Life during lockdown: a qualitative study of low-income New Zealanders' experience during the COVID-19 pandemic

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ABSTRACT

AIM: This research explores the experience of low-income New Zealanders during the COVID-19 pandemic lockdown and their advice to the Government about addressing future pandemics. New Zealand had a rapid and effective lockdown that meant the virtual elimination of community transmission.

METHOD: Twenty-seven semi-structured interviews were undertaken with low-income people in June–July 2020, immediately after lockdown was lifted.

RESULTS: Life during lockdown was challenging for study participants. They were fearful of the virus and experienced mental distress and isolation. Most participants felt safe at home and reported coping financially while still experiencing financial stress. Participants were resourceful and resilient. They coped with lockdown by using technology, self-help techniques and support from others. New Zealand's welfare state ensured participants had access to health services and welfare payments, but there were challenges. Welfare payments did not fully meet participants' needs, and support from charitable organisations was critical. Participants were overwhelmingly positive about the Government's response and advised the Government to take the same approach in the future. This is a particularly reassuring finding from some of the most vulnerable New Zealanders.

CONCLUSIONS: An early and hard lockdown, the welfare state, compassion and clearly communicated leadership were keys to a successful lockdown for the low-income people in this study. Research of the experience of low-income people during pandemics is critical to ensuring inequities in pandemic impact are mitigated.

The 2020 COVID-19 pandemic necessitated a global public health response resulting in unprecedented nationwide lockdowns. Research on the public's experience of pandemics is relatively limited, and until 2020 it did not address the scale of the current lockdowns. A rapid review of evidence of the psychological impact of quarantine prior to COVID-19 found that impacts were "wide-ranging, substantial and can be long lasting."[1] Key stressors were: "quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma."[1] Since the study reported here, there has been a proliferation of research on the impact of the COVID-19 lockdown that identifies harms to individuals' mental wellbeing and their ability to access medical and dental care, food and social support.[2–7] Qualitative studies on people's experience have largely focused on people with specific health conditions or on specific aspects of their lives. Three qualitative studies from Aotearoa New Zealand focused on aspects of healthcare provision.[8-10]

Public health is inherently political as it requires the organised efforts of society.[11]

Globally, the pandemic has seen a range of political leadership and policy responses and subsequent public health outcomes. A key risk in any public health crisis (including COVID-19) is exacerbating existing inequities.[12,13] Understanding the COVID-19 experience of vulnerable people will assist in ensuring equitable pandemic responses. Given that people living in poverty suffer worse outcomes during pandemics[14–16] and are more isolated in society,[17] research examining their experience is needed to protect them during pandemics.

In 2020 New Zealand eliminated community transmission of COVID-19 using a rapid and stringent lockdown.[18,19] This research explores low-income New Zealanders' experiences of the Government's COVID-19 policy response and lockdown during March–May 2020. Further, it explores participants' views on the Government's response and their advice to the Government about how to deal with future pandemics.

Context

New Zealand is a unitary welfare state with largely publicly funded healthcare and relatively simple institutional arrangements for health. The lead agency is the national Ministry of Health led by the Director-General of Health.[20] Regional public health services are undertaken by district health boards. New Zealand's economic policy has been strongly neo-liberal in the past three decades, which has resulted in welfare payments well below the living wage.[21,22] The Labour-led government at the time of the crisis was clearly moving in a more social democratic direction, with budgets focused on wellbeing, growth in government and increased welfare benefits. Yet, prior to COVID-19, nearly 10% of working-age New Zealanders were receiving a 'main benefit'.[23] Table 1 outlines the context at the time of this study. See https://covid19.govt.nz/ for current information.

Work and Income New Zealand (WINZ) is the key government agency responsible for benefit allocation. WINZ played a key role in the COVID-19 response through the provision of existing benefits: Working Age Benefits (increased during lockdown), Winter Energy Payment (increased during lockdown), Hardship Assistance, Food Grants and the newly introduced COVID-19 Wage Subsidy. Community Services Cards enable people receiving low-income to get subsidies across a range of services, including general practitioner (GP) appointments and low-cost medical scripts (NZ$5). Many New Zealanders also rely on charitable organisations for their basic needs (eg, food banks and the City Mission).[24] These services continued to operate during lockdown, adapting and augmenting their services as needed.[25]

New Zealand had its first reported case of COVID-19 on 28 February 2020, a month after the first cases were reported in Europe.[26] New Zealand's initial approach to the pandemic followed the 2017 influenza pandemic response plan.[27] It proved ineffective and an elimination strategy was developed.[28] Prime Minister Jacinda Ardern announced a new Alert Level System on 21 March urging New Zealanders to "be strong, be kind, and unite against Covid-19."[29,30] Alert Levels 4 and 3 both involved lockdowns at home, colloquially termed the 'bubble'.[31] Housing was found for the homeless within days of the Alert Level System announcement.

