ASSESSING THE IMPACT OF COVID-19 ON CLIENT NEEDS & DRUMMOND STREET'S RESPONSE

COVID-19 RESPONSE EDITION 2

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Centre for FAMILY RESEARCH and EVALUATION

ABOUT DRUMMOND STREET

drummond street has a 130+ year of history of working with individuals, families and communities from all backgrounds in the pursuit of social justice, working from a human rights-based framework. **drummond street** offers a range of child, family and individual support services, in addition to specialist LGBTIQ+ services offered through **Queerspace**, specialist youth services offered through **The Drum**, and support for step or blended families through **Stepfamilies Australia.** In addition, our Centre for Family Research & Evaluation (CFRE) provides research, evaluation and policy expertise, in addition to external capacity building with the broader service sector.

drummond street has service sites in **Carlton, Collingwood, North Melbourne, Coburg, Epping, Brimbank, Wyndham** and **Geelong** and provides outreach services to people from across the **North West**. We work with a broad range of individuals, families and communities, including **LGBTIQ+** communities, people from **diverse faith, cultural and linguistic backgrounds, people of colour, refugees** and people **seeking asylum**, people with a **disability** and people from **diverse socioeconomic backgrounds,** including many people living in **poverty.** This report therefore provides insights on some of the most vulnerable to disproportionate impacts of a health, social and economic crisis. **drummond street** works from a **Social Justice Framework,** and an **Evidence Based Management Framework**.

drummond street services
wellbeing for life

queerspace
our health in our hands

the drum
YOUTH SERVICES

Stepfamilies Australia
Strengthening Stepfamilies

CFRE
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We acknowledge the traditional owners of the lands where we work and pay respects to elders past, present and future.

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OVERVIEW

The COVID-19 pandemic is a global emergency that is having a disproportionate impact on the communities who access our service. Communities who already experience marginalisation and who need support, are dealing with diverse and damaging impacts across a range of health and wellbeing outcomes. As a result of the COVID-19 pandemic, drummond street services, and our amazing staff, are adapting rapidly to meet the changing needs of those accessing our services.

CFRE have developed a COVID-19 evaluation strategy to help better understand and respond to the changing needs of the clients and the communities that we support, in addition to capturing some of the amazing work that is happening across the organisation. The key aims of our COVID-19 evaluation strategy are to:

1. Evaluate how ds is responding at an organisational level to the crisis.
2. Monitor changing client needs, experiences and outcomes to identify which areas of clients' wellbeing are being impacted.
3. Identify which cohorts are most vulnerable to the impacts of COVID-19 and the specific ways in which these cohorts are being impacted.
4. Monitor practitioner and client experiences using telehealth platforms to provide support across a range of program areas, so we can make informed decisions going forward about where online and telephone support might be appropriate.

This is the second edition of our COVID-19 report series. In this report, we hope to outline how client needs have shifted over the course of the pandemic. We will also highlight insights from our dedicated staff from across the organisation who continue to adapt our services to meet the changing needs of the community. Thanks to all of you who contributed.

WHAT HAS HAPPENED SINCE THE LAST REPORT?

A lot has happened since the last report. Unfortunately, due to the spike in COVID-19 cases in Victoria and the implementation of Stage 3 and Stage 4 lockdowns, many people are struggling. As we know, the spread of the virus is having a disproportionate impact on the communities we serve. While the first wave of the virus disproportionately impacted overseas travellers, this second wave has largely impacted people living in Melbourne's growth corridors. We have seen the virus take hold in workplaces that are largely comprised of casual workforces and we have seen it spread through families and regions. Four of the five most disadvantaged local government areas in Melbourne have had the most active COVID-19 cases, with huge numbers of cases seen across the North Western suburbs[1]. The regions in which we work and many of us live, have largely been those most impacted by the second wave.

In addition to uneven health impacts, the response to the crisis has also been disproportionate. An example of this can be seen in Flemington and North Melbourne, where public housing residents were subjected to a Hard Lock Down response implemented by police without any warning, placing around 3000 residents in extremely harsh conditions, applied to no one else in Victoria. This response highlights decades of neglect of the public housing system, including during the early phases of the pandemic when government ignored the ample opportunity to respond to the conditions and

[1] Schneiders, B. and Miller, R. 8 August 2020, https://www.theage.com.au/national/victoria/a-city-divided-covid-19-finds-a-weakness-in-melbourne-s-social-fault-lines-20200807-p55ji2.html

overcrowding, despite the emerging health crisis. The Hard Lockdown response which subjected already overpoliced communities and cohorts to a police-led intervention, has undermined the trust of individuals, families and communities living in the public housing estates and highlights the need for community led responses[2].

The heightened over policing of already targeted communities can also be seen elsewhere. It might not be surprising that Victoria's poorest communities have been targeted by police for breaches to COVID-19 restrictions, with the three poorest Local Government Areas (LGAs) accounting for 10% of all fines. Meanwhile the most advantaged LGAs received less than 2% of infringements in the same period[3]. With an increased police and army presence around the city unfairly targeting some communities, it is important to acknowledge our Social Justice Framework as we respond to those most vulnerable in the community, to come up with a range of innovative ways of addressing some of these more structural challenges.

In the last edition, we looked in detail at Phase One of business continuity planning- the move to working from home. The next stage (Phase Two) in business continuity focuses on adapting to the new environment and developing new strategic priorities. Phase Two of business continuity usually looks at resuming 'business as usual', we acknowledge however, that there is nothing 'usual' about the current way we are living our lives, supporting our clients, and delivering our services. Part of our Phase Two Business Continuity response therefore involves identifying risks, finding ways to respond to a changing environment and new strategic priorities within this new normal, so that we can stay true to ds' mission, values and Social Justice Framework by responding, in an informed way, to the needs of the community. In this report, we will highlight changing client needs and organisational responses to highlight some of the ways we are adapting; in addition to identifying new priority areas or gaps where more work might be needed. In order to do that, this report will focus on:

- The emerging impacts of COVID-19 on our clients, as captured through organisational data, practitioner insights and feedback from clients. We will link this data to some of the broader emerging literature around the impacts of COVID-19 within Australia.
- The organisation's responses to the crisis, including the FOODS program and the Residents in Hard Lockdown working group, in addition to other innovative online responses that have been developed in order to meet the needs of our clients. We will also highlight some of the ways that the organisation is supporting staff wellbeing during this time.

[2] Kelly, D, Shaw, K. Porter, L. 6 July 2020, https://theconversation.com/melbourne-tower-lockdowns-unfairly-target-already-vulnerable-public-housing-residents-142041
[3] Cooper, A. Aug 4 2020, https://www.theage.com.au/national/victoria/more-covid-19-fines-for-victoria-s-most-disadvantaged-areas-20200804-p55iip.html

IMPACTS OF COVID-19 ON CLIENT NEEDS

Themes, trends and key issues

CFRE's Evidence Based Management Framework collates information from a range of different data sources to inform drummond street's decision making. This report will highlight key learnings collected from:

- organisational data
- practitioner expertise
- insights from our service users
- evidence from the broader emerging literature

This report will use data from each of these areas to highlight changing client needs, in the context of COVID-19.

Organisational data

This first section will highlight organisational data, collected at multiple data capture points, including at the point of intake and throughout ongoing service delivery, by practitioners from across the agency.

The following organisational data includes all clients who have attended a session between the 30th of March and the 14th of August. It will outline current **Risk Alerts** for severe well-being risk, in addition to exploring increases and decreases in identified client **Risk Factors** and **Presenting Needs**. This data is first entered into our client record management system, Holly, at the point of intake by our intake workers. It is then updated by practitioners as they continue to work with clients and assess, identify and manage dynamic risks and changing client needs.

Risk Alerts

Out of clients that attended a counselling or case management session between the 30th of March and the 14th of August this year (n = 813), about 1 in 5 or 19.3% had a risk alert for the experience of family violence. During this same period, about 1 in 13 clients or 7.3% were at risk of suicide. The rate of current risk alerts is displayed in Table 1.

Table 1. Current risk alerts, 30th of March – 14th August 2020

CURRENT RISK ALERTS	% of clients	1 in ?
At Risk Youth	7%	1 in 14.3
Aggressive/Unpredictable behaviour	5%	1 in 21.7
Mental Illness	6.60%	1 in 15.2
Self-Harm Risk	2%	1 in 50
Suicide Risk	7.30%	1 in 13.7
Family Violence (Experience)	9.50%	1 in 10.5
Family Violence (Use)	4.40%	1 in 22.7
Family Violence	19.3%	1 in 5.2

Risk Alerts were compared from the 30th of March to 14th of August 2020 to the same period in 2019. We have seen family violence experience and use almost triple this year compared to last. Aggressive and unpredictable behaviour almost doubled. Whilst self-harm risk alerts had slightly decreased, the suicide risk more than doubled in 2020. Mental illness risk alerts were 1.4 times higher this year compared to last and there were 1.5 times more alerts for at risk youth. See the full results in table 2.

Table 2. Change in risk alerts during 30th of March – 14th August 2019 and 2020

	30th March to 14th August			
RISK ALERTS	**2019** (N = 813)	**2020** (N = 725)	**% Increase**	**How Many Times Higher?**
At Risk Youth	4.7% (34)	7% (57)	48.94%	1.49
Aggressive/Unpredictable behaviour	2.6% (19)	5% (37)	76.92%	1.78
Mental Illness	4.8% (35)	6.60% (54)	37.50%	1.38
Self-Harm Risk	2.5% (18)	2% (16)	-20.00%	
Suicide Risk	3.40% (25)	7.30% (59)	114.71%	2.14
Family Violence (experience)	3.30% (24)	9.50% (77)	187.88%	2.88
Family Violence (use)	1.50% (11)	4.40% (36)	193.33%	2.93
Family Violence (unspecified)	11.4% (83)	19.3% (157)	69.3%	1.69

Presenting Needs and Risk Factors

To see whether there have been any significant changes in **Presenting Needs** and **Risk Factors** as a result of COVID-19, we compared **Presenting Needs** and **Risk Factors** entered for all clients who attended a session between 30 March and 14 August 2020 to the same period in 2019. Some of the most notable themes which emerged were:

- The rate of alcohol abuse increased by 100% (i.e. doubled)
- Personal family and safety needs increased by 57.9%
- Frequent conflict and/or family violence increased by 41.6%
- Social Isolation of family and/or lack of community increased by 43%
- There has been an increase in material needs (69%), employment, education and training needs (132%), housing/accommodation needs (36%), and financial needs (36%), highlighting the severity of the economic impact for some clients

The full list of issues is displayed in table 3 below.

