ORIGINAL ARTICLE



Health and Social Care

Where is community during COVID-19? The experiences of families living in housing insecurity

Eileen Willis PhD, BEd 回

Yvonne Parry PhD 🕑 | Matthew Ankers PhD 🕑 | Nina Sivertsen PhD 🕑

1College of Nursing and Health Sciences, Flinders University of South Australia, Adelaide, South Australia, Australia

Correspondence

Yvonne Parry, College of Nursing and Health Sciences, Flinders University of South Australia, GPO Box 2100, Adelaide, SA, Australia 5001. Email: yvonne.parry@flinders.edu.au

Funding information

Funding was obtained from the Caring Futures Institute, College of Nursing and Health Sciences, Flinders University of South Australia.

Abstract

Revised: 22 September 2021

This article explores the understanding of community to families living in insecure housing in one Australian state during the COVID-19 pandemic. Five female-headed families were interviewed during the pandemic and asked to identify what community meant to them. All participants were referred by an agency caring for families experiencing homelessness or housing insecurity. Community was defined using Bourdieu's concept of social capital, allowing for both bonding and bridging relationships to be explored. Bonding relationships refer to close emotional ties with family and friends, while bridging ties establish networks that provide individuals with access to resources. Two themes emerged that shed light on how community is understood during times of crisis: The first suggests that for families experiencing housing insecurity, particularly women escaping family violence, their links with community were primarily maintained by welfare and church agencies. These organisations provided bridging social capital during the pandemic that allowed the women and their children to cope with the isolation and to maximise opportunities. The second themes point to traditional notions of community as family and geographical space. Here the findings are mixed. Resources provided by government, and mediated through the welfare agency, allowed these families to create a safe and comfortable space. However, for First Nations women, the lockdown meant that it was difficult to maintain community obligations, while children who appeared to identify community with attendance at school found the lockdown confusing because of the disruption to their normal social space.

KEYWORDS

bonding, bridging, community, families, homeless, insecure housing, social capital

1 | INTRODUCTION

A sense of community and connection to others has important wellbeing, mental health and social benefits (Dahl et al., 2020). This is especially true for First Nations Peoples of Australia, where connectedness within the community through culturally defined reciprocity and obligations is integral to wellbeing (Butler et al., 2019). Community and

connectedness are also particularly important during a crisis. However, maintaining community connections is difficult for marginalised groups such as those living in insecure housing, the homeless or First Nations People. In particular, First Nations People's experiences of homelessness should be considered in relation to the intersections of health, well-being, policy dominance and Aboriginal dispossession (Martin et al., 2019). The additional impact of physical isolation imposed by a -WILEY-<mark>Health and Social Care in t</mark>

considerable number of metropolitan, state and country authorities in response to the COVID-19 pandemic produced additional difficulties for marginalised groups (Dahl et al., 2020). This article explores the experiences of community for one such marginalised group, families living in housing insecurity, during the early- to mid-2020 COVID-19 pandemic to better understand the difficulties, as well as the potential benefits, they faced. This paper was also part of a wider study that sought to examine the specific strengths and needs of three marginalised communities affected by COVID-19 isolation measures: People with disabilities, elderly Chinese Australians and families living in housing insecurity. The research was a codesigned project where interview schedules were the same between the three groups, so they could be compared as whole, as well as analysed separately.

1.1 | Background

In 2016, the Australian census recorded 126,427 people as homeless, of which children aged 0 to 18 represented 23% (25, 827) (Australian Bureau of Statistics [ABS] (2018). When housing instability is considered with homelessness, one in five Australian children are affected (Australian Institute of Health & Welfare [AIHW], 2020). Women and their children experiencing housing insecurity remain the invisible face of homelessness and housing instability; moreover, they are the largest and most recent expanding subgroup within the homelessness population (Parry, 2020; Parry & Sivertsen, 2021). They also lack proper access to social, educational, health and economic supports, which further compounds their social isolation (Parry et al., 2016b; Parry et al., 2020). Children from non-Caucasian background are three times more likely to be homeless or live-in inadequate housing, while housing instability and homelessness place children, especially First Nations children, at a much higher risk of adverse psychological, developmental and physical outcomes (Butler et al., 2019; Coughlin et al., 2020). First Nations Peoples are also overrepresented in homelessness figures (Hunter, 1998), constituting 3% of the Australian population, but 20% (23,437) of all homeless people in the 2016 census (ABS, 2018).