These lockdown restrictions lasted seven weeks, from 25 March until 13 May 2020, at which time the country moved to Alert Level 2. Alert Level 2 was much less socially restrictive. On 8 June the country moved to Alert Level 1, which allowed unrestricted movement within New Zealand but tight border restrictions were retained. Throughout Alert Levels 4 and 3, daily 1pm updates were televised, usually featuring the Prime Minister and the Director-General of Health, who were the key government leaders in the COVID-19 response. New Zealand's response has been characterised as relying on "science and empathy."[32] Ardern's key messages included, "we must go hard, and go early," and, "our team of 5 million," referring to the efforts of the entire population.[30,33]

The initiation of Alert Level 4 in New Zealand on 25 March brought widespread economic and social consequences. The Government provided the COVID-19 Wage Subsidy to employers so they could continue paying their staff during the lockdown. Despite this, the number of working-age people signing up to benefits during the

Table 1: The New Zealand Context.

Agencies	
Work and Income New Zealand (WINZ)	Government agency under the Ministry of Social Development that offers income support and provides training for job seekers and employers. https://www.workandincome.govt.nz/
City Mission	One of many charitable organisations that operates in major cities throughout New Zealand. Offers support to a wide range of people in hardship. Further information found at: https://www.aucklandcitymission.org.nz/
Food Banks	Range of services and charities in New Zealand provide free food parcels to whānau (extended family). Many services remained open to support their communities as essential services. This range of services can be seen at: https://www.foodbank.co.nz/
Benefits	
Working Age Benefits	Government benefits for people aged 18–64. The three major categories are Jobseeker Support, Sole Parent Support and the Supported Living Payment (for people with long-term health conditions/disabilities or their carers). In response to COVID-19, all Working Age Benefits were increased by NZ$25 per week. https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/benefit/2020/benefit-fact-sheets/benefit-fact-sheets-snapshot-june-2020.pdf
Winter Energy Payment	From 1 May to 1 October WINZ provides additional weekly payments to beneficiaries to cover extra heating costs over the winter months, as many people on the benefit cannot afford to heat their homes. This was doubled in response to COVID-19 to NZ$40.91 singles NZ$63.64 for couples or people with dependents to acknowledge people would need to spend more on heating during lockdown. https://www.workandincome.govt.nz/products/a-z-benefits/winter-energy-payment.html
Hardship Assistance	Emergency and one-off payments from WINZ to help people in acute financial hardship. Covers payments such as Special Needs Grants and Recoverable Assistance Payments. https://www.workandincome.govt.nz/products/a-z-benefits/special-needs-grant.html https://www.workandincome.govt.nz/products/a-z-benefits/recoverable-assistance-payment-grant.html

Table 1: The New Zealand Context (continued).

Food Grants	Grant for people on low-income or a benefit who need help paying for food. Weekly rate is dependent on circumstance. https://www.workandincome.govt.nz/eligibility/urgent-costs/food.html
Community Services Card	Allows people receiving low-income to have subsidised access to services such as GP appointments, medical scripts, pools and gyms. https://www.workandincome.govt.nz/products/a-z-benefits/community-services-card.html
Wage Subsidy	Available to New Zealand businesses that experienced a greater than 40% decline in revenue during a 30-day period due to COVID-19. In return the businesses were expected to keep their employees at 80% of their usual wage. This scheme was initially for a 12-week period but businesses were then able to apply for another 8-week extension. Individuals who had lost employment due to COVID-19 were also able to apply for income relief payments of up to NZ$490 for up to 12 weeks. https://www.workandincome.govt.nz/covid-19/wage-subsidy/index.html
Timeline*	
28 February	• First case reported
14 March	• 14-days self-isolation at border (except Pacific)
19 March	• Border closed to all but returning New Zealanders • 100-people gathering limit
21 March	• Four-level Alert Level System announced • New Zealand at Alert Level 2
23 March	• New Zealand at Alert Level 3
25 March	• New Zealand at Alert Level 4 • National State of Emergency declared
27 April	• New Zealand at Alert Level 3
13 May	• New Zealand at Alert Level 2
8 June	• New Zealand at Alert Level 1

Table 1: The New Zealand Context (continued).

