



Australian and Canadian financial wellbeing policy landscape during COVID-19: An equity-informed policy scan

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ARTICLE INFO

Keywords:

Poverty
Financial stress
COVID-19
Policy
Government programs
Equity

ABSTRACT

Background: This targeted and comprehensive policy scan examined how different levels of governments in Australia and Canada responded to the financial crisis brought on by the COVID-19 pandemic. We mapped the types of early policy responses addressing financial strain and promoting financial wellbeing. We also examined their equity considerations.

Methods: Through a systematic search, snowballing, and manual search, we identified Canadian and Australian policies at all government levels related to financial strain or financial wellbeing enacted or amended in 2019–2020. Using a deductive-inductive approach, policies were categorized by jurisdiction level, focal areas, and target population groups.

Results: In total, 213 and 97 policies in Canada and Australia, respectively, were included. Comparisons between Canadian and Australian policies indicated a more diversified and equity-targeted policy landscape in Canada. In both countries, most policies focused on individual and family finances, followed by housing and employment areas.

Conclusions: The policy scan identified gaps and missed opportunities in the early policies related to financial strain and financial wellbeing. While fast, temporary actions addressed individuals' immediate needs, we recommend governments develop a longer-term action plan to tackle the root causes of financial strain and poor financial wellbeing for better health and non-health crisis preparedness.

Statement on Ethics and Informed Consent: This research reported in this paper did not require ethical clearance or patient informed consent as the data sources were published policy documents. This study did not involve data collection with humans (or animals), nor any secondary datasets involving data provided by humans (or from animal studies).

1. Introduction

The socioeconomic impact of the coronavirus (COVID-19) pandemic was monumental on a global scale. Although many countries move

towards economic recovery, the pandemic-related recession cast long shadows on the financial security of many [1,2]. The socioeconomic gaps between populations and between the extremely rich and below-median income populations has deepened, increasing financial strain

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<https://doi.org/10.1016/j.hpopen.2023.100114>

Received 14 March 2023; Received in revised form 27 November 2023; Accepted 9 December 2023

Available online 10 December 2023

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and worsening chances for intergenerational mobility [3].

Financial strain can be experienced by anyone. While poverty describes a lack of basic needs, financial strain is the negative imbalance between individual or household expenditure and income, impacting psychological and social aspects of a person's life [4]. Financial strain extends beyond objective measures of financial wellbeing (e.g., income or savings) to consider how experiences and perceptions surrounding financial circumstances shape self-esteem and relationships [4,5]. Growing financial strain during the pandemic had direct impacts on health and social outcomes [6]. For example, COVID-19-related financial strain was associated with depression (independent of health worries and income changes) [6] and projected suicide rates [7]. Populations already dealing with employment or housing instability were disproportionately affected, further entrenching existing socioeconomic inequities [8].

Policy responses to COVID-19 have differed internationally [9]. Some governments prioritized stringent measures (e.g., closure and containment) to protect public health. Others prioritized keeping the economy 'open' despite rising cases and deaths [10]. However, research has demonstrated that the supposed tension between protecting public health and the economy is a false dichotomy [11,12]. Emergent research from the US showed that strong social policies can mitigate the mental health impact of pandemic-related financial shocks [13]. Many scholars have highlighted the need for such policies to be equity-based to facilitate a fair and just recovery (c.f., [12,14]), yet this literature is limited. Research on overall policy patterns and policy gaps is required to better understand the financial wellbeing-related policy landscape and related equity considerations at the height of the pandemic. To support addressing this critical gap, we conducted a targeted and comprehensive policy scan of governmental policies at Australian and Canadian municipal/regional, provincial/territorial/state, and federal levels that aimed to address financial strain and/or promote financial wellbeing and that were amended during, or developed in response to, the COVID-19 pandemic.

2. Materials and methods

This policy scan was part of a broader research project, which led to an evidence-based action-oriented public health framework and companion guidebook of strategies and indicators on financial wellbeing and strain [15,16]. The policy scan aimed to systematically capture Canadian and Australian policies that were formulated and adopted or amended to address the impact of COVID-19 on financial strain and/or financial wellbeing during the period of December 2019 to December 2020. We defined policies as publicly available formal policies, including statutes, regulations, strategies, plans, and bylaws [17]. We used the following definition of public policy: 'the expressed intent of government to allocate resources and capacities to resolve an expressly identified issue within a certain timeframe' (p. 2) [18].

2.1. Political context in Australia and Canada

These two high-income countries were chosen because they share a similar political system (democratic federated governments with a Westminster parliamentary system) and demographics (low population density and a diverse population composition, including Indigenous groups that have been subjected to adverse processes of settlement and colonisation).

Overall, the division of roles and responsibilities between the three levels of government (i.e., federal, provincial/territorial/state, and municipal) in Canada and Australia is relatively similar. In both countries, the federal government is responsible for national and international matters (e.g., defence, international trade, citizenship, social security, and communication). In Canada, the federal government is also responsible for policing and health service delivery for Indigenous populations and refugees. In Australia, it is responsible for primary

health care. In both countries, provincial/territorial/state governments take responsibility for education, natural resources, and highways. While Canadian provinces/territories are responsible for the healthcare system in general, Australian states/territories hold responsibility for hospitals and community health. Canadian federal and provincial/territorial governments share responsibility for agriculture, environment, and immigration. Municipal governments in both countries are responsible for utilities, garbage and recycling, and transit. In Canada, municipal governments are also responsible for social and community health, firefighting, snow removal, public transportation, policing (also a federal government responsibility), and emergency services. In Australia, public transport, policing, and ambulance services are responsibilities of state/territory governments.

