100 Families WA

The Impact of COVID-19 on Families in Hardship in Western Australia

The 100 Families WA Project

August — 2020

100 Families WA Project Partners

Anglicare WA, Jacaranda Community Centre, The Centre for Social Impact The University of Western Australia (CSI UWA), the UWA Social Policy, Practice and Research Consortium, UWA School of Population and Global Health, Wanslea, Centrecare, Ruah Community Services, Uniting WA, Mercycare, and WACOSS.

Through action research to reduce hardship and disadvantage for families living in Western Australia, the 100 Families WA project is working towards a vision of an economically, socially and culturally just WA where all families are supported to thrive together.

Citation

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The 100 Families WA Project

100 Families WA is a collaborative research project between Anglicare WA, Jacaranda Community Centre, the Centre for Social Impact The University of Western Australia (CSI UWA), the UWA Social Policy, Practice and Research Consortium, the UWA School of Population and Global Health, Wanslea, Centrecare, Ruah Community Services, Uniting WA, Mercycare, and WACOSS. 100 Families WA has a commitment to ongoing engagement in the project of those with lived experience of poverty, entrenched disadvantage and social exclusion.

The overarching goal of the project is to develop an ongoing evidence base on poverty, entrenched disadvantage and social exclusion in Western Australia that will be used by the policy and practice community in Western Australia continuously over time to understand better the lives of those in low income poverty, entrenched disadvantage and social exclusion, the impact and effectiveness of the community sector and government initiatives and service delivery processes and what those in entrenched disadvantage see as important for positive change.

Acknowledgements

The 100 Families WA team thank the family members that gave us their time and a window into their lives. This project would not be possible without the willingness and generosity of the families sharing their stories.

We would also like to thank the outstanding team of interviewers for their time, flexibility, and dedication in undertaking the survey, as well as the partner agencies and their staff for accommodating the 100 Families WA project so readily.

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Executive Summary

The 100 Families WA project seeks to understand the lived experience of entrenched disadvantage in Western Australia and what policy and practice changes are required to significantly reduce and ultimately end entrenched disadvantage. The 100 Families WA project utilises a unique combination of longitudinal quantitative data, fortnightly qualitative interviews with family members, and the active engagement of those with lived experience to build a rich understanding of entrenched disadvantage in Perth. The first wave of data collection was completed in 2019.

The 100 Families WA COVID-19 report presents experiences of the COVID-19 pandemic, its restrictions, and its early economic and social impacts among 158 family members in the study who completed a supplementary COVID-19 survey between May and July 2020. This was a period which followed a wave of COVID-19 cases in Western Australia and the introduction of restrictions on economic activity and on social interactions. The report presents findings in the following domains: health and health service quality, education, labour market outcomes, financial stress and income support, service access and service quality, and the overall impacts of COVID-19.

Health and health service access

No family members reported that they had been diagnosed with COVID-19 at the time of their supplementary survey. In terms of social distancing and other precautionary measures, 60.3% of family members chose to self-isolate at home, 32.3% did not self-isolate, but practiced social distancing, and only 2.5% chose not to modify their behaviour at all.

Feelings of depression and anxiety "all of the time" or "most of the time" in the week prior to the supplementary COVID-19 survey were much more common among family members (38.1%) than among a general Australian sample (17.1%).

As illustrated in the 100 Families WA Baseline Report, family members experience elevated rates of chronic health conditions relative to the general population, thus necessitating significant interaction with the healthcare system. Well over a third (40.5%), of family members reported that they had health-related appointments or procedures cancelled or rescheduled due to COVID-19. Less than half (41.0%) of family members accessed telehealth services; 42.3% did not need to access them; and the remainder were not offered (5.1%), did not want (6.4%), did not have the equipment for (3.8%) or could not afford (1.3%) telehealth services.

40.5%

had medical procedures or appointments **cancelled** or **disrupted**

38.1%

felt depressed or anxious **most to all** of the previous week, compared to **17.1%** in an Australian general sample during COVID-19

Education

The short duration of homeschooling in Western Australia during the period of the COVID-19 and the efforts of schools, teachers and the WA Department of Education appear to have minimized the effects of COVID-19 on parents' homeschooling efforts. Almost three quarters (73.6%) of family members with school-aged children in their care felt they had enough resources to continue their children's schooling at home. The remaining family members felt they needed additional resources, including internet resources (access, better speed, and more bandwidth), equipment (computers, webcams), and resources about how to teach their children as well as what to teach.

Labour market

The majority of family members interviewed were either unemployed (12.7%) or not in the labour force (68.3%) at the time of the COVID-19 supplement. A further 13.6% were employed. Just over half (55.0%) of the family members that were unemployed felt the COVID-19 pandemic had affected their ability to look for work, and 35.0% felt it had affected their motivation. Almost a third (28.6%) of the family members that were not in the labour force felt their ability to look for work had been affected by the COVID-19 situation and 33.9% felt it had affected their motivation. Among family members who were employed, 40.0% reported that their ability to work had been affected by COVID-19.

Financial stress and income support

In terms of financial stress, almost half (49.4%) of family members (versus 26.0% of Australians) reported that they were financially stressed or very financially stressed in terms of being able to afford essentials. The majority (89.1%) of family members received income support payments in the year prior to survey, with 50.6% reporting receiving the $550 per fortnight Coronavirus Supplement which was available to those on JobSeeker payments and certain other income support payments.

73.6%

with children felt they had enough resources to **continue schooling at home.** The remaining family members felt they needed additional resources, including internet resources (access, better speed, and more bandwidth), equipment (computers, webcams), and resources about how to teach as well as what to teach.

55.0%

of the family members that were unemployed felt the COVID-19 pandemic had **affected their ability to look for work**

49.4%

were **financially stressed** in terms of paying for essentials, compared to **26.3%** in an Australian general sample.

The Coronavirus Supplement lifts recipients' income above the relative poverty line. In a previous report, the 100 Families WA project reported on the significant adverse impacts on family members' lives of a Newstart (the forerunner of JobSeeker) payment set well below the poverty line. The most common impact that family members reported as a result of receiving the Coronavirus Supplement was improved quality of life (n = 41; 51.9%). This included reduced stress, the ability to reduce arrears on rent and utility bills, pay off debt, and life being simply easier and more comfortable.

"Pretty much every aspect. Dental, fast track mental health/counselling. I can eat better which improves my physical health. I can do everything I need to do to get myself ready to go back to work and become a good tax paying member of society. Won't have to worry about bills too much. Can relax a bit. I can afford reliable access to the internet. I can afford to buy a new phone instead of saving for two months or wondering whether my money will be stolen or taken to pay off debt collectors."

Service access and service quality

Access to a broad range of community services was interrupted altogether for many family members as a result of COVID-19. The proportion of family members for whom service was stopped varied by service type, from 30% for housing pathway and housing support, to 50% for food services, 58% for employment/job search services, 61% for mental health services and 63% for laundry and personal care services. A substantial majority of family members also reported changes to the way that services were accessed. The changes to service access as a result of the COVID-19 restrictions were perceived as positive or more positive than negative by 46% of family members, and negative or more negative than positive by 54% of family members.

As expected, services that cannot be delivered as easily without in-person contact were most affected both in terms of disruptions to access and family members' perceptions of services' ability to meet their needs. Services that were particularly negatively affected from the perspective of family members included mental health services, laundry and personal care services, and employment services.

51.9%

of those receiving the $550 covid-19 supplement said it had **improved their life** this included reduced stress, the ability to get rid of arrears on rent and utility bills pay off debt, and life being simply easier and more comfortable.

Services interrupted

30% housing pathway and housing support
45% financial services
48% health services
50% food services
58% employment/job search services
61% mental health services
63% laundry and personal care services.

Service delivery changes

were most common in **mental health services (87.5%), health services (69.9%) and food services (63.9%).**

1. Introduction

The 100 Families WA project is a three-year collaborative research project between a group of Western Australian community agencies (Anglicare WA, Centrecare, Jacaranda Community Centre, MercyCare, Ruah, Uniting WA and Wanslea), the Western Australian Council of Social Services, researchers at The University of Western Australia, and families participating in the project.

The 100 Families WA project seeks to understand the lived experience of entrenched disadvantage in Western Australia and what policy and practice changes are required to significantly reduce and ultimately end entrenched disadvantage. Entrenched disadvantage occurs when people face sustained low income over time inadequate to meet basic needs, and face significant barriers to overcoming disadvantage in one or more major human wellbeing domains including mental and physical health, housing, education, safety, jobs and social relationships. Disadvantage for some may be experienced over the very long term including across generations.

Inspired by New Zealand's Family 100 project, led by Auckland City Mission, the 100 Families WA project is a mixed-methods action research project that engages families experiencing entrenched disadvantage to identify what works in the current policy and practice environment, what approaches should be expanded, what barriers exist, and how we can break the cycle of entrenched disadvantage. The project positions families as partners in the research and that their voice and ideas for change are paramount.

Previous bulletins of the 100 Families WA project have focused on food insecurity, life on Newstart (now called JobSeeker), and access to non-government services. A Baseline report examining outcomes across domains of social, health, and economic wellbeing was released in August 2019. (See the list of publications at the end of this report and the 100 Families WA website for further details.) In this report, we examine the impacts of COVID-19 on 100 Families WA family members, particularly in terms of health, education, labour market outcomes, financial position, and the accessibility and quality of services provided to family members.

The impact of COVID-19

The COVID-19 pandemic has created shockwaves for us all. It has affected us as individuals and families but the pandemic has also affected community services, not-for-profit organisations, healthcare providers, aged care providers, and the private sector. Early models predicted a $34.2b reduction in Australia's gross domestic product (GDP) over one year, as a result of a coronavirus pandemic (PWC, 2020). Recent Australian Bureau of Statistics labour force statistics (Australian Bureau of Statistics, 2020) indicate that over 800,000 jobs were lost across Australia from March 2020 to May 2020 with only a third regained in the two months since, posing significant long-term risks to Australia's economy and labour market. Unemployment continues to rise and we now have one million Australians unemployed. Unemployment is only part of the picture; in addition to perennially under-reported underemployment, over 200,000 Australians have dropped out of the labour force since the beginning of the pandemic. This withdrawal from the labour force may be temporary for many – waiting for COVID-19 to blow over before resuming job searching, or having to take on additional caring duties. However, discouraged job seekers represent both a social and economic concern for Australia in terms of lost opportunities and lower output and productivity in the medium to long term.

Particular concern has been raised about the health and social impacts of COVID-19 on disadvantaged populations. Socioeconomic deprivation has been found to be a predictor of COVID-19 infection and of subsequent hospitalisation in the UK (Niedzwiedz et al. 2020) and the US (Finch & Finch, 2020; Noppert, 2020).

It is hypothesised that the relationship between socioeconomic status and COVID-19 infection and outcomes arises due to frequently occurring factors that limit the choices of those with few economic means, such as living in substandard housing and experiencing homelessness, being insecurely employed without leave entitlements, having health issues, and having caring responsibilities that preclude or limit self-isolation as a family unit.

