Service usage and service gaps during the COVID-19 pandemic

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Abstract

The aim of this paper is to analyse the level and distribution of service needs during the peak of the COVID-19 infection period in Australia – roughly mid-March to mid-May 2020. We show that the greatest rate of unmet need was for issues related to domestic and family violence; drug and alcohol counselling; and day-to-day living support. However, the greatest level of unmet need (which includes not seeking support or having difficulty accessing) is for health/medical issues and employment assistance, estimated to have impacted on 1.6 million and 970,000 Australians respectively. The most common source of barriers is on the service supply side (operator busy, services or appointments not available) whereas the types of individuals who report the greatest gaps are males, those aged 65 to 74 years, and those who lived outside of a capital city.

Acknowledgements

1   Introduction and overview

The spread of COVID-19 and policy measures to contain it have increased demand for a range of services. This includes COVID-specific services like testing and tracing, and broader services that can assist people to deal with the economic and wellbeing impacts of COVID-19. This includes services that can assist with mental health issues and substance use, as well as financial assistance. There is evidence that the need for these types of services have increased in Australia (as in many other countries) during the spread of COVID-19 (Biddle et al. 2020a; Biddle et al. 2020b; Zhou et al. 2020).

At the same time, physical distancing and social isolation measures have made it more difficult to access services, as government and non-government providers have needed to follow physical distancing regulations and increased demand may have led, in some cases, to people having difficulty obtaining appointments. In late March 2020, for example, there were news reports of long lines outside of Centrelink offices as the newly unemployed attempted to apply for economic support, with a number of government websites also struggling to meet demand.[1]

To meet these changing circumstances, there have been substantial changes to the way in which services are being delivered, including an expansion in Medicare-subsidised telehealth services available including GP services, some consultation services provided by other medical specialists, nurse practitioners, and mental health treatment.[2] The shift to e-service delivery can improve accessibility for many in the population, but it can also create barriers to access for some groups, particularly those who do not have access to information and communication technologies or do not use information and communication technologies at all or only in a limited way (e.g., Gauld et al. 2010). The shift to a much greater level of telephone and online service deliver may increase the impacts of the 'digital divide'.

There is a literature emerging on the impact of COVID-19 on use of services and issues in service delivery. Based on a review of the existing literature, Greenhalgh et al. (2020) concluded that 'Randomised trials (most of which were underpowered) have shown that clinical consultations conducted through a video link tend to be associated with high satisfaction among patients and staff; no difference in disease progression; no substantial difference in service use; and lower transaction costs compared with traditional clinic based care.' Based on this literature, the authors also concluded that with regards to expanding video consultations during the spread of COVID-19 that 'The implementation process is likely to be difficult and resource intensive. It will need both national and local strategic leads. It should be championed by respected opinion leaders, with attention paid to the overall narrative or "organising vision" within which the change is framed.

Based on their own experience Kavoor et al. (2020) concluded that 'Most of the patients were accepting of the telephone consultation and those who worried about contracting the infection by exposure to hospital or health workers, preferred it over face to face consultations. Overall, switching the mode of service delivery from face-to-face to tele-medicine, to a great extent was possible and enabled us to be able to provide care and support to those who required it by minimizing the risk of exposure to patients and health workers.' Outside of the health domain, Smyth et al. (2020) discuss issues of the impact of COVID-19 on marital separation and associated demands for family relationship, family violence and related services and legal services.

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Most of the existing COVID-specific research has focused on health services (including mental health), particularly during the early stages of the pandemic. The aim of this paper is to contribute and extend this literature in an Australian context by looking at service usage and service gaps across a broader range of services, and also extending the timeline of analysis throughout the initial lockdown period and into the initial opening up of restrictions.

The paper is primarily based on the May 2020 ANUpoll (the 34th ANUpoll) which collected information from 3,219 respondents aged 18 years and over across all eight States/Territories in Australia, and is weighted to have a similar distribution to the Australian population across key demographic and geographic variables. Data for the vast majority of respondents was collected online, with a small proportion of respondents enumerated over the phone. About half of respondents (1,555) completed the survey on the 12th or 13th of May, with the remaining respondents interviewed between the 14th and 24th of May.[3] Data for this survey is available through the Australian Data Archive (doi:10.26193/GNEHCQ).

The remainder of the paper is structured as follows. We begin in Section 2 with a discussion of the demand for services for ten broad issues, including how this demand varies across the population in terms of age, sex, and geographic characteristics. In Section 3 we then look at who sought help for the issues that they reported (as opposed to reporting that they needed help but did not seek held) with Section 4 focusing on the barriers to accessing services, as well as providing an estimate of overall unmet need. Section 5 provides some concluding comments.

2   Demand for services

In order to identify demand for specific services in Australia during the spread of COVID-19, we first asked respondents 'In the **last 2 months**, did you need help for the following issues?' (bold in original) with ten specific types of service needs asked about and a yes/no response for each. The service needs asked about were: health/medical; employment support; financial and material assistance; day-to-day living support; residential care and supported accommodation; mental health support; drug and alcohol counselling; telephone helpline; information, advice and referral; and domestic and family violence.

Across the entire sample, 38.1 per cent of respondents said that they had needed at least one of the types of services with 'Health/medical' the most common issue requiring help (26.8 per cent of the sample) followed by 'mental health support' (10.8 per cent). Females were slightly more likely to say they needed help than males for any of the issues – 40.0 per cent compared to 36.1 per cent[4] (Figure 1). However, there were particular services where females reported a much greater need for help than males. In particular, females were more likely to say that they needed help for health/medical issues, mental health support and telephone help.[5] The only type of issue for which males reported a greater need for help than females was employment support, although the difference was not quite significant at the 10 per cent level of significance.[6]

