

Disasters Don't Discriminate:
Disasters of 2020 and their Impact on People Served by Moneycare



Prepared by the TSA Research Team

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Contents

- List of Figures..... 3
- List of Tables..... 3
- Executive Summary..... 4
- Section 1: Background..... 6
 - Bushfires..... 6
 - COVID-19..... 6
- Section 2: Method & Preliminary Analysis..... 7
 - Method..... 7
 - Preliminary Analysis..... 8
- Section 3: Findings..... 10
 - Who is Seeking Services?..... 10
 - What were the Services Provided to People Accessing Moneycare?..... 14
 - Referral..... 14
 - Mode of Service..... 15
 - Type of Service Offered..... 16
- Section 4: Discussion & Conclusions..... 18
 - Community Members accessing Moneycare..... 18
 - Moneycare Services..... 19
 - Changes in the Mode of Services and Service Impact..... 21
- References..... 23
- Appendix A: Social Isolation Survey..... 26
- Appendix B: Are Non-Disaster Moneycare Community Members in 2020 Different from those in 2019?..... 30
- Appendix C: Detailed Demographic Characteristics for People Assisted through Moneycare..... 32

List of Figures

| | |
|---|----|
| Figure 1: Percentage of People Assisted by Moneycare by Disaster Status | 8 |
| Figure 2: Percentage of People Assisted by Moneycare by States | 8 |
| Figure 3: Number of people assisted by Moneycare over time and by Disaster Status..... | 9 |
| Figure 4: Percentage of People Assisted by Moneycare over time by State & Disaster Status | 9 |
| Figure 5: Demographic Characteristics of Australian General Population and 'All Other' People served by Moneycare | 11 |
| Figure 6: Demographic Characteristics of Bushfire impacted and 'All Other' People assisted by Moneycare | 11 |
| Figure 7: Demographic Characteristics of COVID-19 impacted and 'All Other' People served by Moneycare | 12 |
| Figure 8: Selected Demographic Characteristics of COVID-19 Impacted People Assisted by Moneycare . | 13 |
| Figure 9: Referral Sources to Moneycare Services by Disaster Status..... | 14 |
| Figure 10: Mode of Service to People using Moneycare by Disaster Status | 15 |
| Figure 11: Mode of Service to People using Moneycare Over Time | 16 |
| Figure 12: Types of Services Offered to People using Moneycare by Disaster Status..... | 17 |
| Figure 13: Change in income from March to April for workers, TSA Isolation Survey 2020 | 26 |
| Figure 14: Work Status in April by Work Status in March among Working Age Adults, TSA Social Isolation Survey, 2020..... | 27 |
| Figure 15: Change in Work Hours from March to April for Workers, TSA Social Isolation Survey 2020 | 27 |
| Figure 16: Self-assessed mental health in March & April, TSA Social Isolation Survey, 2020 | 29 |
| Figure 17: Change in self-assessed mental health in April by March status, TSA Social Isolation Survey, 2020 | 29 |
| Figure 18: Demographic Characteristics Not significantly different between Moneycare Service users in Q4 2019 and Q4 2020 | 30 |
| Figure 19: Demographic Characteristics Significantly Different Between Moneycare Service users in Q4 2019 and Q4 2020..... | 31 |

List of Tables

| | |
|---|----|
| Table 1: Gender Proportions in People Assisted by Moneycare by Disaster Status..... | 32 |
| Table 2: Indigenous Status of People Accessing Moneycare by Disaster Status | 32 |
| Table 3: Age profile of People Accessing Moneycare by Disaster Status | 33 |
| Table 4: Disability Prevalence of People Accessing Moneycare by Disaster Status and Age | 33 |
| Table 5: Household Type of People Accessing Moneycare by Disaster Status..... | 34 |
| Table 6: Residency and Language Status of People Accessing Moneycare by Disaster Status | 35 |
| Table 7: Household Tenure of People Accessing Moneycare by Disaster Status | 35 |

Executive Summary

Background

Disaster can impact any Australian, not just on individuals who are vulnerable to economic and social adversity. Across the nation, Australia experienced a multitude of disasters in 2020. The experience showed that disaster was indiscriminate, as also evidenced through this report.

This report focuses on two of the disasters: bushfires and COVID-19. The summer of 2019-20 saw extreme bushfires that burnt an unprecedented amount of land, homes and businesses and had huge impacts on Australians, particularly those in rural and regional areas. COVID-19 has had an enormous economic and social impact as Australians underwent lockdown and the threat of exposure to the virus. This pandemic, despite the payment of additional social welfare funds through the JobSeeker and JobKeeper, has had a large impact, among others, on employment and income.

This report aims to understand the experience and impact of bushfire & COVID-19 to community members who sought assistance from Moneycare.

Key Findings

- 4,566 individuals accessed Moneycare services in the months of April to August 2020
- These individuals were classified into three categories: bushfire impacted people (7%), COVID-19 impacted people (22%) and 'all other' people accessing Moneycare who were not impacted by these disasters (71%).
- Compared to 'all other' people accessing Moneycare, the profile of bushfire impacted people resembled the regional population of Australia and were more likely to be:
 - homeowners (63% vs 15%)
 - couple-only households (30% vs 8%)
 - couple-with-children households (23% vs 10%)
 - over 45 years old (77% vs 49%)
 - Australian born (85 %vs 74%)
- There were two distinct waves of COVID-19 impacted people accessing Moneycare. Compared to the 'all other' people accessing Moneycare:
 - The first wave of COVID-19 impacted people (sought access during April & May) resembled Australian working groups, and were more likely to be:
 - aged 25-44 (48% vs 43%)
 - private renters (63% vs 48%)
 - couples with children (18% vs 10%)
 - The second wave of COVID-19 impacted people (sought access during June & July) resembled international students' profile, and were more likely to be:
 - temporary visa holders (16% vs 2%)
 - aged 16-24 (14% vs 8%)
 - live in group households and with unrelated adults (31% vs 25%)
- Based on the referral pathways used to access Moneycare service, it is likely that bushfire impacted people were not previously aware of Moneycare and have rarely or never accessed services through a charitable organisation. Bushfire impacted people were most likely to be referred to Moneycare via a community agency (including The Salvation Army, 46%) or a government department or agency (40%).

- COVID-19 impacted people were more likely to access Moneycare through referral by self, family and friends (45%), through The Salvation Army and other community agencies (29%) and the sector hotline (13%).
- The profile of ‘all other’ people who sought Moneycare services are similar with those traditionally seen by Moneycare in the past, which was the most vulnerable group of Australians:
 - Were more likely to have a disability, to be Indigenous, single parent, private renters or to live in public housing and institutions.
 - Like the COVID-19 group, were more likely to self-refer to Moneycare services or through TSA programmes and community agencies.
- More than 1 in 10 (12%) of individuals who were impacted by either bushfire or COVID-19 were homeless. The high rate is possibly contributed by individuals who were living with relatives and friends, which falls into homelessness category. The rate of homelessness increased among individuals affected by COVID-19, from 10% in April to 14% in August 2020.
- COVID-19 lockdowns impacted how Moneycare services were offered but face to face services slowly increased from April to August 2020 and telephone services decreased. However, telephone services were still the most frequent type of service for all Moneycare community members. Moneycare financial counsellors indicated that offering services by telephone was more difficult than doing so face to face.
- Bushfire impacted community members were more likely to receive material help, while COVID-19 impacted people were more likely to receive advocacy and counselling services.

Conclusions

For the last decade, Moneycare was increasingly accessed by people in vulnerable situations. Households accessing the service were experiencing various and multi-faceted problems such as housing stress, difficulty meeting necessary expenses, with health and employment issues, while forced into debt arising from unexpected circumstances (Lensun & Susanto, 2018). This report revealed that the disasters of 2020 did not discriminate. Those who were impacted by bushfire and COVID-19 were distinctly different from those who would normally accessed Moneycare services over the years.

Regardless of people’s background, Moneycare services continue to assist people from all walks of life, providing free and confidential financial wellbeing and capability services to support Australian communities. Driven by passion for people’s wellbeing, Moneycare continues to advocate for policies that enable financial and social inclusion for Australians, regardless of their circumstances. Results from the Moneycare Outcomes Measurement project indicated that both disaster-impacted and non-impacted groups increased their overall financial resiliency and improved mental health and wellbeing after engagement with Moneycare (Loo & Lensun, 2020).

Section 1: Background

Bushfires

Australia's most recent bushfires were coined as the country's 'Black Summer' and the unprecedented disaster began well before the official fire season had started. The Center for Disaster Philanthropy (CDP, 2019) reported out of control fires ignited as early as June 2019 and continued to ravage much of the Australian East Coast up until early March 2020.

This unprecedented event was reported to have burned 17 million hectares across Australia, with a substantial 5.6 million hectares being burned in NSW alone, nearly 7% of the state's total land mass (Parliament of Australia, 2020). To put the scale of the disaster into perspective, a member of the Rural Fire Service suggested that a typical fire season was likely to burn up to 300,000 hectares of land in NSW, less than 10% of what was lost over the 2019-2020 Black Summer period in the state (Werner, 2020). Around the country areas that were reported to have burned included: 1.5 million hectares in Western Australia, approximately 1 million hectares in Victoria, more than 250,000 hectares in Queensland, 200,000 hectares in South Australia, and at least a further 30,000 hectares in Tasmania (SBS, 2020).

Thirty-three people (combined total of civilians and firefighters) lost their lives during Australia's 'Black Summer' (Wahlquist et al., 2020). NSW recorded the highest death toll, with 25 people confirmed dead since the start of the fire season (Wahlquist et al., 2020). Victoria confirmed another five deaths and South Australia a further three to add to the bushfire death toll (Wahlquist et al., 2020).

COVID-19

The World Health Organization (WHO, 2020) describes COVID-19 as '*an infectious disease caused by a newly discovered coronavirus*'. The Australian Department of Health (2020a) confirmed the first case of novel coronavirus (COVID-19) in Australia on 25th January 2020. As of August 31st, 2020 (the date contemporary with the data used in the following analysis), Australia had 25,746 confirmed cases (active and past) and had experienced 652 deaths (Australian Government Department of Health, 2020b).

Although most people diagnosed with the virus did not require hospitalization and would fully recover, COVID-19 disproportionately affects more vulnerable people. Older adults (65 years or older), or people with chronic illnesses (such as, diabetes or lung disease) were thought to experience increased severity of the virus, requiring significantly more medical support. Given this, precautionary measures to reduce the risk of transmission, and to preserve needed medical resources, were initiated by the Australian government and enforced nationwide. These efforts inevitably effected the economy and Australians' lives.

Tough restrictions and major closures of businesses began in mid-March 2020 in Australia (Wahlquist, 2020). Most states began to loosen restrictions as of 1st May 2020 when New South Wales, Australia's most populous state, allowed 2 adults to visit another household. Most states did not allow out of household face to face socialization until later in May 2020. Facing a second wave of COVID-19, Victoria imposed a second lockdown on July 8th, which as of the time of writing, was still in effect.

The economic impact of the 'Black Summer' bushfires, coupled with the enforced shutdown of businesses during the onset of the pandemic, was reflected in GDP contraction for the last quarter of 2019-20 and the first of 2020-21, officially putting the Australian economy into a recession. Lockdown and recession have had an impact on Australians in general, and on particular demographic groups.

Section 2: Method & Preliminary Analysis

Method

This report compares people who sought Moneycare services who were impacted by bushfire, those affected by COVID-19 and those people that sought Moneycare services for other reasons, designated ‘all other’ people.

Bushfire community members were identified through three methods: they sought Moneycare services at dedicated Bushfire Moneycare centres; they indicated that bushfire was either their main presentation issue or they were identified through the “Contributing Event” variable (added to the Moneycare SAMiS database as of April 2020).

Those impacted by COVID-19 were categorized by the term “Coronavirus” being used in their main presentation issue or the term appeared in the “Contributing Event” field while the remaining people were ‘all other’. All data came from the The Salvation Army’s (TSA) client database: SAMiS.

The period of April to August 2020 were chosen. Although bushfires occurred earlier than April 2020, it would be some time before bushfire-impacted people sought financial counselling services as their early requirements would centre around material needs. Additionally, the “Contributing Event” field was not added to the Moneycare SAMiS data until April.