Table 3. Risk factors and Presenting Needs for 30th of March – 14th August 2020 compared to 2019

	30th March to 14th August			
Risk Factor or Presenting Need	**2019** (N = 813)	**2020** (N = 725)	**% Increase**	**How Many Times Higher?**
Emotional, behavioural or mental health symptoms	49.70% (360)	57.70% (469)	16.10%	1.16
Parental Mental Health Symptoms	32% (233)	45% (366)	40.19%	1.40
Frequent Conflict and/or Family Violence	19% (67)	26.90% (83)	41.58%	1.42
Social Isolation of Family and/or lack of community	22.30% (162)	31.90% (259)	43.05%	1.43
Economic Deprivation	15.90% (115)	20.70% (168)	30.19%	1.30
Alcohol Abuse	1.50% (11)	3% (24)	100.00%	2
Family Relationship Issues	41.80% (303)	56.30% (458)	34.69%	1.35
Family Violence	26.80% (194)	30.10% (245)	12.31%	1.12

Financial Issues	27.90% (202)	38% (309)	36.20%	1.36
Gambling	0.60% (4)	1.40% (11)	133.33%	2.33
Parenting	56.80% (412)	73.30% (595)	29.05%	1.29
Post Separation Parenting	16.40% (119)	23.90% (194)	45.73%	1.45
Stress	61.90% (449)	72% (585)	16.32%	1.16
Personal and Family Safety	12.10% (88)	19.10% (155)	57.85%	1.58
Child age appropriate development	35% (254)	41% (333)	17.14%	1.17
Community participation and support networks	37.70% (273)	41.50% (337)	10.08%	1.10
Family functioning	61.20% (444)	67.70% (550)	10.62%	1.11
Material Needs	10.50% (76)	17.70% (144)	68.57%	1.69
Employment. Education and training	8.70% (63)	20.20% (164)	132.18%	2.32
Housing/Accommodation Issues	13.80% (100)	18.80% (153)	36.23%	1.36
Bullying	5.1% (37)	7.5% (61)	47.06%	1.47

What are we seeing reductions in?

Within the same comparison, we saw reductions in a number of **Presenting Needs** and **Risk Factors.** Overall, there have been less presentations of mostly child related issues, such as child physical health (decreased by 34%), child protection involvement (decreased by 32%), school attendance (decreased by 39%), interpersonal skills (decreased by 13%), at risk children (decreased by 21%) and developmental disorders such as ADHD (decreased by 26%) and Autism (decreased by 20%). While child-related issues have largely decreased, we have seen increases across the board of other presenting needs and risk issues including family violence, suicide risk, parenting and family issues. It is therefore unlikely that the decrease in child related issues is representative in a reduction of their presentation. The move to online learning and a lack of time spent with teachers, childcare workers,

Maternal Child Health nurses and Child Protection and other services, means that there are fewer 'eyes' on vulnerable children and less interaction between parents who are struggling and potential supports. We worry that many children are falling through the gaps with issues either not being identified or being eclipsed by the severity of other issues present in the family (i.e. material, financial or safety needs).

In terms of other reductions in **Presenting Needs** and **Risk Factors**, we saw a 24% decrease in substance abuse, however there was a 100% increase in alcohol abuse during the same period. We also saw a 34% decrease in homelessness, likely as a result of government measures that were put in place in response to COVID-19, however during the same period we saw a 36% increase in clients presenting with housing and accommodation related needs.

The full list of issues where we have seen reductions in **Presenting Needs** and **Risk Factors** is displayed in table 4 below.

Table 4. Issues that decreased 30th of March – 14th August 2020 compared to 2019

	30th March to 14th August		
Risk Factor or Presenting Need	2019 (N = 813)	2020 (N = 725)	% Decrease
Homelessness	3.2% (23)	2.1% (17)	-34.38%
Poor physical health of child	6.1% (44)	4.7% (38)	-22.95%
Substance abuse	7.6% (55)	5.8% (47)	-23.68%
Poor interpersonal skills in child	18.5% (134)	16.1% (131)	-12.97%
Failure to attend school	12% (87)	7.3% (59)	-39.17%
Poor and or inadequate parenting	14.8% (107)	10.8% (88)	-27.03%
Childhood sexual abuse	3.9% (28)	2.6% (21)	-33.33%
Gender	5.9% (43)	3.4% (28)	-42.37%
Wellbeing self-care	65.7% (476)	55.6% (452)	-15.37%
School difficulties	25.1% (182)	21.8% (177)	-13.15%
Autism spectrum disorder	10.2% (74)	8.2% (67)	-19.61%
ADHD	7% (51)	5.2% (42)	-25.71%
Child protection involvement	5% (36)	3.4% (28)	-32.00%
At risk children (risk alert)	6.1% (44)	4.8% (39)	-21.31%

KEY POINTS: Organisational Data

- Increase in family violence and family safety risks
- Increase in parent mental health needs, post-separation parenting issues and other parent related needs
- Decrease in child related presenting needs highlights child risk
- Increase in mental health distress, social isolation, gambling and AOD use
- Increase in suicide risk
- Increase in financial issues: employment, material needs and housing accommodation issues

Practitioner insights

Introduction

Since the end of March, CFRE staff have attended team meetings, held focus groups and interviews and collected information on key client issues from practitioners. This qualitative data shows us that since July with the emergence of the 'second wave' and much stricter lockdowns, client mental health and well-being has deteriorated. Practitioners have noted an increase in financial distress, feelings of stress, anxiety, hopelessness and irritability. The impact for clients' wellbeing over the last few months has been identified across drummond street as being predominately around the following areas:

- Financial distress
- Family violence
- Risks to parents and children
- Mental health
- Loneliness and isolation
- Distrust of government and police

Practitioners often spoke of there being 'a lot going on' for people as a result of COVID-19 and the associated restrictions. They have seen health and wellbeing risks increase across a range of areas. Simultaneously, they have seen increased barriers to support, help seeking and self care strategies due to the restrictions in place. Practitioners are reporting an increase in the range and severity of issues, particularly since Stage 4 lockdowns were introduced, with the wellbeing of clients deteriorating across a range of wellbeing domains.

For many clients who have lost employment, there is not only increased financial pressure, but many have been feeling that they now have no purpose in life and are confronted with an existential crisis, increased AOD use and suicide ideation. For others, the increased pressure of parenting, home schooling, financial distress and social isolation has led to increased family violence risk within, what has been described as, a 'pressure cooker' situation for relationships. People also spoke about a sense of monotony or repetition in their days, resulting in a lack of energy and mental fatigue.

For a number of clients, the issues they are facing have been compounded by grief. For some, this experience of grief is in a broader sense and relates to things they have lost, such as employment, and

isolation from loved ones and support networks. Other clients have lost loved ones during, or directly as a result of COVID-19. They are grieving in isolation, many distanced from friends, family and their broader networks of support.

Financial stress

Financial stress has impacted a large number of clients engaged in our services. Practitioners discussed the fact that many clients have been extremely anxious about their financial situation and meeting the basic needs of their families. There have been issues receiving financial benefits, with those eligible for Centrelink experiencing long delays and difficulty accessing supports. Those ineligible for government supports, such as asylum seekers, international students and other migrant workers have had no financial support, with many entering into severe financial hardship. Many of our clients have lost employment, including a number of residents of the housing towers in North Melbourne and Flemington, who lost their jobs after being unable to go to work during the Hard Lockdown. For clients who have maintained employment during COVID-19, many remain fearful of losing their job.

The increase in financial stress was identified as contributing to a significant decline in mental health in recent weeks and increased family violence risk. For many people, violence has escalated for the first time particularly for those in transition periods, such as the transition to parenthood. Others have had to move in with people they ordinarily would not have lived with, which has increased their risk of family violence. As one example, practitioners highlighted there has been an increase in young queer and TGD people moving home to transphobic or homophobic households and being unable to reach out to support for fear of being heard on the phone/computer. Other clients are remaining in relationships that are abusive due to financial uncertainty and a reduction in the availability of services. Practitioners spoke about how COVID-19 is being used as a controlling mechanism in some family violence cases, with people using it to pressure their partner to move in with them or to isolate them from their support networks. They also spoke about concerns that some clients are now vulnerable to exploitation due to their financial circumstances.

Due to financial pressures many people have been worried about meeting basic needs such as ensuring they have enough food to eat, and basic material resources. Practitioners reported this as a time of ‘chaos’, highlighting that ‘more people are in crisis this time around’. In response, there has been an increase in brokerage for use in emergency accommodation, an increase in people accessing drummond street’s FOODS program and an increase in brokerage vouchers being provided for other material needs such nappies and other hygiene products.

This emerging theme of ‘going into survival mode’ has meant that many people have put their therapeutic work on hold, while practitioners respond to urgent and emerging needs. Practitioners described how that due to financial distress, issues such as home-schooling or relationship management for example, have become low priority, whilst individuals and families are making sure there is enough food to eat and basic material resources. With presenting needs intensifying, there is a greater necessity for essential and basic needs to be met for a broad range of our clients.