Figure 1   Per cent of Australians who needed help with specific issues during April and May, by sex
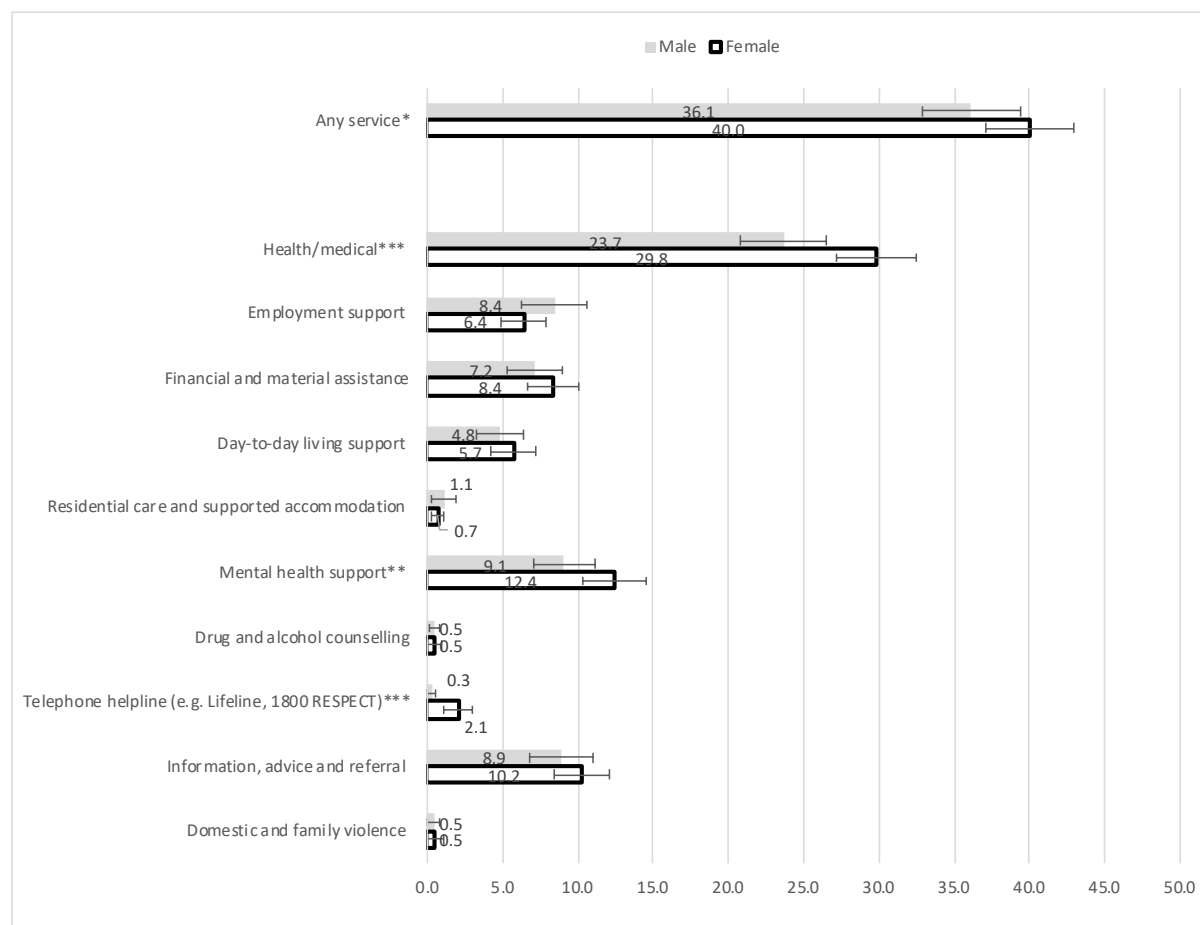
Notes: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate. Differences by sex that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *.

Source: ANUpoll, May 2020.

There were some distinct age patterns in reported service needs for males and females. Looking at all services to start with (Figure 2), there are only very small differences between males and females at the lower and upper end of the age distribution. Where there are large differences, however, is amongst the middle three age cohorts and in particular for those aged 35 to 44 years, where females are more than 50 per cent more likely to say that they need help than males.

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Figure 2   Per cent of Australians who needed help with any issues during April and May 2020, by age and sex
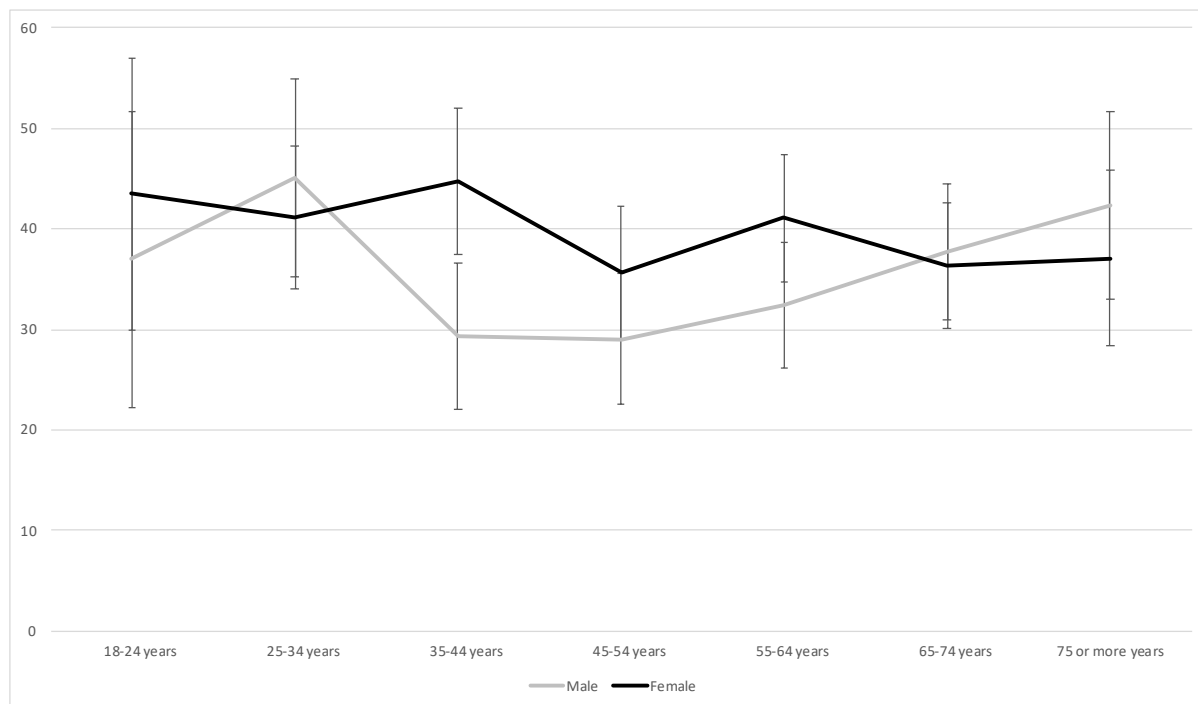
Source: ANUpoll, May 2020.

