MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

BRIEFING

Self-Isolation Pilot Evaluation Report: arriving and transferring to self-isolation.

Date:	22 December 2021	**Priority:**	Medium
Security classification:		**Tracking number:**	2122-2242

Action sought		
	Action sought	**Deadline**
Hon Chris Hipkins **Minister for Covid-19 Response**	**Note** the attached evaluation report **Agree** to distribute to Reconnecting New Zealanders Ministerial Group	10 January 2021

Contact for telephone discussion (if required)				
Name	**Position**	**Telephone**		**1st contact**
Christina Sophocleous Jones	General Manager Self-Isolation Pilot	Privacy of natural persons		✓
Privacy of natural persons	Principal Advisor Policy			

The following departments/agencies have been consulted

Minister's office to complete:

- ☐ Approved
- ☐ Noted
- ☐ Seen
- ☐ See Minister's Notes
- ☐ Declined
- ☐ Needs change
- ☐ Overtaken by Events
- ☐ Withdrawn

Comments

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Purpose

This briefing provides you with the third evaluation report for the Self-Isolation pilot, covering the period in self-isolation, including the participant experience.

Recommended action

The Ministry of Business, Innovation and Employment recommends that you:

a **Note** this third interim report from the evaluation of the Self-Isolation pilot considers the stay in self-isolation, including the participant perspective.

Noted

b **Note** that we will provide a final evaluation report on 14 January 2022.

Noted

Note the key findings of the evaluation of the stay in self-isolation

Noted

c **Agree** to distribute this report to the Reconnecting New Zealand Ministerial Group

Agree / *Disagree*

d **Agree** that this briefing will not be proactively released at this time as the Self-Isolation pilot Evaluation is still in progress

Agree / *Disagree*

Christina Sophocleous-Jones
General Manager, Self-Isolation Pilot
MBIE

21/12/2021

Hon Chris Hipkins
Minister for the Covid-19 Response

..2.. / ..1.. / 2022

Background

1. You agreed the Evaluation Plan for the Self-Isolation Pilot [2122-1778 refers]. The plan proposed that we report the evaluation in phases.

2. The third interim evaluation report covering the stay in self-isolation (Annex one).

Key findings

3. The key findings from the stay in self-isolation are:

    a. 79 participants successfully completed self-isolation through the pilot programme.

    b. The opportunity to travel internationally for business was valued by participants.

    c. Most participants were satisfied or very satisfied with their self-isolation experience.

    d. The pilot faced operational challenges from implementing a small programme at the same time as the introduction of three days home isolation for travellers leaving MIQ and increased requirements to deliver health checks for community cases. In a wider roll out the priority and mechanism for health checks for returnees will need to be weighed against other demands due to cases in the community.

    e. During their stay in Self-Isolation, regular saliva-PCR tests were taken from participants. In Christchurch where health workers supervised the collection of the tests there were no insufficient samples, however in Auckland where tests were unsupervised there were a small number (six) of insufficient tests. The implications of these observations need to be considered alongside experience from other situations where saliva testing is used.

    f. The majority of participants found the self-isolation experience easy. The key themes in the participant feedback were that the number of tests, the length of the required self-isolation was excessive, and that the challenges became harder after the first few days, including being bored and lonely and separated from loved ones.

    g. Monitoring of pilot participation was effective, although the participant views on monitoring were varied, with some welcoming the daily interactions with the monitoring staff and others finding the phone interruptions intrusive. There was a strong voice for using more technological options to monitor location.

    h. Communications using multiple methods were necessary to engage with pilot participants. The communications were effective because they used multiple modes, they could be revised to take account of the changes to the pilot requirements and in response to feedback.

    i. As noted in prior reports the pilot relied on effective and clear communications and data sharing between multiple agencies for its success. The pilot relied mainly on manual mechanisms which would be challenging to roll out at scale.

