

Young Queenslanders' experiences of COVID-19: Insights from the Our Lives cohort study

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Authors

Zlatko Skrbiš, Jonathan Smith, Jacqueline Laughland-Booÿ, Duncan Cook, Bruce Tranter, Andrea Findlay, Maddison Cunningham

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The 'Our Lives' Project
Australian Catholic University
1100 Nudgee Road
4014, Queensland 4014.

General enquiries

Ph.: (+61) 7 3623 7860

Email: enquiries@ourlives.org.au

Website

<https://ourlives.org.au/>

Our Lives COVID-19 survey results

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Executive Summary

In June 2020, we conducted survey and interview research into the early impacts of COVID-19 and national 'lockdown' restrictions on a large cohort of young adults from across Queensland, Australia, whose life pathways we have tracked since adolescence. We collected data from 1,094 participants (aged 27) comprising a diverse cross-section of the overall QLD population in this age group. This is one of very few Australian studies able to draw on cohort data collected prior to 2020 to help ascertain and contextualise COVID-19's impact on the longer-term life pathways and outlooks of young people.

The research covered five areas, examining:

- (1) what young Queenslanders regard as the main impacts of COVID-19 restrictions on their work, study, housing, and relationships;
- (2) how COVID-19 has affected their trust in social and civic institutions;
- (3) their attitudes towards COVID-19 and related restrictions;
- (4) the impact of the pandemic on their mental health; and
- (5) their acceptance of public health surveillance, in the form of the COVIDSafe contact tracing app.

Young Queensland adults regarded their personal relationships and social connectedness as the main area in which COVID-19 restrictions had affected them, albeit in contrasting ways. Around four out of every 10 young adults reported feeling lonely or isolated as a result of the national 'lockdown' restrictions, whilst one-third said that this period had strengthened their relationships to family or partners. Other common negative impacts included lacking personal time or space, and increased tension and conflict within the household. Relationship impacts (positive or negative) tended to be experienced more often by young women than by their male counterparts.

Perceived impacts in other areas were also observed, albeit less often. One in 10 young Queenslanders reported no longer working due to the restrictions, whilst one in five said they experienced reduced work hours or pay. Impacts were likely mitigated by the JobKeeper wage subsidy which one in 10 respondents were receiving. A fifth of the sample reported at least one major change in their life plans (such as delaying plans to buy a house, marry, or have children). Around one in every 10 young adults had to either move house or renegotiate housing payments.

The COVID-19 pandemic affected young Queenslanders' trust in social and civic institutions. Trust in politicians and the Australian Government, which had been low and declining, saw a notable increase in the early stages of the pandemic (likely due to a bipartisan COVID-19 response). Trust in police, which had been relatively high, declined (coinciding with high-profile Black Lives Matter protests). Trust in the Australian Government and police was highest amongst Coalition supporters and lowest amongst Greens supporters. The sample placed a very high degree of trust in medical experts, though it was highest among university-educated respondents and among Labor and Greens supporters.

Young Queenslanders' attitudes towards the restrictions imposed by state and federal governments in March 2020 were generally supportive. The majority of the cohort (72%) felt the extent of the restrictions had been 'about right' whilst most others (22%) felt they had not gone far enough. The sample was less uniform in their concern about the relative economic and health impacts of COVID-19. Around four in 10 young adults were equally

concerned about these impacts, while the remainder were fairly evenly divided between prioritising economic concerns (31%) or health concerns (28%). Labor and Greens supporters, and lower income earners, tended to emphasise the latter concerns, whereas Coalition supporters, non-partisans, and higher income earners, tended to emphasise the former. Stronger health concerns were also associated with the belief that restrictions had not gone far enough.

Prior to COVID-19, the mental health of young Queenslanders in the Our Lives cohort was steadily declining, and this trend has been exacerbated by the pandemic. Between ages 22 and 26, the proportion of respondents who rated their mental health as “Excellent”, “Very Good” or “Good” declined from 82% to 70% – a drop of 3 percentage points per year. Six months later, this figure had already fallen by a further 4 percentage points, to 66%. This fall was larger for women (from 70% to 63%) than it was for men (73% to 70%) contributing to an emerging gender gap in the cohort’s mental health. COVID-19 impacts such as feeling lonely or isolated, or tension and conflict in the household, were risk factors for major declines, whereas impacts such as strengthening of family/partner relationships and having more personal time were protective factors.

Young Queenslanders’ (non-)adoption of the COVIDSafe contact tracing app can help to illustrate their acceptance of (or scepticism towards) public health surveillance during a pandemic. At the time of the survey in June 2020, 43% of young Queenslanders in the study had downloaded the COVIDSafe app. This was higher than the estimated 30% adoption rate for the general Australian population at that time. Major drivers of adoption included living in an urban area, having a university degree, receiving JobKeeper, and having high levels of trust in the Australian Government and medical experts. Non-adopters most commonly cited privacy concerns (48%) followed by an equal emphasis on concerns about the app’s effectiveness/functionality (19%) and insufficient motivation or knowledge (e.g. *‘can’t be bothered’*; *‘I didn’t know it existed’*).

These findings provide an overview of changes in young Queenslanders’ attitudes, behaviours, and life pathways during the early spread of COVID-19 and public health restrictions to contain it. Evidently, this period of sudden, mass social and economic disruption posed heightened risks to the social, economic, and psychological well-being of the Our Lives cohort and those young adults they represent. The introduction of emergency welfare measures may have been a short-term buffer to some of these impacts, as were the opportunities found by more fortunate young people to strengthen existing relationships, and cultivate an inward focus on personal goals, interests, and health. Nonetheless, our research suggests both the risks and opportunities posed by COVID-19 are being experienced unevenly within the cohort, with the potential for a widening of social inequalities. Encouragingly, there were signs that political bipartisanship on the issue of COVID-19 has helped to reverse a long-term decline in young people’s trust in government and politicians generally. Further research on the Our Lives cohort will thus be critical for understanding the longer-term implications of COVID-19 for the lives and outlooks of young Queenslanders into 2021 and beyond.

Background

The Social Futures and Life Pathways of Young People in Queensland ('Our Lives') Project is a longitudinal cohort study of young Queenslanders who began secondary school (Year 8; aged 13) in 2006. The aim of the study is to track how young people's values, attitudes, aspirations, and life pathways develop over time from adolescence and into early adulthood.

This report focuses on an online survey conducted in June 2020 and completed by 1,094 Our Lives respondents. The survey collected data about the impact of COVID-19 and associated government restrictions on different areas of respondents' lives, as well as their attitudes towards these restrictions and willingness to adopt public health initiatives, such as the contact tracing app, COVIDSafe.

Prior to the COVID-19 survey, seven survey waves were conducted from 2006 to 2019. Qualitative interviews are also regularly undertaken with selected Our Lives participants, exploring a range of topics including aspirations for the future, technology use, and politics.

Linked with data from the earlier survey waves, this report covers not only the experiences and attitudes of young adults during the pandemic, but also how these were shaped by their lives prior to 2020. This analysis reveals the complex interrelationships between young adults' experiences of COVID-19 restrictions and their living situations, attitudes, and mental health.

Survey timing and context – June 2020

COVID-19 restrictions changed rapidly throughout 2020. Responses to the survey were affected by the ongoing impact of earlier 'lockdown' restrictions and the gradual easing that was occurring at this time. The following table provides a brief overview and key dates for some of the main government restrictions and measures associated with COVID-19 in QLD, as well as the timing of survey fieldwork. Crucially, most Our Lives respondents completed their previous biennial cohort survey (Wave 7) only in late 2019, followed by the COVID-19 survey in June 2020, allowing us a valuable opportunity to assess changes associated with restrictions during the intervening period.

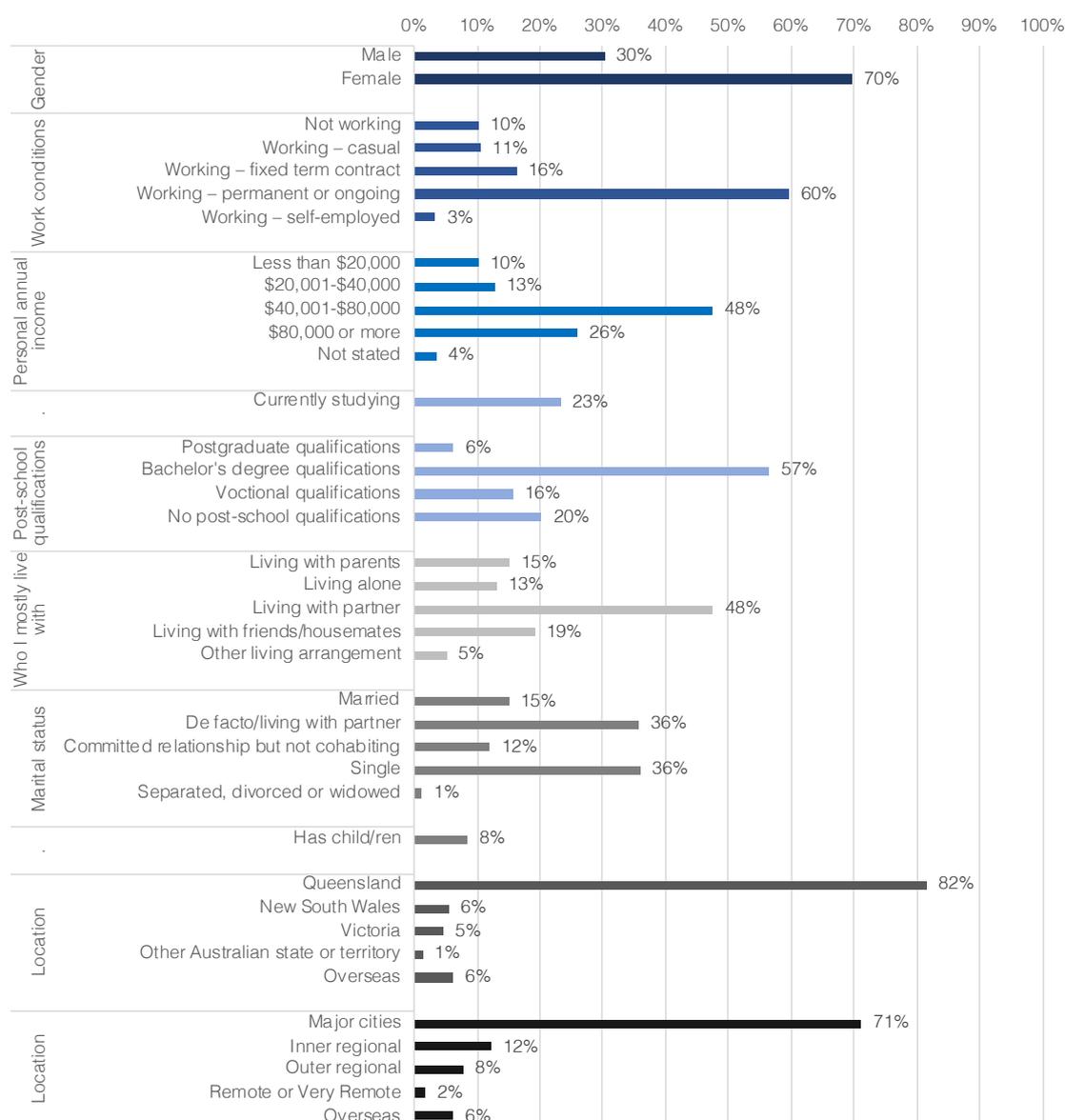
6 Sep 2019	Wave 7 survey fieldwork commences
15 Jan 2020	Wave 7 survey fieldwork ends
22 March 2020	Prime Minister announces lock down changes, which are progressively implemented. Pubs, clubs and restaurants closed. Queenslanders requested to stay in their neighbourhood as much as possible.
Late March 2020	Interstate borders are closed
30 March 2020	Prime Minister announces JobKeeper program
30 March 2020	More severe restrictions in place, including guidance to stay home except for work, groceries, exercise and medical reasons
30 March 2020	Queensland schools commence 'pupil-free' mode
26 April 2020	Launch of COVIDSafe app
8 May 2020	National Cabinet agrees to three-step plan and a national framework to bring Australia out of 'lockdown'
16 May 2020	Restrictions eased in Queensland. 10 can gather outdoors. Intrastate travel limits extended.
25 May 2020	All Queensland school students return to school
1 June 2020	Travel restrictions eased within Queensland. Unlimited travel including overnight stays. Further easing for clubs, pubs and restaurants.
4 June 2020	COVID-19 survey fieldwork commences
3 July 2020	COVID-19 survey fieldwork ends

Who is the Our Lives cohort?

The young Queenslanders in the Our Lives cohort comprise a cross-section of all young adults who began secondary school in Queensland in 2006, and are approximately 27 years of age during 2020. The sample for this report is a smaller subset (n=1,094) of the original Our Lives cohort who took part in both the pre-COVID survey in 2019 (Wave 7) and COVID-19 survey in June 2020.

As shown in Figure 1, the Our Lives cohort is highly diverse in terms of socio-demographic attributes such as gender, education, employment and income, living arrangements, and geographic location. However, factors associated with survey non-response and attrition (i.e. 'dropping out') shape the composition of longitudinal samples. As a result, for instance, this sample contains fewer young men, or young people without university degrees, than would be the case if the sample were drawn at random from the overall age-specific population. As well as exploring the views of such groups qualitatively, we exercise caution as to the generalisability of our findings beyond a population of young people with the characteristics identified in Figure 1.