The above patterns do not hold for all services. For example, 18.4 per cent of males aged 25 to 34 years said that they needed help with employment support (Figure 3), almost three times the per cent of females the same age (6.6 per cent). Another type of service that doesn't follow the general age pattern is mental health support (Figure 4). Although females overall are more likely to have needed help, the largest gap occurs amongst the youngest age cohort, with females aged 18 to 24 years almost three times as likely to say they needed help as males of the same age (19.8 per cent compared to 7.2 per cent).

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Figure 3   Per cent of Australians who needed help with employment support during April and May 2020, by age and sex
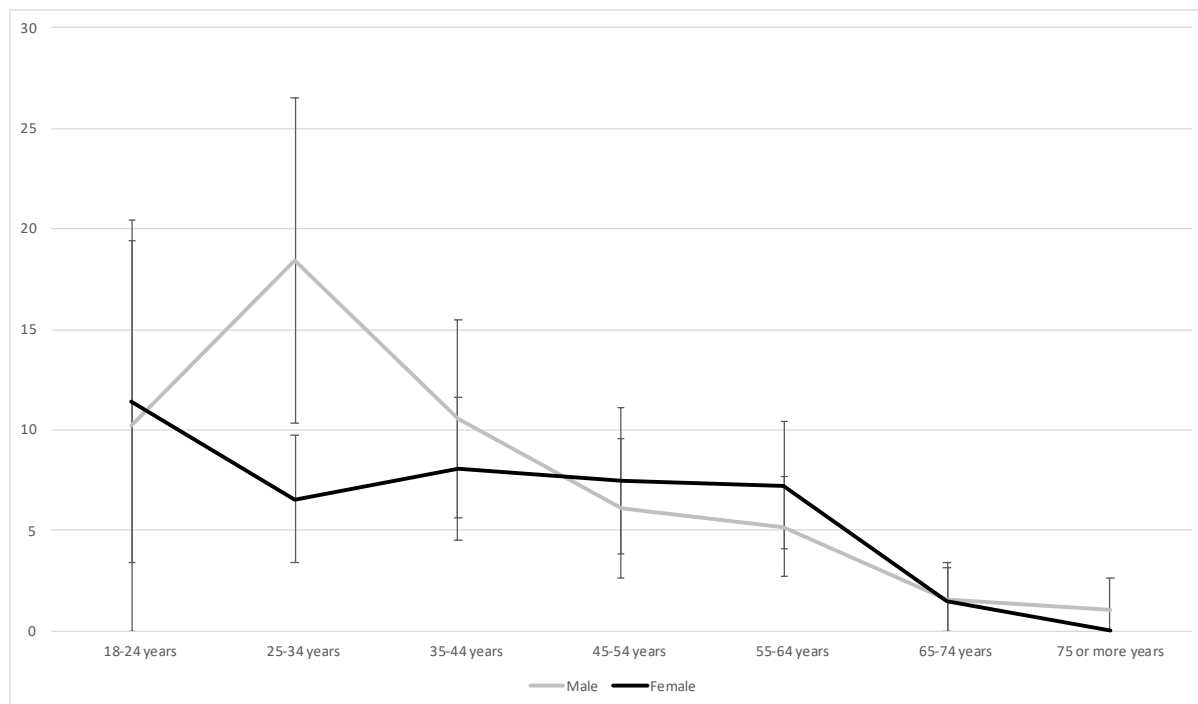

Source: ANUpoll, May 2020
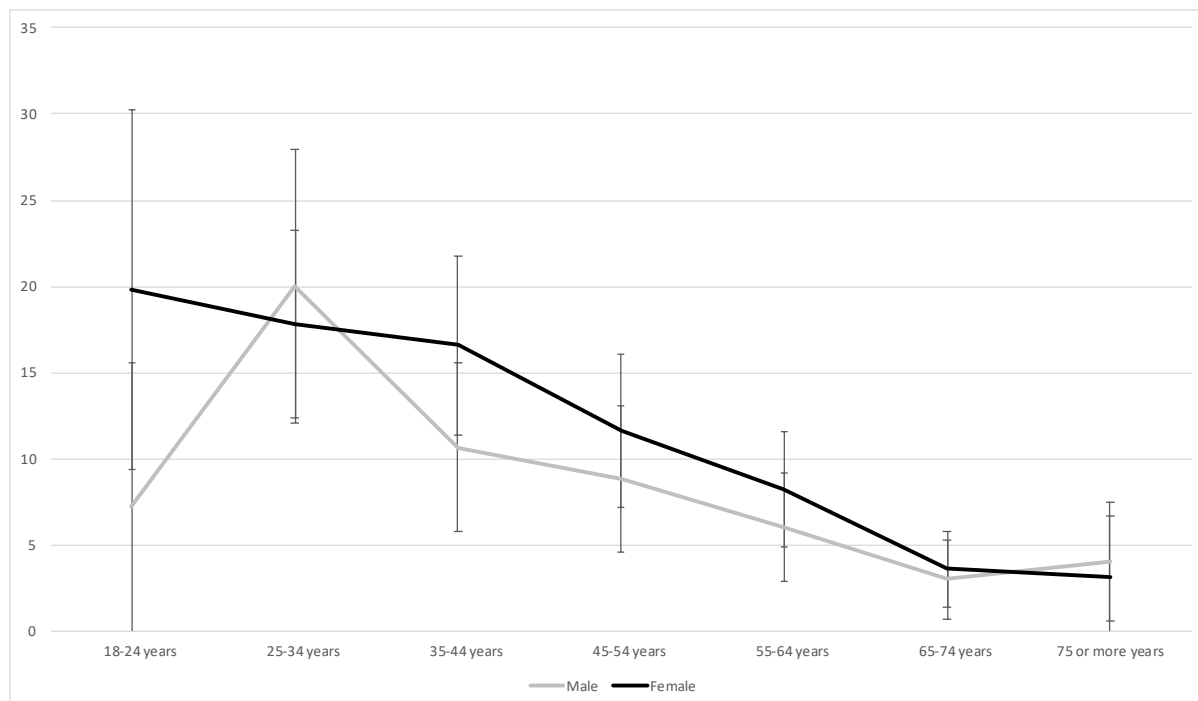
Figure 4   Per cent of Australians who needed help with mental health support during April and May 2020, by age and sex