Further, for similar reasons, it is proposed that the economic downturn and recession will disproportionately affect those already experiencing socioeconomic disadvantage, while also creating socioeconomic disadvantage among new cohorts. Those with low educational attainment and those working in low-skilled jobs are more likely to face job losses and difficulty finding work in the months and years to come (Rollston & Galea, 2020).

Additional concerns have been raised about intergenerational disadvantage, with new research finding that socioeconomically disadvantaged children engage in more passive screen time and less sleep, and have lower access to educational resources in a home environment which inevitably translates to poorer educational outcomes (Arnup, Black, & Johnston, 2020).

Australian Government responses To COVID-19

The Australian Government has rolled out an array of income relief and economic stimulus packages targeted at various levels – individuals, small businesses, community services, and government services (Australian Government, 2020). The measures that have received the most public attention and, arguably, have the most immediate impact on low-income Australians and particularly many 100 Families WA family members are the Coronavirus Supplement and the JobKeeper payment.

Announced on 22nd March 2020 and implemented on 27th April 2020, the Coronavirus Supplement saw an additional $550 per fortnight added to income support payments for people receiving JobSeeker payment (previously Newstart), partner allowance, widow allowance, sickness allowance, youth allowance, Auststudy, ABSTUDY, parenting payment, farm household allowance, and special benefit (Services Australia, 2020a). The $550 Supplement represents an effective doubling of many payment types and, in particular, the raising of unemployment income support payments above the relative poverty line. The $550 Supplement is in place until 24th September 2020, after which it will reduce to $250 per fortnight until 31st December 2020 (Services Australia, 2020).

The JobKeeper payment, announced on 30th March 2020, offers a $1,500 wage subsidy to employers whose organisations had lost 30% or more of their income relative to the same month in the year prior. The JobKeeper scheme encourages and enables businesses to keep employees on the payroll and to facilitate employees' return to work once conditions improve. By mid-May, 910,055 businesses and not-for-profits had enrolled in the JobKeeper program and 759,654 of those had made claims resulting in $8.7b of payments to around 2.9m employees (ATO, 2020).

WA State Government responses To COVID-19

The WA State Government has initiated significant measures to mitigate the health and economic impacts of COVID-19. Like the federal measures, state-level measures are targeted towards businesses, community services, and individuals. As part of a suite of measures, the WA Government announced a $444 million housing stimulus package including a major social housing program along with other stimulus responses including the Apprenticeship and Traineeship Re-engagement Incentive. There were significant measures focused on ensuring that emergency and community services could continue to meet demand. The WA Government also placed a freeze on increases to all household tariffs, fees and charges effective 1 July 2020 and a six-month moratorium on residential tenancy evictions was introduced in April 2020.

Support packages in the community sector included a $28.1 million support package for victims of family and domestic violence and a $6.8 million commitment to homelessness services together with funding for two new Common Ground facilities in Western Australia. Unlike in other states, there was only a small-scale program targeted at providing temporary accommodation in motels and hotels. While 17.3% of our full 100 Families WA sample was experiencing homelessness at Baseline (Seivwright & Flatau, 2020), only 7.0% of family members that completed the 100 Families WA COVID-19 supplementary survey were experiencing homelessness. As COVID-19 surveys were conducted primarily over the phone or online, we were unable to reach homeless family members as effectively as housed family members. Further attempts at reaching those experiencing homelessness as part of the 100 Families WA project are underway and will be reported on in the study's final report next year.

The 100 Families COVID-19 report

The present report represents a step towards understanding the impact of COVID-19 on those experiencing hardship. Concerns about COVID-19 emerged approximately half way through the collection of the 100 Families WA Wave 2 (or Year 1) survey. Through the effort and commitment of the project team – partner agencies, interviewer team and researchers alike – along with the invaluable time and participation of our family members, we were able to continue data collection through the worst of the restrictions in WA (affecting the latter third of the data collection). Further, we were able to include a set of dedicated questions about the impact of COVID-19, and followed up to ensure that family members who completed their survey before the inclusion of the COVID-19 questions were able to provide their responses.

We present findings about people's health, education (impacts on children), labour market engagement, financial circumstances, access to and quality of services during COVID-19, and general impacts of COVID-19. Consideration is given to when survey responses were recorded in relation to the number of COVID-19 cases and government restrictions and responses to stop the spread of COVID-19 and mitigate negative economic impacts.

The future of disadvantage in Australia

Those most vulnerable in Australian society experience the greatest adverse impacts from COVID-19. This serves to reinforce the importance of the 100 Families WA project. We know that, despite its generic label, the experience of hardship is far from static or homogenous. External factors including economic conditions, government policy, and community service sector practice and policy interact deeply with experiences such as health issues, homelessness and family and domestic violence to drastically affect wellbeing. COVID-19 forces rapid changes to these external factors and it remains to be seen how these changes will affect the lives of those experiencing hardship. It is important to note that some of these changes may be positive; for the first time in decades, income support payments for jobseekers are above the relative poverty line, and the JobKeeper initiative has, at least temporarily, stemmed some outright job losses.

The importance of this research cannot be understated. Data collection for the 100 Families WA project is almost at its conclusion. However, we argue that continued research into the experiences of vulnerable Australians as the impact of COVID-19 continues to unfold is critical. Accordingly, we advocate strongly for the continuation of the project.

Timeline of 100 Families WA

At its current level of funding, the 100 Families WA project involves two waves of quantitative data collection with 400 family members via a survey, and fortnightly interviews for a year with a subset of 100 family members. The timeline below outlines the data collection and reporting activities of the 100 Families WA project to date, and until the project's conclusion in July 2021. At the time of publication, no further data collection for the 100 Families WA project is funded.

Figure 1.1: 100 families WA timeline of data collection activities and project outputs

2. Methodology

Wave 2 survey and COVID-19 supplement

Data collection for the Wave 2 survey began on 27th November 2019. As it was designed to measure change over time relative to the Baseline survey, it covered the same domains of socioeconomic wellbeing: service use, housing, quality of life, economic participation, substance use, health, and mental health. In April 2020, the research team, in collaboration with the broader 100 Families WA project team and the Community Advisory Group, developed a set of questions to examine the emerging impacts of COVID-19 and government and community sector responses to the pandemic. These questions were incorporated into the Wave 2 survey from 4th May 2020. The survey questions were also presented as a COVID-19 supplement to Wave 2 for family members who had completed their Wave 2 survey prior to 4th May. Data collection ceased at the end of July 2020. The figure below outlines responses to the Wave 2 survey and the COVID-19 supplement relative to Western Australia's COVID-19 cases and WA State Government and Australian Government responses to the COVID-19 pandemic.

This COVID-19 report presents findings in the following domains:

- **Health:** how was access to health care affected by COVID-19, and what self-isolation methods were people experiencing hardship able to use? To what extent did people feel anxious or depressed?
- **Service access and quality:** how, and to what extent, did people's access to services change, and how were these changes perceived by service users?
- **Education:** did parents feel supported with respect to the resources provided to continue schooling at home?
- **Labour force participation:** how was labour force participation affected by COVID-19; how many family members' ability and motivation to look for work was affected;
- **Financial stress and income support:** How were family members' finances affected by COVID-19. How did people who received the income support payment supplement intend to use their income?
- **Overall impacts:** summary of the impacts of COVID-19 on 100 Families WA family members, including statements in their own words provided to open-ended questions.

Sample demographics

Table 2.1 outlines key demographic characteristics of the 158 family members that completed the 100 Families WA COVID-19 survey. Relative to the Baseline sample (n = 400), there is a slight overrepresentation of women, and a slight underrepresentation of Aboriginal and Torres Strait Islander family members. This likely reflects the higher proportion of men who were homeless at baseline and, therefore, more difficult to reach, and digital exclusion and/or a preference for face-to-face contact among Aboriginal and Torres Strait Islander family members.

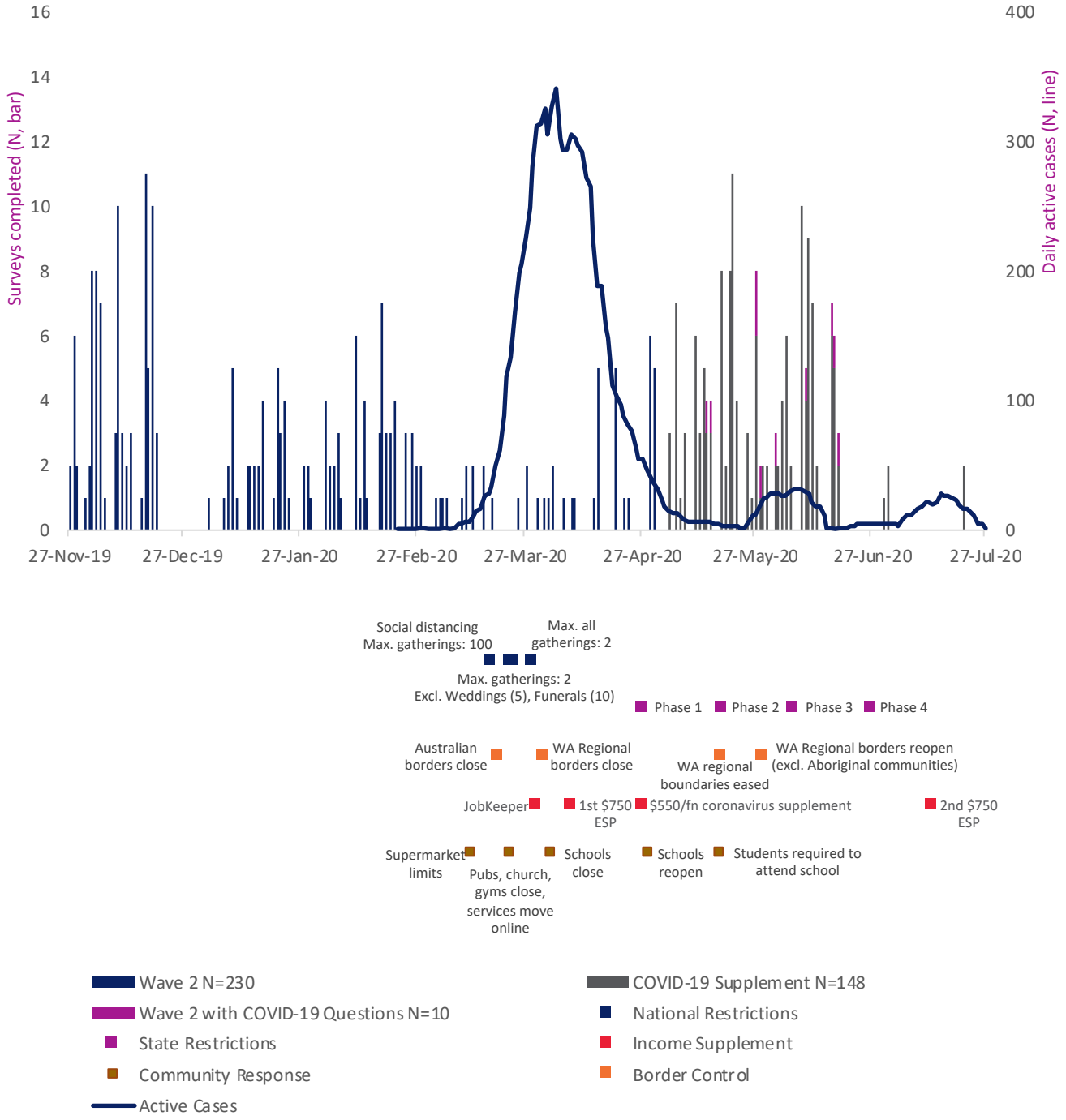
Table 2.1: Demographic characteristics of family members that completed the 100 Families WA COVID-19 survey (n = 158)

	n	%
Gender		
Female	114	72.2%
Male	43	27.2%
Other gender identity	1	0.6%
Aboriginal and/or Torres Strait Islander		
Yes	32	20.3%
No	126	79.7%

Timeline of data collection

Figure 2.1, below, presents a timeline which maps 100 Families WA data collection against active COVID-19 cases, and key community and State and Commonwealth Government responses to COVID-19.