At the time of this research, the Australia federal government was formed by a centre-right political party alliance made up of the Australian Liberal and National Parties. Canada had a Liberal Party (centre-left) minority federal government with no coalition agreements with opposition parties [19], but instead *ad hoc* or temporary political voting alliances with the National Democratic Party (left).

In Australia, with the support of all states and territories, a National Federation Reform Council and its National Cabinet were introduced in May 2020 for coordinated responses across the country [20]. In Canada, the federal government assumed the role of whole-of-government leadership for enhanced coordination through the creation of a Cabinet Committee in March 2020 [21]. Federalism in both countries allowed provincial/territorial/state governments to tailor responses to address local factors within each jurisdiction; consequently, different policy approaches emerged across those jurisdictions despite the federal government's efforts in ensuring consistency.

2.2. Search strategy

Systematic searches for Canadian and Australian policies at federal and provincial/territorial/state levels ([supplementary file 1](#)) were undertaken in appropriate databases (e.g., Capital Monitor, ProQuest, Informit, Can-Lii), and supplemented with Google Advanced searches using a defined search strategy. We also conducted chronological and manual searching of government websites at the federal and provincial/territorial/state levels ([supplementary file 2](#)).

Different approaches were taken in each country to appropriately capture policies at the municipal and local government levels. For the Australian search, we captured local government policies in the state/territory Google Advanced search, as all Australian local government websites end in '.gov.au' and were therefore captured in the state search strategy. The sampling strategy involved first selecting the largest Major Urban Centre Local Government Areas (LGA; population $\geq 10,000$ people) for the eight states and territories. The indicators were used to categorize the remaining LGAs into clusters: 1) Geography using the Remoteness Area Rating classification (Major Cities, Regional, and Remote); and 2) Socio-Economic Indexes for Areas (SEIFA) decile score (1 being most disadvantaged). To capture a representative range of LGAs based on geography and socioeconomic status, a cluster-randomized sampling process was used. Thirty-seven Australian local government councils out of 536 (at the time of study) were included ([supplementary file 1](#)). For the Canadian search, we identified a sample of municipalities following the process for municipality selection used by the Canadian Partnership Against Cancer (CPAC) in their national, evidence-based healthy public policy tracker [22]. This list was supplemented by members of the Big City Mayors' Caucus, which brings together representatives from Canada's 22 biggest cities, and three new members of the Urban Public Health Network not included in the CPAC list. Thirty-nine Canadian municipalities (of 3,573) were included ([supplementary file 1](#)). These 39 municipalities represent a range of municipal settings in Canada (large urban centres, cities, towns, and small remote northern communities); they are representative of diversity within Canada regarding geography, demographics,

socioeconomic status, economy, natural resources, political considerations, etc. [22].

2.3. Screening process and data extraction

Policies were screened by a single reviewer each in Canada and Australia using a defined set of primary and secondary criteria refined iteratively throughout primary and secondary screening [23]. Discrepancies and uncertainties were discussed and resolved with a second reviewer in each country. Descriptive data was extracted from each policy using a pilot-tested and validated Excel form. The inclusion and exclusion criteria and data extraction form are available from the corresponding author upon request.

We adopted a deductive approach to categorize policies by jurisdiction level: federal; provincial/territorial/state; and municipal/local. Using an inductive approach, we classified policies by target area as presented in the policy documents: Housing; Education; Healthcare; Food/Nutrition; Employment; Individual and Family Finances; Caregiving; Social Support; and Transportation (Table 1). We allowed a secondary target area to be selected when appropriate for a more detailed description; e.g., caregiving benefits were classified as both Individual and Family Finances and Caregiving. Data were also categorized by the way policies were targeted to either equity-deserving (e.g., Indigenous peoples), privileged (e.g., homeowners), or general populations. Equity-deserving populations refer to groups living in conditions of socioeconomic or geographic disadvantage; whereas privileged populations were those groups considered to experience more advantages [24]. General populations encompassed those policies that have not targeted any specific socio-demographic group.

2.4. Data analysis

The extracted data was plotted using Excel's heat tables to visualize the relationships between categorical data. We used a four-colour palette: red, yellow, light green, and dark green. Red indicates absence of policies while dark green shows the highest number of policies. Canadian and Australian contexts were compared. Health equity and social determinants of health lenses were applied to identify key policy gaps and missed opportunities in the early pandemic response (2019–2020).

3. Results

Fig. 1 depicts the study's selection process. The systematic search, snowballing, and manual search yielded 158 citations in Australia and 2228 in Canada. A lower number of search results in Australia were attributed to specific databases being available to support policy searching, as well as consistency in the naming of government weblinks (e.g., all end in gov.au), which enabled precision searching using the

Google Advanced strategy. Such a resource is not available in Canada, necessitating extensive manual searches of websites. Upon screening and initial assessment, we included a total of 97 and 213 policies in Australia and Canada, respectively. For Australia, 61.4% (97/158) of the screened policies were included. In Canada, only 9.6% (213/2228) of policies were included due to the manual, comprehensive searching required to source them. While there was no expectation of similar inclusion for each country, the differences in number of policies included may also be attributed to each country's context-specific needs and political ideologies of the parties in the respective federal and provincial/territorial/state governments. For illustrative purposes, we describe a few policies below.