Next Steps

4. We will provide a final evaluation report with updated findings for the three reports on 14 January 2022.

Annex One: Title

Draft Monitoring and Evaluation of Self-Isolation Pilot: Staying in Self-Isolation

Monitoring and Evaluation of the Self-isolation Pilot: the self-isolation experience

Contents

Key findings

- 79 participants successfully completed self-isolation through the pilot programme.
- The opportunity to travel internationally for business was valued by participants.
- Most participants were satisfied or very satisfied with their self-isolation experience
- During their stay in Self-Isolation, regular saliva-PCR tests were taken. In Christchurch where health workers supervised the collection of the tests there were no insufficient samples, however in Auckland where tests were unsupervised there were a small number (six) of insufficient tests. The implications of these observations need to be considered alongside experience from other situations where saliva testing is used.
- The pilot faced operational challenges from implementing a small programme at the same time as the introduction of three days home isolation for travellers leaving MIQ and increased requirements to deliver health checks for community cases. In a wider roll out the priority and mechanism for health checks for returnees will need to be weighed against other demands due to cases in the community.
- The majority of participants found the self-isolation experience easy. The key themes in the participant feedback were that the number of tests, the length of the required self-isolation was excessive, and that the challenges became harder after the first few days, including being bored and lonely and separated from loved ones.
- Monitoring of pilot participation was effective, with no breaches identified. However, the participant views on monitoring were varied, with some welcoming the daily interactions with the monitoring staff and others finding the phone interruptions intrusive. more technological methods for tracking, using GPS tracking devices and other technologies
- Communications using multiple methods were necessary to engage with pilot participants. The communications were effective because they used multiple modes, and because they could be revised to take account of the changes to the pilot requirements and in response to feedback.
- As noted in prior reports the pilot relied on effective and clear communications and data sharing between multiple agencies for its success. The pilot relied mainly on manual mechanisms which would be challenging to roll out at scale.

Background

The Self-Isolation Pilot was set up to test some of the processes for self-isolation in the community, as an alternative to managed isolation and quarantine, for low to medium risk international arrivals. This pilot is part of the Reconnecting New Zealanders work programme to allow for a phased border reopening around a risk-based system.

The pilot was approved by Cabinet on 27 September [CAB-21-MIN-0386]. It was agreed that the report back on the Self-Isolation Pilot will cover:

1. The border system and processes,
2. The delivery of services in self-isolation,
3. Monitoring, compliance and enforcement,
4. The participant experience, and
5. The experience of other stakeholders.

The evaluation is focussing primarily on aspects of scalability and participant experience of the components of the self-isolation pilot, which are:

1. The requirements to be met for self-isolation (e.g. plans and accommodation),
2. The process for applying and approving self-isolation,
3. Management of self-isolation at the border and transport to self-isolation,
4. Testing and the identification of COVID-19 positive cases at any point,
5. Monitoring of adherence to self-isolation protocols by returnees,
6. Response to health and other critical needs during self-isolation,
7. Safe provision of essential services during self-isolation.

Scope of this report

In order to ensure that insights from the pilot are able to inform policy settings for future self-isolation options in a timely way, we are providing 3 interim reports:

22 November 2021	Lessons from the Self-Isolation Pilot application processes
7 December 2021	Early learning about the border and arrivals processes
22 December 2022	Early insights into adherence to protocols and participant experience in self-isolation

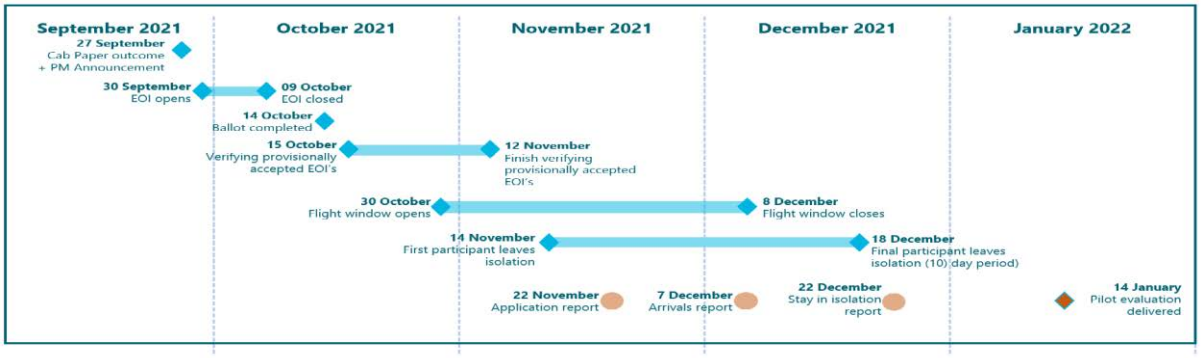
Approach

This third report provides insights into the monitoring of pilot participants, testing during isolation and the participant experience. We also consider the communications aspects of the pilot.