Figure 1: Characteristics of Our Lives COVID-19 survey participants at Wave 7 (2019)



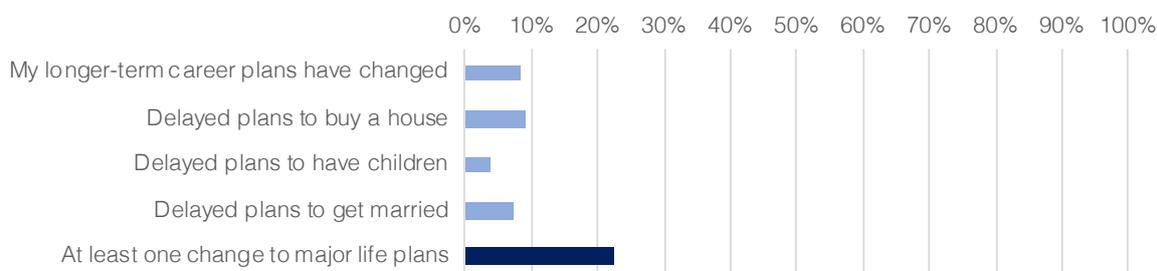
Perceived impacts of government restrictions

A key objective of this research is to assess the impact of government restrictions, enacted by federal and state governments during the early stages of the COVID-19 pandemic, on the lives of young Queenslanders. The timing of the survey in June was two months after commencement of travel restrictions, social distancing rules, and the closure of 'non-essential' businesses. Many of these restrictions were gradually being lifted when survey fieldwork commenced. Respondents were asked whether they had experienced a range of work, study, career, housing, relationship, and family outcomes due to government restrictions.

Impacts to major life plans

Young Australians tend to experience major life transitions towards economic and residential independence, and family formation, during their late-20s and early-30s. At age 27, many respondents in the Our Lives cohort are therefore likely to be making major life plans in these areas. As per Figure 2, a fifth of the sample (22%) reported that COVID-19 restrictions resulted in a change in their career plans, or delays to their plans to marry, have children, or buy a house.

Figure 2: Impacts on major life plans due to government COVID-19 restrictions



Some respondents were likelier than others to experience these changes to life plans based on their circumstances prior to COVID-19 (i.e. in late 2019). For instance, 16% of those in de facto relationships had delayed marriage, compared with 7% of the sample overall. Changes to career plans were more commonly reported by those who were not already in permanent work when the pandemic began. While 8% of the total sample had changed their longer-term career plans, this impact was reported by 5% of those who had a permanent job in 2019 and 13% of those who did not.

For many young people, like **Lucas**, the COVID-19 pandemic demonstrated increasing risk and uncertainty on the horizon, and warranted a more conservative approach to thinking about one's future career plans:

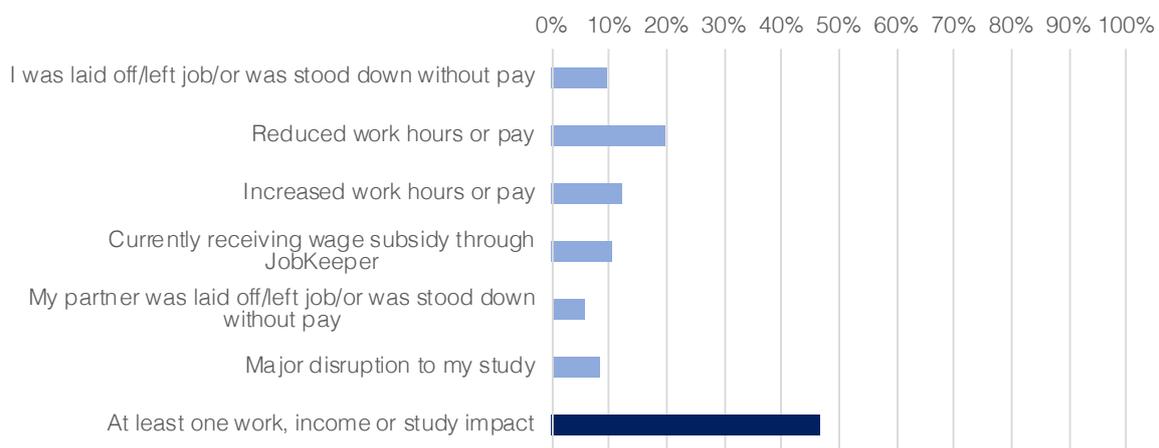
I'm under no illusions that this is going to be an overarching feature for the rest of my working life... Steps I currently take would probably be to hunker down. I'm very fortunate that I live in a rural environment, not too affected. I have a job that's relatively stable being agricultural sector. And yeah, don't make too many major life changes in the next few years.

Lucas, production manager

Impacts to work, income or study

The shutdown of non-essential businesses affected industries employing a high proportion of young people, such as retail and hospitality. These are also areas in which the casualised nature of work offers young people less protection against job losses or reduced hours. Figure 3 shows that one in 10 young people report no longer working due to the restrictions, whilst one in five said they had experienced reduced work hours or pay, and 6% had a partner who lost work.

Figure 3: Impacts on work, income, or study due to government COVID-19 restrictions



The impacts recorded were not uniformly negative – for instance, 12% of respondents reported an increase in work hours or pay. This likely reflects COVID-related demand for labour in certain industries. The introduction of the JobKeeper wage subsidy is also likely to have mitigated some of the near-term economic impact of restrictions. At the time of the survey, 11% of respondents were receiving this subsidy. Since the majority of respondents were no longer engaged in study, reports of major disruption to studies were relatively low (8%). Overall, just under half (47%) of the sample reported at least one work, income, or study impact.

Respondents we spoke to experienced varying degrees of financial hardship as a result of COVID-19 restrictions. For those, like **Andrew**, who were yet to experience certain major 'adult' transitions, the economic shock of COVID-19 prompted some reassessment of their readiness and capacity to do so. It also meant considering the potential for a more serious long-term impact if financial challenges did not resolve in the near future.

It's not going to financially cripple me. I can still make my car repayments and pay my rent and bills and things like that, and have enough money left over to eat. But, yeah, a 20% reduction is pretty substantial in anyone's situation. I'm glad that I don't have kids or a mortgage or something like that, because that would be horrific. So, I feel like I'm in an okay position to ride this out for the next however long. There's no timeframe for when we'll go back to full-time salaries yet.

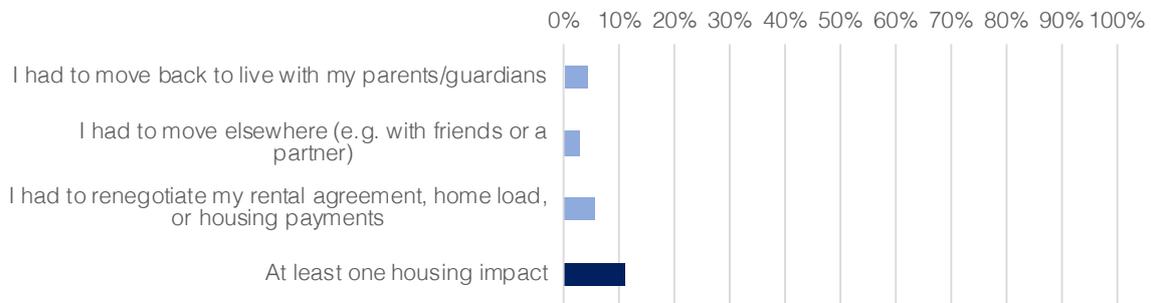
... Like, if I was at a 20% reduced wage for the next two years, I think that would really have a big impact and that would start to be a life changing, "Okay, well it's not a six month thing that you've got to account for, this is going to affect my super, which will affect me in 40 years time kind of thing." But no, for the moment, I think it's looking pretty positive and we'll bounce back.

Andrew, buyer's agent

Impacts to housing

Despite restrictions affecting young people's work and financial well-being, relatively few respondents reported any major impact on their housing situation (11%). As shown in Figure 4, the most commonly reported impact was needing to renegotiate a rental agreement, home loan, or housing payment (5%).

Figure 4: Impacts on housing due to government COVID-19 restrictions



While temporary income support measures are likely to have eased some housing concerns for those whose work was impacted by COVID-19 restrictions, many young adults still rely on their parents for assistance (such as help with paying rent or temporary accommodation in the family home). As **Olivia** noted, this access to support provides an enhanced sense of security in uncertain times:

But I'm fortunate that if I couldn't pay my rent, I think that I have family that would help me. So, I'm not like international students and people that are a bit stranded... I don't want to do that. But, it's nice to know that you could if you had to.

Olivia, psychology student

For some young adults, such parental support may not be available or appropriate to their circumstances. Verbatim responses to our survey illustrated several examples of respondents who managed the implications of reduced income for their housing situation in other ways:

Had to decrease the repayment amount I was making to my home loan

Had to take on a larger portion of my lease as a sub-tenant lost their jobs and needed to move back in with their parents

Got another person to move in with me to reduce rent

Conversely, there were also instances where more advantaged respondents described housing career opportunities that emerged as a result of changes associated with COVID-19:

I bought a house due to low prices and no longer wanting to rent

With a stable job, accelerating plans to buy a house with the change in buying power due to coronavirus

My lease renewal came up and I negotiated cheaper rent

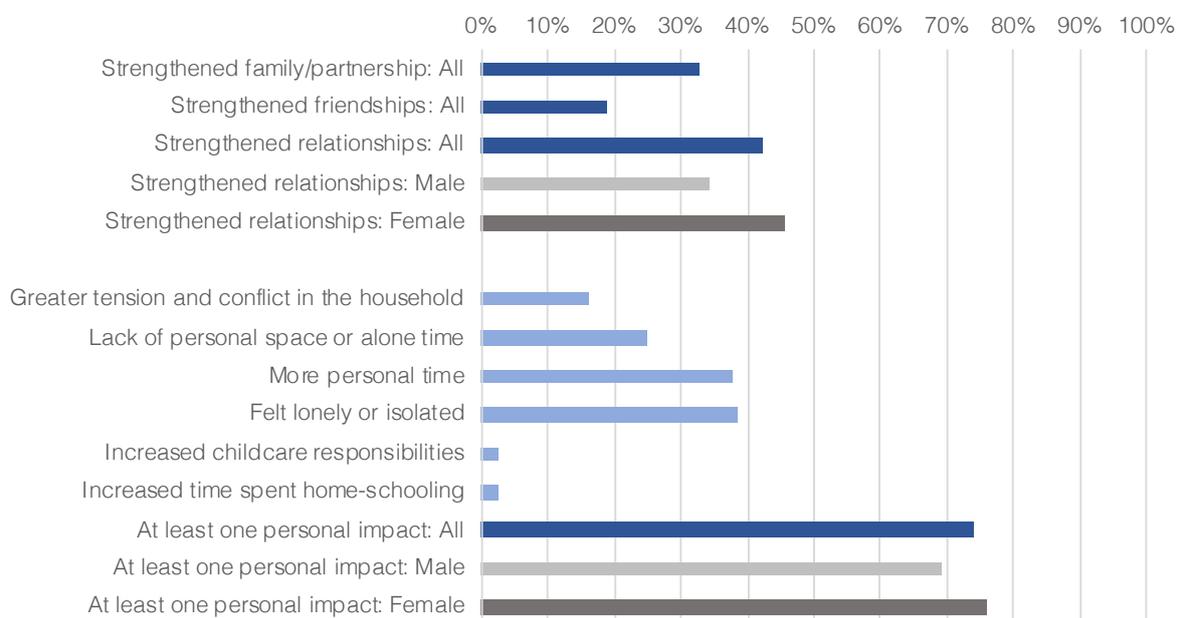
While there had not yet been widespread changes to respondents' housing pathways at the time of the survey, these findings demonstrate the kinds of contrasting experiences that may grow more commonplace if the economic and employment challenges facing this cohort intensify.

Personal and relationship impacts

The national COVID-19 restrictions enacted in March 2020 included social distancing measures such as bans on public gatherings, household visits, and other non-essential travel outside the home. While these measures affected how all Australians interacted with one another, young adults have higher levels of social interaction and mobility outside of their own families and households, and experienced particularly pronounced impacts as a result.

Some of the personal and relationship impacts arising from the restrictions were positive. For instance, 33% of respondents reported either a strengthening of relationships with their family or partners during this time, and 19% reported strengthened friendships (Figure 5). These impacts were also gendered in nature. While 42% of respondents experienced either of these two positive outcomes, young women were significantly more likely to report stronger ties (46%) than young men (34%). Experiencing more personal time as a result of restrictions was also a common outcome (38%).

Figure 5: Relationship and personal impacts due to government COVID-19 restrictions

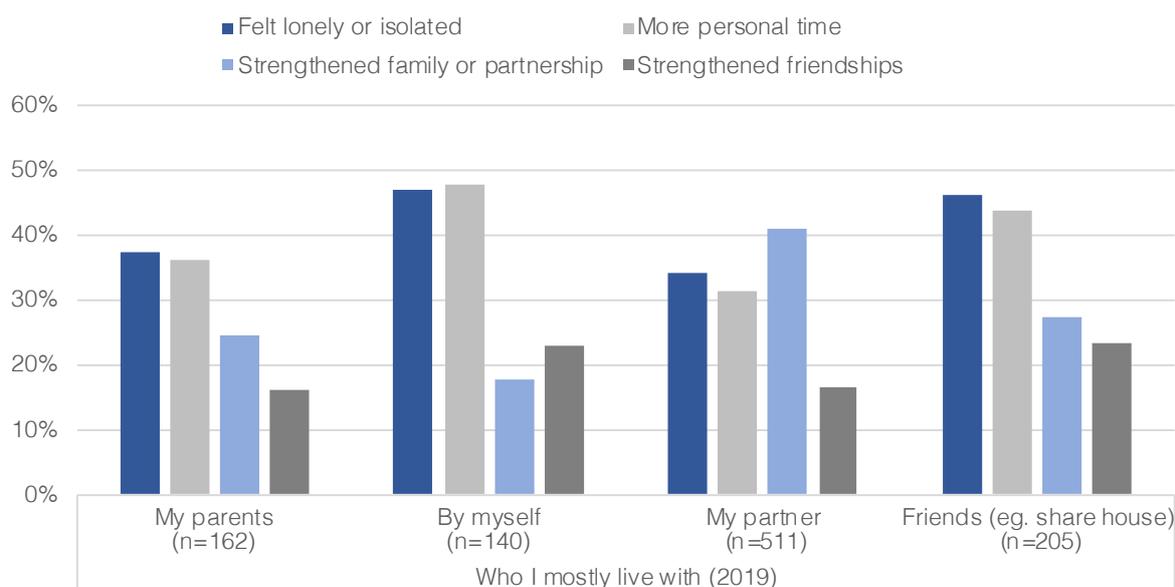


However, as shown in Figure 5, most respondents experienced at least one negative relationship or family outcome as a result of COVID-19 restrictions. Feeling lonely or isolated was one of the most widely reported impacts (39%), whilst lacking personal space or alone time (25%), and greater tension or conflict within the household (16%) were also commonly attributed to restrictions.