COVID-19 experiences of pandemic shut-down have re-shaped how community is experienced (Robinson et al., 2020a). The pandemic generated a range of hyper-local community responses, such as on-and-offline collective efforts like #ViralKindness and streetlevel support groups as well as individual and collective strategies of coping and resilience (lasiello et al., 2020; Parry et al., 2016a; Robinson & Graham, 2020b). However, little is known about how marginalised communities draw on internal, interpersonal and community resources in difficult times, given their access to the Internet and other resources may be limited. What is assumed is that the pandemic represents a global health emergency and a public health crisis for homeless populations, increasing existing poor health conditions and placing pressure on health systems (Parry et al., 2016c; Parsell et al., 2020; Flatau et al., 2020).

The impact of the COVID-19 pandemic on the homeless and those experiencing housing insecurity varied across Australia. In

What is known

- The risk of homelessness increased across many countries during COVID-19, due to loss of income.
- There were reports of increased family violence forcing women to leave home during lockdown and losing contact with their community.

What this paper adds

- Welfare agencies increased contact with families living in insecure housing to ensure they had adequate resources and to assist them to navigate government services, which increased during the pandemic (such as welfare payments) and helped provide security and comfort.
- First Nations women felt the lockdown prevented them from attending to community obligations.
- Access to friends via the Internet was used as an effective mechanism for maintaining community.

some states, the pandemic increased homelessness as individuals became unemployed, were evicted or became victims of domestic violence (House of Representatives Standing Committee on Social Policy & Legal Affairs, 2020; Kirby, 2020). In other cases, families were not able to self-isolate, work from home or quarantine during the lockdown due to their housing type, their low socioeconomic status or insecure employment (Boyrs, 2020). Further, where children were required to stay at home once schools closed, those with insecure housing were negatively impacted by the crisis due to the very nature of their housing status (Aronson-Rath, 2020). Homeless families are also considered to be at a much higher risk of contracting COVID-19 as 'stay at home orders' have created over occupancies in supported accommodation and/or placed hosting families at a higher risk of transmission (Abrams & Szefler, 2020). Despite this, the Australian government provided a limited response to the increased risk of morbidity and mortality faced by homeless people (Kirby, 2020), although legislation was passed to prevent evictions in the first six months (Australian Government, 2020).

The research presented in this article took place in South Australia (SA). The most recent data on SA homelessness figures at the time of writing were 6732 in March 2021; this figure included people who were homeless, as well as those at risk of homelessness (AIHW, 2021). Of these, both females (1561 Homeless/2477 at risk =4038) and First Nations people (1870) were overrepresented (AIHW, 2021). The initial social isolation period in SA coincided with the 'first wave' of COVID-19 in Australia, and was part of a larger nationwide lockdown, which occurred between early March 2020 and mid-May 2020; the lockdown became progressively more restrictive as the virus became more active (WahlQuist, 2020). Additionally, there were various tightening and easing of social restrictions throughout the year as virus cases ebbed and flowed both within

Health and Social Care in the 3

-WILEY

SA, and nationally. During this period, overall homelessness numbers in SA rose from 6157 in December of 2019 to 6633 in June of 2020. Long-term data would suggest that this trend is similar to other peaks and trough observed between June 2017 and March 2021 (see link for AIHW, 2021). However, the same data from the AIHW (2021) indicate a rise in both mental health and substance use in the homeless/at risk of population, suggesting that while more people did not necessarily become homeless, those that were became more severely impacted.

1.2 | Theoretical concepts of community

Theoretically, the concept of community was first mooted by Tönnies in his typology separating out pre-industrial rural communities from industrial urbanised societies. He identified close relatives and friends living in geographical proximity in rural areas as constituting community, while those forced into the newly industrialised cities, where strangers were thrown together, as experiencing society, rather than community (Li & Tan, 2019). The concept was further developed in the mid-twentieth century by Bourdieu whose definition suggested individuals enhanced their life chances through their ties to community through a process of drawing on social capital (Ungar, 2012). He further divided social capital into close emotional and familial relationships with kin and neighbours referred to as bonding social capital, and relationships with individuals within a more powerful social class or caste or formal civil and private institutions as bridging social capital (Laverack, 2004). Considerable research has been done on the relationship between community and social capital, with a clear delineation made between bonding linkages that provide the necessary emotional support (and possibly financial resources) and bridging social capital that provides a step-up within the capitalist society, through access to new financial prospects and more powerful networks leading to opportunities to improve one's economic position (Welch et al., 2005). The activities of bonding social capital between individuals constitute community since it encourages the sharing of social norms and values, while bridging social capital arises out of shared aspiration, interests and access to resources (Borgonovi & Andrieu, 2020).