We draw on feedback from staff implementing the pilot at the airports, and pilot project staff. We also use insights from a participant survey at Day 2 and Day 9 of self-isolation.

Quotes from the participant survey are included to illustrate the tone of the feedback. These are indented and italicised but are not attributed to specific participants.

Timeline



Staying in self-isolation

Due to the risk profile relating to COVID-19 at the time Cabinet agreed to the pilot conditions, the pilot was set up to mirror the MIQ experience in as many respects as possible. This meant that travellers spent a similar length of time in self-isolation, had regular health checks and COVID-19 tests and the requirement to isolate away from non-travellers. When the pilot was set up, the required time in self-isolation was 14 days, in line with the length of stay in MIQ. Changes to the public health settings shortened the required time in self-isolation to 10 days, in line with changes to the border settings that came into effect on 14 November to require 7 days for returnees in MIQ and 3 days in home isolation.

The first pilot arrivals were therefore required to complete 14 days in isolation, and later arrivals to complete 10 days.

Table 1 Length of self-isolation

Required period of self-isolation	Number of travellers
14 days	1
11-13 days	6
10 days	72

While in self-isolation, most of the travellers were remote-working at their accommodation. To participate in the pilot they needed to confirm they had cellular coverage (minimum 3G). They were responsible for their own technology requirements and for arranging their own food and other services, which could be delivered by contactless delivery. Health checks were undertaken by completing a daily email survey and monitoring of compliance through regular phone calls and a phone app (Zyte) described below.

Outcomes

By the 19th December, 79 travellers had undertaken business-related travel and returned to self-isolate in New Zealand: 49 in Auckland and 39 in Christchurch. The last participant left self-isolation on 18 December.

Who were our participants?

Participants were travelling overseas for a variety of business or government related purposes. They represented 67 organisations, primarily private sector companies.

The majority (80%) of participants were male, they were aged between 24 years and 72 years (65% aged 45 and over). Among those who responded to the participant survey by Thursday 16th December (51 individuals) 63 % were New Zealand European, 6% Maori, with other ethnic groups making up 16% of participants.

Sixty-five of the 79 participants were travelling on New Zealand passports, the remaining 14 were resident visa holders. The pilot was limited to New Zealand citizens or residence class visa holders.

Why were they travelling?

Only valid business or government related travel was permitted as part of the pilot. Cabinet agreed that the primary participants of the pilot are businesses with employees required to travel internationally for business purposes – including sole traders. To be eligible to participate their employer had to have submitted an Expression of Interest, for international travel with a direct and demonstrable business benefit.

Employers supplied their reason for travels with their EOI. Applicants could provide multiple reasons for their travel. The reasons given are shown below.

Table 2 Reason for travel, provided by successful travellers through the EOI process

Reason for travel (multiple categories possible for any Expression of Interest)	Count
Carry out due diligence	8
Commission Machinery, equipment, technology	10
Do maintenance or training	10
Pitch in person for tender, contract, investment	29
Interviewing	5
Complete performance of contracts	20
Networking at conference, trade show, etc.	18

Business, Board, governance or client meetings 6

The self-isolation experience

Self-isolating away from family for 10 days on their return to New Zealand was not an insignificant undertaking. We wanted to get some insight into how participants found their time in self-isolation.

We asked participants about their overall level of satisfaction of self-isolation after 2 days and then again after 9 days. Most participants were satisfied or very satisfied with their self-isolation experience. There was however a shift in sentiment (chitest =0.003) between the 2 surveys, towards a less positive response.

Table 3 Thinking about your overall experience of self-isolation, from when you were first planning your trip and arranging your voucher and place to self-isolate, how satisfied are you with this experience?

	Day 2	Day 9
satisfied or very satisfied	76%	59%
neither satisfied nor dissatisfied	12%	21%
dissatisfied or very dissatisfied	10%	15%

A similar shift in sentiment was observed when participants were asked whether they had found the experience an easy experience. Although the majority were positive there was a shift towards a less positive response by day 9 (chitest=0.002). Similar results were when asked if they thought the requirements of self-isolation were reasonable (chitest= 0.016).

