate measures were also provided to assist existing and future Aboriginal and Torres Strait Islander homeowners. Indigenous Business Australia (IBA) reduced interest rates for all their home loan customers for an initial period of six months and offered a loan repayment holiday for customers experiencing hardship. An additional \$150 million was also provided to IBA's **Indigenous Homeowners Program** to enable Aboriginal and Torres Strait Islander peoples to access concessional home rates to build new homes in regional Australia;
- Contingency measures for correctional facilities to manage COVID-19², which resulted in limited cases of COVID-19 in prisons and no widespread outbreaks. This included community reintegration services which adhered to quarantine requirements.
- Funding and support for a range of health services including:
 - Working with Aboriginal Community Controlled Health Services (ACCHS) and jurisdictions to rollout the COVID-19 vaccine. The Australian Government developed a comprehensive implementation plan to ensure the rollout met the needs of Aboriginal and Torres Strait Islander peoples and that vaccines were available to priority groups from March 2021. A **Remote Vaccine Working Group** was also developed to ensure remote communities remained central to the vaccine rollout;
 - Supporting pregnant women during the pandemic through **the Australian Nurse Family Partnership Program** which was modified to meet COVID-19 restrictions;
 - Funding Primary Health Networks and direct supports to respond to the mental health impacts of the pandemic;
 - Supporting the remote health workforce through a surge capacity program; and
 - Providing additional support to the ACCHS through the redirection of underspends and reduction of reporting requirements during the peak of the pandemic.

Further detail on the impacts and corresponding measures is at *Appendix D*.

² Department of Health, 2021, *CDNA National Guidelines for COVID-19 Outbreaks in Correctional and Detention Facilities*, <https://www.health.gov.au/sites/default/files/documents/2021/10/cdna-national-guidelines-for-covid-19-outbreaks-in-correctional-and-detention-facilities.pdf>



Impacts of COVID-19 on Māori people

The COVID-19 pandemic has had, and will continue to have, a significant impact on *whānau*, *hapū*, *iwi*, and Māori communities. Some of the impacts of COVID-19 are detailed below:

- Like all New Zealanders, Māori needed to adapt to significant changes in their everyday lives, particularly the reality of ‘household bubbles’, a practice which saw all New Zealanders cluster with people in their household over the Alert Level Three and Four lockdown periods. *Marae*, community centres, and all non-essential services were closed except for supermarkets, pharmacies, and emergency services with strict social distancing guidelines.
- Māori are disproportionately impacted by poor health outcomes and significant health issues. Māori are also more susceptible to hospitalisation and death from infections compared to other ethnicities. Research conducted in late 2020 found that the Māori Infection Fatality Rate (IFR) from COVID-19 is at least 50% higher than New Zealanders from European backgrounds. The New Zealand Government’s hard lockdown and closing of national borders protected Māori from a devastating loss of life. These measures were supported by research and modelling based on international and historical data.
- Healthcare and practice during lockdowns created stressors and enablers for health workers. Frontline workers reported high levels of ethical decision-making was required to decide whether to see someone face to face. They were required to spontaneously manage high-risk situations regarding infection control within in-patient and community settings. Some reported feeling coerced into working in unsafe situations. The need for a strong and positive team culture was required to feel safe (Occupational Therapy Board of New Zealand, 2020). Similar experiences were recounted by the nursing workforce. Nurses reported management hiding and restricting access to PPE and that they felt adequate care was compromised for patients (W. McGuinness & Brady, 2020). Telehealth provision was rapidly implemented by all types of service providers, and this was integral in the continuation of health services during Alert level three and four (Wilson et al., 2021).
- Social workers, occupational therapists, and general practitioners reported establishing telehealth was initially stressful, with limited guidance or appropriate technology, but once established was often a positive experience. (Imlach et al., 2021; MacAulay, 2021; Occupational Therapy Board of New Zealand, 2020). Social workers recounted difficult online situations when dealing with intimate partner violence and having concern about child welfare (MacAulay, 2021). Telehealth was not adequate or accessible for everyone due to insufficient devices, internet connectivity or digital literacy making adequate provision of healthcare very difficult for some population groups such as low-income people (Choi et al., 2021), disabled people (The Independent Monitoring Mechanism, 2021) and older people (Occupational Therapy Board of New Zealand, 2020).
- Due to ongoing health needs and potentially the lack of community-based service provision, people were required to break lockdown restrictions to seek medical care. Access to pharmacies, prescriptions and consultations with a health practitioner were still required face to face for various urgent reasons. People were anxious travelling because they knew the police were monitoring compliance with lockdown advice and there was reported hospital avoidance or delay of treatment because of this (Imlach et al., 2021). Hospital avoidance also was attributed to a delay of seeking urgent treatment for children, with newborn infants disproportionately affected over the lockdown period (Duncanson, Wheeler, Jolleyman, Dalziel, & McIntyre).
- Although there was an overall decrease in adult accidents and trauma this was not always the case for every region. In the three Auckland DHBs region there was a significant reduction in adult trauma but a 29% increase in the Northland DHB (McGuinness, Harmston, & Network, 2021). National ambulance call outs over the lockdown period reflected this overall decrease excepting mental health conditions, which showed a marked increase (Dicker et al., 2020).
- During lockdown, disabled people reported variable experiences. In the Independent Monitoring Mechanism (IMM) review (2021), the genuine valuing of disabled people as equal citizens over the Alert level three and four was questioned. Disabled people reported having difficulty accessing food, transport, rehabilitation services, housing, and public spaces. Disabled people were involved in decision making groups but felt these were “primarily of a

consultative nature, often an afterthought, and they were not always remunerated for their contributions” (IMM review, 2021, p. 13). There were delays receiving accessible information and communications so disabled people felt un-informed and frustrated. Furthermore, access to personal protective equipment (PPE) and testing was at times a challenge (IMM review, 2021). There were positive experiences of lockdown including settled behaviour of children who were diagnosed with ADHD or Autism, attributed to having the stress of attending school removed (MacAulay, 2021), however this was not a universal experience with many families under considerable pressure and stress without regular respite, school and social services (Occupational Therapy Board of New Zealand, 2020).

- The education sector also experienced a huge impact on their operations with all educational providers closed for the whole period of alert level three and four. Education from early childhood to tertiary level was expected to be delivered online. A survey of schools showed that only half the schools in the country felt that their students would be able to access online learning (Mutch, 2021). Follow up studies have shown that despite huge efforts to increase access to devices and the internet over the 2020 lockdowns, Aotearoa New Zealand’s students with low economic and social support have fallen even further behind (Mutch, 2021). These findings are echoed in ground-level feedback. A spokesperson from Ngā Pūmanawa e Waru Education Trust speaking at a Rural Connectivity symposium stated that: *“8000 children in the Wairakei area alone were unable to connect with their education during level four lockdown; and 23% of senior school students failed to return to school after level 4 lockdown”* (Technology Users Association New Zealand, 2020, p. 12).
- Another iwi-led study in Auckland found 50% of the 1038 student respondents only had internet access via a mobile phone to do their schoolwork on (Hunia et al., 2020). There were positive reports and consequences of online learning for some students: *“Many schools have learnt students can learn while online so this could potentially mean students who are unwell or even students who simply can’t come in (bad weather, can’t afford transport) can still be a part of the class and continue their learning”* (Houkamau et al., 2021, p. 27).
- Māori are disproportionately impacted by poor quality housing and sub-optimal housing conditions. COVID-19 further highlighted issues such as homelessness and whānau Māori being unable to afford rent and utility payments. Funding from the Whānau Māori Community and Marae Response Fund assisted service providers with providing *whānau* the necessary provisions for ensuring upcoming payments were covered.
- Many large-scale Māori events planned for the first half of 2020 were unable to proceed due to COVID-19 restrictions with others modified to online platforms. Some cultural practices could not be adapted to virtual platforms, an example being *tangihanga*, a sacred ritual acknowledging the loss of loved ones.
- Research and publications describing the lockdown experience for whānau Māori capture the daily experience for whānau, while others described the collective experience in the Māori-led response. Several academics and health leaders published commentaries early in 2020 that reflected lack of trust in the Government, with little evidence of giving social licence or sanction of the actions taken by it. Other reports from community-based Māori providers provide more positive feedback on the government’s response to COVID-19, especially across the greater Wellington region and Te Wai Pounamu (South Island).
- From the outset, Māori public health experts were extremely concerned about the disproportionately negative impacts the COVID-19 pandemic was likely to have on Māori and particular groups within the Māori population who face multiple oppressions.
- *“Our experiences of colonisation, coloniality, racism, and a substantial body of evidence from Aotearoa me Te Waipounamu and Indigenous communities around the world, tells us that through pandemics and other crises, unchecked government action and ‘one-size -fits-all’ approaches will exacerbate existing inequities”. We are calling for all parts of the government to make decisions and urgently commit resources to meet the aspirations and needs of whānau, Hapū and Iwi Māori.”* Te Rōpū Whakakaupapa Urutā Position Statement (Te Rōpū Whakakaupapa Urutā, 2020).
- Te Rōpū Whakakaupapa Urutā – a National Māori Pandemic Group – was established by Māori health experts with the backing of the Iwi Leaders Forum. It has been suggested that the formation was an indicator that Māori experts

were expecting to not be included in government decision-making forums or be provided opportunities to speak to Māori about pandemic safety (Cram, 2021; Pihama & Lipsham, 2020). This lack of trust by academic and health leaders from the outset of the pandemic was also evident in Dr Rhys Jones' early commentary in March 2020 (cited in Cram, 2021, p. 8): *"the Ministry of Health's strategy lacks a Treaty partnership approach and has little to suggest it is appropriately addressing glaring equity issues"*.

