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Commonwealth Government Covid-19 Response Inquiry
Submission to Independent Panel

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Thank you for the opportunity to provide a submission to inform the Commonwealth Government's consideration of opportunities, gleaned from the Covid-19 pandemic, for systems to more effectively anticipate, adapt and respond to pandemics in areas of Commonwealth Government responsibility. This submission, from the Relationships Australia National Office on behalf of the Relationships Australia federation, focuses particularly on the Terms of Reference relating to broader health supports for people impacted by COVID-19 and/or lockdowns, and financial support for individuals (including income support payments). It aligns with the submissions made by Relationships Australia to the House of Representatives inquiry into long Covid and repeated COVID infections (28 November 2022) and to the inquiry into poverty by the Senate Standing Committee on Community Affairs (3 February 2023). These submissions are available at https://relationships.org.au/research/#advocacy

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations, which has served people living in Australia for over 75 years. We contextualise our services, research and advocacy within imperatives to strengthen connections between people, scaffolded by a robust commitment to human rights. Relationships Australia recognises the indivisibility and universality of human rights and the inherent and equal freedom and dignity of all. We are committed to universal accessibility of our services, and aim to support all people in Australia to access and enjoy positive and respectful relationships, strong social connection and belonging. We believe that people have the capacity to change how they relate to others. Our services include individual, family and couples counselling, children's services, services for victim-survivors and perpetrators of family violence, services to people experiencing harms related to gambling and use of alcohol and other drugs, dispute resolution, and relationship and professional education. We aim to support all people to receive the benefits of nurturing relationships and inclusive, welcoming and flourishing communities.

The recommendations in this submission are grounded in our experience and expertise as community-based providers of mental health services, as well as relationship services, and our observation of the immediate and persistent effects of COVID-19 and the measures taken to combat it. Implementation of these recommendations would, in our view, minimise predictable[1] adverse impacts of future pandemics (and other disasters) and shorten their duration, particularly in relation to mental health,[2] safe and positive relationships, child development and poverty.

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[1] For earlier literature on the impact on mental health of disasters, see, eg, Amaratunga & O'Sullivan, 2006; Maunder et al, 2003.
[2] There is a bi-directional relationship between mental ill-health and relationship breakdown: see, eg, Productivity Commission, 2020.

From the onset of the COVID-19 pandemic, our staff reported sharp increases in mental ill-health,[3] difficulties in relationships[4] (including through first onset domestic and family violence and intensification of existing DFV[5]), disruption to attachment[6] and child and adolescent development,[7] diminished parenting capacity,[8] worsening housing precarity, alcohol and other drug misuse,[9] harmful gambling,[10] and financial difficulties associated with job loss and job precarity.[11] These effects on our clients were echoed across the broader community, as demonstrated by extensive research literature listed in the footnotes. We are deeply dismayed to see that these effects are persisting, and are likely to do so for the short to medium term, at least until cost of living pressures ease and people have access to support services that they need. Further, Relationships Australia considers it probable that some of these issues, particularly as they relate to children and young people will, if not addressed, have long term and potentially inter-generational impacts. We urge the Government to take urgent action to respond to these needs while planning for the next disaster.

To prepare for future disasters, the Australian Government should prioritise policies that narrow the economic and social inequities that are currently widening to the point of compromising social cohesion.[12] Government should prioritise measures that enable individuals and families to develop financial, social and cultural resources (including safe relationships and broader social capital[13]) to buffer them. In addition, given the supply-side gaps which created barriers to help-seeking,[14] secure and adequate funding must be maintained for the community service organisations which, when the pandemic began, had been struggling with chronic under-funding for several years.

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[3] For research done within Relationships Australia on the mental health sequelae of COVID-19: Fisher, 2020. See also Biddle et al, 2020; Biddle et al, 2020b; ABS, 2020a; Doery et al, 2022.

[4] For selection of research literature on impact that the pandemic had on relationships: see, eg, https://aifs.gov.au/research_programs/families-australia-survey; Balzarini et al., 2020; Fisher, 2020. For selection of research on DFV in the context of disasters more broadly, see, eg, Parkinson & Zara, 2019; Anastario et al., 2008; Buttell & Carney 2009; Harville et al. 2011; Lauve-Moon & Ferreira 2016; Schumacher et al. 2010; Dass-Brailsford, 2010. See also Sochas, 2017.

[5] See also, eg, Boxall, Morgan & Brown 2020; Biddle et al. 2020a. For research on the nature and prevalence of DFV from the onset of lockdowns, see, eg, Morgan & Boxall, 2022; Boxall & Morgan, 2021a, Boxall & Morgan, 2021b.

[6] See, eg, Garcia-Moreno et al. 2005.