Table 4 Agreement with statement "I am finding self-isolation an easy experience"

	Day 2	Day 9
agree or strongly agree	73%	62%
Neither agree nor disagree	16%	23%
disagree or strongly disagree	10%	15%

Table 5 Agreement with statement "The rules of self-isolation were reasonable"

	Day 2	Day 9
agree or strongly agree	78%	67%
Neither agree nor disagree	12%	8%
disagree or strongly disagree	10%	26%

At Day 2, participants had recently arrived, and their reflections are likely to relate primarily to the recent arrival experience. At Day 9 the impacts of being in self-isolation are likely to be the dominant driver of the sentiment. A weariness with the process is reflected in comments from survey participants, where a recurring theme was that the number of tests, the length of the required self-isolation was excessive, and that the challenges became harder after the first few days, including being bored and lonely and separated from loved ones. This was exacerbated by the changes in MIQ which meant that those who had been in MIQ for seven days were able to isolate at home with family for a further three days.

To understand why my husband couldn't isolate with me - if he had agreed to the same rules and to the risk that I might have had covid and he might have gotten sick, it would have been just as easy to monitor two people at the same time… I would have loved to be given the option - after 5 weeks apart it would have been nice to have the option to enjoy his company.

Being alone with no personal contact is difficult. The mid way point is the hardest, after that it gets better.

[the biggest challenge was] *Believing I need the whole ten days when I have had 5 negative tests so far, have not had any symptoms, and have not been in any environment or near people that could jeopardize my health.*

There were many people who were grateful for the opportunity to travel for their businesses. There was a sense that the challenge of self-isolation had been worth it because the travel had been important. Many commented that the people they dealt with throughout the pilot were warm and friendly.

Having the opportunity to travel to our location and get in front of our people and customer after 18 months was a blessing. Video conferencing as it turns out is very second best. Being able to isolate within a home environment and not the MIQ lottery is an extra privilege that international businesses require.

I think all the people that have made contact with me every day were friendly, pleasant and really it has been a warm experience. I liked when they started using their cameras so I could see their faces, as these are the only outside faces I have (other than my family through facetime). The driver who picked me up was also very pleasant. Honestly the people that you have involved in the whole process have been excellent.

Monitoring health and wellbeing of pilot participants

The Ministry of Health (Health) worked with Whakarongorau to monitor the health and well-being of pilot participants. This was managed through three requirements:

1. Day 1 initial health assessment with a Whakarongorau clinician via phone
2. Daily health and well-being checks via email survey
3. Exit health assessment with a Whakarongorau clinician via phone

Day 1 initial health assessment

Participants were required to complete an initial health assessment on day 1 of their isolation period to help identify any participants who were unable to complete their self-isolation period safely and receive a baseline understanding of any underlying health issues and allergies. While many participants self-declared pre-existing conditions to the clinicians, none were deemed unable to safely complete their self-isolation.

This component of the pilot worked well but due to clinical capacity, is not scalable to expected medium-risk pathway numbers in their current form. Work could be undertaken to see if these initial health assessments could be completed via email. Where resources are constrained the value of these checks, which require clinical oversight, would need to be weighed against the priority of delivering checks for cases in the community.

Daily health and well-being checks via email survey

Participants were required to complete a daily health and well-being email survey by 12pm. The survey contained a mix of questions relating to symptoms and wellness, as well as any welfare needs.

If the participant reported a new or worsening symptom, a clinician would call the participant for confirmation and escalate accordingly. Escalation pathways could vary from referring participant to external resources (if non-COVID related), and/or referring the participant for an additional nasopharyngeal test. Non-COVID related health issues or concerns reported in surveys or to the clinician were minimal and handled appropriately.

If the participant did not respond to their survey by 12pm, this was escalated by Health to MBIE to follow up with the participant on the grounds of non-compliance.

At the time the pilot was being implemented Health was working at pace to implement automation of emails for 3-day post MIQ Self isolation period, while at the same time Whakarongorau was undertaking increased health checks for community cases due to the current outbreak of COVID-19. This had unintended consequences for the Pilot. The automation of daily emails to pilot participants was disrupted due to a focus on the implementation of 3-day post MIQ self-Isolation period, resulting in the daily health surveys being sent later than the target time (8 am). The downstream impact of this delay was that participants could not respond by the 12 pm deadline, resulting in follow-up calls and emails to participants.