Financial distress has also been noted as a key issue, highlighting inequalities for supported learning at home, with those learning in overcrowded conditions and without sufficient internet and technology extremely disadvantaged. For many families, these issues have been compounded by pressure they have been receiving from some schools, which seem to be privileging academic performance over child/young person mental health and wellbeing during this time.

Practitioners highlighted that for people who were previously living below the poverty line on government support payments, the extra supplements have provided them a sense of relief and agency over their life. People have been able to take control of debts and have been able to buy clothes and other items for their kids which they previously would have gone without.

KEY POINTS: Financial Stress

- Many people have lost their job or are fearful of losing it.
- Asylum seekers, international students, temporary migrant workers have been disproportionally affected by the impacts of job loss.
- People have had difficulty accessing financial support and fear of the end of or reductions in financial support.
- Many people are at increased risk of family violence or are experiencing increased vulnerability to exploitation.
- Survival mode: There are increased needs for, and prioritisation of basic material needs
- People who have benefitted from the increase in government payments have experienced financial relief and increased agency.
- Home-schooling implications

Family violence

Practitioners across all teams spoke about the increase in family violence risk. We have seen increases in family violence within our perinatal services and across our broader child and family services, with many experiencing family violence for the first time. We have also seen an increase in risk within existing family violence cases, including family violence escalating as people spend more time with each other under stress. There have been increased threats of family violence from separated partners, social isolation tactics enhanced by lockdown restrictions, and homophobia and transphobia in the home which is particularly challenging for young LGBTIQ+ people. Practitioners have shared many examples of COVID-19 being used as a controlling mechanism in some family violence cases, with people using it to pressure their partner to move in with them or to further isolate them from their support networks.

We have also seen increased barriers and difficulties for people leaving family violence situations or trying to access supports. The lockdown restrictions have resulted in a lack of places for people to go to reduce tension or aggression, with people restricted by distance as well as during certain hours due to the curfew currently in place. While leaving your home for family violence related reasons is permitted, there is widespread confusion about how this works. Some clients in family violence situations have received advice that if they are outside during curfew hours or outside the 5km radius from their home, they need to be carrying an intervention order with them. Others have been told they just need to tell police why they are out and this falls within the permitted reasons. The advice does not take into account the complex nature of family violence or the impacts of trauma and fear that someone fleeing violence is experiencing. It also ignores that there are people from a broad range of communities who do not feel comfortable engaging with police. Decisions to stay at home for fear of engaging police is putting people at further risk.

We have also seen an increase in young people using violence in the home during the COVID-19 lockdowns. Parents are struggling to ensure young people abide by the lockdown requirements, with tension, aggression and violence within the home escalating and support networks removed. Previous accommodation circuit breakers, such as the young person staying with other family members or

friends, or even just being at school as a safe space, is not possible during COVID-19 restrictions. Within this context, practitioners have discussed in some cases, the increased presence of abusive parents who would under normal circumstances be at work. Many practitioners have spoken about the impact that this is having on families, particularly on siblings and parents who are, in a large number of cases, the targets of abuse.

Practitioners have reported difficulty in helping with more severe needs, including family violence, over Zoom. Some spoke about their being a lack of privacy, as family members are often close by, listening in on a session, or entering the room whilst in sessions. For example, in a case involving adolescent violence in the home, a practitioner spoke of how the young person would keeping entering the room during the session being held with parents or siblings which made it difficult to undertake the work required with the family. In other situations, parents or carers have listened in on sessions with young people, or not provided the required private space for sessions to be delivered confidentially.

KEY POINTS: Family Violence

- Increase in family violence risk, specifically within the perinatal services and across the broader child and family services.
- Increase in risk in existing family violence cases.
- Increase in threats of family violence from separated partners.
- Increase in social isolation tactics enhanced by restrictions.
- Increase in homophobia and transphobia in the home towards young people.
- Increased barriers and difficulties for people leaving family violence situations or trying to access supports.
- Increase in young people using violence in the home.
- Privacy issues for family violence cases using zoom while members of the family are home.

Risks to Parents and Children

Practitioners are describing clients' challenges coping with additional childcaring responsibilities, increased housework and cooking over an extended period of time. Practitioners working with families have reported that parents are burdened with educational responsibilities, whilst they also work to manage other pressures related to COVID-19. For some, this pressure is exacerbated by schools that have placed high expectations on academic performance during this second lockdown, resulting in both parents and children struggling to keep up. Where schools have placed a much greater emphasis on child wellbeing, this seems to have relieved some of the stress associated with home schooling. For all parents however, regardless of the school, the pressure of home schooling was an identified challenge, particularly in the age of social media where perfect parents posting their perfect families happily learning, has been a difficult image for most people to live up to.

For parents with children of all ages, the expectation to keep children inside for the majority of the day has been extremely challenging. This is particularly challenging in small or overcrowded homes, where many people share rooms and communal spaces. For families living within the housing estates in Flemington and North Melbourne, during the hard lockdown response, whole families, including many large families, were incarcerated within their homes with children of all ages. Practitioners spoke about how for all clients, keeping kids inside and finding ways to keep them entertained has been really tough. It has been even harder for families who don't have access to suitable parks and open spaces within walking distance, highlighting inequalities not only within homes, but also in the public infrastructure and public spaces which surrounds homes.

For most families, the restrictions have resulted in children spending a lot more time on screens. While this has been beneficial for connecting with peers and for educational purposes, some parents are struggling to manage screen time and create boundaries. Parents are noticing increased irritability and stress, especially for older children and young people who are exposed to social media. Others are finding ways of connecting online extremely beneficial for reducing social isolation and stress. Getting the balance right, seems to be a challenge for many.

The additional childcaring responsibilities that have emerged as a result of COVID-19 have disproportionately impacted women. Many practitioners spoke about how many women are still doing a lot more domestic work even if they are the sole financial bearer. People have spoken about how they feel that there is no reprieve or support and practitioners have noticed that people are checking in much more regularly for much shorter sessions rather than longer sessions where they have to leave their children unattended and usually return to 'mess and chaos' in the house. These more frequent 'check ins' have often been in the form of text messages, which are more easily managed while parents juggle other responsibilities taking place around them.

Whilst mental health issues have been exacerbated for parents, particularly due to major financial stress, practitioners also spoke of children having an increased exposure to poor mental health from their parents. Parents and practitioner have noticed children showing signs of anxiety, stress and loneliness. For older children/young people, there has also been a worrying escalation in risk. Practitioners spoke about a huge increase in young people self-harming, often resulting in hospital admissions. They also spoke about a dramatic increase in eating disorders. For those in Geelong, which was already in the midst of a youth suicide crisis, the additional challenges of COVID-19 have been extremely challenging. For many of these young people, the issues they are facing are compounded through reduced access to support. While these issues create barriers for all young people, they create acute problems for young people experiencing or using violence in the home. Many of these young people are now confined to their homes, increasing the level of risk for them and/or their families.

KEY POINTS: Risks to Parents and Children

- Lack of support with childcaring responsibilities.
- Difficulties managing home-schooling.
- Difficulties keeping children inside all day.
- Increase in child screen time.
- Disproportionate child-caring responsibilities for women.
- Increased exposure of children to adult mental health issues.
- Increased child and youth mental health issues, particularly anxiety, stress and loneliness.

Mental Health

Practitioners are reporting a massive decline in mental health. Practitioners spoke about how mental health issues seem to have been exacerbated by the second lockdown. After the restrictions were first alleviated people had hopes of improving scenarios, normality, job security, and being with family. However, due to the ongoing situation, people have lost a lot of hope for the future and improvement in their situation.

Some practitioners reported higher session attendance during the first lockdown and are now experiencing people forgetting about sessions and clients oversleeping (e.g. until after 2pm). Due to the stress and impact of COVID-19 on their lives the content of the sessions for some has shifted to focus on COVID-19 rather than undertaking the therapeutic work that was taking place before the pandemic. Practitioner reported that a huge number of clients are now feeling a lack of purpose, routine and hope for the future. Practitioners spoke about the relationship between loss of purpose and hope and an increase in suicide ideation and self-harm behaviours including the use of alcohol or drugs. One practitioner reported how their clients who had past issues with AOD have all relapsed.

Practitioners have also highlighted increased fear and anxiety across the board. For children, there have been differences in the presentation of anxiety. Younger children are displaying 'clingy' behaviours and sleep issues whilst older children are withdrawing from their family and their peers, reducing physical activity and in several cases, avoiding leaving the house altogether for fear of contracting or spreading the virus. The restrictions have also promoted anxiety in adults. People are anxious about leaving their houses for fear of catching the virus, particularly people who are immunosuppressed or those who live with someone who is. Others are fearful of being overpoliced if they go outside, even for the allowed reasons. Given that there is a lot of uncertainty around what is allowed and what is not, many clients are taking a conservative approach and not leaving the house altogether, which has been significantly detrimental for their mental health.

Many of those who were subjected to the hard lockdown response, spoke about how the panic and fear within the estates was palpable. Practitioners were aware of residents'inability to access food or other basic needs, while material aid took days to arrive and be distributed. After the hard lockdown response in North Melbourne and Flemington, residents of other housing estates became fearful that they would experience a hard lockdown, similar to what been implemented in the nine towers. People became scared to leave their homes out of the fear of catching the virus, with worries around using lifts or needing to access common areas. They also feared being unfairly targeted by police when leaving their homes for exercise or to go and buy groceries and essential supplies.

International students and migrant workers have feared that they will be forced to return to their country of origin or that they will be unable to, if they seek to do so. The precarious situation that many of these migrant workers or international students are now in, is exacerbated by job losses or temporary workplace closures, which have had detrimental impacts on all areas of wellbeing, due to not being able to access government payments. We are currently supporting a number of individuals and families who are facing these challenges, including large families, transgender asylum seekers and young people, through the provision of material aid and other support.