[7] Following a disaster, children are among the most vulnerable to long-term psychological disorders and impairment: Norris et al. 2002. There are particular concerns for the long-term impacts on children affected by lockdowns - socially isolated children tend to have lower educational attainment, be part of a less advantaged social class in adulthood, and are more likely to be psychologically distressed in adulthood: Lacey, Kumari & Bartley, 2014. Further, parental job loss and extended periods of unemployment can significantly affect the mental health of adolescent children: Bubonya, Cobb-Clark & Wooden, 2017.

[8] Fathers are 5 times more stressed than before the pandemic, with 1 in 4 reporting high levels of mental distress. Mother's distress has doubled, with 1 in 5 reporting high levels of mental distress: Broadway, Mendez & Moschion 2020.

[9] Biddle et al. 2020a.

[10] Jenkinson et al, 2020. While subsequent research has been cautiously optimistic that lockdowns did not worsen the incidence of gambling overall, it nevertheless has identified key groups who are at heightened risk of developing harmful online gambling habits during similar events: see, eg, Suomi et al, 2023.

[11] Job loss increases the probability of family dissolution: Doiron & Mendolia, 2020.

[12] See O'Donnell, 2023: '…findings from the 2023 Mapping Social Cohesion survey reveal our social cohesion is under pressure and declining on several fronts, straining the fabric of our communities'; 'continued declines in our sense of national pride and belonging, increasing financial strains and a weakening sense of social inclusion and justice were warning signs of further weakening in our social fabric.'

[13] See, eg, Oshio, 2015; Ozbay et al, 2007; Stafford et al, 2008.

[14] See, eg, Biddle & Gray, 2020.

Recommendations

Recommendation 1 (human rights, safety, mental health, relationships, social cohesion)

That the Commonwealth collaborate with the States and Territories, community and family relationships sectors, and the mental health sector, to develop a disaster preparation and response plan focusing on maintaining and improving personal safety, mental health and relationships during and beyond disasters, noting the gendered impact[15] of many disasters,[16] including this pandemic, and paying particular attention to marginalised communities and cohorts which experience poor treatment based on prejudices and biases, including:

- people experiencing or using domestic and family violence, including in the context of abuse and neglect of older people[17] and child maltreatment
- children
- people with mental illness[18] or disability[19] - especially noting the imminent funding cliff on 31 December 2023, created by discontinuation of vital counselling services
- people living in institutional settings
- unhoused people, and people experiencing housing precarity, and
- First Nations[20] and culturally and linguistically diverse people.[21]

Recommendation 2 (safety, relationships)

Relationships Australia urges the Commonwealth to increase base level funding to evidence and trauma informed services that support relationships,[22] social inclusion,[23] and good mental health, to meet the increased medium to long term demand arising from the COVID-19 pandemic, with particular attention to:

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[15] See, eg, WHO, 2019. 67% of the global healthcare workforce are women: Boniol et al. 2019. Frontline healthcare and community workers like nurses, nurse aides, social workers, teachers, child care workers, aged-care workers, and cleaners are mostly women. Many of these jobs have gendered wage discrepancies with their counterparts and/or operate through casual or seasonal contracts, leading to greater income precarity. In July 2020, women lost their jobs four times the rate of men in July, caused by directives such as the early removal of JobKeeper for childcare workers: ABS, 2020b. Research into the SARS epidemic found that professional care providers face complex conflicts between their professional roles and their families as carers: Maunder et al. 2003. See also Amaratunga et al. 2006.

[16] See, eg, Wenham et al, 2019; Wiest et al, 1994.

[17] See, eg, Hamby et al, 2016; Pillemer et al, 2016; EveryAge Counts campaign (https://www.everyagecounts.org.au/), of which Relationships Australia is a member.

[18] See, eg, Reavley & Jorm, 2011.

[19] See, eg, Devandas, 2020.

[20] See, eg, Kennedy et al, 2022.

[21] Panic and stress in the general community led to virus-related xenophobia: see, eg, Tan & Ruppanner, 2021. The effects of racism and xenophobia on mental health are widely understood: see, eg, Doery, et al, 2022; Ferdinand et al, 2012; Molina & James 2016; Williams, 2018. Lack of secure income or visa status also constructed barriers to accessing emergency and support accommodation: see, eg, Foster et al, 2020. For accessibility of relationship services for CALD people, see, eg, Sawrikar & Katx ,2008.

[22] This would align with the Government's first Wellbeing Framework, which identifies wellbeing as a key enabler of a healthy, secure, sustainable, cohesive and prosperous nation, see *Measuring What Matters*, 2023. For effects of COVID-19 on experiences of domestic and family violence, see McKibbin et al, 2021; Pfitzner et al, 2023.

