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# RESPONDING TO COVID-19: SUPPORTING VULNERABLE POPULATIONS

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## About South Australian Council of Social Service

The South Australian Council of Social Service is the peak non-government representative body for health and community services in South Australia, and has a vision of justice, opportunity and shared wealth for all South Australians. SACOSS does not accept poverty, inequity or injustice. Our mission is to be a powerful and representative voice that leads and supports our community to take actions that achieve our vision, and to hold to account governments, business, and communities for actions that disadvantage vulnerable South Australians. SACOSS' purpose is to influence public policy in a way that promotes fair and just access to the goods and services required to live a decent life. SACOSS has a strong membership base of around 300 people and organisations from a broad cross-section of the social services arena. Members of our organisation span both small and large agencies, peak bodies, service providers, individuals, and some government departments. SACOSS is part of a national network, consisting of ACOSS and other State and Territory Councils of Social Service.

**Note:** Names of people quoted in this document speaking to their experiences have been changed for privacy reasons.

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## EXECUTIVE SUMMARY

### COVID & SUPPORTING VULNERABLE POPULATIONS IN SOUTH AUSTRALIA

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“... the burden of disease is influenced by the conditions in which people are born, grow, live, work and age, with socioeconomic factors having the largest impact on health.<sup>90</sup> Whilst many of these changes will be generational, and longterm investment is required, comprehensive action implemented now will deliver immediate and medium-term impacts, especially with priority population groups.”  
– Wellbeing SA Strategic Plan

The avoidance of medical catastrophe from COVID-19 in South Australia has meant that the principle story the COVID-19 pandemic and its health impact on South Australia has been much more one of social and economic impacts than a medically-focused story. However, social and economic impacts have significant consequences for health and wellbeing, prevention and access to health services and information.

Social and economic elements must be considered when looking at the prevention continuum for health, of which the key elements, as described in the Wellbeing SA Strategic Plan (2020) are:

- *Well population*: promote wellbeing and prevent movement to the at-risk group
- *At risk population*: Prevent risk factors developing into established disease
- *Established and controlled disease*: Prevent complications, admissions and readmissions

The major societal changes that occurred as a result of the public health response to the COVID-19 pandemic were, firstly, widespread loss of work, as many workplaces were required to shut down or restrictions meant heavily reduced capacity to trade, and secondly, a large transition of many aspects of society to online settings (particularly while major restrictions were in place). The experiences and impact relating to these societal changes were not experienced equally across the South Australian community and had short term impacts as well as likely, very long-term consequences.

The COVID-19 pandemic and government responses to it served to further highlight and exacerbate already-existing vulnerabilities of at-risk and more vulnerable population groups, mitigated by some positive steps. Notably, Federal Government income support measures made a significant difference, although gaps in these measures left some in a particularly vulnerable position. Key areas for state examination include the need to consider and address the significant issues around digital exclusion and its impacts on vulnerable and at-risk groups, and the cultural determinants of health, as well as considerations for those not supported by federal measures.



“When I got the call I just cried. I’d lost my job and for about three months and then once I got back it completely shut down. Then I was doing some work for another company but that didn’t work out because there was so many staff and not enough shifts so then my boss put me into solar sales but that didn’t work out well because due to the coronavirus people didn’t have the money to buy solar panels so my boss let me go. During that time I was suffering a lot, especially my anxiety and stuff like that”

- Tegan, 19 years, Employed in Sales.

“One of the greatest impacts we are seeing is in terms of employment, so of course a lot of community members have been in casual work or part time work or in fields such as factory work and what not and therefore they weren’t able to continue that work anymore. The migrant youth, because many of them have been casual workers in retail or hospitality, they were impacted hugely with unemployment”

- Community Services Worker.

“Some types of visas are not eligible to receive government funding so that creates more stress. Like, you’ve lost work and then you not allowed to get government funding, then what happens, what do you resort to”

- Migrant Community Consultation Participant.

## Economic impact, and Federal Government responses

The economic impact of the COVID-19 pandemic has had a tremendous consequence for those who have experienced COVID-19 related loss of work, and these are one of the most notable cohorts in terms of emerging needs among the South Australian community. The Coronavirus Supplement and JobKeeper Payment both had a significant mediating impact for those who lost work and were eligible to receive them. The Coronavirus Supplement was also extremely positive for those who were unemployed before the pandemic hit and this policy measure alone saw nearly 80,000 South Australians immediately lifted out of poverty: a key social determinant of health.

## Federal Government income measures reduced stress & helped meet living costs

For many of these people these measures resulted in reduced stress (at least in the short term) and markedly improved ability to meet essential living costs. This subsequently also reduced demand - again temporarily - from these cohorts on some community services (e.g. food and emergency relief) which were already stretched to meet demand from newly unemployed people during the early phases of the pandemic. However, there has been enormous concern among community members and community services about the winding back and removal of these measures, which will immediately send all of these South Australians back into financial stress and poverty. This will inevitably result in increased demand for support from community services in South Australia, which are already stretched.

## Gaps in Federal Government income support measures left some stranded, & increased stress & anxiety

While Federal Government income support measures were beneficial for those who received them, there were notable gaps in the design and administration of these policies. This caused high levels of financial stress and anxiety and resulted in many on already-low incomes to deplete any small savings they had and/or to accumulate debt. Then there were those who were simply not eligible for these payments. There were notable gaps in these policies that meant several cohorts severely impacted by the economic shock of the pandemic were not supported by these policies.

## Vulnerable & at-risk population groups in SA, & digital exclusion

The large transition of many aspects of society to online settings meant that many of the existing issues that contribute to digital exclusion were exacerbated and amplified during the COVID-19 pandemic. While this was generally problematic during the period of major restrictions, individuals at high risk of contracting and suffering severe outcomes from COVID-19 had to isolate for longer periods of time and were therefore impacted by digital exclusion for a prolonged period of time. The closure of public spaces where some community members commonly accessed digital devices, the internet and often times received assistance with digital literacy, heightened levels of digital exclusion and meant that those who relied on these services were extremely limited in their ability to access services that had transitioned to online delivery.



“I was living on the savings I had but I was stressing because I didn't know how long it would be until I found a job. Then they announced things about the JobSeeker payment but it took about 3 months until I got that. After I lost my job I sold the car because with just the savings I had, if I had to maintain a car it would be too much so I sold the car. But the busses were cut down. So to get food relief, [I] found some places but they were too far to get there without a car, I would have to catch two busses to get there, so I basically reduced what I ate, I would just eat once a day”  
- Helen, 37 years, Tourism.

“My oncologist and GP called me to say you're what is considered high risk because you are being treated for leukemia and if you get the COVID bye-bye basically, so that was absolutely mortifying as you can imagine, it was terrifying. Because I lived on my own I did what the premier suggested which was to contact your landlord and work something out amicably. Now I had been a tenant at this place for seven and a half years, I never missed a rent payment in seven and a half years. I contacted the landlord to let them know I lost my job and what was going on, totally honest exactly what he said to do, and she wrote back and said oh I don't have any money to help you out, bad luck chicky, and in fact I'm evicting you. I'm ready to sell the unit with you in it, I'm getting agents through to sell the unit. She couldn't care less if I was self-isolating. The fact that there was a moratorium on rental evictions, that's proof that you've got to tick the right boxes to be safe. So, if you're high risk, on a periodic tenancy, then its bye-bye, we got nothing for you, she had every right to evict me, she had every right to do what she wanted to do and there was no protection for me whatsoever”  
- Linda, 65 years, community carer.

## Negative health impacts for digitally excluded South Australians

Individuals experiencing barriers to digital connection were faced with the difficult decision of attending services in person, including by public transport, putting themselves at increased risk, or foregoing access to certain services; both of which increase the risk of subsequent negative health impacts. Having poor digital connection also converted to reduced social connectedness (particularly during the major shutdown period) and reduced access to pandemic-related information, and important services, including health services, both of which also have consequences for health and wellbeing.

## Cultural determinants of health

While the social and economic impacts discussed in this report both influence, and are influenced by, the social determinants of health, it is equally important to consider the cultural determinants of health. In May 2020, the National COVID-19 Health and Research Advisory Committee reported that people from migrant backgrounds are at increased risk of contracting and transmitting COVID-19 due to their disproportionately high experience of chronic disease burden, barriers to health care access and high employment in public-facing employment. Additionally, general public health messaging may not be well comprehended among people from culturally and linguistically diverse migrant backgrounds with low levels of English proficiency.

## Vital role of SA migrant community leaders & community groups

In South Australia, migrant community leaders have been extremely important in building trust among communities that enabled sustained and ongoing response measures, and for providing rapid feedback and direction to government and health decision-makers. The engagement of and with trusted community leaders has been critical for effectively engaging community members to mitigate the spread of COVID-19, as has been demonstrated within the migrant community. Strong collaboration with community groups representing people most at risk, the involvement and empowerment of local communities from the outset, and recognising their expertise and experience in effective planning, service delivery and communications that are suitable for their own community members, are all very important. Lessons learned in this area are also applicable to engaging with other vulnerable communities, such as among the LGBTIQ+ community, First Nations people, people with a disability, young people, and older people.

## What next for South Australia?

This report is presented during a time when the COVID-19 pandemic is still active but less acute, and we look to a slow economic recovery - but we are still yet to see the true impact of the winding back and cessation of many pandemic support measures. The scope for this project, funded by Wellbeing SA, covers some key focus areas, and complements other work in this space. It is imperative that policy makers continue to actively monitor vulnerability and need among the community, in particular among at-risk and priority population groups, so that adequate responses can be implemented to prevent further widening of social and health inequity in South Australia. It is timely to consider the experiences of 2020 and what can be learnt from them, in order to better support our state's future responses, not only in the pandemic or emergency context but as part of our overall activity in health and wellbeing, health promotion and disease prevention. The pandemic has cast a light on key areas where positive State Government action and the important work of state government agencies such as Wellbeing SA, can make a huge difference.



“With the doctors, they don't want to see you to your face, they want to talk to you over the phone. And I don't know how to change that. I know they are playing it safe, but if I have a medical problem I want to see the doctors face, I want to tell the doctor the problem because I find the phone very impersonal when I'm talking to a person about a personal problem...I'm not very computer literate other than emails, I've never dealt with skype or anything like that, I don't even really know how to do proper camera thing on the phone - I've got a camera on my phone but I don't know how to use it”

- Kate, 69 years, Retired Pensioner.

“I had a lot of trouble in the beginning. my doctor told me I had to stay indoors because I was very high risk, he said to not go anywhere, not shopping not anything. So, I rang Coles, and at that time it was when everyone was panic buying - they had shut their phones. I don't know how to use a computer so I couldn't get through to order my groceries. I rang Foodland, which is down the road from me, my local, and they refused to do deliveries. They were overloaded and had no room. I ended up ringing half a dozen different places and panicking thinking how am I going to get groceries because I'd watched on TV that people overseas locked down can't get their medication or food, and I was very very stressed”

- Margaret, 69 years, Pensioner.

“The migrant and refugee background communities have been extremely resilient and extremely cooperative during this time. As we know, and from what we have observed so far, everyone has been quite diligent in terms of going out and what not and being with the community”

- Community Services Worker.

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## SUMMARY OF RECOMMENDATIONS

### WHAT WOULD HELP?

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#### Measures to consider: Wellbeing SA & SA Health

- Monitoring the impact of the pandemic from the perspective of health and wellbeing, and the social determinants of health, particularly in the context of the winding back of support measures and the predicted debt cliff that many may face.
- Making recommendations for state actions for at-risk groups, now and in the future, with particular reference to areas where federal measures may leave or have left gaps in support (eg international students).
- Reviewing and considering potential health and wellbeing benefits of an increased investment in social housing, especially as a means of both addressing homelessness and the social determinants of health (as well as supporting economic recovery).
- Reviewing and assessing the number of times people who were effectively homeless presented at hospital emergency departments both during and post the pandemic, as well as examining how many people are discharged from hospital without a safe secure affordable home to go to.
- A review, and further development, of existing links to migrant communities and other community organisations, to enhance engagement and communication, and resourcing community organisations and social services to support this work
- A review of the protocols and strategies for delivering health communications to multicultural and other vulnerable people and communities, in conjunction with relevant peak bodies.
- State-based action to develop a digital inclusion plan for South Australia, with particular reference to health and wellbeing considerations.
- A high level review of the utility and transparency of existing data sets, in conjunction with a range of key community stakeholders, with a view to developing better ways in which to monitor health impacts in circumstances like this pandemic.
- A review of official pandemic communications and an examination of how these can be cohesively delivered across online and offline platforms.
- Exploring ways in which to take greater control the narrative to ensure that authoritative SA-specific information is being delivered to South Australians and to ensure less confusion with national and international information, in like circumstances.

#### Measures to consider: SA Health

- Scoping and undertaking a review of the level of casualisation in the health and community services workforce, with the aim of developing strategies to minimise precarity.
- Reviewing the data community organisations collect to explore if there is merit in coordinating data on

some specific issues which would strengthen the capacity to monitor and respond to emergent issues.

- Continuing to work with key community stakeholders to monitor and evaluate the impact of the pandemic on local communities in 2021.

#### Considerations at the State Government level

- Creating a standing reserve pool of funding which can be drawn on to provide aid to any population groups that may be missed by federal support systems during crises such as a pandemic.
- An initiative to design and develop labour market programs that address and specifically target those hit hardest by employment losses (i.e. young people, women, older workers, migrants and temporary visa holders)
- Reviewing state-based pandemic policies with a view to identifying gaps, and broadening those that systemically exclude international students and other temporary visa holders (i.e. not having receiving JobSeeker or JobKeeper as the overarching eligibility criteria for accessing such support).
- Providing basic computer equipment and support (including data) for all school students.
- Providing free access to all SA Government websites.
- Examining development of a disaster preparedness plan for the establishment of local crisis centres in all communities which can be enabled to provide safe digital access to people who otherwise might not have access.
- Dialogue with the Federal Government, to support a review of online government platforms, and adaptations where necessary to support the submission of forms without requirements for printing/scanning.
- The State Government may also be interested to advocate for the adoption of a national digital inclusion strategy, to the Federal and other State and Territory Governments.
- Funding and establishing a wide range of local comprehensive primary health care centres (CPHCC) in South Australia, which can be used as a base to build community capacity through health promotion, partnerships and development.

#### Considerations at the Federal Government level

- Permanently raising JobSeeker to a significantly higher rate.
- Reviewing mutual obligation requirements and making them less onerous.
- Including international students and temporary visa holders in measures available to Australian citizens (such as JobSeeker and JobKeeper) during circumstances such as the pandemic.

These recommendations are discussed in more detail on pages 32-43.



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## INTRODUCTION

### COVID-19 IN SOUTH AUSTRALIA

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First detected in late December 2019, the novel coronavirus disease (COVID-19) spread globally. On 30 January 2020, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern and on 11 March 2020 the WHO declared a pandemic.<sup>2</sup> By the end of September 2020, there were over 33 million confirmed cases and over 1 million deaths recorded globally.<sup>3</sup> In Australia, there had been over 27,000 confirmed cases and over 886 deaths reported at the end of September 2020.<sup>4</sup> By 11 March 2021, South Australia has experienced a total of 626 cases of COVID-19 and 4 deaths.<sup>5</sup> The peak occurrence of COVID-19 in South Australia occurred in March-April 2020 and few cases have been experienced since April, aside from a spike in November 2020.<sup>5</sup>

#### Disproportionate health effects among disadvantaged groups

COVID-19 impacts the population disproportionately; those who are already faced by disadvantage are more likely to contract and to experience more severe consequences from the virus. This is due to higher rates of comorbidities, limitations in their ability to spatially distance and other currently unmeasured social factors associated with disadvantaged populations. Early research on COVID-19 found that the severity of the virus (including the critical status, ICU admissions, and death) was associated with a wide range of comorbidities.<sup>6</sup> For example, chronic obstructive pulmonary disease, cardiovascular disease, diabetes, chronic kidney disease, and hypertension have shown to be significant predictors of COVID-19 severity and ICU admissions.<sup>6</sup>

#### Links to social disadvantage & co-morbidities

Research published in *Nature*, which linked the electronic health records of over 17 million adults in England to COVID-19 related deaths (n=10,926 deaths), has similarly shown that comorbidities are associated with COVID-19 related deaths.<sup>7</sup> The study found that COVID-19 related death was strongly associated with social disadvantage, with the most socially disadvantaged being 2.1 times more likely to die from COVID-19 than the least socially disadvantaged (adjusted for age and sex).<sup>7</sup>

When adjusted for other known risk factors (i.e. age, sex, BMI, smoking, race and co-morbidities), the most socially disadvantaged remained disproportionately affected, being 1.8 times more likely to die from COVID-19 than the least socially disadvantaged.<sup>7</sup> This suggests that comorbidities, which are disproportionately higher among people experiencing social disadvantage, only partly contribute to this increased risk of death from COVID-19. This indicates that there are wider social factors that contribute to a higher risk of death from COVID-19 among those experiencing socio-economic disadvantage.



“The first couple of weeks without JobKeeper were super stressful, I broke down a number of times. I had food on the table but the toddler didn't want to eat it and I was like, mate this is all we got so you're going to have to eat it, and that's not fun”

- Susan, 34 years, Hospitality.

“You need money, for day-to-day expenses, things were getting very hard and there was no hope. At the back of my mind there is always something striking me like how to manage, where will the money come from, what's going to happen next week and the week after. I tried to juggle things as much as I could like I stretched to the limits. This period was so long and so much uncertainty was there, I didn't know how long it would be without money. I actually got so frustrated to the extent I couldn't live a normal life it affected me so much I could hardly sleep. There was a point I went to the doctor and she suggested I go on antidepressant medication”

- Paul, 44 years, Migrant, Chef

“Many people were not aware of government updates because of not having access to social media or internet and this is where updates were happening, sometimes many times a day. For instance, if you only heard one radio announcement a day you might miss a lot of breaking news being announced via social media or internet news pages”

- Amira, Disability support worker.



## Rapid spread within disadvantaged communities

COVID-19 outbreaks can occur and spread rapidly within socially disadvantaged communities. Research in the US examining hot and cold spots of COVID-19 cases in New York City and Chicago found that, in both cities, hot and cold spots differed in neighbourhoods according to social determinants of health characteristics.<sup>8</sup> Hot spot neighbourhoods tended to be less wealthy, have higher rates of unemployment, have lower educational attainment, lower proportions of non-Hispanic white residents and more workers in managerial occupations than cold spot neighbourhoods or the rest of the city.<sup>8</sup> The NYC hot spots can generally be characterized as working-class and middle-income communities, perhaps indicative of a higher concentration of service workers and other occupations (including those classified as “essential services” during the pandemic) that may not require a college degree but do pay wages above poverty levels.<sup>8</sup>

Chicago’s hot spot neighbourhoods are among the city’s most vulnerable, low-income neighbourhoods with extremely high rates of poverty, unemployment, and NH Black residents.<sup>8</sup> We have observed this in Australia through the second wave of COVID-19 in Victoria during late-June and throughout July.<sup>9-11</sup> The second wave of cases was in part driven by clusters of the outbreak occurring within disadvantaged and marginalised community groups, including within areas with high housing affordability stress, overcrowding and homelessness.<sup>9-11</sup> The rapid increase in COVID-19 cases during this second wave occurred at a much faster rate than within the first wave, indicating how quickly the virus can spread among disadvantaged communities.<sup>9-11</sup>

## Social and economic factors, health & wellbeing

Vulnerability to the risk associated with contracting, spreading and severity of COVID-19 are important areas of enquiry and discussion. However, also important are the social and economic impacts associated with the response measures implemented to control and suppress the spread of the virus. Social and economic factors shape our wellbeing and ultimately determine how healthy a population is.

Issues such as financial stress, insecure housing, and limited access to education, employment, nutritious food, and basic healthcare make people and populations who are subject to these hardships much more vulnerable than others to ill health and early death. While the consequences of the COVID-19 pandemic have the potential to impact everyone in society, the impacts will be experienced differentially. The way we prepare, protect, treat, reduce transmission and innovate, will inevitably influence the social, economic and political determinants of health.<sup>12</sup>

## Potential emergence of new inequities

We have learnt from previous experiences that pandemics can lead to not only healthcare crises but can also have far-reaching socio-economic impacts.<sup>12</sup> Additionally, these socio-economic impacts are likely to be experienced disproportionately as history has shown that crises exacerbate existing inequities.<sup>12, 13</sup> While the true social and economic impacts of the COVID-19 pandemic are likely to be felt into the near and distant future, some of these impacts are already being realised. It is the intensification, as well as the potential emergence of new social and economic inequities during the COVID-19 pandemic, that is the focus of this report.



“My doctor told me not to go out anywhere, if I had a car, which I didn’t because my car broke down right before the virus hit, so I didn’t have a car, I couldn’t catch a bus, I couldn’t even go out for a drive which I used to do every day with my dogs. All of a sudden, I don’t have any transport I don’t have a car, I can’t catch the bus, I can’t go outside, I can’t go shopping, I can’t do anything – it was a terrible feeling. I had a couple of moments there where I broke down because I felt very isolated”

- Margaret, 69 years, Pensioner.

“I just avoided the doctors, because I heard from others – oh don’t bother it’s too hard or they’re doing telephone interviews or skype interviews – so I just put it off”

- Clara, 50, Living homeless.

“The community needed clear communication rather than getting information from three or four sources and so because they already have a very well established relationship with us it was easier for us to communicate it because most of us are bilingual workers. Because in order for them to access information in time, with the restrictions changing by the minute, it was important for them to have a central point for them to contact without having to wait in line for 20, 30 minutes to an hour. Even for things that weren’t related to our services we had people calling because they had no information. We even had a point in time where general Australians were calling us because I remember taking calls from the general population asking if we know what was happening with COVID-19 because I don’t think they were getting information through any other resources because they were perhaps too busy or perhaps because they were online”

- Migrant Community Services Worker.

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# INEQUITIES IN SOUTH AUSTRALIA

## PRIOR TO COVID-19

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Health inequities occur when there are differences in social opportunities that subsequently result in unequal access to the determinants of health – the social and economic conditions in which people are born, grow, live, work, play and age – and the processes that distribute these conditions in society.<sup>1,14</sup> Simply put, inequalities in health exist as a result of inequities in society.<sup>1</sup> Less equal societies are less successful on a variety of measures of health and social problems.<sup>1</sup>

Existing health inequities in South Australia have been documented in the 2019 report 'SA: The HEAPS Unfair State'.<sup>1</sup> The report was the result of a collaborative project by SACOSS and the Southgate Institute for Health, Society and Equity (Flinders University) to understand inequities, and in particular the widening of inequities, in South Australia.

The report identified that South Australia's health inequities have increased in recent decades and that this is occurring at a faster rate than other states and territories.<sup>1</sup> The report also identified a number of causes of the growing inequities in South Australia, and some groups that experience vulnerabilities at particularly disproportionately high rates (see box to the right).<sup>1</sup> The areas of inequity identified in the report act as the starting point and guide for this report.

In addition to the potential for the COVID-19 pandemic to exacerbate existing inequities, the pandemic may also result in emerging vulnerability among cohorts.

### Emerging vulnerability

People who are disproportionately exposed to risk are considered vulnerable groups.<sup>15</sup> However, vulnerability is dynamic and who is included in vulnerable groups can change. Persons who were not considered vulnerable at the onset of the COVID-19 pandemic may have since become vulnerable during the pandemic; this can be influenced by policy responses.<sup>15</sup> For example, sudden loss of income or access to social support can drive people into vulnerable situations. During the pandemic vulnerable groups may therefore emerge across socioeconomic groups in that they may begin to struggle to cope financially, mentally or physically with the crisis.<sup>15</sup> Research suggests that the social and economic impacts of previous pandemics have been disproportionately experienced by older people, people with disabilities, people living in confined and densely populated spaces, people from culturally and linguistically diverse backgrounds, people from low socio-economic backgrounds and those who work in casual or precarious employment.<sup>12</sup>

### Disparities in SA

#### Key areas of disparity identified:

- Income: poverty, income, expenditure
- Employment: unemployment and characteristics of employment
- Housing: public housing, rental stress, and home ownership and affordability
- Education: participation in school and post-school qualifications
- Access to health care
- Social exclusion

#### Additional areas of focus for improving health inequity:

- Digital inclusion
- Increased capacity of community and NGO services

#### Population groups identified as facing health inequities:

- Aboriginal and Torres Strait Islander health inequities
- Migrant and refugee health inequities
- Gender inequities
- Regional and remote health inequities

Box 1. Source: SA The HEAPS Unfair State<sup>1</sup>

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# THE COVID-19 PANDEMIC IN SOUTH AUSTRALIA

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The avoidance of medical catastrophe from COVID-19 in South Australia has meant that the South Australian story of the COVID-19 pandemic has been much more one of social and economic impacts than a medically-focussed story. The major societal changes that occurred as a result of the public health response to the COVID-19 pandemic were, firstly, widespread loss of work, as many workplaces were required to shut down or restrictions meant heavily reduced capacity to trade, and secondly, a large transition of many aspects of society to online settings (particularly while major restrictions were in place).

The experiences and impact relating to these societal changes were not experienced equally across the South Australian community. These issues will be further explored in the following sections, including an analysis of existing data and literature regarding the economic impact of the COVID-19 pandemic among the South Australian community with an analysis of existing data and literature. For further detailed discussion of the COVID-19 pandemic in South Australia, see pages 50-55 in the Appendix.

