

Family counselling and flexibility of social services during Covid-19 emergency: Case study of Latvian municipalities

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Abstract. In all the EU countries and Latvia, the health care impact during the Covid-19 outbreak was one of the first priorities. Meanwhile, less attention was paid to the social service burden, especially in social work with families and children, elderly and other social groups in the most vulnerable situations. New social measures were introduced from the very beginning of the emergency situation, and a crisis benefit was initiated for families and children at the local level. Social workers had to adjust their practice to more flexible, remote and transformed social service delivery. It required specific personal protective equipment (PPE) and new forms of communication channels with families in need and new risk groups. The analysis of correlation between the Covid-19 estimated cases and the social crisis benefit provided during the emergency was performed with a regression model by using the SPSS statistical and mathematical program. It is a starting point for the research on how the social measures introduced in the emergency were allocated. The evidence about the communication and inter-disciplinary experiences was obtained via the analysis of open-ended interviews with social workers and experts. The preliminary results demonstrate the importance of the work alleviating impacts from the national to local level with inter-disciplinary professional teamwork solutions and adaptability in social work practice.

Key words: social work, social measures, Covid-19, family.

1 Introduction

The focus on mitigating primary health care impacts during the pandemic outbreak was one of the first national priorities in all the EU countries, including Latvia. Social services and social work were on the edge with other health care and long-term care institutions; and in the middle of important reforms that were developing community-based services (deinstitutionalization process), new initiatives in family counselling and elderly care. Latvia belongs to the high-level development OECD country group. The most recent assessment of the social policy model provides evidence that it is a mixture of conservative and liberal welfare with domination of liberal rather than means-tested services, and social assistance available on a local level [1, 2, 18, 21]. Decreasing birth rates and the poverty of single parents and families with more than three children stimulated politicians to improve the situation of working families. The years from 2013 to 2018 were characterized by an expansive family policy with decreasing at-risk-of-poverty rates and increasing duration of universal

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family and childcare benefits. The social benefit system was simplified. The evidence from the previous economic recession (2009–2012) demonstrates that the state can take shared responsibility and co-finance municipalities during the crisis (e.g., guaranteed minimum income, housing benefit). In general, the established social assistance system has proved its maturity, persistence and ability to operate effectively [21]. Nevertheless, the question about the generosity of different municipalities (richer and poorer regions), and how the local level social service provision operates at the national level during such health crisis as Covid-19 remains open.

We address the social service burden and social work, especially in work with families and children, during the Covid-19 emergency situation at the local level. Besides the existing social services (GMI, housing benefit, supplements to the state benefits for different groups, social security allowance, school lunch, DI rehabilitation services for disabled, etc.), we tested the importance of the new social measures instituted at the very beginning of the declared emergency situation from March 12 until June 9, 2020 [5–7, 14–17]. During the complete lockdown, social workers had to adjust their daily work to a more flexible remote practice and transformed social service delivery requiring specific personal protective equipment (PPE) and actively using new forms of communication channels with people in need and the new risk groups.

Thus, the aim is to examine the flexibility of social service delivery during the crisis. The research question is to find out whether the existing social services and the new social measures reflected the needs of the most vulnerable groups of the society during the emergency? Specifically, we examine the crisis benefit available for families (persons) and children on the local level. The analysis of the correlation between the social crisis benefit provided during the Covid-19 emergency and increasing Covid-19 estimated cases were tested with a regression model by using the SPSS statistical program. The initial evidence about the communication and inter-disciplinary experiences and professional social work were obtained via the analysis of open-ended interviews (conducted from July to September 2020) with social workers and experts in Latvia. It is a starting point of the National Research Programme's project "Life with Covid-19" [23] that provides part of the knowledge and evidence on the importance of the social measures and social services introduced during the emergency in Latvia.

2 Interaction in the first outbreak of the emergency

Since the 1990s, the Baltic States as small, open economies have adapted the Anglo-Saxon or liberal transition welfare state model. The social policy design represents to some extent egalitarian, corporatist and individualistic values, with some universalistic and even employment-centred aspects [1, 2, 25]. During the Covid-19 first outbreak, Latvia acted like a liberal-conservative country with a rather high emphasis on supporting the working population and those with at least some work records.