For accuracy, data were also compared between all individuals accessing Moneycare in the fourth quarter of financial years 2018-19 and those ‘all other’ people who sought Moneycare services in the last quarter of 2019-20 (results in Appendix A). If these two groups of people were similar in demographic characteristics, it can be assumed that the ‘all other’ designation correctly captures those that traditionally have used Moneycare services. For most demographic characteristics, there was no statistically significant difference between the two groups. The main difference were 3 percentage points more renters in Q4 2019 and 3 percentage points fewer people in public housing than in Q4 2020, but the differences were minor.

Data were also compared between states and across time where appropriate. Generally, there were too few bushfires impacted people assisted to compare them across states or time (the outcomes were too volatile) and, except in a few circumstances, ‘all other’ people did not vary much across states or time.

Moneycare services were offered in a series of sessions for each person. That was, a person may have an initial session with a financial counsellor detailing the issues that they face; then followed up by providing advocacy and support with financial institutions (such as banks). Further sessions with people or institutions may follow, along with referrals to other agencies. All these sessions were logged into the database separately, but they constitute one episode of service. People were included in the analysis if they appear the first time in the months April to August 2020. Those who were assisted in January to March 2020 but still appear in the April to August records were excluded. This avoids over-counting of people in the early months as compared to the later months.

Results from the SAMiS database were further illuminated through a small number (n=3) of qualitative interviews with Moneycare financial counsellors. These interviews were conducted on July 22nd and 23rd 2020. A script of questions was devised that asked financial counsellors about the differing demographics of three types of people (if any), a typical Moneycare session with each category, with differing types of advocacy performed and the institutions contacted (if any), and the emotional wellbeing of people served. Some vignette case studies collected from Moneycare financial counsellors separately were also included.

Preliminary Analysis

In April to August of 2020, the Session Details Report had information on 4,566 people; 349 were bushfire impacted people, 988 were COVID-19 impacted people and 3,229 were ‘all other’. That is, 7% of recipients of Moneycare services were bushfire-impacted people, 22% were affected by COVID-19 and ‘all other’ people were just under three-quarters (71%) of the Moneycare service population (see Figure 1).

Figure 2 shows the split of people served by state¹. South Australian Moneycare centres served the highest percentage of people (40%)² partly because Moneycare in South Australia was funded to provide service to the South Australian segment of the National Debt Hotline. The smallest areas of Moneycare service were in Tasmania, which serves 2% of the national caseload and Victoria, which serves 7%.

This analysis sample was the full population of people who were served by Moneycare services from April to August 2020. They were not a nationally representative sample of the Australian general population nor of those in vulnerable economic circumstances and the results cannot be generalized to these groups.

Looking at the number of people assisted by Moneycare over time (Figure 3), the number of bushfire-impacted people assisted rose slightly across the time period, the number of COVID-19 impacted people peaked in July and the number of ‘traditional’ people peaked in June. As ‘all other’ were the majority of people, the number of people assisted overall also peaked in June and fell thereafter.

Figure 4 shows the percentage of the Moneycare service population served by each state over time by each disaster state. As should be expected, each month each state retains a fairly steady percentage of those not impacted by disaster, the ‘traditional’ group, with the Sydney region seeing a slightly increased percentage of people in July. Interestingly, but not unexpectedly given the longer lockdown in Victoria, there has been an increased percentage of people assisted by Moneycare who were impacted by COVID-19 over time. The bushfire figure was included for completeness, but the number of people seen by Moneycare financial counsellors was too small, and thus too volatile, to analyse by month. Note that Moneycare offers services to bushfire survivors in three states: Queensland, South Australia and NSW.

Figure 1: Percentage of People Assisted by Moneycare by Disaster Status

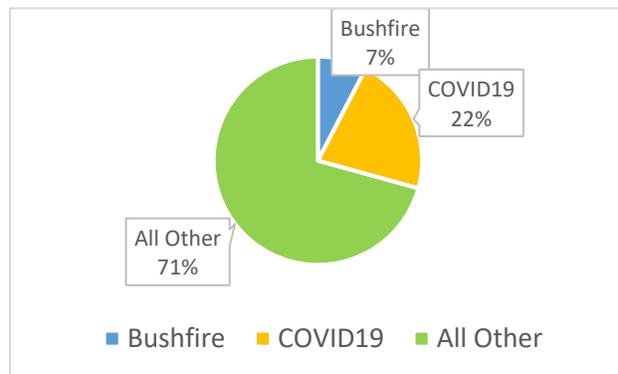
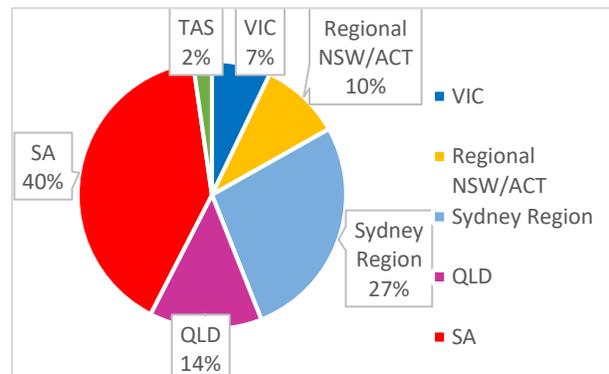


Figure 2: Percentage of People Assisted by Moneycare by States



¹ NSW and the ACT were not split along state and territory boundaries but by the Sydney region and the ACT/regional NSW.

² If ACT and NSW were counted together, NSW/ACT runs close second to South Australia at 37% of people served nationally.

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Figure 3: Number of people assisted by Moneycare over time and by Disaster Status

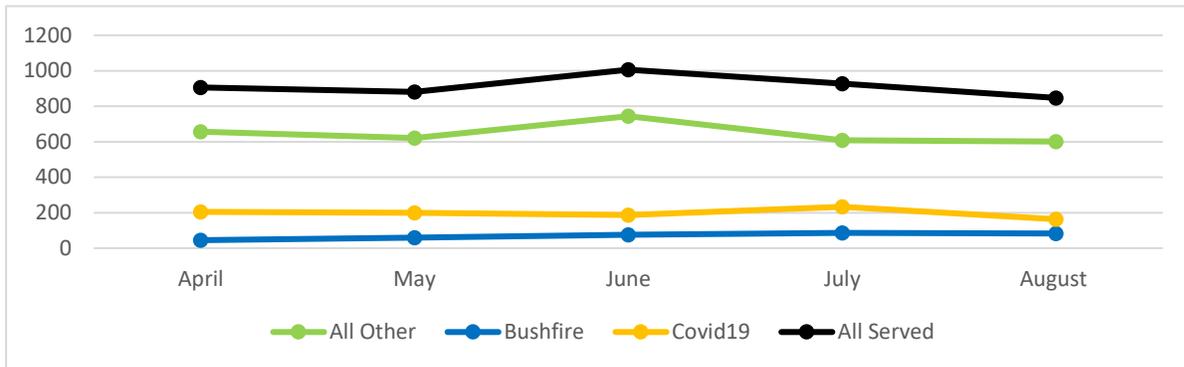


Figure 4: Percentage of People Assisted by Moneycare over time by State & Disaster Status



Section 3: Findings

Who is Seeking Services?

The demographic profile of people seeking Moneycare services is examined below. Details of each demographic characteristic is included in Appendix B.

'All Other' People Served by Moneycare compared to Australian General Population:

Those who have experienced Moneycare services but have not been specifically identified as having been impacted by disaster ('all other' people) are a distinct group. As shown in Figure 5, compared to the Australian general population (ABS, 2017a; ABS 2017b; AIHW, 2019), they are more likely to be of working age (that is 25 to 64). They are more likely to be living in a single adult-headed household than the general population and are far more likely to live in 'other' household types. (Other household types includes group households, unrelated people living together, living doubled-up with relatives and other forms of homelessness.) They also have a higher probability of being Indigenous and of having a disability³. Those seeking Moneycare services who were not disaster-impacted were also more likely to be Australian born, however, those assisted in the Sydney region were far less likely to be Australian born, particularly in Parramatta (27% Australian born) and Southwestern Sydney (23%). Finally, these 'all other' peoples are more likely than Australians in general to be renters, to live in institutions and public housing. This profile describes those who are generally more vulnerable to social and economic stresses than others.

Bushfire impacted people served by Moneycare compared to 'All Other' People Served by Moneycare:

Those impacted by bushfire compared to those served by Moneycare who were not impacted by disaster are compared in Figure 6. Those who were bushfire impacted were more likely than 'all other' to be over 45 years old, in a couple-headed household, Australian born and an English speaker and to own their own home⁴. Bushfire impacted people were less likely to be Indigenous and were less likely to have a disability.

COVID-19 impacted people served by Moneycare compared to 'All Other' People Served by Moneycare:

The COVID-19 impacted people were the most interesting to examine over time. Compared to the earlier months, those impacted by COVID-19 and assisted by Moneycare in the later months were more likely to be temporary visa holders, younger, less likely to be renters or owners and more likely to live in 'other' households. This implies that those who sought help in the later months were more likely to fit the 'international student' profile and those seeking help earlier were working age, citizens or permanent residents, and couples with children. Particularly concerning is the increase in homelessness among COVID-19 impacted people.

³ Note that disability status was not precisely defined for Moneycare services and may include a wider definition than that used by the Australian Bureau of Statistics (ABS).

⁴ Note that these demographics were representative of inner and outer regional Australia, but not of remote and very remote Australia (AIHW, 2018). The Moneycare Bushfire Centres which assisted these people were based in inner and outer regional Australia.

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Figure 5: Demographic Characteristics of Australian General Population and 'All Other' People served by Moneycare