- Social distancing and restrictions for attending tangihanga (funerals) over lockdown were difficult for whānau and the limited consultation about this before legislation added to the frustration and social pain (Cram, 2021; Curtis, 2020; Pihama & Lipsham, 2020).
- *"Great sadness around tangihanga, no ability to grieve with whānau as is our tradition. This is a huge mamae for whānau to carry collectively"* (respondent quoted in Houkamau et al., 2021).
- As well as this, two areas of structural oppression further undermined trust and the social contract of the Treaty of Waitangi (Te Tiriti o Waitangi). Specifically, the inclusion of marae in the initial COVID-19 Public Health Response Bill's provision of warrantless search powers eroded trust in authorities. Paired with the negative response to iwi checkpoints, which were initially aimed at protecting travellers and communities, decisions coming from the Government exacerbated already challenging situations and further deteriorated Māori trust (Harris & Williams, 2020; Kelsey, 2020).
- After the main national lockdowns, in August 2020, Professor Linda Tuhiwai Smith reflected in a panel discussion about the Government response: *"our own stories had to bubble up from the ground, as they were neglected from the centre"*
- There was an expression of sadness and despair at the ease in which the Treaty (Tiriti) partnership had been neglected and the response had defaulted back to a western, one-size-fits all approach (Smith, Wātene, Cormack, & Reid, 2020).
- Similar sentiments have also been expressed as recently as May 2021 by Dr Rawiri Taonui in his regular opinion pieces for Waatea News, for example, in respect to the vaccination roll-out: *"A rigid age-based monocultural one size fits all cultures rollout plan prioritises European over 65-year-olds and lacks the dexterity to effectively vaccinate lower socio-economic and remote Māori communities... The previously [sic] inability of the DHBs to test Māori last April/May and the bungled communications during the Papatoetoe Cluster show that they are cross-culturally incompetent"* (Taonui, 2021).
- Reports from community-based Māori providers over lockdown do provide a different perspective on these critiques. A commentary of Te Pūtahitanga o Te Waipounamu, the South Island Whānau Ora Commissioning Agency response, stated surprise that *"the Māori response was largely positively received by government and wider New Zealand, with both government resources and public gratitude to Iwi and Māori organisations"* (McMeeking, Leahy, & Savage, 2020). Tākiri Mai Te Ata Whānau Ora Collective Kōkiri Hauora in Wellington also described extensive and positive community networks with both Government and private businesses over the lockdown periods, essential for its success in providing for the greater Wellington region (Davies & Hopkirk, 2020). Hope for building on such positive outcomes were expressed by Māori in a large online survey: *The wellbeing of Māori pre- and post-Covid-19 lockdown in Aotearoa / New Zealand* (Houkamau et al., 2021). Over one quarter of the 2648 respondents expressed hope that the pandemic could change us towards being a *"kinder, united and more tolerant society that cares for poor/vulnerable, and others called for a reset of societal priorities and values with some calling for a greater focus on environmental protection and a move away from individualism, consumerism and greed"* (Houkamau et al., 2021, p. 31).
- Other key findings in Houkamau's research indicated that being separated from whānau and loved ones was a major cause of stress and sadness for over a quarter of respondents. Approximately 60% of the 2953 Māori surveyed reported their whānau were the most important source of support during the pandemic but many (31.43%) reported they had no whānau support at all. Other findings showed that 20% found the pandemic actually strengthened the whānau by bringing them closer (Houkamau et al., 2021). The variation in experiences of lockdown

has been reported in similar contrasting ways in whole population surveys (Sibley, Overall, Osborne, & Satherley, 2021).

- In Sibley et al's study, while having a much smaller Māori cohort of respondents than Houkamau et al., Māori did report greater negative experiences during the lockdowns than other ethnic groups. This conclusion is supported by the extensive data analysis carried out by Te Pūtahitanga o Te Waipounamu and Tākiri Mai Te Ata/Kōkiri Hauora Whānau Ora collectives (Davies & Hopkirk, 2020; Savage et al., 2020). Thousands of whānau were supported by these two organisations. Despite the positive community partnerships these organisations had, the financial impact, harm to mental wellbeing and effect for tamariki were key concerns for them over the 2020 Alert Level three and four lockdowns. For example, one respondent in Te Waipounamu stated: *"My phone is broken and isn't reliable. Food costs are so high, I can't afford to buy a new one. It's been hard to contact family due to my phone being broken so my kids are feeling pretty down and missing everyone."* (Savage et al., 2020, p. 18).

Further information on the impacts of COVID-19 on Māori peoples can be found at [Appendix E](#).

Economic Recovery for Aboriginal and Torres Strait Islander peoples and Māori

Economic recovery in the COVID-19 context has been a key focus for both governments. The 2021-22 Budget in Australia invested in improving outcomes for Indigenous Australians in aged care, health, infrastructure, education, and women's safety. It also included funding to strengthen Indigenous business and community organisations and improve employment outcomes. The NIAA also provided flexible arrangements under the Indigenous Advancement Strategy to ensure organisations affected by the pandemic were able to continue operating. Similarly, IBA provided specialist advice to help Indigenous businesses survive, adapt, and recover from the impacts of COVID-19.

In New Zealand, the focus of the New Zealand Government has been to ensure investments in response to the economic impacts of COVID-19 build a more sustainable, resilient, and inclusive Māori economy. The development of the Māori Economic Resilience Strategy by Te Puni Kōkiri and the Ministry of Business, Innovation, and Employment aims to:

- Support Māori to recover and thrive post COVID-19;
- Build resilience to better withstand future economic shocks; and
- Reshape the status-quo to create a more sustainable, resilient, and inclusive economy for Māori.

Further detail on economic recovery initiatives is at [Appendix F](#).

Conclusion

This case study reflects the impact of the pandemic on Indigenous Australians and Māori in the first 18 months of the pandemic. Early responses to the pandemic in both Australia and New Zealand, which included working in partnership with Aboriginal, Torres Strait Islander, and Māori leaders, were critical in ensuring that First Nations peoples were protected from COVID-19.

COVID-19 response and recovery measures remain ongoing priorities for both governments. At the Australia and New Zealand Leaders Meeting in May 2021, Prime Ministers Scott Morrison and Jacinda Ardern acknowledged the impacts of the pandemic and expressed their ongoing commitment to providing COVID-19 specific funding measures to ensure economic recovery in their respective nations.

Lockdowns, travel restrictions, remoteness, isolation from community and cultural practices, as well as many other factors have had, and will continue to have, long-lasting impacts on Aboriginal and Torres Strait Islander peoples, and Māori peoples. This case study reflects the importance of governments working in genuine partnership with Māori and Aboriginal and Torres Strait Islander peoples to continue responding effectively to the challenges posed by the COVID-19 pandemic.

Appendix A: Glossary of Terms

Hapū	A subtribe of an iwi; the basic political unit within Māori society.
Hauora	Health and wellness that is unique to the philosophy and worldview of Māori. It covers the holistic needs for balancing all aspects of health, giving balance and maintenance to all aspects of life.
Iwi	The largest social units in Māori society. Iwi means "people" or "nation", and is often translated as "tribe", or "a confederation of tribes".
Kai	Food.
Kaimahi	Worker, employee, clerk, staff.
Kaumātua	A respected tribal elder of either gender in a Māori community.
Kaupapa	Thematic inquiry
Kawa	Protocol or etiquette, particularly in a Māori tribal meeting place. Customs of the Marae and wharenui (meeting house), particularly related to formal activities that happen on Marae.
koroua	An elderly Māori man.
Kuia	An elderly Māori woman.
Kura	School, education.
Maihi Karauna	The name of the Crown's Māori Language Strategy for Language Revitalisation.
Marae	A communal place where sacred formalities are observed, and values and philosophy are reaffirmed. Māori see their marae as tūrangawaewae - their place to stand and belong. Marae are used for meetings, celebrations, funerals, educational workshops, and other events important to Māori.
Pakeke	Adult.
Papakāinga	A collective form of Māori living. Papakāinga is generally considered to be communal housing and facilities on ancestral land owned by Māori.
Rangatahi	Young people; the younger generation.
Sorry Business	Is an important time of mourning that involves responsibilities and obligations to attend funerals and participate in other cultural events, activities or ceremonies with the community.
Tangata whenua	Indigenous peoples – people born of, or belonging to, the land.
Tangihanga	A traditional Māori funeral process consisting of the most sacred rites for the dead, with strong cultural imperatives and protocols. While most tangihanga are held on a marae, some can be held in homes and communal spaces – so long as the protocols of the process are respected.
Te Māngai Pāho	Māori Broadcast Funding Agency.
Te Taura Whiri i te Reo Māori	Māori Language Commission.
Tikanga	Are Māori customary practices or behaviours. The concept is derived from the Māori word 'tika' which means 'right' or 'correct' so, in Māori terms, to act in accordance with tikanga is to behave in a way that is culturally proper or appropriate.
Wāhine	Woman/women.
Wānanga	Teaching and research that maintains, advances, and disseminates knowledge and develops intellectual independence, and assists the application of knowledge regarding ahuatanga Māori (Māori tradition) according to tikanga Maori (Maori custom).
Whānau	Extended family, a family group.

Appendix B: Australian Government Response

Investment response

The Australian Government implemented a range of funding measures to mitigate and manage the effects of COVID-19 on the health of the Australian population and its economic recovery:

- On 11 March 2020, the Australian Government announced an initial **\$2.4 billion health package** to protect Australians from COVID-19. The package provided support across primary care, aged care, hospitals, research, and the national medical stockpile and included:
 - From 13 March 2020, \$100 million for a new bulk-billed telehealth consultation service for people in home isolation or quarantine due to COVID-19. Participants could access GPs, other medical specialists, nurses, and allied health workers at no cost. Under Medicare, the service was extended to people aged over 70, people with chronic diseases, Aboriginal and Torres Strait Islander people aged over 50, people who are immunocompromised, pregnant people, and new parents with babies.
 - \$206.7 million to invest in up to 100 dedicated respiratory clinics. The clinics provided testing and isolation facilities for people concerned they had contracted COVID-19.
 - \$58.7 million to support increased capacity to prevent outbreaks in remote locations, particularly Aboriginal and Torres Strait Islander communities. This included tools to screen visitors and fly-in, fly-out workers, additional support to evacuate early cases if required, and mobile respiratory clinics to respond to outbreaks without a hospital or available health service.
 - \$1.1 billion to ensure patients and critical health care staff have appropriate personal protective equipment and access to hand sanitiser. This funding also purchased antibiotics and antivirals for the National Medical Stockpile to treat patients who experienced secondary infections because of COVID-19.
 - \$30 million to deliver a new national communications campaign – across all media – to provide people with practical advice on how they can play their part in containing the virus and staying healthy. The campaign will keep the health and aged care industry informed, including providing up to date clinical guidance, triaging and caring for patients, development of an app and advice to workers in looking after their own safety.
- On 14 March 2020, the Australian Government announced a **\$17.6 billion economic stimulus package**, which included:
 - Business investment support;
 - Cash flow assistance to help small and medium sized business to stay in business and keep their employees in jobs;
 - Targeted support for the most severely affected sectors, regions and communities; and
 - Household stimulus payments to benefit the wider economy.
- On 20 March 2020, the Australian Government postponed the 2020-21 Budget from May to October 2020 in order to focus on the immediate health and economic impacts of the pandemic and to allow for more time in understanding the longer-term economic and fiscal impacts of COVID-19 domestically and globally.
- \$57.8 million over 2019-20 and 2020-21 was allocated to the **Remote Community Preparedness and Retrieval** measure in March 2020 to support remote communities to minimise the likelihood of exposure to COVID-19, increase their capacity to evacuate early cases, and enable an effective response if an outbreak occurred. Included in this measure was:
 - \$5 million for 56 remote community organisations to support COVID-19 planning and preparedness activities in 121 remote communities (fully expended); and
 - \$52.8 million for the early retrieval and medical evacuation of confirmed or potential COVID-19 cases in remote communities and to deploy mobile respiratory clinics in remote locations where the need is identified.
- On 2 April 2020, the Minister for Indigenous Australians announced a **\$123 million package over two years to support Indigenous communities and businesses in their responses to COVID-19**. This included:



