

Appendix Four: Social impact of COVID-19 on women - agency reports

Ministry of Education response to the impacts of COVID-19 on women's social wellbeing

1. The Ministry of Education does not collect data on the social impact of COVID-19 on women specifically, and as such there is no evidence on the extent to which women in the education sector may have been disproportionately affected by COVID-19. However, Ministry data shows that 76% of the teaching workforce is female, 97% of the early learning workforce is female, and 60% of the tertiary workforce is female.¹ 49% of learners in compulsory education are female, 60% of tertiary learners are female, and 84% of sole parents are female.²
2. Evidence shows that COVID-19 has impacted learners, their parents and whānau, education professionals and school communities. This report looks at the impact of COVID-19 on girls' and women's wellbeing, participation, attendance, and access to digital technologies in education as these are key COVID-19 related concerns raised in the education sector. Home-based learning and childcare arrangements are also discussed. The most recent national lockdown highlighted the difficulties for parents of having to balance childcare and working remotely.³ International evidence identified that women tend to shoulder most of the burden for unpaid care work, including childcare, within families.⁴ For some women, lockdowns mean having to work from home, look after children and assist with schoolwork. For women teachers with their own children to care for at home, teaching their students remotely can be particularly challenging.
3. While some of these issues tend to abate quickly once the country returns to Alert Level 1 conditions, other issues can have ongoing impacts. A range of education supports and initiatives have been developed to address these issues and which should assist girls and women with the immediate and ongoing impacts of COVID-19.

Participation, attendance and achievement impacts

4. COVID-19 has impacted participation, attendance and achievement for some groups of children and young people. Initial Ministry data⁵ shows that:

¹ This figure includes academic, research and other staff in the tertiary sector, as well as teachers in private training establishments.

² Ministry of Education data on school rolls, tertiary population and teacher workforce. <http://www.educationcounts.govt.nz/topics/dashboards-and-infographics/dashboards>.

³ <https://www.stuff.co.nz/national/health/coronavirus/126167332/covid19-working-from-home-with-small-kids-is-nearly-impossible--what-options-do-parents-have>.

⁴ Arntz, M., Yahmed, S. B., and Berlingieri, F. (2020). Working from home and COVID-19: the chances and risks of gender gaps. *Intereconomics*, 6, 381-386. <http://doi.org/10.1007/s10272-020-0938-5>; McKinsey Global Institute, *The Power of Parity: How Advancing Women's Equality can add \$12 Trillion to Global Growth* (2015); Ferrant, G., Pesando, L M., Nowacka, K., *Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes*, OECD Development Centre, (2014).

⁵ Figures from Ministry of Education He Whakaaro publication series; <https://www.educationcounts.govt.nz/publications/series/he-whakaaro>.

- Due to COVID-19, the average child in early childhood education lost over 100 hours of education last year. However, for most children participation levels returned to normal under Alert Level 1.
- Primary school students' attendance, especially for those in Years 1-2, was negatively impacted but senior secondary school students attended school at higher rates than over the same time in 2019.
- Children and young people were most likely to experience COVID-19 related barriers if they are Māori, Pacific, attend disadvantaged services or low decile schools.
- English-medium data for students in years 4-10 shows that the learning impact of COVID-19 may not be as significant as expected. In terms of gender, male students experienced a small drop in reading (but female students did not), female students appeared to experience a slightly larger drop in writing progress, and there were no gender differences in maths.
- Fewer tertiary students are completing and achieving in further study, particularly women with caring responsibilities (i.e. women with children at home during COVID-19 lockdown). For instance, Te Wānanga o Aotearoa had a significant drop in enrolments in 2020 from women aged over 25 years old. Learners who withdrew frequently identified the financial and social effects of COVID-19 as a reason for withdrawal.
- In general, recovery in Auckland regions was slower across all areas of impact.