KEY POINTS: Mental Health

- Mental health issues exacerbated by second lockdown.
- Loss of purpose and hope with second lockdown.
- Loss of routine and increase in depression symptoms.
- Suicide ideation and self-harm.
- Increased AOD use or relapse.
- Anxiety in adults and different presentations of anxiety in children.
- Increased AOD use
- International students and migrant workers struggling with wellbeing due to financial loss and fear of being forced to return to their country of origin.
- Mental health impact of tower lockdown
- Impact on international students and migrant workers

Loneliness and Isolation

Practitioners reported that clients were struggling with loneliness, particularly this time round. Some clients spoke about their sessions being their only point of social contact. Many were highly concerned with not being able to reach family members or see friends and many spoke of severe isolation for both adults and children.

Some elderly clients and clients with disabilities were fearful of having carers and family members provide care, out of the fear of contracting the virus, so they had cut themselves off from these usual support networks.

Practitioners strongly noted the concern for children and young people, where social connection is vital to their development. Not being able to go to school or engage in other activities, surrounded by their peers has been extremely challenging for most children and young people. It has led to increased loneliness, changes in child behaviour, decreased physical activity, and mental health distress.

Some practitioners also discussed how the 'stay at home' measures have been re-traumatising for clients who had previously experienced family violence, as well as those who had previously been incarcerated. They spoke about how for many, the social isolation they have experienced as a result of COVID-19, has felt similar to the experiences of family violence and incarceration they were subjected to in the past.

KEY POINTS: Loneliness and Isolation

- Increase in loneliness during second lockdown.
- Inability to reach family and friends.
- Sessions being the only social connection some clients have.
- Older clients fearful of having people provide care.
- Children struggling with not being able to socialise.
- Restrictive stay at home measures re-traumatising.

Distrust of Government and Police

The fear of police has prevented many clients from doing permitted activities, with some people not going outdoors or undertaking physical exercise for the permitted one hour per day, out of fear of being confronted by police. Many of these clients are people of colour, who are already overpoliced as a result of racist profiling, systemically embedded in police practice. For people of colour, asylum seekers and newly arrived migrant communities, the police and military presence provokes anxiety and, in some cases, results in traumatising reminders of past experiences of government persecution. Many are choosing not to leave the house to avoid needing to explain what they are doing out if stopped.

For those within the public housing estates, the hard lockdown response has reduced an already low level of trust in the government and in services. Many of those who were incarcerated within their homes have linked the motives for the lock down to political and surveillance purposes. Given that it was residents themselves who were largely blamed for the intervention, rather than the inadequate response from government, the speculation of increased surveillance is not surprising.

KEY POINTS: Distrust of Government and Police

- Distrust of police and government services by overpoliced communities
- Fear of police has prevented people from going outdoors altogether.
- Social isolation due to fears of being questioned by police.
- Hard lockdown in public estates has reduced trust in government

Client Insights

Pandemic Stress Index

Clients who have been completing the online in-house evaluation have been asked about how COVID-19 has affected their wellbeing, using adapted questions from the Pandemic Stress Index that was developed by Harkness, A. (2020) from the University of Miami. Clients are asked to self-identify which issues they have experienced since the COVID-19 outbreak and restrictions. We have had 184 clients complete the Pandemic Stress Index to date, as a component of the online evaluation questionnaire that clients complete when engaging services. Results are displayed in table 5 below.

Of note, the majority of clients experienced increased anxiety (68%), frustration or boredom (56%) and decreased physical activity (55%) during this time. Although organisational data recorded on our client record management system, Holly, reported that only 27% of clients had experienced increased couple conflict, 44% of clients self-reported increased family conflict or relationship difficulties. Additionally, more than 1 in 4 reported increased alcohol or other substance use in this time.

Table 5. *Adapted PSI responses from clients*

Which of the following are you experiencing (or did you experience) during COVID-19 (coronavirus)?	**% who experienced**	**N** (total = 184)
Increased anxiety	69%	127
Frustration or boredom	57.6%	106
Decreased physical activity/exercise	55.4%	102
Loneliness	47.8%	88
Changes to your normal sleep pattern (e.g. Less sleep)	47.3%	87
Increased family conflict or relationship difficulties	44%	81
Personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancelations)	37%	68
Increased alcohol or other substance use	21.7%	40
Stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to covid-19)	5.4%	10
Not having enough basic supplies (e.g., food, water, medications, a place to stay)	3.8%	7

External Evidence

Responding to basic needs

Marmot (2020) emphasises that the 'Minimum Income for healthy Living (MIHL)' must include access to healthy food, exercise, social connectedness and support networks in order for individuals, families and communities to live full and rich lives.[4] Many of these areas of healthy living have been significantly reduced as a result of COVID-19.

Underlying inequalities in everyday life have meant that the impact of COVID-19 and the associated government responses have not been felt equally across society.[5] These underlying inequalities, mean that poor people are not only more likely to not only contract COVID-19, but that they are also more likely to die from COVID-19 as a result of poorer health outcomes. The Australian Institute of Health and welfare, in their review of Australia's health in 2018 argued:

'Socioeconomic factors are important determinants of health. Generally, people in lower socioeconomic groups are at greater risk of poor health, have higher rates of illness, disability and death and live shorter lives than people from higher socioeconomic groups'[6].

Changes in incomes as a result of the pandemic, has resulted in many individuals and families unable to respond to basic needs. Under the current conditions, those on temporary visas, including international students and temporary residents, are unable to access COVID-19 government support payments such as Jobkeeper and Jobseeker. Some temporary visa holders are also ineligible for Medicare entitlements[7].

'Having insufficient money to lead a healthy life is a highly significant cause of health inequalities.[8]

While the Australian government has increased the Jobseeker payment as a result of the COVID-19 pandemic, the Australian Council of Social Services (ACOSS) is advocating for a permanent increase to the payment, citing the original pre COVID-19 payment resulted in many living below the poverty line and struggling to keep their 'head above water'.[9]

Family Violence

Research from New Zealand and internationally has shown that family violence (including Intimate Partner Violence, child abuse, elder abuse and sexual violence) can escalate during and after large-scale disasters or crises (NZFVC 2020)[10]. Emerging literature on the impacts of COVID-19 on family violence in Australia shows that the changing economic situation and the restrictions of movement are affecting people experiencing violence profoundly.

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[4] Marmot,M (2020) Health Inequity in England: The Marmot Review 10 years on.
[5] Friel, S., Baum, F. (2020) Equity During Recovery: Addressing social and health inequalities as we emerge from lockdown in Life and Health Reamagined. Vic Health, Australian National University, Flinders University.

[6] Australian Institute of Health and Welfare 2018, 2018 Australia's health, Chapter 5.1
[7] Australian Red Cross (2020) key social services related to covid-19: amendments & eligibility related to migrants with temporary visas
[8] Marmot, M. (2010) Fair Society, Healthy Lives: The Marmot Review

[9] Millions face income losses as JobSeeker supplement reduced and anxiety about future remains

[10] New Zealand Family Violence Clearinghouse (NZFVC) .(2020). Preventing and Responding to Family, Whānau and Sexual Violence during COVID-19. Available at https://nzfvc.org.nz/COVID-19/preventing-responding-violence-COVID-19 [Google Scholar]

The Australian Institute of Criminology[11] undertook an online survey of 15,000 Australian women and their experience of domestic violence during the earlier stages of the COVID-19 period and found that:

- 4.2 percent of all women and 8.2% of women in cohabiting relationships experienced physical violence;
- 2.2 percent of all women and 4.2% of women in cohabiting relationships experienced sexual violence; and
- 11.6 percent of all women and 22.4% of women in cohabiting relationships experienced emotionally abusive, harassing and controlling behaviours.

Importantly, two thirds of the women reported an increase in violence toward them by a partner three months prior to the study which coincided with the commencement of COVID-19 and the accompanying restrictions.

Between 24 April and 18 May 2020, Equality Australia conducted an online survey regarding the impacts of COVID-19 and its associated restrictions on LGBTIQ+ people. The survey sought answers to several questions, including two questions dealing with domestic and family violence. Survey respondents were asked whether, in the last 12 months, they had experienced any violence, abuse, harassment or controlling behaviour from someone they currently lived with. Out of 2,427 responses from LGBTIQ+ people, 8% (195) said 'yes', while a further 2.8% (68) said they did not know or were unsure, and 0.5% (13) preferred not to say. 88.6% (2,151) responded 'no' to this question. Survey respondents were also asked whether they currently lived with someone who they feared may be violent, abusive or controlling towards them. Out of 2,429 responses from LGBTIQ+ people, 5.4% (132) said 'yes', while a further 2.9% (71) said they did not know or were unsure, and 0.5% (12) preferred not to say. 91.1% (2,214) responded 'no' to this question[12].

A survey of Family Violence practitioners reported an increase in service use specifically in Victoria following COVID-19 restrictions. Practitioners reported that the COVID-19 lockdowns have led to an emergence of new forms of violence that weren't seen prior to the pandemic. They noted that people who use violence 'are using the COVID-19 restrictions and threat of COVID-19 infection, purposefully or otherwise, to restrict women's movements, to gain access to women's residences and to coerce women into residing with them if they usually reside separately'.[13] According to the survey results, the effects on services have been mixed, with some services, such as Safe Steps, reporting a reduction in calls by 30%; while others, such as the Men's Referral service, reporting an increase in calls by more than 400 a week since the commencement of the lockdown[14]. Reports from the Australian Federal Government has shown a 75% increase in Google searches for domestic violence support than in previous years[15].

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[11] Boxall, H., Morgan, A. and Brown, R. (2020). The prevalence of domestic violence among women during the COVID-19 pandemic. Australian Institute of Crimonology.