## DATA & LITERATURE REVIEW – ECONOMIC IMPACT OF COVID-19 IN SOUTH AUSTRALIA

The economic impact of the COVID-19 pandemic had a tremendous impact on those who have experienced COVID-19 related loss of work. The cohorts that have been particularly impacted in this regard are:

- *Casual workers* - who comprise a large proportion of the workforce in heavily impacted industries and have limited savings to draw from to meet the cost of living; short-term casuals are particularly vulnerable given their ineligibility for JobKeeper
- *Young people* - who comprise a large proportion of the workforce in heavily impacted industries and of the casual workforce (including short-term casuals)
- *Women* - whose disproportionate loss of jobs meant they left the workforce and experienced more underemployment
- *Migrant workers* - who were casually employed and are largely in impacted industries
- *People on temporary visas* who were ineligible for government income support measures such as the JobKeeper and JobSeeker payments

Some discussion of economic measures such as the Coronavirus Supplement and Economic Support Payments, JobKeeper and SA Government measures are included on pages 52-55, with more detail on the data and literature review on pages 56-66 (Appendix).



“There is just so much anxiety around losing my job. Like my work ethic is quite strong and to be completely kind of useless in a way was really hard and I do love my job and working in those sorts of teams, yeah there is just nothing to work towards now, there’s no opportunities”

- Penny, 28 years, Artist.

“The general community can just go to a mainstream service and try to get employment, and they already have connections, whereas for migrant and refugee backgrounds they need to develop those connections and network really well in order to gain employment”

- Migrant Community Consultation Participant.

“We found that more international students were reaching out to us and even people who were on tourist visas, people who are visitors here, people who are on farming visas, so usually we dealt mainly with migrant and refugee backgrounds or CALD backgrounds but now we were dealing with giving information to international students, tourists, visitors, so it was a big bunch of new cohorts who came through our doors. The main needs have been around emergency relief so for example helping them with the utility bills, with rent, with any other services they needed. Many of them were also asking where they can access mental health services during this time”

- Community Services Worker.

## STAKEHOLDER WORKSHOPS & INTERVIEWS

Three topic areas were selected to explore in more depth through workshops and interviews. Given the major societal changes that occurred as a result of the public health response to the COVID-19 pandemic were, firstly, widespread loss of work, as many workplaces were required to shut down or restrictions meant heavily reduced capacity to trade, and secondly, a large transition of many aspects of society to online settings (particularly while major restrictions were in place), these were the first two focus topics. The third focus topic explored the experienced of the migrant community during the pandemic to identify cultural consideration and potential unmet needs during the pandemic. This focus topic stemmed from concern regarding the migrant community, in terms of second-wave vulnerabilities that were identified during the early phase of the Victorian second wave and reports about the increased and unmet need among cohorts within the migrant community (for example, those on temporary visas and international students who were ineligible for the major economic support measures).

Each topic area reflects insights gained from a workshop and individual interviews with selected cohorts (described in more detail in each section) which were held in late August to mid-September. The pages 67-70 (Appendix) report on the results from the thematic analysis of these workshops/interviews. It is important to note that these are select examples of issues impacting the South Australian community during the pandemic among select cohorts and there are other issues and population groups that are also important to explore in further detail.

### People in precarious work

Many people interviewed were in precarious work prior to COVID-19 and this made them particularly vulnerable to loss of work during the pandemic, being ineligible for the JobKeeper payments, and having limited savings to draw from to meet the cost of living. While the JobSeeker payment with the Coronavirus Supplement had a significant positive impact on those who had lost work, many experienced a long delay between losing work and receiving this payment, which resulted in financial hardship and significant stress and anxiety. Similarly, there was concern about the impact the reduction or removal of the Coronavirus Supplement would have on individuals' financial circumstances. While some people took advantage of the ability to access their super early, driven by a sense of doomsday thinking, this was regretted in retrospect.

### Jobhunting and stress: mental health & wellbeing impacts

Jobhunting during this time was also difficult given the tremendous competition and the uncertainty of when pre-pandemic work arrangements would recommence; this was a cause of stress and a barrier to taking up temporary employment. Subsequently, the need to meet mutual obligations was also a source of stress. There are real concerns about the future precarity of employment opportunities in the months and years ahead, particularly regarding increased competition for limited jobs and the potential for this to result in workplace exploitation. Lastly, employment is about more than income, and loss of work resulted in people experiencing a reduced sense of purpose, fulfilment and social connectedness, which has subsequently impacted people's mental health and wellbeing.



“I didn't have a lick of work for I think it was like six months. I was already living flying by the seat of my pants, by the skin of my teeth before it hit but I've never had to face having absolutely no money before. I waited for JobSeeker payments to kick in for, it was about 10 weeks. I kept going on the website and it said the claim was being processed but it took a very long time. I was facing having to move back in with my parents because my bank account was just drying out. It was really scary”  
- Penny, 28 years, Artist.

“There's an ongoing issue of casual work, the casualised workforce, which has been an issue for years but it seems like this whole thing has highlighted a lot of the problems with that system and I just think that something needs to be done about that”  
- Theo, 47 years, Artist.

“A good friend of mine works at a winery and all of their employees could have got JobKeeper but they didn't do it at all because their books were so dodgy, they were worried the ATO would look too closely at them if they went through JobKeeper”  
- Jon, 31 years, Chef.

“With many migrant and refugee backgrounds, they're not only supporting their family here in Australia, they are supporting their families overseas too. So, when you have a family of 7 and one of them is working full time, they're not only working for that family here but they're working to support their parents back at home”  
- Community Worker.

“The only way I could use a computer was to go to a community centre which was 20km from the property”  
- Kate, 69 years, Retired Pensioner.

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## HEALTH AND DIGITAL EXCLUSION IN SOUTH AUSTRALIA DURING COVID-19

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Digital inclusion is based on the premise that all Australians should be able to make full use of digital technologies – to manage their health and wellbeing, access education and services, organise their finances, and connect with friends and family and with the world beyond. It is about more than simply physical access to the Internet and devices and incorporates both affordability of access and the digital literacy and competence to utilise technology. As more people, businesses and government services go online, the disadvantages of being digitally *excluded* increase – the digital divide becomes narrower but deeper.

Importantly, in an environment where news and critical information is rapidly changing, and needs to be quickly made available and disseminated across populations, digital exclusion is a significant barrier in managing and responding to a public health emergency such as the COVID-19 pandemic. Unfortunately, those who are most likely to be digitally excluded or face barriers to digital access are also often those most likely to be vulnerable and at-risk for other reasons.

### Compounding disadvantage: low-income, rural & older people

Digital exclusion reflects and compounds other areas of disadvantage. The 2019 Australian Digital Inclusion Index indicates that South Australia had lower levels of digital inclusion than most other Australian jurisdictions, and those living in low-income households and older people (65 years and above) experienced digital exclusion more than the state average both in terms of lower digital accessibility and ability.<sup>44</sup> Those living in rural South Australia experienced lower accessibility, ability and affordability than the state average.<sup>44</sup>

### Digital exclusion & poverty

Importantly, digital inclusion is not just based on the household. SACOSS' recent research on households living below the poverty line whose main source of income was employment found that public Wi-Fi was the third most commonly cited place that those households accessed the internet (behind home broadband and mobile phone).<sup>45</sup> Similarly, the Local Government Association of South Australia Value of Libraries' Study found that at the end of 2019, almost a third of the South Australian community (31%) used a public library service at least monthly and the second most important reason (70%) why people used libraries was to access the internet.<sup>46</sup> The COVID-19 pandemic, which saw public libraries close for a period of time, magnified the importance of public libraries for digital access. The second workshop and interview series conducted by SACOSS focused on the lived experience of digital connection among cohorts anticipated to be particularly vulnerable to digital exclusion during the pandemic (i.e. people who are older, live in regional/remote settings, on low income, and who rely on public access for digital connection). Participants were asked about their experience of digital connection during the pandemic, what impact this had on their daily lives and on their ability to access services and information during the pandemic.



“At home it's my phone, that's it, we don't have a computer. We did have one, but it died a few years ago and we are yet to replace it. I was pretty low on money so I couldn't just go out and buy a computer”

- Andrew, 37 years, Library user.

“I live in country SA and have an un-usable landline due to lack of maintenance, poor mobile reception and lack of access to the internet. I have to be very careful about where and how I move and if I desperately need to get a call out, I can sometimes be seen out on my driveway. I have 70-year-old friends living on a farm who have no internet, cannot get a Telstra mobile phone signal, and often have landline disruptions due to the age of the infrastructure”

- Eileen, 52, Rural.

“I don't think we have trained migrants and refugees in digital literacy enough and I think that that's something that most organisations will need to have consideration of. Obviously we understand that they have low literacy rates and we aren't expecting everyone to have digital literacy skills, but it would be good for organisations to think of that, or government to think of that in the coming years and if something like this was ever to happen again. These are some of the impacts we have been hearing from all age groups”

- Community Services Worker.



## Digital accessibility during COVID-19

Interviewees had varying degrees of accessibility to digital devices and the internet. While some had no internet connection or no devices that could connect to the internet, others had smart phones or tablets which could connect to the internet. However, use of these for some things was clunky and difficult and the cost of connecting to the Internet with these devices was also an issue for some.

## Cost barriers to digital access

It was common for interviewees to note that cost was a barrier to digital access. This is particularly the case for those on a low income who are unable to afford to pay for a regular plan but rather use pre-paid services for which internet data can come at a significant cost.

For those living rurally and remotely, unreliable wireless connection and poor digital infrastructure were additional common barriers to digital accessibility. While digital accessibility was a pre-existing issue, the pandemic amplified these issues.

## Digital access & migrant communities

Access to digital devices and adequate internet connection were issues for migrant community members. While the 2019 Australian Digital Inclusion Index indicated that culturally and linguistically diverse migrants in South Australia experienced lower digital exclusion than the state average,<sup>44</sup> South Australian migrant community workers flagged that digital exclusion was one of the greatest challenges among community members during the COVID-19 pandemic. This is the likely result of different cohorts of migrant community members captured in the Australian Digital Inclusion Index report compared to those accessing the services of community workers.

Supplementary research to the Australian Digital Inclusion Index report, exploring digital exclusion among migrant communities in more detail, found that recently-arrived culturally and linguistically diverse migrants (particularly those arriving through humanitarian immigration) experienced higher digital exclusion than the national average; this was largely attributed to issues of affordability.<sup>44</sup>

## Digital access via libraries & public places, & the shutdown

When the COVID-19 pandemic shutdown occurred, many people who had been using publicly accessible devices and internet (namely via libraries but also in workplaces) became heavily restricted in their access to digital connection. During this period, these people mostly had to go without digital access or to borrow computers from others where they were able to (however, they noted negative feelings of embarrassment and putting others out in doing so).

Participants had been using library computers for various tasks such as job hunting, accessing Centrelink services, sending emails or social media to keep in touch with people, contacting/accessing services, banking, googling queries, to do work and for printing. Therefore, the inability to access library computers during this time meant restricted ability to digitally connect to the services they needed.

Some libraries offer digital literacy training and one-on-one PC support customers in completing digital tasks, with the Local Government Association of South Australia Value of Libraries' Study reporting that a significant amount of librarians' time is devoted to supporting the delivery of digital services including access to government services



“I was retrenched and then I had to find a new job. Work took my laptop back and I had to go borrow laptops or go to friends' houses”  
- Clara, 50, Living homeless.

“The staff members at the library let me know that the library was actually closing and at first I thought it was going to be something different but not as bad as that. They said no were actually closing and we don't know when we are going to be reopening. And I just thought what else can I do, I can't make them stay open just because I want to use their services. So yeah, I did have a big break from internet and computers, for two months”  
- Andrew, 37 years, Library user.

“When I am job searching it's a problem because I needed to go to a library and the libraries weren't open or they had limited access”  
- Clara, 50, Living homeless.

“You couldn't print! And that was another issue. For me it's printing. I come to the library because I need to print”  
- Dorothy, 66, Retired pensioner.

“Normally one library will let you have three hours, but 30 minutes, I thought blimey! It's not enough. I was just getting started on 30 minutes”  
- Kate, 69 years, Retired Pensioner.

“The other big thing is that every two hours the computers get cleaned and you have to stop what you are doing and come back in 15 minutes”  
- Andrew, 37 years, Library user.

and providing assistance with the completion of online forms and applications.<sup>46</sup> The closing of libraries also meant this support was not accessible and decreased digital access for some. Another notable issue for interviewees was the closing of printing facilities, even when accessing computers was allowed, which meant that there were unable to print and scan required documents.

When libraries re-opened, they did so with heavy restrictions that limited the time allowed on computers which made it difficult for participants to complete what they needed to. Interviewees also spoke about the disruptiveness of the frequent cleaning of machines which meant that users had to log off the computer, thus losing their work, and come back after 15 minutes.

Participants spoke about attending multiple libraries in a day to complete the work they had to do, given the restricted timeframes for using computers. When cleaning occurred, people in the library were required to congregate outside while the libraries were cleaned. While seemingly focused on being COVID-safe, some of the restrictions resulted in alternative behaviours which may have increased the level of risk e.g. gathering outside and attending multiple public libraries rather than the one.

### Low digital literacy during COVID-19

Digital literacy was also an area of concern that was explored during interviews and was noted across all demographics interviewed. However, it was particularly noted as problematic for older people, including in rural areas with aged populations, and among those with migrant and refugee backgrounds. The increased need to engage in digital ways of working, with reduced access to support in doing this (i.e. learning by in-person demonstration), was a notable challenge relating to digitalisation during the pandemic. For those at higher risk to COVID-19 (e.g. older people) this issue may have been even more pronounced given the heightened awareness and need to keep physical distance from others. Additionally, interviewees also discussed difficulties when liaising with service providers who showed little understanding of the low digital literacy skills of some people, making dealing with the providers difficult for those customers.

Those working in public health and the health sector are well aware of the importance of health literacy: however digital literacy is also critical, and especially so in the context of a public health emergency such as the COVID-19 pandemic in which digital channels are an important source of critical information, news and updates, including important health precautions, and information about access to critical health and other services.

Many interviewees noted that they were generally content with not being digitally connected. For these people, reasons provided included not being tempted to spend large amounts of time using digital devices in place of in-person interactions, a mistrust of technology and internet, and a matter of not wanting to have the onus of having to learn how to navigate the digital world. This was particularly noted among older participants but was not exclusive to older participants.



“You’re on the computer and a note will come up saying 2 minutes, you have to get off, and then you get kicked off. I’m sitting there saying, excuse me I’m in the middle of paying this bill can you please give me five more minutes – no, no, no you have to get off now!”

- *Dorothy, 66, Retired pensioner.*

“The library’s opened so I was able to go back to libraries but it was 30 minutes or 15 minutes and I had to go from library to library to library because the libraries had weird time spans, they were opening at 10 or 11 and only for a couple of hours, so I was just driving around and looking for libraries that would be open and would let me in and use their computer”

- *Clara, 50, Living homeless.*

“One thing that I am really aware of living in a small community is particularly the elderly being locked out of digital communication”

- *Mel, 52 years, Rural.*

“When you’re not working at all you have the question of, right what am I going to do with my days, and if you don’t even have services like the library that your used to using then that is difficult”

- *Andrew, 37 years, Hospitality.*

“I think that there is a lack of understanding by companies to take into account the age of the client they are speaking too, not many are PC literate”

- *Steve, Rural community member.*



## IMPACTS OF DIGITAL EXCLUSION DURING THE PANDEMIC

### Access to information

During a pandemic, access to current information is crucial to preventing the spread of the virus by enabling individuals to enact protective measures and follow public health recommendations.<sup>47</sup> Digital platforms have been one of the primary tools used by government and public health agencies to disseminate information about COVID-19 and distancing measures required for individuals to protect themselves and others from contracting the virus.<sup>47</sup> However, many of the groups at heightened vulnerability to the virus (for example, older people and the homeless) are among those who experience digital exclusion the most.<sup>47</sup>

When it came to information-seeking, interviewees commonly reported receiving their COVID-19 related information predominantly via the television, word-of-mouth through family and friends, and by going to places and learning by observation. Some also used print or radio news. While this enabled interviewees to gain general information about the pandemic, it was evident that relying on these limited sources resulted in gaps in information as well as confusion about South Australian-specific recommendations and restrictions.

There also appeared to be a low comprehension of the reasoning and importance behind some of the COVID-19 related measures (for example sanitisation stations at the entry of businesses/services, physical distancing between family and friends and why schools remained open while workplaces were closing) although it is unclear whether this was an outcome of limited access to information or a more general issue with pandemic communications.

### Access to services

As indicated above, those with limited access or ability to use digital technologies experienced barriers with accessing the services they required, particularly during the major shut-down period. A survey of over 3,000 adults in Australia during April-May 2020 sought to analyse the level and distribution of service needs during the peak of the COVID-19 pandemic in Australia, found that of those who sought help, 3.5% reported that they were unable to obtain the help they needed as they did not have access to the internet.<sup>48</sup>

Research in mid-May found that digital exclusion was experienced the most among those who were financially stressed and digital exclusion was amongst the biggest barriers to consumer engagement and help-seeking with services.<sup>33</sup>

When asked about accessing services, some interviewees spoke about difficulties with not being able to access the Centrelink and job seeking services they needed and trouble dealing with utility and other services that were directing customers to online platforms. Many interviewees spoke about barriers experienced with trying to get their shopping done. This was particularly problematic for those who were unable to go to the shops (for example due to being at high risk, having to quarantine, or not having a car) and the main issues discussed were shops not providing delivery options (e.g. when they became overloaded by online orders) and not being able to utilise online platforms for ordering groceries.



“I have the mobile phone, I’m quite happy with the landline I used to have. I’m not bothered, it doesn’t bother me, I’m getting to an age where I don’t care if I’m not computer literate, so long as I can view my emails, answer people’s questions and get the point across to my friends via email”

- Kate, 69 years, Retired Pensioner.

“Most older people I have spoken with have a very suspicious view of technology and do not want the burden of adjusting/learning and managing what they see as an onerous responsibility”

- Amanda, Rural Community Services Worker.

“I don’t have a TV, so got my information second hand from strangers on the bus or the train, in the office, someone would call or email me, I’d get snippets of information that was relevant”

- Clara, 50 years, Living homeless.

“I guess I learnt about restrictions by doing what I wasn’t supposed to be doing, going out and just going to my usual places and in a way monitoring the situation like how things are going”

- Andrew, 37 years, Library user.

“I don’t really feel like going to the doctor or dentist until they say everything’s good”

- Keith, 43 years, Library user.

“There were a few cases where I had heard of two parents have very low literacy rate and now they have their school kids at home and there is no support for the school kids at home because they’re no longer at school and online is too hard to navigate for the parents so the kids were left to navigate it themselves”

- Community Services Worker.

## Access to health services & telehealth

Previous research has shown that telehealth services can reduce inequity to healthcare access, due to reduced travel requirements and associated health costs.<sup>49</sup> Other benefits also include increased convenience and, during the pandemic, reduced transmission of COVID-19.<sup>49</sup> However, the benefits of telehealth services are not experienced by those without access to appropriate digital devices and internet connection, and those with low digital literacy.<sup>50</sup>

For interviewees without access to digital devices and the internet or with low digital literacy skills, telehealth was often simply not seen as an option. This meant that some had to go to health services in person, to which there was increased anxiety about the potential of catching COVID-19, or they put off going when they did not have urgent matters that needed attention due to not wanting to put themselves at risk of catching COVID-19.

There was also low appeal to use telehealth among some interviewees. This was partly about wanting to see practitioners face-to-face. However, when asked about video consultations, it was apparent that there was low knowledge of how to conduct video consultations and participants were unsure whether having been able to do so would have made this experience better.

## Access to education

Access to education has also been a concern during the COVID-19 pandemic and many educational institutions have had to transition to online delivery methods (albeit to varying degrees and durations). Research with children and young people in Australia have indicated that for those already experiencing issues of digital exclusion, the pandemic has exacerbated these issues.<sup>51, 52</sup>

## Schools

In the beginning phases of the pandemic, research was published describing the potential of school closures to increase experience of childhood vulnerabilities and widen inequities. However, learning losses from school closures are estimated to be largest in states and territories that experienced the longest periods of remote schooling and student-free days.<sup>53, 54</sup> South Australian schools were closed for one week which was much shorter than eastern states, which ranged 6-9 weeks.<sup>53</sup>

Subsequently, the educational outcomes of disadvantaged students in South Australia are estimated to only be marginally affected. It is estimated that the one-week closure experienced in South Australia equated to between 0.2-0.3 weeks of lost learning for students in years 5 and 9 reading and numeracy respectively.<sup>53</sup> This is estimated to equate to a 1% widening in the overall schooling achievement gap for disadvantaged students in South Australia and negligible widening for literacy and numeracy, specifically.<sup>54</sup> To contextualise this, students in Victoria were required to engage in remote learning for a nine-week period.

This has been estimated to result in an 8% widening of the overall schooling achievement gap for disadvantaged students in Victoria and a 6.6 week widening of the gap for literacy and numeracy specifically.<sup>54</sup>



"Through our consultations we have observed and heard that accessing digital literacy became immensely difficult. Firstly, because many of them would access public libraries so when public libraries were shut down parents were in the struggle of do we purchase a computer or laptop, how much will it cost, how much internet do we need because a lot of them would have a cap on their internet it wasn't unlimited. So that was extra costs on the families. Access to internet, access to technology itself, we realised that a lot of children or young adults would use their parent's phone to access the internet or search something for their assignments so that becomes very difficult for a child when for example they need to access a portal online for school, you can do that on a mobile"

- *Migrant Community Services Worker.*

"I had trouble with the electricity. Because I'm home and my grandson's home the electricity had been high, And I was trying to explain to them I could only afford \$50 per fortnight and they kept saying you have to pay at least \$74 and I said to them that would put me in hardship I would really struggle to get that amount together. After about 5 or 6 different phone calls to different people and them sending me texts saying I owe them nearly \$700 and I have to pay them within 7 days and me ringing and saying no you said we could make an arrangement, I finally got an arrangement in place where I pay them \$61 a fortnight so it's more than I planned but that way they are happy and it keeps them off my back, I just thought ok I will buy less food"

- *Margaret, 69 years, Pensioner and Casually Employed.*

Some South Australian children have been kept home and had to participate in remote learning for longer than official periods set out by the state government<sup>51, 54</sup> and may therefore be more vulnerable to these disadvantages. In particular, students at higher risk of digital exclusion from remote online learning include those from low socio-economic background, who live with a disability, with additional learning needs, with particular mental health conditions, who live remote areas, and from culturally and linguistically diverse groups.<sup>55</sup> However, the extent to which children were kept home for longer periods of time in South Australia, and by whom, is not yet known.

## Universities

University students were required to participate in remote learning for most of the first semester of 2020 and much of digital learning is continuing into the second semester. Students without access to appropriate digital devices and internet access have been significantly challenged by the transition to online learning during the pandemic.<sup>56-58</sup> Similarly, lack of adequate work space to work digitally from home have also challenged students during this time.<sup>56-58</sup> In a small study of students attending a South Australian University during the pandemic, over a third of participants surveyed indicated that they lacked adequate workspace at home (38.4%) and a quarter had insufficient internet access (25.3%).<sup>57, 58</sup> Students report relying on their mobile phone data as a hotspot<sup>56</sup> and some students reported having to withdraw from courses due to inadequate digital access.<sup>57, 58</sup>

## Other impacts of digital exclusion

Having limited digital connection also impacted social connections with the telephone being the main option open to many people during this time. While many participants were happy to have been able to call or text their friends and family, it was still evident that there were periods when they felt isolated and lonely, particularly during the major shut-down period. For those who were at increased vulnerability to the impact of COVID-19, this was more prolonged.

This issue, and the others described above, were further compounded for those without access to transport. For those who were able to catch public transport during this time, they reflected that this was important for enabling them to remain connected and to access the services they needed. For people without access to digital devices or the internet at home, there was little choice but to do certain things face-to-face. Some participants spoke about the anxiety of contracting and transmitting the disease that came with having to do this.



“I tried to go see Centrelink and I couldn't, I tried to ring them and they were useless. So then I rang up the job network providers and they were like, oh our office is closed, and I asked but how am I going to come in and do some job searching I need to use the computer, I need to photocopy my resume - No - but you want me to find a job? - Yes - But you don't want me to come use your computer? - No - because the libraries are closed so I need to come to your office - No - so how am I going to find a job - silence - so I was frustrated, I was going around in circles. So, then I'm going around and around in circles and - oh fill out this form - but I need to print that, can I come to your office? - no - can I go to job network? - No - where will I do this? - The library - No its closed - Can I do it online? No, you have to print it because you have to sign it”  
- Clara, 50, *Living homeless*.

“I am a retired pensioner (69 years of age) and do not have a computer so rely on going to the library to have access to my emails, etc. I don't even have a smart phone, just an ordinary little push button mobile. My way of dealing is I go to the library every day”  
- Kate, 69 years, *Retired Pensioner*.

“We had noticed that because most people were in a dynamic where they were at home, whether they were working from home or whether they were studying from home, they needed a lot more family and social support during this period and then mental and health wellbeing was another area they needed support in as a result of that”  
- Migrant Community Services Worker.

## HEALTH & DIGITAL INCLUSION: SECTION SUMMARY

Issues of digital exclusion have been exacerbated during the COVID-19 pandemic. While this was generally problematic during the period of major restrictions, individuals at high risk to contracting and suffering severe outcomes from COVID-19 had to isolate for longer periods of time and were therefore impacted by digital exclusion for a prolonged period of time.

Those at risk were therefore faced with the difficult decision of attending services in person, putting themselves at increased risk of contracting the virus, or foregoing access to certain services; both of which increase the risk of subsequent negative health impacts.