Source: ANUpoll, May 2020

There are also some differences in the level of reported service need by location. The highest level of reported need is amongst those living in the middle of the distribution based on the Australian Bureau of Statistics' (ABS') Socioeconomic Indexes for Areas (SEIFA) disadvantage

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index – 42.7 per cent. There was similar rates of service needs for those in the bottom quintile (40.3 per cent), but somewhat lower levels of reported need for those in the most advantaged quintile (33.8 per cent); the second most disadvantaged quintile (35.9 per cent) and the second most advantaged quintile (38.2 per cent).[7]

3   Seeking help

The need for services does not always translate into someone seeking help with the particular issue. For those who said they needed help for a particular service, we asked 'Did you seek help for a support service for the following issues?', with yes or no as the possible responses. Amongst all those respondents who needed help for a particular issue, 75.9 per cent said that they sought help. As shown in Figure 5, however, not all of the issues that we asked about had the same percentage of people who sought help. Although there are large standard errors around the issues that had relatively low need, three groups of services emerge. The first group - health/medical; mental health support; and information, advice and referral – had relatively high rates of people seeking help (between 72 and 76 per cent). The second group - financial and material assistance; employment support; residential care and supported accommodation; and telephone helpline (e.g. Lifeline, 1800 RESPECT) – had more moderate rates of people seeking health, but all had at least half of those who said they needed help seeking it.

There is a third group of needs, however, for which less than half of those who said they needed help sought it. These services had less widespread need, so the exact percentage is quite hard to estimate with precision. However, there is some evidence that during the peak of the first wave of infections from the COVID-19 pandemic there was a large level of unmet need for domestic and family violence; drug and alcohol counselling; and day-to-day living support. This is supported by reports in the media, which suggest a large increase in need for such issues and services struggling to keep up with demand[8], with people at home with their partner and/or family likely to find it particularly difficult to access such services over the phone.

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Figure 5   Per cent of Australians who sought help with specific issues during April and May 2020
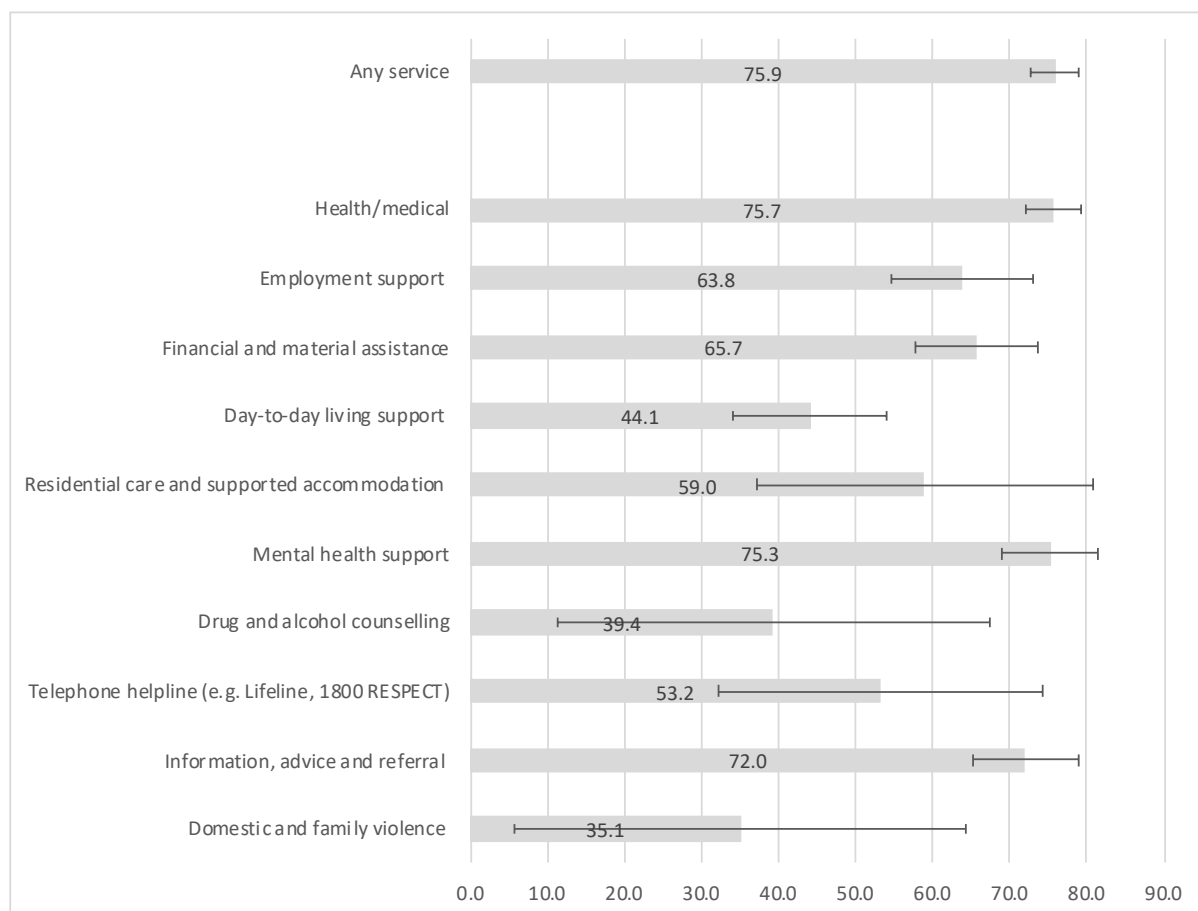
Notes: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, May 2020.