Figure 6 shows that several of these personal and relationship impacts varied according to young adults' living situations prior to COVID-19. As shown in Figure 6, strengthened family or partnership relationships were more commonly reported by those living with their partner (41%) than those living with their parents (25%) or by themselves (18%).

Loneliness and isolation were more commonly reported among those living alone (47%) or in share houses (46%) than among those living with a partner (34%). Similarly, having more personal time was reported by 38% of the sample and was more common for those living alone (48%) or in a share house (44%) than with a partner (32%).

Figure 6: Selected personal impacts due to COVID-19 restrictions, by living situation in 2019



The emotional toll of social distancing and lack of face-to-face contact with friends and family was also evident in many of the interviews conducted with respondents during the pandemic. In some cases, such as **Ellie**, it meant that important reunions or experiences needed to be put on hold, as well as the troubling prospect of relationship opportunities being permanently lost:

I mean it sucks not being able to see most of my friends. It distinctly sucks not being able to see my family. I guess the worst thing for me is that I have an elderly grandfather who may not make it to the end of the year and that's just not pleasant to think about the possibility that I won't be able to go home.

Ellie, PhD student

Consistent with our survey results, for several young people we spoke to, like **Kayla**, the period had strengthened close friendships and given new impetus to expanded friendship networks organising and interacting virtually:

Social life has been pretty challenging. Luckily I have a really close friend here on the Sunshine Coast. We've been really good friends for about 20 years now, and she is an only child and she's got two little children who call me Aunty, and so I've been able to see them a little bit while this whole coronavirus has gone on.

And then otherwise we've got a couple of Facebook group chats where I've got a couple of friendship groups where we all catch up on the weekends through a video call.

Kayla, pharmacist

While those living with partners generally reported less feelings of loneliness and isolation than others, restrictions could be particularly difficult for young couples who were not cohabiting, or in the case of **Nina**, were physically separated due to work:

The only thing, I suppose, because my partner's working away, he's interstate, he's not able to come home as often, which has been pretty hard on him, because this is his first time working away from us.

Nina, manager

While most respondents did not yet have children, government restrictions had particular impacts for the small proportion (9%) of respondents who were young parents. In this group, 37% had increased childcare responsibilities and/or time spent home-schooling. A lack of personal or alone time was reported by 44% of parents, almost twice the rate of those who did not have children (23%).

One young parent, **Aaron**, was one of a small percentage of respondents living overseas at the time of the COVID survey and interviews. Nonetheless, he described the difficulty posed by a similar period of restrictions in the UK, which meant that he and his partner could no longer draw on grandparents as an additional source of support and caregiving for their child.

It gets very challenging at times. There was a period right at the beginning. We did about a week in lockdown and [child's name] was driving us crazy and his sleep is all over the place and he was just requiring so much attention and, he was just being a baby, but it was hard. And the thing is, normally we would take him outside or we would take him over to family member's house or [partner's name]'s Mum would come round and take him for an hour or something like that. And, it just wasn't an option anymore and so not having that support system was really difficult.

Aaron, social worker

What was the overall impact of restrictions?

When asked to reflect on how restrictions had impacted their lives in general, 53% of respondents said they had a negative impact, 21% said no impact and 26% said they had a positive impact.

Figure 7 shows how respondents' view of the overall impact of restrictions differed based on several specific impacts. The most important contributors to this overall impact were:

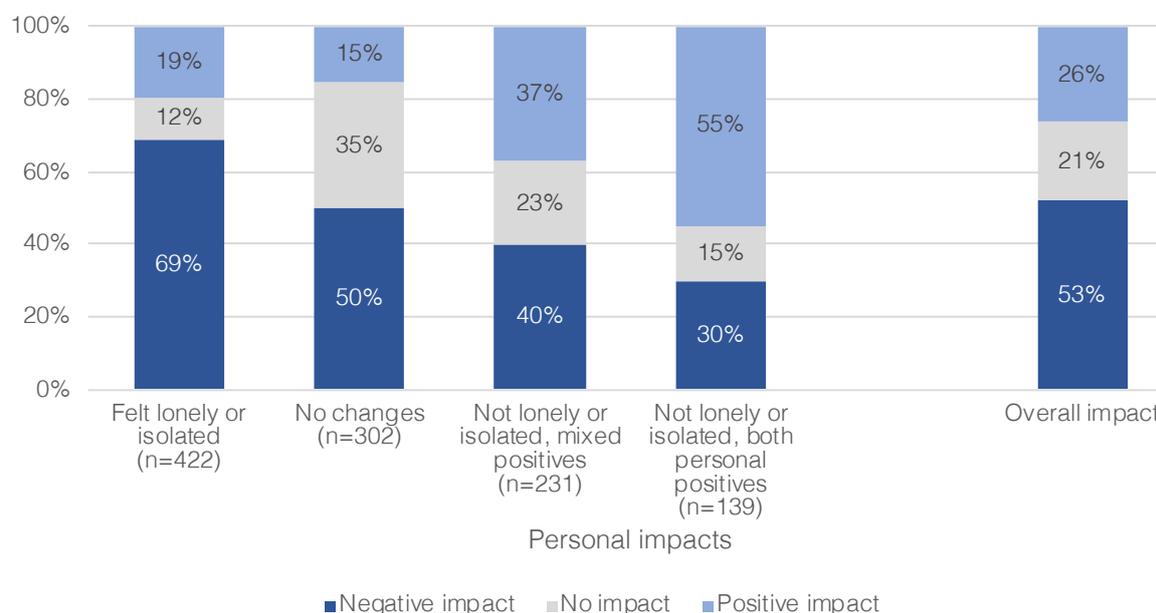
- Feeling lonely or isolated
- Strengthened relationships (family, partnership, and/or friendship)
- More personal time

For instance, 'Felt lonely or isolated' was a major driver of feeling that the restrictions had a negative impact overall. Of the 422 respondents who had felt lonely or isolated, 69% said the overall impact of restrictions was negative.

Some 302 respondents had not experienced any of these three personal impacts. That is, they had not felt lonely or isolated, did not have more personal time, and had not experienced a strengthening of their relationships. In this group, 50% said the overall impact was negative and 35% said the restrictions had no impact.

A smaller group of 139 respondents had experienced the cumulative effect of more positive impacts. That is, they were not lonely or isolated, had strengthened relationships, and had more personal time. In this group, 55% said the overall impact of restrictions was positive.

Figure 7: Overall impact of the government restrictions on my life by selected personal impacts



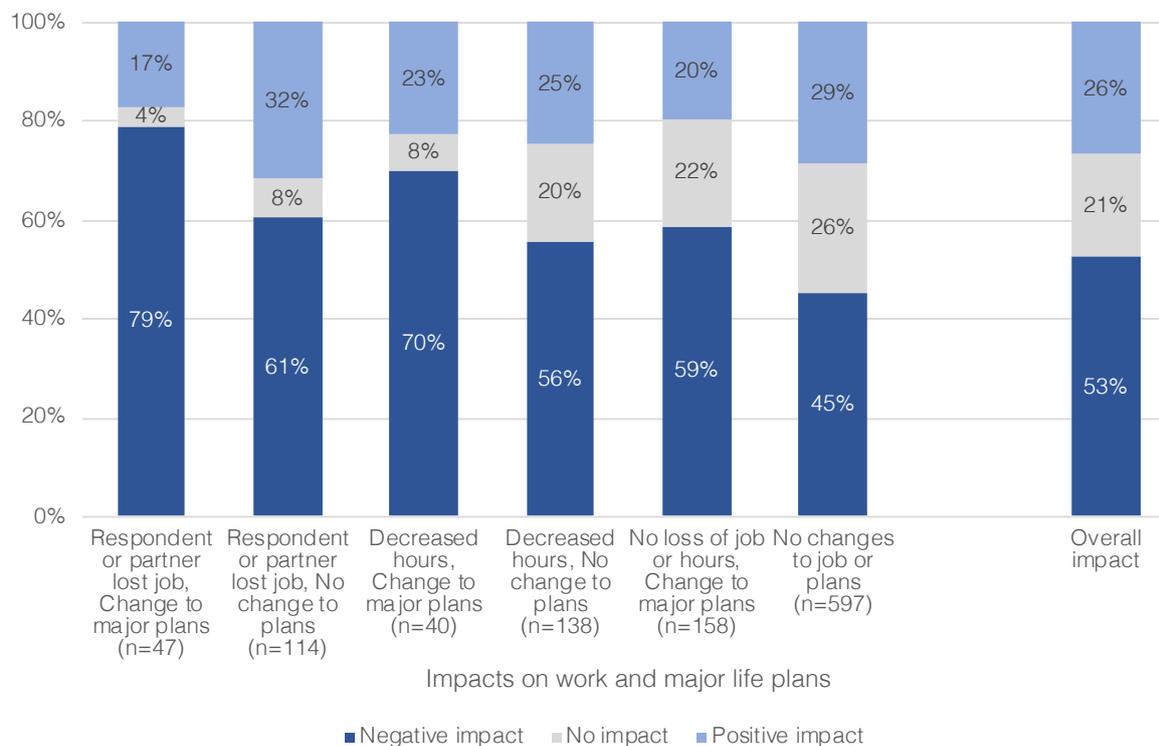
As shown in Figure 8, the overall impact of restrictions was also influenced by changes in employment and changes to major life plans, such as long-term career plans and delaying marriage, children, or buying a home.

There were 47 respondents who felt the cumulative impact of losing their job or their partner's job, and changes to their plans. In this group, 79% felt that the overall impact of

restrictions was negative. Similarly, of the 40 respondents who had decreased work hours or pay and had made changes to their plans, 70% felt that the overall impact was negative.

Just over half of the sample (597 respondents) had not lost their job, had not experienced decreased hours or pay, and had not made changes to major life plans. In this group, 45% felt that the overall impact was negative and 26% had felt no impact.

Figure 8: Overall impact of government restrictions by selected personal impacts



Trust in social institutions during COVID-19

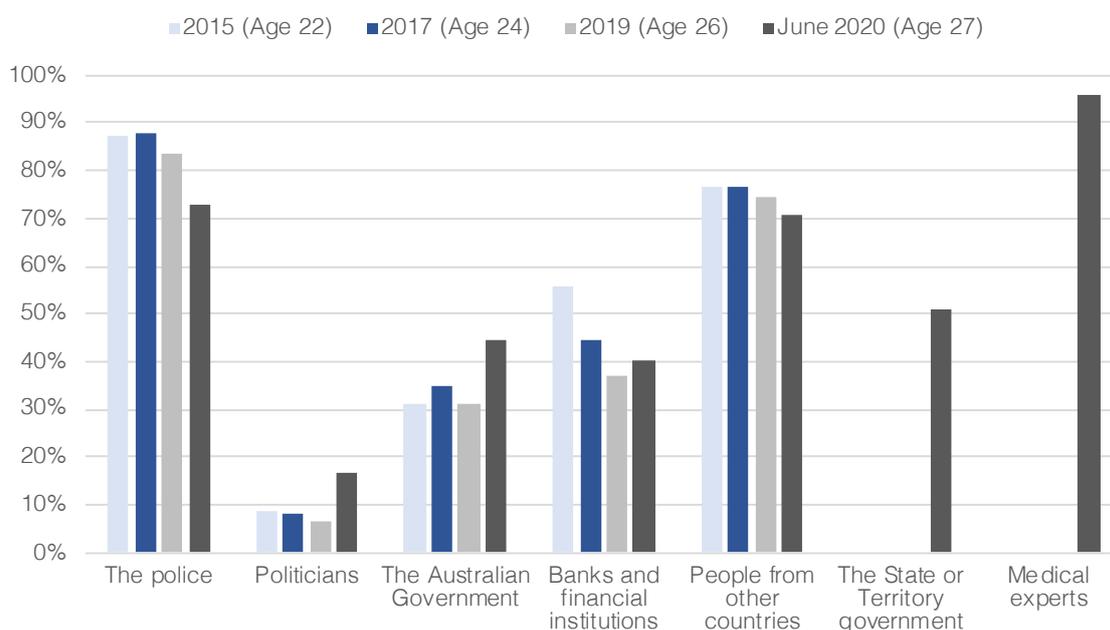
Trust in social institutions can be critical in shaping how effectively and cohesively the general public responds during times of national crisis. In some instances, young Australians' low or declining levels of trust may indicate a growing disconnect between their values and beliefs, and those underpinning various domains of mainstream participation in Australian society. Since the pandemic began, trust has been an important precondition for compliance with government restrictions to prevent the spread of COVID-19. For instance, trust in medical experts, government, and other key institutions such as the police, is likely to encourage compliance with public health messaging and restrictions.

Figure 9 displays trust levels within the Our Lives cohort for several key institutions and groups, for one or several time points depending on data availability. Encouragingly, trust in medical experts was very high among Australian young adults during the early stages of the pandemic in Queensland. In this sample, 96% had 'Quite a lot of trust' or 'A great deal of trust' in medical experts.

Trust in government and politicians, which had been relatively low amongst Our Lives respondents prior to COVID-19, saw a notable increase during the early stages of the pandemic. The proportion of the sample reporting trust in the Australian Government increased from 31% in late 2019 to 45% in June 2020. Trust in the Queensland State Government (or state/territory government where the respondent lived) was slightly higher, at 51%. Meanwhile, the proportion of the sample reporting trust in politicians increased almost three-fold, albeit from near rock-bottom. It rose from 6% in late 2019 to 17% in June 2020. These trends are consistent with the bipartisan policy response to COVID-19, which is likelier to have engendered trust amongst people of different political affiliations than if this response had been more partisan in nature.

During their twenties, the Our Lives cohort displayed high levels of trust in police. However, between late 2019 and June 2020, this trust declined sharply, from 84% to 73%. It is important to note that this decline may have been less related to COVID-19, and more a reflection of the Black Lives Matter movement and its focus on racism within the police. Large Black Lives Matter protests occurred across Australia on 6 June 2020, during the period that this survey was conducted.