3.1. Overview

The comparison between the heat tables of Australia (Fig. 2) and Canada (Fig. 3) indicates that the Canadian policy landscape was more diversified and more often targeted equity-deserving populations. The general public and privileged groups were the most targeted populations in Australia. In both countries, the majority of policies reviewed focused on supporting individual and family finances (which is consistent with current practices that prioritize financial literacy and behaviours over system- or structurally-oriented actions) [25]. However, such policies targeted privileged groups in Australia and equity-deserving groups in Canada. Housing and employment areas were the second and third areas most targeted in both countries. In both countries, provincial/territorial/state policies were more predominant, followed by municipal, then federal policies (Fig. 4).

3.2. Individual & family finances

3.2.1. Australia

In Australia, policies largely benefitted the privileged population and were predominantly delivered at the municipal level. Given municipal governments' responsibilities, all Australian municipal policies largely aimed at alleviating financial strain related to council rate payments (e.g., water, sewage, garbage collection services) for homeowners, including waiving interest charges, introduction of payment plans, and deferrals or complete waivers of payments. Therefore, they emphasized support for more privileged populations (i.e., homeowners).

At the state/territorial level, individual and family finance-related policies primarily targeted the general population with some focusing on either equity-deserving or privileged population groups. One example is emergency financial assistance to temporary or provisional visa holders or undocumented immigrants in Victoria for food, medicine, and bills [26]. Key federal-level examples include: stimulus payments (\$750 AUD) to specified income support (social welfare) recipients (e.g., pensioners, people with disability) [27]; a \$550 AUD

Table 1
Description of target areas to categorize policies.

Target areas	Definition
Individual & family finances	The policy targets individual and/or family finances through the provision of cash (e.g., emergency loans), tax refunds/rebates, access to financial resources (e.g., matched savings), etc. Such policies target the immediate costs of living, providing financial supports to cover day-to-day or household expenditures.
Employment	The intervention targets employment, access and opportunities, as well as job-specific training, etc.
Housing	The policy targets housing (e.g., provision of housing subsidies).
Caregiving	The policy targets access to or provision of caregiving for either children or adults.
Education	The policy targets access to or achievement of education and training. This does NOT include financial education specifically, which would fall under 'financial literacy'.
Food/Nutrition	The policy targets access to or provision of food/nutrition.
Social support	The policy targeted social support, community participation, peer connection, etc.
Healthcare	The policy targets access to or provision of healthcare. This can include broad healthcare policies (e.g., Medicare) or specific services, such as mental health support.
Transportation	The policy targets transportation, including access to public transportation.

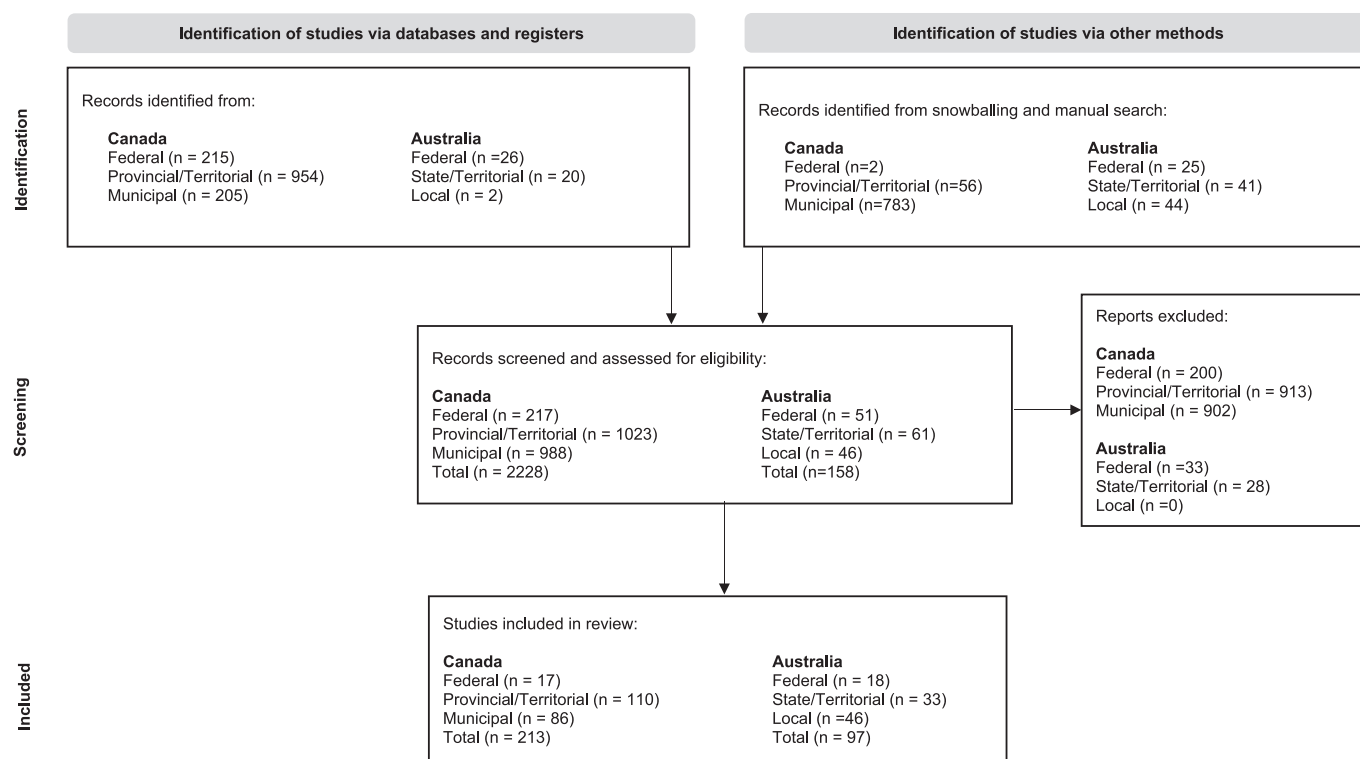


Fig. 1. PRISMA flow chart for the systematic review process.