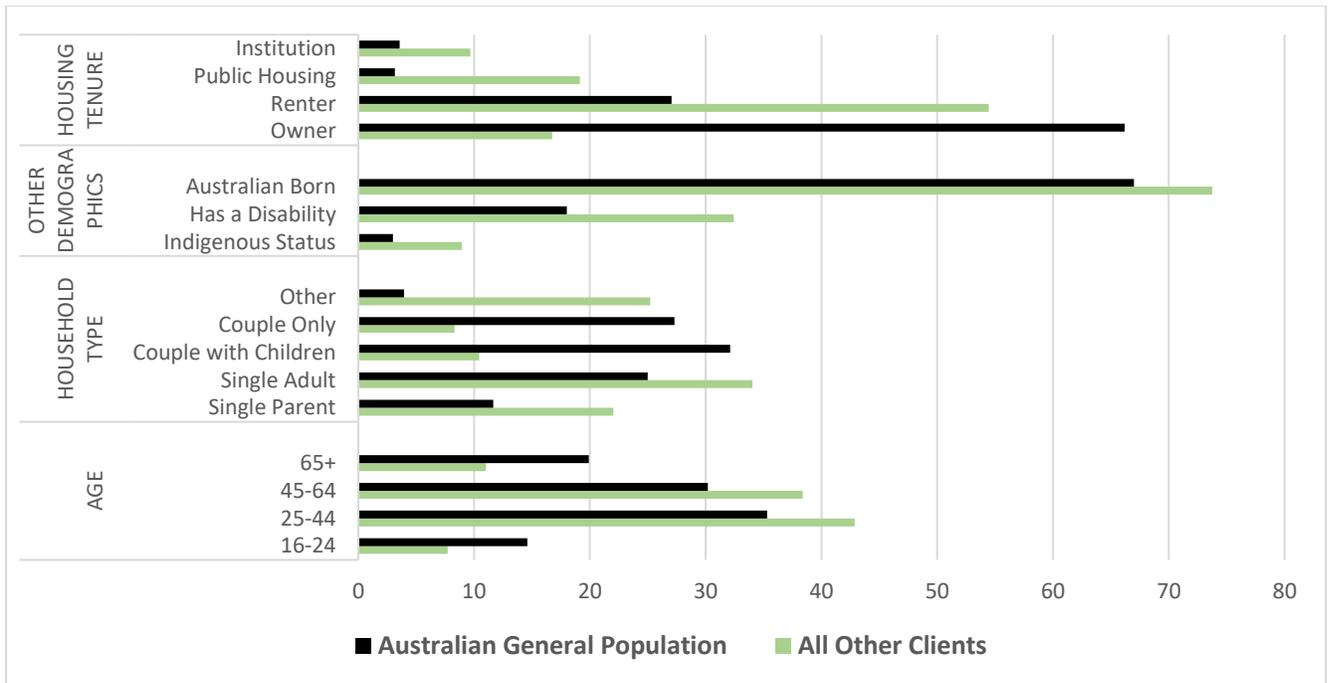
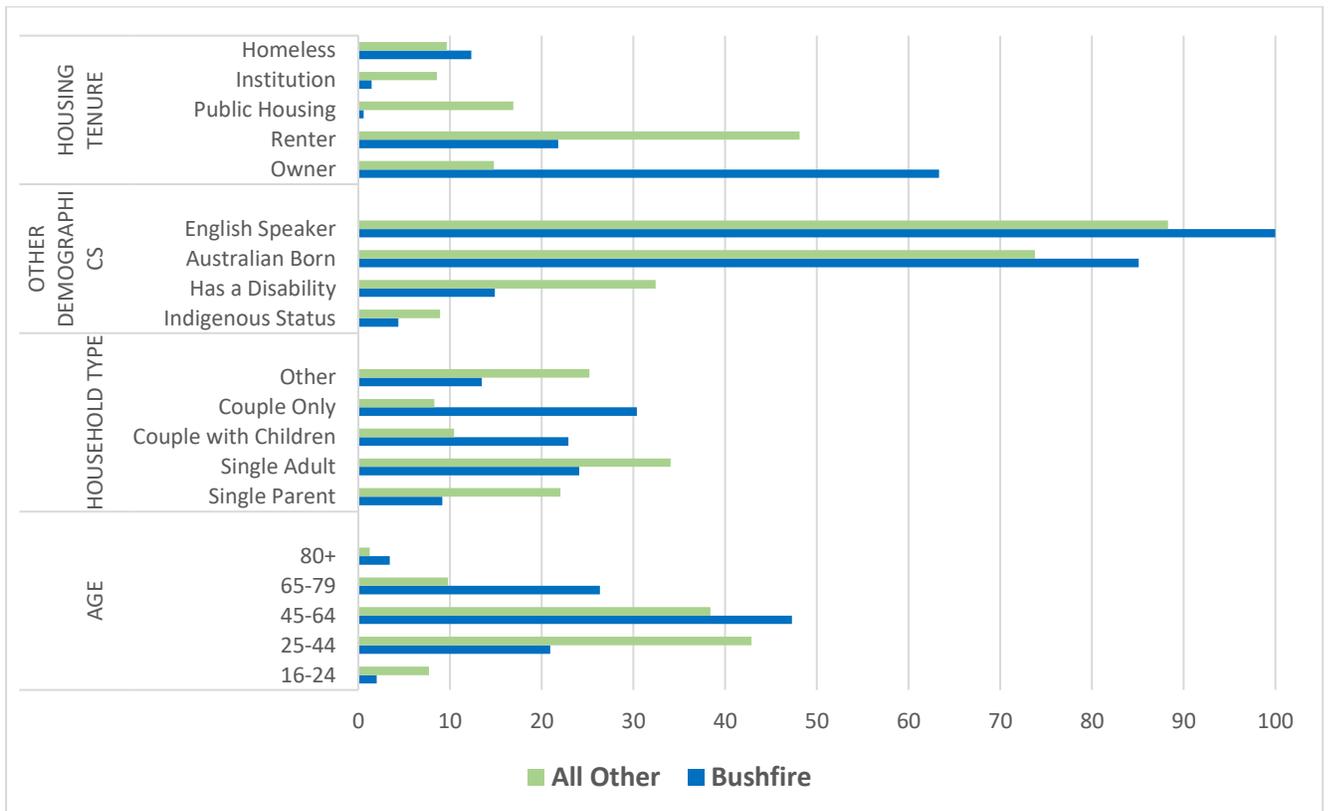
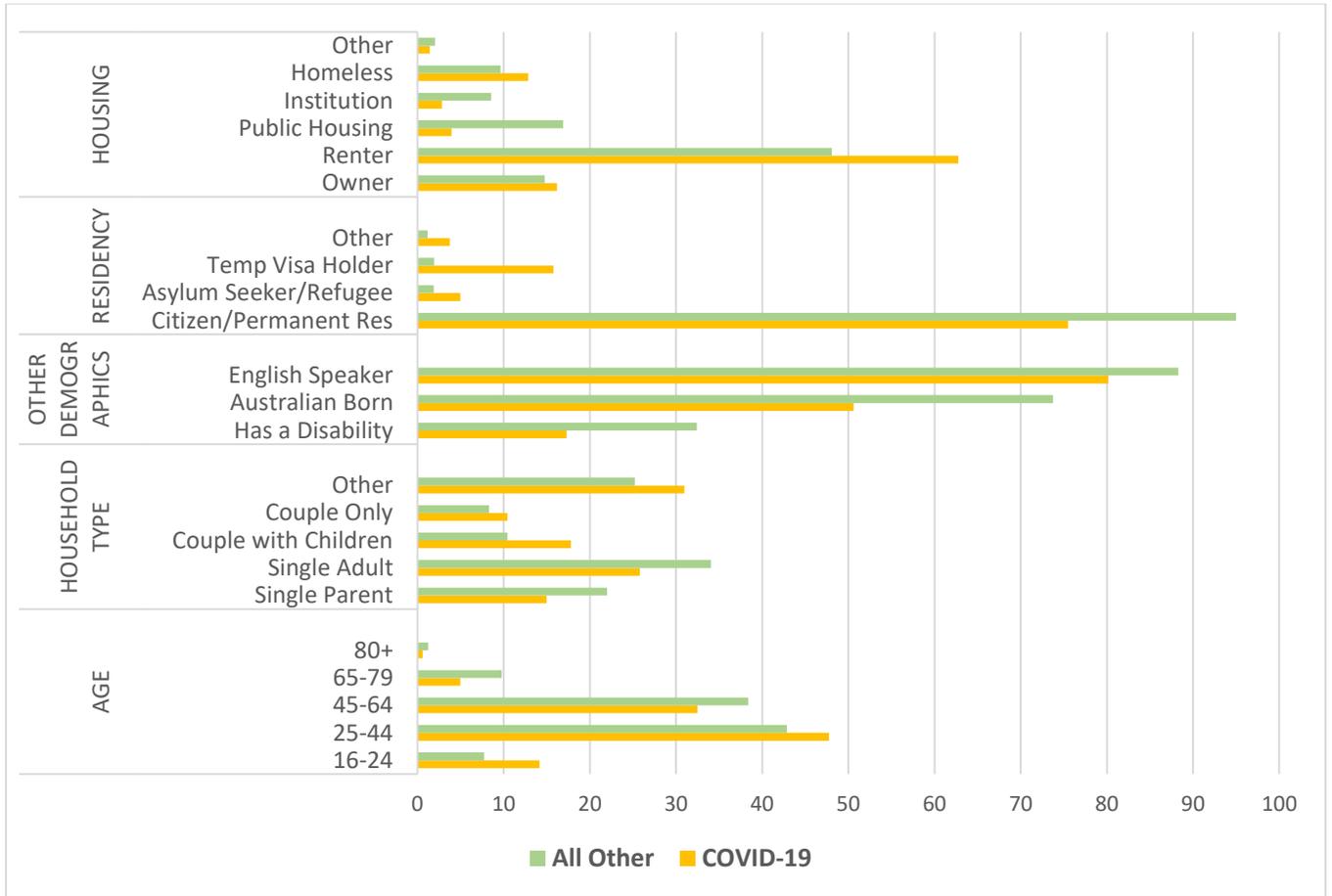


Figure 6: Demographic Characteristics of Bushfire impacted and 'All Other' People assisted by Moneycare



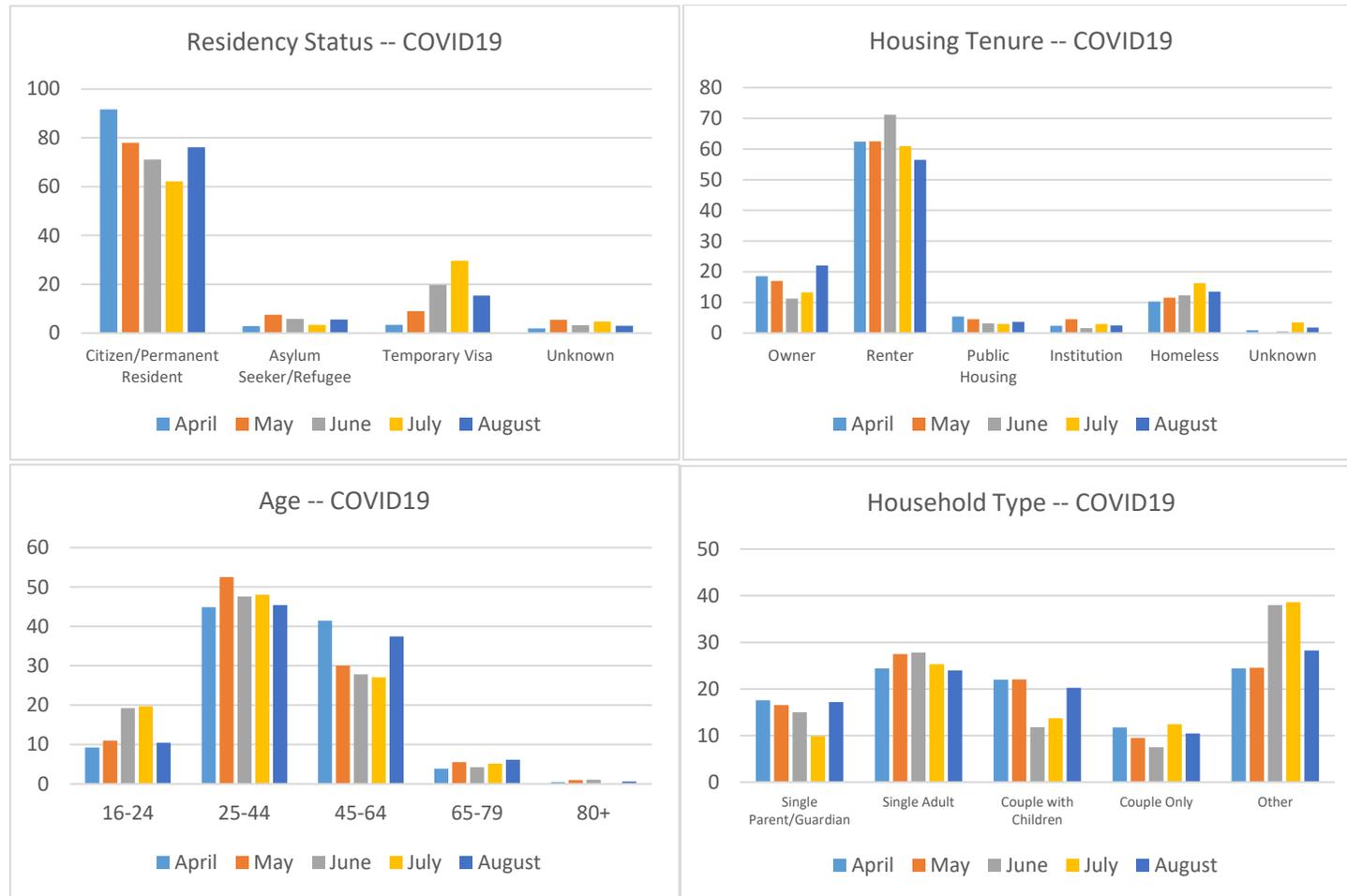
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Figure 7: Demographic Characteristics of COVID-19 impacted and 'All Other' People served by Moneycare



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Figure 8: Selected Demographic Characteristics of COVID-19 Impacted People Assisted by Moneycare