Alert Level System at Time of First Lockdown*	
Alert Level 4: Eliminate Sustained and intensive transmission Widespread outbreaks	• People instructed to stay at home • Educational facilities closed • Businesses closed except for essential services (eg, supermarkets, pharmacies, clinics) and lifeline utilities • Rationing of supplies and requisitioning of facilities • Travel severely limited • Major reprioritisation of healthcare services
Alert Level 3: Restrict Community transmission occurring, or multiple clusters break out	• Travel in areas with clusters or community transmission limited • Affected educational facilities closed • Mass gatherings cancelled • Public venues closed (eg, libraries, museums, cinemas, food courts, gyms, pools, amusement parks) • Alternative ways of working required, and some non-essential businesses should close • Non-face-to-face primary care consultations • Non-acute (elective) services and procedures in hospitals deferred and healthcare staff reprioritised
Alert Level 2: Reduce High risk of importing COVID-19, or uptick in imported cases, or uptick in household transmission, or single or isolated cluster outbreak	• Border entry measures maximised • Further restrictions on mass gatherings • Physical distancing on public transport (eg, leave the seat next to you empty if you can) • Limit non-essential travel around New Zealand • Employers start alternative ways of working if possible (eg, remote working, shift-based working, physical distancing within the workplace, staggering meal breaks, flexible leave arrangements) • Business continuity plans activated • High-risk people advised to remain at home (eg, those over 70 or those with other existing medical conditions)
Alert Level 1: Prepare Heightened risk of importing COVID-19, or sporadic imported cases, or isolated household transmission associated with imported cases	• Border entry measures to minimise risk of importing COVID-19 cases applied • Contact tracing • Stringent self-isolation and quarantine • Intensive testing for COVID-19 • Physical distancing encouraged • Mass gatherings over 500 cancelled • Stay home if you're sick and report flu-like symptoms • Wash and dry hands, cough into elbow and don't touch your face

*https://covid19.govt.nz/alert-system/history-of-the-covid-19-alert-system/

one-month period from March to April changed at a rate almost double that of the previous 24 years.[23] Hardship Assistance payments rose sharply.[34] Food banks reported a 100% increase in demand during the lockdown period.[35] Charitable organisations expressed concern over the rising number of those seeking support due to unemployment.[36]

Methods

This qualitative study included a purposeful sample of 27 low-income New Zealanders aged 18 years or older. The research was planned during lockdown by a new research team working by Zoom. Interviews were undertaken immediately after lockdown, between 30 June and 31 July 2020. People were selected through community organisations, including the City Mission, in two cities in New Zealand (Auckland and Christchurch); Auckland population ~1.6million and Christchurch population ~340,000 (www.stats.govt.nz/2018-census). Of the participants, 15 (56%) were female and 12 (44%) were male. Ethnicity was determined by self-identification, with some participants identifying with multiple ethnicities. In total, seven (26%) participants identified as Māori, 15 (56%) as New Zealand European, two as Dutch and one each as Cook Island Māori, Iranian, British, Indian, Fiji Indian and Filipino. The sampling strategy included over-sampling of Māori in order to ensure a strong Indigenous voice in the data. Participants' average age was 52 years, with the youngest being 30 and the oldest 64. All participants had a New Zealand Index of Socioeconomic Deprivation for Individuals (NZiDep) score of four or five (five is maximum deprivation) during the nationwide COVID-19 Alert Levels 4–3 lockdown.[37] Twenty-three participants (85%) were on a government benefit prior to lockdown. Four participants lost their job during lockdown, two of whom commenced receiving a government benefit.

Participants lived in a wide range of circumstances typical of low-income communities. The sample includes sole parents, people seeking asylum or refuge in New Zealand and people with disabilities or long-term health conditions (eg, cerebral palsy, epilepsy, depression, arthritis). Some participants had experienced abuse, homelessness or drug addiction, or they had been through the justice system. All participants spent their lockdown at private dwellings, except for four, of whom one lived in a refugee trust home, one a City Mission home, one an institutional care home and one lived in their car.

Data were collected through semi-structured interviews (the interview guide is available from the authors on request). Questions focused on life during lockdown, how participants coped, what would have made lockdown easier, participants' views of the Government's COVID-19 response and its impact on their whānau (extended family) and their advice to the Prime Minister and Director-General of Health about how to deal with pandemics in the future. Interviews took around 30 minutes. They were audio-recorded with permission. Ethical approval for this study was obtained from the University of Otago Human Ethics Committee (D20/182).