Area	Jurisdiction Level	Population		
		General Population	Privileged Population	Equity-deserving Population
Individual & Family Finances	Federal	14	0	12
	State/Territorial	23	4	12
	Local	9	53	2
Employment	Federal	3	0	0
	State/Territorial	7	0	4
	Local	0	0	0
Housing	Federal	0	0	0
	State/Territorial	2	4	11
	Local	0	0	0
Caregiving	Federal	1	0	0
	State/Territorial	2	0	1
	Local	0	0	0
Education	Federal	0	0	0
	State/Territorial	9	0	3
	Local	0	0	0
Food/Nutrition	Federal	0	0	0
	State/Territorial	0	0	1
	Local	0	0	0
Social Support	Federal	0	0	0
	State/Territorial	0	0	1
	Local	0	0	0
Health Care	Federal	0	0	0
	State/Territorial	0	0	0
	Local	0	0	0
Transportation	Federal	0	0	0
	State/Territorial	1	0	0
	Local	0	0	0

Fig. 2. Heat table of Australian policies by target area, population, and jurisdiction level.

supplement for unemployment benefit ('Jobseeker') recipients (non-supplement rate ranges between \$282-\$333 AUD/week) [27]; and extension of paid parental leave period [28].

3.2.2. Canada

Canadian policies regarding individual and family finances focused

on equity-deserving populations more than the general population. Equity-deserving populations were largely targeted at the provincial/territorial level, including, e.g., a bonus payment to seasonal, low-skilled agricultural workers who mostly hold temporary visas [29], salary top-up for low-income workers and essential workers [30], and one-time payments to people with disability [31].

Area	Jurisdiction Level	Population		
		General Population	Privileged Population	Equity-deserving Population
Individual & Family Finances	Federal	8	0	7
	Provincial/Territorial	24	8	54
	Municipal	16	22	12
Employment	Federal	4	0	3
	Provincial/Territorial	14	0	18
	Municipal	1	0	6
Housing	Federal	0	0	3
	Provincial/Territorial	5	0	19
	Municipal	0	0	27
Caregiving	Federal	1	0	0
	Provincial/Territorial	8	0	3
	Municipal	5	0	2
Education	Federal	0	0	2
	Provincial/Territorial	2	0	4
	Municipal	0	0	0
Food/Nutrition	Federal	0	0	1
	Provincial/Territorial	0	0	9
	Municipal	0	0	5
Social Support	Federal	0	0	0
	Provincial/Territorial	0	0	4
	Municipal	4	0	13
Healthcare	Federal	0	0	0
	Provincial/Territorial	3	3	4
	Municipal	0	0	1
Transportation	Federal	0	0	0
	Provincial/Territorial	2	0	1
	Municipal	3	0	1

Fig. 3. Heat table of Canadian policies by target area, population, and jurisdiction level.



Fig. 4. Percentual distribution of Australian and Canadian policies by jurisdiction level.

Federal policies targeted general and equity-deserving populations. Examples included an emergency benefit to support employed and self-employed individuals impacted by COVID-19 and the introduction of a sickness and caregiving benefit to support individuals who lacked access to paid sick leave [32,33].

Similar to Australia, Canadian municipal policies on individual and family finances targeted privileged groups more often and focused on

deferrals and waivers of property and business tax payments and interest. Differently from Australia, several municipal policies targeted individual finances among equity-deserving groups. Examples included expanding free Wi-Fi [34], connecting individuals to emergency income benefits [34], and supporting unbanked people to acquire a bank account to avoid in-person cheque cashing [35].

3.3. Employment

3.3.1. Australia

All Australian federal policies focusing on employment targeted the general population. The most central policy was the 'JobKeeper' scheme [36], a payment available to businesses, which could be used to cover employee wages to maintain employment and curtail mass unemployment.

State/territorial employment-focused policies were more universalist than proportionally universalist [37,38]. These policies targeted the general population more than equity-deserving populations. They included investments in upskilling, apprenticeships and job creation [39], and mentoring and job matching in the care industry (e.g., child care, disability and aged care) [40]. One example of policy targeting equity-deserving population was a focus on women's employment offering grants for training and support (\$5000 AUD) [40].

3.3.2. Canada

Similar to Australia, Canadian federal employment-related policies focusing on the general population included emergency wage subsidies to cover up to 75% of employer's wages to keep their staff employed and avoid layoffs [32]; and changes to the Canadian Labour Code that ensured federally-regulated workplaces were required to give 14 days of job-protected COVID-19-related unpaid leave [41]. In contrast to Australia, Canadian federal employment policies focused on equity-deserving groups including youth, essential workers, and people with disabilities. For example, federal policies increased student job opportunities by covering up to 75% of the minimum hourly wage for employers [42] and provided skills training for individuals most impacted by the pandemic to assist with regaining employment [32].