Figure 2.1: Timeline of surveys (bar), active cases (line), and key events (scatter) that impacted daily life



Note: ESP = Economic Stimulus Payment.

WA Phase 1: maximum of 10 people in gatherings, WA Phase 2: maximum of 20 people in gatherings, WA Phase 3: maximum of 100 people in gatherings, WA Phase 4: maximum of one person per two square metres in gatherings.

3. Health and Health Service Access

As a public health crisis, the primary focus of the COVID-19 crisis has been the impact of the virus itself – identifying and containing infections. At the time of completing the survey, none of the family members reported that they had contracted COVID-19. One family member (0.6%) suspected they had had it (i.e., called the COVID-19 hotline or saw a doctor), but they had not been tested. Three family members (1.9%) had experienced COVID-19-like symptoms but did not seek to get tested and managed their health situation on their own. Two family members (1.3%) reported that they had been tested for COVID-19, but were awaiting results.

Experiences of social distancing

Family members were asked to indicate whether they had been required to quarantine at some point, and whether they had practiced self-isolation and/or social distancing. Table 3.1 displays the frequencies and proportion of the sample that experienced the different forms of social distancing. Family members could select more than one option.

The term 'quarantine' was used to describe the mandatory quarantining of those returning from overseas or interstate travel, or those who had contact with a confirmed case. At the time of the survey, 8.2% of family members reported that they had been required to quarantine in their home, and 0.6% somewhere else. Interviewers were advised to explain that 'self-isolate' in the context of this survey referred to choosing to stay at home, and only leaving the home to exercise or shop for essential items. Over half (60.8%) of family members chose to self-isolate. A third (32.3%) of family members did not self-isolate but practiced social distancing, which is defined as continuing activities outside of the home, but following the prescribed rules set by the Western Australian Government including those around limits on the number of people that can attend gatherings and keeping 1.5m from strangers. A number of family members (6.3%) were not able to self-isolate, because they were working in an essential service, and a few (2.5%) did not alter their social interactions and activities.

Table 3.1: Family member experiences of social distancing

	n	%
I have been required to quarantine in my home	13	8.2
I have been required to quarantine elsewhere	1	0.6
I chose to self-isolate at home or elsewhere	96	60.8
I could not self-isolate because I work in an essential service	10	6.3
I did not self-isolate, but practice social distancing	51	32.3
I did not self-isolate or change my social interactions and activities	4	2.5

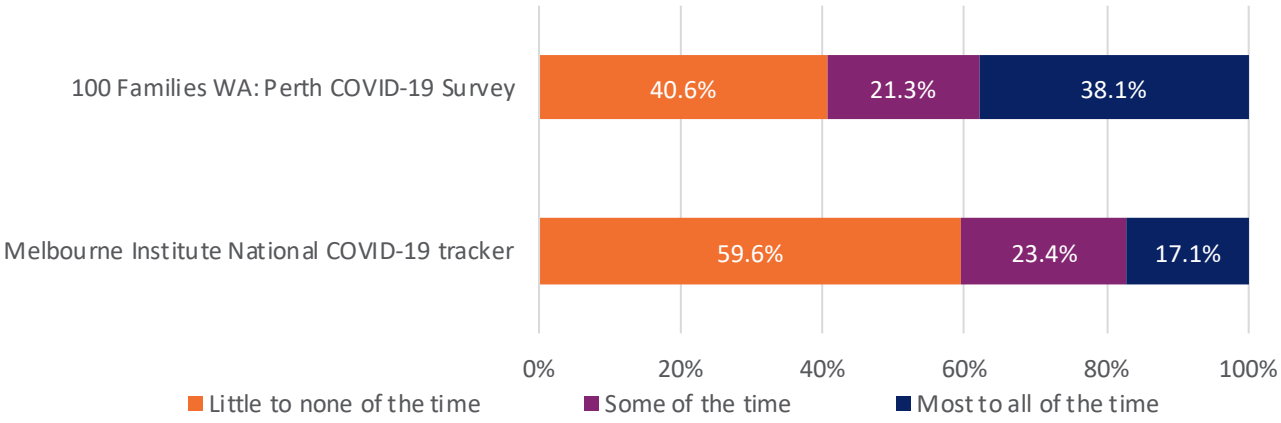
Note: Percentages do not equal 100.0%, as family members could select multiple options

Mental health impact

To examine the mental health impacts of the COVID-19 situation, family members were asked the question "How often did you feel depressed or anxious, during the past week?". The response options for this question included "none of the time", "a little of the time", "some of the time", "most of the time", and "all of the time". This question was drawn from the *Taking the Pulse of the Nation* survey, which has been conducted weekly since April by the Melbourne Institute (Melbourne Institute, 2020). The Wave 8 survey was selected as the national comparison point for this report as it took place between 25-28 May. At this point in time, half of family members had completed the COVID-19 survey. The publicly reported figures for Wave 8 combined the responses "none of the time" with "a little of the time" to create "little to none of the time", and "most of the time" and "all of the time" to create "most to all of the time". We have done likewise in the case of the 100 Families WA COVID-19 survey. Figure 3.1 below visually depicts the comparison between the family member responses and the national responses. It should be noted that this question asks about feelings of depression or anxiety and did not require a clinical diagnosis.

Over a third (38.1%) of family members reported they had felt depressed or anxious for most to all of the time during the past week, compared to 17.1% of the national sample. Just over a fifth of both family members (21.3%) and the national sample (23.4%) reported feeling depressed or anxious for some of the time during the past week. Less than half (40.6%) of family members reported feeling depressed or anxious for little to none of the time, during the past week, compared to 59.6% of the national sample. These figures indicate that the family members in the study were experiencing much higher rates of depression and/or anxiety symptoms than the Australian general population. It should be noted that across all 12 waves of the Taking the Pulse of the Nation survey, the highest proportion of Australians that felt anxious or depressed for most to all of the week was 20.0% (lowest 14.9%), well below the proportion of family members reported here. Similarly, the lowest proportion of Australians that felt anxious or depressed for little to none of the week was 52.9% (highest 60.6%), which is still substantially higher than the proportion of family members reported here.

Figure 3.1: Feelings of depression or anxiety in the past week



Note: Excludes three family members that skipped this question.

Melbourne Institute National COVID-19 tracker data is taken from the *Taking the Pulse of the Nation* survey which contains responses from a national sample of 1200 which has been stratified by gender, age, location to be representative of the Australian population (Melbourne Institute, 2020). The figures presented here are taken from the Wave 8 (25-28 May) survey, to serve as a national comparison, as half of the family members' responses to the COVID-19 survey were collected before/after this wave. The national percentages have been adjusted to exclude missing responses.

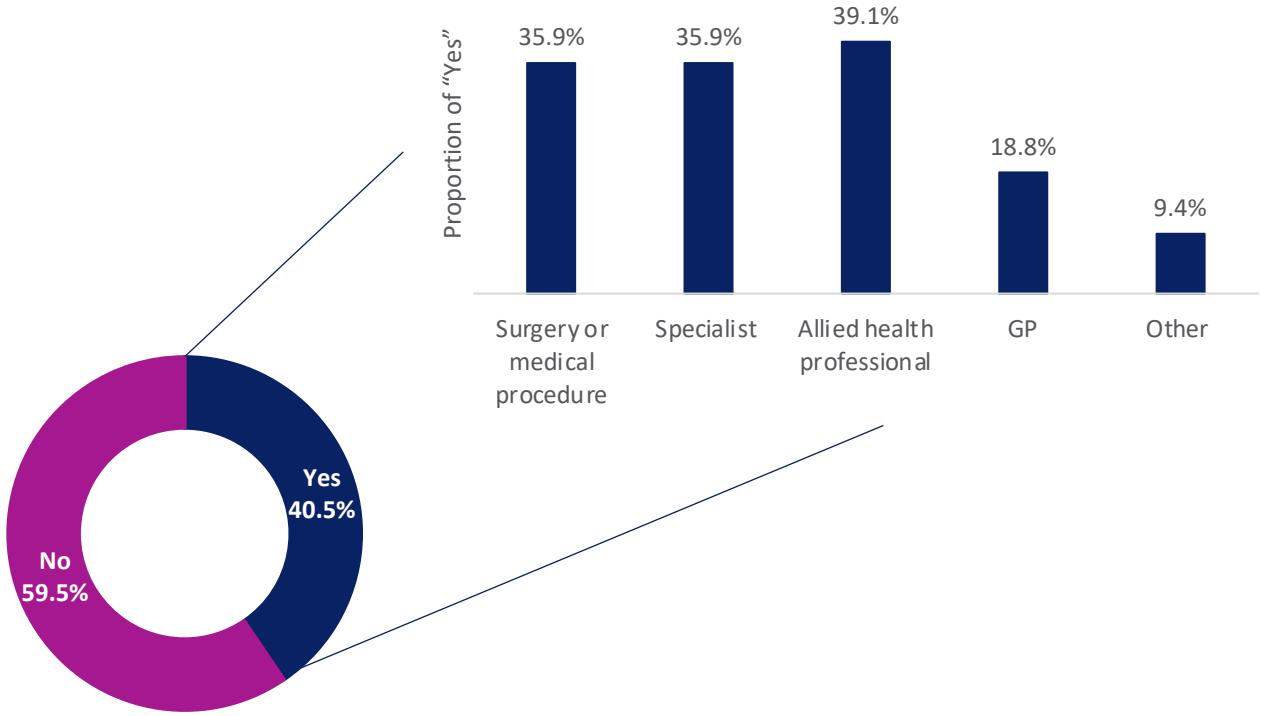
Cancellation of medical appointments and procedures

At the end of March 2020, Western Australian hospitals cancelled all Category 3 elective surgeries and reviewed the urgency of Category 2 elective surgeries in order to free up resources in preparation for a COVID-19 outbreak (Cook, 2020). The reduction of elective surgeries sought to preserve face masks and other personal protective equipment, and increase hospital capacity. Allied health professionals were not exempt from the COVID-19 social distancing requirements and many were limited to only providing appointments to address acute conditions (for example, dental emergencies such as severe toothache or abscess; ADA, 2020). Some allied health and GP practices elected to close during April and May, while those that remained open reduced the number of appointments available to allow for adequate time to sterilise the treatment facilities between patients and minimise contact in waiting areas. These restrictions meant that access to healthcare services and medical procedures was limited.