Wellbeing impacts

5. COVID-19 impacted learners' social, emotional, mental and other wellbeing needs. The Education Review Office (ERO) reported that there was heightened anxiety about COVID-19 among students and whānau. Senior secondary school students reported struggling to cope with NCEA workloads and finding it difficult to learn from home. High school students also tended to be less positive about their households' wellbeing after lockdown.
6. Teachers reported stress and fatigue and issues managing workloads. Young teachers reported struggling most, while principals felt that they took on a lot of the responsibility of look for student and staff wellbeing.⁶

Education responses

7. In response, \$200 million of the Government's COVID-19 Response and Recovery package was allocated to support the wellbeing of children and young people across early learning, schools and tertiary education as well as that of educators. The package comprised the following initiatives:
 - The \$50 million Urgent Response Fund (concluded in 2020/21) provided immediate support to centre-based early learning services, schools and kura to

⁶ Figures from the Education Review Office. <https://ero.govt.nz/our-research/learning-in-a-covid-19-world-the-impact-of-covid-19-on-schools>

improve attendance, and to help manage any learning, social, emotional, mental, or other child and youth wellbeing needs directly related to COVID-19.

- \$16 million to support educator wellbeing for the employees of publicly funded early learning services, kōhanga reo, school and kura and their families.
- \$25 million (for Vote Health) to strengthen mental health support services for tertiary students. This is to help students manage ongoing stresses related to COVID-19 and recognises that tertiary students are facing challenges with disruption to their original plans, economic impacts and uncertainty about employment opportunities as a result of COVID-19. This package will help meet the immediate and ongoing mental health needs arising from these challenges.
- \$32.8 million for frontline curriculum support, to assist early learning services, schools and kura to deliver high quality curriculum programmes, with a focus on wellbeing, mental health and healthy relationships.
- \$75.8 million investment to increase access to counselling services in primary and secondary schools.

8. COVID-19 has also increased financial stresses on some families and whānau. Ka Ora, Ka Aho (school lunches programme), which provides schools with free nutritious lunches and the free period products at school initiative are intended to help mitigate some of the financial stressed caused by COVID-19. In the tertiary education sector, COVID-19 impacted students' ability to financially contribute to and continue their studies. The COVID-19 student support package provided:

- Continuing support payments for students unable to study online for up to 8 weeks to give providers time to make alternative arrangements for distance learning.
- A temporary increase to the amount that can be borrowed for student loan course-related costs from \$1,000 to \$2,000.
- Technical changes to ensure study being discontinued in 2020 as a result of COVID-19 does not affect student loan life-time limits and students' Fees Free entitlement.

9. Additionally, the Ministry has provided a temporary \$20 million Hardship Fund for Learners (including a further \$1 million for international students) to financially support students who faced hardship from the impacts of COVID-19. Students could access direct cash payments or resources purchased on their behalf through their provider.

10. The Ministry is supporting students in apprenticeships through the Targeted Training and Apprenticeship Fund which made all apprenticeships and a range of training programmes at sub-degree level free for learners until December 2022. It is targeted towards industry skill needs where demand from employers for these skills will continue to be strong, or is expected to grow, during New Zealand's recovery period from the impacts of COVID-19. This includes industry areas of construction, primary industries, community support and, from 2021, information technology.

Home-based education and childcare arrangements

11. The shift to home-based learning in Alert Level 4 led to difficulties, especially for sole parents (of whom 84 percent are women) and those in crowded housing. In response to this, the Ministry implemented a range of resources and support for parents to whānau to support learning from home, including the provision of devices (discussed below) and improving connectivity for households, and creation of online and hard-copy educational resources to support parents in home-based education.
12. A specific issue that arose in the Alert Level 4 lockdown period was childcare to enable essential workers to work, as both schools and early learning services were closed. The Government has contracted approved carers from Out of School Care and Recreation (OSCAR) and licensed home-based education and care providers across the country to provide childcare to workers in Alert Level 4 businesses and services.