Canadian provincial/territorial employment policies focused on wage subsidies, job creation, and job training opportunities for individuals impacted by COVID-19, which were similar to Australia. While there were no Australian municipal employment policies identified in this area, some Canadian municipalities provided employment initiatives targeted at general and equity-deserving groups. Examples for equity-deserving groups are social enterprise incentives and training support for youth [43,44] and mentorship programs for Indigenous business owners [45].

3.4. Housing

3.4.1. Australia

This review did not identify any Australian federal or municipal policies on housing (in response to the pandemic). Approximately one fifth of Australian state/territorial policies identified focused on housing, with most targeting equity-deserving populations. Examples included: increased funding to support emergency hotel accommodation and transition to alternative housing for people experiencing homelessness [46]; support for Indigenous Australians returning to remote communities to ensure isolation requirements were met and to avoid homelessness or displacement [47]; and, rent relief for public housing tenants [48].

State/territorial housing policies targeting the general population included: rent relief for tenants (via a rent subsidy provided to home/landowners); a moratorium on evictions and rent increases; and, rent reductions [49]. First home buyer incentives [50] and rate relief for home/landowners [50] were examples that specifically targeted privileged populations.

3.4.2. Canada

Canadian federal housing policies primarily aimed to support equity-deserving groups, e.g., people experiencing homelessness and Indigenous women and girls fleeing violence. Funding was provided to build new shelters on Indigenous reserves [32]. Non-Indigenous-specific funding was allocated to purchase new temporary housing, create

transitional housing, and renovate existing supportive housing facilities to reduce overcrowding in housing shelters [51].

Canadian provincial/territorial housing policies were similar to the Australian context and most targeted equity-deserving populations. Examples include increased number of emergency shelter beds [31] and rental assistance programs with payments provided directly to landlords [52]. An example of provincial policy designed for the general population was a provincial act to freeze rent increases and prevent home/landowners from evicting tenants during the period covered by the act [53].

At the municipal level, Canadian housing policies targeted equity-deserving groups. They focused on the provision of affordable housing through: increased funding for new affordable and supportive housing that extended pre-planned initiatives [54]; new housing allowances to keep people out of shelters [55]; and developer grants to facilitate development of affordable housing [56]. Another municipal housing initiative included bylaw changes to allow daytime sheltering in city parks [57].

3.5. Caregiving

3.5.1. Australia

Only one Australian federal policy was related to caregiving. It targeted the general population, enabling extra parental leave for childcare and a waiver of the payment gap under the government's Childcare Subsidy System [27]. State-based caregiving policies included government investments into free or low-cost kindergarten programs (focused on supporting women to return to work) [50] and increasing the availability of after-school-hours care [50]. For equity-deserving groups, the Western Australian government provided a one-off direct payment to each child and young person in foster or kinship care [58].

3.5.2. Canada

Caregiving policies in Canada focused on equity-deserving groups and operated under the rationale of 'getting parents back to work'. Federal policies included additional income support for people unable to work due to caring responsibilities and a temporary increase to the Canada child benefit (income tax benefit) [32]. Provincial/territorial-level caregiving initiatives included: increased funding to safely reopen schools [59]; assistance for children's camps (e.g., day camp, summer camp) [29]; and daycare centres for the children of essential workers [60]. Canadian municipal policies supported emergency childcare for eligible healthcare workers and other essential workers [61] and increased childcare subsidies for equity-deserving groups [34].

3.6. Education

3.6.1. Australia

No Australian federal or municipal policies targeting education were identified. State/territorial education policies included investment to deliver intensive tutoring in secondary schools [40] and investment in technical and further education (e.g., community college) programs including the delivery of free programs [46]. A Victorian policy provided free online training courses to people who lost their job due to the pandemic to assist in re-employment [46].

3.6.2. Canada

Canadian federal education policies had a strong equity focus. They provided additional financial assistance to support Indigenous post-secondary students [32] and increased aid to students with permanent disabilities and students with dependents [42]. The Canadian government expanded the eligibility criteria for student financial aid and increased the amount of financial assistance available to students [42]. At the provincial/territorial level, education policies primarily targeted post-secondary students in need of financial aid by deferring interest payments on loans [62] and increasing the financial aid available [29].

No municipal education-related policies were found.

3.7. Food/nutrition

3.7.1. Australia

In Australia, we found one state government policy targeted funding for multicultural and faith organisations to provide food relief and remote welfare checks to multicultural communities [46]. No federal or municipal policies were found.

3.7.2. Canada

Canadian policies at all government levels focused on equity-deserving groups. The single Canadian federal policy focusing on food/nutrition targeted northern communities through the 'Nutrition North Canada' initiative by increasing food and personal hygiene product subsidies [32]. Examples of provincial/territorial food/nutrition policies included emergency food boxes [63], increased funding for school lunch programs [64], and mother baby nutrition supplements [65]. Canadian municipal food policies primarily involved provision of food hampers [34], while one municipality provided seedlings to grow food [66] and another launched a locator map so residents could easily find free or low-cost local food programs [35].

3.8. Social support

3.8.1. Australia

Only one state-based Australian policy encompassed social support. It targeted equity-deserving groups through investment in domestic and family violence services to support people at risk of experiencing violence [67].

3.8.2. Canada

Social support policies were identified at the provincial/territorial and municipal levels in Canada. Provincial/territorial policies tended to focus on equity-deserving groups. They included initiatives such as providing phones for women experiencing or at high risk of domestic violence [68] and investing in partnered parenting programs and providing additional resources to families via government agencies [64]. Canadian municipal policies focused on creating opportunities for dialogue on community issues, creating park ambassadors [43], upgrading libraries [56], and improving accessibility in libraries for people experiencing mobility or hearing challenges [35].