[12] Equality Australia (2020a) LGBTIQ+ Communities and COVID-19: A Report on the Impact of COVID-19 on Australian LGBTIQ+ Communities and Building a Strong Response. Sydney and Melbourne @ equalityaustralia.org.au

13 Pfitzner, N., Fitz-Gibbon, K. and True, J. (2020). Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.

14 Tuohy, W. (2020, 12 April). Helpline calls by family violence perpetrators 'skyrocket' amid isolation. Brisbane Times. Retrieved from ttps://www.brisbanetimes.com.au/ national/victoria/helpline-calls-by-family-violence-perpetrators-skyrocket-amid-isolation20200410-p54iw7.htmlUNODC. (2018). Global Study on Homicide 2018. UNODC, Austria.

15 Sullivan, K., Doran, M., & Dalzell, S. (2020, 29 March). $1.1 billion Medicare, mental health, domestic violence package on its way in response to coronavirus crisis. ABC News. Retrieved from https://www.abc.net.au/news/2020-03-28/coronavirus-medicaremental-health-domestic-violence-package/12100028

'As well as reports of increased presentations and rates of violence, the diminished capacity for those experiencing violence to seek help is equally concerning.'[16]

For people on temporary migrant visas, this is particularly worrying. Even before the pandemic, temporary migrants were disadvantaged by the system as a result of not having access to Centrelink, Medicare or public housing. Within an environment where there is increasing social inequality, and an inability to access government supports such as JobKeeper and JobSeeker, there has also been escalating reports of violence among temporary migrants. For those wanting to escape this violence, the options are limited[17].

Child Impacts

In a survey of 375 Australian parents in June this year[18], one quarter of parents felt that during the COVID-19 lockdown they were 'failing their children' and over a third of felt they had 'lost confidence about their parenting'. A third of parents felt isolated and without adequate support. When asked about the impacts they were noticing in their children's behaviour, mental health and well-being as a result of being in lockdown, 38% stated their children had become more anxious, 37% more stressed, 30% had sleeping problems, 31% had poor diet changes, 38% found their children's behaviour more difficult to manage and 71% of children had more screen time than usual. Additionally, 41% of parents were worried about the adverse effect of their own stress and mental health on the wellbeing of their children. These statistics highlight the detrimental effect of lockdowns on children's wellbeing and areas for concern as the Victorian lockdown continues.

When looking at the impact of home learning as a result of COVID-19, a report by Victoria University found the disproportionate disadvantages for First Nations students, children of lower socio-economic status and those who lived in rural areas[19]. The University of Tasmania reported that, "nearly half [46 per cent] of Australian children and young people are at risk [of] adverse effects on their educational outcomes, nutrition, physical movement and emotional wellbeing, by being physically disconnected from school"[20]. Other research has highlighted that closing schools increases the economic burden of families, with many families needing to reduce work hours, or increase reliance on vulnerable elderly relatives[21].

16 Pfitzner, N., Fitz-Gibbon, K. and True, J. (2020). Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.
17 Pfitzner, N., Fitz-Gibbon, K. and True, J. (2020). Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.
[18] Tucci, J., Mitchell, J. and Thomas, L. (August 2020). A Lasting Legacy – The Impact of COVID-19 on children and parents. Australian Childhood Foundation, Melbourne.
[19] Impact of learning from home on educational outcomes for disadvantaged children. (2020). Retrieved from https://www.vu.edu.au/sites/default/files/impact-of-learning-from-home-federal-government-brief-mitchell-institute.pdf
[20] Children not logging on to learn as families struggle to pay for food, rent. (2020). Retrieved 1 September 2020, from https://www.abc.net.au/news/2020-04-28/vulnerable-students-could-fall-behind-remote-learning-covid19/12190834
[21] Armitage, R., & Nellums, L. B. (2020). Considering inequalities in the school closure response to COVID-19. The Lancet Global Health, 8(5), e644.

Research has identified the potential negative impacts of home confinement on children during the COVID-19 outbreak[22][23]. For example, past research shows that when children are not at school (i.e. weekends and holidays) they have a reduction in physical exercise, an increase in screen time, irregular sleep patterns and poorer diets.[24] [25] These negative effects on physical health are likely to be worsened as children are confined to their homes, with restrictions on outdoor activities and interactions with peers. In Canada, a study found that only 4.8% of children and 0.6% of youth were meeting national movement behaviour guidelines during COVID-19 restrictions[26]. They had lower physical activity levels, less time spent outside and higher screen time and other sedentary behaviours, as well as more sleep.

> "When we think of children in crisis, we often think of children beyond our shores, in conflict or famine, where children's agencies such as UNICEF are working with the most vulnerable, but the COVID-19 crisis is on our doorstep and children, especially those who are already vulnerable, are feeling it the most in their learning and lack of connection outside their home."
>
> *Tony Stuart, head of UNICEF Australia*

Mental health

Researchers from Swinburne University[27] have been surveying mental health of Australians from April 2020. They have found an increase in psychological distress for those with mood disorders and for those who were younger (under 25). There was an overall large proportion of mental health distress that grew from April to June, particularly from Victorian respondents. In the May and June surveys, they added the question, "In the past four weeks, did you think you would be better off dead, or wish you were dead?". In May, 24% of under 25 year old respondents answered 'yes'. In June that rate rose to 41%.

Monash University also surveyed 14,000 Australians from April to May this year[28] and found an increase in 'psychological symptoms, including anxiety, depression, and irritability that people attributed to the COVID-19 restrictions.' Those who were experiencing the worst mental health symptoms were, 'more likely to have lost their jobs, to be caring for children or other dependent family members, to be living alone or to be living an area with fewer resources'.

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[22] Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. The Lancet, 395(10228), 945-947.
[23] Australia's coronavirus school closures are hurting children in poverty, UNICEF warns. (2020). Retrieved from https://www.sbs.com.au/news/australia-s-coronavirus-school-closures-are-hurting-children-in-poverty-unicef-warns
[24] Brazendale, K., Beets, M. W., Weaver, R. G., Pate, R. R., Turner-McGrievy, G. M., Kaczynski, A. T., ... & von Hippel, P. T. (2017). Understanding differences between summer vs. school obesogenic behaviors of children: the structured days hypothesis. International Journal of Behavioral Nutrition and Physical Activity, 14(1), 100.
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[26] Moore, S. A., Faulkner, G., Rhodes, R. E., Brussoni, M., Chulak-Bozzer, T., Ferguson, L. J., ... & Tremblay, M. S. (2020). Impact of the COVID-19 virus outbreak on movement and play behaviours of Canadian children and youth: a national survey. International Journal of Behavioral Nutrition and Physical Activity, 17(1), 1-11.
[27] Van Rheenen, T. E., Meyer, D., Neill, E., Phillipou, A., Tan, E. J., Toh, W. L., & Rossell, S. L. (2020). Mental health status of individuals with a mood-disorder during the COVID-19 Pandemic in Australia: Initial Results from the COLLATE Project: COVID-19 and mood disorders. Journal of affective disorders.
[28] Fisher, J. R., Tran, T. D., Hammargerg, K., Sastry, J., Nguyen, H., Rowe, H., ... & Kirkman, M. (2020). Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. The Medical Journal of Australia, 1.

Ruth Vine, Deputy Chief Medical Officer for Mental Health, predicts that the impact on mental health is just beginning to unfold and has concerns for the future, she says,

> "We know that the mental health impact has a long tail, because the impacts on people's lives, on their employment, on their career trajectories, often takes time to unfold."

There have been reports of increases in alcohol sales for takeaway and home delivery in Australia, indicating a rise in home drinking.[29] This is worrying given heavy alcohol use is associated with a range of harmful outcomes including, family violence, partner aggression, child neglect, and suicide.[30] In April this year, over 5,000 Australians completed a survey from the 'COVID-19 and you: Mental Health in Australia now survey (COLLATE) project'[31], a nationwide study aimed at tracking key mental health concerns. There were a range of factors that were associated with increased drinking in the COVID-19 pandemic period, including: job loss, eating more, changes to sleep as well as stress and depression. The Australian National University also surveyed Australians on alcohol consumption in May this year[32]. They found that women self-reported greater increases in alcohol consumption. Women with childcaring responsibilities had the strongest increases in alcohol consumption. For men, losing employment or having a reduction in work hours was the strongest predictor in increase of alcohol consumption. For both men and women (but more so for men) psychological distress in April was strongly associated with higher self-reported increases in alcohol consumption since March 2020.

Suicide Risk

The Victorian Coroner's report has shown similar rates of suicide in 2020 compared to 2019[33] up to August (three weeks into stage 4 lockdown), however, the rate of children admitted to Victorian emergency rooms as a result of self-harm has increased by one third in the stage three and four lockdown period compared to the time frame a year earlier[34]. Across all ages, self-harm presentations at emergency departments had increased by 9.3%. In addition, Lifeline received 25% more calls this year compared to this time last year – this was the equivalent of one call every 30 seconds. It is likely that the impact on suicide rates will not be instantaneous, but ongoing. The increase in suicide risk as seen in hotlines and emergency department presentations, indicates the impact on mental health and the potential for suicide in the future. The co-director of the Brain and Mind Centre at the University of Sydney, Professor Dr Ian Hickie said that with the social dislocation and economic impacts of the second wave restrictions, "We still think we're going to see, over the course of a 12-month period … and then

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[29] Colbert, S., Wilkinson, C., Thornton, L., & Richmond, R. (2020). COVID-19 and alcohol in Australia: Industry changes and public health impacts. Drug and alcohol review.
[30] Laslett AM, Mugavin J, Jiang H et al The hidden harm: Alcohol's impact on children and families. Foundation for Alcohol Research and Education: Canberra, 2015. http://fare.org.au/wp-content/uploads/01-ALCOHOLS-IMPACT-ON-CHILDREN-AND-FAMILIES-web.pdf.
31 Neill, E., Meyer, D., Toh, W. L., van Rheenen, T. E., Phillipou, A., Tan, E. J., & Rossell, S. L. (2020). Alcohol use in Australia during the early days of the COVID-19 pandemic: Initial results from the COLLATE project. Psychiatry and Clinical Neurosciences.
[32] Biddle, N., Edwards, B., Gray, M., & Sollis, K. (2020). Alcohol consumption during the COVID-19 period: May 2020. COVID-19 Briefing Paper.
[33] Monthly Suicide Data Report Report 1 – 27 August 2020. (2020). Retrieved 31 August 2020, from https://www.coronerscourt.vic.gov.au/sites/default/files/2020-08/Coroners%20Court%20Monthy%20Suicide%20Data%20Report%20-%20Report%201%20-%2027082020.pdf
34 'An overwhelming sense of sadness': Alarm raised over jump in Victorian kids self-harming. (2020). Retrieved from https://www.abc.net.au/news/2020-08-08/young-people-self-harming-end-up-in-hospital-emergency-rooms/12532040

subsequent years, in the order of 30 per cent increase [in] suicide rates"[35] in Australia. According to the model developed by the Brain and Mind Centre, in the best-case scenario, Australia was likely to see 19,878 suicide deaths over the period 2020–2025, an increase of at least 13.7%[36]. Research has shown that the 2007 economic crisis in Europe and North America led to an additional 10,000 suicides between 2008 and 2011, the main risk factors included losing a job, having a home repossessed and being in debt[37]. Recent research also found a strong correlation between the way people view their financial situation and the average suicide rate[38]. Additionally, alcohol and other drug misuse is a strong risk factor for suicide[39, 40].