Access to technology

13. COVID-19 resulted in an increase in digital technology use for teaching and learning. To support digitally excluded learners the Government funded, through the COVID-19 Response and Recovery Fund, the Ministry's Equitable Digital Access initiative, which provided internet service to approximately 45,000 households with school students (with this extended until the end of 2021), and 37,000 devices to school students. The Ministry has used COVID-19 response and recovery: Equitable Digital Access funding underspends to invest in a small pool of devices that are now being distributed during the current lockdown.
14. In the tertiary education sector, the Government provided funding for a temporary Technology Access Fund for Learners to support students' capacity to access technology-enabled tertiary education and training.
15. The Ministry intends to refresh the Digital Strategy for the Education sector in 2021. The refresh will align with the Digital Strategy for Aotearoa and will include a focus on equitable digital access.

Ministry of Health response to the impacts of COVID-19 on women's social wellbeing

1. The COVID-19 pandemic and the associated periods of movement restrictions have increased pressure on the health system. During the periods of Alert Level 3 and 4, the health system had to divert resource from routine appointments and surgery to the health system response. This resulted in delayed screening, appointments and procedures for women. Budget 2020 and 2021 allocated funding to assist with the catch up of appointments and procedures within DHBs and community providers.
2. Budget 2020 allocated \$282.5 million over three years to assist with pressure on waiting lists for planned care. A majority of this funding is being used to fund additional surgery, outpatient consultations and radiology. A DHB with waiting lists for specialist women's health and gynaecology consultations/surgery which were delayed due to COVID-19, may apply this funding to address any backlog in these specialities. The

Ministry of Health (the Ministry) has worked with each district health board to agree an improvement action plan to reduce waiting lists across a range of specialities.

3. Budget 2021 allocated \$55.6 million funding to upgrade the Breast Screen Aotearoa information technology infrastructure and a further \$10 million to match increasing demand due to population growth and to catch up on breast screenings due to COVID-19 lockdowns.
4. The Ministry is supporting providers of Breast Screen Aotearoa and the National Cervical Screening Programme to catch up on the screening appointments which did not occur during the COVID-19 Alert Level 4 suspension of services.
5. Budget 2021 allocated \$53 million to design and implement a new cervical screening method which will screen for the presence of the human papilloma virus. This test will replace the current smear test which is likely to be more acceptable to women and as a consequence increase the number of women who get screened.
6. Family Planning received one-off funding to employ extra staff to reschedule appointments disrupted by Alert Level 4 restrictions and the shortage of contraception. The backlog of appointments has now been cleared and the Ministry continues to work with pharmacies to address barriers to accessing contraceptives.
7. During the periods of Alert Level 3 and 4, maternity services continued to provide face to face and virtual appointments during the antenatal and post-natal periods and midwives continued to provide care to women during labour and birth. District health boards have reviewed their Alert Level 3 and 4 postnatal visiting policies and have adjusted them where safe and appropriate to ensure that women have support, particularly postnatally and in the early postnatal discharge period at home.
8. The Ministry continues its work to expand mental health services, including expanding access and choice of primary mental health and addiction services in a range of settings, wellbeing information campaigns and digital self-help tools, increasing availability of suicide prevention resources and enhancing mental health and addiction crisis support services for family and whānau.
9. The Ministry is co-ordinating a stocktake of available maternal mental health services across primary, community and specialist mental health services which will be completed by the end of the year.

Ministry of Social Development's response to the impacts of COVID-19 on women's social wellbeing

Background

1. MSD played, and is playing, a key role in the Government's response to the impact of COVID-19. This has included providing essential services in response to unprecedented demand for income, housing, employment assistance, food and community funding, while also continuing to provide its usual services and support.

2. These responses are not specifically targeted at women. Typically, in order to be most effective, targeted interventions and services would look at a priority cohort of women, rather than women as a wider group.
3. However, these responses do address social impacts of COVID-19 that we know had a greater impact on women: an increased prevalence of family violence and sexual violence, and increased childcare and caring responsibilities.