3.9. Healthcare

3.9.1. Australia

There were no Australian policies focusing on healthcare that were framed as addressing financial strain. This may be due to the Australian belief that the country has excellent Universal Health Coverage, although this can be challenged [69].

3.9.2. Canada

Canadian provincial healthcare policies included improvements to home-based care [64], virtual doctor supports to First Nations [59], extending healthcare insurance to residents unable to return home [68], and investments to improve health safety in long-term care and expand access to home-based care [70]. Only one Canadian municipal healthcare policy was identified. It aimed to increase mental health and substance use supports for an alcohol consumption pilot program for equity-deserving groups [43].

3.10. Transportation

3.10.1. Australia

One state-level Australian transportation policy was identified. It focused on funding a train line that increased transport links between

suburbs to create new jobs and stimulate the economy [58].

3.10.2. Canada

Provincial/territorial and municipal Canadian transportation policies targeted both general and equity-deserving populations. Provincial/territorial policies focused on investing in expanded public transportation and/or subsidizing revenue decreases during the pandemic to ensure that this essential service remained operational [29,59]. Provincial transportation policy targeting equity-deserving groups took the form of increasing transit pass subsidies [65]. Canadian municipal policies included increased funding for transportation shuttles between shelters, housing, and community [71] and public transit improvements and expansion [44].

4. Discussion

This policy scan identified patterns in Canada and Australia regarding strategies to reduce financial strain (or improve financial wellbeing) during the first year of the COVID-19 pandemic. Most policies in both countries were related to addressing immediate, short-term, crisis-focused needs of individuals and families, through provision of funds to cover household expenditures. The next most-targeted policy areas were housing and employment, again with a predominant focus on individual needs over addressing extant systems or structures that created the conditions for rapidly exacerbated financial strain (particularly among the most vulnerable) at the start of the pandemic. Such findings echo long-standing calls for a shift in focus to population and system approaches that address the social determinants of health [72,73]. They also have profound implications for the conceptualization of good government policy (i.e., policies mobilizing practical and political support) [74] and success in reaching economic stability and equity goals.

The variety of policies across government levels within each country reflects their respective federal systems, which have given different government levels jurisdictional authority to respond to the needs of their populations. For instance, the approach to housing issues varied across government levels in Canada. The federal government invested in building new shelters for Indigenous women and girls fleeing violence [32]. Provincial governments implemented protections to residential and commercial tenants to prevent evictions and regulate rent increases (e.g., Government of Northwest Territories Residential Tenancies Regulations) [75]. Canadian municipalities worked with community organizations to provide further supports to homelessness programs (e.g., City of Ottawa's Budget Highlights 2021 [54]). In Australia, only the states and territories sought to address housing issues; e.g., through the Rental Grant Scheme [67] and supports to new homebuyers [58].

However, the federalism approach in each country also resulted in a weak (or lack of) unified response across jurisdictions [76,77] despite stated governmental intentions for a coordinate pandemic response. Both federal governments transferred pandemic-targeted funds to provincial/territorial/state and municipal governments, which then had some latitude in applying the financial support to meet their population's needs. For example, in Canada, this resulted in different operationalization (nature, scope, and timing of fund deployment) of financial support across the 10 provinces and three territories. As the institutional design of federalism allows for delegation of decision-making, provincial/territorial/state governments, in particular, took the lead in policy-making for pandemic response [78]. While under the umbrella of an intended coordinated response, this resulted in diverse policy responses since each province/territory/state and municipality tailored policies to their respective jurisdictional authorities and contexts. Despite some benefits to the federalism approach [76], in this case, it also represented a significant missed opportunity in both countries to align, if not leverage, multi-jurisdictional efforts to tackle the underlying causes of financial strain and provide long-term solutions to assist individuals and families [79].

Our analysis suggests that Canadian policies were more progressive and equity-focused than comparable policies in Australia. Canadian policies covered more of the various domains that contribute to financial strain and more often targeted specific equity-deserving populations. Gaps were found in Australia, with absent or limited financial strain-related policies in healthcare, transportation, social support, and food/nutrition. Of note was the relative higher number of Australian policies targeting general (and privileged) population groups compared to those focused on equity-deserving groups. This may signal profound differences in the jurisdictional authority, political party structure in power, and welfare systems between the two countries [80]. Despite the large similarities between Australia and Canada, the differences in roles and responsibilities of each government level were reflected in the policies captured in our study. Additionally, between 2019 and 2020, Canada had a centre-left political party in power (Liberal party), whereas the Australian federal government was an alliance between centre and right political parties (Liberal-National Coalition). The patterns we found signaling a more diverse policy landscape with more targeted efforts to equity-deserving populations in Canada compared to Australia are products of the political agendas of the political party(ies) in power. The Liberal Party is known for signature progressive policies that include, for instance, universal health care, pension plan, multiculturalism, carbon pricing, gender parity, clean energy, and guaranteed liveable basic income. The Liberal-National Coalition in Australia, in contrast, serves mainly urban middle-classes and rural and regional areas. At the time of this research, it prioritized an economic and small government focused agenda across portfolios. The Australian Federal government had limited responsibilities concerning the public health response to COVID, but nevertheless created a National COVID-19 Coordination Commission (subsequently Advisory board, involving private and public sector leaders) that emphasised economic impacts in intent and governance.