Figure 9: Percentage of sample with 'Quite a lot of trust' or 'A great deal of trust', 2015-2020



Between 2015 and 2019 – a period that included a high-profile Royal Commission into misconduct in the banking and financial services sector – young people’s trust in banks and financial institutions steadily declined. Since COVID-19, when many banks offered mortgage relief to financially disadvantaged customers, this trend seems to have been arrested or slightly reversed.

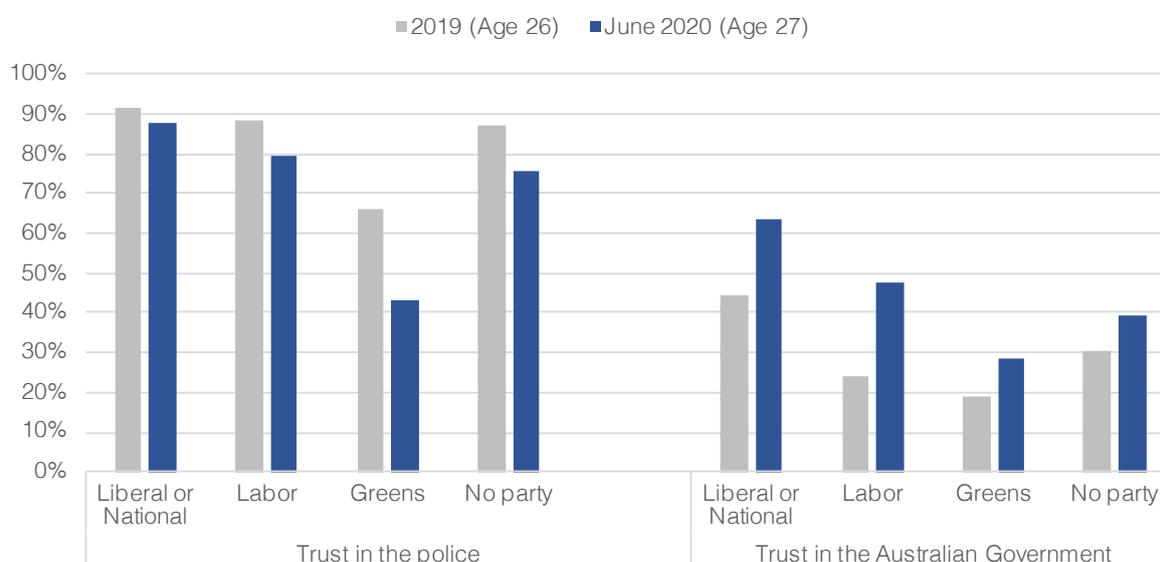
Given the higher prevalence of COVID-19 in countries outside of Australia, which prompted the closure of international borders to tourists in March 2020, there was the potential for decreased trust in foreigners during the pandemic. Yet to the contrary, the survey results suggest very little change between 2019 and 2020, with 71% reporting trust in people from other countries in 2020.

Trust and political party identification

In several instances, institutional trust differed according to the political party with which young Queenslanders identified, as illustrated in Figure 10.

In 2020, trust in the Australian Government was highest for supporters of the parties in government, the Liberal-National ‘Coalition’ (63%), and lowest among supporters of the Greens (28%). From 2019 to 2020, trust in the Australian Government increased significantly among supporters of both major parties. Trust in the Australian Government increased from 44% to 63% among Coalition supporters and from 24% to 47% among Labor supporters. There were smaller and not significant increases in trust among Greens supporters and those with no political party affiliation.

Figure 10: Percentage of sample with ‘Quite a lot of trust’ or ‘A great deal of trust’ in the police and in the Australian Government, 2019 and June 2020



In June 2020, trust in the police was highest among Coalition supporters (88%). There were similar levels of trust among Labor supporters (79%) and those with no party affiliation (75%). Trust in the police was lowest among Greens supporters (43%).

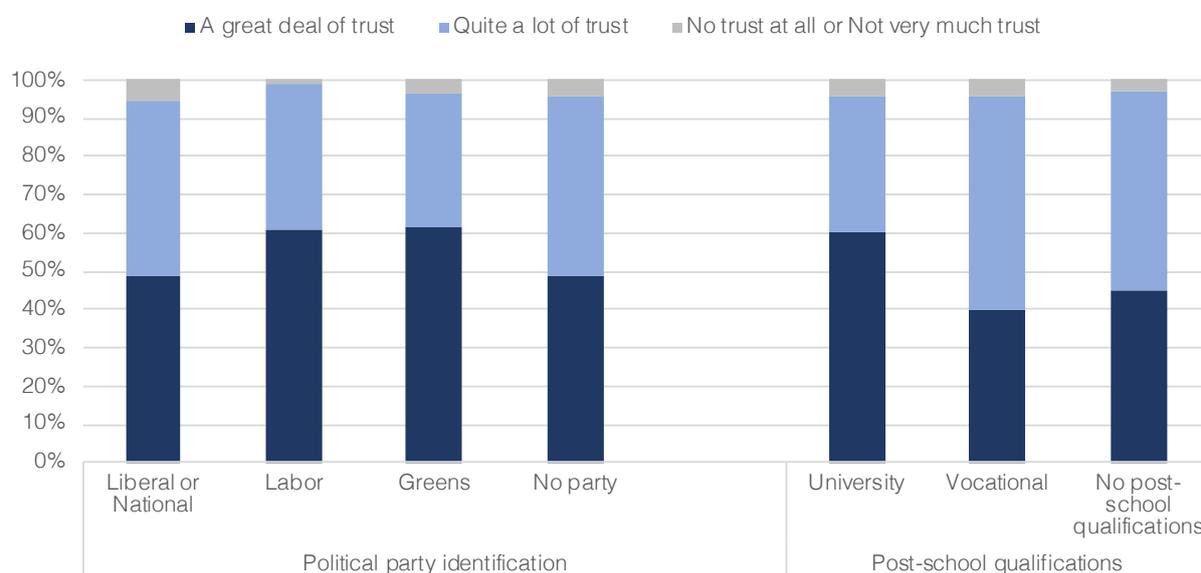
From 2019 to June 2020, trust in the police fell significantly among Greens supporters from 66% to 43%. There was also a decline in trust in the police among those with no party affiliation, from 87% to 75%. There were small but not significant declines in trust among supporters of the major parties.

Trust in medical experts

Trust in medical experts is one of the main predictors of compliance with public health messaging and restrictions regarding COVID-19. In 2020, only 4% of the sample had either 'No trust at all' or 'Not very much trust' in medical experts, whereas 42% had 'Quite a lot of trust' and 54% had 'A great deal of trust'. Nonetheless, the level of trust in medical experts within the sample varied significantly according to both political party identification and education, as shown in Figure 11.

About 61% of both Labor and Greens supporters have 'A great deal of trust' in medical experts, compared with about 49% of Coalition supporters and those who support no party. In terms of education, 60% of those with university qualifications reported 'A great deal of trust', compared with only 40% of those with vocational qualifications and 45% of those with no post-school qualifications.

Figure 11: Trust in medical experts by political party identification and post-school qualifications, June 2020



Attitudes towards COVID-19 and government restrictions

In this section, we examine young Queenslanders' feelings about the risks posed by COVID-19 and measures taken by the government to limit its spread. These findings enable us to better understand how young adults reconciled their own personal circumstances, experiences, and values with the realities of an emerging crisis facing Australian society at large.

Concern about economic vs. health impacts

In responding to COVID-19, policymakers have weighed both the health risks of the disease itself and the economic consequences of restrictions designed to limit its spread. Yet how regular Australians come to perceive and order these priorities may differ in ways that affect their support for, and compliance with, COVID-19 restrictions.

To explore this further, we asked survey respondents whether they were more concerned about the health impacts or the economic impacts of the COVID-19 pandemic. In our sample, 41% had 'About equal' concerns for both types of impacts. Similar proportions of the sample were more concerned about the economic impacts (31%) and about the health impacts (28%).

In our interviews, it was evident that respondents' attitudes towards restrictions involved careful deliberations about such priorities. As the examples of **Cameron** and **Ellie** illustrate, those we spoke to regularly acknowledged how difficult and important it was for policymakers to reconcile these:

Q: How do you think the government is handling the situation?

I think they're doing as well as a job they can, given the circumstances. It's really a balance between the economy and health, so it's a hard balance. So, if they go too far in the health, then down the track they'll have more strain on the economy which could lead to health issues or depression or suicide with people losing their jobs. It's really a balance, I guess, of the two. As long as they prepare the hospitals and have enough capacity in the hospitals and they don't overflow the hospitals, then I guess they can move towards a more economic approach.

Cameron, civil engineer

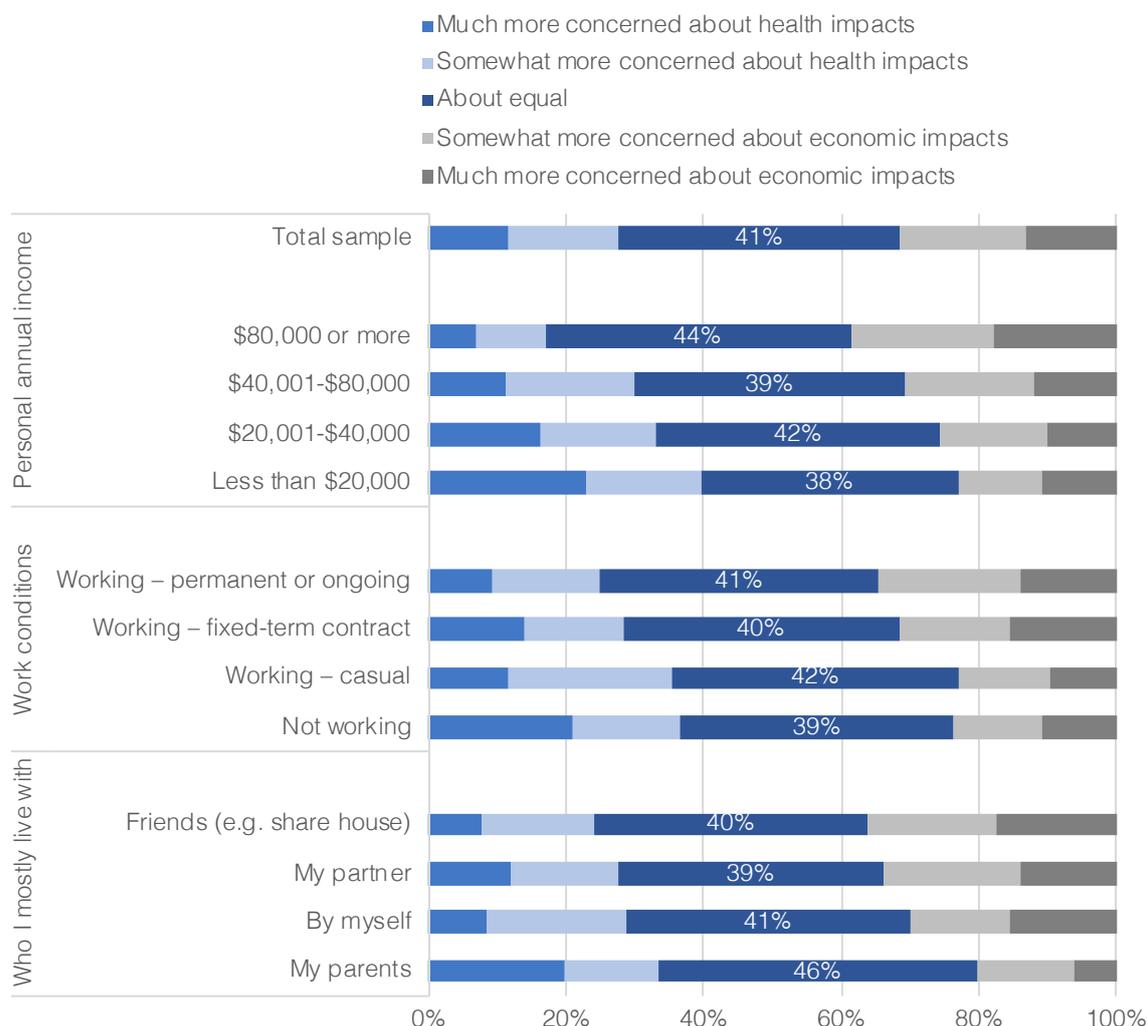
Q: So, how do you reckon the government's coping handling the situation?

A little better than expected actually, I think. I mean, I agree with most of the measures they've taken from a scientific perspective. I guess it's just, I think it's really, really difficult for any government to balance the needs of the economy with the needs of public health at a time like this.

Ellie, PhD student

How young people also viewed these priorities varied according to their own economic and living circumstances. As shown in Figure 12, respondents with higher incomes had greater concerns about the economic impact. About 39% of respondents who earned \$80,000 or more per year were more concerned about the economic impacts. In contrast, only 23% of those earning \$20,000 or less were more concerned about this impact. Greater concern about health impacts was lowest in the high-income group (17%) and highest in the low-income group (39%).

Figure 12: Concern about health vs. economic impacts of COVID-19, by personal income (2019), work conditions (2019), and living situation (2019)



Consistent with the findings for income, respondents with greater employment security (i.e. permanent jobs) were likelier to have greater concern about economic impacts (34%) when compared with casual employees (23%) or those not working at all (24%).

Respondents living at home with their parents tended to be most concerned about the health impacts (33%) and the least about economic impacts (20%). For some of these respondents, living with older individuals (i.e. their parents) who are more susceptible to the health risks of COVID-19 may underscore these concerns, whilst receiving parent support (in the form of accommodation) may help to mitigate perceived economic risks. By contrast, young people living with friends or housemates (i.e. a share house) were the most concerned about economic impacts (36%) and the least concerned about health impacts (24%).