What we found about the social impact on women

4. MSD undertook two reviews looking at the social and psychosocial impacts of COVID-19 in New Zealand.
 - In May 2020, a rapid evidence review *The immediate and medium-term social and psycho-social impacts of COVID-19 in New Zealand* was completed.
 - In April 2021, *Community resilience – A rapid evidence review of ‘what matters’ and ‘what works’* was completed. This was intended to inform the New Zealand response to and recovery from COVID-19 in the medium term, with a view to strengthening community resilience.
5. MSD also commissioned the New Zealand Attitudes and Values Study at Auckland University to review the March-August 2020 survey results (from the initial lockdown to the second outbreak) with a focus on social wellbeing. *Social, psychosocial and employment impacts of COVID-19 in New Zealand: Insights from the New Zealand Attitudes and Values Study 2020/2021* was published in August 2021.
6. With specific regard to social impacts of COVID-19 on women, these reviews found:
 - women faced an increased prevalence of family violence and sexual violence
 - inequities in labour division were exacerbated, with women performing more domestic labour during lockdowns than men
 - women faced increased caregiving and/or caring responsibilities, which had a negative impact on their mental health
 - women were overrepresented in the health workforce that was exposed to patients with the virus, which could also lead to negative mental health impacts
 - women were among those who experienced poorer health and wellbeing, and greater psychological distress
 - women reported increased incidences of gender discrimination.

Addressing the impacts

7. MSD has direct influence over some of these impacts: family violence and sexual violence, family carers⁷, and childcare. There were supports put in place during lockdown, and work to address these issues is ongoing.

Family violence

8. In March 2020, in response to the developing COVID-19 situation, the Government appropriated \$27 million through MSD to support essential social sector services and communities. This included \$12 million over two years for family violence and sexual violence (FVSV) services.
9. MSD also received \$7.1 million through Budget 2020 to increase the capacity of its funded FVSV services to ensure that providers were prepared to respond to an expected increase in service demand as a direct result of COVID-19.
10. Funding was received in three tranches. The first was allocated to essential service providers, including:
 - refuges and crisis services to support face-to-face responses and services, such as responding to notifications from police and health workers and providing safe accommodation
 - perpetrator services to include responding to notifications to support individuals to de-escalate risk, including accommodation for perpetrators, to allow women and children to remain safe in their homes
 - helplines and crisis lines to provide advice, guidance, and referral to services.
11. The second tranche was allocated to non-crisis FVSV providers that had not received funding through tranche one.
12. Tranche three was set aside to respond flexibly to the needs of MSD-funded providers and was accessible through an application process. Providers needed to adapt how they delivered services during the lockdown, including developing online capability and providing a mixture of virtual and traditional service provision.
13. FVSV providers have reported that the COVID-19 funding enabled them to continue to deliver services during lockdown when there was increased community need for support.

Childcare

14. Women traditionally take on greater childcare responsibility than men. They are also more likely to be sole parents. During the lockdown, when child care services were unavailable and schools were closed, this burden was temporarily increased.

⁷ Family carers are those who provide care for a friend, family, whānau, or āiga member with a disability, health condition, illness or injury who needs help with everyday living.

15. While this was not a problem created by COVID-19, it was highlighted by the experience of lockdown. Data also shows that Childcare Subsidy and OSCAR Subsidy numbers did not fully return to pre-lockdown numbers in 2020, which could suggest women are continuing to undertake a greater level of childcare.
16. Work has begun on a review of the MSD-administered Childcare Assistance which is anticipated to be completed in mid-2023.
17. This review will look at the affordability of childcare, how to ensure it is compatible with current labour market realities (including extended working hours), and how to make it easier to apply for Childcare Assistance.