Apart from health consequences, the Covid-19 emergency was a predictor for increasing unemployment rates and negative economic consequences in the particular time. From this perspective, the social policy during the Covid-19 emergency can be conceptualised as a response to a prospective economic crisis, or indirectly, a possible response to the social and economic consequences of such a crisis.

The literature about policy responses during the crisis in welfare states describes rather uneven patterns, and the responses may take different forms (starting with retrenchment, non-reaction and expansion) [23]. The proposal is to use a two-dimensional typology in understanding the welfare state and five types of policy responses. The theoretical approaches

are derived from the *functional* perspective of the welfare state, the *partisan* theories and the *political institutional* context. This particular analysis was applied for traditionally developed and well-studied welfare states; and thus, it might have some limitations in addressing social policy transformations in new or “emerging” welfare states (such as the Baltic and Eastern European country group). The analysis of the family policy during the crisis emphasises the external “shocks” bringing completely new logic of policy-making. The case study demonstrated that the pre-crisis policy pathways (the incremental pathway) were not exclusively determined by the crisis; and can be influenced by other country-specific factors [3]. Even though Starke *et al.* [23] find no evidence between the depth of a crisis and the policy response, Blum *et al.* [3] come up with an opposite conclusion in their country analysis. Even though the particular policy analysis framework cannot be fully adapted for the analysis of the Covid-19 emergency, it is helpful for the identification of certain patterns in policy-making during a crisis. Common arguments and controversies found in literature invite us to reflect in detail upon the logic behind the introduced social policy measures in Latvia (introduced social assistance and cash benefits during the declared Covid-19 emergency).

It is also evident that a smaller welfare state cannot afford automatic stabilization policy instruments to the same extent as larger welfare states. Thus, *functional results* might be harder to recognize in the macro-level economic data analysis. Latvia is one of the Baltic States with rather low public social spending – in terms of GDP ratios that have not increased in comparison to the early beginning of 1990s (16.2% in 2018) [19]. And it is true that during the previous economic crisis (2008–2012) Latvia had to choose specific solutions and more targeted temporary benefit increases, additional to emergency schemes, etc. resulting in short-term extensive social policy strategies. The family policy expansion had a rather stable continuity until today having less than 30% means-tested family benefits [2, 20, 21, referred to 23].

Indeed, the *functional results* can be recognized by an active state intervention when the emergency was declared by the Cabinet of Ministers (lasted from March 12 until June 9, 2020). In a very short time, the coordination of the work of the responsible authorities (local governments, health care, defence and educational institutions, etc.) was defined and several measures were ensured immediately; part of them were supplemented in response to the increasing Covid-19 estimated cases. Quite a lot of effort was put into determining the eligibility criteria for enterprises and employees that could receive compensation. However, the conditions, even if appreciated as a fast reaction, only partly met the needs in the first outbreak. Several income thresholds for different purposes have been defined in Latvia, but were not directly adopted during the lockdown and the emergency. For example, the guaranteed minimum income (GMI) is 64 euro per month (since 2020), the minimum income level calculated as equal to 40% of the median household equalised income is 218 euro per month (since 2018), the official income threshold of a needy person is 128.06 euro (since 2009). The plan to increase the GMI level to 99 euro was adopted on 22 August 2019, but has not been implemented yet. Both employers and employees criticized the decision-makers and highlighted deficiencies in such a flexible tax system. Further policy-decisions on income levels were stopped [5–9, 12, 14–17, 22] (see Table 1).

Rather specific descriptions of the planned interventions and the division of responsibilities between the national and local level were helpful for local authorities, educational institutions and social service providers in order to follow the decisions and execute the issued orders quite accurately [24].

Family counselling, social assistance and social services in Latvia are decentralized and provided on the local level in accordance with the Law on Social Services and Social Assistance [15] and the local government binding regulations, thus mainly financed from

Table 1. Covid-19 social measures introduced during the emergency situation.