- \$10 million from the Aboriginals Benefit Account to the four Northern Territory Land Councils for immediate needs and expenses associated with people returning to homelands, people who may be required to self-isolate, and to deal with the remote travel restrictions;
 - \$10 million to the Community Night Patrol to assist with community safety, including support to providers to expand or alter current services in relation to travel restrictions and social distancing requirements;
 - \$23 million from the Indigenous Advancement Strategy (IAS) to enhance Indigenous social programs whose delivery is impacted by COVID-19;
 - \$5 million from the IAS to expand the delivery of school nutrition projects to continue through pupil free days and school holidays, to accommodate the higher costs in relation to COVID-19, and to expand the program to other vulnerable members of remote Indigenous communities;
 - \$50 million available via Indigenous Business Australia to help businesses, including loans and support services; and
 - \$25 million through the IAS for an employment initiative targeted at regions and industries facing labour shortfalls because of COVID-19.
- In June 2020, the Government announced a \$7.3 million investment from the Medical Research Future Fund (MRFF) to support nine research teams in the development of antiviral therapies for COVID-19. As of July 2021, this was part of a \$96 million investment that had been made available from the MRFF for the development of COVID-19 diagnostics, vaccines, and antivirals, and to support the health system to respond to this and future pandemics.

Travel Restrictions to Remote Indigenous Communities

- At the request of communities, land councils, and Aboriginal and Torres Strait Health peak bodies (including the Advisory Group), on 26 March 2020, the Commonwealth Minister for Health signed the **Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020** (the Determination) to restrict non-essential movement into remote communities at the request of Indigenous leaders and communities. Jurisdictions implemented various arrangements under their own public health and emergency management laws to manage the impact of COVID-19 in urban, regional, and remote areas. On 26 March 2020, the Australian Minister for Health made a determination under the Commonwealth's *Biosecurity Act 2015* to restrict non-essential movement into remote communities. Remote travel restrictions operated across Western Australia, Northern Territory, Queensland, and South Australia covering 24% of Australia's land mass and protecting 82% of remote Indigenous communities. Approximately 63% of all Indigenous Australians living in remote or very remote areas were covered by the travel restrictions, this represented 12% of all Aboriginal and Torres Strait Islander Australians. The remote travel restrictions applied through the suppression phase in Australia from March through April and into May 2020.
- Under these restrictions, residents and other people travelling to remote communities were required to self-isolate for 14 days before they could enter. Exemptions applied to those providing urgent or essential services, such as emergency services, or the delivery of food or medicine if those urgent/essential service workers were from within that jurisdiction. Additionally, if communities implemented their own stricter restrictions, these did not arise from the emergency determination but rather from their own determinations. The aim of these arrangements, in combination with several others, was to limit the risk of COVID-19 transmission in remote communities and ensure continued access to essential services within a secure health framework.
- The restrictions were successful in reducing the spread of COVID-19 within communities and no cases were reported for Aboriginal and Torres Strait Islander peoples living in remote communities during the initial phase when these restrictions were in place time. On 15 May 2020, the National Cabinet agreed on a **Remote Framework – conditions for easing remote area travel restrictions** (the Framework). The Framework required jurisdictions to have arrangements in place to manage the risk of an outbreak in remote communities and as those jurisdictions implemented their own measures, the remote communities' determination was progressively rolled back.



The Torres Strait Treaty

- A special provision of the Torres Strait Treaty (the Treaty) allows free movement (without passports or visas) between Australia and Papua New Guinea (PNG) for traditional activities. As agreed by Traditional Inhabitants, these provisions can only be accessed by 14 Torres Strait Island communities and 13 coastal Papua New Guinea villages.
- The Treaty was signed in December 1978 and entered into force in February 1985. It defines the border between Australia and PNG and provides a framework for the management of the common border area. Pre-COVID-19, there were up to 25,000 – 35, 000 Traditional Visits each year into the Torres Strait.
- In response to the global COVID-19 pandemic, Traditional Visits and other activities under the Treaty were, in effect, paused by Torres Strait Island Regional Council local quarantine bans in February 2020 and international border closures by the Australian and PNG Governments in March 2020. Noting that as of 23 July 2021, there were no recorded cases of COVID-19 in any Torres Strait community or PNG Treaty Village covered under the Treaty, these measures provide an added layer of protection for Indigenous communities on both sides of the border while vaccination programs are being implemented.

Remote point of care testing program

- On 16 April 2020, the Australian Government announced it would invest **\$3.3 million to establish a rapid COVID-19 Remote Point of Care Testing Program (POCT)** for remote and rural Aboriginal and Torres Strait Islander communities. Under POCT, Aboriginal and Torres Strait Islander peoples benefitted from a 45-minute reduction to testing times and ‘on the spot’ results. This was critical for remote areas where test results could sometimes take up to 10 days due to transportation limitations.
- The rollout of POCT included funding for the purchase of machines, as well as the logistics, transport, training, software support, quality assurance, data reporting and communications for all identified sites.
- POCT was an initiative of the Kirby Institute, in partnership with the Flinders University International Centre for Point of Care Testing. It has been developed and rolled out in close consultation with Aboriginal Community Controlled Health Services and states and territories across 86 sites in Indigenous communities and ensures primary care services are no more than two to three hours’ drive from a testing facility.
- On 21 May 2020, the first two point of care tests were conducted in remote Western Australian communities. In both cases, the test came back negative, preventing patient aeromedical evacuation and minimising the stress of leaving country for patients and their families. POCT ensures access to testing for over 140,000 Aboriginal and Torres Strait Islander peoples and as at 17 January 2021, over 11,400 tests had been conducted.
- POCT is considered gold standard internationally and has played an integral role in protecting Aboriginal and Torres Strait Islander peoples in rural and remote communities during the COVID-19 pandemic. True innovation has been shown in this world first Point of Care Testing program for COVID-19 in primary care settings, which has resulted in on-country care being prioritised, fewer medical evacuations, maintained continuity of health care, and which has resulted in over 210 Aboriginal health workers trained in conducting COVID-19 testing. It has also reduced pressure on larger regional hospitals.
- The rapid COVID-19 Point of Care Testing Program received additional funding from the Australian Government for a total investment of \$11.21 million and was extended for operation to 31 December 2021.



Communications Campaign

- A national advertising campaign on COVID-19 was announced in March 2020 to address concerns around a lack of information on what to do for people who presented with COVID-19 symptoms. The campaign was rolled out across a variety of mediums including television, radio, newspapers, social media, billboards, and bus stops.
- The campaign also targeted those whose first spoken language was not English; this included Aboriginal and Torres Strait Islander peoples. A First Nations-owned public relations company developed targeted communication materials for the Aboriginal Community-Controlled Health Sector (ACCHS) and communities. These national and local media campaigns ran across television, radio and social media channels and aimed to disseminate clear and culturally appropriate information about COVID-19 and vaccines. Tailored communication resources to address mental health impacts and the COVID-19 vaccination program were also developed.
- The campaign also undertook grass-roots engagement including working with health services and influential community members to spread accurate messaging around vaccination, and to counteract misinformation. These communications have included social media posts, fact sheets and posters appropriate for Aboriginal and Torres Strait Islander people.
- The First Nations broadcasting and media sector supported these efforts and was also actively engaged in developing COVID-19 messaging, produced in community, and delivered in local language by respected local voices.

Remote Food Security

- There are more than 200 community stores servicing remote Indigenous communities across Australia. During the April-September 2020 period, store management companies reported significant increases in sales, and in some instances, up to double the normal turnover of stock due to COVID-19 stimulus payments and people returning to their communities. Stock shortages due to panic buying in major centres also impacted on order availability for deliveries to stores. Orders filled were as low as 60% in April 2020 but steadily improved. By January 2021, orders filled were in line with targets at over 90%.
- The Australian Government worked on national, and local and regional food supply issues through two key mechanisms:
 - The National Coordination Mechanism's Supermarket Taskforce which covers national issues of supply and adequate market share being secured for the remote food and grocery sector.
 - A Working Group convened by the NIAA which works with the major remote food and grocery store management companies, manufacturers, wholesalers, and distributors and representatives from relevant State and Territory Governments.
- As acknowledged in the report of the 2020 House of Representatives Indigenous Affairs Committee inquiry into food pricing and food security in remote Indigenous communities, the work that took place across the Supermarket Taskforce and Food Security Working Group ensured supplies were reserved for remote communities and supply lines were maintained despite a biosecurity determination limiting general access to remote communities.



Appendix C: Aotearoa New Zealand Government Response

- On 28 February 2020, the first case of COVID-19 was reported in Aotearoa New Zealand. On 21 March 2020, the Government of Aotearoa New Zealand introduced a four-tiered Alert Level system to help combat the virus, and the Prime Minister announced that Aotearoa New Zealand was at Alert Level Two. Despite overall low numbers of cases, on 23 March 2020, the Prime Minister announced that the country would move to Alert Level Three effective immediately, and that in 48 hours, this would move to Alert Level Four.
- Alert Level Four commenced on 25 March 2020, requiring self-isolation for the entire country for an initial period of four weeks, with movements limited to shopping for essentials, seeking medical treatment, and for essential workers. A state of emergency was also declared on 25 March 2020.
- Border restrictions were introduced at Alert Level Three, with entry into the country severely restricted for all, excluding citizens and Permanent Residents.