Technical issues aside the health check emails did not identify any significant health issues – therefore the pilot did not have the opportunity to test the response to health issues identified through these tests.

Exit health assessment

Participants were required to complete a final health assessment prior to their exit which including checking that they were not symptomatic. Following the health assessment call from a clinician, the clinician would confirm their recommendation to MBIE if the participant was at low-risk of having or transmitting COVID-19. All participants were recommended as low-risk of having or transmitting COVID-19.

The exit health assessment calls were only completed once the participant's negative day 8 test-result was available to the clinicians doing the health assessment. Due to pressures on the health testing system, some results were not received until close to or after the earliest possible release time. As a result, some participants' final health assessments were not within the expected 12hrs prior to the earliest possible release time.

Covid testing during self-isolation

Covid tests were carried out at day one, three, six and eight. In Auckland participants were tested at the airport on arrival, using a nasopharyngeal swab and a Rapid Antigen Test. In Christchurch participants were only tested using a nasopharyngeal swab due to logistical limitation at the airport. All participants were provided with test kits for Saliva PCR testing for days three and six, while the final test was a nasopharyngeal test on day eight. Participants were transported to a testing centre close to their place of isolation for their final test by a contracted transport provider.

Rapid Antigen Tests

One participant tested positive for COVID-19 during the Pilot. This occurred on arrival at the airport after returning a positive result from a rapid antigen test. The participant was removed from the Pilot and placed in an MIQ facility in accordance with the agreed process. The process worked well and as expected.

Saliva Tests

Auckland and Christchurch followed slightly different processes for Saliva collection.

In Christchurch saliva collection was run by the lab. Health staff would pick up the saliva sample from the participant's accommodation after supervising the sample being taken and return it to the lab. Supervising the sample eliminated the need for retest. In Christchurch zero tests came back as insufficient, and all came back negative.

In Auckland saliva collection was run by a specialised courier company. The courier would pick up the already produced saliva sample and drop it off at the lab. If a sample was insufficient, this would not be picked up until the lab had processed the sample. The lab would inform Health, who informed the participant and the courier that a new sample needed to be produced/collected. In Auckland, a total of 6 saliva samples came back as insufficient. All saliva results came back negative.

Both models raise issues of scalability. In Christchurch the use of a skilled health worker to supervise the tests almost certainly contributed to zero insufficient tests. However, this approach is unlikely to be scalable due to workforce constraints. Consideration would need to be given to alternative approaches such as sending returnees to existing testing centres to scale-up an approach with supervised tests or the use of different types of tests.

We did not investigate specifically the impact on participants of issues with the tests – 82% of survey respondents reported that their saliva tests had been picked up every day at the expected time
Thinking about your saliva tests, which of these is correct?

My tests have been picked up every day at the expected time	82%
My tests have sometimes been picked up at the expected time, but sometimes later/earlier or not at all	18%

Delays in collection of tests are likely to escalate with greater volumes of tests, should this approach be used more broadly.

Day 8 Nasopharyngeal Tests

Participants were automatically sent a QR code the morning of their day 8 test. This QR was scanned at the Covid Testing Centre (CTC) which would easily link their test to their record. Initially as some CTCs were unfamiliar with the QR code there were isolated instances of confusion for the participant and the tester.

On two occasions, the QR code not getting scanned resulted in a "lost" test. Due to the volume of tests, the process to find a test not showing in the system was described as a "needle in the haystack". Communications to participants and the transport company were strengthened and we were able to intercept any confusion that occurred while at the CTC to avoid a lost test by having the transport company call a Ministry of Health representative to resolve the issue before they left the CTC.

The main reported issue for the day 8 test was the turnaround time for results. Some participants were unable to leave their isolation at the earliest possible time (i.e. 240 hours since their arrival in New Zealand) because they were still waiting for a result of their day 8 test. The majority of participants received their negative results within 48 hours.

Monitoring compliance with self-isolation

Telephone checks and geolocation of pilot participants

Once travellers were at their place of self-isolation, they were monitored three times a day to check that they were at their place of isolation.

The Self-Isolation Pilot used technology supplied by Zyte, a New Zealand company, to conduct phone-based location monitoring checks on participants. These checks (conducted by First Security) require participants to share their geolocation and turn on their video to verify their address and identity. Participants were only monitored at the time of the call.