	LR Cabinet of ministers (CM) regulations, amendment to the laws, dates	Allocated resources, euro	Used resources euro	Used resources, % of allocated
Crisis benefit	20.03.2020. Amend. Social Law 01.04.2020. CM reg. No 141 16.04.2020. Amend. Social Law	2,160,000	342,956	15.9
Continuation of parental benefit	03.04.2020. Law on Maternity and sickness 09.04.2020. CM reg. No 175 09.04.2020. CM reg. No 205 16.04.2020. CM reg. No 178	9,231,313	2,296,790	24.9
Idle time benefit	23.04.2020. CM reg. No 236 30.04.2020. CM reg. No 236 07.05.2020. CM reg. No 272 02.06.2020. CM reg. No 331	3,353,748	1,668,290	49.8
Unemployment and unemployment social benefit	16.04.2020. Amend. On Unemployment Insurance law 24.04.2020. Amend. On Unemployment Insurance law 05.05.2020. CM reg. No 238 30.06.2020. CM No 366	30,250,893*	20,630,006*	68.2
Childcare benefit	14.05.2020. CM reg. No 298 20.05.2020. CM reg. No 277	4,324,233	3,385,687	78.3
Foster care benefit	05.05.2020. CM reg. No 256	–	338278	100
Childcare disability benefit (lump-sum)	14.05.2020. CM reg. No 294 20.05.2020. CM reg. No 276	23,595	23,595	100
Sickness benefit	20.03.2020. Amend. On Maternity and Sickness Insurance	–	1,562,182	100
Young specialist benefit	05.06.2020. Amend. on Law on the Suppression of Consequences of the Spread of Covid-19 Infection 30.06.2020. CM No 268	6,597,401	129,782	1.9
	Total:	55 941 183	30 377 566	54.3

* Total sum of the unemployment benefit prolongation and the unemployment benefit for self-employed and micro-enterprises.

Data source: Authors' creation based on [16].

the local municipality budget. The state-financed family counselling and social services are for persons (families) that are victims of domestic violence, guardian and foster family care, person's assistant service, DI rehabilitation, psychosocial and social rehabilitation services, and free lunch at schools for pupils from 1st to 4th grade, etc. [15, 24]

The law had already defined social support during the crisis before its outbreak. It is a situation when a person (family) cannot ensure their basic needs due to a catastrophe or other circumstances and needs a psychosocial or material assistance [15]. Similar to the previous economic recession (2008–2012), the state took full responsibility and made a decision to co-finance municipalities during the Covid-19 emergency. The Covid-19 emergency declaration allowed the local governments and social service providers to ensure the necessary measures in a more flexible way, e.g., provide accommodation, protective equipment (PPE), other

goods and services that are necessary for the personnel or social service users, medical treatment, care or supervision, etc. Local government social service providers – social workers were the ones who, upon request but without direct contact, had to assist the person (family) in case of the Covid-19 infection. Even expected overtime work was allowed. All the necessities were financed from the State budget programme “Funds for Unforeseen Events”. In order to reduce the administrative and bureaucratic burden, the purchase of equipment was allowed without the application of the Public Procurement Law [5]. In practice, the procurement of PPE was organized in different ways, depending on the local government involvement and contribution. With minor delays and shortages of PPE, all social service providers agreed that they had everything they needed to keep safe in their everyday work. Striking is the fact that there were still social workers without health and accident insurance in some municipalities, since they were at increased health risk category during the Covid-19 [24] outbreak.

In this analysis, *the partisan structures and political institutions* will be less addressed, because the formal coalition in Latvia has been rather stable and is liberal right-centred. It can be characterized as a rather powerful veto player if we analyse the decision-making process during the Covid-19 emergency. The government is supporting fiscal discipline, active labour market policies and addressing working age income support measures (the income support is mostly linked to work history and contributions) [10]. From the literature, it is evident that in the smaller welfare states right wing parties might be more concerned with the fiscal risks associated with expansion and possible disincentives to support higher benefits, which implies a non-response or even welfare state cutbacks [23].