Investment response

- On 17 March 2020, the Government announced an initial \$12.2 billion COVID-19 Economic Response Package. Initial investment included:
 - Support for businesses and particularly small-medium sized businesses affected by COVID-19. \$2.8 billion was set aside to fund business tax changes, including an increase in the provisional tax threshold, writing off interest on late tax payments, bringing forward Research and Development refundability and reintroducing depreciation charges for commercial buildings. In addition, the Business Finance Guarantee Scheme was introduced to support businesses requiring loans but moving much of the risk of lending to the government. Other measures were introduced to support businesses, including changes to a range of tax rules and measures to support commercial tenants and landlords;
 - \$600 million was provided for targeted support of the aviation industry and the protection of supply chains. A \$900 million, low interest loan was also made available to Air New Zealand;
 - The government's flagship Wage Subsidy scheme included funding of \$12.2 billion to keep workers employed. The scheme supported businesses to retain employees, with the expectation that employees, regardless of whether they could continue to work or not, would be paid at least 80% of their former wage. A sick leave scheme was also developed to provide additional sick leave for essential workers who are vulnerable, sick or otherwise unable to work, to enable them to isolate at home;
 - An initial allocation on \$500 million was made to the health sector, as well as a \$27 million package to help community groups that provide social services. This funding also supported those more vulnerable in lockdown, such as those with disabilities; and
 - Changes were also made to benefit rates, to provide an additional \$25 per week to most main benefit recipients.
- Subsequently, in Budget 2020, the Government announced the \$50 billion COVID-19 Response and Recovery Fund (CRRF). This fund provided an indication of what the Government would be willing to spend in response to COVID 19, if necessary. As at 1 February 2021, \$10.2 billion of the fund remains unallocated, and will be set aside for any future health and economic response needed in the case of a further COVID-19 resurgence. Accompanying the Budget 2020, the Government released a summary of initiatives document, providing greater detail on new spending initiatives.
- Initiatives funded from the CRRF include:



- \$320 million for the health sector, aimed to maintain essential support services for the disabled, those in aged care and to cover costs of facility maintenance.
- \$309 million for Arts, Heritage and Culture, with a focus on retaining core capabilities of cultural heritage destinations as well as infrastructure projects, such as the much-anticipated national Fale Malae³.
- \$181 million for Māori development, targeting provisions for strategic planning and implementation processes for Māori organisations and communities in response to COVID-19.
- Following the government's initial funding stimulus package in March 2020, an additional support package focussed on targeted support for Māori as part of the COVID-19 response was announced. This response was targeted for Māori to ensure they were well supported and remained resilient, particularly among those within remote areas or with little support available. These investments coincided with the wider government financial supports announced, such as the flagship Wage Subsidy scheme.
- Targeted investment in Māori communities and businesses included:
 - \$10 million to reprioritise support for community outreach, with steps taken by Te Puni Kōkiri to include:
 - A refocus of Te Puni Kōkiri Regional Hubs to support *iwi*, *hapū*, and *whānau* Māori
 - Partnering with Māori communities and organisations to give them the tools and resources to support a targeted response
 - Providing infrastructure and technology support to communities; and
 - Supporting Māori health providers to enable clinical expertise to reach *whānau* Māori and coordinate with necessary *tikanga* related support.
 - \$30 million targeted directly to Māori health services and an extra \$15 million to Whānau Ora commissioning agencies.
 - \$1 million of funding to support Māori businesses, enabling a needs assessment for Māori businesses (in partnership with New Zealand Māori Tourism, Federation of Māori Authorities, Te Puni Kōkiri, Poutama Trust and Māori Women's Institute).
 - \$470,000 reprioritised to Te Arawhiti to engage and work with *iwi* on their COVID-19 pandemic response planning.

Legislative response

Entities and trusts

- The *COVID-19 Response (Requirements for Entities – Modifications and Exemptions) Act 2020* was passed as part of the Government's wider pandemic response. This legislation helped support businesses and Māori governance entities through the immediate impacts of COVID-19, allowing for temporary modifications to be made to their constitutions or rules in instances when an entity's constitution or rules do not permit this. Provisions were initially set to expire at the end of November 2020 but were extended by an Order in Council until 31 March 2021.
- The Act provided governance entities with relief from certain statutory obligations and obligations in their constitutions and other rules that are impossible or impractical because of the pandemic. These provisions were important given the volume of Māori land trusts, trust boards and *marae*. Key changes for entities included:

³ The Fale Malae is proposed as a place of belonging for the Pasifika community, a community with strong connections to Māori and reflecting New Zealand's significance as a capital city in the South Pacific. The idea of the Fale Malae is that it will serve as a multi-purpose venue that would host both corporate and cultural events, as well as meetings and gatherings.



- Electronic means provisions – to enable the use of electronic communications, including electronic voting and the use of electronic signatures when an entity’s constitution or rules do not permit this;
- Modification provisions – to allow entities to make temporary modifications to their constitutions or rules (such as calling or holding meetings, form of voting, dispute resolution) where it is not practical to comply with the provisions for change in their current constitution or rules.
- Exemption provisions – to give nominated registrars and Ministers the power to grant exemptions from certain statutory obligations (such as calling or holding meetings and auditing, assurance, or financial reporting or review requirements).



Appendix D: COVID-19 and its impacts on Aboriginal and Torres Strait Islander Peoples

Housing

- Aboriginal and Torres Strait Islander peoples experience high rates of homelessness and are overrepresented among clients seeking homelessness and social housing services. While state and territory governments are primarily responsible for housing and homelessness, the Australian Government remains committed to ensuring the housing needs of all Australians are met.
- From March 2020, state and territory governments took action to house people experiencing homelessness during lockdown, including pop-up facilities to provide temporary accommodation, hotel accommodation, and extra funding to boost existing specialist homelessness services. Measures to protect rental tenancies included eviction moratoria, rent relief and land tax relief for landlords.
 - Specific measures for Aboriginal and Torres Strait Islander peoples included programs such as **South Australia's Return to Country** and the **Northern Territory's Safe Stay Plan for Remote Community Visitors**. These programs helped Aboriginal and Torres Strait Islander peoples from remote communities to remain safe, avoid homelessness or displacement during travel restrictions, and to meet quarantine requirements before returning home.
 - In Victoria, rapid response housing projects for Aboriginal and Torres Strait Islander peoples were announced as part of a broader **Social Housing Stimulus Package** in May 2020.
 - In Western Australia, remote Indigenous communities received funding to upgrade community housing stock and improve community infrastructure.
 - The Australian Government provided \$10 million to the four land councils in the Northern Territory for costs associated with self-isolation or travel restrictions, and the construction of safe temporary accommodation to house Indigenous Australians returning to their communities.
- To assist Indigenous homeowners, Indigenous Business Australia (IBA) reduced interest rates for all IBA home loan customers for an initial period of six months. Additionally, IBA offered a loan repayment holiday for existing home loan customers experiencing hardship.
 - Other economic stimulus measures related to housing as a response to COVID-19 included the **Homebuilder Programme** and a new budget measure targeting Indigenous home ownership in regional areas. An additional \$150 million was provided to **IBA's Indigenous Homeowners Programme** to enable Aboriginal and Torres Strait Islander peoples to access home lending at concessional rates to build new homes in regional Australia.
- Organisations such as the Australian Housing and Urban Research Institute (AHURI) are conducting research to understand the long-term impacts of COVID-19 on housing for Aboriginal and Torres Strait Islander peoples. Initial findings from AHURI note the economic fallout from COVID-19 will continue to increase housing stress. Due to the overrepresentation of Aboriginal and Torres Strait Islander peoples in less secure parts of the housing spectrum, housing stress will have a greater impact on Indigenous communities.

Incarceration and prisons

- All states and territories had contingency plans in place for each correctional facility to manage COVID-19 cases if required. This included the provision of personal protective equipment for staff and inmates, testing for COVID-19, and the provision of appropriate medical care. As a result, there were limited cases of COVID-19 in prisons and no widespread outbreaks.

- The Australian Government’s **‘through-care’ programs** and **Custody Notification Services** continued to provide support to Indigenous Australians in contact with the justice system. Through-care providers supported Aboriginal and Torres Strait Islander peoples leaving prison or detention to reintegrate into the community through intensive case management. Similarly, Custody Notification Services continued to operate in New South Wales, the Australian Capital Territory, the Northern Territory, Western Australia, South Australia and Victoria during the COVID-19 pandemic. These services provided culturally appropriate health and welfare support and basic legal advice for Indigenous Australians detained by police.
- Examples of jurisdiction-specific responses include strategies in South Australia to support Indigenous prisoners included:
 - The South Australian Department of Correctional Services made official arrangements with the Anangu Pitjantjatjara Yankunytjatjara (APY) Executive regarding the release of Anangu prisoners back into community, to ensure they adhered to self-isolation practices.
 - SA Housing established a **Return to Country Program Service Model** to support South Australian Aboriginal community members to return to country while meeting biosecurity quarantine requirements. High-risk groups of Aboriginal people already known to SA Housing were identified as a target group, and this included individuals in correctional facilities seeking to be released (with consideration of time already spent quarantining in custody). An intake/outreach team was established in Coober Pedy to work with clients and other services to determine individual requirements, including safe and suitable transport to quarantine facilities.