This study is framed by political theory, particularly theory of political economy.[38,39] Applying a political economy perspective requires an analysis of political discourse and action, including an analysis of the role of the state.[21] Key to this is the extent to which the Government response was neo-liberal (centred on individual rights, the rights of the market and reduced state intervention) versus social democratic (centred on collective rights, addressing inequity, redistribution of resources and increased state intervention).

This paper explores the impact of the COVID-19 policy response from the perspective of some of the most vulnerable New Zealanders. It examines whether the Government's response protected the rights of these low-income New Zealanders and the participants' views of the response and their advice to the Government about how to deal with future pandemics.

Data were transcribed then coded and analysed using content analysis. Each transcript was coded independently by two researchers. Analysis involved discussion across the research team identifying key themes. The transcripts of Māori participants were independently coded and analysed by a Māori researcher (DL).

Results

Findings are presented below. Quotes are used to illustrate key points. Participant coding is as follows: M=Māori, NM=non-Māori, A=Auckland, C=Christchurch.

Impact of the outbreak on people's lives

The majority of participants spontaneously discussed feelings of anxiety related to COVID-19 infection. In particular, people expressed anxiety around contracting COVID-19 and infecting vulnerable relatives in their bubble. While lockdown restricted almost all daily activities besides essential services, anxiety was felt during these essential interactions. It caused some people to restrict their activities even further: for example, not venturing past their letterbox for the entire lockdown.

> *"The fear of my partner, with him being sick… that was quite scary, you know, with him and how sick he is. Just having that fear of anyone being near him or coming near our house or even just walking up our shared driveway was enough to scare me." (M, C4)*

Most participants expressed sadness and hopelessness surrounding the impacts of COVID-19 around the world and the response of overseas leaders to the pandemic. A few stated they felt extremely distressed.

> *"[It was] like a war really, with an invisible enemy." (NM, C12)*

While a minority disengaged from the news, others found it made them appreciate New Zealand more when they compared themselves to people in other countries that were faring worse in the pandemic.

Experience of lockdown

Effects on wellbeing

The majority of participants found lockdown had a negative effect on their mental wellbeing. This included feelings of immense boredom, confinement and emotional volatility. However, the key effect identified across most participants was that of isolation. People felt isolated from their whānau, their communities and the day-to-day social interactions they had from their usual activities that they could no longer pursue.

> *"I just don't think I could live like that, but we had, we just had to… 'cause it's the way it was." (NM, C11)*

> *"I would never want to be put in that situation ever again because that was hard, it was very stressful… when we need to see our families, they won't open the door for us." (M, A14)*

One Māori participant commented on how difficult it was not being able to physically attend tangihanga (funerals) for whānau members who passed away during lockdown. Instead, they had to watch tangihanga on live stream.

As the lockdown continued, feelings of isolation resulted in significant mental distress for some individuals. This was particularly so for participants with pre-existing mental health conditions such as depression and anxiety, which were exacerbated by the lockdown. All but one of those participants in a solo bubble reported feelings of isolation, considerably more than those in joint bubbles. These feelings worsened as the lockdown and the length of isolation was extended.

> *"I think that with loneliness and depression, that's what it is. It slowly creeps in… I think that's how it is." (NM, C14)*

> *"So everyone, they got depressed, we probably got depressed, everyone that I knew was depressed. So it was a really really bad thing, ya know… but essential." (NM, C12)*

Although they still reported feeling isolated from loved ones, many long-term beneficiaries said they felt more prepared to cope with a life in lockdown. They noted that life on the benefit was similar to lockdown, as they did not work and interact with many people on a daily basis.

> *"It was a lot easier I think for beneficiaries during the lockdown, 'cause we're used to staying at home, ya know?" (NM, A2)*

Similarly, those who suffered or who were suffering from loss and trauma noted that the impact of COVID-19 was less of a concern in contrast to their other problems. They expressed being prepared for trauma.

> *"I'm used to it. I'm used to a long and painful journey." (NM, A7)*

Participants who became unemployed as a result of the lockdown appeared to suffer considerable emotional distress due to loss of financial freedom and the social support they received from their participation in paid employment.

> *"I had physical support but no emotional or mental health support at all. No psychological support." (NM, C6)*

However, a number of participants noted positive effects on their wellbeing. These included having less traffic on the road, more time to connect with their whānau and an opportunity to reflect on life and be appreciative of things they normally took for granted.