Many facing digital exclusion are on low incomes, and not all have access to personal transport and therefore, for many, this also meant a need to access public transport in order to access services in person (again heightening risk of contracting the virus). The closing of public spaces where community members accessed digital devices, the internet and digital literacy assistance increased digital exclusion and meant that those who relied on these services were limited in their ability to access services that had transitioned to online delivery.

The closing of printing facilities and short computer time limits implemented when libraries reopened were also barriers for those who relied on these services. Time limits, in particular, resulted in anti-COVID-safe behaviour through library hopping (i.e. therefore increased risk of contracting and/or spreading COVID-19 at multiple public spaces rather than remaining in one space). In this regard, having longer durations would have been more effective at providing a COVID-safe environment.



“The option from working from home was offered but I couldn’t pick that up, simply because I didn’t have any digital connection. We were lucky in South Australia that it didn’t get to a point where everyone had to get sent home [to work] because I would not be able to do any of my work. But because I was the mobile one in our small community of about 60 people living in the township, I felt a huge responsibility being the mobile one working, being the one that was leaving home and then coming back each night and so would have more exposure to the virus and therefore I could have been the one unknowingly spreading it in my community and that really weighed heavily on me. My husband has got very compromised lungs from many years of smoking and giving it up far too late so he is very vulnerable to the virus”  
- Mel, 52 years, Rural.

“Companies such as Insurance, Power and Telcos etc., are putting increased pressure on clients to deal with accounts online, especially since COVID, making the situation worse for those who are unable to fund the changes to upgrade and keep upgrading technological advances”  
- Amanda, Rural Community Services Worker.

“I rang Woolworths and they wouldn’t deliver, they said I was too far out. So, then I had to rely on friends to do shopping for me”  
- Kate, 69 years, Retired Pensioner.

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## CULTURAL CONSIDERATIONS AMONG THE MIGRANT COMMUNITY DURING COVID-19 IN SOUTH AUSTRALIA

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In May 2020, the National COVID-19 Health and Research Advisory Committee reported that people from migrant backgrounds are at increased risk of contracting and transmitting COVID-19 due to their disproportionately high experience of chronic disease burden, barriers to health care access and high employment in public-facing employment.<sup>59</sup> Additionally, general public health messaging may not be well comprehended among people from migrant backgrounds with low levels of English proficiency.<sup>59</sup>

The risks raised in this report were realised during some of the second-wave outbreaks among migrant communities in Victoria and have been attributed to the poor delivery of culturally appropriate health messaging and the lack of early consultation with culturally and linguistically diverse communities and the general lack of support provided to migrants, including those on temporary visas, and international students.<sup>60</sup>

Cultural considerations and community participation in decision making processes in relation to pandemic preparedness, response and recovery are critical.<sup>61</sup> Pandemic response must therefore consider not only the social but also the cultural determinants of health.<sup>62,63</sup> The third workshop and interview series explored the experiences of the migrant community during the pandemic.

To do this, SACOSS attended a round of community consultations organised and delivered by the Australian Migrant Resource Centre. This comprised three round table discussions with community members, including ethnic leaders and community group representatives, and community service providers. Insights from these roundtables were further followed up with interviews of community workers heavily involved in wider community engagement and consultations throughout the pandemic. Migrants were also included in the interviews conducted for the first two focus topics and provided further insights to this third topic.

### Community, family & connection

Migrants are often heavily community-oriented and social distancing restrictions meant that there were limited opportunities to engage with their community and in important cultural celebrations. Similarly, restrictions on numbers allowed to attend funerals (which for many migrant cultures is a wider community event) and the inability to travel for funerals was also culturally challenging for many migrants during this time when there were increased funerals from relatives passing from COVID-19 related deaths (particularly among overseas family members).

Similar issues have been noted for the restricted ability for Aboriginal and Torres Strait Islander people in attending Sorry Business.<sup>64</sup> Reduced ability and opportunities for community engagement and participation in some of these cultural practices resulted in many migrant community members feeling socially isolated.



“A lot of the community members celebrate their celebrations but unfortunately this year they weren’t able to do that this year and that was one of the biggest impacts we have seen. Most of the communities are cluster groups so they are very group oriented rather than individually oriented and for them to have to be at home and not with the community is one of the greatest impacts and that obviously can result in social isolation and loneliness. That’s one of the greatest impacts in terms of health and wellbeing”

- *Migrant Community Services Worker.*

“In terms for funerals, they were the most difficult because in our communities and CALD communities, funerals are not just for the people invited they’re for the whole community to attend. So, when funerals were taking place, and in fact more funerals were taking place during COVID-19 because so many people passed away from families overseas from COVID-19, so there was this double trauma. On top of that you can’t have your close family and friends there because of the restrictions”

- *Migrant Community Consultation Participant.*

“There are many barriers for migrant and refugee women to get qualifications and to get a job and then when they lose that jobs it’s kind of going back to square one”

- *Migrant Community Consultation Participant.*



The stressors associated with social distancing restrictions and with loss of employment resulted in increased tension among families. Additionally, for some migrant community members who are relatively newly arrived in Australia, the experiences of loss of work and financial strain are perceived as a personal failure of not being able to adequately establish themselves here in South Australia. In some instances, these familial stressors have perpetuated experiences of family breakdown, poor mental health and domestic violence.

### Information seeking & health communication

During the lock-down period, many community members were seeking information about COVID-19 and related restrictions as well as information about how to access emergency and other services they needed. Information was being shared through various and numerous sources and this resulted in community confusion and inconsistent information. Additional to Australian information, migrants in contact with family and friends overseas were also receiving information about COVID-19 which did not always align with public recommendations and guidance in Australia; this was also a source of some confusion.

The general communication shared with the South Australian community was also not necessarily culturally appropriate for migrant communities. For example, technical translations into other languages were not always comprehensive or culturally appropriate. Additionally, not all migrants are able to read their home language so translated written communications were not always able to be received by the intended audience.

Observing this gap in communication, migrant community groups and organisations proactively tailored and disseminated culturally appropriate reflections of official government advice. A common example was disseminating information via short video recordings in which known community leaders translated key messages into local languages.

These were shared through social media channels and WhatsApp which are commonly used forms of communication among community members. The Australian Migrant Resource Centre also developed a COVID-19 multi-lingual service which provided community members with a number they could call to receive information and support in a language they understood.

### Community resilience & leadership

Migrant communities in South Australia demonstrated great resilience and leadership during the COVID-19 pandemic. Communities were proactive in setting up systems to reach out, check in on, and support community members during the peak of COVID-19. Community-led efforts were appropriate and effective at ensuring community members' needs were being met and that community members were implementing safety measures to mitigate the risk of contracting COVID-19. Much of this work relied on community leaders and the time and capacity of volunteers.

Successful examples of collaboration and co-design with migrant communities demonstrated the importance of early and continued consultation and collaboration with communities when developing responses to public health emergencies such as the COVID-19 pandemic to ensure the most culturally appropriate and effective response in the immediate, short and long-term. One notable example was the handling of a COVID-19 cluster linked to Thebarton Senior College (referred to as the Thebarton Cluster) which saw the swift quarantine of almost 100 students from mostly migrant backgrounds.



"We held consultations with many ethnic leaders in South Australia to ensure they understand the communication coming from the department and government on COVID-19. We created videos in different languages to explain coronavirus and what the role of our service was then we shared via social media and emails and through the community. The people who were in those videos were already recognised by their community as community leaders or a part of their community so it wasn't as if a stranger was telling them it was someone they trusted really well telling them and giving them that advice"

- *Migrant Community Services Worker.*

"I think it's important for governments to realise that before they make any changes or before they make changes to the structure of communities that they need to have consultations with community members because they have so much more information than we can ever know. They know how to solve the issues themselves rather than the government coming in and saying this is how we are going to solve it. I think it's important to co-design just like we did with the Thebarton cluster which worked out perfectly well. Co-designing those and implementing it together works much better and much more beneficial in these situations"

- *Migrant Community Consultation Participant.*

"The lines were busy with questions. The first thing would be about communication on trying to understand the restrictions around COVID-19. The second one would be asking about emergency relief, which is the ER funding that the state and federal government gives to certain organisations to assist migrants and refugees with their rent and utilities"

- *Migrant Community Consultation Participant*

The collaboration between SA Health and ethnic community leaders enabled a swift and culturally appropriate quarantine of almost 100 students from mostly migrant backgrounds and the isolation of over 1,000 close contacts. In the specific context of quarantine/isolation measures, it is important to consider past traumas of community members (for example those who have previously been detained) and how the use of police to communicate, coordinate and enforce such measures carry the risk of creating new trauma and triggering post-traumatic stress.<sup>64</sup>

By contrast, the use of familiar ethnic leaders to communicate the importance of quarantine/isolation measures was a less threatening and subsequently effective approach. Similar considerations are also needed regarding COVID-19 testing. For example, a community leader spoke about reservations to testing due to potential stigma among community members who had witnessed the strong stigma associated with HIV/AIDS when living overseas.

The examples and lessons learned in this area are also applicable to engaging with other vulnerable communities. The value of tapping into the expertise of community leaders and organisations, such as among the LGBTQI+ community, First Nations people, people with a disability, young people, and older South Australians, both for communication, and to assist with health translation, must not be underestimated.

## CULTURAL CONSIDERATIONS: SECTION SUMMARY

Community leaders have been extremely important in building trust among communities that enabled sustained and ongoing response measures and for providing rapid feedback and direction to government and health decision-makers. The engagement of and with trusted community leaders has been critical for effectively engaging community members to mitigate the spread of COVID-19, as has been demonstrated within the migrant community.

Much of this work was the result of the proactive measures taken by communities themselves early in the pandemic. The work heavily relied on the initiative and support of many under-resourced community organisations. While additional funding was provided later in the pandemic, earlier efforts were undertaken without the level of resourcing required and relied heavily on volunteer capacity. Similar findings have been noted in a recent journal article authored by leaders from peak bodies representing culturally and linguistically diverse communities regarding the experiences and lessons learnt in Victoria.<sup>65</sup>

Pandemic preparedness, response, recovery and evaluation must adequately consider cultural differences. It has become evident that key elements require consideration when developing appropriate responses to a pandemic. These include strong collaboration with community groups representing people most at risk, the involvement and empowerment of local communities from the outset, and recognising their expertise and experience in effective planning, service delivery and communications that are suitable for their own community members.

This requires adequate resourcing for community organisations and social services, and developing and harnessing existing networks with migrant community organisations, as well as other organisations and leaders representing or supporting vulnerable population groups, such as among the LGBTQI+ community, First Nations people, people with a disability, young people, and older South Australians.



“In terms of flyers and posters I think in South Australia we did well. However, there are areas that can be improved because there are some areas that are very culturally sensitive or it doesn't translate well into that language so you have to make sure you have an interpreter but also a cultural or bilingual worker also looks at it because you might tick off the translation but you don't tick off the cultural part of it and that's one thing I've observed”

- *Migrant Community Consultation Participant.*

“With the Thebarton cluster, and ahead of that, since April, we've been going back and forth with SA Health and State Government on what would be some of the best alternatives for mitigating the risk of COVID-19 within community transmission. We understand that a lot of the community and ethnic leaders have contact with the centre and so they stood as a bridging of the gap between the government and community groups in terms of communicating some of the restrictions and getting the most important information out there”

- *Migrant Community Services Worker.*

“With the Thebarton cluster, we have to understand here that for a lot of refugee and migrant backgrounds, for them to leave their parents and go to a hotel for two weeks it must have been a huge cultural shock for them and so they weren't understanding why do we have to stay home and kids so young have to be isolated and so that took a lot of effort and coordination by the ethnic leaders to sit down with the families and explain to them one by one”

- *Migrant Community Consultation Participant.*



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# AUSTRALIAN COMMUNITY SECTOR SURVEY

## RESPONDING TO COVID-19 - SA RESULTS

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The Australia's Community Sector Survey responding to COVID-19 iteration was conducted by the Social Policy Research Centre, University of New South Wales, for the Australian Council of Social Services (ACOSS) and the Council of Social Service (COSS) network. The survey aimed to identify the impacts of the COVID-19 pandemic upon the community sector in Australia and the people whom services are provided. Details about the survey methodology are provided in the full national report titled "Australia's Community Sector and COVID-19: Supporting communities through the crisis".<sup>17</sup> In brief, the survey was targeted to community sector staff and leaders and was in the field from 7 - 27 July 2020.

This section presents quantitative results as well as a thematic analysis of qualitative responses to open ended questions from South Australian participants of the survey. Particularly, it presents results relating to service demand and delivery, emerging needs (both in terms of issues and population cohorts) and the impact of Federal Government policies on addressing community needs during the pandemic. A total of 121 individuals participated in the survey from South Australia, representing 16.3% of the overall national sample across states and territories. Participant organisational demographics are provided in the Appendix (page 71).

### SERVICE DEMAND & DELIVERY

Community service organisations experienced increased demands on their services and difficulties with meeting demands since the COVID-19 pandemic. As shown in Table 4 (page 74), over half of participants indicated that the overall demand on their organisation's services increased/significantly increased (53%) and that the number of clients that their organisation's services were supporting increased/significantly increased (57%) since March 2020. Almost three quarters also indicated that the complexity of need among service users had increased/significantly increased (73%). Over a third of participants indicated that the number of clients that their organisations services could not support increased/significantly increased (40%) since March 2020.

Participants working in health-related services and child, youth and family services more often reported that the overall level of demand for their service, the complexity of need among service users, the number of clients their service was supporting and the number of clients their service could not support increased or significantly increased since COVID. Participants in housing and homelessness services more often reported that the number of clients their service was supporting and the number of clients their service could not support increased or significantly increased since COVID-19.



"For people who are on TPV or bridging visas they come with the idea to seek asylum here so now when they don't have access to support from back home or access to support here, then where does that leave them. We provide services for them but there are so many eligibility requirements they need to meet before you can provide services to them so it takes time too"

"The clients are changing in the typical demographic of what you expect from a disadvantaged community and becoming more diverse in nature. I.e. not just long term unemployed, or those continually on some form of government assistance."

"Severity and complexity of clients issues and support needs has increased."

"I see that there has been a shift in the people who are requiring support, people who have never need to access supports, have never been on welfare payments and generally who aren't familiar with government systems."

"New issues arising, and traditional issues are more complex".

"Unable to service international student demand - no entitlement for ongoing support services such as housing, Centrelink payments for these clients. Only emergency relief support in SA"

"Some having issues with technology and use of phone based counselling."

When directly asked about the ability of their service to meet demand since the COVID-19 pandemic, most respondents indicated that their service was always or usually able to meet demand (73%). However, 19% of respondents indicated that their service was only sometimes able to meet demand and the remaining 8% indicated that they were rarely or never able to meet demand. When considering which services appeared to be least able to meet demand during the COVID-19 pandemic, the percentage of respondents indicated that they were only sometimes or rarely/never able to meet demand was notably high among those working within child, youth and family services (43%).

Almost two thirds of participants indicated that most, or all, of their service shifted from face-to-face delivery to other modes of delivery (e.g. telephone or online; 72%), while 18% indicated that some of their services shifted to other modes of delivery and 8% indicated that little/none of their services shifted.

When considering which services may not have been shifting services, there was a higher proportion of participants from ageing and disability services (67%) and housing and homelessness services (38%) that reported only some or a little/none of their service shifted from face-to-face delivery.

Some community service organisations experienced difficulties delivering some of their services during the COVID-19 pandemic. A third of participants indicated that some of their service could not be delivered at all (33%) and 7% indicated that all/most of their service could not be delivered. However, the proportion that experienced little/none of their services that were unable to be delivered (60%) was much higher than the national average of 18%.

Half of participants indicated that the number of active volunteers in their service decreased/significant decreased (53%) since COVID, which meant reduced capacity to deliver services, and 41% said that their ability to meet contracted deliverables has decreased/decreased significantly.

### Emerging needs during the COVID-19 pandemic

Participants were asked whether they had noticed changes in the clientele, issues or needs during the pandemic to which 70% responded they had. This section presents the open-ended responses that elaborate on the emerging needs that were observed among participants. The observations and concerns about community need during the COVID-19 pandemic raised by South Australian participants in the Australian Community Sector Survey are similar to those reported by participants nationally.<sup>17</sup>

### Populations in need of services

Services reported that they were seeing an influx of new clients, particularly those who had not accessed services before. There were also comments reflecting an increase in the intensity and complexity of issues clients were presenting with.

Many participants indicated that there was a notable increase in international students accessing their services during the pandemic and several also referred additionally to an increase among refugees and visa holders during this time. These groups were seen as particularly vulnerable during this time. Participants also spoke about the stretch on service demand caused by these groups not receiving the wider government support measures that had been rolled out, and some services suggested they were unable to meet the needs during this time.



"Increase numbers of international students, refugees and visa holders seeking assistance."

"After JobSeeker and JobKeeper Payments were increased we saw a decrease in numbers from the long-term food assistance recipients"

"International Students have become the main client group who are engaging with services"

"International students with no access to wages due to COVID and limited or no access to financial support from family in home country"

"High level of need for Emergency Relief by international students"

"We had people lining overnight in Adelaide CBD in June for emergency assistance. This is unheard of in my time in Community Services (about 15 years). The support we could give was extremely limited and never seemed like enough. The government should have made assistance available to international students as they are happy to have them here contributing to the economy but zero support appeared to be offered when COVID struck"

"Noted challenges regarding food security (access and affordability) experienced by remote Aboriginal communities under strict lockdown due to COVID".

"The positive policies have reduced stress for our clients in a time of an uncertain and stressful future."

"We have observed more suicidal ideation and hopelessness."

The pandemic increased the risk of those already faced with inequities and disadvantage being exacerbated during the pandemic. For example, participants noted issues of food insecurity (both in terms of accessibility and affordability) in remote Aboriginal communities that were under strict lock-down due to COVID-19. Another example is a higher experience of digital exclusion among Aboriginal clients, with notable impacts in terms of accessing telehealth and services.

### Family stressors & domestic violence

Many participants commented about an increased complexity and experience of family stressors and domestic violence. Subsequently, there was also concern about increased vulnerability among children within these situations and particularly those who were unable to attend childcare or school due to the loss of support services associated with attending.

### Mental health

Service providers spoke about an increased occurrence of clients presenting with mental health issues as well as an exacerbation of pre-existing mental health concerns. Additionally, they observed clients presenting with more complex mental health issues. Fear and uncertainty about both the present and future appeared to fuel increased stress, anxiety and depression among clients and the overall effect was an increase sense of hopelessness among community members.

Mental health among young people was also a concern, with participants commenting that situational stressors associated with the economic and isolation impacts of the pandemic were driving increased mental health issues among young people.

Mental health among service providers themselves is also of concern. Many participants commented on burnout being a common experience among community workers during this time due to increased demand and stretched services.

### Accessing services – digitalisation of services

During the early stages of the pandemic, for some there was a reduction, or at least not an increase, in clients attending services in person. This appeared to be driven by fear of contracting COVID-19. Additionally, access to digital technologies, the internet and low digital literacy was also reported as a barrier to accessing services online and similar issues were raised regarding remote learning for students.

In addition to considerations of those with barriers to telehealth regarding access and ability to use online/digital services, not all clients were comfortable with using these services. Participants spoke about the requirement to use online/digital services as being a barrier to clients accessing services, and with delaying accessing services until they could do so in person.

Participants suggested that digital exclusion had been a particular concern for older clients without access, or with limited access, to digital devices and for those with low digital literacy.

A particular challenge was how these clients were able to learn the required skills while adhering to physical distancing requirements i.e. being unable to sit with a client and physically show them how to navigate digital devices.



“COVID-19 has significantly increased isolation in our community and enabled abusive partners to develop new tactics of control such as: using fear of contracting the virus or spreading it to others to disconnect a partner from their usual support networks of family and friends; increasing surveillance and hyper-control over their movements, and telling a partner that they aren't allowed to leave the house; increased access to superannuation offers new opportunities to insist a partner withdraws her funds; abusive partner might draw down on a shared mortgage without the other's knowledge.”

“Many clients in our supported housing programs disengaged due to having extra household income, and automatic extensions of their leases (3 monthly), no house inspections or joint visits with Housing providers taking place, this is of significant concerns as workers are unable to assess risk of DV or Family violence in the homes for the women and children we work with.”

“More fear, isolation, leading to disconnection and depressive symptomology.”

“Whilst many people have moved to telehealth, there is a huge disparity for those who do not have access to phones or internet for financial, infrastructure and technical skills reasons e.g. Aboriginal clients, rural and remote clients, young people (who interestingly are resistant to online treatment - though they will connect by phone).”

“Traditional groups of low income (e.g. Centrelink recipients) temporarily better off. Newly unemployed having big adjustments.”

This meant that accessing services, as well as social connection, increased experiences of isolation among older people. Concerns were also raised about older clients not always accessing the services they need due to their vulnerability to the virus.

Community service providers noted that there were also benefits to some services being transitioned online. Participants saw this as extending the availability and accessibility to clients. The ability to work from home was also seen as a positive with this transition enabling more work life balance.

### Unmet need & barriers to accessing services

Results from the Australian Community Sector Survey indicate that overall, the community sector was stretched during the first half of 2020. There was an emergence of new clientele (i.e. those who had lost employment and were not previously in receipt of welfare) and notably a high concern for international students and temporary visa holders who were not eligible for support payments, with a heightened demand for emergency relief among these cohorts.

Issues faced by clients were of increased intensity and complexity and key issue areas were mental health and domestic violence. Digital exclusion was noted as a barrier to accessing services and contributing to social isolation. The results are similar to those observed in other national research studies.

The Australian Alliance for Social Enterprise conducted a survey that aimed to track and identify pressure points as the community sector responds to the challenges presented by the COVID-19 pandemic across three time points during 4 April to 16 May.<sup>18, 66, 67</sup> In this survey, areas of significant concern among community workers were homelessness, domestic violence, mental health and emergency relief. Responding to homelessness and the need for appropriate housing was the most frequently cited concern among community workers in South Australia.<sup>66</sup>

Concern for homelessness remained high across the three time points but temporary accommodation measures that were implemented helped to reduce the level of concern.<sup>18, 66, 67</sup> Concern for client needs relating to domestic violence and child protection also remained high across the three time points.<sup>18, 66, 67</sup> Frontline workers particularly reported having high concern regarding domestic violence and services reported difficulty in adapting service practices within the pandemic environment, with a concern that access to services have been compromised due to the proximity of perpetrators during isolation and quarantine measures.<sup>18, 66</sup>

Client needs for mental health services were identified as among the top three acute client needs,<sup>18, 66, 67</sup> with a large increase in demand reported during the second time period, driven by an influx in reporting by frontline staff (26% reported this as the leading acute client need in the second time period).<sup>18</sup> Emergency relief was the most significant factor driving community service need in Australia.<sup>66</sup>

Survey participants had not seen an increase in the presentation of traditional client groups during the reporting periods and this was considered to be the result of the rise in welfare payments, due to the addition of the Coronavirus Supplement.

However, there was a notable increase among new cohorts that were experiencing unexpected financial stress who were accessing services. Across the time points, there was a notable increase in demand for services among families/children (19% vs. 25%), young people (7.9%



“While all the listed programs/ initiatives had a positive impact, the lack of certainty about the timeframe and amount of the government programs/initiatives caused anxiety for many people.”

“More young people with situational stress e.g. out of work, more financial stress, more health stress/paranoia, stress from being stuck with family network who are unsupportive about the reasons for trauma.”

“During the start of COVID-19 March and April, demand was constant but less referrals as people stayed home. Now young people with mental health issues have increased the referrals and our waiting lists keep growing for services - cannot keep up with demand. It is not ok for a young person with complex and severe mental health issues, with increased situational stress, to then have to wait four months or longer for a service. More ED presentations and chronic suicidal ideation and attempts.”

“The mental health support will need to crank up for essential workers who worked through. It’s challenging when others are safe at home.”

“COVID was gruelling for front line workers. Our NFP remained operational so I didn’t have the option of working from home. Clients behaviours spiked as they were worried and stress. Staff were overworked and exhausted. The demands on workers were enormous.”