Vaccination rollout

- Indigenous Australians are a priority population under the **Australian Health Sector COVID-19 Emergency Response Plan**. The Australian Government has continued to work with the ACCHS and jurisdictions to roll out the COVID-19 vaccine.
- As of 31 July 2021, 139,664 (24.1%) Aboriginal and Torres Strait Islander peoples were vaccinated with one dose of either the AstraZeneca or Pfizer vaccines and 62,706 (10.8%) of the Aboriginal and Torres Strait Islander population had been fully vaccinated with two doses.
- The national rollout of the COVID-19 Vaccination Programme (the Programme) commenced on 22 February 2021 and was developed in consultation with the ACCHS, the Aboriginal and Torres Strait Islander Advisory Group on COVID-19, and state and territory governments.
- On 9 March 2021, the Australian Government launched a comprehensive implementation plan to ensure the Programme met the needs of Aboriginal and Torres Strait Islander peoples. State and territory governments were responsible for establishing vaccination clinics, including those run through the ACCHS, to support the rollout. NACCHO coordinated the ACCHS to lead vaccination of communities. The Department of Health also led a COVID-19 vaccine communication strategy tailored specifically to Aboriginal and Torres Strait Islander peoples.
- Vaccinations were available to priority groups from March 2021 on a rolling basis. All Aboriginal and Torres Strait Islander adults 50 years of age and over were eligible to receive a vaccine during phase 1b of the vaccine rollout with coordinated efforts across governments and the ACCHS to support metropolitan, regional, rural, remote, and very remote settings.
- By the end of July 2021, there were 103 ACCHS across 158 sites actively ordering and administering COVID-19 vaccines.
- The **Remote Vaccine Working Group** - consisting of the Commonwealth Department of Health, the NIAA and state and territory agencies - met regularly to ensure remote communities remained central to the vaccine rollout.
- From 3 May 2021, COVID-19 vaccine eligibility opened up for all people 50 years of age and over. From this date, Pfizer was also made available for all adults in remote communities with the early rollout focused on the AstraZeneca vaccines.



- After completing community consultation, the rollout of vaccines in the Torres Strait commenced on 17 May 2021, followed by a progressive rollout to the Northern Peninsula and Cape communities. The Royal Flying Doctor Service (RFDS) also forms part of a coordinated effort to provide an ongoing COVID-19 vaccine clinic workforce and vaccine administration in remote Australia.
- Eligibility for all Aboriginal and Torres Strait Islander peoples aged 16 years and over was agreed by National Cabinet on 4 June 2021. States and territories then announced intermittently that all Indigenous Australians aged 18 to 54 years were eligible to receive the COVID vaccine as part of phase 2a of the rollout.

Maternal health

- The **Australian Nurse Family Partnership Program (ANFPP)** is an evidence-based program providing comprehensive, structured home visiting services to women pregnant with an Aboriginal and/or Torres Strait Islander baby during pregnancy. This support continues until their child is two years old. The ANFPP is implemented in 13 sites across Australia. The COVID-19 pandemic and associated travel restrictions initially disrupted the delivery of the ANFPP in early 2020. The program then adapted to a telehealth model, conducting visits via Zoom, and incorporated social distancing where possible by meeting with clients in outdoor settings. This ensured continuity of service, particularly in remote areas.

Mental health

- In May 2020, the Australian Government released the **National Mental Health and Wellbeing Pandemic Response Plan** (the Plan). The Plan notes that Aboriginal and Torres Strait Islander peoples are likely to be at high risk for both physical and psychological complications from the COVID-19 pandemic. Specific concerns included:
 - Lack of accessible and culturally appropriate mental health services;
 - The potential impact of the loss of Elders on knowledge, culture, heritage, and community wellbeing;
 - Specific challenges for the Aboriginal and Torres Strait Islander allied health workforce, including those living with high-risk individuals;
 - Inequalities within the health system that may affect access to care, particularly in the move to digital and telehealth;
 - Loss of remote community services, including fly-in-fly-out mental health care;
 - Potential poor outcomes if poorly trained community members are left to manage mental illness; and
 - Heightened impacts on those in (or with connection to) remote communities where isolation and freedom of movement are more restricted, those who cannot access traditional lands, or those who cannot attend to cultural and sorry business.
- Since March 2020, the Australian Government has provided more than \$1 billion in suicide prevention and mental health supports in response to the COVID-19 pandemic. This response includes telehealth support services such as Lifeline's 24/7 text service, aimed at groups and individual who might otherwise not reach out for help, and funding to Primary Health Networks (PHNs) to boost commissioning of mental health services, including those for Aboriginal and Torres Strait Islander peoples.
- The Australian Government provided an additional \$2.3 billion (over 4 years) in 2021-2022 to restructure the mental health and suicide prevention system: the single largest investment in mental health and suicide prevention in Australia's history.
- This included \$79 million for a renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, including:



- \$27.3 million to implement culturally sensitive, co-designed aftercare services through regionally based organisations, with Aboriginal and Torres Strait Islander organisations being preferred service providers.
- \$23.8 million to support the establishment of regional suicide prevention networks and a commissioning officer in each jurisdiction.
- \$16.6 million to Gayaa Dhuwi (Proud Spirit) Australia and Lifeline to establish and evaluate a culturally appropriate 24/7 crisis line, to be governed and delivered by Aboriginal and Torres Strait Islander people.
- \$6.1 million to support national Aboriginal and Torres Strait Islander leadership for suicide prevention.
- \$1.5 million to support a review of the Aboriginal and Torres Strait Islander health sector delivering mental health services for Aboriginal and Torres Strait Islander people.
- \$1.1 million to the Black Dog Institute to work with the Aboriginal and Torres Strait Islander Lived Experience Centre, supporting the inclusion of people with lived experience in the co-design, implementation, and evaluation of suicide prevention activity.
- Targeted measures for Aboriginal and Torres Strait Islander peoples funded in 2021-22 also include:
 - \$12 million to maintain support to the former National Suicide Prevention Trial sites and local suicide prevention initiatives for 12 months to 30 June 2022. This includes the Kimberley and Darwin sites.
 - \$77.1 million to support early resolution of legal problems for people experiencing mental illness, including funding for Aboriginal and Torres Strait Islander Legal Services to support Indigenous Australians, and for mental health workers in Domestic Violence Units and Health Justice Partnerships to support women who have experienced family violence.
 - Enhancement and expansion of youth mental health services, including a pilot for a new culturally safe mental health outreach delivery model for young people in small communities, to be delivered by Aboriginal Health Workers in Western NSW.
 - \$8.3 million to grow the Aboriginal and Torres Strait Islander mental health workforce, building the capacity of culturally safe treatment for Indigenous Australians.
 - A commitment to undertake an evaluation of best practise partnerships between traditional healers and mainstream mental health services for Aboriginal and Torres Strait Islander peoples.

Remote health

- Local health services continued to operate where possible in remote and very remote Aboriginal and Torres Strait Islander communities. Where this was not possible, services were rescheduled or conducted via telehealth from March to June 2020 in line with remote travel restrictions.
- The Australian Government provided \$6 million to Aspen Medical for the **Remote Health Workforce Surge Capacity Program (RHWSCP)**, which provided additional workforce capacity to remote ACCHSs in remote and very remote Indigenous communities affected by COVID-19.



Support to the Aboriginal Community Controlled Health Sector (ACCHS)

- To support the ACCHS and address funding need, the Australian Government Department of Health agreed that core primary health care funding and previously approved 2018-19 program underspends could be redirected to support local health needs and ACCHS individual responses to the pandemic.
- Several reporting mechanisms such as the National Key Performance Indicator and the Online Service Report were encouraged but not mandatory in order to ease the pressure on ACCHS.
- ACCHS have been supported throughout the Australian Government's COVID-19 vaccine rollout with access to flexible funding through NACCHO to purchase equipment required to administer vaccines. This includes ACCHS being able to apply for funding to cover the costs of purchasing additional vaccine fridges.

Family violence

Prior to the COVID-19 pandemic, Aboriginal and Torres Strait Islander women already experienced disproportionately high levels of violence compared to non-Indigenous women; and the impact of violence experienced by Aboriginal and Torres Strait Islander women and their families is often more severe. Research into the prevalence of domestic violence among Australian women, including Indigenous women, during the COVID-19 pandemic is limited. However, results from an AIC survey of 15,000 Australian women, undertaken in May 2020, indicated an increase in both the prevalence and severity of domestic violence since the onset of the pandemic in Australia. Specifically, the survey found that:

- 4.6% of respondents experienced physical or sexual violence from a current or former cohabiting partner since the start of the pandemic;
- Two-thirds of women who experienced physical or sexual violence by a current or former co-habiting partner since the start of the COVID-19 pandemic reported the violence had started or escalated since the pandemic began;
- The odds of experiencing physical/sexual violence were four times higher for Indigenous women than for non-Indigenous women; and
- The odds of experiencing coercive control were five times higher for Indigenous women than for non-Indigenous women.⁴

Through its engagement with Indigenous frontline family violence support service providers, the NIAA also encountered a range of anecdotal evidence which provided further insight into the impact of the COVID-19 pandemic on the safety of Aboriginal and Torres Strait Islander families – including reports of:

- Increased demand for family violence support services including counselling and referrals to mental health support services;
- Decreased reporting of family violence in some regional and remote locations, thought to be linked to limited accessibility to support services for women cohabitating with their perpetrators;
- Both an increase and decrease in drug and alcohol use, particularly during the peak of the pandemic and during travel restrictions, with instances of increased drug and alcohol use believed to be a contributing factor to an increase in violence;
- Increased reports of family violence attributed to stress, anxiety, lack of affordable housing and financial hardship; and

⁴ Boxall H, Morgan A & Brown R 2020. *The prevalence of domestic violence among women during the COVID-19 pandemic*. Statistical Bulletin no. 28. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/sb04718>

- Concerns within Indigenous communities about the impact of public health measures (e.g., border closures, isolation requirements) on help-seeking behaviours for family violence matters, including the accessibility and availability of support, and fears of not being able to return home if needing to leave to seek help.
- The Australian Government has worked in partnership with state and territory governments, frontline service providers, including Aboriginal and Torres Strait Islander Community Controlled Organisations, and with Indigenous communities, to ensure the safety of people at greater risk from COVID-19 and the impact of related public health measures.
- Throughout the pandemic, the Australian Government provided support to people experiencing family, domestic and sexual violence through boosted funding for frontline family violence support services. This included targeted, additional funding for culturally appropriate, Indigenous-specific programs, like the Family Violence Prevention Legal Services and Aboriginal and Torres Strait Islander Legal Services programs, and a range of social and emotional wellbeing activities.