> *"[Lockdown] gave me an opportunity to think about a lot of things, especially about a lot of others who were a lot less fortunate than myself." (NM, C14)*

> *"I like it actually, spending more time with the family... in a way it's quite pleasing. Yeah, just more interaction, communication with the kids." (M, A16)*

Most participants felt safe at home. For the few who did not, this came from insecurity in those they shared their bubble with, concerns over others' adherence to COVID-19 restrictions, personality conflicts, homelessness or failure of the institution in which they lived to keep them safe. Although some expressed being previous victims of domestic violence, none disclosed such experience during lockdown—but participants were not asked directly about whether they experienced any domestic violence during lockdown.

One participant found themself homeless for the entire lockdown. They slept in their car because they did not feel safe in their previous place of residence, a shared boarding house for previous offenders. They also lost their job due to lockdown.

> *"My boss never rang me back... I don't know what happened. I lost everything that day." (M, A5)*

They experienced many hardships, including hunger, being cold, loneliness, isolation and stress over not knowing when help would come.

> *"I was just stressing out, hard out, stressing all day every day, just over food really, especially after having nothing, no help from anyone." (M, A5)*

One participant, who spent their lockdown in an institutional care home, had an extremely negative experience of lockdown. They expressed feeling ill-treated by the staff and distrustful and fearful of the institution. "You don't complain unless you've got somewhere else to go" (NM, C12). Although they felt the restrictions were necessary, they also felt negatively towards the Government's communication of the pandemic. They felt unsupported by their institution during lockdown. "It was all up to individuals" (NM, C12).

Financial effects

The majority of participants stated that they coped financially during lockdown and were able to pay their bills and provide for themselves and their whānau. This was aided by reduced expenditure due to the restrictions, alongside the raised payment across all government benefits and the increased Winter Energy Payment. However, many stated they endured financial stress and had to juggle spending to pay the bills. This was the case for five of the seven Māori participants, considerably more than the proportion of non-Māori. Despite the increase to the Winter Energy Payment, this stress usually related to the power bill, which, due to the larger number of people staying at home, was more expensive. The financial stress also influenced some participants' access to medical services. One participant found they had to choose between paying for their medical scripts or paying the bills.

> *"So we have to [be] careful. 15–20 dollars goes like this and we have to plan. On the benefit, we can only pay the rent, pay two [cell]phone bills, pay for wifi." (NM, A3)*

There was a difference between those who had been receiving a benefit for a long period and those who had lost their job due to COVID-19. Those who were receiving a benefit prior to lockdown displayed financial resilience with comments such as, "we pretty much just lived as normal" (NM, C15),

and, "I'm always watching my money" (NM, C1). Those who became unemployed due to COVID-19 and fell into financial hardship appeared to struggle a lot more and spoke of a sense of loss over financial freedom they had previously taken for granted.

> *"That was my job gone and I had to survive on the [Wage] Subsidy and I had to sign up with the Jobseekers [benefit] as well because what money I was getting from subsidy wasn't paying my power and also my food and my rent. It wasn't enough there." (M, A14)*

Access to food

Despite many people reporting that they coped financially, the majority of participants accessed food banks during lockdown. Two participants reported not being able to access food. Over half of participants made comments expressing stress when accessing food. Participants noted the difficulty of accessing supermarkets, such as waiting in long lines that deterred them from shopping.

> *"Ya have to shop differently, ya know? Which makes it hard, especially when you're not too well yourself and you need proper food." (NM, A2)*

Some participants spoke of their financial restrictions and increased food prices. This resulted in some participants being unable to access healthy food or using up their existing food.

"[I] always had access to food but didn't always have access to good food." (NM, C6)

Some participants expressed distress over others hoarding supplies, whereas others found they were reassured by supermarkets being well stocked.

Access to services

Most participants accessed some form of service during lockdown. This included GP teleconsults (a largely new development in response to COVID-19), pharmacists, psychiatrists and other social services. A key concern for the participants was the lack of information around availability of health and social services. Some also expressed unwillingness to access services due to fear of contracting COVID-19, fear of burdening the health system and stigma around the use of such services. For example, some participants stayed home when they ran out of inhalers and others relied on self-coping mechanisms for mental distress rather than seeking external support.