Telehealth services were expanded during the restrictions, so that people could access healthcare from home. Initially, there were only Medicare Benefits Schedule telehealth items for those who were considered vulnerable, which included those isolating on the advice of a medical practitioner, those aged over 70, Aboriginal and Torres Strait Islander people aged over 50, those who are immunocompromised, and those with new babies or are pregnant. These criteria were relaxed to enable more Australians to access healthcare remotely via telehealth services.

To investigate how family members were affected by the restrictions on healthcare, they were asked whether they had had any medical appointments or procedures cancelled or rescheduled due to the COVID-19 restrictions. Under half (40.5%) of the family members had experienced a cancellation or rescheduling due to COVID-19. The family members were then asked to indicate which types of appointments had been cancelled or rescheduled. Family members could indicate more than one type of healthcare service (see Figure 3.2 for the full distribution of responses). Of those that had an affected appointment, over a third (35.9%) had to cancel or reschedule a surgery or medical procedure. Over a third (35.9%) had to cancel or reschedule an appointment with a specialist. Under half (39.1%) had an appointment with an allied health professional cancelled or rescheduled, 18.8% with a general practitioner, and 9.4% with another healthcare professional.

Figure 3.2: Types of medical appointments that were rescheduled or cancelled due to COVID-19 restrictions



Note: Donut chart includes all family members that completed the survey.

Column chart includes only those that indicated that they had had a medical appointment rescheduled or cancelled due to COVID-19. Percentages do not add up to 100.0% as family members may have had more than one type of appointment affected by COVID-19.

Reasons for the cancellation of medical appointments and procedures

The family members who had medical appointments cancelled or rescheduled due to COVID-19 were asked to indicate why this occurred. Table 3.2 presents the frequencies and proportions associated with the reasons for appointment disruption. A third (34.4%) of family members reported that their procedure was cancelled to free up beds and resources. The health service being closed was the reason offered by 15.6% of family members.

For the purposes of this survey, 'at-risk' was defined as those who were immunocompromised, aged above 70, Aboriginal and/or Torres Strait Islander aged above 50, or pregnant. Family members reported that appointments were cancelled or rescheduled both because they are in an at-risk category (10.9%) or the healthcare professional was in an at-risk category (9.4%). Some (9.4%) family members did not feel comfortable accessing healthcare services during the height of COVID-19 and 4.7% had to cancel or reschedule because they were self-isolating. Others (6.3%) did not feel that a telehealth appointment was an appropriate substitute for a face-to-face consultation.

Table 3.2: Reasons for the disruption of appointments due to COVID-19

	n	%
The health professional is in an at-risk category	6	9.4
I am in an at-risk category	7	10.9
I was self-isolating	3	4.7
I didn't feel comfortable accessing services	6	9.4
Procedure was cancelled to free up beds and resources for COVID-19	22	34.4
Service was closed	10	15.6
Telehealth was not appropriate	4	6.3
Other	6	9.4
Total	**64**	**100.0**

Note: Table includes only those that indicated that they had had a medical appointment rescheduled or cancelled due to COVID-19.

Access to telehealth services

Telehealth provides an at-home alternative to face-to-face healthcare appointments. However, it requires that the patient/client have access to a webcam and steady internet connection, or be comfortable taking the appointment over the phone, and have a private and quiet space in their home. To examine the potential barriers to telehealth that family members experienced, family members were asked if they had accessed telehealth, and if not, why not (see Table 3.3). While 42.3% of family members did not need to access telehealth services, and 41.0% did access telehealth, the remaining 16.7% needed medical care but did not access telehealth. Reasons included: the service not being offered to the family member (5.1%), not having the right equipment (for example, a webcam; 3.8%), not being able to afford it (1.3%), and not wanting to have their consultation online (6.4%). It should be noted that those in the broader study who were unable to access telehealth services may be underrepresented in this sample, as the COVID-19 survey had to be conducted with the same resources required for telehealth (over the phone, or via a webcam), due to the COVID-19 restrictions in place during data collection.

Table 3.3: Reasons for not accessing telehealth services

	n	%
Yes	64	41.0
No, I did not need telehealth services	66	42.3
No, that was not offered to me	8	5.1
No, I could not afford it	2	1.3
No, I did not have the equipment	6	3.8
No, I did not want an online consultation	10	6.4
Total	**156**	**100.0**

Note: Excludes two family members that did not answer this question

4. Education

A major concern arising from COVID-19, aside from its health impact, is the impact on children. In addition to stress and anxiety among children about the virus itself and the changes to their day-to-day life brought about the virus (World Health Organisation, 2020), the impact of school closures is of particular concern. It is estimated that COVID-19 related school closures are affecting the education of 80% of children worldwide (Van Lancker & Parolin, 2020). Gaps between higher and lower socioeconomic children in literacy and numeracy are known to widen during summer school holidays and there are concerns that, although schooling will continue, that the modified format will have similar effects due to children of lower socioeconomic status lacking adequate access to the internet and devices, and often not having quiet, private places to study (Van Lancker & Parolin, 2020).

The concerns around school closures relate not only to educational achievement, but also food insecurity, physical health, and mental health. School-based food programs ensure access for many children to at least one nutritionally valuable, free or affordable meal per school day, alleviating a major cause of stress for many parents (Dunn et al. 2020). As well as nutrition, school provides formal physical education as well as natural active play opportunities; the move to online schooling and the restrictions on outside play as a result of physical distancing requirements pose a significant risk for weight gain and obesity among children (Workman, 2020)

In relation to mental health, the majority of adults with mental health issues first experienced symptoms in youth or adolescence, raising concerns that school closures will impede schools' and teachers' ability to identify and address young people's mental health needs (Golberstein, Wen & Miller, 2020). Teachers and schools also play an important role in identifying other serious issues that can emerge in a young person's life, such as homelessness (Thielking, La Sala & Flatau, 2017).

A significant issue is the longer term impact that the interruptions to essential services such as school will have on children. Research shows that even short-term disruptions to food security, for example, can lead to longer term disparities in educational attainment, health, and psychosocial functioning (Dunn et al. 2020). Paired with the knowledge that early life disadvantage predicts long term health, education, economic participation, and social wellbeing outcomes, there is a clear need to support children and families experiencing disadvantage to mitigate the impacts of COVID-19 from worsening their life experience.

Previous 100 Families WA reports and bulletins have shown the impact of disadvantage on parents and children. We have presented evidence that suggested that parents were going without food in order to feed their children (Seivwright, Callis & Flatau, 2019), that more than 1 in 5 family members (22.8%) could not afford a hobby or leisure activity for children (Seivwright, Callis & Flatau, 2019), and 26.3% could not afford for children to participate in school trips and school events that cost money (Seivwright & Flatau, 2020). While the Coronavirus Supplement to income support payments will have provided at least temporary alleviation of financial burdens for those who received it, many family members did not. Only 51.2% of 100 Families WA family members with children reported receiving income support payments that were eligible for the $550 fortnightly supplement. Accordingly, it is important to see how family members with children coped with school closures and other disruptions to their children's lives.

48.8%

of family members with children in their care **were not** receiving income support payments that were eligible for the $550 fortnightly Coronavirus Supplement

Over half (54.4%) of family members that completed the COVID-19 survey had children in their care, and 84.9% of these (45.6% overall) had children who were school-aged in their care. The number of children in family members' care ranged from 1 to 8, with an average of 2.1.

In Western Australia, parents of children attending public school were asked to not send their children to school after March 30, one week before Term 1 was scheduled to end, to allow teachers and schools to prepare remote teaching resources. During the final week of Term 1 (April 6-9), only supervision (not teaching) was available for children whose parents could not safely keep them home (Laschon, 2020). Though it was anticipated that the whole of Term 2 would be delivered online, WA's

comparatively mild experience of the pandemic in terms of virus cases saw the Premier calling for all students (except those with medical vulnerabilities or family members with chronic health issues) to return to in-person school by the start of week four of Term 2 (May 18) (Government of Western Australia, 2020). Restrictions on school activities have since been further lifted, and most school activities, such as assemblies, camps, excursions, sports carnivals, swimming lessons, choirs, and exams can now take place, subject to physical distancing requirements (WA Department of Education, 2020).

73.6%

of family members with school-aged children felt that they **had enough** resources to continue their children's schooling at home.

We asked family members with school-aged children in their care whether they felt they had the resources they needed to continue their children's schooling at home. Almost three quarters (73.6%) felt that they did. This may reflect the short duration for which parents had to homeschool; 70.9% of responses to the COVID-19 survey were gathered after children had returned to school, so parents may have been looking back on the homeschooling experience with positive feelings such as relief. Alternatively, it could reflect the high level of support available to parents from schools. The WA Department of Education developed a Learning at Home website, a centralised source for learning resources and support for parents, carers, and children. Of course, such resources are less helpful to those without adequate access to the internet.

"They are doing great, schools are looking after them well"

Table 4.1: Additional resources required by parents and caregivers in order to continue schooling at home

	n	%
Equipment (e.g. computer, webcam)	11	57.9
Access to the internet	7	36.8
Faster internet	6	31.6
More internet data	5	26.3
Access to apps	5	26.3
Access to apps for children	5	26.3
Information about what to teach my children	9	47.4
Information about how to teach my children	10	52.6
Other	7	36.8

Among the 19 family members who felt they needed more resources in order to continue their children's schooling at home, 36.8% said they would need access to the internet, 31.6% needed faster internet, and 26.3% said they needed more internet data. Equipment, such a computer or webcam, was cited as a need by 57.9% of family members who required additional resources to continue their children's schooling. Interestingly, while 47.4% of family members with a need for additional resources wanted additional information about what to teach their children, even more (52.6%) wanted information about how to teach them. This has important implications for the future as it suggests a greater focus on contact between teachers and parents particularly for those without strong educational backgrounds.

"Struggled with learning at home. Technology didn't work, needed support to get the computer to work."

Thus far, it appears that the brief nature of the interruption to in-person schooling in WA has meant that family members caring for children have not perceived too many issues in relation to their children's schooling which will hopefully translate to a minimal interruption to children's learning outcomes. There are clear areas in which support is needed, particularly given the belief that COVID-19 and, therefore, potential temporary lockdowns and restrictions are going to be part of our lives for the foreseeable future. Access to the internet and appropriate devices with which to access it for schooling purposes have once again emerged as a strong need for several family members.

Irrespective of COVID-19, increasing digital inclusion for socioeconomically disadvantaged families and children should be a priority in light of the increasing reliance on digital technologies and the benefits that can result from effective use of such technologies. In addition, while family members' responses indicate that the resources available to them are generally sufficient, further tips and support with regard to how to effectively teach them may help parents and caregivers to enhance children's educational experience in general, and will definitely be useful in the case of future issues that necessitate learning from home.

"A better understanding of what they are doing at school. School work today I don't understand."