Traditional practices

- Traditional cultural practices, ceremonies and gatherings were impacted by COVID-19. For example, funerals across several communities in South Australia were placed on hold due to biosecurity measures that restricted movement in and out of Indigenous communities. These measures also impacted Sorry Business. However, where funerals were able to proceed, communities and organisations observed an increase in mobility issues for communities. Travelling into a community was prohibited at this point in time with exemptions only for people providing urgent or essential services. Sorry Business was not classed as an urgent or essential service, which prevented residents outside of community from being able to return to country. The community border closures exacerbated reliance on services available in regional towns close to these communities.
- Community experiences included:
 - Several funerals and conduct of Sorry Business were put on hold in the APY Lands due to difficulties enforcing social distancing measures. The APY LORE and Culture Group attempted to enforce social distancing practices, but were generally unsuccessful in doing so;
 - APY land management delivery was impacted due to restrictions across Indigenous Protected Areas (IPAs);
 - Intelligence from the tri-state region, as well as concerns raised within NIAA regional offices in WA, NT and SA noted ongoing movement of Anangu across borders to attend cultural business activities and events. Men's cultural business was eventually delayed to early 2021; and
 - Relational and collective practices of Far West community residents were impacted by COVID-19. Many Aboriginal people in the area travel frequently between communities to attend to Sorry Business. Due to biosecurity measures, Indigenous residents had difficulties reconciling COVID-19 restrictions with their cultural obligations. Mourning took precedence, which resulted in the breaching of COVID-19 restrictions. The community of Yalata introduced rules around Sorry Business to curtail this. Funeral and Sorry Business restrictions required significant resourcing and a change to operating hours for the relevant community organisation and Aboriginal Health Organisation. They provided regular updates to community on the evolving changes to restrictions and reassured and supported families through their grief and loss. The lack of family gatherings and strict travel restrictions meant that Aboriginal Health Workers and administrative staff had to support families. The impact of COVID-19 has highlighted the flow-on effects of long-established social determinants that impact Aboriginal communities. This has largely been the responsibility of the ACCHOs to resolve on several occasions.

Appendix E: COVID-19 and its Impacts on Māori

- The COVID-19 pandemic has had, and will continue to have, a significant impact on whānau, hapu, iwi and Māori communities. Like all New Zealanders, Māori needed to adapt to significant changes in their everyday lives, particularly the reality of ‘household bubbles’, a practice which saw all New Zealanders cluster with people in their household, whether it be family, friends, or flatmates, and staying in place over the Alert Level Three and Four lockdown periods. *Marae*, community centres, and all non-essential services were closed except for supermarkets, pharmacies, and emergency services with strict social distancing guidelines.
- During the second half of the 2019/2020 financial year, many projects and initiatives had to be deferred, adapted, or cancelled, with variations to more than 220 funding contracts. This funding was then refocused to either meet immediate needs or support the continued delivery of services during the restrictions imposed across different Alert Levels.
- As the extent of the global spread and severity of COVID-19 became apparent, Te Puni Kōkiri moved quickly to ensure that iwi, hapū, marae, and Māori organisations were able to support the needs of their communities and to be actively involved in the response. Te Puni Kōkiri utilised strong community networks to help link up *iwi* and non-government Māori organisations with other agencies, to deliver immediate support to *whānau* in need, and to strengthen the overall emergency response system at the local level.
- Māori Television and iwi radio, Te Māngai Pāho, and Te Taura Whiri i te Reo Māori also played key roles in ensuring pandemic messages and advice reached Māori communities. Communication to remote Māori communities were critical to convey messaging from the government. These channels proved to be a vital source for announcements and regular updates over the Level Four lockdown period.

Māori health

- As at 22 July 2021, there have been 210 cases of COVID-19 among Māori, which contributes to 7.9% of all cases in New Zealand at that time. Of those that were infected, there have been five known COVID-19 fatalities of Māori in New Zealand, accounting for 19.2% of deaths from COVID-19 in the country.
- Māori are disproportionately impacted by poor health outcomes and significant health issues. Māori are also susceptible to hospitalisation and death from infections compared to other ethnicities, with research in late 2020 concluding that the Māori Infection Fatality Rate (IFR) from COVID-19 is at least 50% higher than New Zealanders from European backgrounds.
- The research supports the rationale of the New Zealand government’s “hard and early” approach, which enforced a hard lockdown and closing the national borders from non-essential travel into New Zealand, except for New Zealand citizens and residents returning home. Given the modelling based on international and historical data, Māori were safe from a devastating loss of life which would have significant impact on the community because of the government’s decisions.
- In 2020 strong partnerships were activated in many communities at a local level over the lockdowns, and many of these appear to be active again in 2021. These partnerships have been both formal and informal, involving many parts of society and the whole of the COVID response, supporting the vaccine roll-out, COVID-19 testing, and providing welfare support during lockdowns (Griffiths, 2021; Kōkiri, 2021; Martin, 2021; Perera, 2021). Hauora Māori providers have partnered with DHBs to modify the national vaccine roll-out in order to meet the needs of their communities. Te Rūnanga o Whaingaroa in Kāeo (Te Tai Tokerau) started vaccinating over 18+ years from 31st May 2021 (Te Rūnanga o Whaingaroa, 2021) and in the Eastern Bay of Plenty, Te Whānau ā Apanui had fully vaccinated 80 percent of its eligible population by the start of August before Auckland’s Delta outbreak even began, having started in May 2021 (Wilkins, 2021)



The COVID-19 Māori Response Plan

- Since Mid-April 2020, almost a month into Alert Level Four lockdown, the Ministry of Health continued to commit to its response for Māori health under the **COVID-19 Māori Response Plan**. This Plan was created as a framework that ensures the health and wellbeing of Māori is protected throughout the COVID-19 pandemic. The Ministry of Health declared the plan as a living document, evolving and adapting to the COVID-19 response as it progressed. Fulfilling the Ministry's obligations under Te Tiriti o Waitangi in this Plan has been the overarching goal in the COVID-19 response for Māori, delivering on a response where equity and consultation remains at the centre of health and wellbeing. The Plan would achieve its goals under four main objectives including Mana Motuhake, ensuring iwi, hapu, whānau, and Māori organisations were supported to respond to health and other needs of their people due to COVID-19.
- The Whānau Ora Commissioning Agencies played a crucial role in achieving this objective, with the government investing \$15 million from targeted investments for Māori in March 2020. The Commissioning agencies provided effective, rapid support to more than 226,000 whānau members through the initial response period and will continue to provide targeted support to *whānau* over the coming years. Te Puni Kōkiri had an active role in the initial Plan, supporting the Whānau Ora Commissioning Agencies by providing care packs (including hygiene and sanitation items), access to food and essential supplies, and other provisions and health information. As of June 2021, 217,049 care packs were distributed, supporting communities and organisations which had an immediate need for such supplies.
- The Commissioning Agencies mobilised their workforce and partner agencies to wrap around a range of support services, including over 217,000 care packages containing food and essential supplies; more than 5000 *whānau* direct grants for other basic needs; self-isolation facilities for essential workers needing to isolate from their *whānau*; and 600 devices to support *whānau* to remain connected and access remote education tools.
- \$15 million of reprioritised and additional funding was allocated to the Commissioning Agencies to provide support to whānau during the initial response period. Commissioning Agencies also repurposed some of their own operational funding and redeployed staff to respond to emerging needs.
- Through the Commissioning Agencies, whānau received support packages containing essential supplies – food, firewood, winter clothes, and hygiene supplies, Whānau were supported through grants to meet power bills and to ensure they had access to internet data for accessing services and schooling. Regular health and welfare checks were also carried out. Surveys undertaken to assess whānau needs provided valuable insights into the support that will be needed in the coming months and years.
- The COVID-19 Māori Response Plan was revised in July 2020 when the country was in Alert Level One, the health system was able to contain the remaining community cases, and community transmission of the virus was eradicated. The overarching goal of the Plan has since been to protect, prevent and mitigate the impacts of COVID-19 within *iwi*, *hapū*, and *whānau*, and Māori communities. The Commissioning Agencies received an additional \$4.3 million, further supporting an additional 80,000 care packs for distribution to those in need of good hygiene practice and health provisions. Whānau Ora also provided over 2,500 Whānau Direct grants averaging over \$400 per *whānau* to support them through 'moments that matter', which is about addressing specific issues for *whānau*.

Vaccination rollout

- By July 2021, the COVID-19 vaccination programme was well underway in New Zealand, building on the **Revised Response Plan** to outline key initiatives in the Māori Vaccine and Immunisation approach under the National COVID-19 Elimination Strategy. Under the national vaccine rollout, the New Zealand government purchased enough COVID-19 vaccine for everyone that is eligible to access overtime. The government has allowed for an initial approach that is targeted across four groups, starting with those that are at the highest risk of infection, to frontline workers and healthcare providers, before eventually reaching the general population.
- As of 20 July 2021, 145,716 Pfizer vaccines have been administered to Māori while 58,565 (40.2%) Māori have been fully vaccinated. This represents 9.4% of all Pfizer vaccines administered to New Zealanders, and 9.3% of all New Zealanders

that have been fully vaccinated. Of those administered vaccines, those employed in sectors where the virus is most active, such as the national border, have been the priority group to receive the vaccine. Additionally, the health workforce, *kuia*, *koroua* and those with long-term health conditions or disabilities are priority groups in the vaccination rollout. The general population over 16 years of age is eligible to receive the vaccine free of charge, with the Ministry of Health and other government agencies encouraging all communities, particularly Māori as a population with increased health risks, to take the vaccine.

- For Māori, the Ministry of Health has developed the COVID-19 Vaccine Programme **Māori Implementation Strategy**, creating a targeted vaccination approach for a vulnerable community. Developing partnerships between Government agencies and the Māori Health Authority, Māori providers, experts and *iwi* has been vital in securing the necessary resources to support Māori health and wellbeing for vaccine allocation and distribution.
- Ensuring a core mechanism for equitable approaches to the distribution of vaccines will be the additional support and resourcing for providers. Māori health and disability services are critical to this, with their strong community networks becoming useful for providers of the vaccination programme. Additionally, a range of sites for community distribution of vaccines for Māori populations are expected to include *Hauora*, *Marae*, community centres and mobile units for remote communities.
- The Ministry of Health has dedicated \$1.5 million to workforce funding for Māori health providers and their staff. This aims to provide core training for kaimahi Māori, including immunisation, vaccines, cultural competencies, and other core skills to support the COVID-19 vaccine service. Currently, New Zealand has approximately 11,000 vaccinators. Developing a stronger workforce is necessary for ensuring the efficient response to Māori needs and provide clinically and culturally safe services.
- The COVID-19 Māori Response Plan has developed a targeted and tailored communications campaign that encourages the uptake of Māori to take their vaccine. The purpose of this is to develop uniquely 'by Māori, for Māori' content that will resonate strongly with Māori communities. Critical advertising and utilising community leaders in this campaign has allowed *whānau* Māori to hear their own voices and see themselves reflected in the campaign content. This campaign directly addresses the uptake of Māori who take vaccines, with Māori and Pasifika peoples showing less confidence in vaccine programmes because of a lack of informative content, fear of long-term effects, effects on health and whether the vaccine is effective at all.