Although both countries have liberal welfare regimes (mostly categorized by minimal government interference, free market economy, and strict entitlement criteria for welfare recipients who are usually means-tested) [79,81], Australia tends to measure further toward the US (neo) liberal market extreme than Canada [82]. At every jurisdictional level, the result is a set of policy ontologies that tend toward universalism rather than proportionate universalism, or even selective proportionalism [37]. In both countries there is a recognition of social and health inequities impacting particular (specifically Indigenous) populations, but Australia seems further removed from addressing and attaining equity than any other OECD country that suffers the legacies of settlement and colonisation [83]. The free-market orientation does little to address power imbalances, fails to promote equity, and lacks the commitment to address structural flaws in the current system in order to promote long-term solutions to systemic vulnerabilities and inequities [76]. Despite having similar regimes, the two countries have their own social policy orientations. For example, compared to Canada, Australia's social policy approach has favoured those on middle- or upper middle-incomes and sits further 'right' (more conservative) on the ideological and socio-political spectrum [80]. In Canada, the welfare system has more social-democratic characteristics and the operationalization of federalism is more cooperative with shared costs across different levels of government [76]. These differences in social policy development impact the ways governments address social issues and, consequently, determine the level of success of policies in reducing social inequities and promoting overall wellbeing in the long-term.

Timing and duration of response relative to a major economic or social shock like the pandemic are critical elements of interventions to support health and wellbeing, whether at the individual or population level. According to previous research [5], when middle-income families are also affected by economic crisis (in addition to low-income families), monetary payments via social supports are considered a reasonable intervention since middle-income families attribute family financial stress to external, adverse stressors. Consequently, social supports are extended to the entire population, thus increasing social acceptability of

providing more support for lower-income families. Similarly, at the onset of the pandemic response in Canada, there were an abundance of early policy responses to address the income shocks being experienced by general and equity-deserving populations. The greater number of social supports designed for low-income people can also be explained by the configuration of the welfare system in Canada that seeks to benefit those in most need.

Although middle-income people also experienced financial strain during the period of study, low-income people were more vulnerable to the impacts of economic recession because many of their (already scarce) financial resources were depleted during the first year of the pandemic [1,5]. Populations who have been historically and systematically marginalized (e.g., Indigenous peoples, immigrants, racialized communities) faced more financial hardships due to the compounding effects of pre-existing socioeconomic and health inequities [8]. This has further widened the socioeconomic and health gaps between privileged and equity-deserving groups. Some of the identified policies introduced in response to COVID-19 provided for essential living expenses, which had the impact of reducing predicted poverty rate growth over that same period [1]. However, those were often temporary relief programs that did little to revert the slow financial recovery of equity-deserving groups compared to their more privileged (and often more affluent) counterparts [1,2], and did nothing to address the structural root causes of financial strain that create and perpetuate vulnerability [20]. This is particularly problematic in Australia given the relative paucity of policies specifically targeting equity-deserving populations.

Our study revealed the policies that emerged during the pandemic's first year were designed to mitigate the direct, immediate stressors surrounding individuals and families, focusing on (micro) individual circumstances, without commiserate attention to macro social policies targeting the root causes of those stressors. For example, relative to individual and family finances, few policies targeted other policy domains such as education and food/nutrition. The policy concentration on individual and family finances in both countries during this time mirrors the neoliberal and individualized approach to short-term initiatives responding to people's urgent, specific, or immediate needs over those that could target long-term changes in the structural determinants of financial strain, poverty, and the social determinants of health. Characterized by its emphasis on free market competition, minimal state intervention, and radical individualism [84,85,86] neoliberal ideology has become entrenched in the policy-making process and has shaped the platforms in which socioeconomic issues are defined and approached [87]. With an implicit expectation of prevailing individual economic rationality and economic self-interests, the temporary social supports offered by Canada and Australia could be seen to solve the acute financial distress experienced by low- and middle-income people with the 'shock' of the pandemic. From this angle, financial strain is approached not as a societal problem, but rather as a matter of individual behaviour and freedom of choice, where people – while “free to choose” – are expected to make rational financial decisions and prepare themselves for financial shocks in the present and future. The understanding of financial hardships as a sole individual and family responsibility (which may be implicitly aligned with the disproportionate government response to individual and household finances over other policy options) has contributed to concealing governments' intrinsic obligations to social wellbeing [88]. This has led to reduced public funding in other areas [89] that, although more indirectly linked to financial strain, would more effectively contribute to equity, economic growth, and financial stability in the longer term. As observed by others [76], we found that momentary and time-limited supports were more common than structural actions addressing root causes and long-term consequences of acute and chronic financial strain. Early policies may not have been designed to intervene in the underlying causes of financial strain, such as structural unemployment, the housing crisis, systematic racism, or the commodification of long-term care sector. Thus, the policies deployed did not tackle the long-term negative consequences of

financial strain (e.g., adverse child outcomes, mental health deterioration, and low quality of life [5]) that were amplified by the pandemic.

The unexpected, but positive, consequence of temporary actions for equity-deserving populations (e.g., living wages and flexible rules in social supports), despite limited reach and short duration, has stimulated the debate about long-term solutions and coordinated efforts [25]. Among the temporary generous support programs implemented in both countries during the pandemic's first year are less punitive work benefit programs, expansion of paid sick leave, free public transportation, and wage top-up for low-income workers [76]. In Australia, for instance, generous income supports were found to be effective in reducing housing affordability stress [20]. That scenario of social solidarity and higher state responsibility sharply contrasts with the pre-pandemic public policy approaches that Australia and Canada adopted.