"[I need] resources about how to get them to do it"

5. Labour Force Participation

On the 24th March 2020, strict COVID-19 restrictions were introduced which meant that businesses deemed non-essential had to temporarily close, including beauty therapy salons, cinemas, nightclubs, concert venues, fitness centres, museums, and libraries (Morrison, 2020). Restaurants and cafes were reduced to take-away food and drink services only. The closure of these businesses meant that many people lost their employment. To assist, a federally funded JobKeeper payment was introduced, where businesses that could demonstrate that their annual turnover would be reduced by 30-50% (depending on business size) due to COVID-19, could apply to provide their employees with a $1500 fortnightly payment, to ensure that their employees would retain their job while the business was closed. Unfortunately, not all employees were eligible for the payment, as it was only available for contracted positions, or casual positions that had been held for at least 12 months. Only one family member in the study reported that they were receiving JobKeeper.

Family members were asked about their labour force status in the week prior to the survey. Just under a fifth (19.0%) of the family members had some form of employment, having worked (13.9%)or being away from work (5.1%). In order to be considered unemployed, family members had to have been actively seeking and available to work, 12.7% met this definition. Just over two thirds (68.4%) of the family members were not in the labour force, due to retirement (7.0%), health condition or disability (24.7%), engagement in education (4.4%), home duties and caring responsibilities (24.7%), actively seeking work but not available to work (1.3%), not engaged in work and not looking for work (5.7%), and other (0.6%).

Table 5.1: Labour force status of family members

	n	%
Labour force participation rate	**50**	**31.6**
Employed – Worked in the last week	22	13.9
Employed - Away from work	8	5.1
Unemployed - Actively seeking work and able to work	20	12.7
Not in the labour force	**108**	**68.4**
Actively seeking work and not able to work	2	1.3
Not engaged in work and not actively looking for work	9	5.7
Home Duties	39	24.7
Student	7	4.4
Unable to work due to health condition or disability	39	24.7
Retired	11	7.0
Other	1	0.6
Total	**158**	**100.0**

Reasons for being away from work

Ordinarily, reasons for being away from work include holiday/personal leave, temporary illness, and being temporarily stood down. To assess whether COVID-19 had an impact on work attendance, family members (n = 8) who reported that they were away from work in the week prior to the survey were asked to explain why. Three family members said that their workplace had been temporarily closed due to COVID-19 restrictions and two reported that they were not given any hours. One family member said their mental health issues were affecting their ability to work, having also taken personal leave. One family member was away from work due to caring responsibilities and another had taken holiday/personal leave.

COVID-19 impact on employment

As the labour force status questions are concerned only with labour force participation in the previous week, family members were also asked if COVID-19 had impacted their employment situation. While the COVID-19 restrictions brought on significant job losses and business closures, some industries did need to expand their workforce. Family members were asked if they gained work as a result of new demand created by COVID-19. Of those who were employed, 13.3% (n = 4) got their current job and 6.7% (n = 2) got more hours in a job they already had. One family member who was not in the labour force due to their studies reported that they had previously got more hours in a job they already had.

Family members were also asked if they had been stood down or retrenched at any stage, because of the COVID-19 pandemic, and overall, 11.5% (n = 18) said that

they had. In terms of their current labour force status, 13.3% (n = 4) of the employed family members and 20.0% (n = 4) of the unemployed and actively seeking work family members reported that they had been stood down or retrenched due to COVID-19. Of the family members who were not in the labour force, 5.1% (n = 2) of those who were unable to work due to health condition or disability, 7.7% (n = 3) of those with caring responsibilities/home duties, and 22.2% (n = 2) of those who were not looking for work, reported that they had been stood down or retrenched at some stage because of COVID-19.

COVID-19 impact on ability to work

To examine the impact of the COVID-19 pandemic on family members' physical ability to work, aside from the economic effects of the restrictions, family members were asked if their ability to work had been affected by COVID-19. Table 5.2 presents the distribution of responses by employed family members (those who worked or were away from work during the last week) and family members who were unemployed or not in the labour force. Responses from the unemployed family members have been combined with those who were not in the labour force as it may be the case that many of those who are not in the labour force are not actively seeking work because of the current economic situation. Family members who were not in the labour force due to a health condition or disability and those who were retired were excluded from this question. Of the family members who were employed, 40.0% reported that their ability work had been affected by COVID-19. They felt less productive at work (23.3%), more stressed (3.3%), and concerned about contracting or spreading the virus (3.3%). Some family members were working less because their mental health was affected by COVID-19 (10.0%), or they had extra caring responsibilities (13.3%). Of the family members that were unemployed or not in the labour force, 23.1% felt their ability to work was impacted due to COVID-19, due to additional caring responsibilities (14.1%), mental health effects of COVID-19 (3.8%), and concern about contracting or spreading the virus (5.1%).

Table 5.2: Impact of COVID-19 on ability to work

	Employed (n = 30)		Unemployed/Not in the labour force (n = 78)	
	n	%	n	%
My ability to work has been affected by COVID-19	**12**	**40.0**	**18**	**23.1**
I am more stressed at work	1	3.3	-	
I feel like I am less productive at work	7	23.3	-	
I am working less/unable to work because I have extra caring responsibilities as a result of COVID-19	4	13.3	11	14.1
I am working less/unable to work because my mental health is affected by COVID-19	3	10.0	3	3.8
I am unable to work because I am worried about COVID-19	1	3.3	4	5.1
My ability to work has not been affected by COVID-19	**18**	**60.0**	**60**	**76.9**

Note: Percentages may not add up to 100.0, as family members could select multiple options.
Those who were employed were asked if they were "working less" due to caring responsibilities and mental health, whereas those who were not working were asked if they were "unable to work".
Unemployed/Not in the labour force excludes those who are retired (n = 11) and unable to work due to health condition or disability (n = 39).
"I am more stressed at work" and "I am unable to work because I am worried about COVID-19" responses may be underrepresented as they were coded from the "other" text responses.

COVID-19 impact on looking for work

The family members who were unemployed (actively seeking and available to work), and those who were not in the labour force (excluding those who were unable to work due to health condition or disability and those who are retired), were asked whether the COVID-19 situation had impacted their ability and motivation to look for work. Just over half (55.0%) of the family members that were unemployed felt the COVID-19 pandemic had affected their ability to look for work, and 35.0% felt it had affected their motivation. Almost a third (28.6%) of the family members that were not in the labour force felt their ability to look for work had been affected by COVID-19 situation and 33.9% felt it had affected their motivation.

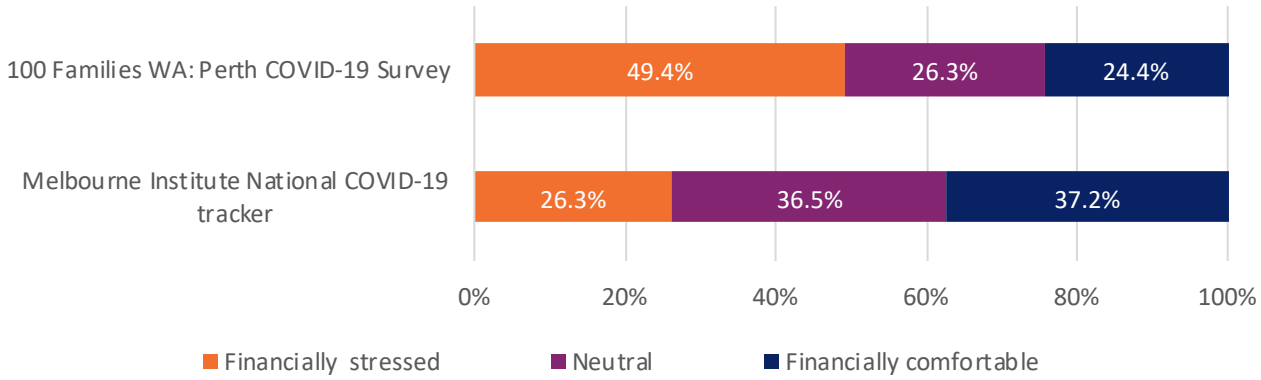
6. Financial Stress and Income Support

Ability to pay for essential goods and services

To examine the financial impacts of the COVID-19 situation, family members were asked the question "How would you describe your current financial conditions in terms of paying for essential goods and services?". The response options for this question included "very financially stressed", "moderately financially stressed", "neutral", "financially comfortable", and "very financially comfortable". This question was drawn from the *Taking the Pulse of the Nation* survey, which has been conducted weekly since April by the Melbourne Institute (Melbourne Institute, 2020). The Wave 8 survey was selected as the national comparison point for this report as it took place between 25-28 May. At this point in time, half of the family members had completed the COVID-19 survey. The publicly reported figures for Wave 8 combined the responses "very financially stressed" with "moderately financially stressed" to create "financially stressed", and "financially comfortable" and "very financially comfortable" to create "financially comfortable". However, the full distribution of family members responses are used in the text to illustrate the extent to which they have been experiencing financial distress. Figure 6.1 below visually depicts the comparison between the family member responses and the national responses.

Almost half (49.4%) of family members reported they were financially stressed in terms of paying for essential goods and services, compared to 26.3% of the national sample. The proportion (20.5%) of family members that were "very financially distressed" was almost as high as the proportion (26.3%) of the national sample that were both very and moderately financially distressed, combined. Just over a quarter of the family members (26.3%) compared to over a third of the national sample (36.5%) provided a neutral response. Almost a quarter (24.4%) of the family members reported they were financially comfortable in terms of paying for essential goods and services, compared to 37.2% of the national sample. Importantly almost all family members that were financially comfortable, were only moderately financially comfortable (23.7%), with only 0.6% reporting that they were very financially comfortable. These figures indicate that the family members in the study were experiencing much higher rates of financial distress than the Australian general population. It should be noted that across all 12 waves of the *Taking the Pulse of the Nation* survey, the highest proportion of Australians that were financially stressed was 30.9% (lowest 17.8%), well below the proportion of family members reported here. Similarly, the lowest proportion of Australians that were financially comfortable was 35.2% (highest 45.4%), which is still substantially higher than the proportion of family members reported here.

Figure 6.1: Financial conditions in terms of paying for essential goods and services



Note: Excludes two family members that skipped this question.

Melbourne Institute National COVID-19 tracker data is taken from the *Taking the Pulse of the Nation* survey which contains responses from a national sample of 1200 which has been stratified by gender, age, and location to be representative of the Australian population (Melbourne Institute, 2020). The figures presented here are taken from the Wave 8 (25-28 May) survey, to serve as a national comparison, as half of the family members' responses to the COVID-19 survey were collected before/after this wave. The national percentages have been adjusted to exclude missing responses.

Income support payments

Most (89.1%) of the family members received at least one form of Government pension, benefit or other payment in the previous 12 months. A third (33.3%) of the family members had received the JobSeeker payment (formerly Newstart), 19.9% disability support pension, 16.7% parenting payment, 13.5% family tax benefit A and/or B, 9.6% age pension, 5.8% carer payment, 1.3% carer allowance, 0.6% youth allowance, 0.6% Department Of Veterans' Affairs pension or support, and 0.6% ABSTUDY payment. See Table 6.1 for frequencies.