The previous economic recession and the most recent social policy pathways present opposite evidence in Latvia. However, it is highly difficult to analyse larger economic consequences from the Covid-19 emergency and, at this point, the consequences in a larger sense with such fiscal imperatives as high deficit are hardly recognizable. The partisan structures and decisions made so far as part of social policies can be described as quite decisive and expansive (13 social measures were introduced during 20.03.–30.06.2020., in total 30,37 billion allocated resources (see Table 1). The eligibility criteria highlighted deficiencies in the tax regime policies. There was quite a large political and public debate on the economic reality and on how to respond to such a diverse and flexible tax regime (250 thousand employees were working under the eight reduced tax regimes). In the end, the government approved the minimum monthly income of 180 euro per month, which is not linked to other social support measures. The entitlement was provided to those with less than 12 months’ records, e.g., young people. In the absence of a common political agreement, this universal solution should be discussed in realm of the minimum income level equal to 40% of the median household equalised income (218 euro per month) [12].

The local level plan of intervention to crisis, included amendments on social assistance and support, declared by the Ministry of Welfare (MF). Altogether nine social measures were provided in order to cover different target groups and needs. As previously mentioned, most of these social support measures were implemented to support socially insured persons being active in the labour market before the emergency situation, e.g., sickness, unemployment, idle time benefit and young specialist benefit. Less resources as a last-resort financial assistance were allocated for marginalized and new risk groups, e.g., for those persons (families) that are not socially insured, with low incomes or having very short work records, their dependants and those being excluded from the labour market (Fig. 1).

Social assistance benefits and social services were already available at the local level for poor persons and those in need. Most common and used were the previously mentioned GMI, food/ material aid, household allowance and the benefit in a crisis. Each municipality

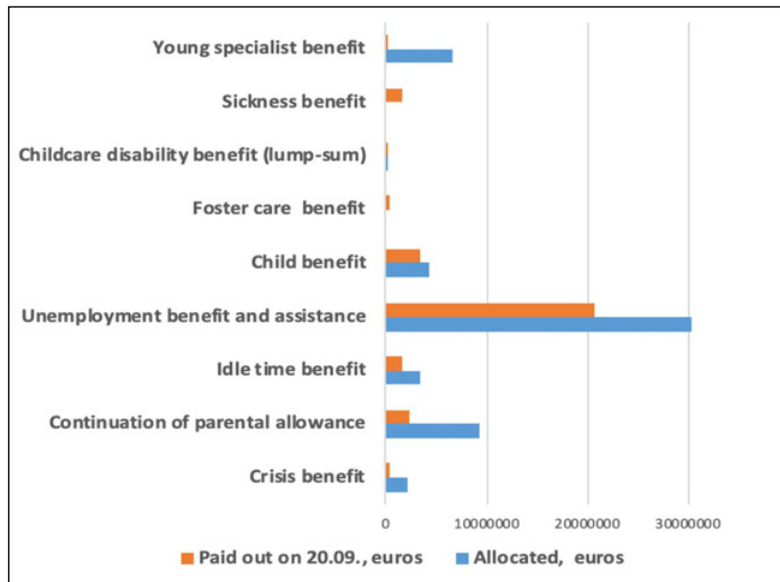


Fig. 1. Covid-19 social measures introduced during the emergency situation.

could provide additional social services and support for other vulnerable groups defined in the binding regulations, e.g., large families with more than three children, elderly or persons with disabilities, etc. [15] Right after the Covid-19 emergency declaration, two main sections on the Law on Social Services and Social Assistance were amended [15]. The idea behind the amendments was to compensate local governments the existing Crisis benefit for 50 percent for the person (family), but not more than 40 euro in total; every child was compensated for 100 percent from the state budget (amended Section 37 and 39 section accordingly). Persons, who were already receiving GMI and had been entitled for social assistance, were granted automatic prolongation of the status for another three months and one month after the emergency ended. Only two of the social policy measures were introduced as completely new – the idle time benefit and the new specialist allowance. Other social measures could be characterised as the pre-crisis policy pathways that were not exclusively determined by the crisis (rather incremental) with minor changes or adaptations in the existing social assistance and benefit systems (Table 1). Non-partisan divergence or institutional changes can be identified in the particular decision-making processes, and the existing social policy changes were the *functional results*.