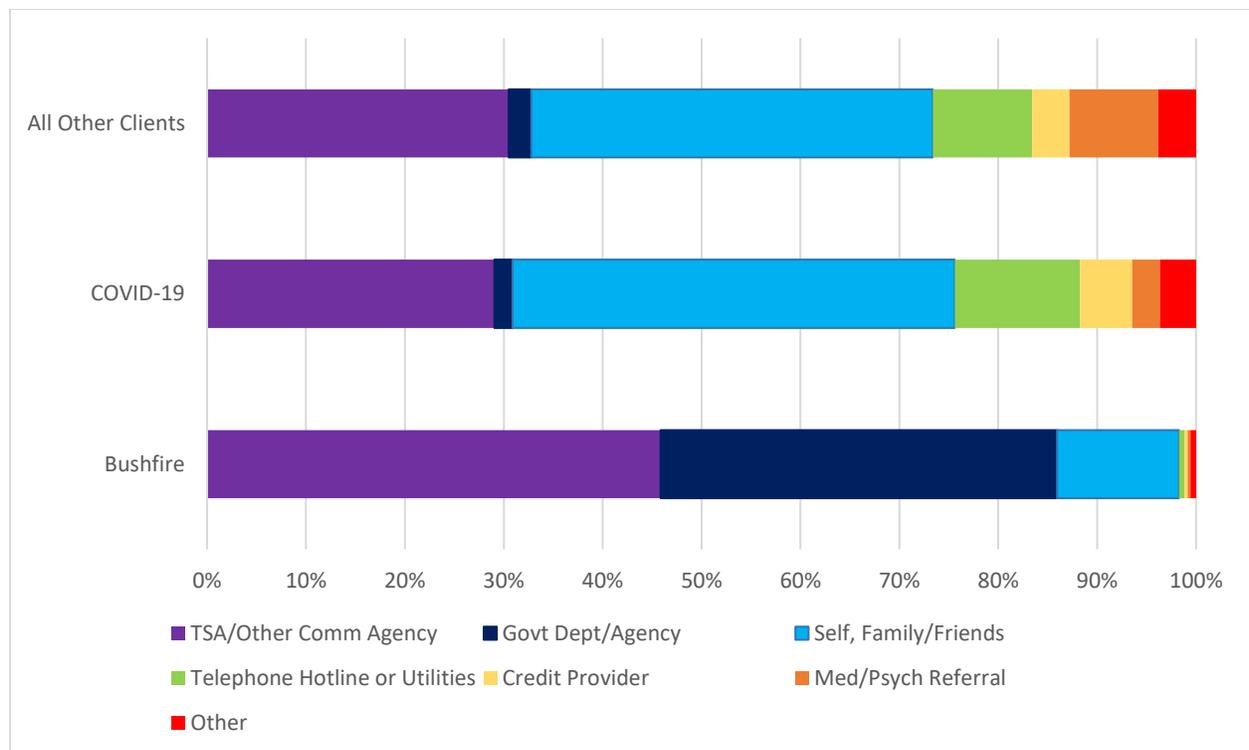


What were the Services Provided to People Accessing Moneycare?

Referral

Bushfire impacted people were referred to Moneycare through very different channels than the other two categories (Figure 9). They were most likely to be referred to Moneycare via a community agency (46%) or a government department or agency (40%), most commonly described as “Other Government Department”. Government departments were referral route used almost exclusively by bushfire victims, likely set up particularly for bushfire victims. Those impacted by COVID-19 –were referred through less institutionalized routes -- referral by self, family and friends (45%), but also seek help through TSA and other community agencies (29%) and the telephone hotline (13%). ‘All other’ people also most commonly referred by themselves, families and friends (41%), TSA and other community agencies (31%) and the telephone hotline (10%) but they also seek Moneycare services via referral from medical or psychological providers (9%), a route used only to a limited extent by the other groups.

Figure 9: Referral Sources to Moneycare Services by Disaster Status

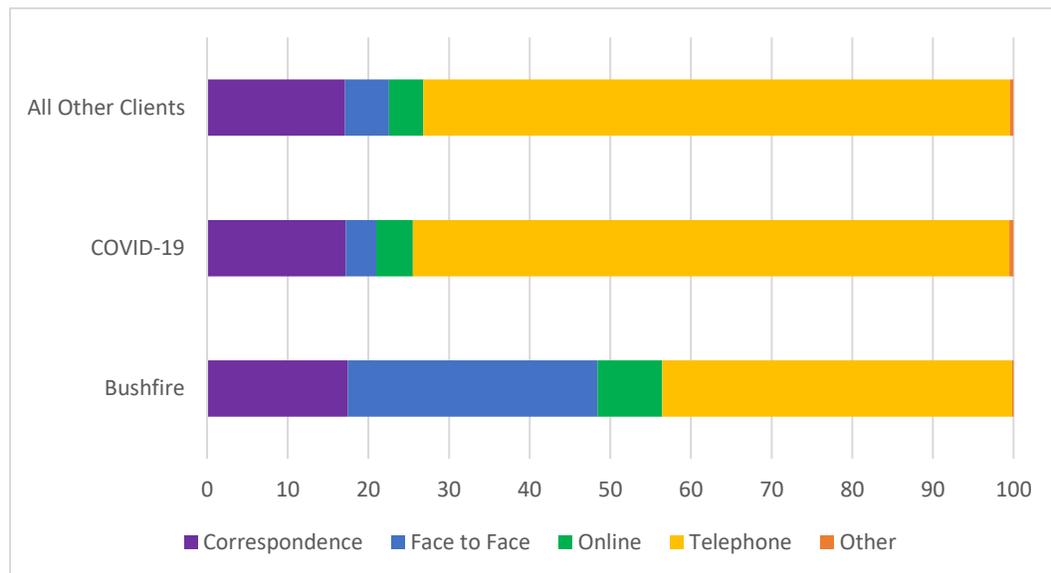


Mode of Service

Mode of service includes correspondence, face to face, online, telephone and other. Figure 10 indicates that people who were bushfire impacted were far more likely than ‘all other’ to receive face to face contact (31% of service time) and were less likely to have telephone contact or to have telephone contact made on their behalf (43%). Financial counsellors for bushfire impacted people also spent more time online (8%) than they did for other two categories (4%).

Modes of contact were very similar for COVID-19 impacted people and for ‘all other’. The most common mode of communication used was the telephone (74% and 73%), with face to face (4% and 5%) and online (5% and 4%) being less frequently used. All three groups of people were equally served by correspondence (17% of time for all three groups).

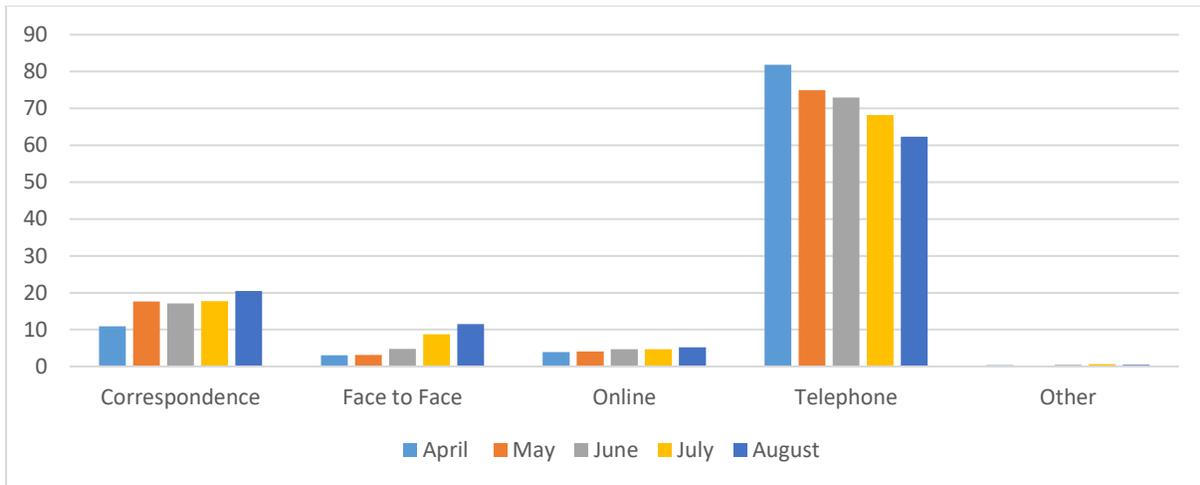
Figure 10: Mode of Service to People using Moneycare by Disaster Status



Lockdown to prevent the spread of COVID-19 began in most Australian states at the end of March and began to lift in May 2020. Despite the easing of lockdowns, many services continued to operate at a distance rather than face to face and, in Victoria, lockdown was reinstated in July 2020. Unfortunately, because only 7% of all Moneycare services were offered in Victoria, the group of Victorian people assisted was too small to analyse separately but across Australia modes of service offered each month were displayed in Figure 11.

As could be expected, face to face contact increased over time from 3% of contact time in April to 12% by August 2020, with the largest increases happening in July and August. Telephone time decreased from 82% of service time in April to 62% in August. While time spent in correspondence was steady at 17% from May to July, it took 11% of time in April and 21% in August. Time spent online remained steady across months.

Figure 11: Mode of Service to People using Moneycare Over Time



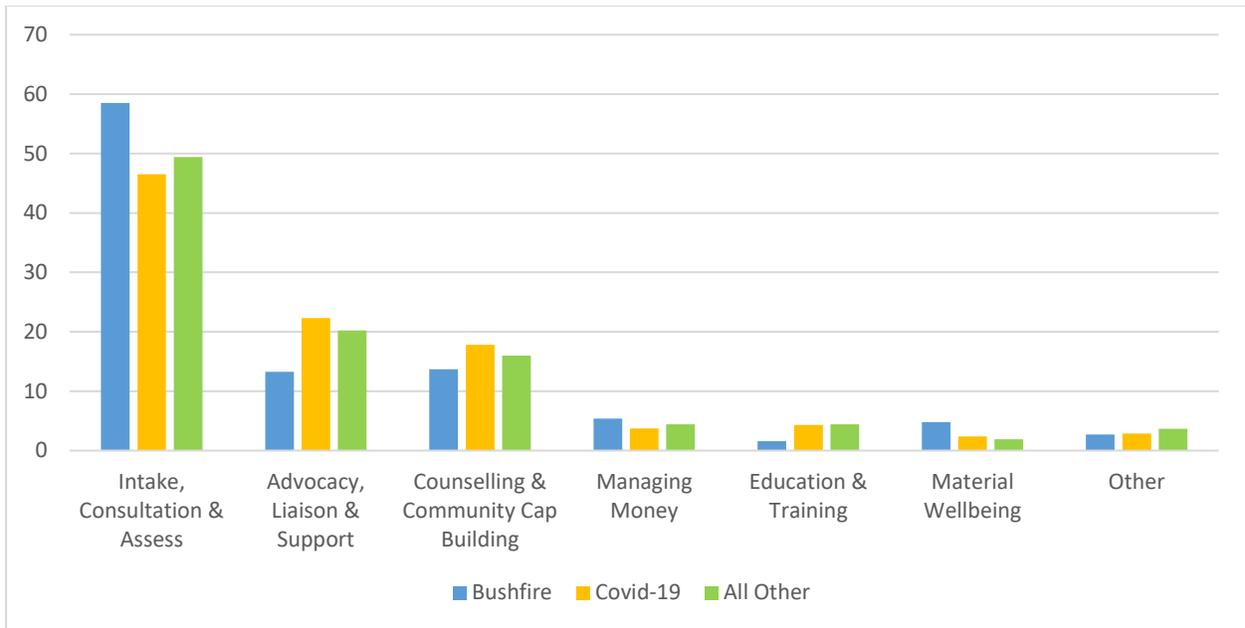
Type of Service Offered

Figure 12 shows the services offered by Moneycare financial counselling sorted into categories and weighted by the time spent on each. The longest time for each group was spent in intake, consultation and assessment. Bushfire impacted people had more of these services (59% of their time) than did those impacted by COVID-19 (47%) and all other (49%). Correspondingly, bushfire-impacted people have less time spent on advocacy, liaison and support (13%) and counselling and community capacity building (14%) than do COVID-19 and all other people. Bushfire impacted people have less time spent on education and training (2%) than other people and more time spent in securing material wellbeing help (5%).