> *"And you started wondering where do you go? Or who do you see? I suppose there's help-lines and things like that, but I'm very wary of those sorts of things." (NM, C14)*

The participants who accessed health services reported mixed feedback on their experiences. Although some found it easier to access teleconsults and prescriptions sent electronically, others felt distressed when seeking support over the phone. One participant found accessing healthcare for their partner with a chronic health condition difficult because they had no personal vehicle, because of changes in the bus timetable and also because of perceived restrictions placed on tertiary healthcare.

> *"There was a few scared moments because with the lockdown, the access to the hospital wasn't that easy… [my partner] needs oxygen now and then, so it was pretty hard to try and get an ambulance." (M, C4)*

The majority of participants used social services such as the City Mission, WINZ, refugee trusts and food banks. Participants who used these services commented they had been provided with accommodation, financial aid, food and employment. Social services also provided many with a sense of community, which they felt significantly disconnected from during lockdown.

> *"I was a real lost cause when I arrived [at the City Mission]. You know, homeless and everything, had lost everything really… if it wasn't for the Mission, I don't know where my life would be right now. I mean it's like a big family here." (NM, C2)*

Three participants felt they were treated disrespectfully when accessing WINZ. One of these participants was homeless throughout the lockdown therefore their main concern was having access to food. Desperation was a barrier to being able to receive help and prevented them from wanting to reach out to WINZ again.

> *"WINZ just hung up on me and declined me… it might have been me, my voice. I was hungry. I was getting*

annoyed because they kept asking all these questions about work and work and work and I was hungry." (M, A5)

Another participant, in a better financial position, persisted, after which they were able to get the help they needed.

"She made me feel that I shouldn't deserve to have a food grant… when I hung up, I said, 'I'm going to have to ring back and get someone to listen to the conversation I had with the lady'… the big boss lady (of WINZ) phoned me back and apologised." (M, A14)

Two participants experienced stress surrounding the delay in visa applications or effects of unemployment on their eligibility to live in New Zealand.

Some participants had difficulty accessing food banks because they did not realise food banks were an essential service or because of the rules imposed by the food banks. Due to having no physical address or ability to drive his car, one participant who was homeless during lockdown could not access these services. They had to survive mainly off bread and water for the entire lockdown.

"I had no money. I had a vehicle but no gas. I tried to walk there [to a church supplying food parcels] and get food but they wouldn't let me. Needed a vehicle, stay in the vehicle. They put [the food] in themselves… They said you can't come in, you have to be at home… I didn't have an address for them to drop it off to." (M, A5)

Coping strategies

Although most participants experienced mental distress, very few mentioned accessing mental health services. The majority of participants coped using self-help techniques. These included methods such as self-talk and relaxation techniques to calm themselves when feeling overwhelmed. The self-talk techniques were described by participants with comments such as:

"'calm down, now calm down'. So I'd sort of calm myself down and I'd think, 'no, it won't be for long, ya know, just do as they say'. So I did." (NM, C7)

"[I'd] give myself lectures saying, 'come on, come on, this is going to be okay'." (NM, C1)

Participants mentioned using exercise, household chores and indoor hobbies to occupy themselves. Many participants mentioned their ability to get out of the house to go for a walk helped them to cope with feelings of isolation and confinement.

"I had to go for my walk… if I got stuck… not [able to] get some vitamin C [sic], some fresh air into me, I don't know where I'd be today." (NM, C8)

The majority of participants found staying connected to their whānau and communities was important to support themselves. Due to the social restriction of lockdown, technology played a key role in connecting people to their sources of support. Participants mentioned calling and texting their loved ones frequently. This was particularly important for those participants in solo bubbles or who had loved ones overseas.

"Ringing my mum yeah every day. I think that was the biggest, it was just having that support on the phone." (M, C4)

Technology was key in enabling community groups to adapt to the lockdown. Religious groups were able to stream their services, and social support groups, like the City Mission, provided chat forums and daily activities for their communities.

"Our church started having online church… they were really good for getting people through." (NM, C10)

Some participants commented that connecting through technology was not the same, stating they missed physical human interaction.

"I don't know what that is, but it's like an emotion aye, a feeling, a vibe… A human thing. It's like when you meet someone and you shake hands… and I don't know what it is, but you get this warm glow that comes over you." (NM, C14)

Although not specifically asked, two participants noted they did not have access to the internet during the lockdown. For these participants it was a key concern and a barrier to connecting with whānau and accessing education.

Opinions of the Government's response

Participants were overwhelmingly positive about the Government's response to COVID-19. Most expressed trust in the Government and appreciation for its rapid and effective handling of the pandemic. "I think they did a top job" (NM, C14).