Over the period of the pilot First Security completed 2209 calls to the 70 participants. Each participant was called three times per day, with additional calls when the participant did not respond. On average approximately three additional calls have been made per participant (on top of 3 x daily calls) during their 10-day self-isolation period. Non-responses have been due to participants variously being in meetings, showering, sleeping, undertaking COVID-19 testing at a Community Testing Centre (CTC), or exercising outside. 31 instances of technical issues were recorded, primarily due to the either the geolocation function or the camera video not working. These were all one-off issues with a participant, not ongoing problems. During the first two weeks of the pilot First Security completed 'spot checks' when participants did not respond to monitoring calls. Six spot checks were made during the first two weeks of the Pilot, before operational processes were revised such that spot checks required MBIE approval. After these no further spot checks were required as MBIE completed further follow up via phone call to ensure the participant completed their next monitoring call.

There was only one instance of 'non-compliance' in the Pilot and that was due to confusion caused by the misinterpretation of a communication from MOH, where a participant drove themselves to a CTC. This incident was not picked up by location monitoring (as it took place outside of the 3 x daily checks), but by the participant's disclosure.

The participant's views on the monitoring were variable

We asked participants how we could have better monitored them to be confident they were sticking to the self-isolation rules. The monitoring was also commonly raised when we asked what aspects of the survey could be improved.

Many participants were very happy with the monitoring which provided them with a break in the day and contact with the outside world. Several participants commented on the pleasantness of the monitoring team.

> *Phone monitoring was a welcome change to the daily routine. It worked for me. Monitoring teams seemed to [go] beyond what is expected of them and communicated a certain level of care*
>
> *The team who checked my location 3 times a day were very good, and the technology being used to check my identity and location was innovative and effective*

However, the calls were not welcome by everyone, with some being frustrated by the interruptions to their work schedules.

> *…random phone calls when you're trying to have remote meetings with clients/staff/management are far from ideal.*

Some felt it would be easy enough to evade the monitoring if you really wanted to because the timing was predictable. Although those making these comments also emphasised that this is not something that they had actually done.

I think the current approach relies on honestly and that is where some people will bend the rules. The checks were during the daytime only and it would be easy enough to leave at say 7pm-8pm and then be back at 7-8am in the morning.

[The monitoring calls were].. *too predictable, 3 calls each day. I can leave after the 3rd one and have a pint at the local. You not going to call me again until next morning.*

I figured I would have at least a couple of hours to pop out for a run - or go meet someone for a coffee. A combination of the ZYTE application, which is impressive for what it does, with something like a Jupl wrist tracker that delivers my location every 2 minutes would be a more reliable method.

There was a strong voice from some for more technological methods for tracking, using GPS tracking devices and other technologies.

GPS based bracelet would be a far better mechanism to ensure compliance Semi Random phone calls are fine - but obviously don't check locality in the evening/night.

The monitoring service view of the self-monitoring

The monitoring service (First Security) was experienced in monitoring the location of people for legislated purposes, including much more stringent and active geo-location monitoring for much greater volumes of people.

They felt that the pilot had worked well overall with few issues. This success was attributed to good communications from the pilot team, the valuable communications materials, staff experience and training, and a relatively compliant participant group. The approach was seen by First Security as a relatively high trust, but intrusive model, which relied on establishing a good rapport between monitoring staff and pilot participants. This was necessary because the pilot was using only the basic functionality of the Zyte technology to check the location of participants at three points during the day. Other technologies would allow more automated checking of location, without the frequent need for phone calls. Poor cellular signals in some areas also limited the accuracy of the information from the Zyte technology (as implemented in this pilot).

There is clearly a balance to be found between the privacy concerns of constant automated monitoring and the potential intrusiveness of frequent phone monitoring which would require a large workforce to implement multiple calls a day.

One benefit of the phone monitoring was that it provided an additional point of contact for participants to ask questions - which occurred frequently. Monitoring staff were familiar with the welcome pack and were able to direct participants to where to find the information in that pack, or direct them to the Healthline number for health-related queries. Many participants were not familiar with the Welcome Pack even though they had been provided with a copy and directed to it in other communications.