COVID-19 impacted and disaster-impacted individuals did not differ greatly. COVID-19-impacted people spent slightly less time in intake, consultation and assessment than all other people (47% versus 49%) and slightly more time in advocacy, liaison and support (22% versus 20%) and counselling and community capacity building (18% versus 16%). However, time spent in help with managing money, education and training and securing material wellbeing were not significantly different between COVID-19 impacted people and all other.

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Figure 12: Types of Services Offered to People using Moneycare by Disaster Status



Section 4: Discussion & Conclusions

Community Members accessing Moneycare

Community members varied considerably across the three categories of people seeking Moneycare Services: bushfire, COVID-19 and 'all other'.

Bushfire impacted people were more likely to be in demographic groups that were typically less vulnerable: couples, middle-aged (and older), less likely to be Indigenous, less likely to have a disability, more likely to be Australian born, citizens or permanent residents and English speakers. Note that the vast majority of these bushfire impacted people were located in regional and remote areas where these demographic characteristics were more common. These characteristics were noted by the Moneycare financial counsellors interviewed:

"I would probably say...more...older people in the bushfire now than before, it was always a very, very wide range ... More couples [were seen] during bushfire, definitely..."
("Renee", Moneycare Financial Counsellor)

"One thing I have noticed is that I'm speaking to more male clients, elderly clients..."
("Bonnie", Moneycare Financial Counsellor)

These demographic characteristics were also confirmed by the preliminary results from TSA Bushfire Outcomes Project. Of the 157 responses, half the respondents were between the ages of 45 and 64, and another third 65 and older.

Of the bushfire-impacted people seeking Moneycare service, 12% were homeless; again confirmed by the preliminary Bushfire Outcomes Projects which found that 6% of respondents were homeless and another 4% at risk of homelessness. Homelessness has an additional impact on bushfire impacted people, not only was it an unprecedented and distressing situation for these people, but it may also sever the strong community connection within regional and rural communities. One of our Moneycare financial counsellors, "Renee", indicated:

"I think they still feel connected with their community, and majority of them are aware or talk about how they have to move on, they have to move past this and move forward, which is going to be good for their mental health in the long run...especially the people that are still on their property, because they've still got that physical connection when they go down to the shops...some people have had to relocate, because they're not going to stay where the bushfire impacted, they've moved because they can't afford to rent there or for whatever reason, and they feel a little more disconnected because they're not there anymore." ("Renee", Moneycare Financial Counsellor)

COVID-19 impacted people were also a distinct group. Overall, they were more likely to be young, live in a couple-headed household or a group home of unrelated adults and more likely to be born overseas, not to speak English and to be an asylum seeker, refugee or temporary visa holder but were less likely to be Indigenous, have a disability, . They were also less likely to be eligible for income support payments. However, analysis over time indicates two waves of COVID-19 impacted individuals: (1) a group characterized by couples with children, renting, older Australians and (2) individuals who held temporary visas, were younger and less likely to be English speakers.

A Moneycare case study illustrates:

“Peter” was a 37-year-old married man from Nepal who presented to Moneycare with an at fault debt to an Insurance company for a previous car accident. Peter was in Australia on a dependent student visa and his wife was studying nursing at University. They were both working, however his wife had to travel over an hour to do her work placement at a country hospital. Peter worked as a cleaner for the local University.

The couple were struggling financially and were very stressed by the amount owing of \$27,000. When the COVID 19 pandemic swept through the country, Peter was unable to go to work as the University shut down and everyone was in isolation. Peter was not eligible for any government incentives or stimulus packages as he was not a citizen.

Those who sought Moneycare services but were not identified as being disaster-impacted were more likely to be in typically vulnerable demographic groups than were those in the general population. They had a higher probability of being Indigenous, to have a disability, to be single parent and adult households, to be renters or to live in public housing and institutions.

Moneycare Services

The services that Moneycare offers to bushfire impacted people are very distinct from those offered to the other two categories of people. They were far more likely to come to Moneycare through institutions such as government departments and community agencies (including the TSA). They were likely to access Moneycare through bushfire-specific response services. Bushfire impacted people, however, were far less likely to self-refer to services or to be referred by family or friends. It could indicate that bushfire impacted people were not previously aware of Moneycare and have rarely or never accessed services through a charitable organisation. Indeed, financial counsellors indicated that potential bushfire impacted users of service were not aware of Moneycare and some were contacted through a courtesy call initiated by Moneycare through referral from a bushfire-related service.

“[We provide] a courtesy call checking in on the [bushfire] clients, and for that they were eternally grateful, the fact that we have taken the time, to just simply call them to see how they were going... [We say] we’re calling you to see how you were doing and if we can offer you any financial counselling assistance ...One of the big differences when we call bushfire clients for a courtesy call, they’ve probably never heard of our services or financial counselling before and they’re so overwhelmed with everything, they really don’t have an agenda...in play when we make that call.” (“Bonnie”, Moneycare Financial Counsellor)

“getting this group of impacted people to accept that there was help out there has been a huge learning curve...they know there’s help out there, but they’ve never needed it before because “she’ll be right mate” [attitude]” (“Bonnie”, Moneycare Financial Counsellor)

Bushfire impacted people were far more likely to have face to face interactions and fewer telephone calls than the other two groups of people. This may occur for two reasons: first, the use of the mobile bushfire centres increase face to face contact and second, bushfire impacted people may have been more willing to advocate for themselves with banks and other agencies than were the other groups. As one interviewed financial counsellor said,

“It was more about just educating them on either how they can talk to the bank if they need to or what other things were around to help them...we would say “we can talk to the bank for you” and they’d say “oh, no, I can do it”, so yeah, telling them how, whereas normal people before the bushfire it would be more about advocacy...they would say “yes please, I want you to talk to the bank.” Although bushfire victims clearly had legally-

related debts and money management issues, their major presenting problems were health issues and employment.” (“Renee”, Moneycare Financial Counsellor)

More time was spent online for bushfire impacted people than for the other two groups and this may have been because financial counsellors were researching other resources available for this specific group.

“The referral networks that were used for bushfire clients were much broader compared to traditional clients” (“Bonnie”, Moneycare Financial Counsellor)

Although presenting issues were not examined here, health and the need for material help was an issue for bushfire impacted people (and more material help services were received by this group). Although clearly resilient people, financial counsellors noted the negative impact of bushfires on people’s health and emotional wellbeing:

“One thing that I have noticed...[was] the attitude of “she’ll be right mate”, “there were people worse off than I am, shouldn’t you be helping them?” ... and “Yeah, we’ve had droughts before, yeah, we’ve been through a flood, she’ll be right”, but the bushfire, you know, one on top of the other was the trauma that they just thought when’s this going to end, especially when they got hit with COVID-19, it’s just like, throw something else at us.” (“Bonnie”, Moneycare Financial Counsellor)

“The bushfire people [clients], they’re just amazing, they’re just so resilient and they’re always worrying about someone else... [for example] “somebody is in a worst position than us, I don’t want to bother you with taking up your time where there’s other people you can be helping” (“Renee”, Moneycare Financial Counsellor)

“The complexities of mental health are definite increased with bushfire clients, because added to all of that they’ve got the trauma from the bushfires...Other thing I have noticed is the rapid decline in health, physical health...[caused by] smoke inhalation, [or] because of the stress.” (“Bonnie”, Moneycare Financial Counsellor)

Although not representative, the preliminary TSA Bushfire Outcomes Survey also records reasonably high levels of psychological distress among the bushfire victims. Just over a quarter of the sample (26%) recorded a high or very high levels of distress as compared to 13% of an aged matched general population sample.

COVID-19 impacted people were distinguishable through a greater need for advocacy, liaison and support and for counselling and community capacity building. They were also the most likely group of people to use an informal referral to Moneycare– that of self, family or friends. These individuals’ situations could have been exacerbated by their higher probability of not being Australian citizens or permanent residents, meaning they were not eligible for governmental support provided to those impacted by the lockdowns and job losses.

A Moneycare case study indicates how Moneycare has provided advocacy, liaison and support services to those impacted by COVID-19:

The community member (people) was a 27-year old man who attended our service initially wanting to declare bankruptcy. The Financial Counsellor discussed all debt reduction options with him, and he went away to consider these with his partner. Some three months later he contacted Moneycare again stating he and his partner had just had their fourth child, and as a result of COVID 19 their income had been reduced.

people was wanting to sort out his debts, as he hoped one day to be able to buy a home for his growing family to live in. Due to COVID 19, he and his partner were both able to access early release of Super. As a consequence, we were able to negotiate with his creditors for a full and final settlement of the debts.

The outcome for people and his family was positive as he had initially come to the service considering bankruptcy as his only option. He felt comfortable to return to Moneycare and work through other options. He is now in a better financial position to move on with his life.

Those who were officially not impacted by the disasters of 2020, the 'all other' people, may have been aided by some of these measures introduced due to the pandemic such as the loosening of debt threshold for creditors to apply for a bankruptcy notice. An interviewed financial counsellor indicated:

"Bankruptcy notices have gone from \$5,000 to \$20,000, and whether that goes back after COVID-19, that will be interesting to see. You can make someone bankrupt on any amount over \$5,000. We have been lobbying for years that it's too small an amount for someone to lose their home over, \$5,000 is just outrageous...so they changed it [bankruptcy notices] from \$5,000 to \$20,000, but that's only for six months, so we don't know if that's going to go back to \$5,000...I would imagine if it does go back to \$5,000, then we'll see a lot more people because what will happen is they'll start statement of claims and start legal action...that's another unknown factor, and we don't know what the banks are going to do with interest as well - are they going to waive the interest, are they going to cut the interest?...how are people's credit files going to be effected? There are more questions than answers, all those questions haven't been really answered and we don't know how they're going to treat on a case by case [basis], so that will be interesting." ("Natalie", Moneycare Financial Counsellor)

Changes in the Mode of Services and Service Impact

The change in mode of service required by the COVID-19 pandemic is underlined by the data. Face to face communication fell to very low levels in the final quarter of 2019-20 and telephone communication increased. Interviewed financial counsellors indicated that this had changed how they offered services, that initial sessions tended to be shorter on the phone and that some people were less able to concentrate on the session because of distractions offered by children or other home situations. Financial counsellors also mentioned the difficulty of not being able to read body language to aid in understanding whether information had been processed by the community members. The perceived distance from people assisted was also an issue. Additionally, financial counsellors mentioned the difficulty of gathering documentation when not meeting face to face.

"I find that I can discern [other things going on] quite well most of the time, but obviously when you have face to face you have a lot more body language, you can see in their face when they're stressed, you can see when you've got a touch point that has really hit a nerve and then you go, do I follow that up with more questions, or do I back off?...that type of thing, and that's probably what over the phone...that's probably been the hardest thing." ("Natalie", Moneycare Financial Counsellor)

"Sometimes you just sit there and think, I've got nothing, how on earth do we help? You know I've got a list as long as your arm for referral agencies, but it's like, where do you go, how do you help these people that were so far away, and with the boundaries that you can't just go in your car and go and see them and give them a hug...and with all of those COVID-19 restrictions that were placed upon each and every one of us, you do you actually

reach out to make sure this community member was being cared for?...sitting down and having a cuppa with them like I've always been able to do in the traditional [setting] you just sit down and have a cuppa and let them 'pour it all out' it's that, that I found difficult, that you can't just sit down and have a cuppa with them." ("Bonnie", Moneycare Financial Counsellor)

The recent Moneycare Outcomes Measurement annual report shows that Moneycare's assistance positively impacted people's financial resilience, mental health and wellbeing (Loo & Lensun, 2020). This shows that, regardless of people's background, Moneycare provides financial counselling and capability services that are delivered with integrity, compassion and respect, building on trust and positive relationships with people from all walks of life.

"The financial counsellor has helped us very much. COVID 19 has been a very hard time for us all and we will always remember The Salvation Army and your help. The financial counsellor was listening to us when we needed her help, she listened to everything we said and problems we had. We were all very thankful" (South western Sydney Moneycare Community Member).