Participants were quick to contrast New Zealand's position in the global pandemic with other countries. This helped them reflect on the lockdown in a positive manner. Participants reflected that New Zealand's response 'led the world stage'. Many spoke as a member of the 'team of five million'.

> *"We got to help the health of each other. Keep yourself healthy and then look after each other." (M, A15)*

Participants appeared to be reluctant to criticise the Government even when there were breaches at the border. Some participants expressed anger towards politicians who undermined the Government's decisions. "Shut up, Simon [the leader of the opposition]" (NM, C2).

> *"I think we're very blessed in New Zealand. You know, compared to the other countries, I think we're very very lucky." (NM, C1)*

Many participants specifically praised Prime Minister Jacinda Ardern and Director-General of Health Dr Ashley Bloomfield. Positive comments centred around valuing individuals' lives, feeling truly cared about and the calm, collected and personable manner displayed by Ardern and Bloomfield.

> *"I really [want to stress] the thankfulness, you know, and gratefulness for what Jacinda Ardern has done. For me, my family, my friends. Magnificent. So I'm very, very grateful for that." (M, A14)*

Participants overwhelmingly viewed the Government's restrictions as necessary to prevent the spread of the virus, and they reported adhering to them to keep others in their bubbles and the community safe.

> *"If we keep to the social distance… then maybe we could come out stronger… the whole of New Zealand could come out stronger." (M, A14)*

However, a few participants did report breaking restrictions for mental health reasons: for example, visiting friends or whānau to socialise. Most expressed guilt and an understanding that this was wrong. But they felt they could no longer cope.

> *"You try not to break the rules, but, you know, I live on my own. So yeah. So sometimes I went and visited friends with a mask on 'cause I'd just had enough, you know?" (NM, A7)*

Only one participant reported not adhering to restrictions, due to their distrust in the Government.

The vast majority of participants were extremely happy with the communications from the Government through the lockdown. Most participants engaged with and appreciated having the daily 1pm televised media briefings and found the communication clear and up to date.

> *"I did follow everyday… everyday at one o'clock. That helped… that helped me understand it." (NM, C11)*

Participants for whom English was not their first language also reported that the television subtitles were sufficient to gather a clear picture of the situation. A couple of participants made negative comments. "Too much… not COVID [again], I'm sick of the news" (NM, A1).

Advice for future lockdowns or pandemics

The vast majority of participants were positive about the Government's response to the pandemic. Hence, when asked whether they had any advice for future pandemics, the majority of participants called for the Government to continue with their current approach.

> *"Exactly how they did this. They did excellent." (NM, C15)*

Over a quarter of participants expressed concern over a resurgence of COVID-19 in the community because of border insecurity. Most of these participants wanted stricter border procedures and testing prior to travelling to New Zealand. One participant called for complete border closure. Others requested more financial and practical support.

> *"I'll first say the Government should provide the basics first. Food, gloves,*

masks. Because how can anyone be safe without these?" (NM, A3)

Some participants expressed gratitude at the increase in benefits over the winter months and advised for them to stay high throughout the year. A few participants suggested the need for more social services and mental health support during lockdown.

"For people like me, if somebody [did] ring up say, 'how ya feeling what ya need? You need help?', that would make me happy." (NM, C5)

One participant, who stood out in their negative opinion towards the response, expressed deep distrust in the Government. "I'd sack half of what's in Parliament". They called the communication surrounding COVID-19 'propagram', claiming that "[you] can't trust them as far as you can kick [them]" (NM, A1).

Discussion

Life during the COVID-19 lockdown was challenging for the low-income New Zealanders in this study. Participants were fearful of the virus. Lockdown impacted negatively on their mental health, as reported elsewhere.[1,3,6] Feelings of isolation were common. Beneficiaries reported feeling more prepared to cope with lockdown than others because they are 'used to staying at home', a finding that highlights the social isolation that beneficiaries routinely endure.[17] A number of people noted 'silver linings' to the lockdown, as identified by Every-Palmer et al.[3]

Most people felt safe at home, except for one homeless person and one in institutional care, two key areas for critical attention. Although some participants had previously experienced domestic violence, they did not report further incidents during lockdown. However, Every-Palmer et al noted elevated levels of domestic violence during lockdown.[3] Safety at home, or having a home at all, are key concerns. The Government's ability to house many of the homeless during this crisis proves that solutions can be found to seemingly intractable problems. It is hoped that effective solutions can be maintained and more easily found in future without being prompted by a crisis.