The notion of community requiring close geographical proximity and emotional bonds with family and friends has been further refined, given the increased opportunities for communication across distances. A more contemporary definition includes *communities of interest*; groups of people sharing the same traits, interests or social or political situation who may reside in other suburbs, regions or countries (Baker & Ward, 2002). This is especially so with the advent of the Internet allowing communities of interest to go global. The term *Communities of interest* is also assigned to people sharing similar social, political or demographic characteristics. For example, homeless groups are referred to as communities either through the friendships and collaborations they form on the streets, or through their access to formal support networks via shelters, drop-in centres, or welfare and social systems provided by governments, or not for profits (Wagner, 2018). However, these homeless individuals or those in housing insecurity accessing welfare services may not know other homeless individuals or seek friendship with them, challenging the idea of the homeless community. This is particularly so for women in domestic violence situations.

Considerable research has also been done on what forms of community best function to assist individuals during disasters. It would appear that access to community is driven by the individual's circumstances, the systems of governance within the society and the types of institutions able to function or respond to a particular disaster (Li & Tan. 2019). One of the difficulties with community responses to disasters is that it is usually measured after the catastrophic event and reports on the mobilisation of communities in the recovery stages. This is not yet the case for COVID-19 which remains an abiding 'pandemic' until global rollout of effective vaccines, with mutations of the virus possibly prolonging the situation. What disaster studies can tell us is how governments and NGOs mobilise after the event and how communities of interest or shared status, such as those living in housing insecurity, respond. As Every and Thomps (2014) point out, those who are already vulnerable may not have the resilience to manage a disaster but organisations whose work is managing crisis may well be able to rise to the occasion if they can mobilise resources.

2 | METHODS

This study employed a qualitative research method of interviews to examine the meaning people in insecure housing gave to the concept of community during the COVID-19 social isolation period in South Australia. Qualitative research explores the meaning that people ascribe to a phenomenon within their everyday lives (Patton, 2015). Housing insecure families were recruited with the help of the manager at Uniting Care Wesley Bowden - Inner Southern Homelessness Service (ISHS) between July and October of 2020. The ISHS manager asked the service case workers to identify potential clients who might be interested in participating in the research project. Recruitment was purposefully facilitated through ISHS. Given the vulnerability of some of the respondents, it was important to maintain their privacy, consequently contact details were only provided to the research group after permission was granted, and, in most cases, an ISHS staff member made the formal introductions. Participants were provided an information sheet regarding the research and then asked if they might be interested in taking part. The information sheet made it clear that refusal to participate would in no way affect access to services and was clearly branded with Flinders university logos to distinguish the project from ISHS. All participants received a \$50 food voucher.

Purposeful sampling chooses participants who have experience of the phenomena of interest (Creswell, 2014; Patton, 2015). Six family groups were interviewed, with eight families initially approached by ISHS case managers. Five interviews with female heads of household (some had children/siblings present during interviews) were conducted. One family did not take part as the mother was ill -WILEY-Health and Social Care in the

4

on the day of the interview, another person withdrew without explanation and one family was not home at the arranged interview time. See Figure 1 for participant information.

Families were interviewed either at their current accommodation, or in a private room provided by ISHS. Interviews were conducted by two members of the research team. Before any interviews took place, participants were given an information sheet and had the project explained in detail, and they were also encouraged to ask questions before signing the consent form. Participants were also informed that interviews would be audio recorded and transcribed that they could stop at any time, and/or request a copy of their transcript and the final report.

A semi-structured interview guide was sued that had three main questions:

- RQ1: What is the sense of community that already exists for people in this group?
- RQ2: How is/has it been affected by the experience of homelessness and/or the pandemic? (what are people doing to keep themselves safe, materially, and emotionally resourced, informed?)
- RQ3: What are the implications for going forward as conditions change post lockdown? For people in these groups? For wider community-building?
 - a. For people in these groups?
 - b. For the wider community?

In addition to interviews being audio recorded, conceptual maps were drawn by a second researcher during interviews using texta felt pens and butcher's paper. This approach helped document the conversation as well as acting as a form of validation for participants as they were asked to confirm the second researcher's interpretations of the interview. Interviews were then transcribed using a third-party transcription service, who had a privacy agreement with (Flinders University). The described methods were identical in the two additional investigations of marginalised groups, which together made up the main research project, so that the different groups could more easily be compared against one another. Transcripts were also checked against the audio to confirm content by a member of the research team. A coding frame using the interview guestions as a guide was then set up to aid the analysis of data. Quotes from interview transcripts that matched a given research question were coded to that question. In addition to the coding frame, an inductive approach was also adopted to help identify themes within the data that were present across interviews, but that did not necessarily fit within the frame (Green & Thorogood, 2014). This additional step helped identify all potential meanings within the data. All four research team members coded separately and then discussed findings as a group to help confirm research results. Coding was conducted in NVivo 12. Ethics approval for the project was gained from Flinders University's Human Research Ethics Committee, Project Number 2111. The findings are organised around two major themes: the welfare agency is my community, and community as place.