Table 6.1: Types of government pensions, benefits or other payments received in the last 12 months

	n	%
Government pensions, benefits or other payments in the last 12 months	**139**	**89.1**
Youth allowance (students aged younger than 25 yrs)	1	0.6
ABSTUDY payment	1	0.6
JobSeeker payment (previously Newstart)	52	33.3
Disability support pension	31	19.9
Age pension	15	9.6
Parenting payment	26	16.7
DVA pension or support	1	0.6
Carer payment	9	5.8
Carer allowance	2	1.3
Family tax benefit A and/or B	21	13.5
Did not receive Government pensions, benefits or other payments in the last 12 months	**17**	**10.9**

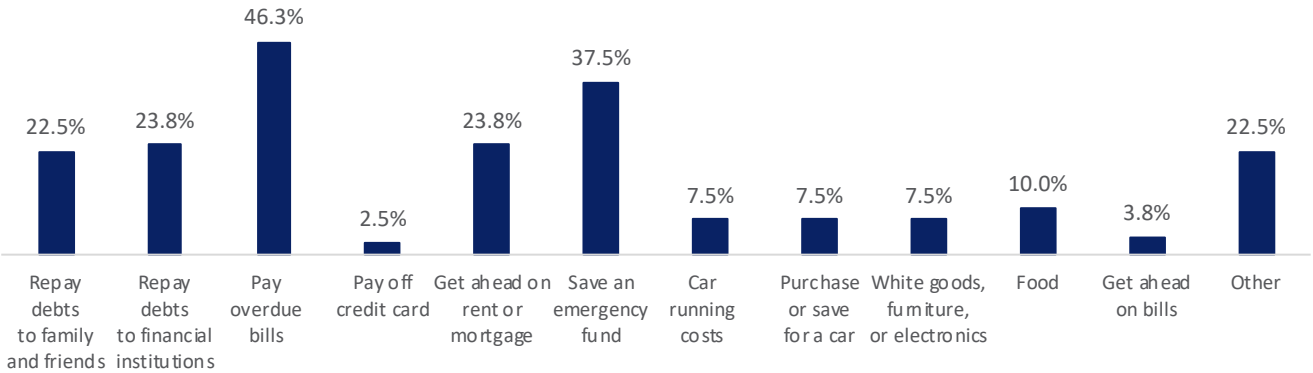
Note: Excludes two family members that skipped this question.
Percentages may not add up as family members may have received more than one payment type.

Additional coronavirus payments

The Economic Support Payments are two $750 economic stimulus payments provided to those receiving eligible Centrelink payments. The first Economic Support Payment was provided for all payment types in Table 6.1, if they were receiving the payment between 12th of March and 13th of April 2020 (Services Australia, 2020b). The Coronavirus Supplement is a payment of $550 a fortnight that those receiving JobSeeker, parenting payment, youth allowance, and ABSTUDY have been receiving from 27th of April 2020 (Services Australia, 2020a). The second Economic Support Payment was due in July, and was only provided to those receiving the age pension, carer allowance, carer payment, disability support pension, and family tax benefit A and/or B (Services Australia, 2020b).

For many, the Coronavirus Supplement effectively doubled their income taking them above the relative poverty line (see 100 Families WA Bulletin 2 for a discussion of the negative health and social impact of the former Newstart payments on family members). Just over half (51.3%) of the family members reported that they had been receiving the supplement. To examine the positive effects of increasing income support, family members were asked what they planned to do with the additional income. Figure 6.2 below displays the frequencies of the types of things family members were using the supplement to pay for.

Figure 6.2: Planned expenditure for the Coronavirus Supplement



Note: Includes only those who reported they were receiving the coronavirus supplement (n = 79).
Percentages do not add up to 100.0 as family members could select multiple options.

Benefits of the Coronavirus Supplement

To further investigate the benefits of the Coronavirus Supplement, family members were asked "From April 27, an additional $550 fortnightly supplement has been/will be added to your income. In what ways has this or is this going to affect your life?". Responses were coded and frequencies are presented in Table 6.2. The most common impact that family members reported as a result of receiving the Coronavirus Supplement was improved quality of life (n = 41; 51.9%) . This included reduced stress, the ability to get rid of arrears on rent and utility bills and in some cases get ahead on bills, pay debts and life being simply easier and more comfortable.

"Pretty much every aspect. Dental, fast track mental health/counselling. I can eat better which improves my physical health. I can do everything I need to do to get myself ready to go back to work and become a good tax paying member of society. Won't have to worry about bills too much. Can relax a bit. I can afford reliable access to the internet. I can afford to buy a new phone instead of saving for two months or wondering whether my money will be stolen or taken to pay off debt collectors."

The most common expenditures were bills, including rent, utilities, debt repayments, car registration, and car repairs, and food. Most family members reported that the Supplement allowed them to afford enough food, though many reported increases to the quality of their food. Other essentials, such as winter clothes for kids and educational supplies for both family members and their children, were also commonly cited as expenditures facilitated by the Supplement.

A small number (n = 8; 10.1%) of family members reported that the Supplement was allowing them to accrue savings. For two family members, the reductions to their wages as a result of the economic impacts of COVID-19 meant that the Supplement allowed them to 'break even', relative to their previous circumstances. A very small number (n = 2; 2.5%) of family members reported that the Supplement increased their stress due to fear about their financial situation once the Supplement is stopped.

Table 6.2: Ways in which the Coronavirus Supplement has affected family members' lives

Code	n	%	Example
Bills	34	43.0	"Helped me get up to date with rent, bills, gave me a breather from everything else that's happening"
Savings	8	10.1	"It has been really helpful, as I was [able] to pay rent and save up for a car"
Food	22	27.8	"Well it's made it a lot easier, I can feed the girls a lot better, I have been able to supply more balanced meals."
Other essentials	16	20.3	"It has been amazing. It has been a liveable income. It has enabled me to pay for the things that I need that I usually can't. It has taken a load of stress off and I'm terrified of what is going to happen when this is all over."
Improved quality of life	41	51.9	"Not under the poverty line anymore, able to go out. Lasts two weeks."
Increased stress	2	2.5	"At first it made me really anxious, it is extra money but it won't last forever and I don't want to struggle once it goes. As it is temporary I want to make decisions which are good for my life. This is my fourth payment with the supplement and it's all gone, it's crazy, it's a lot more money than I had before but it just goes. I feel torn about what to do with it. Maybe they should've just done it in a lump sum? People will struggle when they take it away, and I'm really scared how it will affect me."
No/minimal impact	4	5.1	"It has made it a little bit better but not by much. I have money for about 3 days."

Note: Percentages do not add up to 100.0 as family members responses may have been coded to multiple categories.

7. Service Access and Service Quality

The restrictions brought about by COVID-19 have resulted in drastic changes to the way that community sector organisations deliver their services. Some services had to pause service delivery, and many others have had to modify the way in which they deliver services. These modifications relate to the mode of delivery, for instance, the movement of face-to-face counselling to over-the-telephone or online, as well as modifications in response to differing or increased demand, such as the prioritisation of rapid housing of people experiencing homelessness into short-term accommodation, or provision of pre-packed food parcels rather than consumers selecting their own groceries in foodbanks.

To get a sense of the extent of interruptions to service delivery, we asked family members whether COVID-19 had stopped them from being able to access different types of services. The charts below indicate the proportion that said yes and no. It is important to note that, with the exception of health services, the majority of family members reported that they do not use the service type. Only 19.0% of family members reported seeking services for housing pathways or housing support, 44.3% food services, 25.3% sought laundry and personal care services, 40.5% mental health services, 20.9% financial services, and 25.3% sought employment and job services.

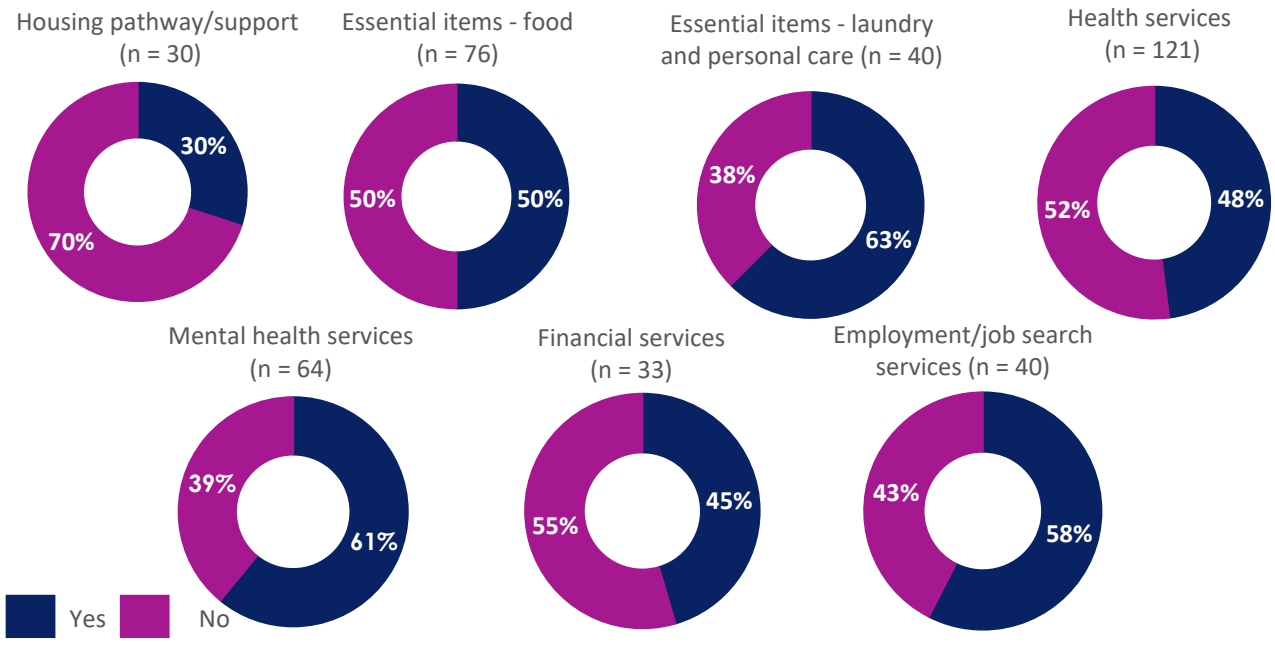
Of those who sought each service type, substantial proportions reported that COVID-19 had completely stopped their access. The proportion of family members for whom service was stopped varied by service, from 30% of housing pathway and housing support, to 63% of laundry and personal care service users.

"Places shut down so I couldn't get the help that I needed."

"Well it's really got me down because all I can think of is how am I going to get help?"

The differences in levels of service interruption between service types likely partly reflect the varying number of family members that seek to access each service type but also partly the relative differences in ease of switching to non face-to-face service delivery. For example, the majority (54.5%) of family members who accessed financial services were not stopped from accessing the service altogether. Financial services, such as financial counselling and negotiating with creditors, can be undertaken on the phone much more easily than, say, laundry and personal care, which only 38% of family members were able to access. Similarly, the maintenance of health services was likely facilitated by the quick addition of telehealth items to the Medicare Benefits Scheme.

Figure 7.1: Has COVID-19 stopped you from being able to access this service altogether?



Note: Percentages may not sum to 100 due to rounding

This does not explain the large proportion (61%) of family members whose access to mental health services was stopped altogether by COVID-19. It may reflect the need for face-to-face service delivery, the type of mental health services being accessed e.g., perhaps group-based services are more commonly used than individual psychological services. Alternatively, mental health services may have experienced an increase in demand, or some (particularly non-crisis) services may have decided to cease service delivery for the duration of the COVID-19 restrictions.