> "During lockdown, people have used their resources, they have used their savings, they have kept their businesses afloat, they have borrowed from their superannuation, they have been distressed about the social dislocation. We already know that rates of psychological distress are markedly increased, particularly in young people and in women and rates of suicidal ideation have gone up and we are already seeing this in presentations to EDs…We have the perfect storm of factors that put people's psychological health at risk."
>
> *Professor Dr Ian Hickie (University of Sydney, Director of Brain and Mind Centre)*

Discussion

The insights across all four data sources demonstrated consistent issues. Among our client groups, 1 in 5 clients had a risk alert for family violence which was triple the rate of the previous year. Personal family and safety needs also increased by 58% and almost half of clients self-reported experiencing relationship conflict or difficulties during this period. These trends were confirmed by practitioners from across the organisation, who reported an increase in new presentations of family violence cases, an increase in the severity of family violence risk and relationships being under a 'pressure cooker', with family violence escalating within this environment. These trends were also evident in the broader emerging literature which highlighted increased presentations and rates of violence, which has coincided with increased barriers for those experiencing violence to seek help.

Increase suicide risk is also worrying, with more than twice as many clients having a risk alert for suicide in the March to August period this year, compared to the same time last year, with about 1 in 13 clients at

35 No spike in suicides in Victoria during COVID-19 lockdowns, coroners court figures show. (2020). Retrieved 31 August 2020, from https://www.abc.net.au/news/2020-08-27/no-spike-in-suicide-rates-in-victoria-during-covid-19-lockdowns/12602060
36 Atkinson, J., Skinner, A., Lawson, K., Song, Y., & Hickie, I. (2020). Road to Recovery: Restoring Australia's Mental Wealth. The University Of Sydney. Retrieved from https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery_brain-and-mind-centre.pdf
37 Reeves, A., McKee, M., & Stuckler, D. (2014). Economic suicides in the great recession in Europe and North America. The British Journal of Psychiatry, 205(3), 246-247.
38 Collins, A., Cox, A., Kizys, R., Haynes, F., Machin, S., & Sampson, B. (2020). Suicide, sentiment and crisis. The Social Science Journal, 1-18.
39 Brent, D. A. (1995). Risk factors for adolescent suicide and suicidal behavior: mental and substance abuse disorders, family environmental factors, and life stress. Suicide and Life-Threatening Behavior, 25, 52-63.
40 Flensborg-Madsen, T., Knop, J., Mortensen, E. L., Becker, U., Sher, L., & Grønbæk, M. (2009). Alcohol use disorders increase the risk of completed suicide—irrespective of other psychiatric disorders. A longitudinal cohort study. Psychiatry research, 167(1-2), 123-130.

high risk. Over 1 in 5 clients self-reported an increase in alcohol and other substance use and our organisational data showed the rate of alcohol abuse has doubled. This emerging theme was also highlighted by practitioners, who discussed clients' declining mental health, increased AOD use, increase in depression symptoms and suicidal ideation. As the research indicates, suicide is not often an immediate response to poor economic factors but follows in the months and years after a crisis. These high rates of suicide risk alerts as well as the increase in AOD use are therefore a cause for concern.

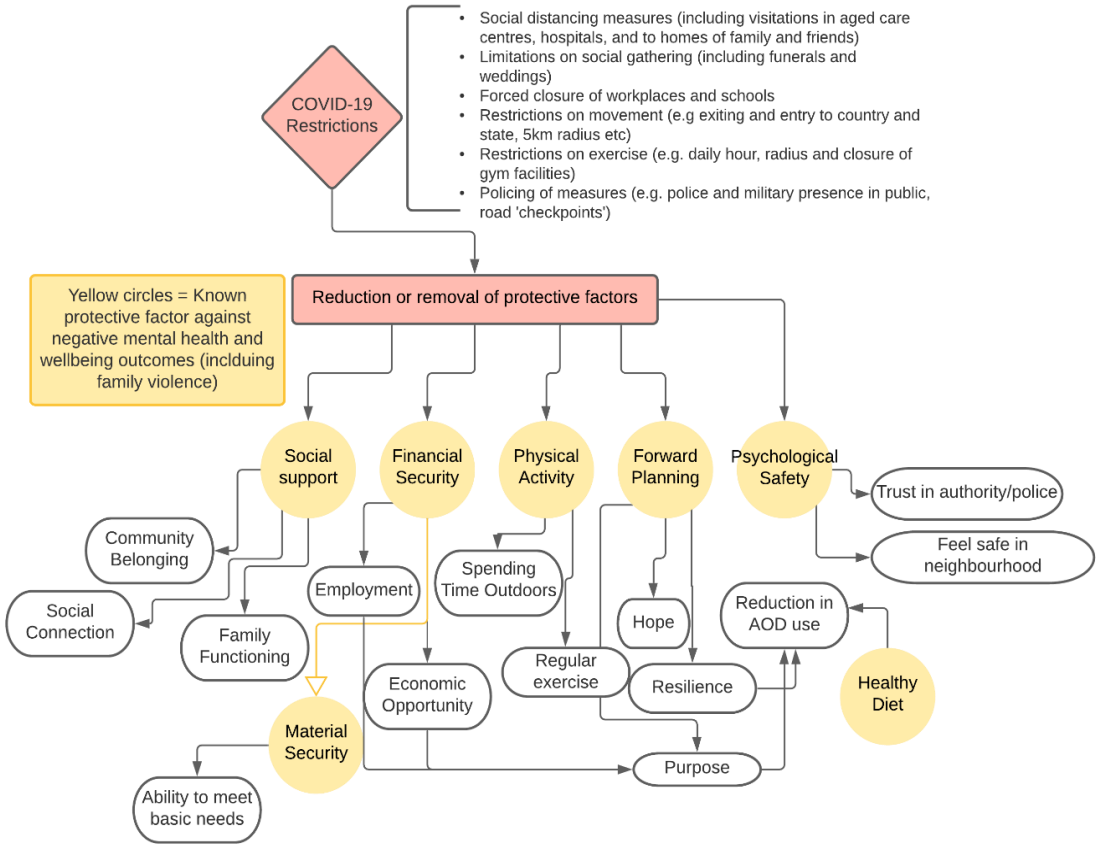
Organisational data showed a large reduction in a range of child issues, the major concern was that these figures represented a reduction in assistance for child issues, rather than an increase in child well-being. This was supported by practitioner insights that spoke about people going into 'survival mode' whereby child related issues may become less of a concern as material needs become imminent (with a 70% increase in clients seeking basic material needs). Practitioners also spoke about their concerns that there are fewer eyes on children within the current COVID-19 environment, with reductions in service provision for families, such as decreased access to Maternal Child Health, Child Protection, schools, childcare, etc. The organisational data demonstrated an increase in the number of 'at risk youth' with a rate 1.5 times higher than the previous year.

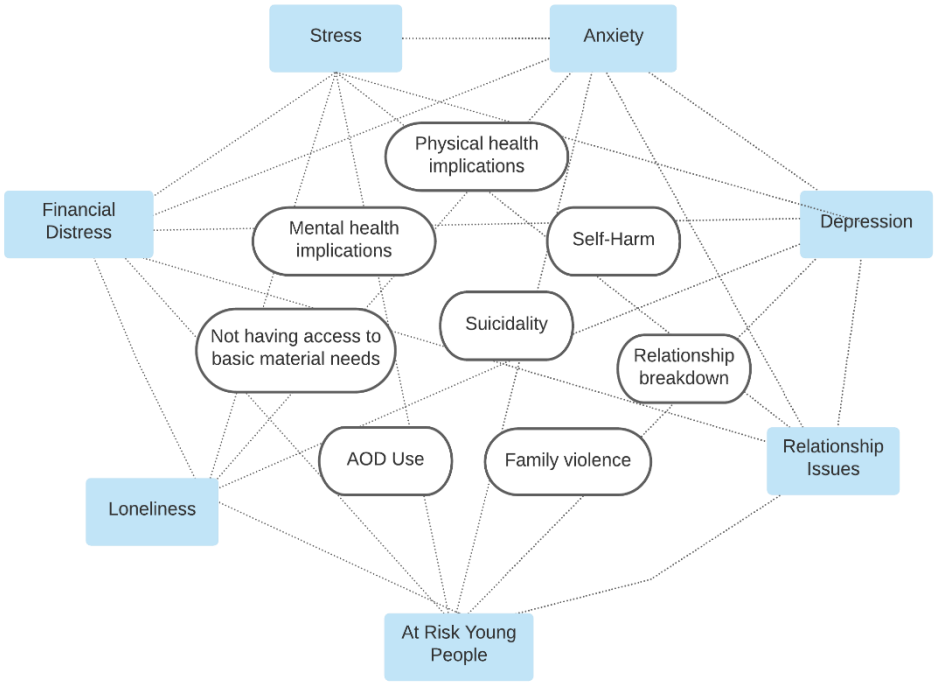
Overall, the evidence sources suggested an increase in the presentation of severe risk. This was supported by organisational data, for example, with a reduction in self-harm risk but an increase in suicide risk; or demonstrating a 10% increase in family functioning issues but a 190% increase in the use or experience of family violence. Practitioners commonly referred to this increase in the severity of issues and of clients being in 'crisis'. With employment related needs increasing by 132%, as well as 37% of clients self-reporting a loss in personal finances - ds clients have been hard hit financially. Practitioners often reported the substantial impact of financial stress on families and individuals.

