



REPORT 2

Mental health of children and parents in Victoria during the COVID-19 pandemic

December 2022

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1. Executive summary

What is the research about?

This report, the second in a series, focuses on how Victorian children and their parents and caregivers are faring in the third year of the COVID-19 pandemic. It describes child and parent/caregiver mental health and related pandemic impacts, as reported by parents in August 2022. It explores how mental health indicators have changed over the past nine months by comparing data from August 2022 to data from December 2021.

The findings can be used to inform the development of policies and programs to improve population mental health and wellbeing.

Data presented in this report were collected in August 2022 from a representative sample of 1,513 Victorian parents about each of their children using an online survey delivered as part of The Royal Children's Hospital National Child Health Poll. This survey was the second in a series conducted to measure and understand changes in the mental health status of children and parents/caregivers and used similar methods to the first survey conducted in December 2021.¹

Implications

Children and parents in Victoria continue to experience concerning levels of mental health problems in the third year of the pandemic

Whilst there are some signs of recovery, these are minimal at this stage. Large proportions of the population report ongoing concerns and significant negative mental health impacts.

Timely and evidence-based mental health care for children is urgently needed

Our findings show the current mental health needs of Victorian children are significant, complex and ongoing. New models of care need to be trialled to address the magnitude of mental health problems and workforce challenges.

Parents and caregivers require mental health support

As a result of the pandemic, parents have experienced, and continue to experience, significant mental health impacts. To keep children well, we must prioritise resources to support the mental health and wellbeing of parents as well as children.

Prevention of new mental health problems is a priority

Many mental health conditions can be prevented and improving mental health early in life is key to preventing problems in adolescence and adulthood. Population

evidence based interventions need to target modifiable risk factors for children and parents. Improvements in health behaviours such as exercise, diet and sleep will benefit mental and physical health.

Attending school is important for mental health and wellbeing

These findings highlight the importance of attending school not only for academic learning, but also for the social and emotional health and wellbeing of children and young people, and their parents.

Monitoring child and parent mental health and wellbeing is key

Monitoring over time will be essential to understand and mitigate the ongoing impacts of the pandemic. Population level data can be used to highlight and quantify the need for investment in prevention and treatment of mental health problems and assess if interventions are effective.

Protecting mental health should be central to future policy-making

Future public health pandemic policies need to strongly consider the impact on the mental health of Victorian children and families.

A sustained, resilient and equitable recovery for the mental health and wellbeing of our children and young people will require adequate resourcing across health, education and social sectors.

These findings suggest **large proportions of Victorian children and parents continue to experience significant levels of mental health concerns.** Early signs of recovery are minimal.





Key findings

Large proportions of Victorian children and parents continue to experience significant levels of mental health concerns.

Negative pandemic related impacts are evident in all demographic groups and early signs of recovery in mental health are minimal.

Children

In a survey conducted in August 2022 Victorian parents reported:

- Over half of children (52%) were experiencing mental health problems
- Since it began, the pandemic has had a negative mental health impact on 50% of children (unchanged from 53%, December 2021)
- In the past 30 days, the pandemic has had a negative impact on the mental health of 30% of children (slightly less than 39%, December 2021).
- Twenty-six percent of children were just coping, struggling to cope or not coping with life (unchanged from 29%, December 2021).
- When comparing present day to Victoria's 'lockdown' restriction periods in 2020 and 2021, mental health was the same for 46% of children and better for 44% of children (unchanged from December 2021).
- As a result of remote learning in 2020 and 2021, parents report 42% of children continued to experience mental health problems in August 2022, (slightly less than 50%, December 2021).
- Mental health concerns were highest among teenagers.

Parents

In a survey conducted in August 2022 Victorian parents reported:

- Almost one in three parents (30%) had fair or poor mental health, with only 34% reporting very good or excellent mental health.
- Fourteen percent of parents had probable serious mental illness according to the Kessler 6 (K6) (unchanged from 16% in December 2021).
- Since it began, the pandemic has had a negative impact on the mental health of 69% of parents (unchanged from 70%, December 2021).
- In the past 30 days, the pandemic has had a negative impact on the mental health of 49% of parents (slightly less than 58%, December 2021).
- Parents aged less than 30 years were most likely to report mental health concerns.

2. Methods

Information was collected via a large cross-sectional online survey fielded from 27 July to 3 August 2022 as part of the RCH National Child Health Poll. Data collected were compared with those from an earlier survey fielded in December 2021.¹

The study sample in August 2022 was 1,513 parents (defined as adults aged at least 18 years of age) who were primary caregivers of 2,674 children residing in Victoria at the time of survey completion. The sample was representative of the Victorian parent population distribution by sex and age (see below). Respondents answered a series of close-ended questions about mental health and related impacts of the pandemic for themselves and for each of their children from one month to 17 years of age. The study employed a two-stage sampling process. In the first stage, a research panel of over 350,000 adults was established by a private online survey vendor, The Online Research Unit (The ORU), recruits panel members through online and offline measures to create a panel of Australian caregivers with demographic characteristics representative of the distribution of the national population based on state and territory of residence, sex and age. In the second stage, a stratified sample of Victorian parents was selected from the established panel using random sampling and invited to participate in the online survey. Parents or caregivers were defined as a primary carer of a child aged 0–17 years for at least one day per week and were required to be 18 years or above, a current Victorian resident and have internet access. One respondent was permitted per household and each participant was allocated a unique numerical identifier to ensure anonymity and one-time access to the survey. The study protocol was approved by the RCH Human Research Ethics Committee (RCH HREC 35254). The response rate was 84%.