The further analysis includes the existing social service delivery practices in work with families and children during the Covid-19 emergency. Special attention is paid to a particular social measure – the crisis benefit that reflects the needs of the most vulnerable group of the society being in the “grey” zone before the crisis (not socially insured or without work experience enough for other forms of benefits, not eligible for other benefits).

3 Analysis of the use of the crisis benefit and flexibility of social services

Recommendations on the international level warned the policy-makers that the Covid-19 pandemic could promote the social crisis (increasing inequality, exclusion, discrimination,

economic hardships in the medium and long term). Comprehensive automatic stabilizers providing basic income security at all times enhance the capacity to manage and overcome shocks [26]. As mentioned before, small welfare states have limited capacity to use automatic stabilizers but should be praised for fast decision-making that improves the lives of the most vulnerable groups. Flexibility of social service delivery during the Covid-19 emergency can be analysed from two perspectives: by measuring (1) **the role of social assistance/ benefit structures** and (2) **the adaptability of social services to new situations**.

In order to test the role of social assistance/ benefit structure we examine *a crisis benefit* (see Table 1) available for families (persons) and children on a local level as a last-income resort; and how the Covid-19 cases predicted the crisis benefit spending/recipients. Our hypothesis is that the COVID-19 cases shall be related to the crisis benefit paid out by the municipalities. The crisis benefit was specially designed to cover those left-behind both by the labour market and social assistance structures. Our dependent variable is the COVID-19 number of cases [22] and the independent variables (a) the crisis benefits spending and (b) number of recipients. Positive correlation analysis between a social crisis benefit provided during the COVID-19 emergency and increasing COVID-19 estimated cases were tested with a regression model by using SPSS statistical and mathematical program.

Results. Spearman's correlation was used separately for each month due to non-normally distributed data. The correlation analysis confirms that the Covid-19 cases were significantly related to the crisis benefit spending from April until July¹. There was no correlation between the variables estimated in March, but it can be explained with very low number of Covid-19 cases and also low amount of benefits. At municipality level, detailed analysis of the links between the indicators is presented in Appendix. For further theoretical reasoning of expected outcome we use simple regression analysis. The predictor variable or dependent variable was the crisis benefit spending based on previously estimated correlation, while independent variables (1) the Covid-19 cases and (2) recipients were analysed stepwise. The results demonstrate that the Covid-19 cases account from around 80% to 90% of crisis benefit spending and recipients². The ANOVA tells that the regression model overall predicts crisis benefit spending rather well (Appendix).

In the period from April to July 2020, in total 483,42 thousand euro were spent on the crisis benefit, of which the state refunded almost three thirds (343,51 thousand euro). We can assume that the largest share of this benefit was used for families with children (children were 100 percent financed). The analysis of the binding regulations demonstrated that only few municipalities provided more than 80 euro for an adult and 50 euro for a child. Even though the crisis benefit can be considered as rather universal, the local level political discretion allows taking a final decision on amounts. Some of the municipalities allocated even less resources than the state was ready to refund. In the interviews, social workers confirm that the crisis benefit was used for a new group of clients who were not social service recipients before the Covid-19 emergency [24]. We can conclude that the crisis benefits as one of the social policy measures introduced during the Covid-19 emergency was remarkably important as a last-income financial resort for families and children in Latvia. At the same time, we have to understand that there might be other factors rather than the Covid-19 cases explaining and influencing variations (Appendix). Thus, the political agreement on the minimum income

¹ $r_s = ,399$ in April, $r_s = ,581$ in May, $r_s = ,490$ in June and $r_s = ,403$ in July, with significance values .000, which is $p < .001$.

² Value R_2 is .806 in April, R_2 is .905 in May, R_2 is .775 in June, R_2 is .863 in July, which tells us that the Covid-19 cases can account for 80.6% (April), 90.5% (May), 77.5% (June) and 86.3% (July) in crisis benefit spending. So, in general terms, the model explains that the Covid-19 cases can account for crisis benefit spending (See more in Appendix Tables).

level equal to 40% of the median household equalised income could be more an appropriate merit in application of social support measures for the most vulnerable groups of the society during the crisis.