The COVID-19 related restrictions have resulted in a reduction in (and in some cases, complete loss of) well-known protective factors against adverse health and well-being outcomes; such as social support, community belonging, financial stability, forward planning, physical exercise, and psychological safety. This has had a tremendous impact on drummond street's clients. The accumulation of data sources reveals a growing mental health crisis that includes increased risk of family violence, suicide, AOD use, poor child wellbeing and overall mental illness, as well as an increase in those requiring material support.

The following diagram (Figure 1) explains how the COVID-19 restrictions remove or decrease mental health and well-being protective factors (in yellow) and what these protect factors involve. This reduction in protective factors is connected to an increase in a range of mental health and well-being issues such as loneliness, financial distress, stress, anxiety, depression (including self-harm and suicidality) and relationship issues (including relationship breakdown and family violence). These factors all interrelate, for example, financial distress can cause anxiety, depression, increase risk for family violence etc. This figure demonstrates the relationship between risk and protective factors and mental health and wellbeing during a 'state of emergency/disaster'.

Figure 1. Implications of reducing and removing protective factors.



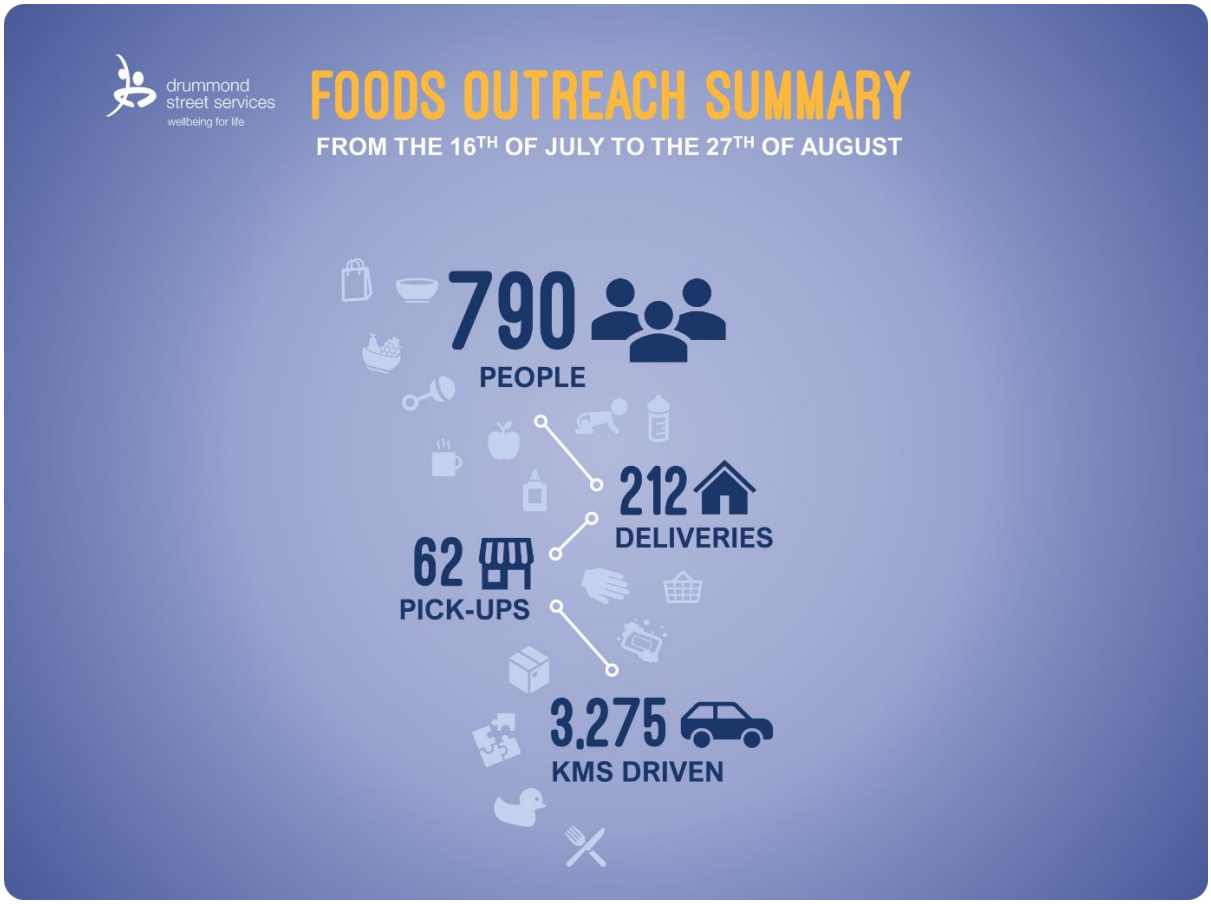


DRUMMOND STREET'S RESPONSE

FOODS (Foods Outreach Operations @ ds) and Brokerage support

One of the major changes to our service provision has been in the development of our FOODS program to respond to the material needs of clients. The aim of our FOODS program is to assist vulnerable and disadvantaged clients and members of their households to have access to food and essential care items, in an environment where they may be especially impacted by the COVID-19 Pandemic.

Below is a summary of the fantastic work that has been going on through this program, highlighting the amazing work of Ron who has been coordinating the program, Sofie who has been coordinating brokerage funds, Helen and Karen who have been spending Friday afternoons raiding Costco, and all of the amazing drummond street volunteers who have packed food in their homes or dropped packages to vulnerable clients. You have collectively made this support for some of our most vulnerable clients possible.



Here are some of the messages we have received from clients so far:

» "Having the food packages has made my life so much easier! I was really struggling and often not eating dinner most nights before but having the frozen meals has been great! Thanks for all the hard work."

- "Please pass on my appreciation for the donated food. I was so happy to see it and it was fresh and I noticed the extra effort for Halal and to include something for our children was very kind."
- "It was fantastic to get the food delivered, I could see the relief on my husband's face and we have been much less worried now we have some things in the freezer. I cooked all day until 11 at night."
- "Thank You. You are so good to give us food we hope to be work soon but now we are full and very happy. Bless you"
- "I'm absolutely amazed by the service and care Drummond st provides! Thank you SO much. I feel ABUNDANT"
- "I'm glad for your support thank you very much for your kind support during this difficult situation 🙂😊"
- "Thank you so much for all your work it's made such a difference. Knowing I can eat and also just getting a package really brings a bit of joy"
- "Thank you so much for the food 🙏"
- "Oh, that's amazing. You're an angel. Thankyou"
- "Thank you so much. You are a life saver and I can't thank you enough. The boys and I appreciate you very much."
- "That's ok thank you so much. I appreciate it so much 😊"
- "We're very grateful for the packages."
- "It's fantastic there are programs like yours that help families in hard times"

Through the FOODS program drummond street has so far provided an additional $14,931 in rental brokerage for LGBTIQ+ people, $20,300 on additional family violence brokerage funds and $27,690 on food relief. We have also distributed 233 x $150 Coles gift cards to clients experiencing financial hardship. This is in addition to the $ 34,040.09 in brokerage funds that had already been distributed, including $7,749.00 for food deliveries offered through our original Moving Feast program that was detailed in the last report.

A huge number of care packs have also been distributed, with 515 care packs distributed across the City of Melbourne estates, City of Yarra estates and QTIPOC teams between March and July. In addition, in June over 400 care packs were distributed to young people attending the Black Lives Matter protests providing relevant health and legal information and masks and gloves in order to enable young people to protest safely.

Adapting Online

Staff have made incredible transitions to working completely online and are finding ways of responding to the changing needs of our clients, and to new ways of working. There are a number of examples of innovative practice that have been shared with the CFRE team. While this small summary in no way captures all the great work that you teams are doing, it does highlight some of the creative ways that people are making a difference to their clients. Some examples of these groups include:

- In July, the Youth and Communities held a live Q&A with Najat Mussa, Flemington resident and young person, Dr Chris Lemoh and community lawyer Daniel Nguyen from Flemington Kensington Community Legal Centre. The purpose was to discuss public housing hard lockdowns and address myths about COVID-19 and testing. The event was hugely successful having been attended **by 55 people live and with over 1000 views post the event.** Following

positive feedback, community members have since requested this digital event to be a regular occurrence.