“Increase in women affected by family and domestic violence, because perpetrator is in the home in most cases, being able to ensure safety has been challenging.”

vs15.6%), and migrants/visa holders from non-English speaking backgrounds – including international students (4.8% vs 13.5%), largely driven by loss of income associated with job loss due to the pandemic.<sup>67</sup>

The Australian National University Centre for Social Research and Methods conducted a national survey of over 3,000 Australian adults during April-May 2020 to analyse the level and distribution of service needs during the peak of the COVID-19 pandemic in Australia.<sup>48</sup> Over a third of participants reported needing at least one service during the time period, with health and medical services the most common (26.8%), followed by mental health (10.8%), information (9.6%), financial and material assistance (7.8%), employment support (7.4%), day-to-day living support (5.3%).<sup>48</sup> It was more common for females to report much greater need for help regarding health/medical issues (29.8% vs. 23.7%), mental health support (12.4% vs. 9.1%), and telephone help (2.1% vs 0.3%) than males.<sup>48</sup>

Of those who sought help for any issues, 22.7% reported that they had difficulty with at least one of them.<sup>48</sup> Males, those aged <65 years, those born in a non-English speaking country, and those who lived outside of a capital city reported more difficulty accessing services.<sup>48</sup> Accessing services for health and medical issues had the lowest experience of reported difficulty, whereas accessing domestic and family violence services had the highest experience of reported difficulty with almost all respondents who sought help for domestic and family violence issues reporting a difficulty.<sup>48</sup>

There was also a high level of difficulty reported for accessing employment services and residential care/supported accommodation services.<sup>48</sup> The barriers that were most likely to be reported were 'Operator busy / Unable to speak to someone' (47.3 %) and 'Service/ appointment not available when required' (44.0%). Other barriers included: was not sure who to contact (33.4%), isolation due to COVID (28.8%), cost (22.7%), dislike or fear of service (20.2%), too busy/didn't have time (12%), don't have internet (3.5%).<sup>48</sup>

The largest barriers to accessing needed services related to those seeking help for domestic and family violence, who were more likely to report all of the barriers as an issue with the exception of isolating due to COVID-19.<sup>48</sup> The researchers estimated that an estimated 90,239 Australians' needs regarding domestic and family violence went unmet during this period.<sup>48</sup>

As part of the 100 Families WA project, a relatively smaller survey (n=158) was conducted to explore the impact of COVID-19 among families who were specifically living in hardship in Western Australia.<sup>68</sup> The survey found that during COVID-19, access to services was restricted and this was experienced across services: essential items – laundry and personal care (63% were unable to access), mental health services (61%), employment/job search services (58%), essential items – food (50%), health services (48%), financial services (45%), housing pathway/support (30%).<sup>68</sup> The survey also highlighted that despite this cohort having higher experience of anxiety and depression than the national average (39% vs. 17%), 61% reported having less access to mental health services than prior to COVID-19.<sup>68</sup>

A concerning trend across the research is the unmet demand for mental health services and family relationship/domestic violence services during the pandemic. In addition to the findings above, the national Families in Australia Life During COVID-19 Survey (of over 6,000 participants) also found that there was high unmet demand among mental health, counselling, and family relationship services.<sup>69</sup>



“Clients have more complex issues around depression, anxiety and isolation.”

“Clients are apprehensive in attending appointments due to fear of the pandemic.”

“...some more thought needs to go into what other methods of service delivery we can use for communities that Health Direct/ Telehealth do not work for when face to face is not an option.”

“Some clients have not engaged due to not being comfortable with counselling over the phone. Some clients have preferred counselling over the phone and hope phone counselling is still available in future.”

“Some clients did not want Telehealth and opted to wait until face-to-face servicing recommenced.”

“Older people became more in need as they don't have access to technology as easily as other groups and are isolating more due to fear.”

“Our older clients were expressing concerns about isolation, and accessing services. Some of their family members recommended that they cancel their services altogether, meaning they don't have the support that they needed etc.”

“There have been increased restrictions on visitors in aged care homes and its challenging with families who want to visit their loved ones.”

“Increased availability and accessibility of online tools such as Zoom has increased reach and scope of work I can do in my role.”



The unmet need of access to these services was disproportionately higher among regional and remote communities. For example, 62% and 68% of those needing mental health services could not access them in regional centres and remote areas, respectively, compared to 52% in cities.<sup>69</sup>

The survey also found that young people were more likely to have not had access to mental health services and counselling when needed.<sup>69</sup> This was similarly reported in a UNICEF Australia survey of over 1,000 young people aged 13-17 years in mid-April which found 21% of respondents' access to services, including counselling services and youth centres, could not be accessed.<sup>52</sup>

The gap in support for those in mental distress was also observed in the Melbourne Institute Taking the Pulse of the Nation Survey across June to August, with those experiencing mental health distress being six times more likely to not consult the health professionals they needed, compared to those with low mental distress.<sup>70</sup>

The flow on affect from unmet mental health support was also noted in sector-specific research. A survey by the South Australian Network of Drugs and Alcohol Services of the impact of COVID-19 on non-government alcohol and other drugs treatment centres in May and June 2020 (n=20 organisations) found that services commonly reported clients had been presenting with more complexity to their issues, particularly with more complex mental health, family violence and child welfare issues.<sup>71</sup>

Organisations similarly noted unmet service demand relating to reduced access to inpatient services, referrals from GPs and complementary services in mental health and family violence.<sup>71</sup>

## GOVERNMENT POLICIES

### Income support payments

Most participants reported that the following Federal Government policies had a positive impact on the clients and communities they served: Coronavirus supplement (79%), JobKeeper payment (83%), suspension of mutual obligations for JobSeekers (75%), and free childcare through the waiving of early childhood education and care fees (77%; Table 5 - see page 75).

Those reporting that the policies had no effect were highest for all policies among those in ageing and disability services, which lowered the overall average of positive views. This is not surprising given that many clients within this sector were unlikely to be recipients of these policy measures. When considering the views of participants not in aged or disability services, participants indicating that these policies had a positive effect ranged from 80%-88%.

There was similarly a strong sentiment among participants' open-ended comments that the increased payments for those on JobSeeker, Economic Support Payments and the JobKeeper initiative had positive impacts on the clients they served. They reported that these measures meant less stress, greater ability to pay bills and to have enough and adequate food.



“Making education services available online (pre COVID only F2F) has also expanded the reach of our service to small providers in rural and remote locations which would not have been feasible otherwise.”

“The use of online platforms and tele-services enabled more people (who happened to have digital infrastructure) to access services (due to ease of access, reduced cost, no transport required, reduced potential for infection).”

“Workers should continue to have the choice of working from home to help with their work/life balance, for carers it adds extra flexibility to continue caring and working roles and there has been a need from service users to continue phone appointments - due to less transport costs, time needed for appointments, less time off work/study, flexibility, prefers this communication style etc. People should have a choice in the future - face to face, phone appointments or teleconferencing. This would be truly person-centred and recovery focused approach.”

“For many people receiving the extra funds has allowed them to be able to access much needed basics such as healthy food, transport, pay bills, medications. purchase essential items like replacing broken/old household appliances washing machines/fridges etc.”

“Ensured that people could live a reasonable life and reduce a lot of stressors that increased their mental issues e.g. money, bills, inadequate food.”

“JobKeeper and JobSeeker have provided great support for people who would otherwise be seeking services.”

Participants suggested that these measures had reduced the demand by certain cohorts during this time, but the reduction and removal of these support measures was met with great anticipation and concern about a significant future surge in need. In this regard, there was strong support to keep the increased JobSeeker rate and continue the JobKeeper program.

While it is important to note the positive impact these measures had among many vulnerable populations, it is also important to note that for those entering the welfare system this was a great shock to the system and a significant reduction to usual income. It is also important to note the gaps in these measures.

Other research similarly shows that the Coronavirus Supplement had a significant positive impact on the lives of recipients. The Coronavirus Supplement alone is estimated to have lifted nearly 80,000 South Australia out of poverty<sup>72</sup> and to have increased rental affordability in South Australia from 3.5% to 25% among income support recipients.<sup>73</sup>

A survey conducted by the Australian Council of Social Services in May 2020 (n=955 income support recipients receiving the Coronavirus Supplement) found significantly reduced levels of financial and personal distress since the introduction of the increased JobSeeker rate.<sup>74</sup> Since its introduction, participants reported no longer having to skip meals (33%), increased ability to purchase nutritious foods (93% could now afford fresh fruit and vegetables), increased ability to meet medical costs (40%).<sup>74</sup> Participants also reported being able to catch-up on their bills (75%), finding it easier to pay their rent (69%), were better equipped to cover emergency expenses (61%) and were able to save for major household items (e.g. white goods; 59%).<sup>74</sup>

There was overwhelming response that the removal of this payment would have a significant/severe impact on participants' finances.<sup>74</sup> Similar results were found in a survey of among families who were specifically living in hardship in Western Australia (100 Families WA project; n=158).<sup>68</sup>

The survey found that the Coronavirus Supplement was providing an alleviation to financial burdens for those receiving it.<sup>68</sup> Participants reported being able to use the supplement to pay overdue bills (46.3%), save an emergency fund (37.5%), repay debts to financial institutions (23.8%) and repay debts to family and friends (22.5%).<sup>68</sup> Over a quarter of participants (27.8%) noted that the supplement had allowed them to afford enough, and better quality food.<sup>68</sup>

## Superannuation

Views on the impact of early access to superannuation were mixed, with 44% of participants viewing this as having a positive impact, 30% viewing this as having no impact and 26% viewing this as having a negative impact. Those working in financial/employment services tended to view this as having a more negative impact on clients. The rationale toward this more negative view appears to be about the negative impact this will have on clients in the future, as evident in the open-ended comments received (some examples on the right).



“The supplement has made a huge difference to clients. They can eat regularly and aren't struggling to pay rent/bills as much. They are not scared all of the time.”

“After JobSeeker and JobKeeper Payments were increased we saw a decrease in numbers from the long-term food assistance recipients.”

“The initiatives in place currently are a major reason that service demand has reduced. Concern is when these are revoked that service demand will increase two-fold with an increase in complexity that the organisation is not prepared for or may not handle as quickly.”

“Demand has reduced at the moment due to JobSeeker/JobKeeper but we have concerns about a) what happens when this ceases or continues to reduce and b) the levels of debt/financial difficulty people are getting into during this period when they're not engaging in services.”

“Continue current levels of welfare support. If not, we will see an increase in demand which will be difficult to meet, particularly in the mental health field.”

“While access to Superannuation may have had a short-term positive impact and enabled people to pay for urgent needs, in the long-term they are likely to be more vulnerable at a later point in their life when they need to access Super.”

“I have not seen one client withdraw Super for an appropriate reason. I believe this was quite a dangerous measure. I also hope this has shown the government why it is so important to raise the JobSeeker rate.”



## Other financial & utility supports

Open-ended comments also indicated that the policies implemented by other services, namely by banks and utility providers, were also helpful during this time. Participants wanted to see these measures extended further.

## Early childhood care

Similar to the results from the Australian Community Sector Survey, a national survey of over 2,000 parents found that the waiving of early childhood education and care fees had a positive impact on families with 70% of participants indicating that the policy helped their financial position.<sup>75</sup> The survey found that 42% of respondents had at least one parent earning less due to the pandemic and almost two thirds of parents that had lost income (63%) indicated that they would have to reduce the number of days their child/ren attend care or completely remove them if fees were to be reintroduced. Subsequently, at least one parent would then need to reduce paid work; this would disproportionately impact women's workforce participation.<sup>75</sup> In the context of slow economic recovery and subsequent high unemployment and underemployment, the cessation of the waiving of early childhood education and care fees puts families who are experiencing financial stress in the position of having to reduce or remove children from early learning.<sup>76</sup> This will inevitably impact disadvantage and health inequities throughout the life course, as children who are unable to attend care will be start to fall behind, and women who are unable to otherwise re-enter the workforce will also be at further disadvantage.<sup>77</sup>

## AUSTRALIAN COMMUNITY SECTOR SURVEY: SECTION SUMMARY

The South Australian community sector experienced decreased demand from traditional client cohorts, attributed to the rise in welfare payments due to the Coronavirus Supplement, and increased demand in new client cohorts, namely those that had lost employment and had not previously been recipients of welfare payments. There was strong sentiment that international students and other temporary visa holders were particularly vulnerable during this time, evident by increased demand by these cohorts for emergency services.

Mental health was a notable issue experienced among community members and an area with high unmet demand. Mental health among the community is likely to worsen with the slow economic recovery, particularly as government support measures are wound back or ceased. There is concern among community services about the increased demand that will be placed on services with the winding back and removal of income support measures. Further information about the community sector survey can be found on pages 71-75.



“A long-term decision on a permanent increase to JobSeeker base payments. This is a vital, non-negotiable need for this group of vulnerable people. Considerations for those people that have fallen through the gaps of JobSeeker and JobKeeper supports.”

“Cohort of clients has changed. Clients previously accessing service on Newstart, now they have COVID supplement they're tracking okay. Its clients who have never accessed welfare support or NGO support before - international students, sole traders, business owners, return clients who have had hours cut.”

“Once JobSeeker and Keeper end, this will all change again as at the moment low income earners are doing okay and the squeeze is on the working poor and the under-employed.”

“The banks and other services have also helped i.e. mortgage payment freezes, extensions for bills etc.”

“I would like to see the supplements being continued from the government, as well as banks freezing payments or reducing payments on mortgages.”

“Mortgage and rental moratoriums/relief to be continued, with support from finance sector.”

“Government to retain Jobseeker (including full COVID supplement) so as to reduce pressure on community sector services (e.g. foodbanks, emergency relief). Government to retain JobKeeper at initial rate - to secure as many jobs and businesses as possible. Mortgage and rental moratoriums/relief to be continued, with support from finance sector.”

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# RECOMMENDATIONS

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## RECOMMENDATIONS

### SOCIOECONOMIC FACTORS & HEALTH

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“Socioeconomic factors are important determinants of health and wellbeing in Australia. The higher a person’s income, education or occupation level, the healthier they tend to be—a phenomenon often termed the ‘social gradient of health’.”  
– Australian Institute of Health and Welfare<sup>84</sup>

The economic impact of the COVID-19 pandemic has included a tremendous impact on those who have experienced COVID-19 related loss of work, and this group has been one of the most notable cohorts in terms of emerging needs among the South Australian community.

The Federal Government’s Coronavirus Supplement and JobKeeper Payment had a significant positive impact on those who lost work and were eligible to receive these payments. The Coronavirus Supplement was also extremely positive for those who were unemployed before the pandemic hit, and this policy measure alone saw nearly 80,000 South Australians immediately lifted out of poverty.<sup>72</sup> For many of these people these measures resulted in reduced stress (at least in the short term) and markedly improved ability to meet essential living costs. This subsequently also reduced demand - again temporarily - from these cohorts on some community services (e.g. food and emergency relief) which were already stretched to meet demand from newly-unemployed people during the early phases of the pandemic.

However, there is enormous concern among community members and community services about the winding back and removal of these measures, which will send all of these South Australians back into financial stress and poverty. This will inevitably result in increased demand for support from community services which are already stretched.

While income support measures were beneficial for those who received them, there were notable gaps in the design and administration of these policies. For many who were in receipt of JobKeeper or, more notably, recipients new to JobSeeker payments, there were delays (reported as spanning from two weeks for JobKeeper recipients to three months for some JobSeeker recipients) between when they lost employment and associated income and when they started receiving income support payments. This caused high levels of financial stress and anxiety and resulted in many on already low incomes to deplete any small savings they had and/or to accumulate debt (e.g. via credit services, deferral of bills, borrowing money, etc.).

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“My mum only last year had an operation from cancer and is still recovering and during this time I had the pressure like, I send some money for her care because she’s under 24 hour care at home, so I send some money to support my dad because he is old too, that is one responsibility I had because I was earning okay, not very good but not very bad, I used to support them but in the absence of income that was another pressure, to deliver all these things when suddenly everything stopped”  
- Paul, 44 years, Migrant, Chef.

“Electricity and gas went up during the pandemic because we were home more. My electricity bill went up by a third, which coronavirus supplement helped to pay, I would have had to of deferred the bill if I didn’t have that”  
- Susan, 34 years, Hospitality.

“I lost my full-time job due to COVID-19, we were all stood down with very short notice. I have been with the company for more than seven years but the unfortunate thing was because it was a foreign company we didn’t qualify for the government JobKeeper plan and that was a disappointment for me I thought we would be covered as we were tax paying citizens. Moreover, my other part time job is with a government agency. That made me ineligible for JobKeeper again. I had to struggle for months to prove that I am right candidate for JobSeeker. I have a family to support including two young kids aged 9 and 6”  
- Paul, 44 years, Migrant, Chef.

## Gaps in Federal Government support

Then there were those who were simply not eligible for Federal Government income support payments such as the Coronavirus Supplement/JobSeeker or JobKeeper. In this regard, there were notable gaps in these policies that meant several cohorts severely impacted by the economic shock of the pandemic were not supported by them. These cohorts include:

- *Casual workers* – who comprise a large proportion of the workforce in heavily impacted industries and have limited savings to draw from to meet the cost of living; short-term casuals have been particularly vulnerable given their ineligibility for JobKeeper
- *Young people* – who comprise a large proportion of the workforce in heavily impacted industries and of the casual workforce (including short-term casuals)
- *Women* – whose disproportionate loss of jobs meant they left the workforce and experienced more underemployment
- *Migrant workers* – who were casually employed and are largely in impacted industries
- *People on temporary visas* who were ineligible for government income support measures such as the JobKeeper and JobSeeker payments

## Federal Government support reductions, SA jobs & the economy

The Coronavirus Supplement to the JobSeeker payment and other income support payments, effectively acknowledged that the prior rate was insufficient to meet a minimum standard of living. Unemployment and underemployment continues to be a significant issue in South Australia, and is likely to continue to be so through an extended period of slow economic recovery.

The ABS labour force data shows that in January 2021 there were 8,300 fewer jobs in South Australia than a year ago, and 13,000 more people looking for work – and we are yet to see the impacts of the upcoming loss of JobKeeper payments, which have underpinned ongoing employment for 77,400 South Australians.<sup>91</sup>

## Key sectors and regional areas facing jobs challenges in SA

These macro-figures also hide particular impacts on key South Australian industries. The latest ABS payroll data shows that job numbers in 12 of the 19 industry classifications have not recovered to pre-COVID levels. Worst hit are agriculture, forestry and fishing, where job numbers are 10% lower than prepandemic levels. Job numbers in the accommodation and food services industry are 8% lower, and in the information and telecommunications sector they are 6% lower.<sup>91</sup>

The biggest growth since the pandemic has been in healthcare and social assistance jobs, and in financial and insurance services. But, of course, not everyone can immediately move to these growth industries from where they were previously employed, as many jobs in these sectors require training and special skills.

Similarly, many regional areas are still suffering, with recovery slower than in Adelaide. In Yorke Peninsula and the lower north, the Eyre Peninsula and Kangaroo Island, and the Murray Mallee, job numbers remain more than 5% lower than pre-pandemic levels.<sup>91</sup>



“What I have noticed with going to regions is that people who work in vineyards, they have also been affected by job loss. Because with vineyards they can only work a few months a year so a lot of the men in the regions were quite anxious trying to figure out if they were even going to get any work this year because many of them live there to do that work”

- *Community Services Worker.*

“I was stood down in March 2020 and have not had any luck with employment. With the job providers, if you aren't on a Centrelink payment they won't help you and I wasn't eligible for payments because of my wife's income”

- *Martin, 45 years, Airport transport.*

“The first couple of weeks without JobKeeper were super stressful, I broke down a number of times. I had food on the table but the toddler didn't want to eat it and I was like, mate this is all we got so you're going to have to eat it, and that's not fun”

- *Susan, 34 years, Hospitality.*

“I've never had savings, I've never had enough money to save it. But my granddaughter helped me out during this, she's given me money, taking me out to buy my shopping, I'm very grateful for the extra support”

- *Margaret, 69 years, Pensioner and Casually Employed.*

“Some of the employers have to understand that in this COVID-19 situation that they shouldn't expect, especially for casual work, that put an onus on the prospective employee by asking if X, Y, Z happens are you going to stay with us. That question in itself is a bit, because some person will say yes, I'd go back and then they won't get the job. So, you have to actually lie to get the job”

- *Martin, 45 years, Airport transport.*

The removal of the Coronavirus Supplement at the end of March 2021 with just a small increase to the base level of JobSeeker and other payments (an immediate net loss of \$50 per week for those receiving the impacted payments, following earlier reductions through 2020-21) will simply see even more people plunged back into poverty in South Australia.<sup>78</sup>

### Socio-economic disadvantage

People who were already experiencing socio-economic disadvantage were at most risk of losing employment due to the pandemic and are less likely to have had substantial savings to draw on. While the economic support measures that have been implemented during the pandemic have likely reduced the immediate economic impact on people living on a low income, there is a great concern for how these people will fare once these payments are reduced and/or withdrawn. Of particular concern, is people living on low income who have depleted their savings and/or accrued debt during the pandemic.

The pandemic saw many people given opportunities to defer utility and rental debt repayments and while some people may have managed to repay some debt the great majority of unemployed people will have continued to accrue new utility and other costs and may not have been able to repay their debts. This means there is a perfect storm brewing following the removal of debt pauses and as income supplements are wound back, increasing the likelihood of many unemployed are confronted by a debt cliff increasing the likelihood of eviction, disconnection and repossession.

### Federal policy impacts for South Australians

The temporary suspension of JobSeeker recipient requirements to meet mutual obligations was a positive policy measure in reducing stress recipients feel in complying with obligations. During this time, JobSeekers were exempt from the usual requirements to seek work, attend regular appointments with job providers, as well as other compulsory activities.

However, the re-introduction of mutual obligation requirements was premature given the continued slow economic recovery and fierce competition for jobs.<sup>79</sup> Mutual obligation requirements should also be reviewed so that they can be more personalised to the individual circumstances and work history of unemployed workers. Additionally, job search requirements should be proportionate to and acknowledge the conditions of the labour market for unemployed workers.<sup>79</sup>

The impacts of the Federal Government's recently announced JobSeeker changes are also yet to be felt. Under these changes, from early April, the minimum number of job searches is planned to increase from 8 to 15 per month. It will increase to 20 jobs per month in early July 2021. This applies if people are in jobactive and Disability Employment Services.

### Socioeconomic factors and health impacts

We know that, as the AIHW has put it, "socioeconomic factors are important determinants of health and wellbeing in Australia. The higher a person's income, education or occupation level, the healthier they tend to be."<sup>84</sup> With people struggling to find work, or enough work, and pay essential costs of living on incomes below the poverty line, we can anticipate such corollaries as reduced access to health services, negative health impacts from cost barriers to accessing medicine and healthy and sufficient food, mental health impacts, and homelessness.

## What would help?

### Measures to consider for Wellbeing SA and SA Health

- Monitoring the impact of the pandemic from the perspective of health and wellbeing, and the social determinants of health, particularly in the context of the winding back of support measures and the predicted debt cliff that many may face.
- Making recommendations for state actions for at-risk groups, now and in the future, with particular reference to areas where federal measures may leave or have left gaps in support (such as international students).

### Considerations at the Federal Government level - supportive measures

- Permanently raising JobSeeker to a significantly higher rate.
- Reviewing mutual obligation requirements and making them less onerous.
- Including international students and temporary visa holders in measures available to Australian citizens (such as JobSeeker and JobKeeper) during circumstances such as the pandemic.

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## RECOMMENDATIONS

### PRIORITISING POPULATION GROUPS AT RISK & WITH POORER HEALTH OUTCOMES

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“Fairness and equity in society, where everyone deserves to live well and quality of life is available to all”  
– Listening to the Community Panel,  
Wellbeing SA Strategic Plan

As raised in the preceeding section, a range of cohorts were particularly impacted by the economic shock of the pandemic and not captured by the Federal Government’s income support measures, leaving these groups vulnerable. This included international students and migrants on temporary visas, who have been amongst the most severely affected groups from the COVID-19 pandemic in regard to extreme financial hardship. In South Australia, community services reported a huge surge in demand and services were stretched to meet the needs of these cohorts.

#### Temporary migrants and international students

There has been widespread documented concern about the Australian JobKeeper, JobSeeker and Coronavirus Supplement COVID-19 support measures systemically excluding temporary migrants and international students.<sup>30, 31, 33, 67, 80, 81</sup> This is because of the disproportionate share of temporary migrants working in industries such as hospitality and personal services which faced widespread job loss and reduced hours, and are likely to be heavily impacted by COVID-19 over the long-term as a result of continuing social distancing and other precautionary measures, and reduced tourism.<sup>33</sup>

Additionally, many international students lost financial support from family overseas, as the economic impact of the pandemic is being experienced globally, and have also faced major barriers to returning to their home countries during the pandemic. Some were anxious about whether they would be able to obtain re-entry visas if they left Australia and concerned about the impact this would have on their studies.

Many temporary visa holders have limited savings to fall back on and both temporary visa holders and international students have limited accumulation of superannuation due to the relative length of service and superannuation theft.<sup>30, 31</sup>

Australia’s approach to the treatment of temporary migrants in response to COVID-19 is poor compared to that of other countries such as the UK and Canada where unemployment benefits and wage subsidies were extended to Temporary Migrants; in Portugal, full citizenship rights were temporarily granted to all migrants due to the pandemic.<sup>30</sup>

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“I had less than \$50 in my bank and I was worried, what am I going to do after this weekend. At one point I even sold my television. I didn’t know what to do because I have no family in Australia to get support, they are all overseas and there is no question of getting any help in my case. The first thing I did was sell the TV, the small things I was selling, I never imagined that I would be in this kind of situation, I started putting so many things on Gumtree or Facebook market place and despite that it was not enough”

- Paul, 44 years, Migrant, Chef.

“I did manage to get on to JobSeeker, it was kind of hard to get on it. Because this was the first time I’ve been eligible for Centrelink, at the time it just felt like they made it so hard so that people wouldn’t really go through that process like it was such a feat to get to the end. For me, in March I got pneumonia and I had to get hospitalised and I was sick for pretty much like six weeks and so because I was such high risk I couldn’t actually go in to the office to get any of the documents signed and photocopied. It’s a massive hole in the system, for that to be the only way for certain documents to be passed and legitimate”

- Penny, 28 years, Artist.

## People experiencing homelessness

Another particularly vulnerable and at-risk group has been people who are homeless. Homelessness is an extreme form of social exclusion and there is concern for both individuals who were experiencing homelessness prior to the pandemic as well as those who have become homeless during the pandemic or are at high risk of becoming homeless in the aftermath of the pandemic.

Homelessness reduces an individual's ability to maintain their health and wellbeing and, during the COVID-19 pandemic, also increases the risk of spreading COVID-19 in the community due to limited opportunity to engage in hygiene and distancing measures.

While people who are sleeping rough are often the face of homelessness, the vast majority of homeless people are more likely to be couch surfing, living in overcrowded accommodation, in someone's garage, or staying in short term facilities like caravan parks and camping grounds.