Adaptability and flexibility of social service providers. Social service provision during the new situation affected by the Covid-19 pandemic was analysed in the project “Life with Covid-19” [24] that addressed the following questions: (a) communication and management; (b) work with clients, incl. remote work and the use of technologies; (c) family counselling flexibility in response to the new needs. Social service providers - social work departments, long-term care institutions and outsourced service providers, characterized the information and communication management with the responsible state public institutions as very effective and responsive to their and the local municipality request. The social workers refer to the guidelines [17] provided by the Ministry of Welfare (coordinated with SPKC and the Ministry of Health) and active information about the use of PPE on media (TV, social media, radio). In general, the social service providers demonstrated high management capacity and adaptability to remote work environment. Only a few technical issues occurred that were solved by practicing or “learning by doing” method. The social work departments (managers) used their internal communication platforms for exchange of information and shared their experiences online (e.g., e-mail, Zoom, Microsoft team, WhatsApp and Skype) [24].

Studies in other EU countries demonstrate that online support or remote support enables service providers to be flexible and responsive [4, 13, 27]. In Latvia, social service providers acknowledged that the national communication and information streams and channels were rather complicated in their formats and heavy to understand for specific service user groups – elderly, people with mental disorders, intellectual disabilities and other functional restrictions. There were several phone call-lines on different levels announced both on the national and local level, and in specific areas. Still the social service providers had to spend more time explaining what is happening, what the lockdown means and how to behave, especially during the initial stage. Remote communication enlightened the need to acquire the specific knowledge about alternative communication methods and tools that could help in conversation with people having mental disorders or communication restrictions. The social workers described the initial stage as rather stressful and heavy: “*work with our clients was very hard because their perception about the situation was very different. Some of them were very frightened and did not allow us to enter. Others could not understand why they cannot come and solve their issues in office.*” [24]. They often had to mitigate everyday work as well as find new solutions outside their direct responsibilities on a very personal level, e.g., such everyday issues as delays in pension delivery because the post office was closed, communication with hospitals and help in solving pre-described health issues. A large share of their clients had difficulties to understand and interact with other public/private institutions remotely due to communication difficulties, a low level of technological skills and poor technological equipment. Positive is the fact that most of the services were provided during the lockdown (food/basic material assistance, psychologist, etc.), while some had been paused or completely stopped for the period of time (long-term care, rehabilitation, assistant service, housing and hygiene, etc.) [24].

Similarly, to H. Fraser’s [11] conclusions, the social service providers in Latvia acknowledged the limited capacity and opportunities to provide services for the most vulnerable groups, such as women experiencing domestic violence, families that had to take care of the elderly (home care instead of long-term care), people with disabilities, people experiencing poor mental health and mental illness, people with addiction, homeless people. They agreed that online support is very difficult to organize for these groups: “*in the WhatsApp video call we cannot feel and see if there are some risk factors on the other*

side”. Thus, despite the lockdown and health risk factors, the service providers could not completely organize their work remotely. In some areas (especially rural areas), the difficulty was to pay out the social benefits and organize some of the services due to non-existing personal bank accounts or the nationwide lockdown. Still the advantage from the emergency was their interdisciplinary work (horizontal and vertical coordination) which was more active and practical. The social service providers highly valued the remote work on small issues that were cost saving for clients and time saving for the service providers [24]. The general conclusion was that the social service providers adapted their work in accordance with the national requirements rather well and quickly; they recognized the needs of especially vulnerable groups and acted in a highly flexible and responsive manner in their service delivery. Even though the preliminary evidence [24] was used for the analysis about the knowledge at this point of time, there are some indications that are needed to test to what extent uneven distribution of resources and differences between richer and poor regions exists during the crisis. The crisis benefit can be considered as rather universal, but the political agreement on the minimum income level equal to 40% of the median household equalised income could be used as a more just merit in the application of social support measures targeted at the most vulnerable groups of the society.