Even though, or perhaps because, females report a higher level of need for help, they are also more likely to report that they sought that help than makes – 78.7 per cent compared to 72.6 per cent for the combined measure. There are some differences by age in whether or not a person sought help for a particular service (Figure 6). Although, the relatively large standard errors make it difficult to be too definitive, it would appear that gaps between males and females are largest amongst the relatively young (18 to 24 years old) and those just prior to retirement age (55 to 64 years) with females of that age being around 17-18 per cent more likely to seek help for the needs they have identified than males.

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Figure 6   Per cent of Australians who sought help for any issues during April and May 2020, by age and sex

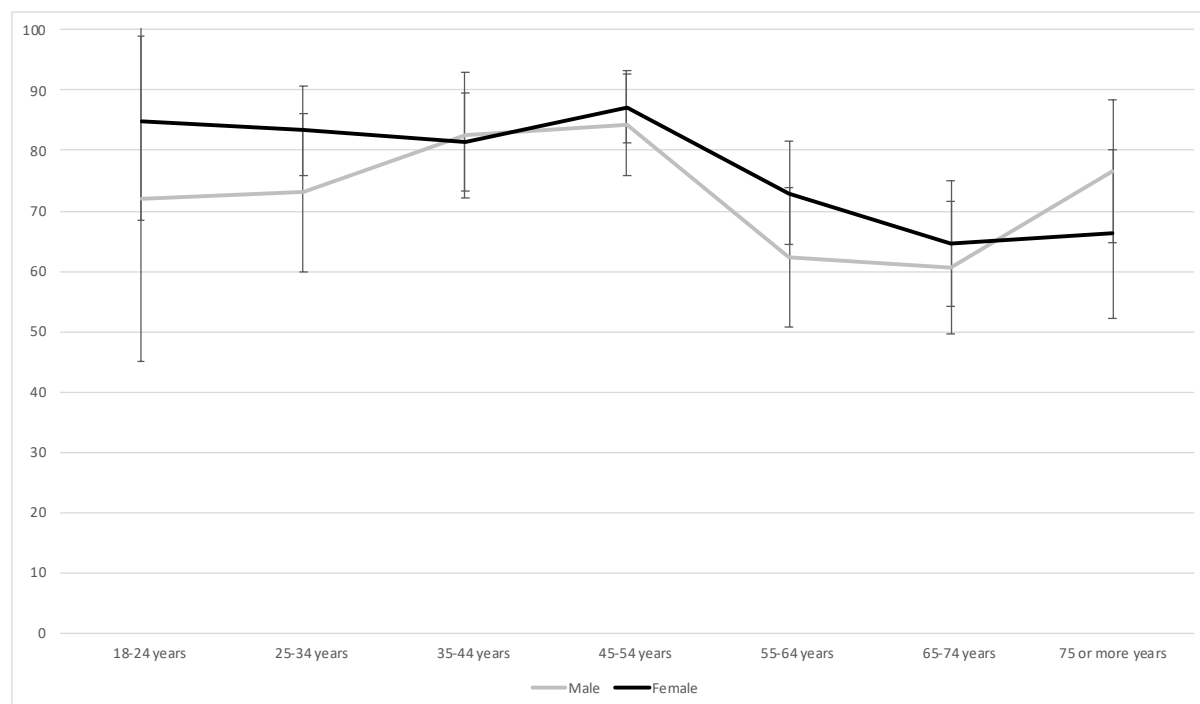
Notes: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, May 2020.

In order to test the relative importance of the characteristics of the individual, and the type of help needed in predicting whether or not someone sought help regression modelling is used. The regressions are based on the pooled responses across individuals of people who said that they needed at least one of the types of help in the previous two months and a need for help is used as the unit of analysis. This means that if an individual did not say that they needed help for any of the issues, they did not appear in the pooled dataset at all. If they had one need only, they appear in the dataset once. Whereas if they needed help for multiple issues, then they will have more than one observation in the dataset, one for each issue they reported. Because the dependent variable is a binary variable (individual sought help compared to did not seek help) a Probit Regression model is used. Table 1 summarises the results as marginal effects which show the difference in the predicted probability holding other variables (both the service type and the characteristics of the individual) constant. In the model we control for demographic, socioeconomic, and geographic variables, as well as the type of issue for which the respondents needs help.

The regression results confirm that there are differences in help seeking across both individual characteristics as well as type of need, even when we control for other observed characteristics. However, we are able to be a little bit more precise with whether the differences summarised in Figures 5 and 6 are statistically significant and whether they hold when other characteristics are controlled for.

Beginning with individual characteristics, females were more likely to seek help, as where those aged 45 to 54 years (relative to those aged 35 to 44 years). The biggest gap in seeking help though was for those aged 55 to 64 years and, in particular, those aged 65 to 74 years, with both groups having a very large negative marginal effect. Another apparent source of service

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seeking gap is country of birth, with those born overseas significantly less likely to have sought help, controlling for type of service need. Those with a degree qualification were more likely to have sought help and, although it is not quite statistically significant at the 10 per cent level[9] it would appear that those who live outside of capital cities were less likely to have sought help for the needs that they had during the peak COVID-19 infection months than those living in capital cities.

Controlling for other individual characteristics, a similar distribution across the types of needs emerge. Specifically, even controlling for age, sex, other demographic variables, socioeconomic status, and location, there appears to have been a very large level of unmet need for support services related to domestic and family violence; drug and alcohol counselling; and day-to-day living support.