Family carers

18. An estimated 430,000⁸ New Zealanders are carers. The carer role falls inequitably across the general population with the majority of carers being women.
19. During lockdowns, carers were faced with sudden closure of services, and were unable to access respite. This meant they had less support than they were used to and could not take planned breaks from caring.
20. In December 2020, MSD provided grant funding to support We Care Kiwi, a Carers NZ and IHC initiative. During the initial lockdown, carers could use the service to get day-to-day advice and check ins from trained volunteers, and help dealing with concerns. This support was reactivated during the August 2021 resurgence.
21. MSD also leads the cross-government *Mahi Aroha: Carers' Strategy Action Plan 2019-2023*, which forms the basis of its ongoing work programme to improve the wellbeing of carers.

Disabled people

22. MSD has an ongoing programme of work to improve the wellbeing of and outcomes for disabled people, and recognises disabled women as a marginalised cohort.
23. In response to lockdown, funding was provided to support the wellbeing of disabled people during lockdown. This included supporting those self-isolating to stay connected to their community, staff training and travel, and resources to reduce the boredom of those in self-isolation.
24. A significant longer-term piece of work is Accelerating Accessibility. This work aims to develop a new legislative framework to aid the prevention and removal of barriers to ensure disabled people can participate and access the same opportunities as people who are not disabled. It will include a policy work programme, including standards development within accessibility domains, education and awareness raising, and reporting, monitoring and compliance functions.

⁸ As defined under 'unpaid activities – looking after and helping someone who is ill or has a disability' in the Statistics NZ 2018 Census. It is likely to be an underestimate.

25. This work is expected to help reduce disabled women's inequities. For example, disabled women are one group most affected by barriers to employment in the labour market. Work aimed at reducing these barriers will achieve positive change.

Financial support also contributes to social wellbeing

26. While this report back does not cover income and employment, job loss due to COVID-19 affected women more adversely than men. Financial stability contributes to somebody's wellbeing, and enables them to take part in social activity – to pay membership fees for a club or organisation, or to join a group of friends for coffee.
27. Much of MSD's initial and ongoing response to the pandemic was in the form of financial support, filling gaps that appeared when people lost their jobs or had their hours reduced. Financial assistance has been available for businesses, and help for individuals and whānau, to protect people's jobs and support those who have lost income. There are also supports to ensure people do not suffer financially if they need to self-isolate or wait for a COVID-19 test result.
28. We know women were affected by job losses at a greater rate than men, which is reflected in the proportion of women as working age beneficiaries increasing from 44.2% in February 2020 to a peak of 46.1% in September 2020. While this financial support is not targeted at women, it will have supported them.

The Ministry of Housing and Urban Development response to the impacts of COVID-19 on women's social wellbeing

Issues faced by women experiencing homelessness prior to COVID-19

1. The Aotearoa New Zealand Homelessness Action Plan recognises that the experience of homelessness for women is poorly understood. It can be difficult to quantify the number of women experiencing homelessness, because they are often not present in public spaces or identified as being homeless. Examples include women living in insecure or unsafe situations or women in temporary short-term housing (such as staying with family or friends).
2. Women are also more likely to experience violence when staying in temporary or unsafe accommodation. Sexual exploitation such as engaging in survival sex to access housing and basic resources is more common in women.
3. There is an absence of research on women's experience of homelessness in New Zealand, particularly on Māori and Pacific women. Māori women experiencing homelessness are more likely to be younger, from lower socio-economic status backgrounds, and have multiple children.

Impact of COVID-19

4. COVID-19 is likely to exacerbate the challenges faced by groups disproportionately at-risk of homelessness. Women have been identified in the Homelessness Action Plan as one of these at-risk cohorts.