4 Conclusion

From the social policy perspective, the social measures introduced during the Covid-19 emergency were appropriate for different social needs. The non-partisan divergence or institutional changes can be identified in the particular decision-making processes, and the existing social policy changes were mainly the *functional results* of the pre-crisis policy pathways that were not exclusively determined by the crisis itself; minor changes or adaptations in the existing social assistance and benefit systems were recognized. Most social support measures were introduced to address the socially insured persons being active in the labour market before the emergency, e.g., the sickness, unemployment, idle time benefit and the young specialist benefit. In contrast, less resources were allocated for the last-resort financial assistance and marginalized new risk groups, e.g., for those persons (families) that are not socially insured, with low incomes or having very short work records, their dependants and those being excluded from the labour market. The *crisis benefit* available on the local level as a last-income resort was an important universal social measure during the Covid-19 emergency (April–July 2020), especially for families with children. Social services provision can be described as being active, flexible and able to adapt to new situations, to identify and respond to the needs of different groups. Both advantages and disadvantages have been recognized from the remotely organized work. Even though the crisis benefit can be considered as rather universal, both the national level minimum income and the local level political discretion should be discussed in further work on social policy measures.

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- [28] Dependent Variable: Covid_Benefit_amount_04
- [29] Predictors: (Constant), Covid_Benefit_cases_04

5 Appendix

Table 2. The correlation between Covid-19 estimated cases, crisis benefit spending and benefit recipients in March, 2020.

Spearman's rho Correlations				
		Covid_benefit_cases_03	Covid_Benefit_amount_03	Covid_cases_03
Covid_benefit_cases_03	Correlation Coefficient	1,000	1,000**	,061
	Sig. (2-tailed)	,	,000	,512
	N	119	119	119
Covid_Benefit_amount_03	Correlation Coefficient	1,000**	1,000	,065
	Sig. (2-tailed)	,000	,	,480
	N	119	119	119
Covid_cases_03	Correlation Coefficient	,061	,065	1,000
	Sig. (2-tailed)	,512	,480	.
	N	119	119	119

** Correlation is significant at the 0.01 level (2-tailed).

Table 3. The correlation between Covid-19 estimated cases, crisis benefit spending and benefit recipients in April, 2020.

Spearman's rho Correlations				
		Covid_Benefit_cases_04	Covid_Benefit_amount_04	Covid_Cases_04
Covid_Benefit_cases_04	Correlation Coefficient	1,000	,993**	,385**
	Sig. (2-tailed)	.	,000	,000
	N	119	119	119
Covid_Benefit_amount_04	Correlation Coefficient	,993**	1,000	,399**
	Sig. (2-tailed)	,000	.	,000
	N	119	119	119
Covid_Cases_04	Correlation Coefficient	,385**	,399**	1,000
	Sig. (2-tailed)	,000	,000	.
	N	119	119	119

** Correlation is significant at the 0.01 level (2-tailed).

Table 4. The correlation between Covid-19 estimated cases, crisis benefit spending and benefit recipients in May, 2020.

Spearman's rho Correlations				
		Covid_benefit_cases_05	Covid_benefit_amount_05	Covid_cases_05
Covid_benefit_cases_05	Correlation Coefficient	1.000	.997**	.570**
	Sig. (2-tailed)	.	.000	.000
	N	119	119	119
Covid_benefit_amount_05	Correlation Coefficient	.997**	1.000	.581**
	Sig. (2-tailed)	.000	.	.000
	N	119	119	119
Covid_cases_05	Correlation Coefficient	.570**	.581**	1.000
	Sig. (2-tailed)	.000	.000	.
	N	119	119	119

** Correlation is significant at the 0.01 level (2-tailed).

Table 5. The correlation between Covid-19 estimated cases, crisis benefit spending and benefit recipients in June, 2020.

Spearman's rho Correlations				
		Covid_benefit_cases_06	Covid_benefit_amount_06	Covid_cases_06
Covid_benefit_cases_06	Correlation Coefficient	1,000	,996**	,468**
	Sig. (2-tailed)	.	,000	,000
	N	119	119	119
Covid_benefit_amount_06	Correlation Coefficient	,996**	1,000	,490**
	Sig. (2-tailed)	,000	.	,000
	N	119	119	119
Covid_cases_06	Correlation Coefficient	,468**	,490**	1,000
	Sig. (2-tailed)	,000	,000	.
	N	119	119	119

** Correlation is significant at the 0.01 level (2-tailed).

Table 6. The correlation between Covid-19 estimated cases, crisis benefit spending and benefit recipients in July, 2020.