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Table 1   Factors associated with seeking help for issues, May 2020

	M.Effect	Signif
Employment support	-0.157	***
Financial and material assistance	-0.163	***
Day-to-day living support	-0.348	***
Residential care and supported accommodation	-0.199	*
Mental health support	-0.046	
Drug and alcohol counselling	-0.464	***
Telephone helpline (e.g. Lifeline, 1800 RESPECT)	-0.299	***
Information, advice and referral	-0.070	*
Domestic and family violence	-0.469	***
Female	0.041	*
Aged 18 to 24 years	0.011	
Aged 25 to 34 years	-0.010	
Aged 45 to 54 years	0.082	**
Aged 55 to 64 years	-0.079	**
Aged 65 to 74 years	-0.153	***
Aged 75 years plus	-0.054	
Indigenous	0.035	
Born overseas in a main English-speaking country	-0.136	***
Born overseas in a non-English speaking country	-0.106	**
Speaks a language other than English at home	-0.012	
Has not completed Year 12 or post-school qualification	-0.002	
Has a post graduate degree	0.065	
Has an undergraduate degree	0.066	*
Has a Certificate III/IV, Diploma or Associate Degree	0.044	
Lives in the most disadvantaged areas (1st quintile)	-0.030	
Lives in next most disadvantaged areas (2nd quintile)	0.045	
Lives in next most advantaged areas (4th quintile)	0.025	
Lives in the most advantaged areas (5th quintile)	0.008	
Lives in a non-capital city	-0.045	
Probability of base case	0.771	
Sample size	2,241	

Notes: Probit Regression Model. The base case individual for is female; aged 35-44; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a post-graduate degree; lives in neither an advantaged or disadvantaged suburb (third quintile); and lives in a capital city. In addition, the base case individual sought help for health/medical issues

Coefficients that are statistically significant at the 1% cent level of significance are labelled ***; those significant at the 5% level of significance are labelled **, and those significant at the 10% cent level of significance are labelled *.

Source: ANUpoll, May 2020.

4   Difficulty in accessing services

4.1   Distribution of access barriers

For those who sought help for particular issues, we asked 'How easy or difficult was it to seek help from support services for the following issues?' with response options being: Very easy; Easy; Neither easy nor difficult; Difficult; and Very Difficult. Of those who sought help for any issues, 22.7 per cent reported that they had difficulty with at least one of them. In Table 2 we

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model the factors associated with reporting a difficulty accessing services, once again using a pooled model across multiple service needs.

Looking at individual characteristics to start with, females and those aged 65 years and over were less likely to report a difficulty accessing services. Those born overseas in an English-speaking country were less likely to report a difficulty, whereas those born in a non-English speaking country had a slightly probability of reporting a difficulty (albeit with a large p-value of 0.223 due to the relatively small sample size). Those with post-school qualifications were less likely to report a difficulty (particularly those with a Certificate III/IV or a Diploma) whereas those who lived outside a capital city were more likely to report a difficulty.

Of all the issues reported, the lowest probability of reporting a difficulty was for the base case – health/medical issues, potentially because of the expansion of tele-health services through Medicare, discussed in the introduction to the paper. The issue with the greatest chance of reporting a difficulty was domestic and family violence with almost all respondents who sought help for that issue reporting a difficulty. There was also a high level of difficulty for Residential care and supported accommodation and Employment services.

Table 2   Factors associated with barriers in accessing help when sought, May 2020

	M.Effect	Signif
Employment support	0.442	***
Financial and material assistance	0.383	***
Day-to-day living support	0.349	***
Residential care and supported accommodation	0.472	***
Mental health support	0.122	***
Drug and alcohol counselling	0.396	**
Telephone helpline (e.g. Lifeline, 1800 RESPECT)	0.285	***
Information, advice and referral	0.156	***
Domestic and family violence	0.789	***
Female	-0.063	***
Aged 18 to 24 years	-0.057	
Aged 25 to 34 years	0.010	
Aged 45 to 54 years	0.021	
Aged 55 to 64 years	0.016	
Aged 65 to 74 years	-0.078	**
Aged 75 years plus	-0.093	**
Indigenous	0.007	
Born overseas in a main English-speaking country	-0.061	*
Born overseas in a non-English speaking country	0.053	
Speaks a language other than English at home	0.032	
Has not completed Year 12 or post-school qualification	-0.049	
Has a post graduate degree	-0.042	
Has an undergraduate degree	-0.024	
Has a Certificate III/IV, Diploma or Associate Degree	-0.066	**
Lives in the most disadvantaged areas (1st quintile)	0.030	
Lives in next most disadvantaged areas (2nd quintile)	0.024	
Lives in next most advantaged areas (4th quintile)	-0.041	
Lives in the most advantaged areas (5th quintile)	0.001	
Lives in a non-capital city	0.051	*
Probability of base case	0.137	
Sample size	1,587	

Notes: Probit Regression Model. The base case individual is female; aged 35-44; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a post-graduate degree; lives in neither an advantaged or disadvantaged suburb (third quintile); and lives in a capital city. In addition, the base case individual sought help for health/medical issues

Coefficients that are statistically significant at the 1% cent level of significance are labelled ***; those significant at the 5% level of significance are labelled **, and those significant at the 10% cent level of significance are labelled *.

Source: ANUpoll, May 2020.

4.2   Reasons for barriers in accessing services

The final question that we asked on the survey with regards to support services was 'You mentioned experiencing difficulties with accessing support services you sought help from. What difficulties did you experience with accessing the support services?' Figure 7 shows that the barriers that were most likely to be reported were 'Operator busy / Unable to speak to someone' which was reported by 47.3 per cent of respondents and 'Service/appointment not available when required' which was reported by 44.0 per cent of respondents.