[23] Such as, for example, the independently-evaluated Neighbours Every Day Campaign run by Relationships Australia: Cruwys & Fong, 2020; Cruwys et al, 2019; Long & Lim, 2019. For links between social inclusion and health, see, eg: Faulkner et al, 2022; Heinrich & Gullone, 2006; Holt-Lunstad et al, 2015; McClelland, et al, 2020; Mushtaq, 2014; Wang et al, 2018.

- universal risk screening of people seeking support, using a validated tool such as DOORS,[24] to support early intervention and appropriate referral responses
- community-based mental health services
- couples counselling
- building parental confidence and capacity[25]
- specialist service responses to marginalised cohorts, including First Nations people, people with disability and people from culturally and linguistically diverse backgrounds
- services responding to domestic and family violence (including services to respond to both adults and adolescents using violence in the home), and
- services to respond to abuse and neglect of older people.

Recommendation 3 (relationships – DFV)

Implement the recommendations made in the ANROWS DAHLIA-19 report.[26]

Recommendation 4 (poverty)

That Australian governments recognise the human rights implications of poverty, particularly during and in the aftermath of disasters, and that it is caused by the interplay of systemic and environmental factors.

Recommendation 5 (poverty)

To bolster the capacity and resilience of communities, families and individuals to withstand future disasters, that the Commonwealth implement the recommendations made by Relationships Australia in our submission to the inquiry into poverty by the Senate Standing Committee on Community Affairs.

Recommendation 6 (poverty)

That Government establish, through legislation, an authorising framework to allow urgent supplementation to social security payments,[27] critical service providers, and small businesses in the event of a pandemic.

Recommendation 7 (workforce)

The Government undertake robust workforce planning and development to support recruitment and retention of skilled workers in health and community sectors.

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[24] See McIntosh, Wells & Lee, J, 2016; Lee et al, 2019; Lee et al, 2021.

[25] See, for example, the Family Connect capacity-building resources, hosted by Relationships Australia, at https://www.familyconnect.org.au/

[26] McKibbin et al, 2021; Sijnja et al, 2022. The DAHLIA-19 project examined prevention strategies and responses to DFV in Australia in the time of the COVID-19 pandemic.

[27] One in three Australians (32%) received a Commonwealth stimulus payment in May: ABS 2020a. Klein et al, 2021, Davidson et al, 2022, and Naidoo et al, 2022, observed that among people who had been receiving income support before the pandemic measures, the Supplement was used mainly to obtain essential goods and services (including food, medicines, school uniforms and equipment, and utilities), and strategic purchases to improve employability and financial security. Notably, people used the breathing space afforded by suspension of the invidious 'mutual obligation' rules to engage in pro-social activities, including upskilling, health care for themselves and family, food that is healthy and within date, pay off debt, engage in social and community activities.

Some good news

A study from the SARS epidemic found that more than 60% took better care of their family members, 40% felt more supported during the outbreak and felt better able to discuss anxieties with family and friends, 2/3 of respondents reported taking better care of their mental health, and 40% took more time to rest and relax (Lau et al. 2006). This research framed these experiences as 'post-traumatic growth', the constructive change experienced following a traumatic life event. This suggests that, given the right support, individuals, families and communities may be able to use these experiences to strengthen their relationships and generate community-minded responses. Ultimately, this can bolster our response to ongoing public health crises, such as the loneliness epidemic, during our disaster recovery and in the years beyond. While the experience of collective trauma is undeniably destructive, it also provides an important chance to re-evaluate how we connect with one another. This Inquiry offers an invaluable opportunity to support such re-evaluation.

Conclusion

Implementation of the recommendations in this submission will achieve two goals: recovery from the multi-faceted consequences of COVID-19 and the measures taken to curtail its spread, and preparation to ameliorate the intensity and duration of the adverse impacts of future disasters. Through a combined effort, and with a dedicated focus on the needs of individuals, families and the community more broadly, governments and the community sector can together assist people to manage the uncertainty that continues to surround the pandemic, and focus on thriving into the future, whatever it holds.

Given your guidance encouraging short submissions, we have tried to keep this brief. We would, however, welcome an opportunity to share with you in greater detail the data supporting our recommendations, and to canvas the service responses which we found most effective in responding to the pandemic through the initial crisis stages to Australia's current experiences of the pandemic.

Thank you again for the opportunity to provide a submission. Should you wish to discuss any aspect of the submission, or of the work of the Relationships Australia federation, please do not hesitate to contact me at ntebbey@relationships.org.au, or our National Policy Manager, Dr Susan Cochrane, at scochrane@relationships.org.au . We can also be reached at 02 6162 9300.

Kind regards

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