First Security also reported that a few participants were unhappy with the signage provided for the pilot. Participants were required to show the signage on the door to prove they were at their site of self-isolation, so there was opportunity during the video check on their presence for this to be a focus of conversation. The concerns were about being made to feel conspicuous and about potentially being targeted. Smaller signage with a tamper proof GPS tag were suggested as an alternative option.

Access to other services during self-isolation

We asked participants what services they had accessed during self-isolation. Sixty percent had accessed food and beverage deliveries, 10 % IT or communication services and 8% delivery of other goods. Most (82%) ordered online or by phone with physical delivery to the place of isolation, and the remainder ordered and received services on-line without requiring physical delivery. Some participants were supported by family and businesses who had set up their location prior to their arrival and so had no need to access services directly.

The cost of self-isolation

Participants were a select group. They needed to have the resources or be funded by their employers to undertake business travel during a time of heightened disruption to travel and business. Participants' employers paid $1000 towards the costs of transport and other pilot services.

Participants reported costs of self-isolation that ranged from zero to $6000, including costs of food, accommodation, and other services. Higher costs were incurred when accommodation needed to be rented for either the participant or their family. When the participant was isolating at home costs for the entire period were generally less than $1000. The isolation requirements created an additional imposition on people who could not isolate in their own property (eg because they did not live within the required boundaries for the pilot).

Information collection and sharing

The pilot required information sharing across multiple agencies for successful implementation. This was enabled by participants providing consent for their data to be shared for the purposes of the pilot and its evaluation. Data sharing was primarily done manually through exchange of files. Processes were put in place to ensure personal data was securely held. A privacy impact assessment was updated regularly to document issues and decisions.

The pilot has revealed the extensive need for information sharing to administer a closely monitored self-isolation pilot. Given the small scale of the pilot the processes used were mostly manual. The following data collection and sharing of personal information occurred to support the monitoring and testing of participants throughout their self-isolation.

1. Ministry of Health were provided with participant names, self-isolation addresses, GP information, DOBs and isolation periods so that they could provide testing, wellbeing and health monitoring for participants.
2. First Security required participant details to carry out the monitoring calls and potential spot checks. They were provided with names, self-isolation addresses, participant photograph to verify identity, and a call schedule for the isolation period.
3. The transport provider was provided with the names and self-isolation addresses of participants for providing transport to CTCs for participants' final PCR nasopharyngeal tests.
4. Fire and Emergency, Police and St. Johns were provided with details of the self-isolation addresses and the isolation periods in case of emergency.

Overall, while manual in nature, the information sharing processes put in place for the pilot worked well to ensure that all participating agencies received the information required for their part in the process.

As noted in the prior two interim reports on the self-isolation pilot, a wider roll-out of self-isolation will require automation of data collection and sharing processes to ensure a seamless experience for travellers and for agency staff supporting self-isolation. The model of self-isolation will determine the type of information collection and sharing required, but to handle large volumes of travellers it will not be feasible to use manual processes. Manual processes are not only resource heavy but also introduce privacy and security risks as it is not possible to track and monitor all data access and use.

Communications

The Self-Isolation pilot is part of the overarching Reconnecting New Zealanders plan announced by the Prime Minister in August 2021. The pilot team connected with several government agencies in the Reconnecting New Zealanders forum and regular progress updates were shared.