South Australia provided strong leadership in its measures to protect rough sleepers by supporting people to move temporarily into motel accommodation during the pandemic, but measures must also now be implemented to transition those experiencing homelessness into secure housing. This ultimately is a matter of affordable housing supply and access to high quality support services that assist people to manage in that housing.

## What would help?

### Measures Wellbeing SA and SA Health could consider

- Reviewing and considering potential health and wellbeing benefits of an increased investment in social housing, especially as a means of both addressing homelessness and the social determinants of health (as well as supporting economic recovery).
- Reviewing and assessing the number of times people who were effectively homeless presented at hospital emergency departments both during and post the pandemic, as well as examining how many people are discharged from hospital without a safe secure affordable home to go to.

### Considerations at the State Government level - supportive measures

- Creating a standing reserve pool of funding which can be drawn on to provide aid to any population groups that may be missed by federal support systems during crises such as a pandemic.
- An initiative to design and develop labour market programs that address and specifically target those hit hardest by employment losses (i.e. young people, women, older workers, migrants and temporary visa holders)
- Reviewing state-based pandemic policies with a view to identifying gaps, and broadening those that systemically exclude international students and other temporary visa holders (i.e. not having receiving JobSeeker or JobKeeper as the overarching eligibility criteria for accessing such support).



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## RECOMMENDATIONS

### ENSURING STRONG & RESILIENT HEALTH & COMMUNITY SERVICES

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“ There were just over 2.6 million casual workers employed in Australia in August 2019 who accounted for 24.4 per cent of all employees ... Large numbers of casual workers are also employed in social assistance services, construction, health, education, road transport and other service industries.”  
– Parliamentary Library<sup>85</sup>

Engagement in precarious and highly casualised work was already the source of health and social inequities among the South Australian community prior to the COVID-19 pandemic.

Policies implemented during the pandemic, namely restrictions which saw the closure of large areas of the economy reliant on precarious and highly casualised workforces, together with the design of the JobKeeper subsidy which systemically excluded many workers within these industries, are likely to widen these inequities.

Additionally, some of the hardest hit industry sectors in which many are precariously and casually employed, are experiencing slower recovery, and this is likely to widen disparities for cohorts already experiencing socio-economic disadvantage.

While some of these implications have already been felt among the community, the true impacts of the pandemic on the precariously and casually employed are likely to be felt this year, following the staged reductions and cessation of the Coronavirus Supplement at the end of March 2021, and the removal of other protective policies.

The longstanding issue of high levels of casualisation and short-term contract work requires immediate attention and action to reduce health and social inequities long term and to better prepare the community for future public health emergencies.

The proposal of an initiative to design and develop labour market programs that address and specifically target those hit hardest by employment losses (i.e. young people, women, older workers, migrants and temporary visa holders) is flagged on page 36. In addition, given the critical role of health and community services at all times but most especially in the context of a public health emergency such as a pandemic, scoping and undertaking a review of the level of casualisation in the health and community services workforce to develop strategies to minimise precarity is of significant value.

#### What would help?

##### A measure SA Health could consider

- Scoping and undertaking a review of the level of casualisation in the health and community services workforce, with the aim of developing strategies to minimise precarity.



“I think JobKeeper should have been much wider-reaching from the beginning because it left out people by definition who were in more tenuous situations by its design”

- Jon, 31 years, Chef.

“The coronavirus supplement has made a massive difference, not just to me but so many people on welfare, but unfortunately its temporary so the stress is still there about when that’s going to disappear. Because I remember back in January/February, I was already only just scraping by. I remember the day we all lost our job, I just sat with a friend out back who had also lost his job and we were just sitting there calculating how much we needed to make to cover our costs. I was like I’ll only have \$15 after paying all the bills”

- Susan, 34 years, Hospitality.

“It [the Economic Support Payment] helped, I bought more food and paid a couple of bills”

- Margaret, 69 years, Pensioner and Casually Employed.

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## RECOMMENDATIONS

### LEADING, PARTNERING, RESPONDING & THE NEEDS OF CALD & OTHER VULNERABLE COMMUNITIES

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“Understanding how to protect the lives of members of CALD communities during a pandemic crisis requires translating knowledge and implementing system-wide, evidence-based interventions about effective mass communication strategies.”

– Professor Helen Skouteris,  
Monash Centre for Health Research and Implementation<sup>86</sup>

Migrant community leaders have been extremely important in building trust among communities that enabled sustained and ongoing response measures, and for providing rapid feedback and direction to government and health decision-makers. The engagement of and with trusted community leaders has been critical for effectively engaging community members to mitigate the spread of COVID-19, as has been demonstrated within the migrant community. Much of this work was the result of the proactive measures taken by communities themselves early in the pandemic. This work heavily relied on the initiative and support of many under-resourced community organisations. While additional funding was provided later in the pandemic, early efforts were undertaken without the level of resourcing required and relied heavily on volunteer capacity.

#### Vital aspect of communicating across cultural groups

Pandemic preparedness, response, recovery, and evaluation must all adequately consider and anticipate the challenges of communicating across different cultural and other diverse groups. It has become evident that key elements require consideration when developing appropriate responses to a pandemic. These include strong collaboration with community groups representing people most at risk, the involvement and empowerment of local communities from the outset, and recognising their expertise and experience in effective planning, service delivery and communications that are suitable for their own community members.

This requires adequate resourcing for community organisations and social services, and developing and harnessing existing networks with migrant community organisations, as well as other organisations and leaders representing or supporting vulnerable population groups, such as among the LGBTQI+ community, First Nations people, young people, people with a disability, and older South Australians.

We recommend that SA Health sustains and further develops the connections established with migrant community organisations fostered during the COVID-19 pandemic, as well as other organisations representing or supporting vulnerable groups. This would include working with community organisations to review the protocols and strategies for delivering health communications to their communities.

#### What would help?

##### Measures Wellbeing SA and SA Health could consider

- A review, and further development, of existing links to migrant communities and other community organisations, to enhance engagement and communication, and resourcing community organisations and social services to support this work
- A review of the protocols and strategies for delivering health communications to multicultural and other vulnerable people and communities, in conjunction with relevant peak bodies.



“We rolled out a multi-lingual service which came out around the end of March. So basically how it works is that we had a number of languages on a flier that we produced in many different languages so on the flyer it had a language and a number for our case managers and workers who speak those specific languages and some of these case workers are also ethnic leaders for their community so any migrant or refugee background, even if they are not our clients, are able to call us at any time with those phone numbers if they have any questions about COVID-19 or health and wellbeing”

- Migrant Community Services Worker.

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## RECOMMENDATIONS

### THE CRITICAL ROLE OF DIGITAL INCLUSION IN PRIORITISING VULNERABLE GROUPS, HEALTH PROMOTION & PREVENTION

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“Australia’s response to containing COVID-19 needs us to be more digitally connected than ever. Yet, more than 2.5 million Australians are not online and many of those who are lack the skills to benefit fully from this connectivity. Affordable access to the internet also remains a key concern, particularly for low income households.”  
– Centre for Social Impact<sup>87</sup>

Many of the existing issues that contribute to digital exclusion were exacerbated and amplified during the COVID-19 pandemic. While this was generally problematic during the period of major restrictions, individuals at high risk of contracting and suffering severe outcomes from COVID-19 had to isolate for longer periods of time and were therefore impacted by digital exclusion for a prolonged period of time.

#### Impacts from closures of public access spaces

The closure of public spaces where some community members commonly accessed digital devices, the internet and often times received assistance with digital literacy, heightened levels of digital exclusion and meant that those who relied on these services were extremely limited in their ability to access services that had transition to online delivery.

This also meant that individuals experiencing barriers to digital connection were faced with the difficult decision of attending services in person, putting themselves at increased risk of contracting the virus, or foregoing access to certain services; both of which increase the risk of subsequent negative health impacts.

Many people who typically experience digital exclusion are also on low incomes, and not all have access to personal transport and therefore, for many, this also meant a need to access public transport in order to access services in person.

This heightened the risk of contracting the virus and sometimes meant people spent much of their day getting to and from places. Having poor digital connection also converted to reduced social connectedness (particularly during the major shutdown period) and reduced access to pandemic-related information, both of which also have consequences for health and wellbeing. Cohorts particularly vulnerable to digital exclusion during the pandemic included:

- *Older people* – who were isolated for a longer period than the general community and often experience lower digital accessibility and limited confidence and literacy

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“Because we haven’t got the internet, telehealth is just not an option. When my husband did need to go to the doctor during that time, having to wait outside and press a bell and stand in the cold until you’re asked to go in – you think if you weren’t ill before you went you will be by the time you see the doctor. Because I was with him it didn’t bother him but I couldn’t see him coping with that if I hadn’t been there he would be the type that would just go home – it’s too uncomfortable or its too hard – just avoid it”

- Mel, 52 years, Rural.

“For many members of the Murraylands, the Library is their source of printing and scanning forms, evidence of identification and the such”

- Anna, Rural Library Staff.

“I applied for JobSeeker as soon as I could but it was difficult because of the system crumbling under the weight of so many people trying to get on it. It took, I don’t think I started getting it until everything started opening again, it took forever. Other people I know had similar experiences as well”

- Jon, 31 years, Chef.

“I thought of changing career paths but when I was discussing with my friend she pointed out that I would have to spend money and time studying again and then companies will want me to work for free for like 6 months”

- Helen, 37 years, Migrant, Tourism.

- *People living in regional and remote settings* – experienced lower digital accessibility, literacy, and affordability
- *People who rely on public access for digital connection* – as many public services closed
- *Migrants* – particularly recently arrived culturally and linguistically diverse migrants who experience lower digital accessibility, ability, and affordability

## Next steps for digital inclusion

The issues of digital inclusion can't be solved in a rapid response to a pandemic, but rather requires long term planning and action. In this context, the Australian Digital Inclusion Alliance (ADIA) – a coalition of over 400 business, government, academic and community organisations – has identified the need for an overarching national strategy so that businesses, not-for-profits and governments can work towards the same goals.

Alongside this roadmap, the ADIA is calling for immediate action to create a Digital Capabilities Framework to provide a common understandings of what it means to be a digitally-capable individual; assess the COVID-19 affordability measures to see which should be retained in the longer term; and move towards all government websites being compliant with the latest accessibility standards (WCAG 2.1).<sup>82</sup>

These calls are included in a paper which has been sent to the Federal Government. SACOSS endorses these calls and recommends that SA Health and the South Australian Government advocate for the adoption of a national digital inclusion strategy, and cooperate in the achievement of the above measures. In addition, SACOSS reiterates its longstanding call for a South Australian digital inclusion plan.

## Waged poor households

SACOSS' recent research on telecommunications affordability for waged poor households noted the stories that emerged early in the pandemic of households that could not afford laptops or decent home internet for children to study, of difficulties of siblings sharing home computers, and of some schools and students simply being unable to take part in online learning.<sup>45</sup>

This is an educational and equity problem at any time but was particularly highlighted with the threat of COVID-19 school closures, or parents wanting to keep children home. While the course of the pandemic meant that school closures were minimal and short-lived in South Australia, there was still a scramble for devices and connections and an inability for some students to participate if their schools had to go online.

Feedback outlined in the SACOSS research from waged poor households in Canberra highlighted the importance of the ACT Government's program of providing Chromebooks to every public secondary school student.

While not perfect, it was seen to have made an appreciable difference to digital access for school children. Based on this research, SACOSS recommended in the waged poor report, and repeats the recommendation here, that the South Australian Government provides basic computer equipment and support (including data) for all school students.

## What would help?

### Measures Wellbeing SA and SA Health could consider

- State-based action to develop a digital inclusion plan for South Australia, with particular reference to health and wellbeing considerations.

### Considerations at the State Government level – supportive measures

- Providing basic computer equipment and support (including data) for all school students.
- Providing free access to all SA Government websites.
- Examining development of a disaster preparedness plan for the establishment of local crisis centres in all communities which can be enabled to provide safe digital access to people who otherwise might not have access.
- Dialogue with the Federal Government, to support a review of online government platforms, and adaptations where necessary to support the submission of forms without requirements for printing/scanning.
- The State Government may also be interested to advocate for the adoption of a national digital inclusion strategy, to the Federal and other State and Territory Governments.

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## RECOMMENDATIONS

### SYSTEM LEADERSHIP IN PREVENTION, DATA & RAPID RESPONSES; PARTNERING TO IMPACT HEALTH, & COORDINATION OF CARE

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“Build trust, use data, collaborate well. As countries the world over face down the health, social, and economic challenges of the COVID-19 pandemic, we consider these three principles as key to the success of Australia in its fight against the pandemic so far.”

– Jenny Child, Roland Dillon, Eija Erasmus,  
and Jacob Johnson, McKinsey<sup>88</sup>

Research at the national and international level was exponentially increasing during the project literature review time frame. Much of this research was preliminary and/or based on modelled predictions that were subsequently superseded. Conversely, local research was extremely difficult to obtain during this time. This highlights a key area for action.

#### Data challenges, and use for a centralised data sharing system

While many organisations working on the front line with community and social services were likely to have organisational data which reflected increased needs and potential new gaps in meeting needs across the community, access to such data was limited. While insights could be collected from an array of sources, the quantity, quality and relevance was highly varied. When the wider socio-economic context is so dynamic, such a task is extremely difficult. What is apparent is that better systems need to be put in place to monitor and measure needs and the effectiveness of rapid response efforts. A centralised system for frontline organisations to be able to share such information would be extremely useful for monitoring the community situation during public health crises, to better inform policy makers.

Additionally, information pertaining to health and social inequities needs to be regularly measured through a transparent centralised system to allow for more reliable impact assessments through the provision of comparative data.

#### Community health services

Community health services have long been part of the Australian health care landscape. South Australia flourished as a community health leader in the 1980s and 1990s, achieving exceptional results in terms of health status and quality of life.<sup>83</sup> International evidence demonstrates that the most effective health care systems in terms of building population health are based on a strong comprehensive primary health care system.<sup>83</sup>



“Digital connection and capability were issues that needed addressing prior to COVID. However, since COVID these issues are impacting greatly on the quality of life and peace of mind for our disadvantaged/underprivileged and elderly in our society”

- Amanda, Rural Community Services Worker.

“My work was my life, I loved my job, I loved what I did. To go from that interaction to completely self-isolating, it’s been really hard”

- Linda, 65 years, community carer.

“I worry about our hospitality industry, there will be more people out of work and, not so much front of house they tend to be more temporary in the industry like they are at uni and working while doing their degree, but back of house staff who are in it for life, it’s going to make the job market harder to find work, employers will have much more pick of who they hire so they won’t have the pay as much or treat staff as well, there will be more ability for people to be exploitative”

- Jon, 31 years, Chef.

“My job was my social life and when I realised how bad this virus was and my doctors told me to stay inside I had to quit my job because I was working with the public. I had the best job, that was very heart breaking for me it was very hard”

- Margaret, 69 years, Pensioner and Casually Employed.

CPHCC services are local and act as the first point of contact for people with health issues and as a focus to assess and act on community health.

CPHCCs typically can engage in a wide range of activities, health promotion, disease prevention and early intervention, which are key in reducing reliance on expensive hospital services. In addition, CPHCCs can either provide directly or contract with other publicly funded services to provide a full range of free clinical primary care including (GP) medical services (bulk billed to Medicare to offset salary costs), drop-in access, allied health care, mental health care, infant and child health care, women's health, men's health, adolescent health, sexual health, social and emotional well-being, dental care, a child care facility, pharmacy service and transport service.

Well funded CPHCC infrastructure can be used to establish strategies to improve access for those in need and to address locally influenced social determinants of health, including employment of Aboriginal health workers and cultural workers drawn from local migrant communities, or partnerships with organisations connected to local Aboriginal or migrant communities.

## What would help?

### Measures Wellbeing SA and SA Health could consider

- A high level review of the utility and transparency of existing data sets, in conjunction with a range of key community stakeholders, with a view to developing better ways in which to monitor health impacts in circumstances like this pandemic.

### Measures SA Health could consider

- Reviewing the data community organisations collect to explore if there is merit in coordinating data on some specific issues which would strengthen the capacity to monitor and respond to emergent issues.
- Continuing to work with key community stakeholders to monitor and evaluate the impact of the pandemic on local communities in 2021.

### Considerations at the State Government level - supportive measures

- Funding and establishing a wide range of local comprehensive primary health care centres (CPHCC) in South Australia, which can be used as a base to build community capacity through health promotion, partnerships and development.



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## RECOMMENDATIONS

### THE CRITICAL ROLE OF COMMUNICATION IN PREVENTION, HEALTH PROMOTION, & EMERGENCY RESPONSES

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“The Coronavirus pandemic can be described as a ‘mega disruption’, dramatically changing the way we all work and live. It also changed the way the community uses government services, especially the services that help Australians during a crisis.”

– Australian Government  
Digital Transformation Agency <sup>89</sup>

Throughout all of the evidence that emerged in undertaking this review, while not often overtly stated, are lessons about the importance of communication and the impact that had on community mentality during this time.

For example, we had older people watching the news constantly while they were isolated at home receiving the message that if they contract COVID-19 they would die; we had news about the dire state of international affairs which encouraged hoarding behaviour and community panic; we had mixed messaging both in terms of what our leaders were suggesting and doing, creating uncertainty, and mixed messaging in terms of state, national and international news, along with social media and fake news.

We had examples of children reporting enormous anxiety that they might be a virus carrier to much loved grandparents. As one participant put it, many of us were in a doomsday thinking state of mind.

There was so much uncertainty, and clearer communication could have helped this. While SA Health’s Chief Public Health Officer and the Premier displayed enormous leadership in seeking to provide very calm, collected and matter-of-fact communication, this was not the only information being relayed to and received by community members.

In the future it should be considered how we might get a stronger presence of local communication to our community in contexts such as this. These lessons would also be of broader use in our public health and public information messaging throughout vaccination campaigns as well as more broadly outside the pandemic or emergency context.

#### What would help?

##### Measures Wellbeing SA and SA Health could consider

- A review of official pandemic communications and an examination of how these can be cohesively delivered across online and offline platforms.
- Exploring ways in which to take greater control the narrative to ensure that authoritative South Australian-specific information is being delivered to South Australians and to ensure less confusion with national and international information in like circumstances.



“I observed an increased sense of confusion and hopelessness for the elderly and disadvantaged with little support to help them keep up in the ever-changing world that is rapidly evolving now”

- Amanda, Rural Community Services Worker

“I listened to the radio a lot, in the evening I watched the news and all that, so really that’s how I picked it all up”

- Kate, 69 years, Retired Pensioner.

“It’s funny you’re talking to your friends quite a bit to get the information. Because the TV gives out some information but it’s so broad so it’s not really saying exactly what’s happening”

- Keith, 43 years, library user.

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## CONCLUSION

# ENSURING THE STATE IS BEST PREPARED FOR FUTURE PUBLIC HEALTH EMERGENCIES

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The circumstances experienced as a result of the COVID-19 pandemic were unprecedented in South Australia, but it is not unlikely that the state will experience another pandemic in the future, or some other public health emergency.

Ensuring that the state is as best prepared for future public health emergencies as possible is critical to prevent some of the social and economic impacts experienced due to the COVID-19 pandemic. While there have been emerging cohorts experiencing vulnerability during the pandemic, issues for those already experiencing social and economic inequities have also been exacerbated.

### Digital inclusion and health

Digital inclusion is one notable and important area, as issues of digital exclusion were intensified during the COVID-19 pandemic. While this was generally problematic during the period of major restrictions, individuals at high risk of contracting and suffering severe outcomes from COVID-19 had to isolate for longer periods of time and were therefore impacted by digital exclusion for a prolonged period of time.

Those at risk were therefore faced with the difficult decision of attending services in person, putting themselves at increased risk of contracting the virus, or foregoing access to certain services, both of which increase the risk of subsequent negative health impacts. They also faced barriers to accessing timely, correct and locally appropriate health information and instructions.

The closing of public spaces where community members accessed digital devices, the internet and digital literacy assistance increased digital exclusion and meant that those who relied on these services were limited in their ability to access services that had transitioned to online delivery. Digital exclusion had concerning ramifications for people who were consequently unable, or less able, to access important services and information.

### Migrant communities

A notable highlight in responding to the pandemic has been examples in the migrant community where community leaders have been extremely important in building trust among communities, that enabled sustained and ongoing response measures, and for providing rapid feedback and direction to government and health decision-makers. The engagement of and with trusted community leaders has been critical for effectively engaging community members to mitigate the spread of COVID-19.

This work heavily relied on the initiative and support of many under-resourced community organisations. While additional funding was provided later in the pandemic, earlier efforts were undertaken without the level of resourcing required and relied heavily on volunteer capacity.

The examples and lessons learned in this area are also applicable to engaging with other vulnerable communities. The value of tapping into the expertise of community leaders and organisations, such as among the LGBTQI+ community, First Nations people, people with a disability, young people, and older South Australians, both for communication, and to assist with health translation, must not be underestimated.

It is clear that pandemic preparedness, response, recovery and evaluation must adequately consider cultural and other differences. Strong collaboration with community groups representing people most at risk, the involvement and empowerment of local communities from the outset, and recognising their expertise and experience in effective planning, service delivery and communications that are suitable for their own community members, are all critical elements.

This requires adequate resourcing for community organisations and social services, and developing and harnessing existing networks with migrant community organisations, as well as other organisations and leaders representing or supporting vulnerable population groups, such as among the LGBTQI+ community, First Nations people, people with a disability, young people, and older South Australians.

### **SA community sector demand changes during the pandemic**

Notably, the South Australian community sector experienced decreased demand from traditional client cohorts for a time, attributed to the rise in welfare payments due to the Coronavirus Supplement, and increased demand in new client cohorts, namely those that had lost employment and had not previously been recipients of welfare payments. There was strong sentiment that international students and other temporary visa holders were particularly vulnerable during this time.

### **Mental health concerns in 2020 and into the future**

Mental health was a notable issue experienced among community members and an area with high unmet demand. Mental health among the community is likely to worsen with the slow economic recovery, particularly as government support measures are wound back and ceased. There is concern among community services about the increased demand that will be placed on services as this occurs.

### **Prioritising the needs of vulnerable populations**

Responses to the COVID-19 pandemic should prioritise the needs of vulnerable population groups that have been disproportionately impacted. Many of the challenges and problems discussed in this report stemmed from pre-existing, systemic issues. Evidence-led systemic changes that address the social determinants of health and health equity - such as taking a health in all policies approach - can help ensure the state is best prepared for future public health emergencies.

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# APPENDICES

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# PROJECT AIMS & OBJECTIVES & METHODOLOGY

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## Project aims & objectives

The overarching aims of this research project are to 1) identify impacts of the COVID-19 pandemic for vulnerable populations and, 2) examine whether the COVID-19 pandemic (and measures taken to control or suppress spread of the virus) create/have created emerging, or exacerbated, socio-economic inequities among vulnerable populations. The project specifically addressed these aims within the South Australian context, with a focussed data collection period in 2020. The guiding questions to address these aims are:

1. Who is most affected – now and into the future – by the societal changes occurring during the COVID-19 pandemic?
2. What pre-existing social issues (e.g. employment, digital inequality etc.) have been exacerbated by the COVID-19 pandemic?
3. What new areas of need have arisen during the COVID-19 pandemic and are these sufficiently being recognised and addressed?

The objectives of this project are to:

- undertake an initial review of scholarly and grey literature and available data sources related to the impact of COVID-19 on vulnerable populations and inequity in South Australia, particularly considering:
  - o population groups whose vulnerabilities have been exacerbated the COVID-19 pandemic
  - o the impact of social isolation on population groups
- assess and explore the needs of vulnerable populations in South Australia through virtual workshops and a survey of community sector organisations to identify areas of high need and gaps in service provision.

This research can inform ongoing South Australian COVID-19 pandemic recovery planning, and considerations of implications for vulnerable groups should there be subsequent waves of COVID-19 in South Australia, or similar circumstances. Preparation for living and managing in a society impacted by COVID-19, and for our post-crisis recovery, is critical. It is important to identify and implement clear strategies to support our most vulnerable populations.

To understand the best mix of strategies required to support the health and wellbeing of South Australians now and into the future, particularly those experiencing vulnerability and inequity, it is important to understand the impact of COVID-19, the restrictions, and the significant changes in State and Federal funding, on vulnerable populations.

The focus areas covered in this report were set as part of the project scope, in conjunction with Wellbeing SA, who funded this project. They are of course not definitive, and do not reflect all areas of vulnerability and disadvantage, but were selected as those most suitable to focus on for this report, which complements other work undertaken in this space.

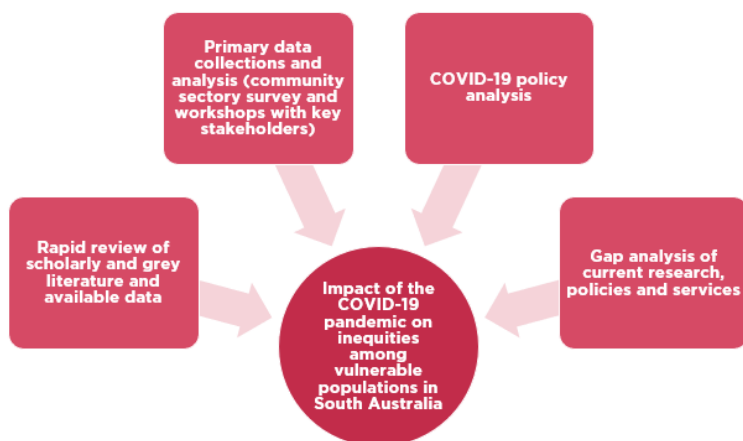
## Methodology

A pragmatic research methodology has been used as this is suitable to action-oriented research assessing social issues. It focusses on generating practical insights and informed understandings of real-life conditions. This project draws strength from using a mixed methods approach to synthesis knowledge bases on an initial rapid review of existing literature and data sources, as well as collecting and analysing primary data, undertaken during a key timeframe in 2020.