"I was going through stress in my life due to the huge amount I had to pay to the Insurance company. The current pandemic situation has affected my job. It was a really hard time for me. I was lucky enough that I was able to connect with Moneycare which helped me sort out the situation. My wife and I were very thankful as our life would have been worse in the absence of support from Moneycare" (Armidale Moneycare Community Member).

"The Financial Counsellor was amazing; she gave me hope when I saw none. She made me feel better as a person and about the situation I was in. I cannot thank her enough for her support and help" (Moree Moneycare Community Member).

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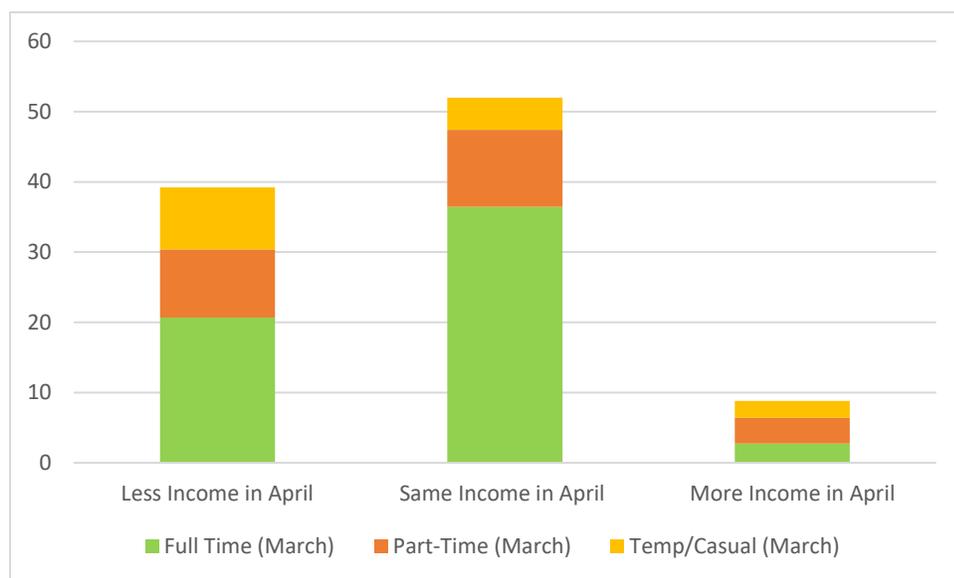
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Appendix A: Social Isolation Survey

The Salvation Army (TSA) explored the impact of April lockdown and the financial incentives of the JobSeeker/JobKeeper payments using the Social Isolation Survey. The survey questioned 503 respondents, representative of Australia’s general population on sex, age and location, on their work status, income and wellbeing both before lockdown (in March 2020) and during lockdown (in April 2020). Although not completely representative of Australia’s general population and lacking some statistical power due to its small sample size, the Social Isolation Survey compares well to published ABS statistics in the areas of employment, social networks and wellbeing.

Figure 13 shows the reduction or increase in income for workers during lockdown (April) as compared to before lockdown (March). The height of the columns indicates the percentage of the sample who had fewer/ same/ more income in April and the colour indicates the respondents’ March work status. Approximately 40% (39%) of March workers lost income during lockdown. About half (53%) of those who lost income during lockdown were full time workers in March, a quarter were part time workers (25%) and 22% were part-time or casual. Nine percent of workers had an increase in income, of which 31% were full time workers, 41% were part-time and 28% were temporary/casual. Interestingly, controlling for sex, age, culturally and linguistically diverse Australians (CALD), capital city residence and ease of meeting household expenses, income was more likely to increase for temporary or part time workers compared to full time workers, probably due to increased JobSeeker payments and the expectation of JobKeeper payments.

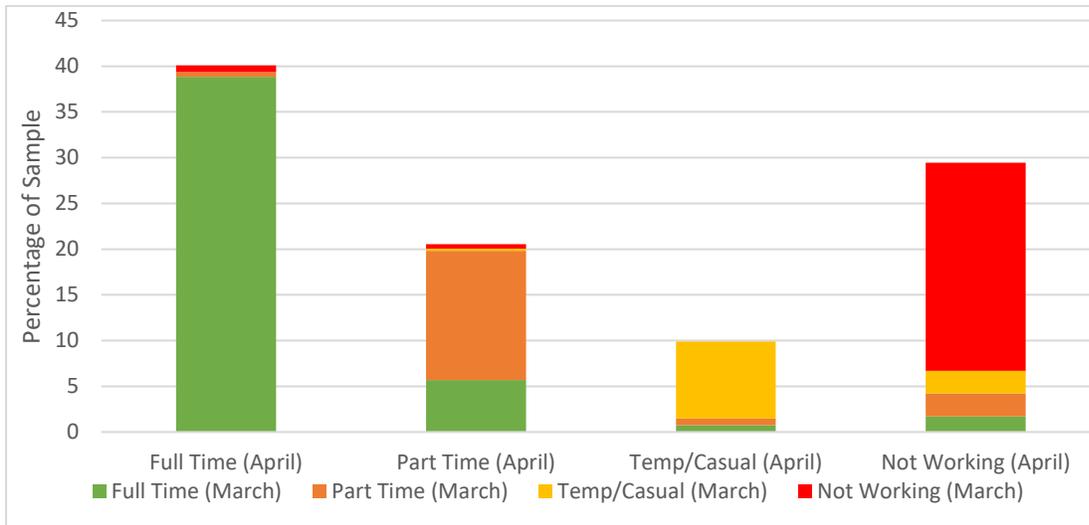
Figure 13: Change in income from March to April for workers, TSA Isolation Survey 2020



The social isolation survey examined employment status and hours of work in March and April. Figure 14 shows movement between the work statuses among those of adult working age, that is, those 18-64. Again, the height of the columns indicates the percentage in each work status in April. The colours indicate the work status before lockdown in March. Most workers (84%) maintained the same work status during April that they had in March. Eighty-three percent of full-time workers stayed full time during lockdown, but 12% dropped to part-time work. Seventy-nine percent of part-time workers remained part-time but 14% lost their jobs and were not working in April. Seventy-six percent of temporary/casual workers remained casual or temporary but 22% lost their jobs during lockdown. When controlling for sex, age, CALD, residence in a capital city, ease of meeting household expenses and

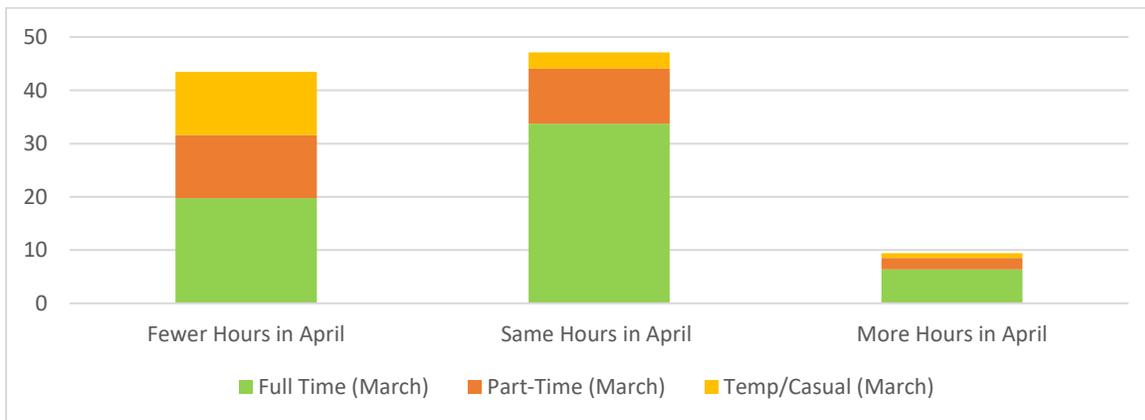
initial work status, respondents were more likely to move to a lower work status if they were younger, CALD and a part time compared to full time worker during March.

Figure 14: Work Status in April by Work Status in March among Working Age Adults, TSA Social Isolation Survey, 2020



Changing work status does not give us the full picture. It is also important to track changes in work hours from March to April. Figure 15 shows this movement. Again, the height of the columns indicates the percentage of the sample who had fewer/ same/ more hours of work in April and the colour indicates the respondents' March work status. About 45% of March workers lost hours of work during lockdown (43%). Approximately half (43%) of workers who lost hours of work during lockdown were full-time workers in March and part-time and temporary/casual workers made up approximately a quarter each (27%) of those who lost hours of work. Workers were more likely to lose hours of work if they were younger, CALD, from Queensland or South Australia compared to New South Wales and a temporary or part time worker in March compared to a full time worker. Nine percent of workers increased their hours of work during lockdown, two-thirds of those being full-time workers.

Figure 15: Change in Work Hours from March to April for Workers, TSA Social Isolation Survey 2020



Age & Gender:

TSA Social Isolation Survey also found that, all else equal, younger Australians were more likely to lose hours of work and to move to a lower job status than were older Australians. (The job statuses being full time work, part time work, temporary or casual work and not working.)

Temporary Residents:

TSA Social Isolation Survey did not track visa status but did ask whether English was spoken at home. If a respondent indicated that a language other than English was used at home, the respondent was considered to be CALD (culturally and linguistically diverse). Although not the same measure as visa status, the social isolation survey indicates that CALD Australians were more likely, all else equal, to lose hours of work and to move to a lower work status.

Impact on mental well-being:

The social isolation survey examined respondents' self-assessed mental health both before (March) and during (April) lockdown. In general, respondents' self-assessed mental health did drop during lockdown. While 23% of the sample rated their mental health as "excellent" during March prior to lockdown, only 14% of people indicated their April mental health was "excellent". Prior to lockdown, 3% of respondents indicated their mental health was "poor" and this rose to 8% during lockdown (Figure 16). Figure 17 shows these changes in self-assessed mental health more dynamically. Generally, 60% of respondents' mental health remained the same during lockdown. Ninety-seven percent of the sample's mental health could decrease, and 38% of respondents did so. In particular, among those whose self-assessed mental health in March was "very good", 40% of respondents' self-assessed mental health dropped in April. Self-assessed mental health was more likely to decrease if one was younger, had a tendency to loneliness, if the perception of one's social network was low, if one worked more hours and if one had increased difficulty in meeting expenses. Note that some people's perceived mental health did increase: 77% of the respondents could increase their mental health and 5% did so.

Moneycare Day report – October 2020

Figure 16: Self-assessed mental health in March & April, TSA Social Isolation Survey, 2020