3 | FINDINGS

3.1 | Theme 1—The welfare agency is my community

Housing insecurity leads to fragmented social ties to family, former friends and the wider social institutions of schools, the workplace,

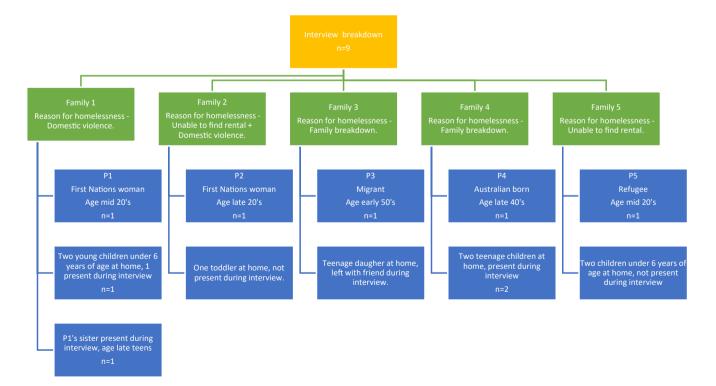


FIGURE 1 Participants and context

health services and networks. Consequently, while the women noted limited continuing links to family, all five discussed the homeless service ISHS or other welfare agencies, which appeared to act as their community during the pandemic lockdown, rather than other individuals such as friends or family. This is partly explained by the fact that these institutions did not go into lockdown during COVID-19, but sought status as an essential service and continued to visit the women assisting them to purchase food or to ensure they were able to optimise access to government provided COVID-19 welfare benefits. For example, when we asked participants who they were in contact with during COVID-19 lockdown, one mother with two teenage children at home, one with severe autism, reflected on her isolation:

P4: So, while ... COVID was on, no one came here....It was a bit hard because (ISHS case manager name) was our only person that we talk to and we hadn't quite got onto my son's mentor and everything. And that,... did play a little bit of havoc.

While a First Nations woman with one small child noted:

P2: I guess so, it's probably isolated it a bit more. But.... I feel like some of my community connections probably got a bit stronger because they were reaching out more and checking in. So even though playgroup finished, there was a social worker at [my child's] Kindy that I didn't know about. And when COVID happened, she actually ... started being a social worker for me through playgroup. So that was amazing, and that was something I didn't know existed until COVID. And then she was able to help me with this place, get me furniture, and these chairs and things like that. So, I actually had stuff for the house, and she got clothes and things for my child. So, it made a huge difference when I was still trying to get on my feet here, money-wise and stuff like that, because obviously COVID didn't exactly help with the extra finances and moving...

Community support also came from social institutions within civil society such as churches and schools. The ability of community services to response and extend their engagement with families who are at times disconnected from traditional family ties was important for this population group during COVID. One woman reported that her church maintained regular contact with her during the COVID-19 lockdown, via her mobile phone:

P3: I'm religious. Yeah, I touched with the religious community...they are very kind. They told me anytime I feed depressed or down or I need help, I can ring them and talk to them

While another participant stayed in contact with the friends she had made while studying at an adult college:

Q: Yeah, and so you go to the college? So, have you got some friends and things there? Yeah, I do, I've got them... all of us we have to stay two weeks at home... so we stayed ... doing video calls that's all

The comment above points to the importance of social institutions during disasters. Their capacity to maintain links with members during a crisis, or foster social inclusion from shared engagement, may well arise from their organisational structures, but also from their underlying purpose and resource base. The impact of social institutes like religious and educational organisations for housing insecure people cannot be underestimated, especially when they are compared to responses regarding community from participants who did not have such ties:

> P1: Community? I feel like everyone's just at their own thing, because of COVID. Like there was a lot of...like there's just nothing to be, ... there's just a lot of stuff that you can't do anymore or around your community, you can't interact anymore, like you can but there's certain things you can and can't do. And that's another thing that brings a lot of people down...

These women living with their children in insecure housing may have already severed connections with their families, networks and community. COVID-19 exacerbated their separation from personal and individualised networks of friends but strengthened those with formal social and welfare institutions.

3.2 | Theme 2–Community as place and space

COVID-19 restrictions and closures caused confusion and disruption as participants were no longer able to visit their pre-COVID places. Children, who took part in two interviews, as well as being regularly talked about, were restricted in access to regular institutions and peer groups so that their community essentially collapsed as schools and childcare centres were closed. A mother commenting on the loss of community experienced by her child noted:

> P1: ...I'm schooling my son, like kids had to stay home at one stage for a while so that got my son out of whack...at home, he thought, like that's his fun area, it's not a place where he wants to come home and do his schoolwork. 'like Mum I'm at home, why do I have to do my schoolwork here?' so that confused him and frustrated him a bit so, yeah, my kids did suffer a bit from it.