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Figure 7   Per cent of Australians who reported particular barriers in accessing services during April and May 2020
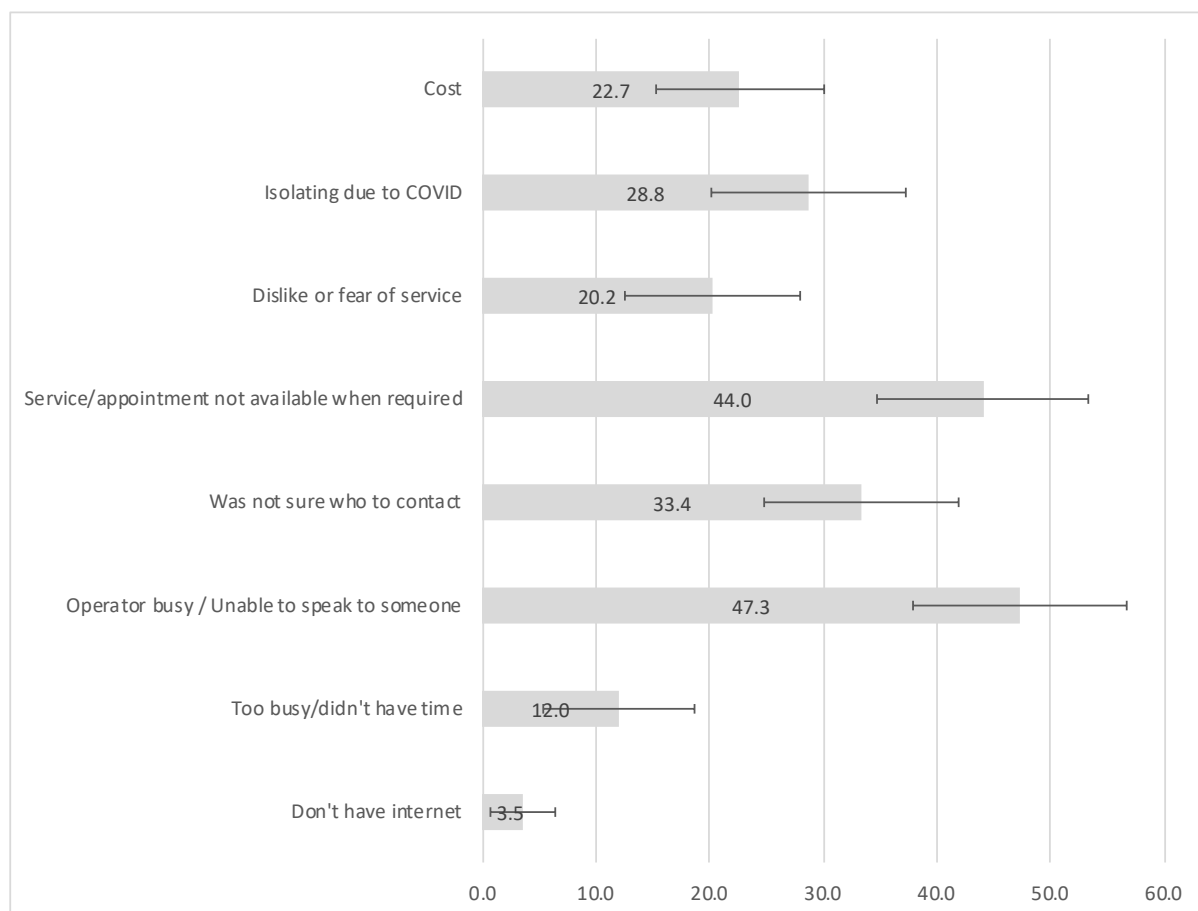
Notes: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll, May 2020.

Due to relatively small sample sizes, we did not ask about specific barriers to accessing services for each of the individual issues. It is possible, however, to gain some insight into the issues that a person sought help for (discussed in Section 3) and the specific barriers through a regression approach. Specifically, we use as our sample of interest all those who sought help for at least one of the issues covered in our analysis. We then look separately at the probability of reporting a particular difficult as a function of the issues that a person sought access for, using an additive model. In this model, someone has a value of one if they reported that particular barrier and zero if they either did not report any difficulties or they reported difficulties but did not report that particular barrier. The base case individual sought help for health/medical issues only, with the marginal effect for the other nine issues the difference in predicted probabilities if that person reported seeking help for that particular issue, holding constant whether or not they sought help for other issues.

There is significant variation in reporting the particular barriers, depending on the issues that a person reported seeking help for. Remembering that the base case is those who reported health/medical issues, we can read across the two columns to get a sense of how particular services and barriers interact. Those who reported that they sought help for employment issues were substantially more likely to say that the operator was busy or they were unable to speak to someone, but also slightly more likely to report many of the other barriers. A

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service/appointment not being available when required was more likely to be reported for those who reported residential care as a need they sought help for. For those who needed drug and alcohol counselling, cost was more likely to be reported as a barrier, as was not knowing who to contact.

Perhaps the most troubling finding from the analysis, however, was that those who sought help for domestic and family violence were more likely to report all the barriers apart from isolating due to COVID-19, with a particularly large difference from those who only sought support for health/medical issues in terms of reporting cost as a barrier and dislike or fear of service. While there were only a small proportion of our sample who reported that they sought out help for domestic and family violence issues, the fact that there were such widespread barriers in accessing services during the peak infection period for COVID-19 is highly concerning for what is likely to be a very vulnerable segment of the population.

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Table 3a   Factors associated with reporting particular barrier, for those who sought help for an issue, May 2020

Type of issue help sought for	Cost		Isolating due to COVID		Dislike or fear of service		Service/appointment not available when required	
	M.Effect	Signif	M.Effect	Signif	M.Effect	Signif	M.Effect	Signif
Employment support	0.003		0.072	***	0.030	**	0.096	***
Financial and material assistance	-0.005		0.005		0.008		0.038	*
Day-to-day living support	0.046	**	0.034	*	0.003		0.020	
Residential care and supported accommodation	n/a		-0.009		-0.012	**	0.235	***
Mental health support	0.037	**	0.039	**	0.042	***	0.020	
Drug and alcohol counselling	0.157	*	-0.002		0.001		0.009	
Telephone helpline (e.g. Lifeline, 1800 RESPECT)	0.083	**	0.011		0.043		0.011	
Information, advice and referral	0.019		0.018		0.013		0.053	***
Domestic and family violence	0.323	***	0.037		0.303	***	0.252	***
Probability of base case	0.024		0.024		0.012		0.034	
Sample size	996		1,014		1,014		1,014	

Notes: Probit Regression Model. The base case individual sought help for health/medical issues. n/a refers to categories which completely predicted a value of zero, and were excluded from the analysis

Coefficients that are statistically significant at the 1% cent level of significance are labelled ***; those significant at the 5% level of significance are labelled **, and those significant at the 10% cent level of significance are labelled *.

Source: ANUpoll, May 2020.