5. The risk of gender-based violence, such as family and sexual violence rise during national emergencies and disasters. New Zealand's central response to COVID-19 is the implementation of nationwide alert levels. The lockdown conditions in alert levels 3 and 4 restrict movement from household bubbles, which can be especially dangerous for victims experiencing domestic violence. Urgently leaving an unsafe living situation can result in a victim struggling to access safe and affordable accommodation.
6. Emergency Housing Special Need Grants (EH-SNGs) data from the Ministry of Social Development show the number of women across New Zealand who accessed an EH-SNG increased from 3861 in March 2020 to 5145 in March 2021. Roughly 65% of people receiving EH-SNGs in June 2021 were women.
7. Women are over-represented on the Public Housing Register, and since COVID, the number of people on the register has increased significantly. As of November 2020, 22409 people were on the Public Housing Register, of which 14010 were women (63%). This is an increase from 16309 people being on the Public Housing Register in March 2020, of which 10582 were women (65%).
8. During the initial COVID-19 response in 2020, agencies worked collaboratively at pace with housing providers and Māori organisations to house over 1,000 individuals and whānau in motels across New Zealand, supported by over \$100m of funding. Additional temporary measures were also introduced, such as a freeze on rent increases and increased protections for tenants from having their tenancies terminated. In July 2020, Cabinet agreed to bring forward the development of specific work in the action plan to respond to emerging needs and build on the COVID-19 response. This included an action to develop further responses for cohorts at-risk of homelessness.

Actions and improvements

9. The response to homelessness for Te Tūāpapa Kura Kāinga is guided by the New Zealand Aotearoa Homelessness Action Plan. This was developed in 2019 and is currently in phase one (2020-2023). All 18 actions identified as “immediate actions” are underway and the longer-term actions are being developed and implemented within the 2020-2023 timeframe. Some areas of work were also adapted or accelerated to meet urgent needs or expected demand due to COVID-19. Women are identified in the Homelessness Action Plan as a group at-risk of homelessness.
10. Actions are underway to address homelessness for at-risk groups, in addition to other work that is expected to have important flow-on benefits for these cohorts. One of the immediate actions underway is to 'support women who are leaving prison by providing safe and stable accommodation with reintegration support services'. This action is led by the Department of Corrections. Actions to increase the supply of temporary accommodation and the support services within them will also be beneficial to women as they are more likely to access temporary accommodation.

11. Te Tūāpapa Kura Kāinga is continuing to increase the delivery of transitional housing, with a total of 3000 additional places expected to be delivered by mid 2022. During their stay in transitional housing individuals and whānau receive wrap around support services from Community, Māori and Iwi providers to help them transition into long-term accommodation. In Auckland, Auckland City Mission's (ACM) delivers targeted housing and support for women experiencing homelessness through the Te Whare Hīnātoke programme. Te Whare Hīnātoke is based on the concept of whanaungatanga and emphasises social learning, developing relationships, and opportunities for women to become role models as they progress through the service. Activities are provided in group settings and the accommodation is well configured to support delivery of ACM's kaupapa Māori approach of shared living and learning. Providers have indicated that working with women in group settings is an effective, targeted approach for this cohort which delivers improved and more sustainable housing outcomes.
12. Recent and ongoing work on the Residential Tenancies Amendment Act 2020 will benefit women in the private rental market. The Residential Tenancies Amendment Act 2020 included provisions to enable victims of family violence to withdraw from a tenancy with only two days' notice. The provisions include a requirement for tenants to provide evidence of family violence with their withdrawal notice. The purpose of these provisions is to free victims of family violence from their legal / financial obligations under the tenancy agreement so that they can leave quickly and seek safety. Final policy decisions on regulations are expected to be considered by Cabinet later this year. We are mindful that any evidence requirements need to be accessible and culturally appropriate for victims of family violence. Evidence shows that women experience higher rates of family violence than men, and Māori women experience higher rates of family violence than women of other ethnicities.
13. Te Tūāpapa Kura Kāinga Ministry of Housing and Urban Development are working with the Ministry of Social Development on improvements to the current Emergency Housing system. A higher proportion of those in Emergency Housing are women, who are also more likely to be sole caregivers of children. Improvements include taking a cohort-based approach. This has initially been implemented in Rotorua and Hamilton, with the Ministry of Housing and Urban Development working alongside other agencies to contract motels to house women and children as a priority cohort.