Attitudes towards 'lockdown' rules

The survey gauged young Queenslanders' opinions about whether the 'lockdown' rules imposed by state and federal governments were 'too restrictive', 'not restrictive enough', or 'about right'. The majority of the sample thought they were 'About right' (72%). Only a small proportion (6%) thought they were too restrictive and the remaining 22% thought they were not restrictive enough. In the latter camp, some respondents like **Jordan** were concerned

that the easing of restrictions (which occurred just prior to data collection) might be premature:

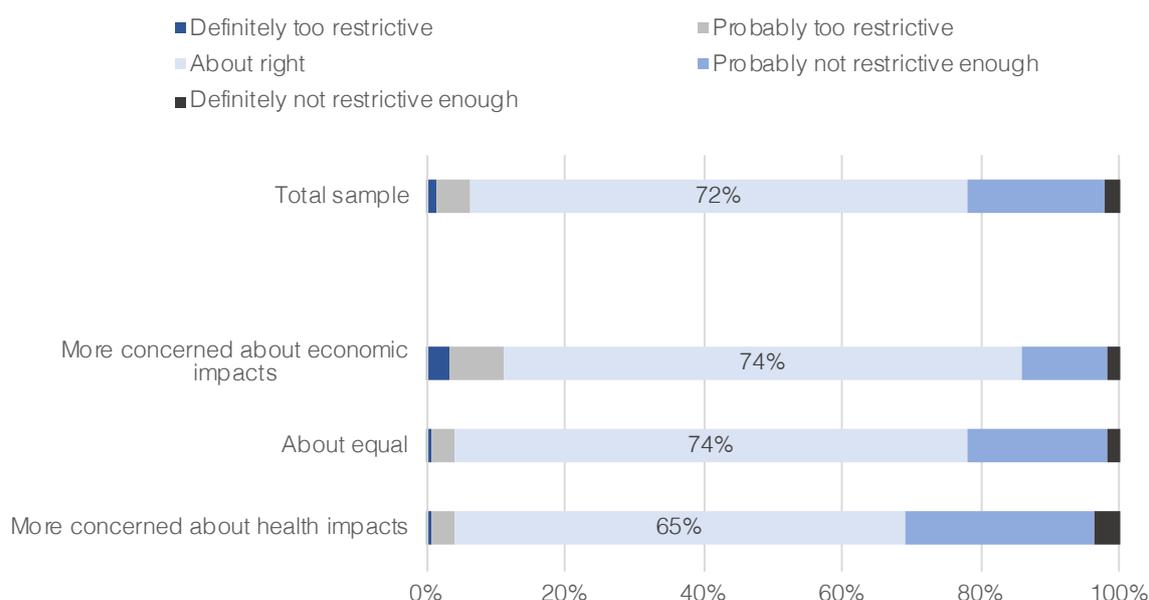
Q: So how do you feel about the government, their responses to the COVID-19?

I think it's been better than a lot of other countries. I personally think that probably we should have gone into lockdown a little bit earlier even. Yeah, and I think that we shouldn't really be, in terms of going back, I feel like it's a little rushed in terms of other states. Yeah, even though I'd love everything to go back to where it was, I think of a conservative opinion in terms of coming back and making sure that we're all staying safe.

Jordan, physiotherapist

Our survey data also confirm that respondents who were more concerned about the health impacts of COVID-19, like **Jordan**, were likelier to support greater restrictions (Figure 13). Of those more concerned about the health impacts, 31% felt they were not restrictive enough and 65% felt that the rules were 'About right'. In contrast, of those who were more concerned about the economic impacts, only 14% thought they were not restrictive enough and 74% felt they were 'About right'.

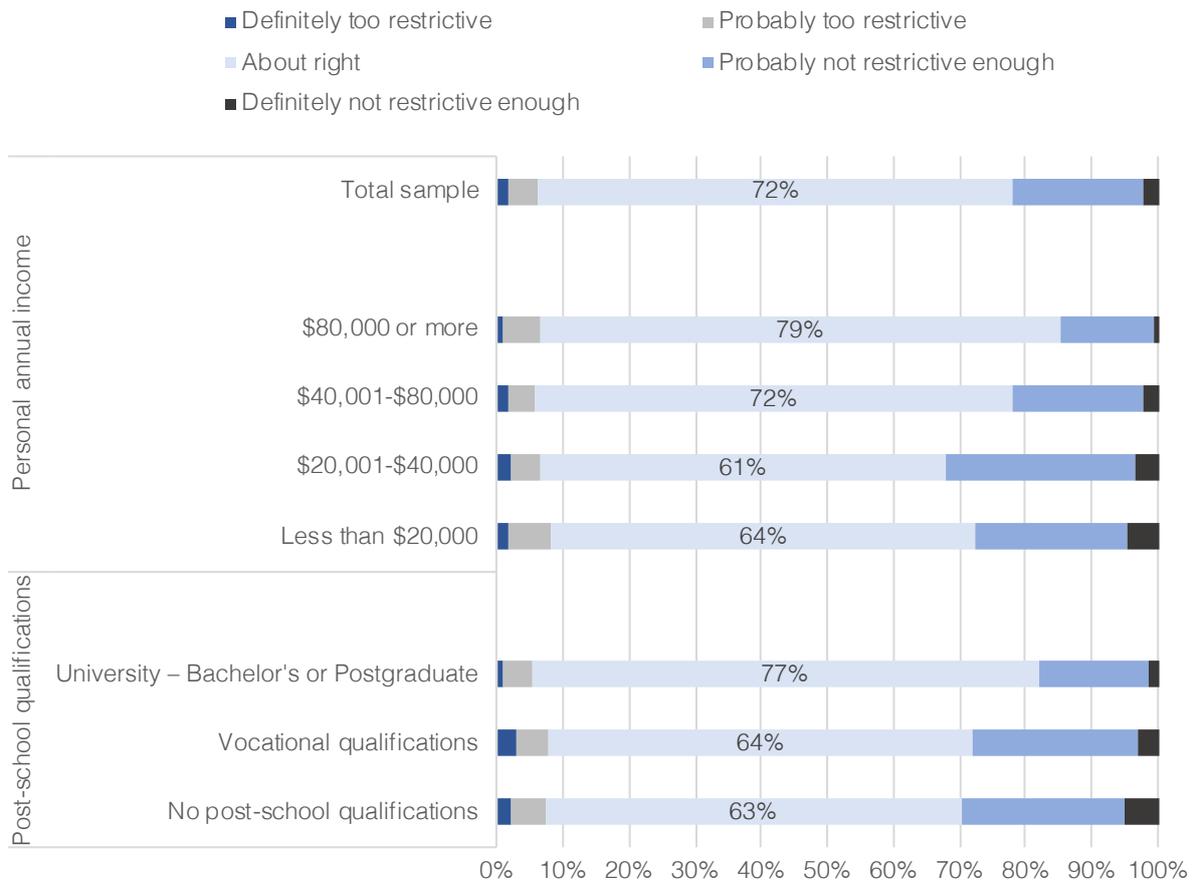
Figure 13: Opinions about 'lockdown' rules imposed by governments by concern about health impacts or economic impacts of COVID-19



Views about restrictions were also strongly related to income and education (Figure 14). Among those earning \$80,000 or more per year, 79% believed that the restrictions were 'About right' and 15% thought they were not restrictive enough. By comparison, 61% of respondents earning between \$20,000 and \$40,000 thought they were 'About right' and 32% thought they were not restrictive enough.

In terms of education, 77% of young adults with university-level qualifications felt the restrictions were 'About right' and 18% thought they were not restrictive enough. Meanwhile, among those with no post-school qualifications, 63% thought they were 'About right' and 30% felt they were not restrictive enough.

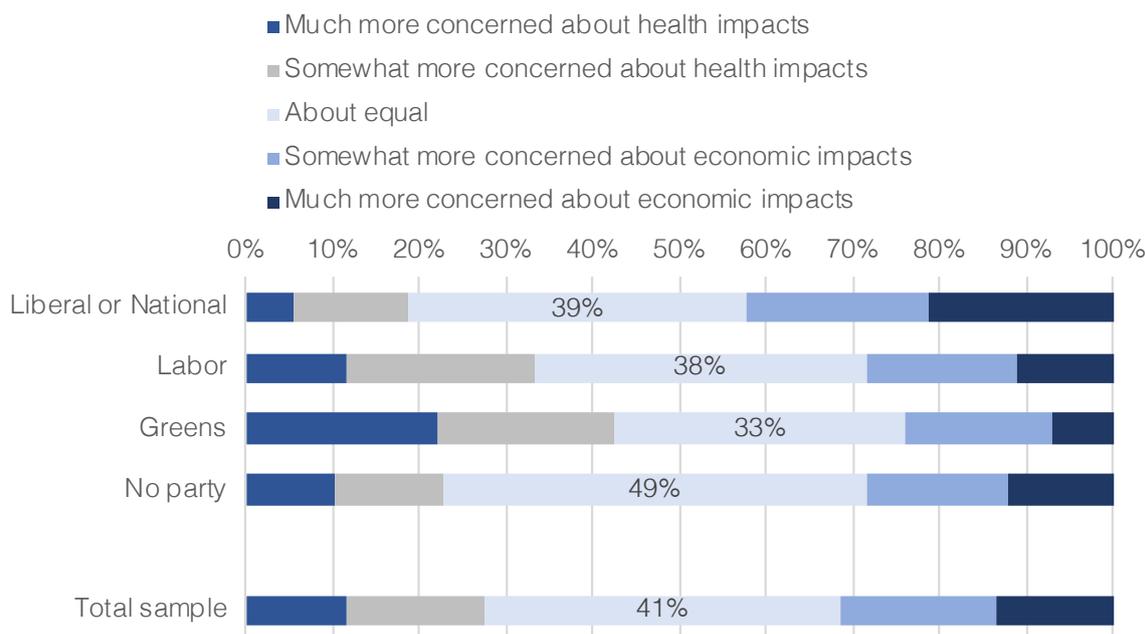
Figure 14: Attitudes towards 'lockdown' restrictions, by income (2019) and education (2019)



Political affiliation

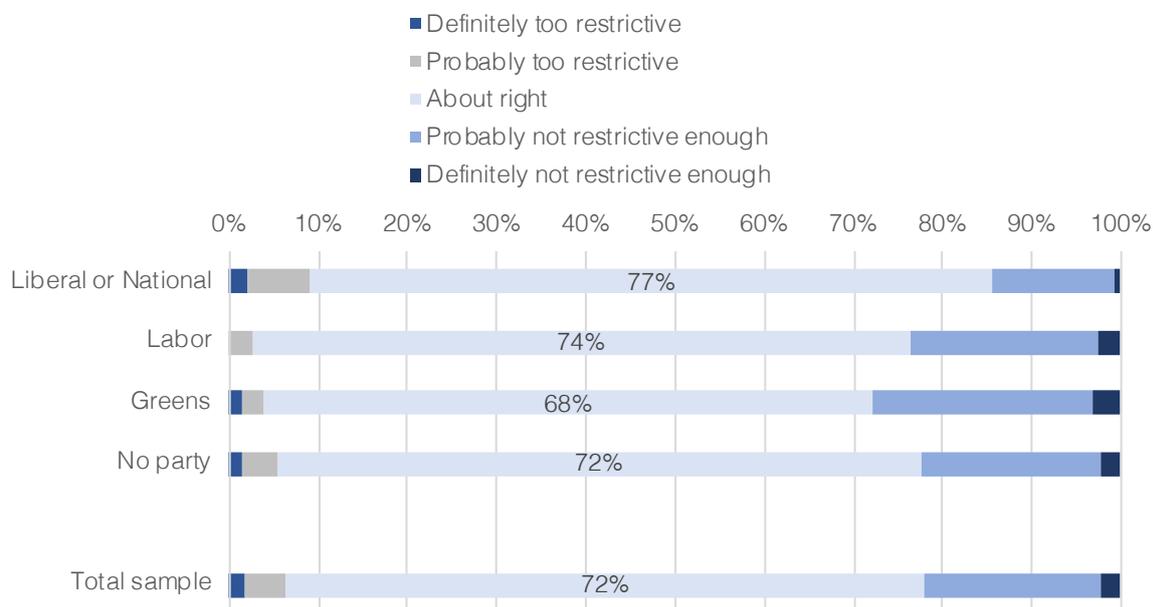
Concerns about the pandemic varied according to the political party with which respondents identified in 2019 (Figure 16). Coalition supporters were more likely to be concerned about the economic impacts (42%) than the health impacts (19%). In contrast, Greens supporters and Labor supporters were much less concerned about the economic impacts (24% and 28%, respectively) and more focused on the health impacts (43% and 33%, respectively). Non-partisans were much likelier than partisans to be equally concerned with health and economic impacts (though we note that, for some respondents, this may indicate an overall lack of concern about COVID-related impacts).

Figure 16: Concern about health vs. economic impacts of COVID-19, by party ID in 2019



Attitudes to 'lockdown' restrictions were also related to political party identification (Figure 17). About 28% of Greens supporters thought they were not restrictive enough, compared with 14% of Coalition supporters.