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Table 3b   Factors associated with reporting particular barrier, for those who sought help for an issue, May 2020

Type of issue help sought for	Was not sure who to contact		Operator busy / Unable to speak to someone		Too busy/did not have time		Do not have internet	
	M.Effect	Signif	M.Effect	Signif	M.Effect	Signif	M.Effect	Signif
Employment support	0.082	***	0.228	***	0.018	**	-0.002	
Financial and material assistance	0.055	***	0.064	***	0.002		0.001	
Day-to-day living support	-0.002		-0.013		-0.002		0.014	**
Residential care and supported accommodation	-0.010		0.083		-0.004	**	0.020	*
Mental health support	0.006		-0.009		0.007		-0.001	
Drug and alcohol counselling	0.235	**	0.133	*	0.006		n/a	
Telephone helpline (e.g. Lifeline, 1800 RESPECT)	0.059		0.023		-0.002		0.037	*
Information, advice and referral	0.035	**	0.039	**	0.037	***	0.003	
Domestic and family violence	0.204	**	0.235	*	0.237	***	0.228	***
Probability of base case	0.024		0.036		0.004		0.003	
Sample size	1,014		1,014		1,014		1,005	

Notes: Probit Regression Model. The base case individual sought help for health/medical issues. n/a refers to categories which completely predicted a value of zero, and were excluded from the analysis

Coefficients that are statistically significant at the 1% cent level of significance are labelled ***; those significant at the 5% level of significance are labelled **, and those significant at the 10% cent level of significance are labelled *.

Source: ANUpoll, May 2020.

4.3   Total unmet need in Australia

The rate of unmet need (the proportion of people who needed a service but did not seek help) or the rate of service barriers (the proportion of people who reported difficulty accessing services) does not capture the total level of unmet need for particular services. This is because the needs for particular services vary quite substantially. Table 4 gives an estimate for the total level of unmet need, which includes those who **either** reported a need and did not seek support **or** those who sought support but reported it was difficult or very difficult to access. We then multiply the estimated proportion by the estimated adult population from the Australian Bureau of Statistics to get population estimates.

Results presented in Table 4 show that there were around 1.6 million Australians who reported they needed health or medical support and either did not seek support or did so and experienced significant barriers. Given this had a relatively high rate of service usage (as shown in the previous sections), this highlights the real challenge of providing health/medical services during a pandemic with such high demand. We also found a high level of unmet need for employment support (around 970,000 Australians), financial and material assistance (930,000) and mental health support (813,000). That doesn't mean that people didn't eventually access these services required, but rather that they didn't access straight away or there were barriers in doing so. However, for these types of services, a delay can still have significant negative consequences.

Table 4   Total level of unmet need by service type, May 2020

Type of issue	Total unmet need
Health/medical	1,586,306
Employment support	967,131
Financial and material assistance	927,254
Day-to-day living support	738,559
Residential care and supported accommodation	139,105
support	813,190
Drug and alcohol counselling	78,360
Telephone helpline (e.g. Lifeline, 1800 RESPECT)	147,750
Information, advice and referral	772,897
Domestic and family violence	90,239

Source: ANUpoll, May 2020.

5   Concluding comments

The spread of COVID-19 in Australia appears to have led to a significant increase in the need to access a range of services, whilst at the same time making it difficult to access particular services. While all levels of government have needed to prioritise certain services and activities to meet the unique public health, economic and social challenges of the time, there is a strong potential for gaps in service delivery to have both short and long-term consequences for the population. For example, IJzerman and Emery (2020) summarised a number of countries that have reported lower rates of cancer testing during the COVID-19 period, which Rosenbaum (2020) has reported as the 'Untold Toll' with the potential to lead to undiagnosed cancers having significant health (and economic) costs into the future.

In this paper, we look at the service needs and the service gaps during the peak of the COVID-19 infection period in Australia – roughly the two months leading up to mid-May 2020. The greatest level of need was for health/medical issues, followed by mental health support, employment services, general information, and financial/material assistance. Need was not

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spread evenly across the population with females reporting higher levels of need than males, and males aged 35 to 54 years reporting particularly low levels of need.

Not only did needs vary across the sample, but so too did seeking help for those needs and difficulties in access. Two types of needs appear to particularly unlikely for people to seek help for – drug and alcohol counselling as well as domestic and family violence support. Groups that reported a large service gap were males, those aged 65 to 74 years (in terms of being less likely to seek help), as well as males and those who lived outside of a capital city (in terms of a higher probability of reporting a difficulty). The total level of unmet need which takes into account both the level of need and barriers is for health/medical issues with 1.6 million Australians estimated to have either not tried to access or had difficulty doing so, followed employment assistance (around 970,000 Australians).

It is unclear as to whether the circumstances experienced in Australia during March to May 2020 will ever be repeated. There may be a second (or third) wave of COVID-19 infections as occurred during the influenza pandemic of the early 20th Century, or there may be other new infectious diseases that emerge. Ensuring that the service barriers identified in this paper are not repeated into the future is an important area of policy and planning. Perhaps even more importantly though, this paper has identified a number of groups that may have missed out on services that were needed during the peak infection period, as well as service gaps (some of which may have pre-dated COVID-19). These services and gaps could be a focus of remedial targeting and catch-up.

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Endnotes

1   https://www.abc.net.au/news/2020-03-24/centrelink-minister-stuart-robert-not-anticipate-coronavirus/12080612

2   https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/covid-19-whole-of-population-telehealth-for-patients-general-practice-primary-care-and-other-medical-services

3   Of those who completed the May 2020 wave of data collection, 2,986 individuals (91.9 per cent) also completed the April 2020 ANUpoll (the 37th wave of data collection). Of those who completed both the April and May surveys, 2,810 respondents (94.1 per cent) also completed the February 2020 survey (35th wave of data collection).

4   p-value = 0.073

5   The p-value for health medical issues was <0.01, for mental health support 0.02 and telephone help <0.01.

6   p-value = 0.109

7   The p-values for the most advantage quintile is <0.01 for the second most disadvantaged quintile 0.057 and for the second most advantaged 0.215.

8   https://www.smh.com.au/national/nsw/domestic-violence-victims-seeking-help-rises-10-per-cent-after-covid-19-lockdown-20200501-p54oxt.html

9   p-value = 0.111

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