Spearman's rho Correlations				
		Covid_benefit_cases_07	Covid_benefit_amount_07	Covid_cases_07
Covid_benefit_cases_07	Correlation Coefficient	1,000	,993**	,384**
	Sig. (2-tailed)	.	,000	,000
	N	119	119	119
Covid_benefit_amount_07	Correlation Coefficient	,993**	1,000	,403**
	Sig. (2-tailed)	,000	.	,000
	N	119	119	119
Covid_cases_07	Correlation Coefficient	,384**	,403**	1,000
	Sig. (2-tailed)	,000	,000	.
	N	119	119	119

** Correlation is significant at the 0.01 level (2-tailed).

Linear regression analysis

Model Summary (April)				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,898 ^a	,806	,804	1418,55668
2	,966 ^b	,933	,932	836,89222
a. Predictors: (Constant), Covid_Benefit_cases_04				
b. Predictors: (Constant), Covid_Benefit_cases_04, Covid_Cases_04				

ANOVA^a (April)						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	979014948,476	1	979014948,476	486,515	,000 ^b
	Residual	235439457,679	117	2012303,057		
	Total	1214454406,154	118			
2	Regression	1133209330,513	2	566604665,256	808,986	,000 ^c
	Residual	81245075,642	116	700388,583		
	Total	1214454406,154	118			
a. Dependent Variable: Covid_Benefit_amount_04						
b. Predictors: (Constant), Covid_Benefit_cases_04						

Model Summary (May)				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,951 ^a	,905	,904	2032,53477
2	,983 ^b	,966	,965	1229,08087
a. Predictors: (Constant), Covid_benefit_cases_05				
b. Predictors: (Constant), Covid_benefit_cases_05, Covid_cases_05				

ANOVA^a(May)						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4619276854,378	1	4619276854,378	1118,145	,000 ^b
	Residual	483350118,075	117	4131197,590		
	Total	5102626972,453	118			
2	Regression	4927392758,300	2	2463696379,150	1630,896	,000 ^c
	Residual	175234214,154	116	1510639,777		
	Total	5102626972,453	118			
a. Dependent Variable: Covid_benefit_amount_05						
b. Predictors: (Constant), Covid_benefit_cases_05						
c. Predictors: (Constant), Covid_benefit_cases_05, Covid_cases_05						

Model Summary (June)				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,880 ^a	,775	,773	1515,01220
2	,966 ^b	,933	,932	831,33154
a. Predictors: (Constant), Covid_benefit_cases_06				
b. Predictors: (Constant), Covid_benefit_cases_06, Covid_cases_06				

ANOVA^a (June)						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	922832432,049	1	922832432,049	402,060	,000 ^b
	Residual	268545648,499	117	2295261,953		
	Total	1191378080,548	118			
2	Regression	1111209074,387	2	555604537,194	803,928	,000 ^c
	Residual	80169006,161	116	691112,122		
	Total	1191378080,548	118			
a. Dependent Variable: Covid_benefit_amount_06						
b. Predictors: (Constant), Covid_benefit_cases_06						
c. Predictors: (Constant), Covid_benefit_cases_06, Covid_cases_06						

Model Summary (July)				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,929 ^a	,863	,862	431,23287
2	,935 ^b	,875	,873	413,72817
a. Predictors: (Constant), Covid_benefit_cases_07				
b. Predictors: (Constant), Covid_benefit_cases_07, Covid_cases_07				

ANOVA^a (July)						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	137241835,793	1	137241835,793	738,011	,000 ^b
	Residual	21757529,523	117	185961,791		
	Total	158999365,316	118			
2	Regression	139143529,531	2	69571764,766	406,446	,000 ^c
	Residual	19855835,784	116	171170,998		
	Total	158999365,316	118			
a. Dependent Variable: Covid_benefit_amount_07						
b. Predictors: (Constant), Covid_benefit_cases_07						
c. Predictors: (Constant), Covid_benefit_cases_07, Covid_cases_07						