Māori communities

- *Iwi* and Māori organisations played a crucial role in the initial response period, mobilising their resources and expertise to provide frontline support, advice, and information, as well as essential supplies for *whānau* and *kaumātua*, particularly in rural and remote areas.
- The Whānau Māori Community and Marae Response Fund was established to support *whānau*, communities, *marae*, and Māori businesses affected by the pandemic. This funding, part of the all-of-government response package to meet the needs of Māori, enabled Te Puni Kōkiri regional networks to invest in trusted partners to provide immediate relief, support collaborative responses and tailor support for each community.
- The fund was launched on 24 March 2020, to provide immediate support to Māori communities on the eve of Alert Level Four. The first wave of investments supported 106 regional and national response initiatives totalling more than \$4 million of the total \$10 million response fund.
- Flexible funding criteria supported a broad range of outcomes, including:
 - Supporting organisations to continue to operate during Alert Levels Three and Four and help vulnerable *whānau*, in particular *pakeke*, *kaumātua*, and *kuia*
 - Supporting collaboration between Māori providers, government agencies and local authorities
 - Establishing community-based assessment centres, community safe zones and distribution hubs



- Establishing community communication systems
 - Distributing *kai*, care packs and personal protective equipment, and delivering medication for those unable to leave their homes, and
 - Providing business mentoring support.
- The remaining funding continued to be allocated, throughout 2021.
 - There were other social harms of the of lockdown experience for population groups also evident in Sibley et al’s research. Women reported elevated rates of gender-based discrimination at all Alert levels, attributed to the higher job loss rates as well as the increased domestic, parenting, and home-schooling burdens incurred by women. Religious groups also experienced some stigmatisation due to outbreaks being connected to church services, with ethnic minorities reporting more discrimination related to religion than Europeans. Māori and those who identified as Pacific, Asian, or another ethnic minority groups also reported increased perceived discrimination in relation to health and disability status and employment through all the Alert Levels translating into an overall less satisfaction with the Government than Europeans (Sibley et al., 2021). These findings support the Pacific and Tangata Whenua led research. Job loss, lack of social contact and cultural connections and dramatic reduction in employment in sectors such as Māori tourism were all documented as difficult experiences since the pandemic started (Carr, 2020; Colmar Brunton, 2021a; Houkamau et al., 2021).

Housing

- Māori are disproportionately impacted by poor quality housing and sub-optimal housing conditions. Māori are more likely to be living in a household with major dampness, mould, or heating problems. Although COVID-19 had a significant impact on all communities, it exposed the prevalent issue of homelessness, as well as the inability of *whānau* Māori to afford rent and utility payments for housing. Funding from the Whānau Māori Community and Marae Response Fund assisted service providers with providing *whānau* the necessary provisions for ensuring upcoming payments were covered, for those in need.
- *Papakāinga* developments and housing repair activities effectively ceased during the Alert Levels Three and Four, with only urgent repairs addressing immediate health and safety issues able to occur. As a result, over \$9 million of funding from existing contracts had to be transferred into the 2020/21 financial year.
- To support the response to COVID-19, Te Puni Kōkiri refocused Māori Housing Network investment criteria to bring forward projects that could be delivered quickly, ideally hammer-ready with infrastructure in place, or otherwise shovel-ready with a resource consent in place. This included a focus on creating jobs in regions utilising social procurement where possible. In doing so, the intention is both to improve *whānau* wellbeing through providing access to warm, dry, and affordable housing and to provide employment opportunities in a climate of increased unemployment.
- Additionally, the *COVID-19 Recovery (Fast-track Consenting) Act 2020* passed, meaning resource consents were processed much faster than the usual four-to-six-month period. Establishing the Act also allowed specific work on existing infrastructure could happen without the need for resource consent. This legislation came into effect in July 2020 and will be available until early-July 2022. *Papakāinga* developments were recognised under the provisions of the Act, on the basis that development on the projects is valuable for housing *whānau* Māori.

Māori culture

- Many of the larger events planned for the first half of 2020 were unable to proceed due to the restrictions implemented as a part of the COVID-19 response. Other initiatives continued in a modified form, using online forums and *wānanga*. Māori Television, iwi radio, Te Māngai Pāho (Māori Broadcasting Funding Agency) and Te Taura Whiri I te reo Māori played key roles in the all-of-government and community-driven response to the pandemic.

- Māori television was supported through the Whānau Māori Community and Marae Response fund to ensure that pandemic messaging targeted to Māori was provided to Māori communities and iwi. Te Māngai Pāho utilised existing funding to commission specific social media content to engage hard-to-reach rangatahi during the COVID-19 response.
- Te Taura Whiri i te Reo Māori utilised existing resources and connections to establish a translation service to support the National Crisis Management Centre, the Ministry of Health and core government agencies to provide public health messages and information in te reo Māori. This included developing a lexicon of pandemic-related terminology that had not previously existed.
- This work was vital to ensure Māori communities had targeted messaging throughout the different alert levels and were able to share stories of life and activities while restrictions were in place.
- Some cultural practices were unable to be modified in a virtual manner. Already, *iwi* and *hapū* had been adapting *tikanga* and *kawa* to keep Māori safe in response to COVID-19. This extended to *tangihanga*, a sacred ritual acknowledging the loss of loved ones. *Tangihanga* were effectively cancelled under Alert Level Four, with strict attendance requirements of ten people or under in Alert Level Three. This attendance included clergy, those in mourning, and necessary staff. Te Puni Kōkiri remains clear in urging Māori to adapt *tikanga* during national lockdowns, emphasising the need for Māori to recognise COVID-19 within the community, potentially risking vulnerable *kaumātua* and *whānau* of its spread.
- Social distancing and restrictions for attending tangihanga (funerals) over lockdown were difficult for whānau and the limited consultation about this before legislation added to the frustration and social pain (Cram, 2021; Curtis, 2020; Pihama & Lipsham, 2020).
- *“Great sadness around tangihanga, no ability to grieve with whānau as is our tradition. This is a huge mamae for whānau to carry collectively”* (respondent quoted in Houkamau et al., 2021).
- As well as this, two areas of structural oppression further undermined trust and the social contract of the Tiriti o Waitangi. Specifically, the inclusion of marae in the initial COVID-19 Public Health Response Bill’s provision of warrantless search powers eroded trust in authorities. Paired with the negative response to iwi checkpoints, which were initially aimed at protecting travellers and communities, decisions coming from the Government exacerbated already challenging situations and further deteriorated Māori trust (Harris & Williams, 2020; Kelsey, 2020).
- Throughout the first wave of COVID-19 in 2020, Māori-led strategies and responses framed cultural practices that incorporated rāhui (ritual restrictions/prohibitions); tikanga (protocols and practices); and manaakitanga (embracing others through care and support) (Pihama & Lipsham, 2020). For example, in Taranaki iwi and Māori health providers prioritised those who typically don’t receive support, and provided by-Māori, for-Māori services such as online mental health services, phone calls checking in on people, kai parcels (food boxes), care packages (hygiene, sanitation and cleaning products), pop-up clinics in smaller rural communities, and online initiatives to care for spiritual needs (Manuirangi & Jarman, 2021). In Tāmaki-Makarau (Auckland), Ngāti Whātua Ōrākei Trust distributed 400 digital devices to tamariki and rangatahi struggling with online learning and proceeded to conduct research to evaluate the impact the digital divide was having on students (Hunia et al., 2020). Throughout, the motu cultural practices regarding tangihanga were adapted to holding virtual tangihanga and carefully managed processes when whānau could meet in person (Enari & Rangiwai, 2021)
- Other key findings in Houkamau’s research indicated that being separated from whānau and loved ones was a major cause of stress and sadness for over a quarter of respondents. Approximately 60% of the 2953 Māori surveyed reported their whānau were the most important source of support during the pandemic but many reported (31.43%) they had no whānau support at all. Other findings showed that 20% found the pandemic actually strengthened the whānau by bringing them closer (Houkamau et al., 2021). The variation in experience of lockdown has been reported in similar contrasting ways in whole population surveys (Sibley, Overall, Osborne, & Satherley, 2021). In Sibley et al’s study, while having a much smaller Māori cohort of respondents than Houkamau et al, Māori did report greater negative experiences during the lockdowns than other ethnic groups. This conclusion is supported by the extensive analysis from data

collected while supporting thousands of whānau by Te Pūtahitanga o Te Waipounamu (Savage et al., 2020) and Tākiri Mai Te Ata/Kokiri Hauora Whānau Ora collectives (Davies & Hopkirk, 2020). Despite the positive community partnerships these organisations had to enable them to support so many people, the financial impact, harm to mental wellbeing and effect for tamariki were key concerns over the 2020 Alert Level three and four lockdowns. For example, one respondent in Te Waipounamu stated:

- *“My phone is broken and isn’t reliable. Food costs are so high, I can’t afford to buy a new one. It’s been hard to contact family due to my phone being broken so my kids are feeling pretty down and missing everyone.”* (Savage et al., 2020, p. 18).