In addition to whether COVID-19 had stopped access to services altogether, we asked whether COVID-19 had changed the way that family members accessed services. Unsurprisingly, large proportions of family members reported that the way they accessed services had changed as a result of COVID-19. Changes to methods of service access were most common in mental health services (87.5%), health services (69.9%) and food services (63.9%). Access to the remainder of services (legal, financial, employment, and family) changed for just under 60% of family members who accessed them. A minority of family members accessing housing pathways and support (38.6%), and laundry and personal care (48.1%) reported that the way they accessed these services changed due to COVID-19.

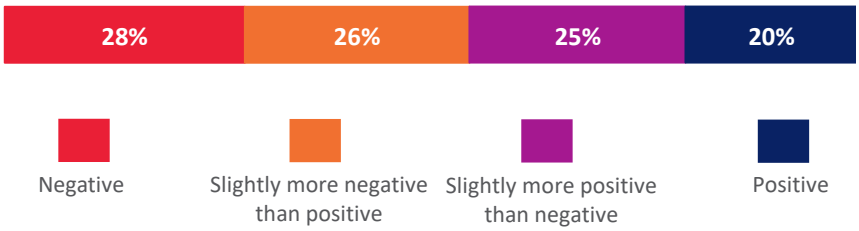
We asked family members to describe the overall changes in service delivery across all services. The way that services were accessed did not change for 12% of family members. The figure below depicts the distribution of feelings about the overall changes to service access among the families for whom service delivery had changed during COVID-19. It's a fairly even split between positive and negative changes, with the majority of families (51%) acknowledging both positives and negatives - 25% indicating that the changes were more positive than negative, and 26% finding the changes more negative than positive. One in five (20%) of families found the changes to service deliver to be wholly positive, and 28% found the changes to be wholly negative.

We also asked family members how often they were able to access services when they needed to in the three months prior to survey. The figure on page 19 illustrate family members' responses, by service type. The majority of family members reported that they accessed most services when they needed to.

Table 7.1: Proportion of family members that reported that the way they access services has changed due to OVID-19, by service type.

Service type	%
Housing pathway/support (n = 44)	38.6
Essential items – food (n = 83)	63.9
Essential items – laundry and personal care (n = 52)	48.1
Health services (n = 123)	69.9
Mental health services (n = 72)	87.5
Legal services (n = 37)	59.5
Financial services (n = 43)	58.1
Employment/job search services (n = 49)	59.2
Family and parenting services (n = 38)	57.9

Figure 7.2: How would you describe the change in service delivery? (n = 110)



"Probably the difficulty more with the technological side of it. I think I know a bit about computing but wonder how people without these skills would manage."

"My case manager at [service] touches base with me three times a week and this has been positive for me considering what has been going on for me mentally."

"A bit of a guessing game, no one can tell exactly what's going on.

Having the option to go in would help if you can't [get] through to someone, not able to do that now"

Housing pathway and housing support services, and health services, were the most easily accessible with 73.3% and 69.0% of family members, respectively, reporting that they were able to access them every time they needed to.

Roughly 1 in 10 (9.0%-12.2%) family members that needed food, laundry and personal care, health, mental health and counselling, or financial services chose not to access them every time they needed them. Reasons underlying the choice to not access services every time they were needed included fears about the virus, perceptions of decreased relative need (i.e. feeling that others needed services more than them), and feelings of shame.

Around half of the family members that sought financial services and employment services were not able to do so every time they needed to. Similarly, 42.5% of family members that sought laundry and personal care services and 38.8% of those seeking mental health and counselling services were unable to access them every time that they needed them.

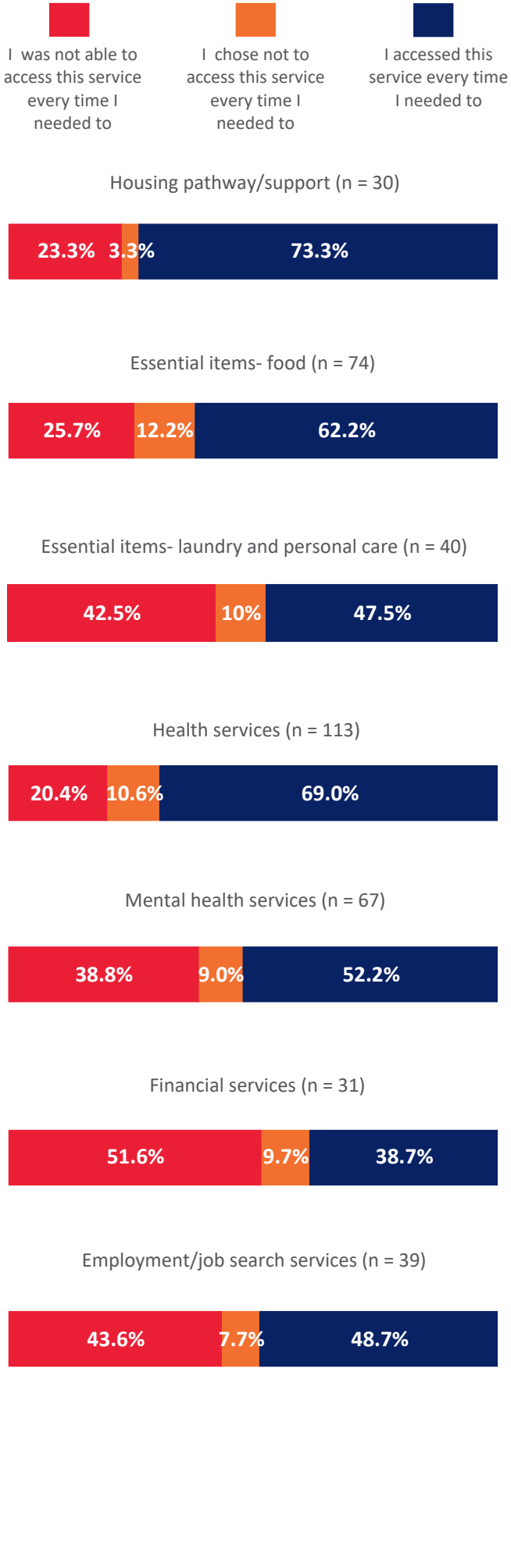
Table 7.2 sheds some light on the reasons that people were not able to access services every time they needed them. Difficulty getting appointments (46.0%) and difficulty getting through on the phone (42.9%) were the most common barriers to access, followed closely by services taking too long to respond (38.1%). Almost one in four (23.8%) of family members were unable to access services every time they needed to because the service was closed, and a further 12.7% cited the lack of face-to-face service as a barrier.

Cost and accessibility in terms of getting to the service were each cited as barriers by 17.5% of family members. 'Other' barriers to accessing services when they were needed included eligibility requirements, family members' hesitance due to COVID-19, difficulties accessing the internet in order to get updates on services, and excess demand for services.

Table 7.2: Reasons for not being able to access services when needed (n = 63)

	n	%
Inconvenient opening hours	12	19.1
Difficulty getting through on the phone	27	42.9
Difficulty getting an appointment	29	46.0
Took too long to respond	24	38.1
Too expensive	11	17.5
Too far away/too hard to get to	11	17.5
Inadequate, poor or badly explained advice	14	22.2
Didn't cater for people with disabilities	3	4.8
Didn't cater for parents bringing along young children	7	11.1
Service closed	15	23.8
No face to face service	8	12.7
Other	15	23.8

Figure 7.3: In the past three months, how often did you access this service when you needed to?



Family members were asked how well service delivery during COVID-19 met their needs, relative to services prior to the pandemic. The majority of family members that accessed housing pathway and housing support (62.5%), food services (56.7%), health services (58%), and financial services (53.4%) reported that the services met their needs just as well as or more than before the pandemic.

"Frees up a lot of your time, easier and not much money spent on travel."

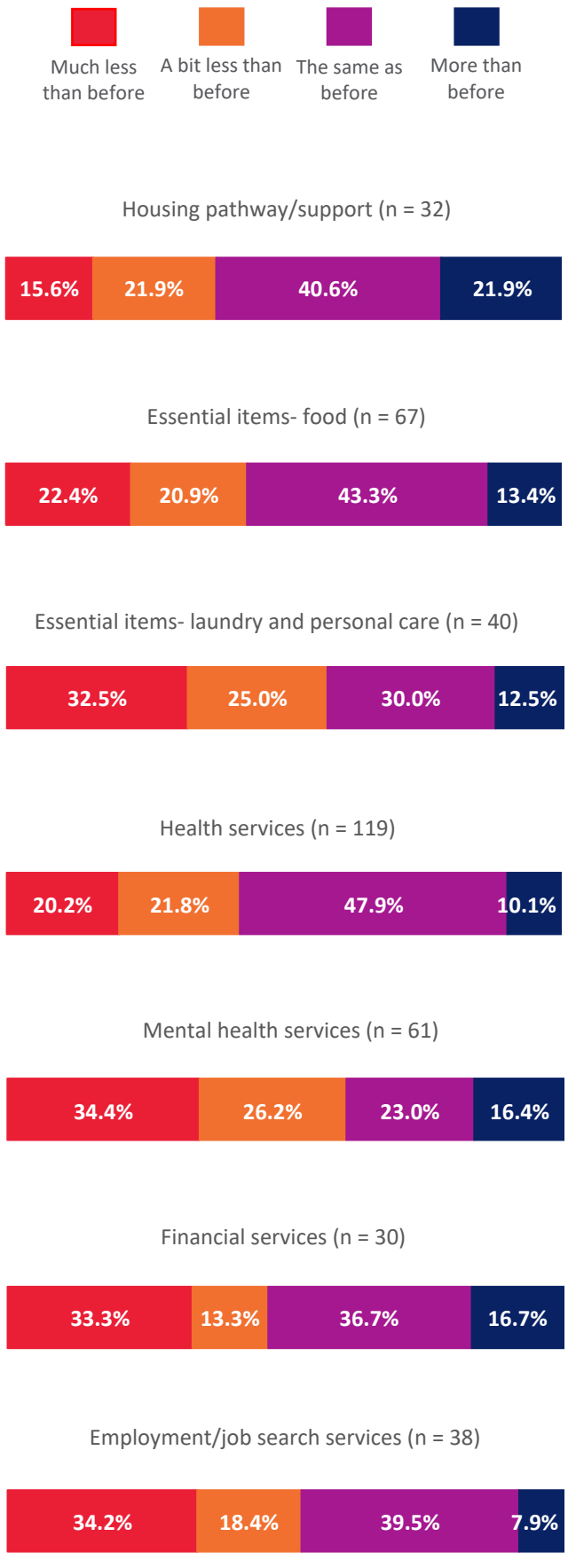
However, there was substantial variation in people's experiences of services during COVID-19: roughly one third of families that accessed laundry and personal care (32.2%), mental health (34.4%), financial (33.3%), and employment services (34.2%) reported that the service met their needs much less than before COVID-19.