Family Violence and Sexual Violence Prevention response to the impacts of COVID-19 on Women's Social Wellbeing

1. Family violence and sexual violence have had significant impacts on women's social wellbeing which has been exacerbated and highlighted by the pandemic COVID-19. A number of issues raised by claimants in the Waitangi Tribunal Mana Wāhine Kaupapa Inquiry (Mana Wāhine Inquiry) highlight the need for the Government's work to eliminate family violence and sexual violence (FVSV). These issues include a:

- failure to protect tamāhine Māori from over-representation in the criminal justice system;
 - lack of female specific rehabilitative and reintegration programmes;
 - insufficient and inadequate funding for frontline crisis services - resulting in closure of Māori controlled women’s refuge shelter facilities; and
 - failure to establish a system that does not subject tamariki and wāhine Māori to further victimisation – covering front-line government services, the Family Court, the Criminal Courts, Police and Judiciary.
2. In a 2019 study on violence against women in New Zealand, women reported increased lifetime experience of controlling behaviours and high rates of economic abuse from a male partner⁹. The study also found that 87% of women who had experienced physical and/or sexual violence from a partner had not reported the violence to Police¹⁰.
 3. Data confirms that one in two wāhine Māori (58%), one in three European women (34%) and 1 in 3 Pacific women (32%) has experienced physical and/or sexual intimate partner violence (IPV) in their lifetime. Asian women reported lower lifetime prevalence of IPV one in ten (11.5%)¹¹
 4. Māori wāhine, Pacific women, older women, women from the LGBTQIA+ community, women with disabilities and women from ethnic, migrant and former refugee communities are heavily impacted by family violence and sexual violence and have specific needs that are often overlooked by government agency services and by ‘mainstream’ family violence and sexual violence services.
 5. Women with at least one disability reported lifetime prevalence rates of 40.3% for physical IPV, 16.9% for sexual IPV, 60.3% for psychological IPV, 31.7% for controlling behaviours and 24.7% for economic IPV¹². Women with a disability reported higher rates of experiencing sexual IPV (16.9%) than men with a disability (5.0%)¹³.

Impact of COVID-19 in FVSV settings

6. While the March 2020 lockdown was deemed an appropriate public health response to the COVID-19 pandemic, it also created unintended consequences for people and families. For example, lockdown exacerbated many of the stressors that are risk factors for violence and, at the same time, made it harder for people to access help.
7. During Alert Levels 4 and 3, some providers and Police reported an increase in severity of violence being experienced for existing clients and an increase in new clients. There

⁹ <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.536.2039&rep=rep1&type=pdf>

¹⁰ <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.536.2039&rep=rep1&type=pdf>

¹¹ <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=3603>

¹² <https://nzfvc.org.nz/news/new-research-shows-disabled-people-experience-higher-rates-violence>

¹³ <https://nzfvc.org.nz/news/new-research-shows-disabled-people-experience-higher-rates-violence>

was also an upwards trend in help-seeking by young people, indicated by an increased number of clients contacting Youthline.

8. There is a general agreement that the longer-term financial, social and health impacts of COVID-19 will have long running impacts on FVSV, with the potential to elevate and exacerbate violence, where violence didn't occur previously but particularly for people in environments where forms of violence are likely to already exist. Family violence thrives where there is a power imbalance and is fed by stressors such as loss of employment, financial strain and housing insecurity.
9. Home isolation has meant women and children are more exposed to their abusers, and are unable to escape to safer spaces like schools or employment.
10. Intimate partner violence (IPV), rape, child sexual assault (CSA) by close acquaintances, carers and non-family members living in bubbles can increase in times of crisis and isolation.