Financial stress was common, particularly for Māori, despite the majority of participants stating they coped financially. Food insecurity was common. Clearly the pre-existing and increased government welfare payments were critical: yet this research suggests they were still not sufficient. Participants who lost their jobs during lockdown reported struggling more than beneficiaries, both with the financial hardship and their sense of loss. This finding emphasises the gap in the standard of living between beneficiaries and those in employment. It also underscores the importance of government and employer commitment to maintaining people in work during a public health crisis, including the importance of the COVID-19 Wage Subsidy.

Participants were largely resourceful and resilient. They coped with lockdown by using technology, self-help techniques, health and social services and support from whānau and their communities. New Zealand's lockdown allowed people to go outside for exercise, which helped manage their isolation and confinement. This research suggests that, if possible, people should be able to go outside during lockdown. While technology may not totally bridge lockdown's social divide, it is a key resource that the vast majority of participants were able to use well. However, solutions are needed for those without internet access.

Most participants accessed some form of social or health service during lockdown—unsurprisingly, given participant recruitment was through community services. Some participants expressed concern about the lack of information about the available services and a reluctance to use services for a range of reasons, including infection fear and stigma (previously reported stressors during quarantine)[1] and not wanting to burden the system. Government social services were insufficient for participants' basic needs, and it was necessary for these critical functions to be augmented by charitable social services, including in the provision of food. There were a number of barriers to social service provision, including access, delays, rules that were difficult to negotiate and disrespect from staff. It is concerning that some participants were already experiencing such severe hardship that the pandemic lockdown was perceived as having only a moderate impact on their lives.

In relation to health services, some participants found the innovation of teleconsults and electronic prescriptions easier, but others found them distressing. Previous research suggests that telehealth is not suitable for all people or all issues.[8] One participant found it hard to access tertiary healthcare for her partner with a chronic health condition. At a time of crisis in the health system, these low-income New Zealanders were able to access New Zealand's publicly funded, largely free health services and utilise innovations, albeit not without some challenges. This may not be the case in more neo-liberal countries with privatised healthcare, such as the US.

These low-income New Zealanders were overwhelmingly positive about the Government's response to COVID-19. They expressed high levels of trust, adhered to restrictions and willingly participated as part of the team of five million New Zealanders working together to beat the virus. This is a particularly reassuring finding from some of the most vulnerable New Zealanders. So too is the participants' advice for the Government to take the same approach in any future pandemic. The study findings, and the specific advice participants had for the Government, suggest the need for stricter border controls, further financial and practical support for low-income New Zealanders and specific focus on the needs of particularly vulnerable people, such as the homeless and those in institutional care.

This research was undertaken relatively early in the global pandemic and therefore presents the immediate impacts of lockdown. It was conceived, funded and developed during the lockdown. Due to New Zealand's success in controlling the virus, it was possible to undertake the research face-to-face soon after the end of the initial lockdown, which reduced the risk of recall bias but precluded assessment of the longer-term impacts of COVID-19. Recruiting participants through community organisations, particularly the City Mission, was effective and timely. However, not all low-income people access services. Therefore, it is likely that these results underestimate the impacts of lockdown on those unable to access services. Over-sampling of Māori participants ensured a stronger Indigenous voice in the data. Given the over-representation of Māori among low-income New Zealanders, it is likely that Māori bore a heavier burden than the non-Māori population. Although this paper presents a study from New Zealand, this research has valuable insights for other jurisdictions with marginalised populations.

This research demonstrates the importance of eliciting the views of society's most vulnerable citizens during a public health emergency. Undertaking such research can yield valuable information for strengthening responses and better meeting the needs of vulnerable people during and between periods of crisis. Future research including Indigenous people, children and young people and people not connected to social services is needed. Also, this research suggests the needs of those in institutional care and those who become unemployed as a result of pandemics need to be better understood. Follow-up studies are required to explore the long-term impacts.

If the greatness of a nation can be judged by how it treats its most vulnerable members, Aotearoa New Zealand appears to have shown considerable strength during the COVID-19 pandemic, at least according to the participants in this research. The keys to this success were the policy of going hard and going early, the more social democratic policy direction and the compassionate and clearly communicated leadership. Research on life during lockdown for people receiving low-incomes is essential to guide future responses to pandemics or other emergencies. Researching the experience of vulnerable members of society during and immediately after crises, such as pandemics, is critical to ensuring that their rights as citizens are protected and that inequities in the impact of such crises are mitigated.

Competing interests:
Nil.

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