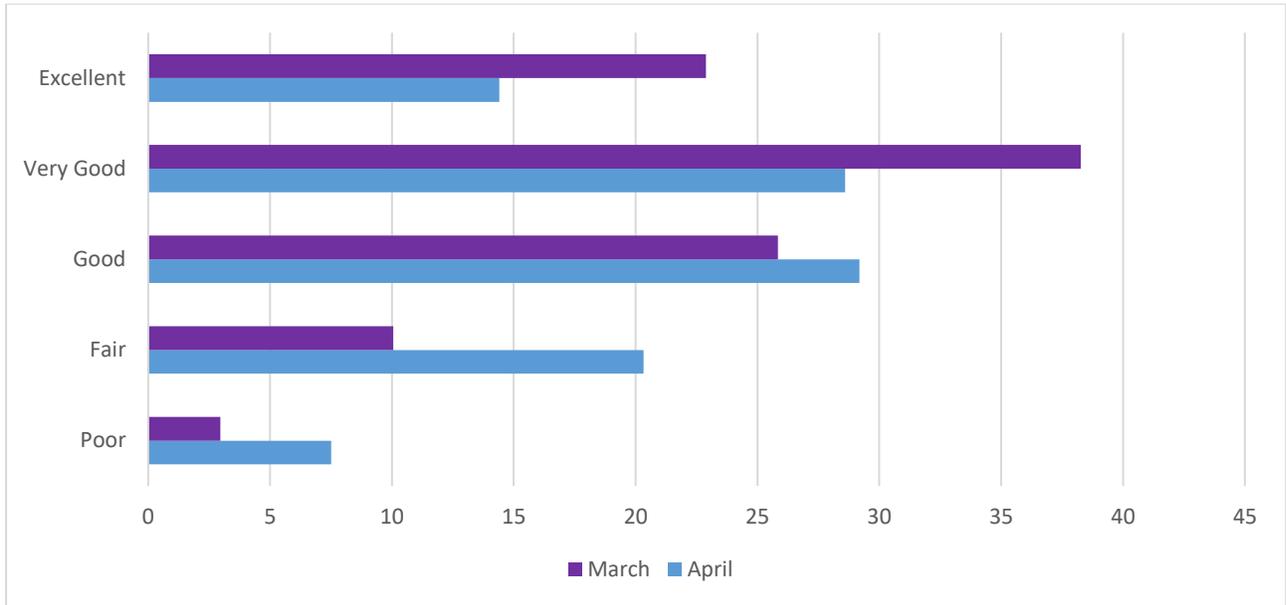
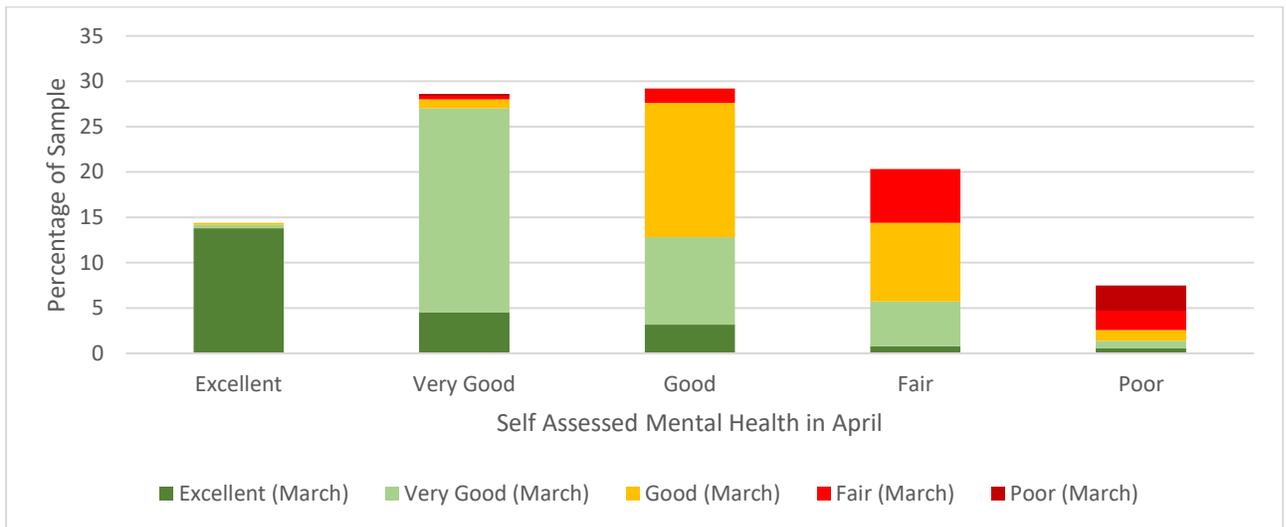


Figure 17: Change in self-assessed mental health in April by March status, TSA Social Isolation Survey, 2020

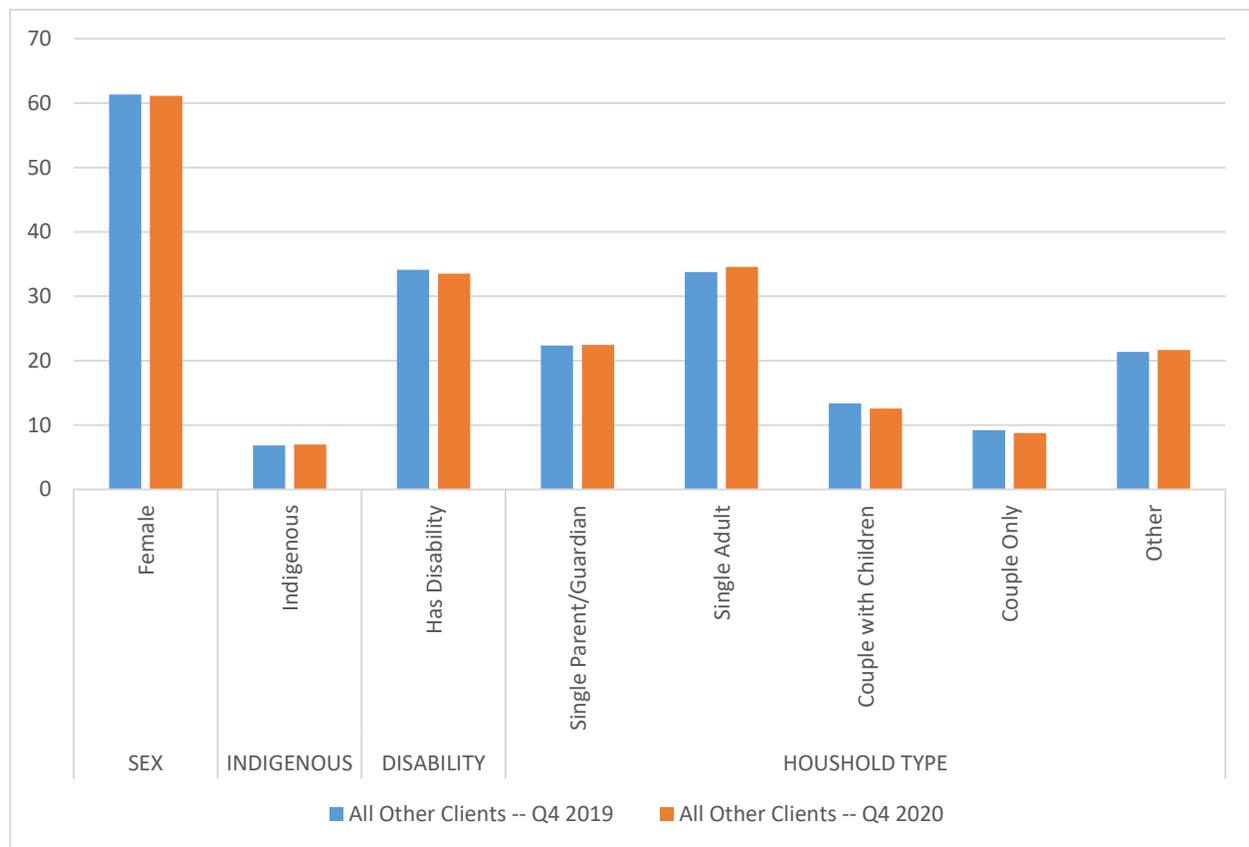


Appendix B: Are Non-Disaster Moneycare Community Members in 2020 Different from those in 2019?

In describing the disaster impacted people who sought Moneycare services, this analysis compares them to ‘all other’ people – those who came to Moneycare and were not identified as being disaster impacted. The implication was that these ‘all other’ people were those that Moneycare would serve assuming no disasters had occurred. This appendix compares those who sought services in the last quarter of financial year 2018-19 (that was April to June 2019) with those ‘all other’ who sought services April to June 2020. If the two cohorts of people were similar, it adds weight to the contention that the ‘all other’ people were those who would have sought services had 2020 been a less disaster-impacted year. In turn, it indicates that this comparison group of ‘all other’ people allows the contrast between the people who sought services because of the impact of a disaster and those who were not disaster impacted, that was, that the ‘all other’ group of people have been correctly identified as not having been specifically impacted by disaster.

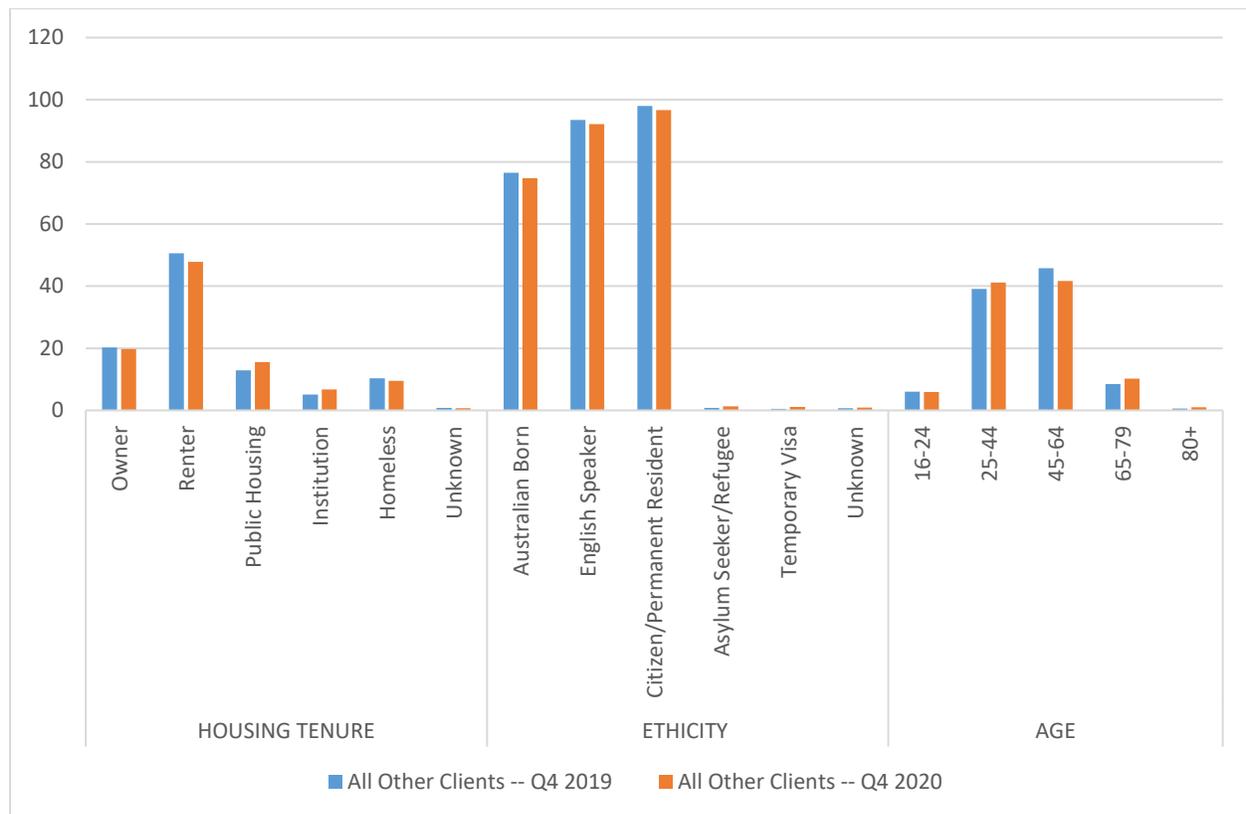
Figure 18 shows the demographic characteristics that were not significantly different between all Moneycare community members in Q4 2019 and the ‘all other’ people of Q4 2020. Those who were served in Q4 2019 had the same sex ratio, proportion of Indigenous status and probability of having a disability as those who were identified as not being impacted by disaster in Q4 2020.

Figure 18: Demographic Characteristics Not significantly different between Moneycare Service users in Q4 2019 and Q4 2020



In comparison, Figure 19 shows those demographic characteristics that differ significantly between the two groups. These characteristics were housing tenure, the ethnicity variables of Australian born, English speaker and residency status and age. Although statistically different, the actual differences between the 2019 people and the 2020 people were mostly a matter of one or two percentage points. People served by Moneycare in the last quarter of 2018-2019 were 77% Australian born (compared to 75% in 2019-20), 93% spoke English (compared to 92%) and 98% were citizens or permanent residents (compared to 97%). Housing tenure differences between the two groups were more distinct: 51% of the Q4 2018-19 people were renters (compared to 48% in 2019-20) and 13% were in public housing (compared to 16%). People served in Q4 of 2018-2019 were also likely to be of middle-aged: 46% were aged between 45-64 in Q4 2018-19 compared to 42% in 2019-20. The Q4 2019-20 ‘all other’ group were correspondingly 2 percentage points more likely to be 25-44 and 65-79 than the 2018-19 cohort.