Joint Venture response to the impact of COVID-19

11. As part of the overall COVID-19 pandemic response, the Joint Venture (JV) took a systemic and proactive approach to leading the Government's response to minimising the impact of FVSV.
12. This approach was developed collaboratively with the FVSV sectors, including non-government organisations (NGOs) and kaupapa Māori providers, to anticipate and address emerging issues affecting the sector and the people they help. In particular, the JV supported a FVSV COVID-19 Pandemic Working Group where Family Violence and Sexual Violence sector bodies from across New Zealand collaborated with government to share good practices where possible, and identify issues, gaps and needs that required addressing.
13. The Government's initial focus was on ensuring that people who needed help for FVSV were still able to access help in the context of COVID-19. For example, FVSV specialist services were categorised as essential services that were able to continue to operate under lockdown, were provided certainty and flexibility of funding, and additional funding so that they could operate flexibly to deliver their services in new/different ways in the context of COVID-19.
14. The Government also placed an increased emphasis on prevention as part of the FVSV COVID-19 response. This included prevention information placed prominently on the main national COVID-19 website. The Government also prioritised investment in prevention campaigns and initiatives, including the "Safebubble – it's still ok to ask for help" TV and media campaign that echoed the wider COVID-19 format and an existing FVSV prevention programme (It's Not OK), and community-led initiatives such as Le Va's "#checkyourself" social media campaign working with pacific island communities in NZ.

15. Te Puni Kōkiri (TPK) funded service providers to lower anxiety and stress for whānau, and therefore reduce the tension that can lead to family violence. Examples of work TPK did during the 2020 COVID-19 lockdown included:
 - Te Puna Hauora o Te Raki Pae Whenua managing the distribution of food and essential resources to the value of 300k plus 7,500 hygiene packs packed and distributed locally.
 - Te Whariki o Wahine Hauraki delivering 473 kai packs to 245 households (876 individuals) around the Coromandel
 - Waitomo Waipa Women’s refuge co-ordinating and delivering kai packs to rangatahi identified by social services and police, and families with at risk youth.
16. Collaboration across government departments provided support such as emergency accommodation for users of violence. This allowed users of violence to be quickly separated from victims; and victims-survivors (including children) could remain in their homes.
17. Outreach and community activities had a valuable role in ensuring the immediate wellbeing and safety of vulnerable whānau and families during the 2020 COVID-19 response. In addition to reaching out as part of the initial response and ongoing recovery, they also distributed food, medical and other essential supplies; and providing messaging, guidance, communications and language translation support. This community-led response was, and continues to be, pivotal in maintaining wellbeing and safety across the country.

Developments in family violence and sexual violence prevention

18. There has been ongoing work across government agencies on family violence and sexual violence. In 2019 \$320 million was announced for family violence and sexual violence as part of the Wellbeing Budget 2019. This included funding for safe consistent and effective response to Family Violence in every community over four years, expanding essential specialist sexual violence services: moving towards fully funding services, reforming the criminal justice system to better respond to victims of sexual violence, strengthening system leadership and supporting new ways of working and preventing family violence and sexual violence.
19. The year prior \$7.5 million of operating funds was allocated over four years for sexual abuse assessment and treatment services co-funded by ACC, NZ Police and the Ministry for Health through Budget 2018.
20. Budget 2020 saw \$183 million allocated to the Ministry of Social Development to ensure continued access to specialist family violence services, including services supporting victims of family violence, services to help perpetrators to stop inflicting family violence and support for victims of elder abuse.

21. Flexible, responsive co-ordination and highly trust partnership between national and local organisations throughout lockdown was a key learning and will inform approaches moving forward.
22. Long term actions will need to address core issues to really build resilience and build protective factors around healing and safety for women.
23. The Government is in the process of developing a National Strategy and Action Plans to drive the system transformation needed to prevent and address FVSV [CAB-21-MIN-0083 refers].
24. The National Strategy will set a collective pathway for government, tangata whenua and community to eliminate family violence and sexual violence. This will direct government policy changes and actions. It will set out what government will remain directly accountable for and what supporting government resource will be needed to implement this strategy and its actions, as we develop new ways of working and shift to more community-led approaches.