- An online Black Lives Matter Panel was held by the Youth and Communities team on July 1st, led by a senior practitioner and four young people, including one of our peer leaders. The event attracted over **45 viewers live, with 348 views amassed** by the end of the month
- In July, MOVE IT 4 KIDS, organised in partnership with the Kindness Pandemic attracted **107 participants** over the course of 2 online sessions.
- Raising Happy Healthy Kids: LEGO family fun building session was attended by **56 families** in July over Zoom.
- Hullaballoo Music – Kids in Quarantine Music Group was attended by **67 families** and facilitators reported that the zoom event was a great way for family and friends to spend time together.
- In July and August alone the Zen Bub Massage Class attracted **123 participants** in the online delivery format via Zoom- a significant increase from the previous quarter (April – June) which attracted 15 participants.
- Transition to Parenthood seminars were very well attended across the period from April to July with **165 participants** were recorded across **22 zoom sessions** on a range of specific topics including baby bonding, self-care, childbirth education, mental health and relationships and babies in COVID-19 times.
- Navigating the return to primary school session attracted **32 participants** in one session in June.
- In response to the lockdown of the towers, a number of online sessions were created for community members in the northern region in order to address issues such as schooling, healthy relationships and impacts on migration. **73 women attended** the session of the impact of migration and refugee experiences and how these experiences are affecting them during the lockdown and accompanying restrictions.
- queerspace's group program 'the Village' moved to an online forum with **17 families** participating

Communications

Staff have used social media platforms and are connecting through Soom and phone calls to increase communications with the community at this time. Some of the ways queerspace has utilised this space has been to share staff tips for staying well, create an online forum about parent and family support for LGBTIQ+ young people, develop a newsletter, share information on help-seeking and other resources such as exercise classes.

Youth and Community program coordinators have partnered with queerspace to produce a resource for young people experiencing family violence at home. This resource is focused on finding safety at home, understanding your rights and referral pathways and is available online on the w|respect website.

The Drum has held Zoom meetings for residents of the public housing estates, shared legal information for young people and community during stage 4 restrictions, and has provided a wealth of other resources. The Youth and Communities team has adapted the mentoring programs, through providing online zoom groups and has been reaching out to engage young people known to them by phone and on social media, providing individual support and the resources to stay healthy and positively engaged in the current environment.

COMMUNICATIONS & COMMUNITY ENGAGEMENT

queerspace

Campfire Stories (monthly queer story broadcast)

Tips for building resilience

Mental health services available

Homelessness week support

Lockdown donations

the drum

Free workout videos

Tips for lodging first tax return

Self-care

Legal info

Zoom meetings for residents of public housing estates

drummond street services
wellbeing for life

Telehealth

The use of telehealth has highlighted the potential to reach a diverse range of clients, such as those in rural settings, or who would otherwise not be able to access some of our specialist services on offer. In addition, feedback from clients indicates that there have been a mix of clients who have preferred telehealth appointments. We have seen increased engagement in some services, such as our perinatal groups, as people have been able to fit services into their lives. This points to the potential to utilise telehealth in the future whilst also understanding the continued need for face-to-face sessions.

While there have been some incredible strengths in providing services through telehealth, there have also been a number of barriers. Common barriers recognised by practitioners include difficulty in assessing behaviour through a screen, connecting online, being able to offer comfort and support through a screen, and experiencing Zoom fatigue. Many practitioners spoke of the difficulty of not being able to see facial expressions and body language, making it difficult to observe behaviour and assess how clients might be feeling through their body language. They have also noted privacy considerations, given difficulties ascertaining whether the client is really alone or experiencing disruptions by other family members or housemates. In addition, some clients are having difficulty concentrating on Zoom. Some practitioners shared that in response to this issue, they have been writing emails after their sessions to clients to outline what was covered, to reconnect the client to the therapeutic work being done.

We are also seeing changes to the ways that clients are engaging in our services and we are adapting to suit changing client needs through responding to ongoing feedback. Client sessions have been commonly shorter and more frequent, with an increase in casework associated with each client. Client contact has become more spontaneous since March. Clients are increasingly making contact with their practitioners when something arises for them, rather than waiting for their session. Some are writing lengthy texts and emails, leading to back and forth communication and support, becoming 'a session in itself'. The ease of contact has been noted as something that can at times be quite stressful for practitioners but also very beneficial in preventing major issues from escalating, with practitioners feeling they have been able to help clients more quickly, as needed.

Feedback from clients

Feedback is an important way that we gather feedback from clients. There have been 62 clients who have completed a feedback form during or at the completion of their sessions since the pandemic began. The overwhelming majority have had positive experiences since the service moved online.

- 93.5% felt listened to and their issues understood
- 95.2% felt satisfied with the services
- 90.3% felt better able to deal with the issues they sought help with
- 88.7% have a better understanding about the issues they sought help with
- 88.7% learned new skills to help them deal with these issues
- 82.2% have changed their behaviours to help them deal with these issues
- 88.7% felt more confident to deal with these issues themselves

93% felt their needs were able to be met through telehealth, but 7% did not. Suggestions for improvement mainly included internet connectivity improvement, practitioners having headsets and one person suggested a tipsheet for clients using telehealth for the first time. We would love to collect more feedback from clients around what the service should or could look like and to adapt in supportive ways to the changing needs and expectations of clients.

Responding to the hard lockdown

To ensure a coordinated organisational response that prioritised support and resources to those most impacted, the Social Justice for Residents in Hard Lockdown Working Group was established to support the following groups during the hard lockdown of the 9 towers in North Melbourne and Flemington:

1. The families, including our staff and clients in hard lock down in North Melbourne, Kensington and Flemington
2. The public housing estates in the inner CBD
3. Other highly vulnerable groups in the North and West

This working group has been responsible for coordinating work across teams to identify ways the wider agency can support people to get what they need. The working group have developed:

- Clear priorities in providing support
- Key people leading pieces of work
- Key decision makers agreeing to meet, and work though immediate needs

They have met every few days since the introduction of the hard lockdown response to identify key priority areas, help coordinate the organisation's response and work with other agencies to support residents and advocate to government, with and for community. Key priority areas identified by the group have included staff wellbeing, assertive connection and tele-outreach, material support, advocacy, mental health and family violence support, education support for children and young people, and communications. These priorities integrate with a lot of the work we are already doing as an agency and the role of the group has been integral in connecting and coordinating this response. The table below outlines some of the key priority action areas where the group has undertaken work:

Priorities of the group and the organisation

Priority area	Actions
Staff wellbeing	Checking in on people, providing supervision, acknowledging the cultural load
	Ensure staff are able to prioritise practical work
	All staff know this work is valuable and prioritise it
Assertive connection and tele-outreach	Calling or messaging families and young people to see how they are and if we can support them. Letting families know that there is more we can do than counselling
	Practical support with case work and forms
	Feeding needs, challenges and strengths back to the group for advocacy/coordinated response internally and with other organisations
Material support	Using between $3000 and $4000 in brokerage to support families and young people with material needs including food
	Support process for handing request for brokerage
	Seeking PPE Using what we have to support residents
	Knowing what is on the ground & have this information available at org level

	Support residents and staff to know how to access the payments on offer from Vic government for hard lock down and receive goods they need
	Internal coordination of distribution of care packs to vulnerable families
	Fundraising in order to continue to support the provision of material support offered through the FOODS program
Advocacy	Plan for coordinated response with residents in other towers should they experience a hard lock down
	Ensure our advocacy mirrors residents own demands- to be treated the same as others without a police response
	Advocate for increased public health measures on the ground of the estates and for other vulnerable groups
	Attend ASU Meetings to advocate for social and humanitarian responses not police
	Young people and their relationship with Vic Police
Mental health and family violence support	Providing mental health support and family violence support
	Promote coaching on offer from Queerspace team
	Ensure early promotion of Hullaballoo sessions via SMS to support families
	Service coordination at team level
	Utilise volunteers to provide support
	Promote parenting peer support for mothers
Education support for children and young people	Working with Carlton Local Area Network and others to extend online Homework club
	Ensure information at local level is known about, including educational supports available
	Proactive promotion of the program to support young people to participate
Communication	Key outward and internal messages about supporting people during this time- linking in with communication group
	Communication with the exec and internally about what is happening

Staff Well-being

Drummond street's response to staff wellbeing acknowledges the impact of COVID-19 and the subsequent restrictions on staff wellbeing and the way we work, including adapting to working from home and for many of us, working whilst providing care to others. In order to do this, the organisation has been exploring ways that it can support the health and wellbeing of staff. Three staff surveys have been undertaken to better understand staff wellbeing needs, which have informed organisational decision making.

Since the introduction of the Stage 4 restrictions, drummond street expanded its flexible work model, to enable staff to work a 5-hour workday, rather than a 7.6-hour workday, without any changes to leave arrangements or take-home salary. Staff rosters were developed for teams working with clients to ensure coverage of the week. 94.7% of staff have found the flexible arrangements useful. Some staff have

communicated that the change was reflective of the larger amount of work they were able to fit into a 5-hour day at home, compared to the 7.6-hour day in an office based setting. Others spoke about how they were still largely working the same number of hours, however the 5-hour workday expectation allowed them to not feel guilty while they were caring for children or going to grab groceries or a coffee. The flexibility removed stress from many parents, in particular those who were trying to navigate caring/facilitated learning responsibilities and making the hours up late at night and early morning.

“I think the 5-hour days has helped immensely as I have found my stress levels have decreased. I have more me time and can organise my work and family commitments more strategically.”

Many staff members stated that although they had not reduced their hours as much as they would have liked, due to their workloads, it was a benefit to know that the time was there if they needed to take it.

“Knowing that I can work a 5-hour workday has taken some pressure off. I don't always take it up, but I feel very grateful that it is available. “

In addition to introducing more flexible working arrangements staff have also been engaging in a range of social activities to help keep staff connected and improve wellbeing, such as facilitated lunchtime Yoga sessions on Zoom, walking competitions, Zoom trivia or team catch ups. One ambitious team collectively pulled together a cookbook of their favourite recipes in their spare time!

WHAT NEXT?

You may be asking yourself, well that was all very interesting, but what next?

The information in this report will be used to inform decision making at an organisational level. It will be shared internally and externally to the organisation to highlight changing community needs and will inform our advocacy effort within all levels of government.

If there are any specific themes or topics that you would like covered in the next report, or any emerging trends or issues that you think warrant further attention, please get in touch with the CFRE team and we will highlight this in the next edition.

Stay safe and watch out for the Staff Wellbeing Report which will also be coming out soon!