Figure 17: Attitudes towards 'lockdown' restrictions, by party ID in 2019

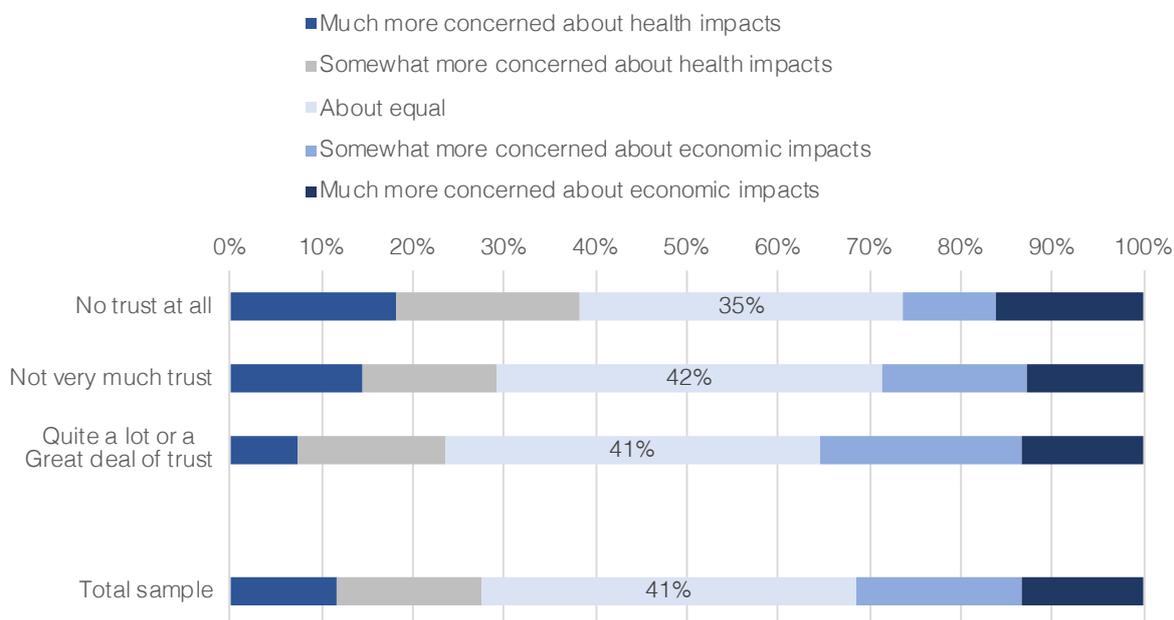


Trust

Finally, young adults' concerns about the pandemic also varied depending on their level of trust in certain social and civic institutions, such as the Australian Government (Figure 18). Respondents with a high level of trust (i.e. 'Quite a lot of trust' or 'A great deal of trust') in the Australian Government tended to be more concerned about COVID-related economic impacts (35%) and less concerned about health impacts (24%). Conversely, those with 'No

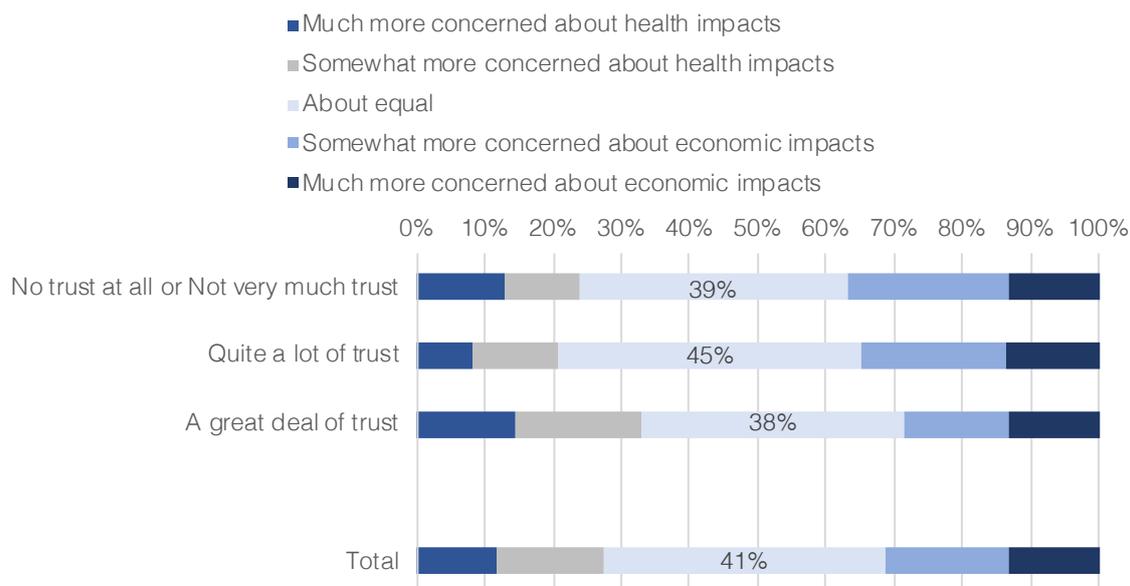
trust at all' were less concerned about economic impacts (27%) and more concerned about health impacts (38%).

Figure 18: Concern about health vs. economic impacts of COVID-19, by trust in Australian Government



Similarly, respondents' concerns about the pandemic were related to their trust in medical experts (Figure 19). A greater concern about the health impacts was expressed by 21% of those with 'Quite a lot of trust' in medical experts and 33% of those with 'A great deal of trust'.

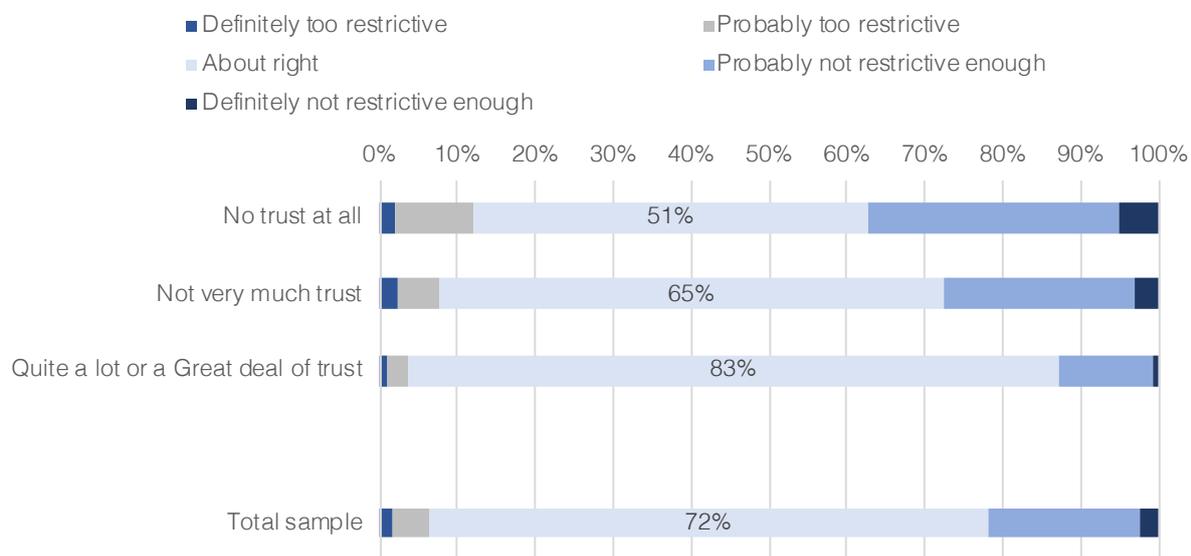
Figure 19: Concern about health vs. economic impacts of COVID-19, by trust in medical experts



Trust is critical during a pandemic as it underpins popular support for COVID-19 restrictions. Figure 20 shows that a vast majority (83%) of young adults with high trust in the

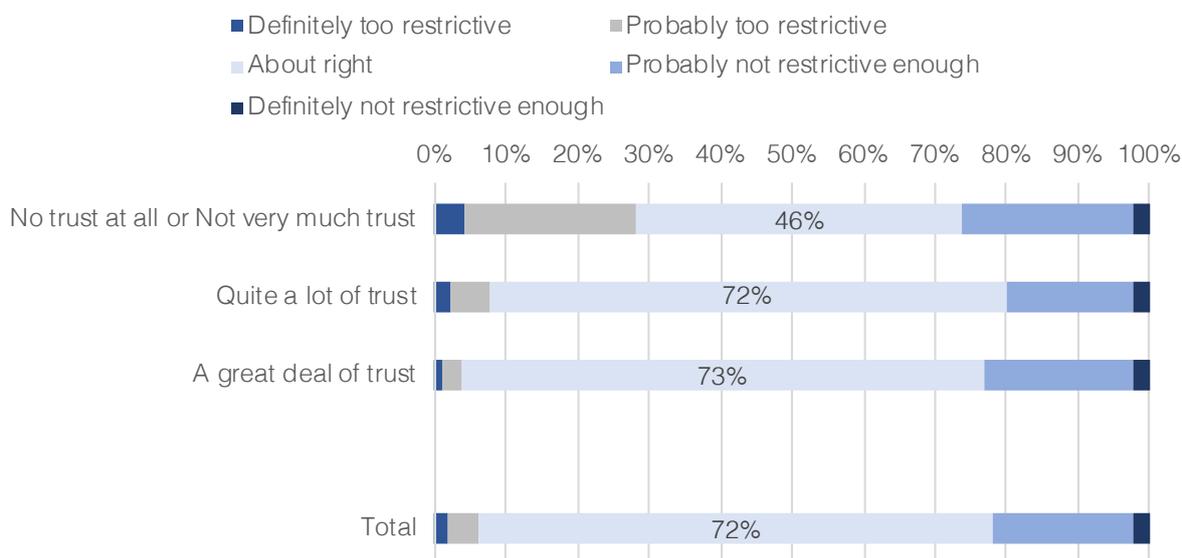
Australian Government regarded the 'lockdown' rules as 'About right'. However, this level of agreement dropped to 51% for those who had 'No trust at all' in the Australian Government. Young people in this latter group were also the most likely to believe the rules were not restrictive enough.

Figure 20: Attitudes towards 'lockdown' restrictions, by trust in the Australian Government



Although only 4% of respondents had 'No trust at all' or 'Not very much trust' in medical experts, this group had significantly different views about the 'lockdown' rules (Figure 21). In this group, 28% of respondents thought that the 'lockdown' rules were too restrictive and less than half (46%) thought that these restrictions were 'About right'.

Figure 21: Attitudes towards 'lockdown' restrictions, by trust in medical experts



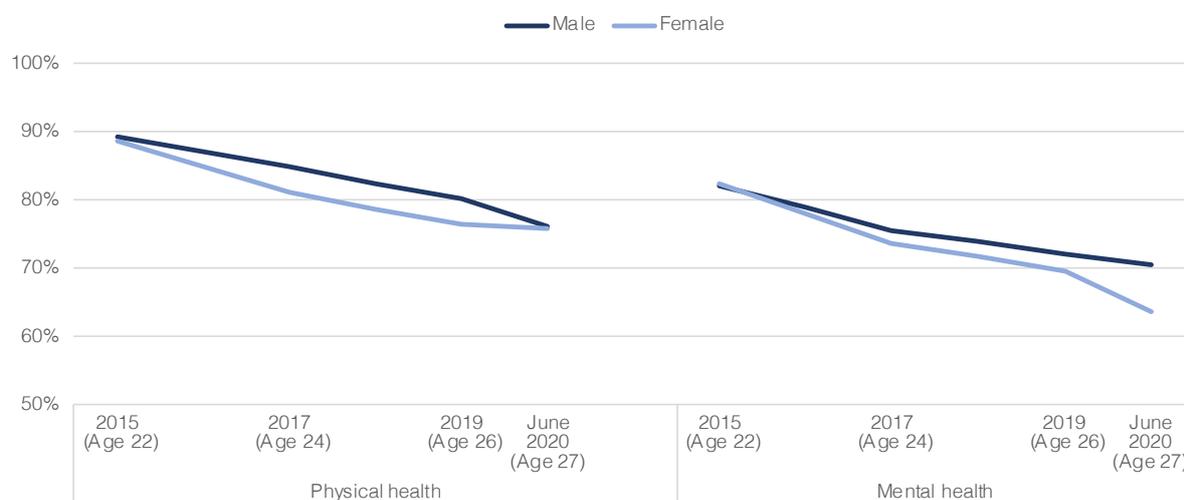
Changes in well-being during COVID-19

The Our Lives study has monitored young Queenslanders' mental and physical well-being across their twenties, enabling us to contextualise changes associated with COVID-19. As noted earlier in this report, the Our Lives cohort experienced a number of significant impacts to their careers and relationships as a result of the pandemic and related government restrictions. Overall, our data suggest that these impacts have accelerated existing declines in the cohort's well-being.

Figure 22 shows that, prior to 2020, the cohort's mental health was already steadily declining. Between ages 22 and 26, the proportion of respondents who self-described their mental health as "Excellent", "Very Good", or "Good" declined from 82% to 70% – a drop of 3 percentage points per year. However, only six months into 2020, this figure had already fallen by a further 4 percentage points, to 66%. This sharp decline from 2019 to 2020 was greater among female respondents than it was for their male counterparts, resulting in a widening gender gap in terms of mental health. The percentage of young women rating their mental health as good or better fell from 70% to 64%, whereas for men it dropped only slightly from 72% to 70%.

The self-assessed physical health of the cohort has also fallen over time. Between ages 22 and 26, the proportion of respondents rating their physical health as "Excellent", "Very Good", or "Good" declined from 89% to 76% – a decline similar to that for mental health. Yet there was only a slight decline in physical health from 2019 to 2020, and differences between men and women decreased.

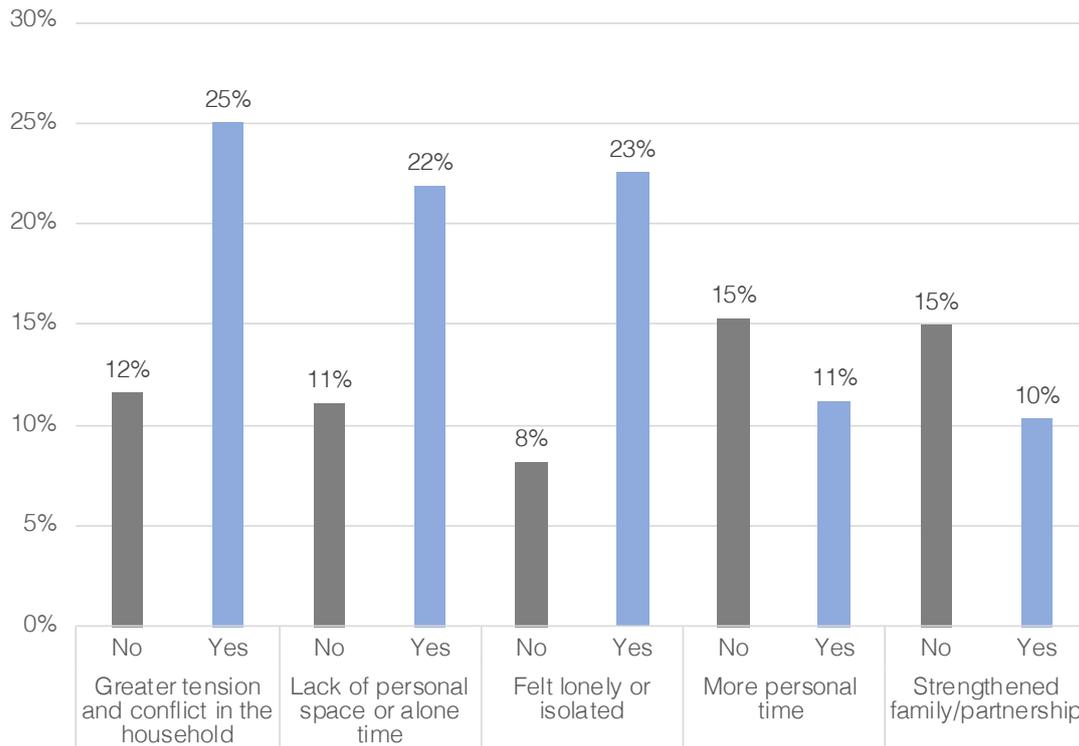
Figure 22: Trend in self-rated physical and mental health: proportion of sample rating their health as 'Excellent', 'Very good' or 'Good', by Gender and Year, 2015 to 2020



Mental health and impacts of restrictions

The various impacts of COVID-19 restrictions on young people's relationships are likely among the drivers of this sharp decline in mental health. Figure 23 illustrates how various COVID-related outcomes affected the percentage of the cohort who reported a major decline in mental health (i.e. a shift in rating from "Good" or higher in late 2019 to "Fair" or lower in June 2020). For instance, a quarter of all respondents who reported greater tension or conflict in the household during this period experienced a major decline in their mental health. Similar rates of decline were observed for those who reported a lack of personal space or alone time, or feelings of loneliness or isolation.