## Research design

This research was conducted between June-September 2020. Results are synthesised from: 1) an initial rapid review of scholarly and grey literature, 2) primary data analysis from South Australian respondents of the Australia's Community Sector Survey (responding to COVID-19 iteration), and 3) primary data analysis from workshops held with key stakeholders (Figure 1).

**Figure 1. Project research approach**



## Literature and data review

The initial rapid review of the literature applied accelerated systematic review processes with streamlined methods that enabled the literature review to be conducted in a shortened timeframe.<sup>16</sup> The literature review was provided to Wellbeing SA in phase one of the project and provided direction for the second phase of the project.



## Primary data collection

### *Community sector survey*

The 'Australia's Community Sector Survey responding to COVID-19 iteration' was conducted by the Social Policy Research Centre, University of New South Wales, for the Australian Council of Social Services (ACOSS) and the Council of Social Service (COSS) network. The survey aimed to identify the impacts of the COVID-19 pandemic upon the community sector in Australia and the people whom services are provided.

To ensure the survey was appropriate for meeting the aims of this project, the survey questions were mapped against the questions and aims for this specific project (see page 72). Through this a gap analysis was conducted and an additional question was developed and added to the survey: Have you noticed any changes in clientele, issues, or needs due to the COVID-19 pandemic? (open ended).

Feedback was also provided to strengthen the utility of other survey questions. Details about the survey methodology are provided in the full national report titled "Australia's Community Sector and COVID-19: Supporting communities through the crisis".<sup>17</sup> Customised data from South Australian respondents were produced by Dr Natasha Cortis and Dr Megan Blaxland, from the Social Policy Research Centre, University of New South Wales.

### *Stakeholder workshops and interviews*

The insights gained from the initial rapid literature and data review was used to inform the topics and questions for discussion in workshops and interviews with key stakeholders. The workshops and interviews were held in August and September 2020 with the aim of providing in-depth insight into topics of concern, and unknown areas, identified in these earlier stages of the project. Workshops and interviews were audio recorded and thematically analysed.

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## THE COVID-19 PANDEMIC IN SOUTH AUSTRALIA

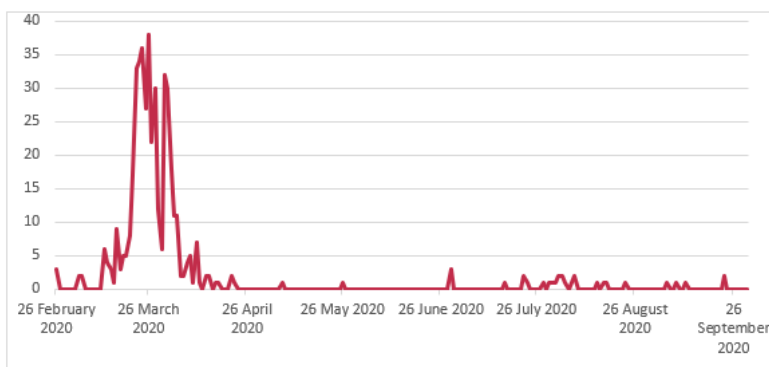
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To understand how the COVID-19 pandemic has impacted the South Australian community, we must first set out the context of the pandemic within South Australia. We do this by way of presenting a timeline of events and a presentation of COVID-19 related policy responses.

### COVID-19 cases & phases in South Australia

Figure 2 below traces the arrival and evolution of COVID-19 cases in South Australia. The graph shows most cases occurred as one wave in April 2020. The wave of COVID-19 in South Australia was remarkably and thankfully shallow (in terms of case numbers) and short-lived and speaks to the effectiveness of the South Australian pandemic response in terms of controlling the spread of the virus in South Australia. While occasional new cases occurred over the period of May to September 2020, these were effectively identified and dealt with to prevent further waves of the virus. Over the whole period from March to September, of the 466 “South Australian” COVID-19 cases only 9 were locally acquired. The majority were acquired overseas and few from interstate travellers, with the remainder being contacts of those known cases.<sup>5</sup> The pattern in Figure 2 is in marked contrast to New South Wales where there were persistent serious outbreaks over the same period and most obviously Victoria which suffered a major second wave of the virus.

**Figure 2. South Australian Daily New COVID-19 Cases**



### Policy responses to the COVID-19 pandemic

The success of South Australia’s response is (in considerable part) the result of the social distancing measures and restrictions put in place to stop the potential spread of the virus. While it is not the purpose of this report to analyse these, it is important to note some of the more major interventions as they had direct economic impacts. Accordingly, this section catalogues some of these policy responses, alongside the economic support measures which have impacted on the socio-economic experience of the crisis. Table 1 begins by setting out phases of major overarching restrictions and policy responses that occurred in South Australia.

“

I think they only back paid me 2 months but to have nothing and all my savings almost used up, I was down to my probably last \$100, then the payment came and I was like oh I don’t care how much so long as they are paying me and I can pay my rent and bills”

- Helen, 37 years, Migrant, Tourism.

“They put me through a job seeking company and when they interviewed me, I said I was looking for some sort of similar job to my previous chef position, even a lower cook level where I was 10 years back, but within a few minutes of my interview she said even if I give you a labourer job you have to accept it. I said physically I am not meant to do labouring jobs so she said well it will go against your JobSeeker and I will inform Centrelink to cancel your JobSeeker because you will refuse a labourer job. The way she treated me and the way she was threatening me within the first 10 to 15 minutes, like if I refused any of her employment opportunities she would inform Centrelink. I thought this is not the way I want to be treated; I feel victimised”

- Paul, 44 years, Migrant, Chef.

“They didn’t back pay me the full amount at the time but I was like I’m not even going to fight this because I did get a kind of decent lump sum, like it was something it could pay my rent, and I don’t want to rock the boat”

- Penny, 28 years, Artist.

Table 1. Phases of the COVID-19 pandemic in South Australia to Sept 2020

Timeline	Phase 1: Crisis disaster response	Phase 2: Crisis containment response	Phase 3: Crisis containment and recovery	Phase 4: Emergence – post crisis elevated need	Post COVID-19 > diminishing tail: Sustainability	
	Late January – mid March	Late March – early May	Mid May – early July	Early July – late September	From late September ?	
Description and social policy response	<p>Prologue: COVID-19 pandemic declared, community precarity</p> <p>Increasing media reports about COVID-19 overseas. First cases experienced in Australia. Some recommendations, guidelines and restrictions started to be made.</p> <p>First wave of SA cases. Major lockdown period in Australia and SA (i.e. economic shut down).</p>	<p>COVID-19 controlled in SA. Progressive easing of major lockdown restrictions in SA. Employment bottoms out and begins slow re-growth.</p>	<p>SA largely COVID-19 free, quarantine and isolation measures implemented ad hoc for cases and clusters. Some distancing measures remain. Slow economic recovery.</p>	<p>Slow economic recovery interacts with winding back of stimulus in major government income support measures.</p>	<p>Implementation of new social policy that reduce precarity and vulnerability among the community. Equity focused crisis preparedness?</p>	
Characteristics of response phase	Some already vulnerable communities, and new jobs, industries and communities becoming precarious.	Rapid response focus on immediate needs (virus control and mitigation).	Increasing focus on stimulation, community development and capacity building.	Continued focus on stimulation, community development and capacity building.	Winding back of stimulation.	New service models and business models to empower people and communities?

Table adapted from: *The Australian Alliance for Social Enterprise. COVID-19 Community Services Snapshot.*<sup>18</sup>

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## THE COVID-19 PANDEMIC IN SOUTH AUSTRALIA

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The first cases of COVID-19 in South Australia were recorded on 26 February, and a public health emergency was declared on 15 March 2020 – just prior to South Australian case numbers increasing. Social distancing measures and restrictions were progressively put in place over the next two weeks. Supermarkets began imposing purchasing limits on key staple items, international travel was banned on 17 March and state border controls implemented a week later. A shutdown of non-essential industries began on 22 March with bars, clubs, cinemas, churches, gyms closed, with restaurants, cafes, auctions following days later. Funerals were restricted to 10 people, and weddings to five people and South Australians were advised to work from home where possible. These restrictions stayed in place through most of April and May and were progressively relaxed after that based on health advice. Through to September, physical distancing restrictions have remained in place (e.g. people per square metre rules, maximum people capacities).

While major restrictions were progressively eased, South Australia continued to coordinate and implement quarantine and isolation measures for COVID-19 cases and clusters which additionally impact groups of people where applied. Throughout the period of the pandemic, the following South Australian recommendations have remained in place:<sup>19</sup>

1. If you have cold or flu symptoms, seek testing and stay home until you are well
2. Wash your hands often, wipe frequently touched surfaces, and cover coughs and sneezes
3. Keep 1.5 meters distance from others
4. Vulnerable people like the elderly and people with chronic health conditions should talk to their doctor about what is appropriate for them

To ease the impact of what was an effective shutting down of significant parts of the economy, both Federal and state governments introduced a range of economic support measures for businesses, households and individuals. Most notable in terms of direct impacts on the social determinants of health are the income support payments to various households, namely, the Coronavirus Supplement, Economic Support Payments, and JobKeeper payments. In addition, workers were able to access part of their superannuation savings, and there were a range of tax supports for businesses to assist them to keep trading.

### Coronavirus Supplement & Economic Support Payments

The Coronavirus Supplement is a temporary income supplement to support individuals on a low income during the pandemic and was provided to select government income support recipients (Table 2 on the next page). The supplement was designed to support those looking



“Because I was able to get the [JobSeeker] payment through the government, I was able to pay my rent, bills and food and then lived like a mouse but I also had to do dumpster diving. I tried to save as much as I could, which wasn't much, because I didn't know when the support would stop. Just anticipating September and now we are here”

- Penny, 28 years, Artist.

“I feel trapped in my current situation because of JobKeeper I can't really leave my role which is not fantastic. I'm considering whether to go back and study because of going into long term debt. Because the universities have lost lots of international students I'm wondering if the fees will go up for home students”

- Susan, 34 years, Hospitality.

“It was a bit tough at the start without having the extra Coronavirus supplement as well because that didn't come in for a while. I had to borrow money off friends, because I was relying on what, like \$500 a fortnight to pay my rent and to get food and to take care of my car and all my bills. I think that they shouldn't shrink it back down to the \$500 a fortnight”

- Tegan, 19 years, Employed in Sales.

“The coronavirus supplement has actually made my life better temporarily. I'll probably find that when that disappears things will get hard again”

- Susan, 34 years, Hospitality.

for work and those who lost their job or income as a result of the pandemic. The duration and amount of the Coronavirus Supplement has been in question throughout 2020. The payment was proposed to initially span until September and has recently been extended until 31 December 2020, but with payments from \$550 a fortnight to \$250 a fortnight from 25 September 2020.<sup>20</sup> It is not yet known what will happen post December.

**Table 2. Distribution on Coronavirus Supplement and Economic Support Payments by welfare payment categories**

	Economic Support Payment 1 (\$750) - if receiving payment 12 <sup>th</sup> March - 13 <sup>th</sup> April 2020	Economic Support Payment 2 (\$750) - from 13 <sup>th</sup> July	Coronavirus Supplement (\$550 per fortnight; \$250 from 25 September)
Youth allowance (students aged younger than 25 years)	✓	✗	✓
ABSTUDY payment	✓	✗	✓
JobSeeker payment (previously Newstart)	✓	✗	✓
Disability support pension	✓	✓	✗
Age pension	✓	✓	✗
Parenting payment	✓	✗	✓
DVA pension or support	✓	✗	✗
Carer payment	✓	✓	✗
Carer allowance	✓	✓	✗
Family tax benefit A and/or B	✓	✓	✗

**Table 3. Impact of the Coronavirus Supplement on the JobSeeker Payment rate**

The impact of the initial \$500 per fortnight Coronavirus Supplement to JobSeeker payments is outlined in Table 3 which shows that the supplement effectively doubled the previously inadequate rate of JobSeeker (formerly Newstart) unemployment payment. Changes were also made to the eligibility for the JobSeeker payment to provide support to individuals that had experienced COVID-19 related changes to their work situation. These were if a person was: a permanent employee who lost their job, a sole trader, self-employed or casual or contract worker who had their income reduced, or caring for someone affected by the virus.<sup>21</sup> Additionally, a temporary exemption was placed on mutual obligations for JobSeekers from the usual requirements to seek work, attend regular appointments with job providers as well as other compulsory activities.<sup>22, 23</sup> Limited mutual obligation requirements were reintroduced to South Australia from 4 August 2020.<sup>24</sup>

**Table 3. Impact of the Coronavirus Supplement on the JobSeeker payment rate**

	Base rate JobSeeker pre-COVID-19, per fortnight	Base rate JobSeeker + Coronavirus Supplement until 24 September 2020, per fortnight	Base rate JobSeeker + Coronavirus Supplement from 25 September 2020, per fortnight
Single, no children	\$566	\$1116	\$816
Single, with a dependent child or children	\$612	\$1162	\$862
Single, aged 60 years of age or over, after 9 continuous months on payment	\$612	\$1162	\$862
Partnered	\$511 each	\$1061 each	\$761 each

Also indicated in Table 2, several income support categories were not eligible for the Coronavirus Supplement and these groups alternatively received one or two Economic Support Payments, in the form of a lump sum of \$750.



“A lot of people when they have been in refugee camps or detention centres, they feel that they were confined in a small amount of space, so when they are being socially isolated in their home they kind of have that trauma back and that’s something we have to consider when we are socially isolating people, giving them enough information and explaining that they aren’t getting locked up because they didn’t do anything wrong, that these are the wider rules to protect the community”  
- *Migrant Community Consultation Participant.*

“I was always a hard worker, always working 2 plus jobs at any time. It was very hard for me to absorb this new concept of being stood down. For a person who is a workaholic, to suddenly have no work this was like punishment for me”  
- *Paul, 44 years, Migrant, Chef.*

“During those few months where I was living on my own savings, I couldn’t help much with sending money home. Luckily one of my sisters can still work from home so she could chip in a bit more to the money we send to our parents overseas to help them but it was stressful”  
- *Helen, 37 years, Migrant, Tourism.*

“I know I’m not about to get fired, but I worry about whether I will be able to pick up extra hours over summer like usual to help build my savings back up”  
- *Jon, 31 years, Chef.*

## JobKeeper Payment

JobKeeper is a temporary wage subsidy program to support employees and businesses. The payment was designed to help businesses affected by the COVID-19 pandemic to subsidise the cost of their employees' wages so that more Australians could retain their job, stay connected to their employer and continue to earn an income. Employees were eligible if their employer could and was claiming the JobKeeper payment and the employee has been officially employed on a full-time, part-time, or long-term casual ( $\geq 12$  months) basis. Additional requirements were that the employee was an Australian citizen, the holder of a permanent visa or Special Category (Subclass 444) Visa Holder.

JobKeeper payments commenced on 30 March 2020 and were initially set to span until 27 September. On 21 July, the payments were announced to be extended until 28 March 2021. Between 30 March 2020 and 28 September 2020, the subsidy was \$1,500 per fortnight for all employees. From 28 September, the JobKeeper Payment was reduced and paid in two-tiers, based on whether the employee works  $\geq 20$  hours per fortnight. Between 28 September 2020 to 3 January 2021, the subsidy for employees working  $\geq 20$  hours will be \$1,200 per fortnight and the subsidy for employees working  $< 20$  hours will be \$750 per fortnight. From 4 January 2021 to 28 March 2021, the subsidy for employees working  $\geq 20$  hours will be \$1,000 per fortnight and the subsidy for employees working  $< 20$  hours will be \$650 per fortnight.

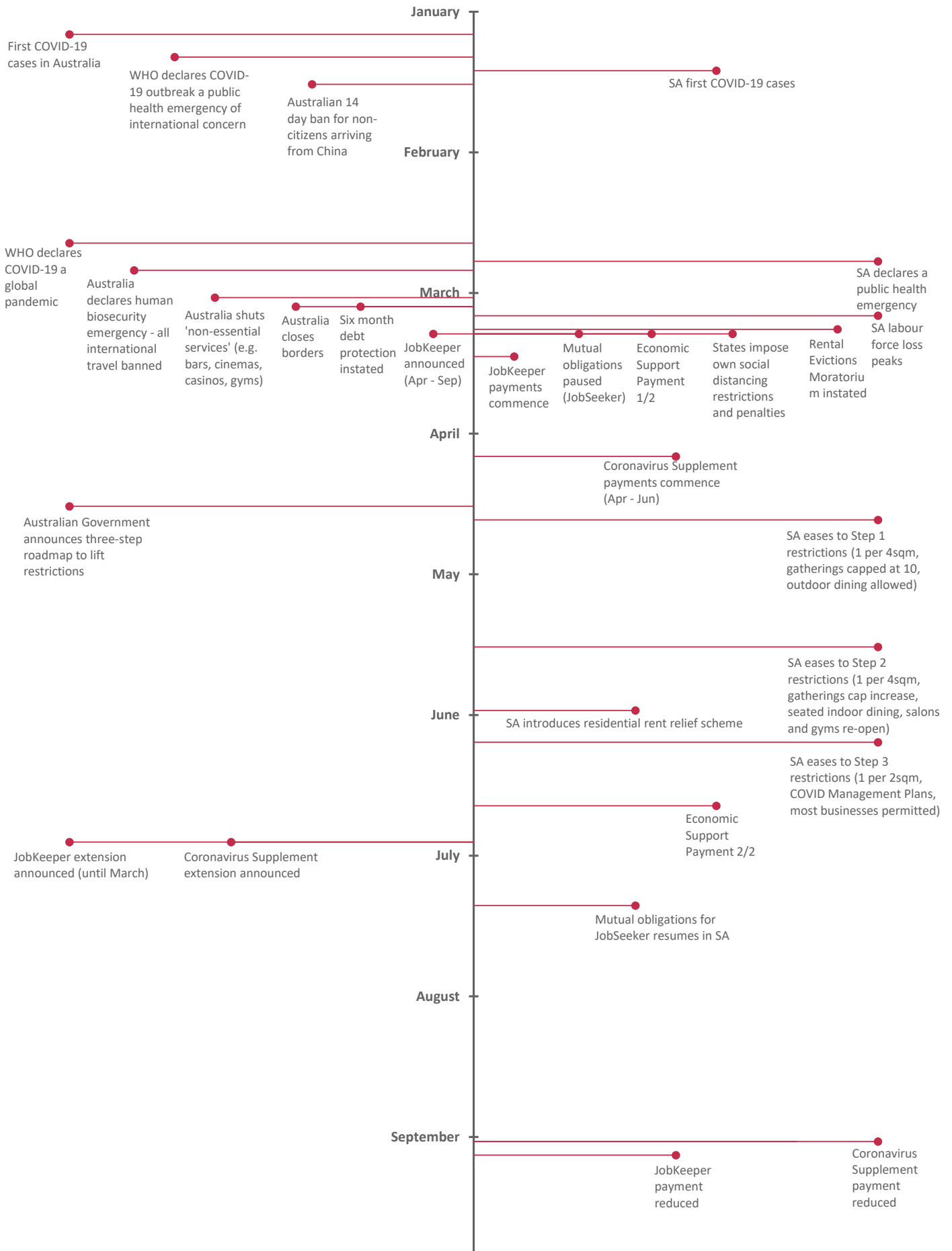
## SA Government

The state government also provided a range of business stimulus and tax relief packages particularly aimed at small business, as well as a \$1.6m funding boost to charities and relief organisations to assist with food provision and emergency relief. There were also direct state government payments to select groups impacted in particular ways – for instance, a one-off \$200 payment to foster and kinship carers to assist with additional expenses through the crisis. Equally important as the direct financial support, the state government legislated rent caps and bans on evictions for a six-month period where tenants could not pay rent due to COVID-19 and the consequent loss of income.

There was also a range of other consumer protections put in place, either voluntarily or later by regulation on utilities providers to ensure that people would not be cut off from telecommunications, water, or energy through the pandemic. An illustrative timeline of the COVID-19 pandemic and responses is presented in Figure 3 on the next page.



**Figure 3. COVID-19 South Australian Timeline: Jan-Sept 2020**



## DATA & LITERATURE REVIEW: ECONOMIC IMPACT OF COVID-19 IN SA

Certain South Australian cohorts were disproportionately impacted by loss of work due to the COVID-19 pandemic. The loss of work, and associated loss of income, naturally impacts the ability to meet the cost of living.

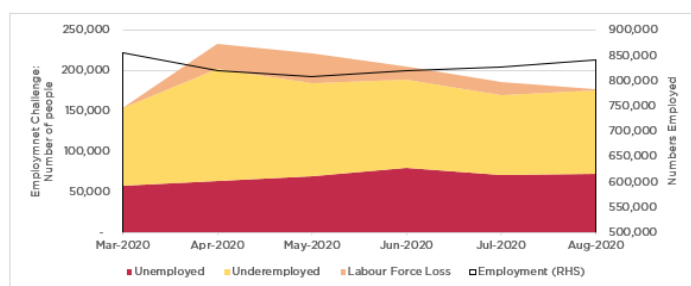
### Employment

Prior to the arrival of COVID-19 the long-term effects of drought, the end of car manufacturing, and the results of economic restructuring more generally meant that South Australia had persistent high levels of unemployment. In early March 2020, just before the COVID restrictions there were 57,300 people unemployed in the state (6.3%), with a further 95,800 underemployed and looking for more work (11.2%). The unemployment rate and the combined underutilisation rates were (with Tasmania) the highest in the country.

The COVID-19 restrictions saw 40,800 job losses between March and April and an extra 42,200 people underemployed. There were more job losses in the following month, before jobs began to recover in June. However, it is important to note that not everyone who lost jobs became “unemployed” (under the ABS definition). Many simply left the workforce – either because there were no jobs, so they ceased to look for work, or because they had caring responsibilities (with other services closing) and were no longer available for work.

Given this, when tracking the employment impacts of the pandemic and the changes over time, it is necessary to go beyond the headline unemployment rates (and even the underutilisation rates). The combination of unemployment, underemployment and those leaving the workforce are plotted in Figure 4 which shows that at the peak in April 2020 there were 232,000 South Australians out of work, looking for work or having left the labour force. It is also evident from this “real employment challenge” that initially underemployment grew faster than unemployment as workers’ hours were reduced as businesses wrestled with temporary changes, but over the months for many this under-employment gave way to unemployment as jobs disappeared completely.

**Figure 4. Real Employment Challenge, South Australia**



“

“Eventually I got a job in a fish factory, I would start at 6 am and I would be in this dreadful place. It’s not something I would look forward to every day, but I had no choice. I don’t like to be around the blood and gutting especially as I’m vegetarian”

- Paul, 44 years, Migrant, Chef.

“My work is always future projection and it’s just kind of stopped”

- Penny, 28 years, Artist.

“The cancellations of the international and interstate exhibitions in March through to July have been devastating. I was relying on the sale of these bodies of work. This income would have seen me through to the second half of 2020”

- Tim, 40 years, Artist.

“I have been using my savings. I didn’t like seeing my savings going down, that wasn’t a good feeling. I guess that’s one of the reasons I got my super out and in hindsight that probably wasn’t a great idea but at the time I thought it was ok. but it’s basically just gone. Like I’ve cut back on all my non-necessary spending for the past six months, but yeah, it’s just been eaten away with bills and stuff which I didn’t really think would happen but it has I guess I’ve been thinking or hoping that things will get better and I’ll be able to recover that and make up for it in some way”

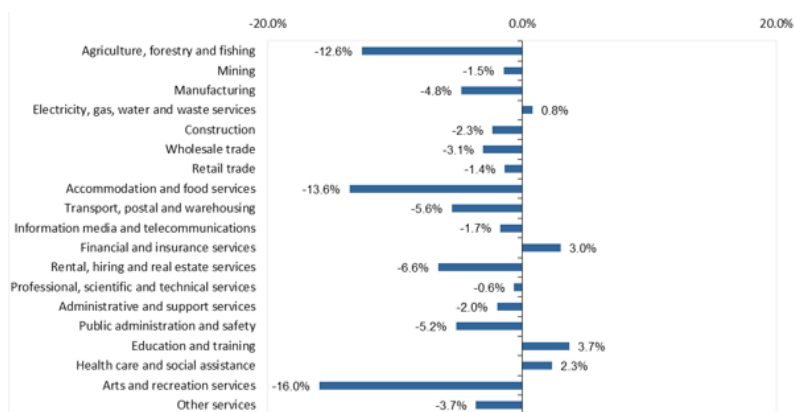
- Theo, 47 years, Artist.

As noted above, from May the economy began to recover and the actual numbers of people employed began growing again, although the unemployment rate peaked in June because more people were (re)entering the workforce than were being employed. It was not until August that the total labour force returned to approximately its pre-COVID level, but with lower employment numbers and higher unemployment and underemployment. The real employment challenge in August was still around 177,000 South Australians looking for work or for more work.

## Employment by industry

The aggregated figures are important in health terms because employment and income are key social determinants of health, but these employment challenges were not uniform across the economy. The nature of the social distancing and restrictions meant that some industries were hit particularly hard (which then had very different impact in different locations and on different population groups). Figure 5 below provides a snapshot of the South Australian employment impacts by industry by comparing employment levels in March and August.

