

Te Tira Ārai Urutā – the Royal Commission of Inquiry into COVID-19 Lessons Learned

Summaries of engagements held by the Inquiry Christchurch engagements – June 2025

These engagement summaries highlight the key points raised by a range of stakeholders to inform the Inquiry's evidence-base.

Council bodies forum

Councils across Canterbury told the Inquiry they adapted quickly to remote working arrangements, though early technology infrastructure presented some challenges. Many council staff lived locally with young families, creating additional pressures around childcare and schooling. The pandemic also prompted the development of online services – including virtual gym classes, recreation programmes, library services, and building inspections – many of which have continued past the pandemic response ending. Council representatives noted strong initial community support for lockdowns, with surveys showing public willingness to accept inconvenience to protect others.

On vaccine mandates, the Inquiry heard that compliance rates were very high across councils, with most staff who did not wish to be vaccinated being redeployed or accommodated through work-from-home arrangements. However, vaccine pass requirements created barriers for some vulnerable library users and people accessing essential services, and frontline staff at times faced hostility from members of the public who objected to the requirements.

Representatives described particular challenges for the South Island, which experienced lockdowns despite having no active cases, generating varied community reactions from concern to frustration. Rural and off-grid residents faced heightened difficulties with the technology requirements of the response. Representatives drew comparisons with the Christchurch earthquake, noting that while both crises demanded adaptive responses, the virus' invisible nature and the ongoing scientific uncertainty posed different psychological challenges than the visible physical damage of the earthquake.

For future pandemic preparedness, the Inquiry was told that councils valued clearer national guidance, longer transition periods for policy changes, and investment in robust technology infrastructure to support remote work and service continuity.

Local business forum

Business representatives in Christchurch told the Inquiry about the significant economic impact of the COVID-19 response, particularly for tourism-reliant industries. They explained how they shifted away from tailoring their business models from serving international visitors to focusing on marketing to New Zealanders.

The Inquiry also heard that Christchurch businesses were disproportionately affected by Auckland lockdowns, given that approximately 60 percent of their visitor base came from the Auckland region. Representatives described the operational disruption caused by sudden lockdown announcements, including large events that had to be immediately dismantled when lockdowns were declared with minimal notice.

While vaccine uptake was generally high, business representatives told the Inquiry that the vaccine mandates caused emotional stress and divisions within some workplaces. They also highlighted challenges with unclear government decision-making processes, frequently changing contact points, and gaps between policy announcements and implementation guidance.

Representatives expressed concern that Aotearoa New Zealand had developed a reputation as too hard and unreliable for international business during this period, with Australia gaining a competitive advantage through more accessible and consistent policies.

Disabled people's group forum

Representatives told the Inquiry that while vaccine mandates were broadly supported as important for protecting vulnerable disabled communities, their implementation created significant difficulties for the disabled community. The replacement of trusted, long-term support workers who declined vaccination caused anxiety and disruption for clients who depended on established relationships.

We also heard that disabled people received inadequate and delayed information through disability-specific channels. Significant time passed before materials were made accessible in alternative formats, and unreliable internet access for some made it harder to receive key public health information.

Healthcare access barriers were a significant theme. Representatives noted that hospital visitor limits counted interpreters as visitors, preventing deaf patients from having both a support person and an interpreter present simultaneously. We also heard that some individuals struggled with the mask exemptions process, and that visual-based testing and contact-tracing systems were difficult for blind people to use independently.