The purpose of this policy scan was to map the policy landscape in Canada and Australia. We did not assess the effectiveness of the policies nor analyse the short- and long-term impacts and unintended effects. Although analysis was limited to the policies adopted in the first year of the pandemic, it is likely that policy scenarios elsewhere may be similar, particularly in high-income countries.

This review has some limitations. This policy scan was deliberately limited to the first year of the pandemic to understand governmental policy response to the dual crises of a health and economic global emergency. However, this focus may partly explain why the included policies focused on the immediate needs of the general population and equity-deserving groups, rather than addressing the enduring structural and systemic conditions driving financial strain, even though those conditions underpin *all* people's relative vulnerability to the economic shock of the pandemic in the first place. The classification of general, privileged, and equity-seeking populations was used to determine the level of targeted policy efforts relative to an understanding of the varied embodiments of power by different populations in the context of such policies. We recognize this classification may not have captured the nuanced and intertwining social dimensions shaping people's access to power, resources, and socioeconomic and political advantages and rights. We recognize that the discrepancies found in the government policy responses between Australia and Canada might be partly due to the intrinsic differences in their respective databases for the policy search. Given that Australia has specific governmental policy databases and uses a consistent terminology to name government websites, the number of retrievals was lower than in Canada. Conversely, in Canada, the exhaustive, comprehensive manual process required (due to no specific databases) may have resulted in an excess of policies compared to the more frugal, precise Australian approach. The differences found between Australian and Canadian policy responses may reflect variations in the respective: responsibilities of federal, provincial/territorial/state, and municipal governments; political parties in power at federal and provincial/territorial/state levels; and context-sensitive population needs.

Our heat tables allowed visualization of patterns in government policies related to financial strain in response to the pandemic. We revealed a relative patchwork of minimally-coordinated policy responses across different levels of government in each country. We were also able to identify key policy gaps and missed opportunities in the pandemic response from health equity and social determinant of health lenses. This study did not include policies implemented by non-governmental, charitable, or private organizations to address financial strain or financial wellbeing: this is a limitation recognizing the potential (and need for) coordinated action between governmental and non-governmental policy actors to affect positive systems change.

5. Conclusion

This paper provides an overview of the early policies designed by the different levels of government in Australia and Canada in response to financial impacts of the COVID-19 pandemic on populations in each

country. As society continues to recover from the economic, social, and health repercussions of the pandemic, government actions should target the root causes of financial strain, alongside the immediate stressors experienced by individuals and families. While fast response is required to meet the immediate basic (subsistence) needs of equity-deserving groups, governments at all levels must also direct their efforts to building fairer and more resilient societies that narrow the inequities between society's "haves" and "have nots" and strengthen population resiliency in the face of economic shocks. This will position governments to be better prepared for future health and non-health emergencies.

Governments at all levels should perform a thorough (re)examination of the costs and benefits of the temporary policies implemented in the first year of the pandemic, through health and equity lenses in addition to economic analyses. The analysis of this unplanned 'social experiment' in which more generous programs were available for equity-deserving groups (in some jurisdictions) has already signaled a pathway toward a more equitable, prosperous, and more financially resilient society where capital and social gains grow alongside one another. This pathway is also a call for institutional restructuring and development of social policies that permanently address the structures and systems that create and perpetuate inequity. In Australia and Canada, such action would address the sharp deficiencies in government responses to the financial consequences endured by people and the underlying systemic inequities exposed during the pandemic.

CRedit authorship contribution statement

Ana Paula Belon: Conceptualization, Data curation, Formal analysis, Methodology, Validation, Visualization, Writing – original draft. **Aryati Yashadhana:** Conceptualization, Data curation, Formal analysis, Methodology, Writing – original draft, Project administration. **Krystyna Kongats:** Conceptualization, Formal analysis, Methodology, Writing – review & editing. **Kayla Atkey:** Conceptualization, Data curation, Formal analysis, Methodology, Writing – review & editing. **Nicole M. Glenn:** Conceptualization, Formal analysis, Methodology, Writing – review & editing. **Karla Jaques:** Conceptualization, Data curation, Formal analysis, Methodology, Writing – review & editing. **Laura Nieuwendyk:** Methodology, Project administration, Writing – review & editing. **Patrick Harris:** Conceptualization, Funding acquisition, Methodology, Supervision, Writing – review & editing. **Evelyn de Leeuw:** Conceptualization, Funding acquisition, Methodology, Supervision, Writing – review & editing. **Candace I.J. Nykiforuk:** Conceptualization, Methodology, Writing – review & editing, Supervision, Funding acquisition.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We gratefully acknowledge Lisa K. Allen Scott, Elaine Hyshka, Stephanie Montesanti, Roman Pabay, and Jane Springett for their contributions to the overarching research project from which this study emerged. We would also thank Meghan Sebastianski (PhD) and Diana Keto-Lambert (MLIS), who were both formally affiliated with Alberta Strategy for Patient-Oriented Research (AbSPOR) SUPPORT Unit Knowledge Translation Platform, for supporting the development of the search strategy and running the searches. We would also like to acknowledge the Government Information Librarian with the University of Alberta, Katie Cuyler, for her support in the design of the search strategy.

Funding

This work was funded by the Canadian Institutes for Health Research (CIHR; 2020 COVID-19 Rapid Research Funding Opportunity; grant # 172694).

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.hpopen.2023.100114>.

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