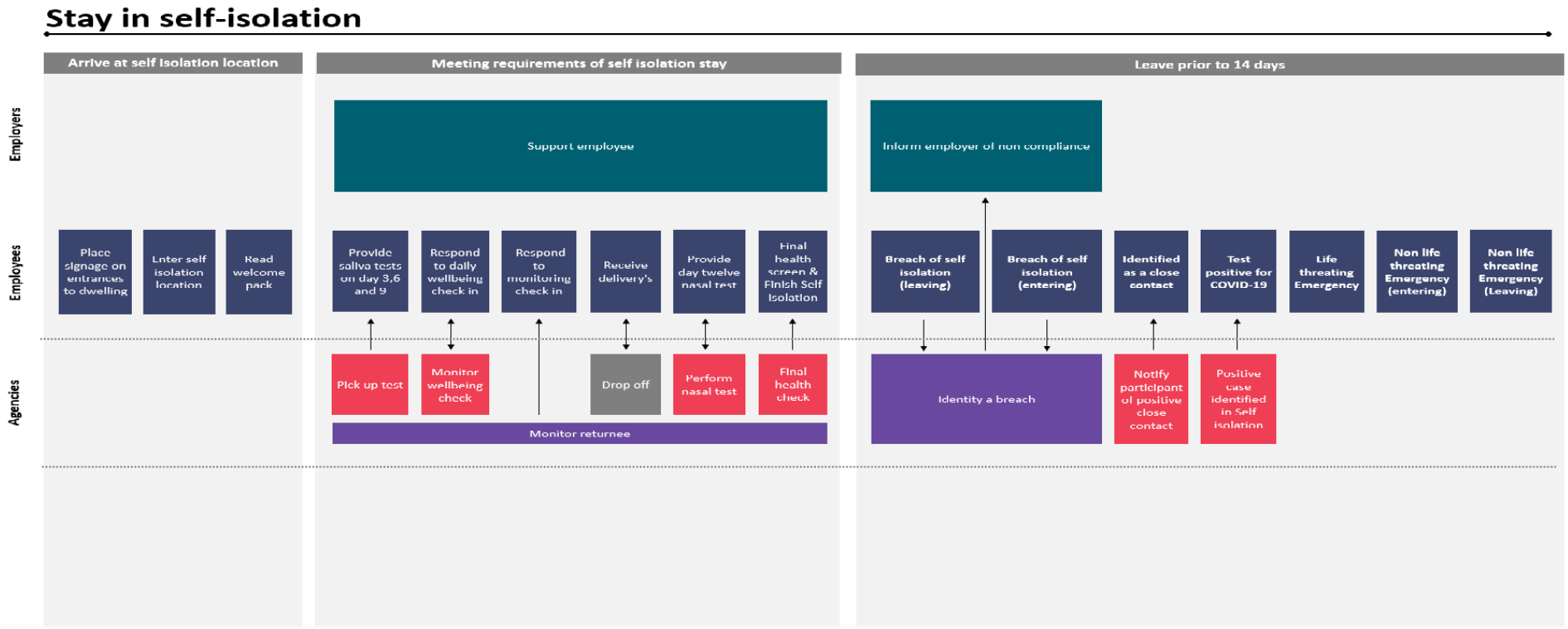
Iwi engagement was initiated during the pilot scoping work. This began on a national level and then focused regionally on Auckland and Christchurch via phone calls and online meetings as the decisions were being made by the pilot team. This engagement was essential to ensuring iwi were aware of the pilot and were given equal opportunities to apply to participate in the pilot. The pilot team were able to provide iwi with information on the plans for regular COVID-19 testing and location monitoring for participants self-isolating in the community.

A range of digital and printed communications collateral helped make the participants' journeys as smooth as possible. The resources were developed by the pilot team in collaboration with agencies such as the Ministry of Health and airport companies. An example is the pre-departure emails for participants which included information from agencies to prepare travellers for the airport processes and COVID-19 testing and health checks on arrival.

As the pilot progressed, the messaging became focused on the self-isolation stay and communicating the shorter stay requirements and testing schedule changes. The MIQ website was regularly updated, and pilot participants received direct emails with updates from the Client Service Advisors.

An Information Pack also provided guidance for participants on what to expect during their self-isolation stay, including testing requirements, daily health checks, and wellbeing resources. This was included in the pre-departure email as a PDF attachment and provided in printed format on board the transport to their accommodation. The pack was updated a few times during the course of the pilot, as more information was added on the daily health checks and COVID-19 testing, to ensure participants completed their stay safely.

Appendices


Stay in self-isolation
Arrive at self isolation location
Meeting requirements of self isolation stay
Leave prior to 14 days
Employers
Employees
Agencies
Support employee
Inform employer of non compliance
Place signage on entrances to dwelling
Enter self isolation location
Read welcome pack
Provide saliva tests on day 3,6 and 9
Respond to daily wellbeing check in
Respond to monitoring check in
Receive delivery's
Provide day twelve nasal test
Final health screen & Finish Self Isolation
Breach of self isolation (leaving)
Breach of self isolation (entering)
Identified as a close contact
Test positive for COVID-19
Life threating Emergency
Non life threating Emergency (entering)
Non life threating Emergency (Leaving)
Pick up test
Monitor wellbeing check
Drop off
Perform nasal test
Final health check
Identity a breach
Notify participant of positive close contact
Positive case identified in Self isolation
Monitor returnee