For the First Nations Peoples, COVID-19 impinged on their community obligations such as their ability to attend funerals and address cultural obligations, as one First Nations mother reported:

6 WILEY Bealth and Social Care in the

P2: That's where it gets a bit hard with COVID because we've had two people pass away in this timeframe. And currently right now there's an elder, we're actually about to bury on Saturday, and she alone has dozens of grandchildren. We can't all be there. So straight away the grannie's sort of go before anyone else, and then that excludes the rest of the family. So, it's really difficult...That's probably the main thing that I've noticed culturally, because funerals are a huge thing, and we're supposed to do smoking's and stuff like that for a week after, and we just can't do that now.

Another First Nations respondent noted similarly that the travel restrictions likewise weakened her sense of connection to family and in meeting cultural expectations:

> P1: Yeah. I haven't been home, like I can't go home for funerals. Like I lost a brother last week and I couldn't go home..

Even for those who reported friendships, connecting with them was difficult given the restrictions, and/or the fear of the virus:

P5: There wasn't any connecting with any friends or any family. Because sometimes, even if you have a small cough or normal flu, they will be so scared to be connecting. So, I rather stay at home and staying at home with two kids, it was so crazy for them and for me, because they will not understand that we need to stay at home, and we can't go out.

All five women had been provided with temporary accommodation, with two moving into permanent housing after a period of instability. The anxiety expressed above about the virus meant that their home, even if insecure, provided a sanctuary for them from the wider world:

> P2: I mean, I don't really get out into the community much these days. I think it's still because I don't want to be out... because of COVID. I don't really want to be touching people. I don't want people to be up in my space...I want them to go away with their germs. Oh, yeah. Definitely. Anytime I see anyone cough, I'm like [get] 10 feet way.

Finally, jobseeker, the Australian government welfare payment to the unemployed, including those who lost their jobs, was increased by 100% during the first 12 months of the pandemic (Australian Taxation Office, 2020). For these families it increased their sense of place by improving their living arrangements, providing them with disposal income to furnish their homes, and a year's grace before they were required to seek employment: P4: But it's also given me that year that...Because if COVID didn't happen, I would've had to get a parttime job and then sort of would've had to try and work my son out [has autism]. But I've had that year to work my son out and everything, and then get the house set up, and now I'm looking at...I can probably work two to three days a week next year...And it's given me an extra year with him, so he'll be 16 next year and that's given me time. And he's been in this house for so long now, I can go and get a part time job for two, three days a week.

As this woman reflects, the increase in Jobseeker payments, allowed her to furnish her home, delay returning to the work and to get her life into order, so that she now had the time to work.

But community was not simply place. It was also space within the Internet. The women talked about connecting with friends or other organisations through the Internet. This included doing activities together, such as watching a movie, following cooking shows or following up COVID information. As one respondent noted:

P5: Yeah. The only thing that helped me is to do video calls. And I use sometimes the video calls about 2:00 AM....Yeah, because staying at home with nothing. And I tried to do, me and my friends, some search to find some apps to connect us together. And there's apps, we used to do it every day in the isolate....We put a movie on and we can all go inside that movie, and watch it, and put all our comments together. And you feel like you're sitting all your friend together and watching a movie. That's what we used to do every day in isolation...

4 | DISCUSSION

As the two themes suggest, the idea of community for these women and their children shifted during the pandemic. Previous networks were broken, either because of their domestic violence situation, or because the lockdown and fear of the infection. Several participants reported that the homeless services workers (or similar people in a charity/welfare capacity) were the only people they saw over the lockdown. These encounters included the sourcing of supplies for families, aid with navigating government institutions like Centrelink and general welfare checks. The welfare agency stepped up its services over the period, maintaining regular visits, and ensuring its client base had sufficient food and health services. This service was able to do so given its resource base, and capacity to deal with emergencies was well established before the pandemic. The ISHS has a long history of navigating services and welfare payments for families in distress, for finding permanent or temporary housing, and for ensuring the women's safety. As Rodriguez and colleagues

suggest, organisations with resources are able to respond to disasters more readily than those with limited capacity (Rodriguez & Quarantelli,). In effect, the ISHS became a core part of the women's community during the COVID-19 lockdown. This support was a form of bridging social capital for the housing insecure families. It linked them to resources and services, while potentially providing bonding social capital through the relationships establish between case workers and clients (Laverack, 2004). In providing bridging capital three of these women moved from insecure to secure housing and relative independence. From an epidemiological perspective, these results are significant. Research conducted early in the lockdown showed increases in depression for particular population groups who were socially isolated, but also high levels of optimism by just under one-third of those surveyed (Fisher et al., 2020).