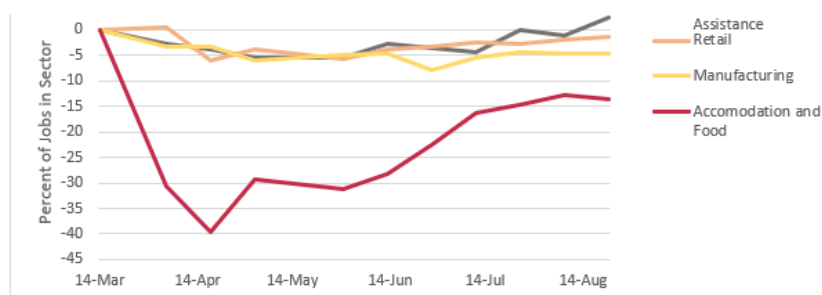
**Figure 5. Change in Job Numbers, South Australia, by Industry**



Source: ABS 6160.0.55.001 - Weekly Payroll Jobs and Wages in Australia, week ending 25 July 2020

While the largest proportionate impact has been on arts and recreation, the sector is a relatively small employer in South Australia (1.6% of all pre-COVID jobs). Similarly, agriculture, forestry and fishing is relatively small (2.6%), but has particular importance for some regional communities. By contrast, Figure 6 below shows the changes in employment in the four largest employing sectors in South Australia.

**Figure 6. Changes in Job Numbers since March 2020 in Biggest Employing Industries**



Source: ABS 6160.0.55.001 - Weekly Payroll Jobs and Wages in Australia, Week ending 25 July 2020



“My workplace were happy to roll out JobKeeper because they just saw it as an opportunity to renovate the venue. So, they were like we’ve got free labour we can get everybody in. They knew that they weren’t able to force people to come in but there were a few messages that stipulated if you don’t partake in coming in and helping out paint and decorate and stuff then it will be noted for when the whole thing blows over kind of thing so there was pressure from that side of things which I found difficult with not being able to send my kid to child care at the time. There was also very little form of training or protection in that renovating work and I know some of the staff were nervous about having to come in and work during a time when most people were being told to isolate”  
- Susan, 34 years, Hospitality.

“Even after I provided all of the documentation it was taking forever. It took me a week to get through to them and then after that they told me I just had to wait. I basically waited almost 2 and a half months before I started to get the payments. The time from when I lost my job until I got payments that was about three months”  
- Helen, 37 years, Tourism.

“The whole concept of casual work needs to be reassessed or dissolved like so many of us are just teetering” - Penny, 28 years, Artist.

“There’s a place where I previously worked where there is high turnover of staff so almost all of their staff are working extremely hard but are here on visas and couldn’t get JobKeeper. The business wanted to give them JobKeeper but couldn’t”  
- Jon, 31 years, Chef.

Clearly the biggest job losses have been in the food and accommodation sector and are particularly important not just because of the numbers of people employed, but also because many of these workers would be casual and not necessarily qualify for JobKeeper support. The industry is also a major employer of students, artists and precariously employed workers from other sectors, so many people outside the hospitality industry lost their back-up income.

Retail jobs tell a different story with job numbers actually increasing in the first few weeks of restrictions, presumably in response to supermarkets hiring to react to panic buying, but after that initial surge job numbers decreased as particularly small retailers closed. However, the numbers of employees in retail are almost back to pre-COVID levels and in fact total wages in the sector have surpassed the March numbers by 1.7%, suggesting employees are working more hours.

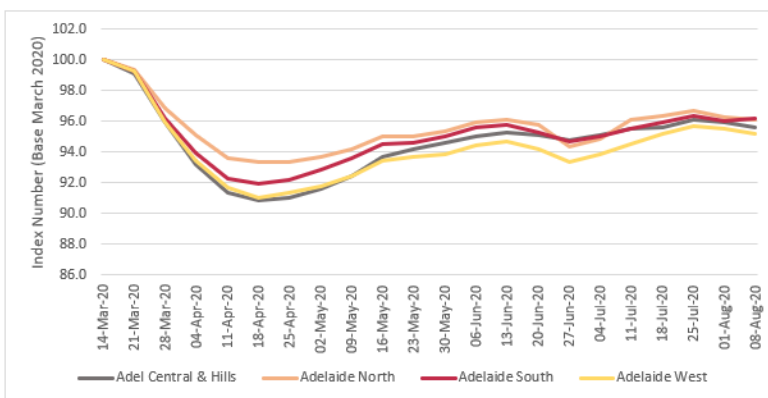
The loss of manufacturing jobs has not been as dramatic as the hospitality and retail sectors, but (taking out the one-off bottom figure in late June) there has been little recovery with total manufacturing jobs being around 5-6% lower than pre-COVID levels since early May.

The only major sector to be above its pre-COVID position is the health and social assistance sector. There was an initial downturn in jobs as services closed and elective surgery was halted in the early restrictions, but the services largely re-opened and in fact expanded through what we are referring to as the phase 2 recovery.

## Employment by region

However, although it is much broader than the modelling above, the ABS employment data tells a different story of the geographic impact of job losses. Figure 7 shows the differences within Adelaide where the northern suburbs suffered proportionately fewer job losses (from a higher base level of unemployment). By contrast, Adelaide west and the central and hills areas suffered higher immediate impacts, but jobs returned more quickly to the centre and hills – although all areas are still below the pre-COVID level.

**Figure 7. Job Losses in Adelaide**



Source: ABS 6160.0.55.001 - Weekly Payroll Jobs and Wages in Australia, Week ending 25 July 2020



“I chose not to touch my super. I just figured, I thought it was a terrible idea. I mean if you really had to, like I know a number of people who have accessed their super who were trying to get JobSeeker and they were really struggling. Because I was already receiving a payment it was all automated, but I felt sorry for people who were trying to get on the system at that point because it was totally overwhelmed”

- Susan, 34 years, Hospitality.

“They just sort of expected everyone to be on board and they were forceful about telling the staff what to do but more sneaky about telling them if they didn’t do it there would be consequences down the line ... apart from the JobKeeper exploitation they generally treat their staff well. They were worried they were going to have to shut down permanently, like other similar businesses”

- Jon, 31 years, Chef.

“Now that the restrictions are easing and Adelaide is pretty good my work is gradually returning but everybody is fighting for the next opportunity. I had plans to do residencies and a community project overseas early next year but in terms of residencies and exhibitions it’s all on hold until, probably like the next five years really. You can’t plan anything”

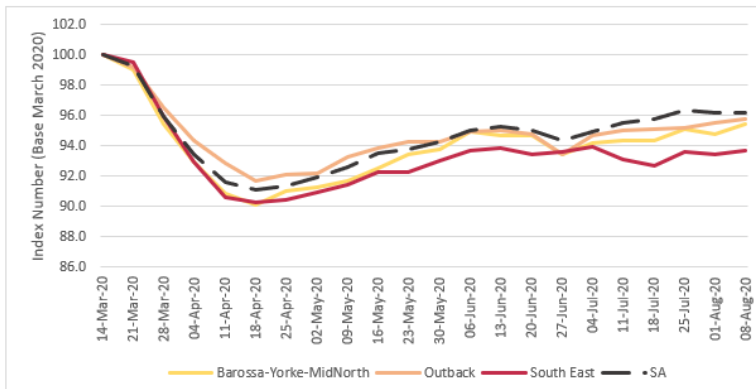
- Penny, 28 years, Artist.

“Working is my hobby, working is what I enjoy, I enjoy talking to people that’s why I love sales”

- Tegan, 19 years, Employed in Sales

The differential impacts are even more stark in regional South Australia. With its reliance on tourism (i.e. food and accommodation) and agriculture, forestry and fishing sectors, the South East region initially lost a proportionately greater number of jobs than elsewhere in the state and its recovery has stalled since early June. Given the ABS data on the South East includes Victor Harbor, these employment outcomes reflected the non-metropolitan modelling discussed above. The Barossa, Yorke and Mid-North also plummeted with initial impacts on tourism and wineries, but like the Outback region, have been recovering somewhat since mid-April (with a hiccup in late June; Figure 8).

**Figure 8. Job Losses, Regional SA**



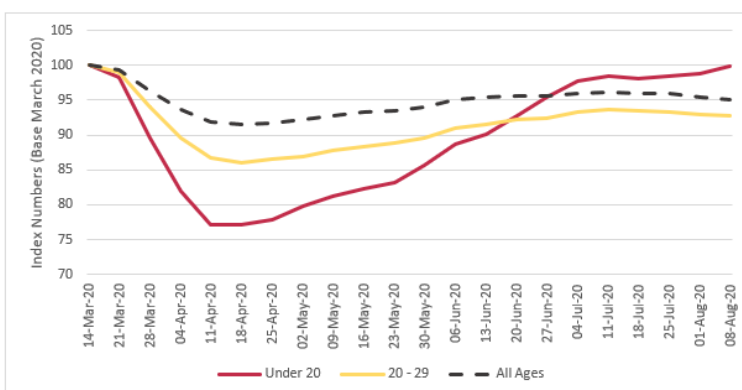
Source: ABS 6160.0.55.001 - Weekly Payroll Jobs and Wages in Australia, Week ending 25 July 2020

## Employment by populations

### Young people

Because young people are disproportionately employed in some of the industries that were hit hardest by COVID closures (e.g. hospitality and retail), the employment impacts on young people were severe. As evident in Figure 9 below, which indexes job numbers to pre-COVID levels, in phase 1 of the pandemic young people lost jobs at a much greater rate than the general population, with nearly one-in-four people under 20 years old losing their jobs in April. However, those jobs recovered and by August were basically back to pre-pandemic levels. By contrast, for those slightly older, between 20 and 29, the initial job losses were not as proportionately great, but the job numbers have not recovered and remain below the average of the general population.

**Figure 9. Employment - Young People**



Source: ABS Weekly Payroll and Wages

“At the time it seemed like a no brainer, when we got the news [about losing our jobs] before JobKeeper had been announced, before anything had been announced, the first thing we did is we went to the bottleo and we were just sitting in our backyard like this is messed up, we felt like there really wasn’t much future to worry about, so at the time I got my super out without hesitation. It just seemed kinda like, I need it now, I don’t know if it’s going to be there when I retire or what the worlds even going to look like when I retire. Now things are going back to normal, at least in Adelaide anyway, I’m sort of feeling like maybe it wasn’t the right decision but it’s too late”

- Jon, 31 years, Chef.

“On paper, I don’t look great because of this COVID stuff, like my income, I’m trying to move house and yeah, I don’t look great on paper”

- Penny, 28 years, Artist.

“They rejected me on the grounds that whenever my full-time job resumes I won’t be able to start at 6 o’clock in the morning. I told them I normally finish my night job around 10 and in the past 15 years plus I have had no problem getting up early to start my job at 5.30 or 6am but they said no we can’t accept you because of health regulations”

- Paul, 44 years, Migrant, Chef.

“I would say that I have lost opportunity in a networking and career sense that are harder to quantify financially that are getting further and further disrupted the longer that there is an inability to travel and perform”

- Gabe, 35 years, Musician.

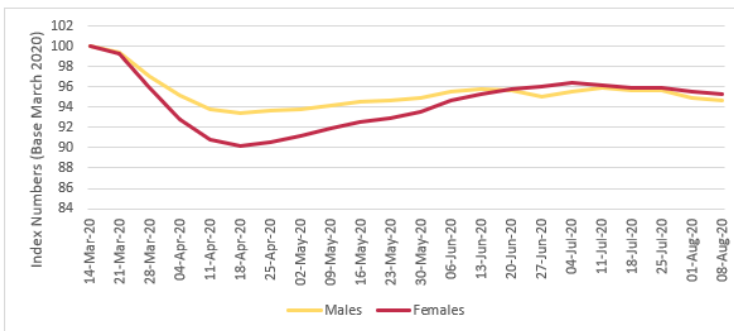
## Women

We do know that women have been disproportionately impacted in terms of employment, with women losing jobs at a higher rate than men (Figure 10). However, the gendered employment issues are more complex than simply job losses falling disproportionately on women. When those jobs were initially lost from March to April, the unemployment rate for women actually decreased – because many women simply left the workforce. Between March and April, 35,000 people dropped out of the labour force, 22,000 of whom were women. This could have been because they were discouraged from looking for work because of industry closures, or simply because with services closing they took up family caring responsibilities and were not available for work.

National research suggests that women who stopped working were more likely to have taken on housework and caring roles and were likely to have stopped looking for work compared to men who were more likely to be engaging in further education and actively seeking employment.<sup>25</sup> An Australian study of dual earning parents during the major shutdown period of May 2020 similarly found that unpaid work was substantially higher during this time and that while both mothers and fathers were averaging slightly less paid work they were undertaking substantially more unpaid work; the absolute time increase in unpaid work was higher for mothers.<sup>26</sup>

Women began re-entering the workforce as jobs re-emerged meaning that female unemployment grew to 9.2% in June, but in contrast to the male figures, the numbers of women in the labour force have still not recovered to pre-COVID levels. The trajectory is plotted in Figure 11 below, which disaggregates the data in Figure 10, and shows that the jobs recovery for women has slower than for men. While more men than women were unemployed in August (with higher workforce participation), more women were underemployed or had not returned to the workforce.

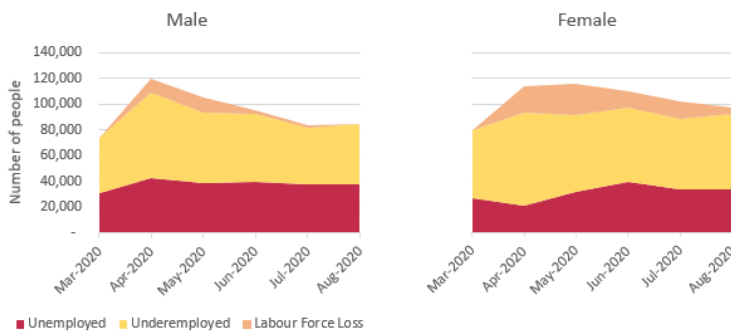
**Figure 10. Job Losses by Gender**



Source: ABS Weekly Payroll and Wages



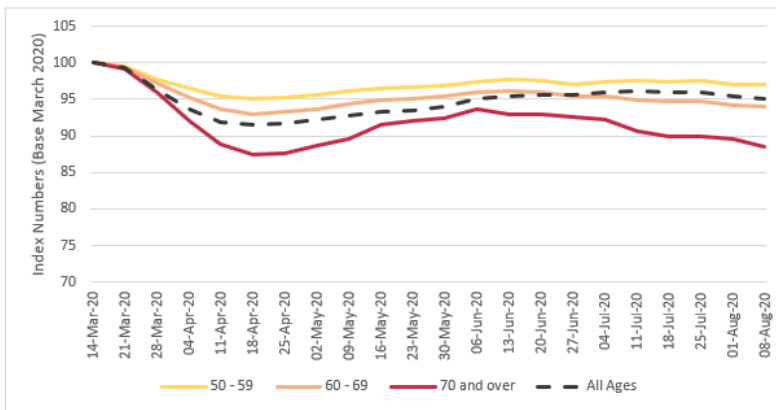
**Figure 11. Real Employment Challenge, SA by Gender**



Source: SACOSS Calculations from ABS Labour Force data

Older people have also been impacted by job losses during the crisis, but as Figure 12 below shows, the situation is different in different age groups. Those between 50 and 59, presumably because they were more likely to have senior roles and be less precariously employed had proportionately fewer job losses than the state average. The same was true, although to a lesser extent for those aged between 60 and 69. However, for people 70 and over and still working, there were disproportionate job losses and these numbers did not really recover through the phase 2 economic rebuild. In practice, what this means is that for many older workers, the pandemic meant the end of their paid work career.

**Figure 12. Job Losses by Older Age Groups**



Source: ABS Weekly Payroll and Wages

## Migrants and temporary visa holders

At the end of March 2020, there were 4,728 refugees and asylum seekers on temporary visas in South Australia.<sup>27</sup> Some Australian industries that have been heavily hit by the economic shutdown during the pandemic, such as accommodation and food services and manufacturing industries, are significant employers of migrants and those from non-English speaking background.<sup>25, 28</sup>

While there is not comprehensive data capturing the extent of loss of work among migrants and temporary visa holders in South Australia, Justice for Refugees captured the situation for 94 refugees and asylum seekers on bridging visas who were receiving food assistance from their services at the start of May 2020.<sup>29</sup> The report found that 67% of those surveyed had lost their job as a direct result of the pandemic and almost 10% had experienced their hours being cut.<sup>29</sup> These people worked in a wide range of jobs including: mechanics, caterers, cleaners, security officers, truck drivers, tilers, concreters, laundry workers, market gardeners, building labourers, beauty workers.<sup>29</sup>

Modelling of the anticipated economic impact of the COVID-19 pandemic on refugees and asylum seekers on temporary visas indicates a significant increase in hospitalisations (n=100) and homelessness (n=143) this population group.<sup>27</sup> Not only will this significantly impact the local refugee and asylum seeker community, it is also estimated to cost the government an additional \$5,723,161.<sup>27</sup>

Findings from a national survey by the Migrant Workers Justice Initiative found that 83% of respondents who had been working prior to the pandemic had lost work since the start of March 2020 with 70% completely losing their job or most of their hours.<sup>30</sup> Those working within the hospitality industry (e.g. waiters, kitchen hands, chefs, etc.) were heavily impacted with 85% losing their job or most of their hours and there were also a considerable amount (75%) that lost their job or most of their hours of those working as commercial cleaners.<sup>30</sup>

The impact of loss of work on temporary migrants has been profound with many struggling to meet the basic cost of living: 42% had indicated they have been afraid of becoming homeless (14% of international students had experienced homelessness for a period during the pandemic), 28% had been unable to pay for meals or food for a period, 18% could not pay for heating or electricity, 15% could not afford to see a doctor and 10% could not afford to pay for essential medicine.<sup>30</sup>

While wage theft was an issue for temporary migrants prior to the COVID-19 pandemic,<sup>31</sup> there is concern that the pandemic has exacerbated this issue. The Migrant Workers Justice Initiative national survey found that respondents had experienced reduce hourly wages (21%), were forced into work they did not want to do or were uncomfortable with (13%), were provided food and housing rather than wages for work performed (15%) and were not paid for work they completed (11%).<sup>30</sup>

Temporary migrants were also made to work in conditions which increased the risk of them contracting and/or spreading COVID-19, such as not being able to practice social distancing (24%) and not being provided proper protective equipment where there was a risk of contracting COVID-19 (37%). Additionally, 86% would not have had access to paid leave if they were required to self-isolate or were unwell during this time, which means that for those experiencing financial stress there was a strong disincentive to remaining at home if they were unwell as per public health advice.<sup>30</sup>

## Cost of living

An analysis by SACOSS of cost of living in South Australia during the quarter of April-June 2020 found that the cost of living impacts during the COVID-19 pandemic were predominantly driven by income.<sup>32</sup> During the June quarter, the Consumer Price Index (CPI) fell by 1% in Adelaide, with the price of most of the largest household expenditures decreasing.<sup>32</sup> Food (+1%) was the biggest exception, but to some extent the CPI “deflation” was a statistical artefact driven by the government provision of free child care for most of the June Quarter. This took about 1% off the CPI overall, so in Adelaide the cost of living for households who were not previously paying for childcare did not change.

For many households an increase in some prices and expenditure would have been offset by decreases in others, and, particularly at the height of restrictions in April and May, some regular expenditures on recreation, eating out or transport would have disappeared altogether.<sup>32</sup> Accordingly, South Australian households who maintained jobs and level of income throughout the quarter (including those relying solely on the Aged Pension and those who were already unemployed) may have found themselves slightly better off financially. However, those who became unemployed or had their hours reduced would have had troubles meeting the costs of living, and in all this it is important to note that key payments like the JobSeeker Coronavirus Supplement and the JobKeeper payment did not start until late April, a month after the first wave of job losses.<sup>32</sup>

A survey of 1,114 Australians during mid-May by the Consumer Policy Research Centre found that over a quarter of respondents (28%) used their savings to cover essential living expenses during the COVID-19 pandemic. Further, just under a quarter (22%) were using credit services and 6% were seeking early access to their superannuation.<sup>33</sup> The research found that people whose income was directly impacted by the COVID-19 pandemic, renters, casual workers, young people and people with disability were the most likely to be taking on debt.<sup>33</sup> Therefore, there may be increased financial vulnerability among these populations, particularly when government economic support measures are reduced and/or ceased. These are explored below in relation to essential expenditures on housing and utilities.

## Housing Costs

Again, little is documented about the experiences of South Australian renters specifically, but national research provides some insight into the problems faced by Australian households during the COVID-19 pandemic. Roy Morgan research surveying Australians in mid-May found that over a third of participants (37%) were concerned about their ability to pay rent and over a quarter (27%) were concerned about meeting mortgage payments.<sup>33</sup>

A survey of Australian renters specifically found over half of respondents (59%) were earning less and a third had to stop working completely as a consequence of the COVID-19 pandemic. Further, 22% reported that their ability to pay the rent had been severely impacted.<sup>34</sup> On 30th March the National Cabinet announced the Rental Evictions Moratorium whereby rental evictions were to be put on hold for six months (where payment difficulty was related to COVID-19) and this was legislated by the South Australian government. Private landlords were also prevented from increasing rent where tenants were suffering financial hardship due to COVID-19, and tenant delivered by the states and territories, Australians were encouraged to negotiate rental reductions or deferrals with their landlord where needed.<sup>35, 36</sup>

These measures were extended into early 2021, but a survey of Australian renters found that 66% of respondents reported not feeling confident in asking for a reduction or a deferral in their rental payments and, of the third of renters who had asked for a reduction or deferral, almost half (47%) reported that their landlord had reacted negatively.<sup>34</sup>

For those households paying-off mortgages and who found themselves out of work or with reduced incomes, banks offered deferrals of payments, although interest was still charged and so debt increased. The Australian Bankers Association says that there were over 900,000 loan deferrals nationally (including 105,000 loans to small and medium businesses).<sup>37</sup> Around 80,000 mortgagees had resumed paying their loans by the end of August 2020, but that still leaves the vast majority of households with loan deferrals having their mortgages reviewed in September and October as the deferral period draws to an end.<sup>37</sup> These households will either need to begin repaying their mortgage, or negotiate a variation (perhaps a switch to interest only) or possibly seek a further deferral. For many this will coincide with the winding back of JobKeeper payments and the Coronavirus Supplement on income support payments, creating a double pressure on household budgets.

While equivalent South Australian figures are not available at the time of writing, it is reasonable to assume that many households in this state face a similar bind – creating anxiety and stress and potentially impacting on health.

## Utilities Costs

The issue of deferred payments being a useful relief measure but leading to higher debt and potentially longer-term hardship is also evident in relation to utilities costs. Utilities costs are important, in general because they represent access to essential services, but also because with people working from home and spending increased time at home, the household costs of these services was likely to increase with the pandemic response.

As noted earlier, at the beginning of the pandemic individual utility companies put in place a range of measures to assist customers, some of which were later made general by regulation. In telecommunications, NBN Co. increased available bandwidth to allow for greater service provision for home-usage, while Telstra and other retailers offered more data at no extra cost to customers, while moratoriums on disconnections and further hardship supports were also enacted. Similarly, the Australian Energy Regulator (AER) set clear expectations for energy businesses to help consumers during the COVID-19 pandemic, including offering hardship assistance to any consumer that indicates they need it (regardless of existing criteria), no unilateral disconnections before 31 July 2020 and deferring debt collector referrals and credit default listings until at least 31 July 2020.

While these changes were obviously welcome and provided good short-term relief, the longer-term impacts are of concern. The issues here are best illustrated in relation to energy where the AER mandated increased reporting requirements. The data is national rather than state-based, but again there is no reason to believe that the trends in South Australia would be different to those at the national level (at least in the early phases before the Victorian second wave changed national figures).<sup>38</sup>

One important trend in energy payments was that once the payment and debt deferral mechanisms were put in place, the numbers of customers entering hardship plans fell by around a quarter from March to mid-July. While some of this decrease in payment plans may be the result of increased income support payments for some customers, the AER notes that numbers began slowly increasing again as Tier 1 companies began putting people on payment plans – which suggests that retailer action was a key driver. By mid-September the numbers on payment plans were still around 20% lower than pre-COVID levels, and this overall reliance on payment deferral rather than payment plans may mean increased energy debts and later difficulties in paying for some customers. Indeed, total energy debt of residential customers at 14 September 2020 was around 20% higher than in the March quarter.

Some of this data is difficult to interpret because, as the AER notes, debt levels have a 90-day time lag, and disconnections were halted for the early phases of pandemic – only beginning again in August. Further, with the winding back of JobSeeker and JobKeeper income supports which assisted some of the most vulnerable households to pay for energy, the numbers in payment difficulty may increase further in coming months.

Overall, in relation to both housing and utilities, the moratoriums and payment deferrals may have served a significant short-term purpose of assisting people ride out the early phases of the pandemic. However, precisely because they were deferral mechanisms rather than direct payment supports (e.g. discounts, subsidies) the problems of affordability (and the stresses and health risks posed by eviction and disconnection) may end up more significant in the next phase of the pandemic than in the early stages.

## Homelessness

Data on homelessness is notoriously patchy, and should include not just those who are “sleeping rough”, but also those who are in temporary or insecure lodging (including boarding houses), living temporarily in other people’s households (e.g. “couch surfing”) and people living in severely overcrowded dwellings. South Australian data showed that in 2016 there were 6,224 people experiencing homelessness on national census night, including 387 rough sleepers.<sup>39</sup> Homelessness for all these groups made social distancing difficult or impossible, placing them at greater risk and also risking spreading the virus to other community members because of their increased mobility.