Figure 23: Percentage reporting decline in mental health, by various outcomes



The latter of these – loneliness and isolation – was the most common outcome of government restrictions reported by the cohort. In their open-ended survey responses, respondents gave examples of how their particular living circumstances, in conjunction with ‘lockdown’ measures, adversely affected their mental health:

Living alone and being single during this time has been incredibly taxing and has increased my feelings of isolation, anxiety, and depression. It's harder than ever before to meet and connect with new people.

Due to the restrictions, I have developed mild depression within my relationship as we weren't able to do outgoing and adventurous things.

Had to find new ways to help my young child cope with the stress of such major change in his life. His feeling of having a lack of consistency and control manifested in excessive hand washing, showering and a lack of independence. The strain it has caused on my child's mental health has caused me great stress and concern for him and his wellbeing.

*Increased mental health issues & phobias around leaving the home/strangers.
(Respondent who had transitioned to working from home)*

However, not all young adults experienced uniformly negative impacts of the COVID-19 restrictions. For many, restrictions provided more time for themselves and encouraged stronger relationships with partners or family. These outcomes were associated with significantly lower chances of a decline in mental health during this time (Figure 23). One respondent described this experience as follows:

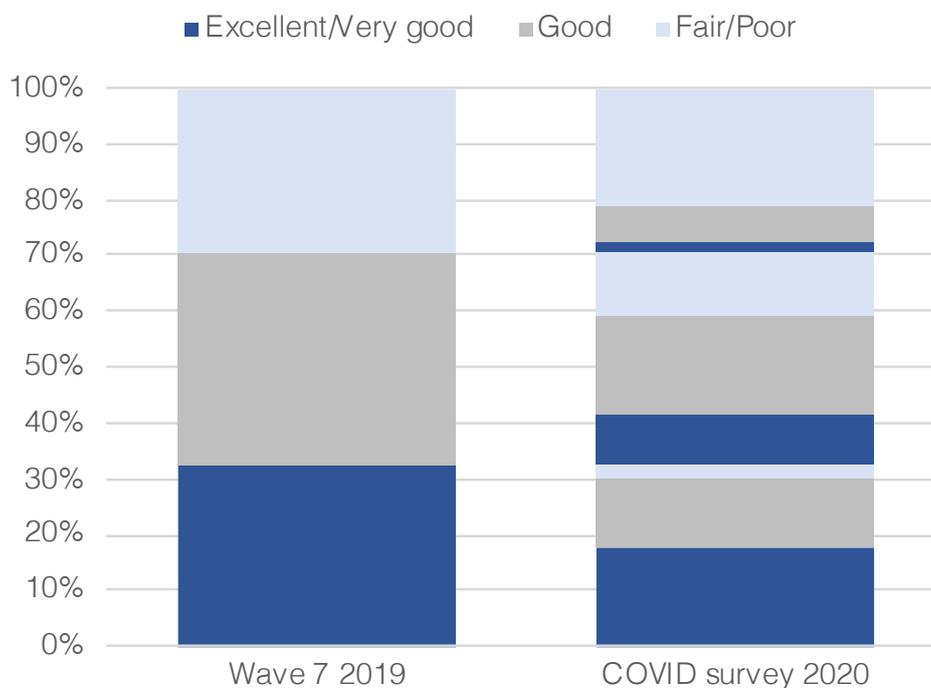
The time in which I wasn't working was the best ~2 months of my life. It gave me more time and energy to focus on personal development without the drudgery of work to pull me down.

Mental health transitions during COVID-19

Thus far, we have illustrated mental health changes for the Our Lives cohort in very general terms, without accounting for how respondents were faring prior to COVID-19. Depending on these 'starting points', the cohort often experienced different mental health transitions in the early stages of the pandemic. Figure 24 shows how respondents' mental health changed from 2019 to 2020, based on how they had rated their mental health in 2019.

The results display a high degree of consistency between mental health levels at both time points. This continuity was strongest for respondents with 'Fair/Poor' pre-COVID mental health, 70% of whom continued to report similar mental health in June 2020. At the other end of the spectrum, fewer (55%) of those with 'Very Good/Excellent' mental health in 2019 maintained this rating in June 2020, while 10% experienced a sharp decline to 'Fair/Poor' in 2020. Between these extremes, people who rated their mental health as 'Good' in 2019 experienced the most varied transitions. Just under half of this group (47%) continued to have good mental health in 2020, whereas the remainder were fairly evenly split between those reporting improved mental health and declining mental health.

Figure 24: Transitions in mental health from 2019 (pre-COVID) to June 2020



The respondents we spoke to further illustrated the complexity of these transitions. For **Erin**, COVID-19 restrictions had contrasting implications for her physical and mental health, presenting opportunities for self-improvement in the midst of the challenges of social and emotional distance:

I feel like I've done a pretty great job keeping it together for the most part, but definitely, like I said, very fearful. And yeah stress, I guess the stress of feeling like I have to be productive and feeling like I have to be grateful for having a job still when other people don't. That's hard to keep positive reinforcement going through. And, also just trying to, because, I mean I already have anxiety so it doesn't help with everything else going on. I very fortunately am not a hypochondriac, so I'm not worried about my health, like my physical health. So, that's why I've been exercising a lot more, which has been fantastic, and I'm really grateful for that outlet, but it sucks that I've had to make sure I have one, where I probably usually wouldn't have needed to.

So, it's been a pretty heavy, emotional toll. And, just that boredom I guess, and that sense of feeling isolated from your parents and your closest friends and that really messes with you. When I'm like, "I don't know when the next time is that I can see my best friend." It's a really weird, really weird feeling. So, I'd say that that's been pretty heavy.

Erin, medical engineer

Spatial patterns of change in mental health

Figure 25 visualises young people's mental health between late 2019 and June 2020 across different regions of Queensland. Mental health is shown as a percentage of the Our Lives cohort describing their mental health as 'Good', 'Very Good' or 'Excellent' in each region.

Notably, Outback Queensland contained respondents who reported consistently poorer mental health than in other regions in QLD. The broader southeast portion of the state generally had the highest proportions of good mental health reported (dark green). However, it is also within this region where the largest change in mental health between 2019 and 2020 was reported. From 2019 to 2020, most regions in the southeast corner of the state recorded declines of 10-20% in the numbers of respondents reporting good mental health. The exception to this spatial trend was the region of Ipswich, where there was relatively little change observed.

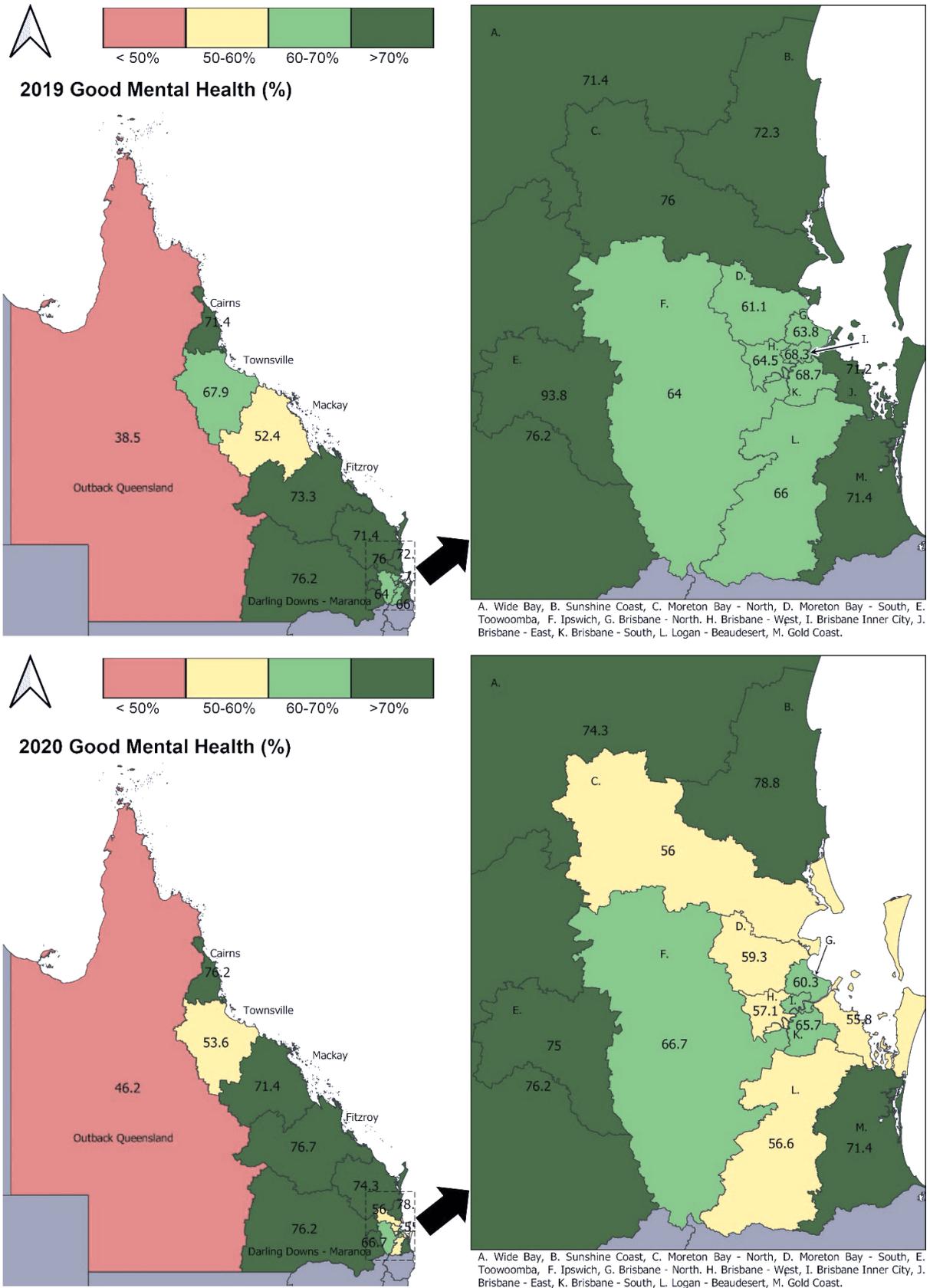
Outside of South-East QLD, there also several noteworthy changes in mental health during the early stages of the pandemic. Contrary to most of the state, Mackay improved by a substantial amount between the two time periods (from 52% with 'Good' mental health in late 2019 to 71% in late 2020). Outback QLD also improves somewhat, but still remains worst faring region in terms of mental health quality.

Mental health also declined in the Townsville region from 68% in 2019 to 54% in 2020. In addition to most of Brisbane, adjacent regions such as Toowoomba experienced large drops as well, but from a very high position in 2019 (from 93.8% to 75%).

Gold Coast did not change at all between 2019 and 2020: it remains quite high (71.4%).

The Cairns area is also nearly identical before and after the onset of the COVID pandemic, a result which stands in contrast to the large changes recorded in both Mackay (an increase) and Townsville (a decrease). Overall, the results illustrate a far greater degree of geographic heterogeneity in the mental health impacts of COVID-19 than would have been visible had our analysis only differentiated between those living in urban verses rural areas.