Despite the discussed links between the welfare agency and community, community was still defined in terms of place/space and links with kin. This is illustrated in the First Nations women discussion of lockdown restrictions impacting on their ability to travel to cultural events due to the limits on the number of people who could attend. Despite great diversity among First Nations Australian cultural groups and individuals, the concept of community is often uniformly expressed; it revolves around the experience of social and ancestral relationships and connections to Country or place (Butler et al., 2019). Further, social capital is described as being deeply embedded in cultural understandings and issues of identity for First Nations Peoples, and high levels of social capital are associated with higher subjective wellbeing, and better mental health for them. (Biddle, 2012). Hence, an inability to connect with cultural had the potential to impact First Nations women beyond the surface consideration of COVID-19 lockdown restriction such as social isolation. This suggests that restrictions placed by Western authorities needed input from First Nations Peoples groups and their cultural needs, and potential exemptions to restrictions, to avoid further adverse outcomes.

Baker and Ward's (2004) discussion of communities suggests that it is not restricted by geographical location. This does explain how some participants were able to maintain a sense of community with friends during the lockdown, despite considerable restrictions on freedoms and their own need to maintain some anonymity given domestic violence. Friendships made pre-lockdown in more traditional settings such as shared geography and task (for example from attendance at the same education institution) may have become fractured due to the lockdown. However, participants reported using Internet-based video calls during lockdown to cook with friends, watch videos and chat, which helped maintain community by bridging the geographical restrictions of lockdown (Baker & Ward 2002). Communication via the Internet in this manner also helped combat social isolation for those with limited community, through the bonding social capital offered by online services. This suggests that though communities were impacted due to the restrictions, individuals also discovered new ways of

Health and Social Care in the

using technology to bridge and bond across the restrictions. Finally, increased welfare payments provided by the government, coupled with the assistance to navigate these services provided by ISHS, allowed the women to provide a secure space/place for their families during the pandemic.

4.1 | Conclusion

This research project has broadened our concept of community and the important role of specialist NGO services during disaster. The ability of the NGO to respond in a timely fashion to families during a disaster is demonstrated. The bridging and bonding relationship between the homeless service and family members during the crisis appears to be an effective mechanism to aid the vulnerable through a time of crisis. Hence, the role of the NGO in assisting families to achieve independence cannot be overstated. The outcomes for the families interviewed reflect a novel and yet functional disaster response.

4.2 | Limitations

The research team acknowledges that studies of people with similar backgrounds in other locations may have different experiences, despite this we believe the research provides a valuable contribution to knowledge. As noted in the method section, 8 families originally agreed to interview, 3 either cancelled on the day of the interview or were on contactable thereafter. Discussions with case managers at the homeless service suggested that this type of response was not uncommon, though all efforts to reach more participants were attempted.

TERMINOLOGY

In this study, First Nations Peoples respectfully encompass the diversity of Aboriginal and Torres Strait Islander cultures and identities in Australia. See recommendations for language use by Reconciliation Australia (Reconciliation Australia, 2021).

ACKNOWLEDGEMENTS

Uniting Care Wesley Bowden - Inner Southern Homeless Service. Sheryl Maung, ISHS Intake staff and Case workers. The five families who participated in the research.

CONFLICT OF INTEREST

The authors declare that there was no conflict of interest.

AUTHOR CONTRIBUTION

YP and EW came up with the research design, YP and MA collected data, while YP, MA NS, and EW analysed data and contributed to article write up.

DATA AVAILABILITY STATEMENT

Due to the vulnerable nature of the people who took part in the research and strict ethics requirements, the data that are informed in this study are not available to share.