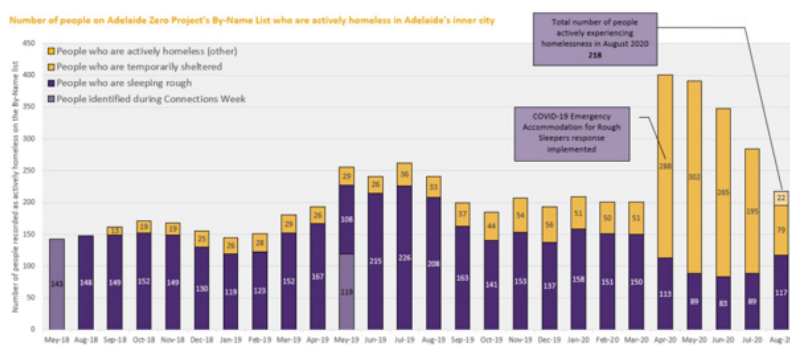
The census data, while authoritative, is only taken every six years so is not useful for tracking issues through the COVID-19 pandemic. However, data from the Don Dunstan Foundation’s Adelaide Zero project does allow for more nuanced tracking – although it only deals with Adelaide and only those who are “actively homeless” – that is, those sleeping rough or who were sleeping rough and now temporarily accommodated.

Figure 13 below shows the data from their data collection start point in May 2018, with a steep increase in individuals experiencing active homelessness in the Adelaide inner city since the effects of the COVID-19 pandemic set in during March 2020. The numbers spiked at 401 active homeless people in April, falling only slightly in May and then declining to 218 in August – lower than August last year and with more people at in temporary accommodation and with significantly fewer sleeping rough.

Again, the census data suggests that this is just a fraction of all homelessness, but the data since COVID-19 also clearly shows the impact of dedicated support programs in that while the numbers experiencing absolute homelessness grew, the numbers sleeping rough (at least initially in the first phases of the pandemic) decreased as the numbers and proportion in temporary shelter grew.

This was in large part the result of a collection of agencies collaborating to deliver a rapid COVID-19 Emergency Accommodation for Rough Sleepers Response (CEARS), commencing March 24.<sup>40</sup> CEARS provided temporary accommodation for people sleeping rough in South Australia in motel and hotels within and around the Adelaide CBD.<sup>40-43</sup> CEARS started by accommodating 150 people sleeping rough identified by the Adelaide Zero Project By-Name List and was extended to accommodate 318 people across 265 rooms between 25th March and 8th May 8.<sup>40</sup> Most people accommodated through this project were single (82%) compared to couples (11%) or families (4%) and 44% were Aboriginal or Torres Strait Islander.<sup>40</sup> Those aged 35-44 and 45-54 were the most represented (both 29%) followed by 23% of those aged 25-34 years and 67% were male.<sup>40</sup> It is unclear whether this is an indication of increased homelessness among these particular demographics due to the COVID-19 pandemic.

**Figure 13. Adelaide Active Homelessness Data**



Source: Don Dunstan Foundation

Concern remains regarding the potential for the withdrawal of supportive measures implemented during the early stages of the COVID-19 pandemic to further increase homelessness in South Australia. In particular, the removal of moratorium on rental evictions, and coupled with the end of rent and mortgage deferrals could see a spike in people losing housing, while reduction of JobSeeker and JobKeeper payments will make housing costs difficult to cover for many in an economy which will not have fully recovered. However, what the above data shows is that the combination of regulatory measures, improved income supports and investment in community support services to homeless people and people at risk of homelessness can make a difference to the levels and types of homelessness – something that should not be lost in future government policy.



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## STAKEHOLDER WORKSHOPS & INTERVIEWS: COVID-19 IN SOUTH AUSTRALIA

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Three topic areas were selected to explore in more depth through workshops and interviews. Given the major societal changes that occurred as a result of the public health response to the COVID-19 pandemic were, firstly, widespread loss of work, as many workplaces were required to shut down or restrictions meant heavily reduced capacity to trade, and secondly, a large transition of many aspects of society to online settings (particularly while major restrictions were in place), these were the first two focus topics. The third focus topic explored the experienced of the migrant community during the pandemic to identify cultural consideration and potential unmet needs during the pandemic. This focus topic stemmed from concern regarding the migrant community, in terms of second-wave vulnerabilities that were identified during the early phase of the Victorian second wave and reports about the increased and unmet need among cohorts within the migrant community (for example, those on temporary visas and international students who were ineligible for the major economic support measures).

Each topic area reflects insights gained from a workshop and individual interviews with selected cohorts (described in more detail in each section) which were held in late August to mid-September 2020. The following sections report on the results from the thematic analysis of these workshops/interviews. It is important to note that these are select examples of issues impacting the South Australian community during the pandemic among select cohorts and there are other issues and population groups that are also important to explore in further detail.

### Lived experienced of COVID-19 related loss of work in SA

The economic impact on South Australians, including loss of work, were introduced through analysis of ABS data and existing literature in the previous section. The first workshop and interview series extend on this, through providing an analysis of the lived experiences of South Australian community members impacted by COVID-19 related loss of work. Participants were purposively recruited from some of the demographics heavily impacted by loss of work: casual workers (including in hospitality, tourism, and the arts), young people, women, and migrants. Older people were also recruited, given the job losses and potential difficulties in re-entering the workforce for this cohort. Participants were asked about their experiences of losing work during the pandemic and the impact this had had on their daily lives and on meeting the cost of living.

### Experiences of loss of work during COVID-19

Prior to COVID, many interviewees were already under-employed or in precarious work and were either juggling multiple jobs to make ends meet or searching for alternate work opportunities. Some were experiencing being underpaid by their workplaces or working in environments impacting their wellbeing (for example workplace

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“When the shutdown happened, I was doing 20 hours a week around study which wasn't a lot to lose but it was also all that I had; I had to get those hours. I couldn't save anything with that, I was just living week to week with those hours. When the shutdown happened, I didn't get fired but they couldn't open so I couldn't work at all and I couldn't get JobKeeper because I had only been there a few months”  
- Jon, 31 years, Chef.

“I was already living flying by the seat of my pants, by the skin of my teeth before it hit”  
- Penny, 28 years, Artist.

“Living on a pension is hard, you really don't have enough to live on but you manage, you learn to juggle, I've always said I should have been in a circus! Even with the income from what I was making from work and the pension wasn't enough to cover everything I needed”  
- Margaret, 69 years, Pensioner and Casually Employed.

“I was looking for another job on top of my work because it wasn't enough before COVID happened and then COVID did happen and I was told I no longer had a position at my work”  
- Matthew, 37 years, Hospitality.

“I was going to access my super but I didn't know how to and it was probably a good thing I didn't do it because it's there for the future”  
- Tegan, 19 years, Employed in Sales.

bullying and exploitation). Many interviewees suggested that they were struggling to make ends-meet prior to COVID-19 and that even what may seem to be a loss of a relatively small amount of work, and associated income, significantly impacted their financial position.

Some interviewees were affected by loss of work early in the pandemic i.e. prior to the major lock-down restrictions, for example, those working in heavily hit industries such as tourism and travel-related jobs or if they were at high risk to COVID-19. For some interviewees, multiple individuals within the household had lost work; this created more stress on households.

COVID-19 related loss of work was also common among the migrant community as many were employed casually and within sectors that were heavily impacted by COVID-19 related social distancing measures (for example, food and hospitality and cleaning/laundry services, labourers). The loss of seasonal work in regional areas has also impacted migrants, many of whom had moved specifically to these regions for work purposes.

### Employers & job seeking during COVID-19

There were mixed reports about how employers treated and communicated with staff during this time. Many workplaces had to close almost immediately. Some interviewees reported that their employer assured them that when they were able to reopen, they would be provided with work again, but that there was no understanding of when this would likely be. This uncertainty regarding when work would resume was a great cause of anxiety. Having no indication of the likely time out of work, many began to seek alternate employment opportunities in the interim, in related and non-related positions, many with little success.

### Potential exploitation & unethical conduct

While some employers were reasonable with staff and tried to help staff as much as they could, the financial pressures on employers themselves also appeared to result in ethically questionable behaviour by some. For example, some hospitality workers spoke about their workplaces, or workplaces they knew of, having them engage in renovation works despite this being far from their usual workplace activities and not being qualified to undertake this work. Some participants also spoke about being, in essence, made to resign so that redundancy payments did not need to be made by employers. One participant mentioned being made redundant when their workplace received medical records which were requested due to their inability to work as a high-risk worker.

### Impact of losing work due to the pandemic

Participants spoke about being out of work for two to six months and all spoke about spending a period with no source of income. The periods without any form of income ranged from two weeks (for example one worker who received JobKeeper and another who was a previous recipient of income support which enabled them to receive JobSeeker quicker than others) to three months. These were difficult times for participants.

During this time, participants had to rely on savings, borrowing money, selling items (e.g. car, television etc.) and cutting back on expenditure (e.g. eating less, not buying phone credit) to make ends meet. It was common for participants to speak about depleting what savings they had during the period without income (i.e. while waiting for JobSeeker



“When COVID hit, my work dried up immediately because all the galleries closed. I had 11 stores stocking my jewellery Australia wide and then a third of the stores stocking my jewellery closed, like completely closed, and then others were renegotiating their inventory and they stopped being brick and mortar they went online. It really put me through the wash and for the community I'm in it's the same for everybody”

- Penny, 28 years, Artist.

“I have a partner who has a young child and is also a hospitality worker. We were both there together when we found out that both of our employers were having to close the next day so we were both simultaneously out of work which was very stressful”

- Jon, 31 years, Chef.

“I'm definitely noticing the loss of income. Like in the past I would just pay the bills and it was fine and now it's like the bills just keep coming and it seems like oh there's another bill and I just paid a massive bill last week”

- Theo, 47 years, Artist.

“I had \$4000 in savings and by the time I got back to work I had like \$10 in my savings, because every bill came out as well, I had my big electricity bill it pretty much tripled [during the lockdown period], and then I had my rego for my car and I had to pay insurance for my car and then I had my water bill as well”

- Tegan, 19 years, Employed in Sales.

“They said to me, when we can reopen you will have your job back but we don't know when that is. They stuck to that, when they could reopen I got my job back and I'm back doing my 20 hours”

- Jon, 31 years, Chef.

payments to initiate or to pick up work). While interviewees spoke about varying degree of savings, almost all appeared to have some (even small amounts) of savings to fall back on. This raises the question as to what occurred for those who did not have savings to fall back on; it is likely that the issues discussed here were greatly exacerbated for such individuals.

Some interviewees spoke about the need to defer rent and bills and for some this experience was manageable but for others the experience was negative and increased their vulnerability. Many decided not to access their super and this was seen as a very last resort option. For those that did, this appeared to be driven by a “doomsday” frame of mind where uncertainty about work and the economy drove them to access this. However, when reflecting retrospectively, these participants discussed that they regretted having done this.

### Cultural considerations for financing family

Many migrants not only support their family here in Australia but also family overseas. Participants spoke about how this was an additional stress during this time as their strained finances meant they were unable to do this.

### Income support for losing work

#### JobKeeper

Being in precarious work meant that for many interviewees, they were either not eligible for JobKeeper (e.g. due to being short term casual) or their employer did not sign up for JobKeeper (where participants had thought the business was likely eligible and that they personally would be eligible for JobKeeper). Several participants also spoke about not being eligible for JobKeeper due to working in a Government-based agency and one participant spoke about not being eligible because they worked for an international company, despite this worker having always been based in Australia. There were also comments about the lack of support for temporary visa holders. Interviewees saw these as particular flaws in the JobKeeper policy.

#### JobSeeker

For those who had not previously been on income support, there were significant delays experienced in receiving JobSeeker payments. Participants noted difficulties in setting up the payment. Additionally, not all participants were eligible for JobSeeker, as some reported that while losing a significant proportion of their income they were either not under the threshold or their partner earned too much for them to claim.

After having waited for their JobSeeker payments, several participants also noted that they were not back-paid the full amount from the time of submitting their intent to claim, as was advertised. Additionally, one interviewee spoke about the difficulty of having to meet mutual obligation requirements during a time where there are limited work opportunities. Their comments also link to the wider discussion by participants about work being more than simply a stream of income, but a sense of purpose and self-fulfilment. Being required to participate in a job that is so far outside the realms of work that this interviewee was skilled in, had profound mental health impacts.

#### Coronavirus Supplement

For those who were already receiving income support payments the additional coronavirus supplement was seen as extremely helpful and helped recipients to cover their living expenses (e.g. rent, utilities, food



“They said once we reopen you will have work which they expected will be four weeks only but then it turned out to be three months. It was like the fear of unknown, you had no idea when you were coming back to work, what you were doing the next day, you couldn’t even plan things because you had no idea when you would need to go back to work”

- Tegan, 19 years, *Employed in Sales*.

“I used what savings I had, which because I’m casual wasn’t much”

- Penny, 28 years, *Artist*.

“I had to ring up the people I owed my bills to and get extensions on those. I had to explain to my landlord why I hadn’t paid him any rent for 6 weeks but I’m very lucky I have a very understanding landlord. I’m paying the landlord back fortnightly and if I have an extra \$50 or \$100 I will pay the extra to show him I’m making an effort. He owns other properties so it’s not as if he is a poor man but he has two children and they both live in Melbourne with businesses and he is now supporting them so his financial situation has changed whereas before he probably wouldn’t have cared if I was 6 weeks behind in rent”

- Margaret, 69 years, *Pensioner and Casually Employed*.

“Unfortunately, because I’m government I couldn’t get JobKeeper which I think is a massive fault”

- Penny, 28 years, *Artist*.

“I’m 6 weeks behind in my rent. I don’t like being in that situation. If for any reason my landlord decides he wants to put me out because I’m behind on rent I wouldn’t know what I would do” “When I owe people money I feel very uncomfortable, I can’t settle until I’ve paid my bills”

- Margaret, 69 years, *Pensioner and Casually Employed*.

etc.). This was similarly reported by those who received the Economic Support Payment/s. However, there was concern about the impact a reduction or removal of the supplement would cause on individuals.

### **Loss of work among international students & temporary visa holders**

International students and temporary visa holders were also greatly impacted by loss of work during the pandemic and this has led to many community members experiencing financial stress and this was similarly reported among emergency relief services. The ineligibility of temporary visa holders and international students to receive the JobSeeker and JobKeeper payments resulted in these cohorts struggling a great deal during this time.

### **Non-financial impacts of losing work**

This period has also been viewed as a lost opportunity, and this was another concern for participants. This was particularly noted among those working in the arts as well as for migrant workers who heavily rely on building connections for work opportunities. There are many barriers migrants usually face when seeking and securing employment and there are concerns that these barriers will be exacerbated by the pandemic, resulting in migrant community members being out of work disproportionately longer than the general South Australian community. Working was also a source of joy and socialising and gave participants a sense of purpose. Losing work impacted participants in this regard; this also impacted their mental health and wellbeing.

### **Concerns about future precarity**

Participants were concerned about their ability to gain, and keep, employment in the months and years ahead. For example, participants who work in heavily-impacted industries, such as travel and tourism, are likely to experience a prolonged period with little or no work. At the same time, these individuals are also faced with uncertainty around their ability to change careers both through the costs associated with education/training in another field (including concerns about increased university fees for domestic students with the reduction of international students) and increased demand for jobs. The increased demand for jobs in heavily hit industries was also creating concerns about competitiveness in workplaces and the potential for increased workplace exploitation.

Additionally, participants expressed concerns about their ability to re-accumulate their savings for future emergencies due to limited opportunities to work and the impact that this time will have on their ability to obtain future financing, for example for home ownership.

It was a commonly held sentiment across participants that the problems of the casualised workforce have only been exacerbated by the COVID-19 pandemic, and that moving forward this is something that must be addressed to provide more secure work and protect workers in future crises.

## Australia's Community Sector Survey responding to COVID-19 iteration - Participant organisational demographics

	SA (N=121) n	%	National n	%
<b>Role</b>				
Organisational leader	18	14.9	264	35.5
Practitioner frontline worker	55	45.5	201	27.0
Another role	48	39.7	279	37.5
<b>Location</b>				
Capital city (Adelaide)	86	71.1	453	60.9
Inner or Outer Regional	28	23.1	236	31.7
Remote or Very Remote	4	3.3	46	6.2
<b>Years worked in community sector</b>				
<1 year	7	5.8	N/S	N/S
1 to <2 years	7	5.8	N/S	N/S
2 to <5 years	16	13.2	N/S	N/S
5 to <10 years	33	27.3	N/S	N/S
10 to <20 years	36	29.8	N/S	N/S
≥20 years	22	18.2	N/S	N/S
<b>Size of organisation</b>				
Very small: <10 staff	19	15.7	157	21.2
Small: 10 to <20 staff	11	9.1	127	17.2
Medium: 20 to <50 staff	13	10.7	95	12.9
Large: 50 to <100 staff	13	10.7	78	10.6
Very large: ≥100 staff	64	52.9	282	38.2
<b>Main service system of participants' work</b>				
Ageing, disability and carers (e.g. community-based care, residential care, community access programs, etc.)	12	9.9	91	12.2
Health-related services (e.g. AOD, mental health, health promotion, community health, sexual health, palliative, etc.)	47	38.8	129	17.3
Child, youth and family services (e.g. ECEC, child welfare, early intervention, youth services, DFV services, etc.)	14	11.6	153	20.6
Aboriginal and Torres Strait Islander Services	5	4.1	N/S	N/S
Employment, education and training (e.g. jobseeker services, VET services, ESL services, support for school education, etc.)	4	3.3	N/S	N/S
Housing and homelessness (e.g. social housing, refuge, housing or tenancy advice and support, homelessness service)	8	6.6	71	9.5
Financial support and counselling (e.g. Emergency relief, financial advice, counselling, no interest loans, etc.)	14	11.6	N/S	N/S
Legal, advocacy and peaks (e.g. consumer advocacy, policy advocacy, peak body, etc.)	9	7.4	83	11.2
Community based / Community development services (e.g. volunteering, neighbourhood centres, etc.)	7	5.8	71	9.5

## Australia's Community Sector Survey responding to COVID-19 iteration - Project mapping

Project questions to measure	ACOSS survey questions	Notes
<p><b>What are the areas of high need among vulnerable populations?</b></p> <p><i>What issues have been amplified by the COVID-19 pandemic?</i></p>	<p>Q9. Since responses to COVID-19 were introduced in March 2020, would you say these things increased, decreased, or stayed the same for your service? (Increased significantly, increased, stayed the same, decreased, decreased significantly, not applicable/not sure)</p> <ul style="list-style-type: none"> <li>• Overall levels of demand (Q9.1)</li> <li>• Complexity of need among service users (2)</li> <li>• The numbers of clients our service is supporting (Q9.6)</li> </ul>	<p>The questions in the ACOSS survey help address this question via insights of demand for services.</p>
<p><b>What are the gaps in service provision for vulnerable populations?</b></p> <p><i>Are new areas of need arising from the COVID-19 pandemic being sufficiently recognized and addressed?</i></p>	<p>Q9. Since responses to COVID-19 were introduced in March 2020, would you say these things increased, decreased, or stayed the same for your service? (Increased significantly, increased, stayed the same, decreased, decreased significantly, not applicable/not sure)</p> <ul style="list-style-type: none"> <li>• The numbers of clients our service cannot support (4)</li> <li>• Number of active volunteers in our service (7)</li> <li>• Our ability to meet contracted deliverables (8)</li> </ul> <p>Q10. Which statement currently reflects the ability of your service to meet demand, since March 2020? (always able to meet demand, usually, sometimes, rarely, never).</p> <p>Q12. Would you like to make any brief comments about demand in the context of COVID-19? (open end)</p> <p>Q14. Do you have any comments about positive programs, services or initiatives through this period?</p> <p>Q15. In response to COVID-19, how much of your service has shifted from face-to-face delivery? (all, most, some, a little, none, not sure/not applicable).</p> <p>Q16. As a result of COVID-19, how much of your service could not be delivered at all? (all, most, some, a little, none, not sure/not applicable).</p> <p>Q34. In response to the crisis, has your organisation done any of the following?</p> <ul style="list-style-type: none"> <li>• Developed new ways of working that have improved service delivery (3)</li> <li>• Ceased delivering a service or program for financial reasons, or closed an office (11)</li> </ul> <p>Q39. To help the sector respond to COVID-19, is there any support that you would like to see from Government, philanthropy, the finance sector, or from within the community sector itself?</p>	<p>The questions in the ACOSS survey help address this question via insights of services that are struggling to meet current need.</p> <p>We have also asked that a specific question be added to reflect whether changes to the need and ability to serve demand are due to increased experience of issues or because changes to services themselves within the current context (e.g. they can no longer run, they have had to change delivery mode, etc.).</p>



**How are vulnerable populations being impacted by the COVID-19 pandemic?**

*What are the likely future impacts (6-12 months) of the COVID-19 pandemic on vulnerable populations?*

N/A

This can be partly deducted by the information on service needs, the wider literature, and our workshops.

We have asked that the following question be added to address this:

Thinking about the main service or program that you are involved in, have you observed any new groups of clients or changes in clientele (i.e. different demographics), or any new issues/needs emerging due to the COVID-19 pandemic? - If yes: please briefly describe your observations.

This provides us data regarding the impact of the main national economic policies in supporting client needs.

**Are there new areas of need that have or are arising due to the COVID-19 pandemic?**

*What issues have been amplified by the COVID-19 pandemic?*

*Are new areas of need arising from the COVID-19 pandemic being sufficiently recognized and addressed?*

Q11. Have you noticed any changes in clientele, issues or needs due to the COVID-19 pandemic? (open)

Q13. Overall, what impact have the following Australian Government measures had on the clients and communities you serve? (positive, no impact, negative impact, not applicable/not sure)

1. Coronavirus supplement (temporary payment of \$550 per fortnight for eligible income support recipients)
2. JobKeeper payments (wage subsidy to help employers pay and retain eligible staff)
3. Suspension of requirement for JobSeekers to engage in mutual obligation activities
4. Access to superannuation for people experiencing financial hardship
5. Waiving of fees for families using early childhood education and care

Policy gap analysis

This provides us data regarding the impact of the main national economic policies in supporting client needs.

Q14. Do you have any comments about positive programs, services or initiatives through this period

Organisational demographics

Q3. Which of these is your main role in the community sector?

Q4. State

Q5. What is the main geographic area you work in, or are most involved with? (capital city, inner/outer regional, remote or very remote)

Q6. Does your organisation work with communities affected by the 2019-2020 bushfires?

Q7. Approximately what is the size of your organisation?

Q8. Which of these is the main service system that your work relates to?

Allows us to deduct basic demographics and extract South Australian data.

Participants demographics.

Q35. Gender

Q36. How many years have you worked in the community sector?

**Table 4. Demand and delivery of services**

	SA (N=121)			National (N=727)		
	N	n	%	N	n	%
<b>Have noticed changes in clientele, issues or needs due to the COVID-19 pandemic (Yes)</b>	120	84	70	732	565	77
<b>Changes for service since March 2020</b>						
Overall Level of demand (increased/increased significantly)	118	63	53	725	445	61
Complexity of need among service users (increased/increased significantly)	113	82	73	701	532	76
The numbers of clients our service is supporting (increased/increased significantly)	110	63	57	680	369	54
The numbers of clients our service cannot support (increased/increased significantly)	93	37	40	584	274	47
The number of active volunteers in our service (decreased/decreased significantly)	73	39	53	492	285	58
Our ability to meet contracted deliverables (decreased/decreased significantly)	109	45	41	675	277	41
<b>Ability of service to meet demand since March 2020</b>						
Always able/usually able to meet demand	118	86	73	734	505	69
Sometimes able to meet demand	118	22	19	734	160	22
Rarely/never able to meet demand	118	10	8	734	69	9
<b>How much of service has shifted from face-to-face delivery to other modes of delivery in response to COVID-19</b>						
All	119	26	22	721	179	25
Most	119	59	50	721	296	41
Some	119	22	18	721	166	23
A little/none	119	12	10	721	80	11
<b>How much of service could not be delivered at all as a result of COVID-19</b>						
All/most	117	8	7	738	74	10
Some	117	39	33	738	516	70
A little/None	117	70	60	738	133	18

**Table 5. Participant views on impact of Government policies on clients and communities they serve**

	SA (N=121)			National (N=727)		
	N	n	%	N	n	%
<b>Coronavirus supplement of \$550 per fortnight for eligible income support recipients</b>						
Positive impact	101	80	79	610	491	80
No impact	101	13	13	610	75	12
Negative impact	101	8	8	610	44	7
<b>JobKeeper payment to help employers pay and retain eligible staff</b>						
Positive impact	89	74	83	595	492	83
No impact	89	13	15	595	91	15
Negative impact	89	2	2	595	12	2
<b>Suspension of requirements for JobSeekers to engage in mutual obligation</b>						
Positive impact	87	65	75	537	385	72
No impact	87	14	16	537	115	21
Negative impact	87	8	9	537	37	7
<b>Early access to superannuation for people experiencing financial hardship</b>						
Positive impact	70	31	44	441	209	47
No impact	70	21	30	441	129	29
Negative impact	70	18	26	441	103	23
<b>Waiving of fees for families using early childhood education and care</b>						
Positive impact	83	64	77	540	425	79
No impact	83	17	20	540	102	19
Negative impact	83	2	2	540	13	2

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