Figure 25: Percentage reporting Good (i.e. 'Good', 'Very Good' or 'Excellent') mental health in 2019 (pre-COVID) and June 2020, by region (ABS Statistical Area 4 or SA4s)



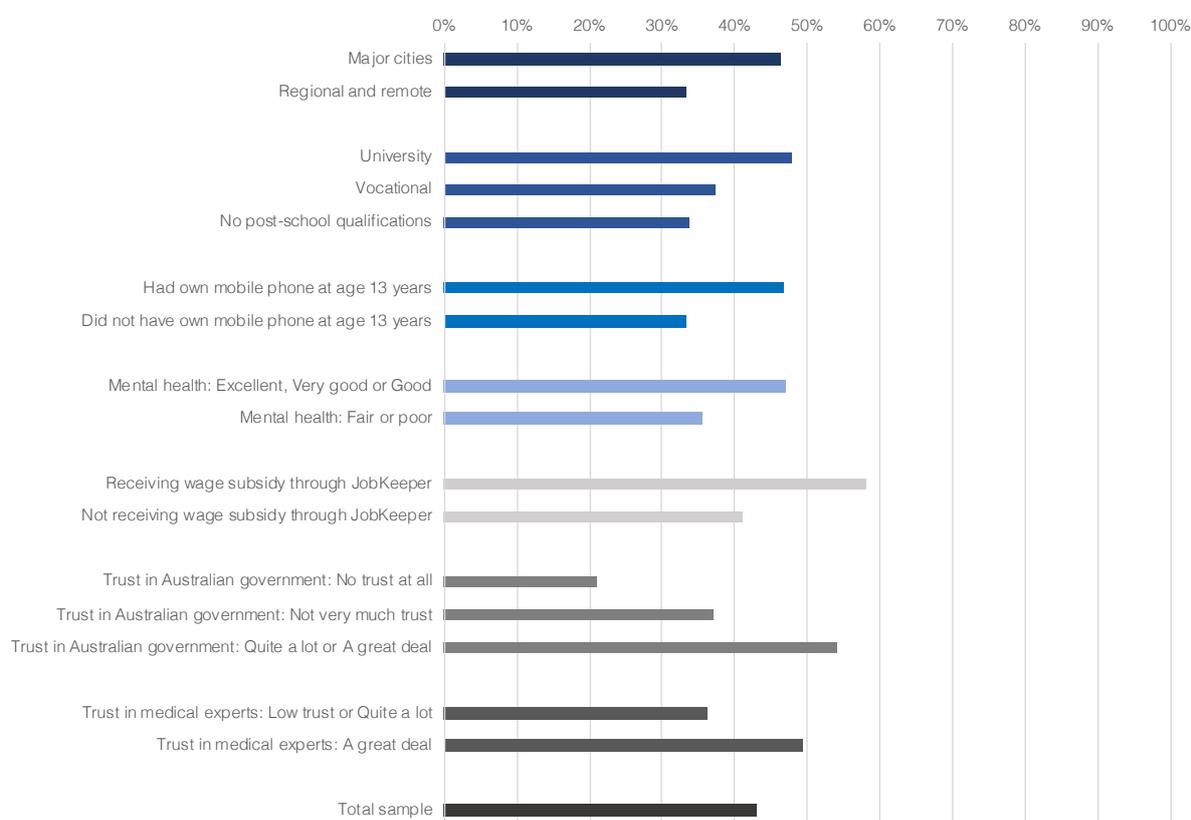
Adoption of COVIDSafe mobile contact tracing app

This research also examined the Our Lives cohort’s adoption of the Australian Government’s COVIDSafe mobile contact tracing app during the early stages of COVID-19. As well as providing insights into their uptake of the technology itself, examining young Queenslanders’ COVIDSafe adoption can also shed light on factors shaping their willingness to comply with specific preventative behaviours recommended by authorities during a public health emergency.

Contact tracing is an important public health priority for governments in responding to disease outbreaks, potentially reducing the need for harsher ‘lockdowns’ until vaccines become available. Specially designed contact tracing apps for smartphones may improve the effectiveness of such responses alongside other tracing procedures, provided they are widely adopted and used. Since the onset of COVID-19, many countries have introduced mobile contact tracing apps. Alongside Australia’s COVIDSafe, other prominent international examples include Singapore’s ‘TraceTogether’; Germany’s ‘Corona-Warn-App’; France’s ‘StopCovid France’ and India’s ‘Aarogya Setu’.

The relative success of these apps remains unclear, in large part due to their different design characteristics and the varying prevalence of COVID-19 within each national context. Such factors help to shape decisions about the perceived risks of adoption (i.e. privacy concerns) and non-adoption (i.e. risk of contracting and transmitting COVID-19). The COVIDSafe app was launched on 26 April 2020, at a time when the first ‘wave’ of COVID-19 cases had subsided and, nationally, there had been approximately 6,700 cases, of which around 25% were locally acquired from an identified source (i.e. tracked), and 10% were locally acquired from an unknown source (i.e. untracked).

Figure 26: Respondents who had downloaded the COVIDSafe app, by selected characteristics



On 31 May 2020, just prior to the survey, it was estimated that there had been 6.13 million downloads of COVIDSafe¹. If the number of app registrations is divided by the population aged 15 years and over, this indicates that about 30% of the population had downloaded COVIDSafe. Our Lives respondents were asked 'Have you downloaded the Australian Government's COVIDSafe contact tracing app?'. At the time of the survey in June 2020, 43% of the total sample (Figure 26) had downloaded the app, suggesting adoption amongst young adults specifically may be somewhat higher than it is amongst the general Australian population.

Figure 26 indicates that COVIDSafe adoption was associated with a range of personal and socio-demographic characteristics. For instance, COVIDSafe was downloaded by a higher percentage of respondents in major cities (46%) than in regional or remote areas (33%), where COVID-19 infections were relatively less common. Education and digital experience also drove early COVIDSafe adoption. Almost half (48%) of respondents with university-level qualifications had downloaded the app, compared with 37% of those with vocational qualifications and 34% of those with no post-school qualifications. Mobile phone ownership at relatively early age is a useful indicator of a respondent's 'early adopter' status, as well as their general access to, and experience with, digital devices such as smartphones. The COVIDSafe adoption rate was higher (47%) among those who owned a mobile phone at age 13 years than it was amongst those who did not (33%).

There were also signs that young people's circumstances and well-being during COVID-19 affected their likelihood of downloading COVIDSafe. For example, the adoption rate amongst respondents with 'Fair' or 'Poor' self-rated mental health was lower (36%) than it was for those with 'Good' to 'Excellent' mental health (47%). At the same time, however, it was particularly high (58%) amongst those benefiting from a wage subsidy through the Australian Government's JobKeeper program, in contrast to an adoption rate of 41% amongst non-recipients.

The latter finding suggests that some of the young adults likeliest to accept public health surveillance during COVID-19 were those most directly dependent on the government's economic response. Perceptions of trust and reciprocity may play a role in this association, particularly if JobKeeper beneficiaries feel obligated to cooperate with public health measures designed to reduce the need for future 'lockdowns' – such as those which contributed to their disrupted employment and resulting JobKeeper eligibility.

Consistent with this association, there was also a strong relationship between trust in the Australian Government more generally and downloading COVIDSafe. The app was downloaded by 21% of respondents with 'No trust at all' in the Australian Government, 37% of those with 'Not much trust', and 54% of those with either 'Quite a lot of trust' or 'A great deal of trust'.

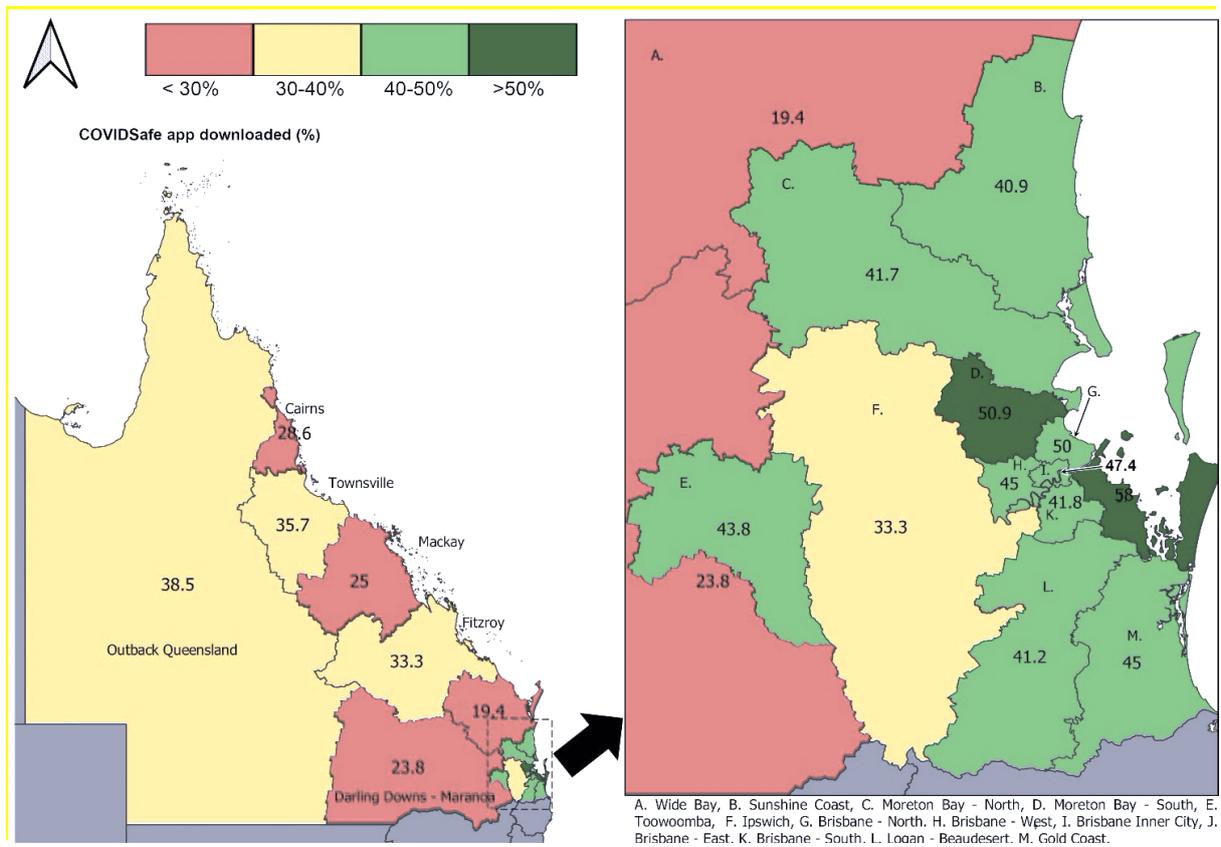
Trust in medical experts was generally high for the cohort as a whole. However, there was a sizeable difference in adoption rates between respondents with higher and more moderate levels of trust. COVIDSafe was downloaded by 49% of respondents with 'A great deal of trust' in medical experts, compared to 36% of those with 'Quite a lot of trust' or less.

¹ <https://www.abc.net.au/news/2020-06-02/coronavirus-covid19-covidsafe-app-how-many-downloads-greg-hunt/12295130>

Spatial patterns of COVIDSafe adoption

Figure 27 visualises the spatial patterns of COVIDSafe app adoption by young adults in the Our Lives cohort across different regions of Queensland. There was a sharp divide mapped between respondents residing in the greater Brisbane area and adjacent regions, and those living in peri-rural and rural areas. For example, downloads by those young adults living in the Wide Bay region (19.4%) were less than half of those living in the neighbouring areas of the Sunshine Coast (40.9%) or Moreton Bay (41.7%). We may generalise that the Southeast Corner of QLD (with the exception of the Ipswich regional area) had download rates above 40% (and up to 58%), but rates fell substantially once but large declines are located once a distance of around 200 km is exceeded from Brisbane.

Figure 27: Percentage reporting COVIDSafe App downloaded, by region (ABS Statistical Area 4 or SA4s)



Reasons for non-adoption

Our Lives participants who had not downloaded the app were able to provide a reason as to why they had not done so. Among the 580 non-adopters surveyed, the most common reason for not downloading the app was concerns about their privacy. Of those who had not downloaded the app, just under half (48%) nominated privacy concerns as their main reason. Concerns about the app's effectiveness, and insufficient motivation or knowledge about the app itself (e.g. 'can't be bothered'; 'I didn't know it existed'), were the next most prevalent reasons for non-adoption. Similar proportions of respondents (19%) selected these options.

Table 1: Main reason for not downloading the COVIDSafe app

Reason	n	%
I have concerns about my privacy	281	48.4
I have concerns about the app's effectiveness	110	19.0
Insufficient motivation, including 'don't understand what the app is for' / don't know	111	19.1
I have difficulties accessing the app / technical phone issues	33	5.7
Other	33	5.7
Prefer not to say	12	2.1
Total who did not download the app	580	100.0

Respondents were also able to provide verbatim responses explaining their reasons for non-adoption. In some instances, these illustrated how young people weighed up the perceived benefit or urgency (e.g. based on the number of COVID-19 cases in their proximity) alongside other aspects of their situation, such as their overall mobility, or adherence to hygiene and social distancing practices:

Not any cases in regional areas and have been working at home and keep up to date with news.

Haven't been convinced of the positive reasons for downloading this app.

Don't feel like it is necessary or needed for my situation.

Due to the restrictions there are no current cases in my area. If this were to change (another wave) I would consider downloading.

I personally don't see the benefit and don't wish to get around with my Bluetooth on all the time. I find it depletes my phone battery much quicker if left on for longer periods. I also only leave my house for work, school drop off or grocery shopping, when grocery shopping. I follow all social distancing requirements, clean down trolleys and my own hands, avoid touching my face etc. And try to keep time out and about to a minimum.

Finally, issues with technology were the main barrier for 6% of the sample, for example:

I don't usually have bluetooth on as it sucks my phone battery

I agree with it but it drains my phone battery

Limited storage space on phone

Conclusion

This research has provided a broad snapshot of young Queenslanders' attitudes, behaviours, and life pathways in the early stages of COVID-19 and directly following the national 'lockdown' period. Our findings illustrate some of the distinctive impacts of the pandemic on a cohort of young people still transitioning to adulthood. In contrast to more common cross-sectional studies of young people, our mixed methods, longitudinal approach has enabled us to use our extensive existing knowledge about the Our Lives cohort prior to COVID-19 to better determine and contextualise these changes.

The findings demonstrate that this period of sudden, mass social and economic disruption posed heightened risks to the social, economic and psychological well-being of the Our Lives cohort and the young adults they represent. The introduction of emergency welfare measures may have been a short-term buffer to some of these impacts, as were the opportunities it created for those more fortunate to strengthen existing relationships, and to cultivate an inward focus on their personal goals, interests, and health. Our research suggests both the risks and opportunities posed by COVID-19 are being experienced unevenly within the cohort, with the potential for a widening of social inequalities.

Encouragingly, there were signs that political bipartisanship on the issue of COVID-19 has helped to reverse a long-term decline in young people's trust in government and politicians generally. A valuable but fleeting 'moment' exists to address some of the more enduring social problems facing younger generations, including the employment and mental health challenges exacerbated by COVID-19, in a way that validates and sustains their trust in these institutions long after a vaccine becomes available.

Further research on the Our Lives cohort will thus be critical for understanding the longer-term implications of COVID-19 for the lives and outlooks of young Queenslanders into 2021 and beyond.