ORCID

 Yvonne Parry
 https://orcid.org/0000-0001-8030-2671

 Matthew Ankers
 https://orcid.org/0000-0002-4246-8010

 Nina Sivertsen
 https://orcid.org/0000-0001-7150-0836

 Eileen Willis
 https://orcid.org/0000-0001-7576-971X

REFERENCES

- Abrams, E. M., & Szefler, S. J. (2020). COVID-19 and the impact of social determinants of health. *The Lancet Respiratory Medicine*, 8(7), 659–661. https://doi.org/10.1016/S2213-2600(20)30234-4
- Aronson-Rath, R. (2020). How the coronavirus outbreak impacts homeless families. Retrieved from, https://www.pbs.org/wgbh/front line/article/how-the-coronavirus-outbreak-impacts-homelessfamilies/
- Australian Bureau of Statistics. (2018). Census of population and housing: Estimating homelessness. Retrieved from https://www.abs. gov.au/statistics/people/housing/census-population-and-housingestimating-homelessness/latest-release#data-download
- Australian Government. (2020). The Coronavirus supplement extending. Retrieved from https://www.servicesaustralia.gov.au/individuals/ news/coronavirus-supplement-extending
- Australian Institute of Health and Welfare. (2020). Australia's children. (cat. no. CWS 69). Retrieved from https://www.aihw.gov.au/getme dia/6af928d6-692e-4449-b915-cf2ca946982f/aihw-cws-69-print -report.pdf.aspx?inline=true
- Australian Institute of Health and Welfare (2021). Specialist homelessness service: Monthly data. Retrieved from https://www.aihw.gov. au/reports/homelessness-services/specialist-homelessness-servi ces-monthly-data/contents/monthly-data
- Australian Taxation Office. (2020). Jobkeeper Payment. Retrieved from https://www.ato.gov.au/misc/downloads/pdf/qc62125.pdf
- Baker, P., & Ward, A. (2002). Bridging temporal and spatial "Gaps": The role of information and communication technologies in defining communities. *Information, Communication & Society*, 5(2), 207–224. https://doi.org/10.1080/13691180210130789
- Biddle, N. (2012). Measures of Indigenous social capital and their relationship with well-being. Australian Journal of Rural Health, 20(6), 298–304. https://doi.org/10.1111/j.1440-1584.2012.01293.x
- Borgonovi, F., & Andrieu, E. (2020). Bowling together by bowling alone: Social capital and COVID-19. *Social Science & Medicine*, *265*, 113501. https://doi.org/10.1016/j.socscimed.2020.113501
- Boyrs, S. (2020). Federal Government warned about rising risk of homelessness from COVID-19. Retrieved from https://www. abc.net.au/news/2020-09-28/government-warned-of-homel ess-risk/12709156
- Butler, T. L., Anderson, K., Garvey, G., Cunningham, J., Ratcliffe, J., Tong, A., Whop, L. J., Cass, A., Dickson, M., & Howard, K. (2019). Aboriginal and Torres Strait Islander people's domains of wellbeing: A comprehensive literature review. *Social Science & Medicine*, 233, 138–157. https://doi.org/10.1016/j.socscimed.2019.06.004
- Coughlin, C. G., Sandel, M., & Stewart, A. M. (2020). Homelessness, children, and COVID-19: A looming crisis. *Pediatrics*, 146(2), e20201408. https://doi.org/10.1542/peds.2020-1408
- Creswell, J. (2014). Research Design: Qualitative, quantitative and mixed methods approaches. Sage Publication.
- Dahl, C., Wilson-Mendenhall, C., & Davidson, R. (2020). The plasticity of well-being: A training-based framework for the cultivation

of human flourishing. Proceedings of the National Academy of Sciences, 2020, 202014859. https://doi.org/10.1073/pnas.20148 59117