These differing experiences were reflected in the responses to open-ended questions about service access. Some people found that the "slow down" to the pace of life forced by COVID-19 relieved some of their need for services, while others felt their need for support was heightened due to the anxiety and stress of the pandemic. Similarly, while some people mentioned the time and money saved by accessing services online as positives, online services were completely inaccessible to some due to a lack of home internet connection or insufficient data. In addition, many cited the loss of face-to-face contact as a significant negative impact.

"Having to spend more on data, before Covid-19 could use free wifi. Having to access a lot of things online and have to pay for more data."

"It's helped cost wise with fuel. Time wise. It's been a bit bad for my anxiety with the waiting."

Figure 7.4: Compared to before covid-19, how well has this service met your needs during the covid-19 crisis?



8. Overall Impact

This report has presented findings about the impacts of COVID-19 on 100 Families WA family members across a number of domains. The COVID-19 pandemic, state and federal government responses to it, and its societal impacts pose substantial risks but also opportunities to vulnerable Australians. On the one hand, disadvantaged Australians are more likely to be at higher health risk due to pre-existing conditions, are less likely to have financial safety nets like savings or superannuation upon which to draw to buffer economic impacts, and are more likely to experience social exclusion. On the other hand, responses to the COVID-19 pandemic have seen many income support payments rise to a level that better meets costs of living, and a sense of being in this together and the de-stigmatisation of receiving welfare (because more Australians are in need) may foster a great sense of social inclusion. It is somewhat unsurprising, then, that the results of this report present both positive and negative impacts.

Service access and service quality

COVID-19 stopped many family members from being able to access several different types of services altogether. The majority of family members who used laundry and personal care services (63%), mental health services (61%), employment services (58%), and food services (50%) reported that COVID-19 stopped them from being able to access their required service.

Even greater numbers of family members reported that the way they accessed services had changed, and perceptions about the changes were quite evenly split, with 46% of family members reporting that the changes to the way services were delivered were wholly positive or more positive than negative, and 54% reporting that the changes were wholly negative or more negative than positive. Despite service interruptions and changes, the majority of family members reported, for most service types, that they accessed services when they needed them.

The extent to which services met family members' needs relative to pre-COVID-19 service delivery was also split between needs being met as well as or to the same extent as before, and a bit or much less than before. Services that higher proportions of family members reported were less able to meet their needs included mental health services, laundry and personal care services, and employment services.

Health and health service quality

At the time of survey, no family members had been diagnosed with COVID-19, and only a small minority (<4%) reported that they either suspected they had COVID-19, had COVID-19-like symptoms, or had been tested and were awaiting results. Social distancing practices varied, with only 2.5% of family members reporting that they had not self-isolated or changed their social activities at all. Less than 1 in 10 (8.8%) of family members reported that they had to quarantine; 60.3% reported that they chose to self-isolate; 32.3% reported that they did not self-isolate but practiced social distancing; and 6.3% reported that they were not able to self-isolate because they worked in an essential service.

Under half (41.0%) of family members accessed telehealth services; 42.3% did not need telehealth services, and the remainder either were not offered telehealth (5.1%), did not want to have their appointment via telehealth (6.4%), lacked the equipment to receive telehealth (3.8%), or could not afford telehealth services (1.3%).

Mental health impacts of COVID-19 in the form of increased feelings of depression and anxiety were prevalent among family members. While 17.1% of an Australian population representative sample reported feeling depressed or anxious most or all of time in the week prior to the 25th May (Melbourne Institute, 2020), 38.1% of family members reported that they had felt depressed or anxious most to all of the time in the week prior to their survey.

With regard to interruptions to health services, under half (40.5%) of family members reported that they had appointments or procedures cancelled or rescheduled as a result of COVID-19. Appointments with allied health professionals (39.1%), specialists (35.9%), and medical or surgical procedures (35.9%) were most commonly affected by COVID-19. Freeing up beds and resources for COVID-19 was the most common reason for cancellation or rescheduling of health appointments.

Education

Over half (54.4%) of family members had children in their care, with most family members with children having at least one school-aged child in their care. Just over half (51.2%) of family members with children were receiving income support payments that were eligible for the $550 per fortnight Coronavirus

Supplement.

Homeschooling or learning at home was quite short-term in Western Australia, occurring on a mandatory basis in public schools only for the first three weeks of Term 2 (with the exception of medically vulnerable children or children with family members with chronic conditions). Perhaps as a result of the short-term nature of learning at home, or perhaps a testament to the resources developed by the WA Department of Education, the majority (73.6%) of family members with school-aged children felt they had the resources they needed to continue children's schooling at home. Among family members who felt they needed additional resources, internet (access, better speed, and more bandwidth), equipment (computers, webcams), and resources about how to teach as well as what to teach were most needed.

Labour force participation

Relative to Baseline, it appears that COVID-19 has thus far resulted in negligible net impact on labour force participation among family members. At Baseline, 31.0% of family members were participating in the labour force; among family members who completed the COVID-19 survey, the labour force participation rate was 31.6% (Seivwright & Flatau, 2019). Those in the labour force were comprised of 13.6% of family members who were employed, 5.1% who were employed but away from work, and 12.7% who were unemployed (that is, not currently working but actively seeking work). Of those that were away from work, three family members' workplaces had shut down due to COVID-19, and two did not receive any hours. The remainder were away for other reasons, such as a holiday, caring responsibilities, or mental health issues.

One quarter (24.7%) of family members were not in the labour force because they were engaged in home duties, and another quarter (24.7%) were not engaged because they were experiencing a health condition or disability that impeded their ability to work. Among those that were not in the labour force, 28.6% reported that COVID-19 affected their ability to look for work, and 33.9% reported that COVID-19 affected their motivation to look for work.

A small number (n = 6) of family members reported that they got a job or worked for more hours due to COVID-19.

Financial stress and income support

The Melbourne Institute's *Taking the Pulse of the Nation* survey found that 37.2% of Australians were financially comfortable or financially very comfortable in terms of being able to afford essentials in the week of 25th May 2020. Among family members who completed the COVID-19 survey, 24.4% were financially comfortable in terms of buying essentials (compared with 37.2% of Australians), with only 0.6% of these family members reporting that they were very financially comfortable. Almost half (49.4%) of family members, compared with 26.3% of Australians, reported that they were financially stressed or very financially stressed in terms of being able to afford essentials.

The majority (89.1%) of family members reported receiving income support payments in the 12 months prior to their COVID-19 survey. Just over half (50.6%) of family members reported receiving the $550 per fortnight Coronavirus Supplement. When those who were receiving the Supplement were asked what they planned to do with the additional income, 47.6% said that they intended to pay overdue bills; 37.8% intended to save an emergency fund; and 25.6% intended to get on their rent or mortgage. More than one in five family members intended to repay debts to friends or family (22.0%) and/or to financial institutions (23.2%).

Analysis of open-ended responses to a question about how the Coronavirus Supplement was changing or was anticipated to change their lives revealed that the most common theme was improved quality of life, in the form of reduced stress, ability to get rid of arrears on bills, and life being easier and more comfortable. Food and bills were the most common expenditures listed in the open-ended questions.

Overall impact

At the beginning of the COVID-19 survey, we asked family members "In what ways has the COVID-19 situation impacted you?" The quotes below illustrate the varied experiences of the COVID-19 pandemic among 100 Families WA family members.

"In a lot of different aspects. Not only being a parent but having a school curriculum you had to meet up to. Not being able to see my friends and family. My health deteriorated quite a lot because I wasn't able to go to appointments. Also my mental health because I was not able to see my psychiatrist."

"Mainly socially. There were mental health challenges. Being cut off from family and friends was hard as I rely on my social support network a lot."

"I got a pay rise from Centrelink. I didn't have to pay my pound fees when my dog ran away. Apart from that it hasn't really affected me, apart from going to the pub and to see friends."

"It's increased my cost of living. the day to day functioning costs more as at home, and time off from kids to home school"

"Initially I did get scared, not knowing. Up to date I've loved it. The whole world has slowed down. If anything it's given me a chance to catch my breath. Now I have a date to work towards to relaunch myself."

9. Conclusion

In summary, family members reported varying experiences of the COVID-19 pandemic. These variations reflect differences in the impact of COVID-19 on different sectors. For instance, many community services had to pause or rapidly modify service delivery. As a result, family members were not able, in many cases, to access services they needed and health appointments and procedures were cancelled or delayed. While the direct impact of the COVID-19 pandemic on schooling has been relatively short-lived in Western Australia thus far, around a quarter of family members had a difficult experience with home schooling for a variety of reasons. The variations in experience also reflect the different situations of family members – some are caring for children, some are not; some received the Coronavirus Supplement, others did not; some family members have severe physical health and/or mental health issues, and others do not. In this sense, the COVID-19 pandemic and its surrounding impacts do not produce an equal change in the experience of hardship relative to 'normal' times. Hardship is affected by a wide array of interacting and intersecting factors unique to the individual, as well as organisation and system-level policies and practices.

This report has captured only some of the immediate, mid-pandemic experiences of family members. As the medium and long-term economic and social impacts of COVID-19 unfold, it is likely that the impacts will be felt in different ways by family members. These differing individual journeys together with new entries into disadvantage, serve to underpin the importance of continuing research in the 100 Families WA project. Without knowing how disadvantage is experienced over time, we cannot know how best to intervene as organisations, governments, or society, in order to ensure that the fundamental Australian value of "a fair go for everyone" is upheld.

In terms of policy and practice there are clear lessons to be learned from the evidence presented in the report. First, family members experiencing hardship adopted a strong positive personal 'public health' response to the pandemic. The majority of family members self-isolated and/or chose to practice social distancing, and only a very small minority opted not to change their behaviour at all. This is a positive reflection of the level and clarity of communication from the WA State Government about COVID-19 and the steps necessary to stop the spread.

Second, the rise in income support payments for job seekers and those on similar payments had a positive impact on wellbeing and enabled family members to address some of the financial stresses that affected them so deeply when payments has been set below the relative poverty line. Increased JobSeeker payments also supported those who lost work. The expenditure of the Supplement on essential items such as food further affirms the insufficiency of the previous JobSeeker (Newstart) rate, and indicates that permanent raising of the rate could benefit the economy through increased consumer spending and decreased bad debt.

Third, in spite of increased income for many during this period, family members experienced much higher levels of financial stress than the general Australian population and reported higher rates of feeling depressed or anxious most or all of the time in the week prior to their survey relative to the general Australian population. This reflects a continued need for services that support people experiencing hardship, both in terms of mental health support and in alleviating stressors that contribute to feelings of psychological distress.

Fourth, the high rates of service interruption experienced by family members during the period of significant restrictions in Western Australia warrants a review of how community services in the future ensure that in an environment of lockdown, they can continue to support those in greatest need.

Fifth, while the majority of family members with children were not adversely affected by Western Australia's relatively short period of home schooling a number were and the challenges faced were not simply those relating to technology. They relate to direct support for parents in how they support the home schooling of their children.

Finally, family members were adversely affected in the labour market losing work, losing hours or facing very difficult circumstances in looking for work. Focusing on direct job creation for those least well off in a fragile labour market is a fundamental part of a response to the COVID-19 pandemic that deeply affects the most vulnerable in our community.

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