Māori businesses

- Beginning in March 2020, Te Puni Kōkiri has collated data which would help to understand the effects of COVID-19 on Māori businesses. Modelling was provided in April 2020, which followed an update in June 2020 that demonstrated the potential impact of COVID-19 on Māori employment rates, and the anticipated impact on regions, *wāhine* Māori and *rangatahi*.
- The Māori economy was projecting a significant loss in revenue, as a heavy reliance on tourism and primary industries would take a significant hit from a disruption of international trade and travel. Businesses were set to close in the national lockdown, with 44% of Māori businesses almost or entirely closed temporarily under Alert Level Four; 29% closed permanently under the same Alert Level. These figures compared similarly to temporary and permanent closure of Māori businesses under Alert Levels Two and Three.
- The periods during Alert Level Three and Four provided some ability for Māori businesses to reposition themselves, providing effect examples of innovation and creativity to build resilience among their respective consumer base or local communities. Ultimately, this reposition allowed for those businesses which did not close to become more resilient, despite sustaining evident loss within their respective operations. An investment of \$23 million from the CRRF targeted the Cadetship programme supported by Te Puni Kōkiri, which maximises new opportunities for employers and Māori employees to move toward higher-skilled positions leading to higher living standards.
- An immediate impact of the lockdown was on unemployment with an effective doubling, rising from 5.2% just prior to lockdown to 10.5% by week three of lockdown. Close to 44% of individuals lived in a household where members experienced job and/or income loss. While economic loss was widespread, some groups were harder hit, particularly those with lower incomes (Fletcher, Prickett, & Chapple, 2021) or when they were connected to a positive case. The delay in receiving test results affected families causing breadwinners to take sick leave, unpaid leave, or sometimes losing employment (Colmar Brunton, 2021b). Food security was a pervasive issue across the country, at the forefront of many peoples’ minds at the start of both lockdowns (Choi et al., 2021; Colmar Brunton, 2021a; Davies & Hopkirk, 2020).
- The responsibility for enforcement of testing, self-isolation, and applying for subsidies has been confusing for employers, and by February 2021, businesses were reporting exhaustion at managing level changes and the associated requirements (Edmunds & Nadkarni, 2021). The tourism sector has arguably been the most hard hit by COVID-19. Tourist operators have had to take drastic action to survive; for example, Ngāi Tahu Tourism reduced staff numbers from 348 to 39 people, including the Chief Executive Officer, and temporarily closed operations at ten of its eleven nationwide tourism businesses (Carr, 2020).

Appendix F: Economic Recovery for Indigenous Australians and Māori

Australia

- Economic recovery, with a focus on helping Australian businesses and maintaining employment, has been a key focus for the Australian Government during the recovery stages of the pandemic. This is reflected in the various funding packages previously detailed in this case study.
- On 2 April 2020, the Australian Government announced an initial \$123 million over two financial years for targeted measures to enable Indigenous businesses and communities to respond to COVID-19 (see *Appendix B* for details).
- The largest package announced was \$50 million being made available through IBA to help Indigenous businesses, including: providing specialist advice to help businesses survive, adapt, and recover; assistance to access the different business support packages available from Government; and new funding arrangements where there are gaps in the mainstream measures and a demonstrated need. \$25 million was also announced for regions and industries facing workforce losses, helping employers and Indigenous job seekers access short-term employment initiatives.
- The NIAA also put measures in place to support IAS funded organisations to remain sustainable through the COVID-19 pandemic. This included flexible arrangements to support organisations affected by the pandemic such as adjusting deliverables and delivering services in alternate and innovative ways.
- On 11 May 2021, the Australian Government delivered the 2021-22 Budget with a strong focus on the nation's recovery from the COVID-19 pandemic. The Government announced they would be delivering substantial reforms in the Budget to secure Australia's recovery, by helping Indigenous Australians into quality and long-lasting jobs, strengthening Indigenous businesses and community organisations, and backing its commitment to transform the way governments work with Aboriginal and Torres Strait Islander peoples. Some of the measures announced include:
 - \$11.2 million of the Remote Community Preparedness and Retrievals package reallocated from 2020-21 to 2021 – 22 to enable:
 - the continuation of the POCT program (\$11.7 million over three financial years) to 31 December 2021;
 - the continuation of Royal Flying Doctor Service (RFDS) services; and
 - the expansion of RFDS capacity to implement vaccine administration services in remote and hard to access communities, bringing the total contract value to \$35.7 million over two years.
 - A new remote jobs program in 2023 to replace the Community Development Program (CDP). This new program will be developed in partnership with communities and will complement the broader New Employment Services Model being rolled out in the latter half of 2022. The Government will provide funding from the IAS to pilot alternative approaches for the new remote jobs program in four sites starting this year.
 - In the short-term CDP providers across Australia will be supported with an additional \$84.9 million in 2021-22 to meet increased demand arising from the COVID-19 pandemic.
 - IAS funding will increase from \$42.8 million to \$60 million in future years. The program will build on the most successful elements of the current Indigenous-specific employment programs, which will be phased out over 2022, and focus on upskilling Indigenous Australians for in-demand jobs and supporting them to gain employment.
 - \$63.5 million through the IAS to increase support for Aboriginal and Torres Strait Islander girls and young women to participate in girls' academies throughout Australia. This funding will provide around 12,600 girls academy places by December 2023, matching the number of places for boys over the same period.



- \$10 million over two years to support existing Indigenous enterprises and community organisations in the primary industry and land management sectors to expand or improve viability.
- \$5 million investment in remote stores to improve food security, strengthen supply chains and improve storage, addressing issues that came to light during the pandemic.
- \$36.7 million over the forward estimates to expand support provided to Prescribed Bodies Corporate (PBCs) that hold and protect native title rights and interests, building their capacity to more effectively engage with investors and others on economic development opportunities.
- A further \$18.2 million was allocated in the 2021-22 Budget:
 - \$10 million to extend the Remote Community Preparedness and Retrieval package from 31 December 2021 to 30 June 2022 to provide continued capacity for the collection; storage; transport; distribution and administration of the COVID-19 vaccine across regional and remote areas in Australia.
 - \$2.7 million to fund local Indigenous Community Liaison Officers to work directly with remote and very remote communities providing culturally safe messaging, alleviate vaccine hesitancy, engage with vaccine administration teams, and facilitate the informed consent process.
 - \$0.5 million to adapt national communication activities and track vaccination sentiment among Aboriginal and Torres Strait Islander people.
 - \$5 million to assist with vaccine rollout in Aboriginal and Torres Strait Islander populations, including to the NACCHO, jurisdictional sector support organisations and Aboriginal Community Controlled Health Services (ACCHS).

Aotearoa New Zealand

- Building Māori economic resilience is a core focus of Te Puni Kōkiri as Aotearoa New Zealand recovers economically from the COVID-19 pandemic. As of March 2021, Te Puni Kōkiri's focus was to ensure investments made to recover from the economic impacts of COVID-19 built a more sustainable, resilient, and inclusive Māori economy.
- Māori historically suffer worse outcomes following major economic disruptions. Subsequently, they face a number of challenges re-engaging in the labour market after these shocks. Past economic shocks have shown that unemployment takes three to six quarters longer to return to 'baseline' for Māori than non-Māori. This is due to Māori having a larger number of lower skilled and temporary workers, as well as a lower attachment to the labour market. This disproportionate recovery enables the systemic disparities that already exist between Māori and non-Māori to expand. The government has addressed this directly, with the goal to not only return Māori to pre-COVID levels of economic capacity, but to future-proof Māori against impending disruption caused by changes in work, climate change and advancements in technology.
- To help achieve this, Te Puni Kōkiri alongside the Ministry of Business, Innovation and Employment have developed the **Māori Economic Resilience Strategy (MERS)**. This Strategy has been developed to focus Government activity to:
 - Support Māori to recover and thrive post COVID-19;
 - Build resilience to better withstand future economic shocks; and
 - Reshape the status-quo to create a more sustainable, resilient, and inclusive economy for Māori
- The principal objective of this *kaupapa* is to ensure that work programmes across government are delivering results for Māori that positively contribute to increasing the economic resilience of Māori *whānau*, communities, and enterprises.
- As part of its strategy to build Māori Economic Resilience, Te Puni Kōkiri has signalled its commitment to focus on housing, employment and enterprise, as key focus areas to achieve wellbeing and socioeconomic outcomes for Māori. The targets on each focus area include:



- Housing as an enabler for intergenerational health, wealth, and wellbeing for *whānau* Māori. Collaboration with government agencies address immediate housing needs and ensures the implementation of frameworks are adhered to, namely the Māori and Iwi Housing and Innovation Framework.
- Employment which will influence and encourage Māori to seek higher employment. Funding of \$260 million is targeted for Māori achievement, including funding to target training and work-readiness providers. Pae Aronui and the Cadetships programme are some initiatives of Te Puni Kōkiri which the investment supports.
- Enterprise as a growth area for *Iwi* and Māori businesses, enabling innovation to thrive. Among Māori Small and Medium businesses this will build resilience and ensure opportunities for growth, particularly for the promotion of high productivity and export-led economic growth.
- On 20 May 2021, the Aotearoa New Zealand Government issued its Wellbeing Budget 2021 with emphasis in addressing the pre-existing social and financial inequities among Māori that have become more apparent during the COVID-19 pandemic. The Government announced its development plan for improving systems and services to provide better outcomes for Māori wellbeing. As Aotearoa New Zealand rebuilds its economy, the Government has recognised strengthening the Māori-Crown partnership as critical to ensuring sustainable and equitable outcomes for Māori. Some measures announced in the Wellbeing Budget include: \$380 million for Māori Housing solutions, including repairs for existing housing while increasing capacity and capability for *iwi*, *hapū* and other Māori housing providers.
- \$98 million to support the establishment and initial operations of the Māori Health Authority, a decision-making body which will allow *tangata whenua* to determine which services require funding for Māori. In addition to health, \$127 million will be a commissioning budget for developing *kaupapa* Māori services that will meet Māori needs.
- \$131.8 million invested in the design, enactment, transition, and implementation of the Resource Management Act 1991 for the next four years. This will support the delivery of comprehensive reform that is necessary to increase available housing and boost health and wellbeing of *whānau* Māori with warm, dry and affordable homes.
- \$14.8 million invested over five years in Te Taura Whiri I te Reo Māori (the Māori Language Commission) to support the government's Māori language strategy, te Maihi Karauna, in conjunction with the Māori Language Act 2016. This funding will support the development of a digital platform for translation and interpretation services for the likes of conveying messages on COVID-19 and vaccination in Te Reo Māori;
- \$42 million over five years will also support the continued development of innovation in the Māori media sector. This will support Maihi Karauna through Māori Television and *iwi* radio to ensure the sector has the appropriate resources to create digital content and enabling Māori to share stories of adapting to COVID-19; reinforcing our wider commitments to the health and wellbeing of our people.
- From March 2020, Te Puni Kōkiri collated data to help understand the effects of COVID-19 on Māori businesses. The Māori economy projected a significant loss in revenue, as a heavy reliance on tourism and primary industries took a significant hit from a disruption in international trade and travel:
 - 44% of Māori businesses almost or entirely closed temporarily under Alert Level Four; 29% closed permanently under the same Alert Level. These figures compared similarly to temporary and permanent closure of Māori businesses under Alert Levels Two and Three.
 - The periods during Alert Level Three and Four provided some ability for Māori businesses to reposition themselves, providing effective examples of innovation and creativity in building resilience among their respective consumer base or local communities.