- Every, D., & Thomps, K. (2014). Disaster resilience: Can the homeless afford it? Australian Journal of Emergency Management, 29(3), 13–16.
- Fisher, J., Tran, T., Hammarberg, K., Sastry, J., Nguyen, H., Rowe, H., Popplestone, S., Stocker, R., Stubber, C., & Kirkman, M. (2020). Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. *Medical Journal of Australia*, 10, 458– 464. https://doi.org/10.5694/mja5692.50831
- Flatau, P., Seivwright, A., Hartley, C., Bock, C., & Callis, Z. (2020). Homelessness and COVID-19 Centre for Social Impact Response. University of Western Australia.
- Green, J., & Thorogood, N. (2014). Qualitative Methods for Health Research, 3rd ed. Sage Publication.
- House of Representatives Standing Committee on Social Policy and Legal Affairs. (2020). Shelter in the storm - COVID-19 and homelessness. Australian Federal Government. Retrieved from https://parlinfo. aph.gov.au/parlInfo/download/committees/reportrep/024523/ toc_pdf/Shelterinthestorm-COVID-19andhomelessness.pdf;fileT ype=application%2Fpdf
- Hunter, P. (1998). The national aboriginal community controlled health organisation. *New Doctor*, 70, 11.
- Iasiello, M., van Agteren, J. & Muir-Cochrane, E. (2020). Mental Health and/or Mental Illness: A scoping review of the evidence and implications of the dual-continua model of mental health. Evidence Base, Australia and New Zealand School of Government, vol. 2020(1), pages 1-45, March. (1). Retrieved from https://doi.org/10.21307/ eb-2020-001
- Kirby, T. (2020). Efforts escalate to protect homeless people from COVID-19 in UK. *The Lancet Respiratory Medicine*, 8(5), 447–449. https://doi.org/10.1016/S2213-2600(20)30160-0
- Laverack, G. (2004). Health Promotion Practice: Power and empowerment. Sage.
- Li, Z., & Tan, X. (2019). Disaster-Recovery Social Capital and Community Participation in Earthquake-Stricken Ya'an Areas. Sustainability, 11, 993. https://doi.org/10.3390/su11040993
- Martin, R., Fernandes, C., Taylor, C., Crow, A., Headland, D., Shaw, N., & Zammit, S. (2019). "We don't want to live like this": The lived experience of dislocation, poor health, and homelessness for western Australian Aboriginal people. *Qualitative Health Research*, 29(2), 159–172. https://doi.org/10.1177/1049732318797616
- Parry, Y. (2020). "Making the invisible, visible: Children and Families living in Housing Instability". Invited presentation. Caring Futures Institute Conference: Are we beyond Caring, 19th of Oct 2020.
- Parry, Y., Grant, J., & Burke, L. (2016b). A Scoping Study: Children, Policy and Cultural shifts in homelessness services in South Australia: Are children still falling through the gaps? *Health* & Social Care in the Community, 24(5), e1-e10. https://doi. org/10.1111/hsc.12309.
- Parry, Y., Harryba, S. & Horsfall, S. (2016a). "Improving outcomes for families experiencing homelessness: Working together as multidisciplinary teams to increase health outcomes for children and families" Parity, Volume 28, Issue 9.
- Parry, Y., & Sivertsen, N. (2021). Social Inclusion and the Role of the Health Care System. In P. Liamputtong (ed.) Chapter 80 in Handbook of Research Methods in Health Social Sciences. , SpringerLink https://link.springer.com/referencework/https://doi. org/10.1007/978-981-10-5251-4
- Parry, Y., Ullah, S., Raftos, J., & Willis, E. (2016c). Deprivation and its impact on non-urgent Paediatric Emergency Department use: Are Nurse Practitioners the answer? *Journal of Advanced Nursing*, 72(1), 99–106. https://doi.org/10.1111/jan.12810
- Parry, Y., Willis, E., Kendall, S., Marriott, R., Sivertsen, N., & Bell, A. (2020a). Meeting the needs of marginalised children: An innovative

Nurse Practitioner led health care model at Uniting Care Wesley Bowden. *Australian Nursing and Midwifery Journal*, *26*(10), 48–49.

- Parsell, C., Clarke, A., & Kuskoff, E. (2020). Understanding responses to homelessness during COVID-19: An examination of Australia. *Housing Studies*, 9, 1–14. https://doi.org/10.1080/02673037.2020.1829564
- Patton, M. (2015). Qualitative research and Evaluation methods, 4th ed. Sage Publications.
- Reconciliation Australia. (2021). RAP good practice guide. Retrieved from https://www.reconciliation.org.au/wp-content/uploads/2018/05/ language-guide.pdf
- Robinson, S., & Graham, A. (2020b). Feeling safe, avoiding harm: Safety priorities of children and young people with disability and high support needs. *Journal of Intellectual Disabilities*, early online. https://doi.org/10.1177/1744629520917496
- Robinson, S., Hill, M., Fisher, K., & Graham, A. (2020a). Belonging and exclusion in the lives of young people with intellectual disability in small town communities. *Journal of Intellectual Disabilities*, 24(1), 50–68. https://doi.org/10.1177/1744629518765830
- Ungar, M. (Ed.). (2012). The social ecology of resilience: A handbook of theory and practice. Springer Science + Business Media. https://doi. org/10.1007/978-1-4614-0586-3

Wagner, D. (2018). Checkerboard Square: Culture And Resistance In A Homeless Community. Routledge.

lealth and

Social Care 🛛

- WahlQuist, C. (2020). Australia's coronavirus lockdown The first 50 days. The Guardian, viewed online 1st March 2020, https://www. theguardian.com/world/2020/may/02/australias-coronaviruslockdown-the-first-50-days
- Welch, M., Rivera, R., Conway, B., Yonkoski, J., Lupton, P., & Giacola, R. (2005). Determinants and consequences of social capital. *Sociological Inquiry*, 75(4), 453–473. https://doi. org/10.1111/j.1475-682X.2005.00132.x

How to cite this article: Parry, Y., Ankers, M., Sivertsen, N., & Willis, E. (2021). Where is community during COVID-19? The experiences of families living in housing insecurity. *Health & Social Care in the Community*, 00, 1–9. <u>https://doi.</u>

org/10.1111/hsc.13645