Figure 19: Demographic Characteristics Significantly Different Between Moneycare Service users in Q4 2019 and Q4 2020



These two figures indicate that the comparative cohorts of 2018-19 and 2019-20 were not radically different. Where differences occurred, particularly in housing tenure and the ethnicity variables, the small differences could lead to indications that the ‘all other’ group was slightly more vulnerable economically and socially than the 2018-2019 cohort, a small sign that a few of the ‘all other’ cohort were impacted by disaster but were not identified as such.

Appendix C: Detailed Demographic Characteristics for People Assisted through Moneycare

Gender:

Gender was somewhat difficult to measure as even if a heterosexual couple sought Moneycare services only one gender was recorded in SAMiS, that of the “principal” person. While it was not possible with the data to indicate exactly how many women versus men received services from April to August of 2020, we can assume if the balance of sexes varies across the three categories of people, it was indicative of differences if not an exact measure. Both bushfire and COVID-19 impacted “principal” people were more likely to be male than were people in the ‘all other’ category, with those impacted by COVID-19 more likely to be male (46%) than the bushfire impacted people (45%), although this difference was not statistically significant. Only 40% of ‘all other’ people were male (Table 1).

Table 1: Gender Proportions in People Assisted by Moneycare by Disaster Status

| | Bushfire | | COVID-19 | | All Other People | | All | |
|--------|----------|------|----------|------|------------------|------|-------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Male | 157 | 45.0 | 449 | 45.5 | 1,279 | 39.6 | 1,885 | 41.3 |
| Female | 192 | 55.0 | 539 | 54.6 | 1,950 | 60.4 | 2,681 | 58.7 |

Indigenous Status:

The 2016 Australian Census indicates that Indigenous Australians (Aboriginals and/or Torres Strait Islanders) make up 3% of the Australian population (ABS, 2017a). A higher proportion of Indigenous Australians (8%) sought Moneycare services from April to August 2020. Although the ‘all other’ group of people were significantly more likely to be Indigenous (9%) than were those who were bushfire (4%) and COVID-19 (4%) effected, in all cases the proportions were higher than the Australian population in general (Table 2).

Table 2: Indigenous Status of People Accessing Moneycare by Disaster Status

| | Bushfire | | COVID-19 | | All Other People | | All | |
|----------------|----------|------|----------|------|------------------|------|-------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Indigenous | 13 | 4.4 | 39 | 4.1 | 284 | 8.9 | 336 | 7.6 |
| Non-Indigenous | 285 | 95.6 | 920 | 95.9 | 2,901 | 91.1 | 4,106 | 92.4 |

Age:

Age was measured in 5 categories: the young (16-24); those in early adulthood (25-44); those in middle age (45-64); those at retirement age (65-79) and the elderly (80+). Given the size of the age ranges, it was unsurprising that, among all Moneycare people served from April to August 2020, 42% were in early adulthood and 38% in middle age; 10% were at retirement age, 9% were young and 1% were elderly. The three categories of people have very different age profiles (Table 3): those impacted by COVID-19 tend to be younger with more of the young (14%) and those in early adulthood (48%) and fewer of those of retirement age (5%) and the elderly (0.6%). Those impacted by bushfire tend to be older: fewer of the young (2%) and early adulthood (21%) and more of those of middle age (47%), retirement age (26%) and the elderly (3%) – 77% of bushfire people were 45 or older.

Table 3: Age profile of People Accessing Moneycare by Disaster Status

| | Bushfire | | COVID-19 | | All Other People | | All | |
|-------|----------|------|----------|------|------------------|------|-------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| 16-24 | 7 | 2.0 | 140 | 14.2 | 249 | 7.7 | 396 | 8.7 |
| 25-44 | 73 | 20.9 | 472 | 47.8 | 1384 | 42.9 | 1,929 | 42.3 |
| 45-64 | 165 | 47.3 | 321 | 32.5 | 1239 | 38.4 | 1725 | 37.8 |
| 65-79 | 92 | 26.4 | 49 | 5.0 | 316 | 9.8 | 457 | 10.0 |
| 80+ | 12 | 3.4 | 6 | 0.6 | 40 | 1.2 | 58 | 1.3 |

Disability Status:

Disability status among people accessing Moneycare includes both physical, psychiatric and intellectual disabilities. In the general Australian population, 18% of people live with a disability (AIHW, 2019), this proportion rising sharply with age, particularly among those over the age of 65. Among the working-age population (15-64), the rate of disability in Australia was 13% but was 79% in those over the age of 85. Given the differing age profiles of the three Moneycare service groups, age should be considered when discussing the prevalence of disability. Figure 18 shows the prevalence of disability in each of the three groups both overall and among those 16 to 64 for comparison purposes. However, there was no significant difference between the rates of disability between the two age groups for any category of people. Bushfire people have the lowest prevalence of disability at 15%, despite being older; 17% of COVID-19 impacted people have a disability and 32% of ‘all other’ people. However, it was not clear that Moneycare uses an exact definition of disability nor was it clear that Moneycare firmly directs how financial counsellors assess and record it.

Table 4: Disability Prevalence of People Accessing Moneycare by Disaster Status and Age

| | Bushfire | | COVID-19 | | All Other People | | All | |
|--------------------------|----------|------|----------|------|------------------|------|-------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| All Ages: | | | | | | | | |
| Has Disability | 52 | 14.9 | 171 | 17.3 | 1,047 | 32.4 | 1,270 | 27.8 |
| Does Not Have Disability | 297 | 85.1 | 817 | 82.7 | 2,182 | 67.6 | 3,296 | 72.2 |
| Ages 16-64: | | | | | | | | |
| Has Disability | 36 | 14.7 | 154 | 16.5 | 903 | 31.4 | 1,093 | 27.0 |
| Does Not Have Disability | 209 | 85.3 | 779 | 83.5 | 1,969 | 68.6 | 2,957 | 73.0 |

Household Type:

Households of people seeking Moneycare services were divided into 5 types: single parents or guardians (20% of all Moneycare people); single adults without children (32%); couples with children (13%); couples without children (11%) and other (26%). “Other” includes group households, living with other family, homelessness and not stated. Bushfire-impacted people were more likely to live in couple households, both with (23%) and without (30%) children and were less likely to live without a partner or spouse or to be in the “other” category (Table 5). This was probably a reflection of the older age of these people and their residence in rural and regional areas. Those impacted by COVID-19 were also less likely to live in a

single adult household, whether children were present (15%) or not (26%) but were far more likely than Moneycare people overall to live as a couple with children (18%) or to live in a household that falls in the “other” category (31%). This latter characterization was probably due to COVID-19 impacted people being younger and more likely to live in a group household of unrelated adults than the other groups of people. The ‘all other’ people were more likely to live in single adult households, both with (22%) and without (34%) children.

Table 5: Household Type of People Accessing Moneycare by Disaster Status

| | Bushfire | | COVID-19 | | All Other People | | All | |
|-----------------|----------|------|----------|------|------------------|------|-------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Single | | | | | | | | |
| Parent/Guardian | 32 | 9.2 | 148 | 15.0 | 711 | 22.0 | 891 | 19.5 |
| Single Adult | 84 | 24.1 | 255 | 25.8 | 1,099 | 34.0 | 1,438 | 31.5 |
| Couple with | | | | | | | | |
| Children | 80 | 22.9 | 176 | 17.8 | 337 | 10.4 | 593 | 13.0 |
| Couple Only | 106 | 30.4 | 103 | 10.4 | 268 | 8.3 | 477 | 10.5 |
| Other | 47 | 13.5 | 306 | 31.0 | 814 | 25.2 | 1,167 | 25.6 |

Language & Residency:

Three interrelated variables were included in this section: whether the person was Australian born or not; whether the person was an English speaker or not and the residency status (citizen or permanent resident, asylum seeker or refugee, temporary visa holder and unknown). These three variables were related but not identical: a person born in Australia was likely to be a citizen and an English speaker but a person born overseas could also be a citizen and an English speaker. In the 2016 Census, 67% of the population were Australian born and 21% spoke a language other than English at home (ABS, 2017b). (Note that a smaller percentage was expected to claim to be a non-English speaker when accessing services as those who do not speak English at home may have some level of fluency in English and be determined to be an English speaker.) Overall, during April to August 2020, 70% of Moneycare people were Australian born, 87% were English speakers and 91% were citizens or permanent residents (with 2% being asylum seekers or refugees and 5% being temporary visa holders). This indicates that those who were Australian born were more likely to seek Moneycare services in general than those born overseas. Bushfire victims were far more likely to be Australian born (85%), to be English speakers (100%) and to be citizens or permanent residents (97%). (Figure C6.) COVID-19 impacted people had strikingly opposite characteristics: they were far less likely than the ‘all other’ group of people to be Australian born (51%), to be English speakers (80%) and while 76% of COVID-19 impacted people were citizens or permanent residents, 5% were asylum seekers or refugees and 15% held temporary visas (which included international students).

Table 6: Residency and Language Status of People Accessing Moneycare by Disaster Status

| | Bushfire | | COVID-19 | | All Other People | | All | |
|----------------------------|----------|-------|----------|------|------------------|------|-------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Australian Born | 297 | 85.1 | 500 | 50.6 | 2,382 | 73.8 | 3,179 | 30.4 |
| Born Overseas | 52 | 14.9 | 488 | 49.4 | 847 | 26.2 | 1,387 | 69.6 |
| English Speaker | 349 | 100.0 | 792 | 80.2 | 2,851 | 88.3 | 3,992 | 87.4 |
| Non-English Speaker | 0 | 0.0 | 196 | 19.8 | 378 | 11.7 | 574 | 12.6 |
| Citizen/Permanent Resident | 340 | 97.4 | 746 | 75.5 | 3,067 | 95.0 | 4,153 | 91.0 |
| Asylum Seeker/Refugee | 1 | 0.3 | 49 | 5.0 | 61 | 1.9 | 111 | 2.4 |
| Temporary Visa | 1 | 0.3 | 156 | 15.8 | 63 | 2.0 | 220 | 4.8 |
| Unknown | 7 | 2.0 | 37 | 3.7 | 38 | 1.2 | 82 | 1.8 |

Housing:

Housing type is divided into 5 categories: home owners (both with and without mortgages), renters, public housing, institutional living (which includes aged care, other supported housing, crisis accommodation), homelessness (including all forms of homelessness such as couch surfing, sleeping rough, car or caravan and doubling up with friends or relatives) and unknown. Overall, from April to August 2020, 19% were owners, 49% were renters, 13% lived in public housing, 7% were in institutions, 11% were homeless and the living situations of less than 2% were unknown. Bushfire victims were far more likely to own their homes, indeed nearly two-thirds of bushfire impacted people fell into this category (63%) and approximately a further two-fifths (22%) were renters. Bushfire impacted people were far less likely to be in public housing (<1%) or institutions (1%) but 12% percent of them were homeless (this, however, was not statistically significantly different from the overall distribution of people). (Figure C7.) While at first glance, this rate of homelessness may seem high in this group was distinguishable by their traditional, settled demographics, it was indicative of the results of fire damage to properties. COVID-19 impacted people were disproportionately likely to be renters (63%) and highly unlikely to be in public housing (4%). Given the smaller proportion of citizens and permanent residents among this group, their lower residence in public housing was to be expected. Those in the ‘all other’ group of people were slightly less likely to be homeowners (15%) and renters (48%) but more likely to be in public housing (17%) and in institutions (9%).

Table 7: Household Tenure of People Accessing Moneycare by Disaster Status

| | Bushfire | | COVID-19 | | All Other People | | All | |
|----------------|----------|------|----------|------|------------------|------|-------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Owner | 221 | 63.3 | 160 | 16.2 | 477 | 14.8 | 858 | 18.8 |
| Renter | 76 | 21.8 | 620 | 62.8 | 1,553 | 48.1 | 2,249 | 49.3 |
| Public Housing | 2 | 0.6 | 39 | 4.0 | 546 | 16.9 | 587 | 12.9 |
| Institution | 5 | 1.4 | 28 | 2.8 | 276 | 8.6 | 309 | 6.8 |
| Homeless | 43 | 12.3 | 127 | 12.9 | 311 | 9.6 | 481 | 10.5 |
| Unknown | 2 | 0.6 | 14 | 1.4 | 66 | 2.0 | 82 | 1.8 |