This report presents findings from the data provided by 1,513 Victorian parents of 2,674 children (aged one month to 17 years inclusive). There were 513 children aged one month to less than three years, 305 preschool aged children aged three to less than five years, 1,198 primary school aged children between five and 12 years, and 658 secondary school aged children between 13 and 17 years.

Measures

The August 2022 survey questionnaire was largely similar to that fielded in December 2021 which was developed after an extensive review of the scientific and grey literature, and liaison with internal and external experts on the emerging impacts of the COVID-19 pandemic related health implications for children.¹ Questions were also informed by previous RCH National Child Health Poll questionnaires and findings. Key demographic variables were collected, including parents' sex, age, identifying as Indigenous, number of children, family structure,



education status, country of birth, state/territory of residence, region of residence based on Australian Bureau of Statistics (ABS) Accessibility and Remoteness Index of Australia (ARIA) and children's age, sex and level of schooling. Families were assigned the Australian Bureau of Statistics' (ABS) Socio-Economic Indexes for Areas (SEIFA) Index of Relative Disadvantage, a national area level index derived from census data for all individuals living in a postcode, with higher scores indicating greater advantage.² A copy of the questionnaire completed by parents is presented in the Appendix.

Analysis

Analysis was conducted using STATA 16. To account for any discrepancies, the data for parents and children were weighted to reflect the distribution of the Victorian parent population by age, sex, socio-economic status and Indigenous status using estimated resident parent population figures from the Australian Bureau of Statistics (ABS) derived from the 2016 Census.³



Sample representativeness and characteristics

First survey, December 2021

Male parents were slightly under-represented in the December 2021 RCH Child Health Poll Victoria survey, making up 39.3% of the survey sample, compared with 45.6% of the male parent population reported in Victoria in the 2016 Australia Bureau of Statistics (ABS) census. Younger age groups (under 35 years) are over-represented in the survey sample (18–24 years, 5.2% in the survey vs. 1.5% in the Victoria parent population overall; and 25–34 years, 29.9% in the survey vs. 22.1% in the Victoria parent population overall). This difference was especially large in female parents. Conversely, middle-aged parents (35–54 years) were under-represented in the survey sample (35–44 years, 35.6% in the survey vs. 43.0% in the overall Victorian parent population; and 45–54 years, 22.2% in the survey vs. 28.7% in the overall Victorian parent population). The difference in this age group was larger in males.

Second survey, July/August 2022

Male parents were well-represented in the July/August RCH Child Health Poll Victoria survey, making up 42.9% of the survey sample, compared with 45.6% of the male parent population reported in Victoria in the 2016 Australia Bureau of Statistics (ABS) census. Female parents were also well-represented, making up 57.0% of the survey sample, compared with 54.5% of the overall

female parent population in Victoria. Parents in the sample were well-represented by age when compared to the Victorian population; 18–24 years, 1.7% in the survey vs. 1.5% in the Victoria parent population overall, 25–34 years, 26.4% in the survey vs. 22.1% in the Victoria parent population overall, 35–44 years, 38.1% in the survey vs. 43.0% in the overall Victorian parent population, and 45–54 years, 28.4% in the survey vs. 28.7% in the overall Victorian parent population.

The data from both surveys were weighted by parent SEIFA, age, sex, Indigenous status, and the number of children in each household to reflect the Victorian parent population from the 2016 ABS census.

Strengths and limitations

Our study used well established methodology and has several strengths: it was a large cross sectional survey of a representative sample of the Victorian parent population, it was piloted and had a high response rate (84%).

Parents provided data on each of their children and ideally these data would be supplemented with self-reported indicators from children. Another limitation was that parents reported on their assessment of their child's mental health and symptoms not exclusively on more severe diagnosed mental health conditions such as depression. Furthermore, parent responses may be influenced by their own mental health and positive or negative experiences during the pandemic.

3. Children: mental health and impacts of the pandemic

Mental health problems

The pandemic and covid-19 restrictions impacted the daily lives of children and their families in Victoria and elsewhere. In December 2021, parents reported that for 41% of Victorian children aged between three and 17 years, mental health was more of a problem than it was before the pandemic.¹ Eight months later in August 2022, we asked parents if mental health was currently a problem for their child and about the magnitude of any problems. Overall, 52% of children were reported to have at least somewhat of a problem with their mental health.

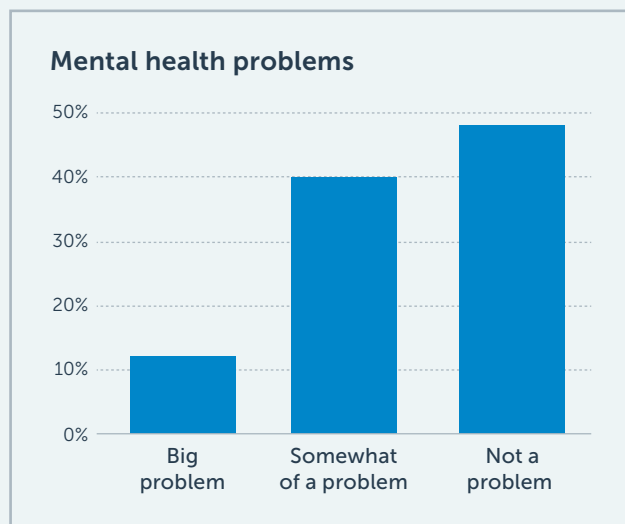


Figure 1. Mental health problems, Victorian children aged 3–17 years, August 2022

Mental health rating

Parents were asked to rate mental health of their child (aged 0–17 years) using a five point scale from poor through to excellent in August 2022.

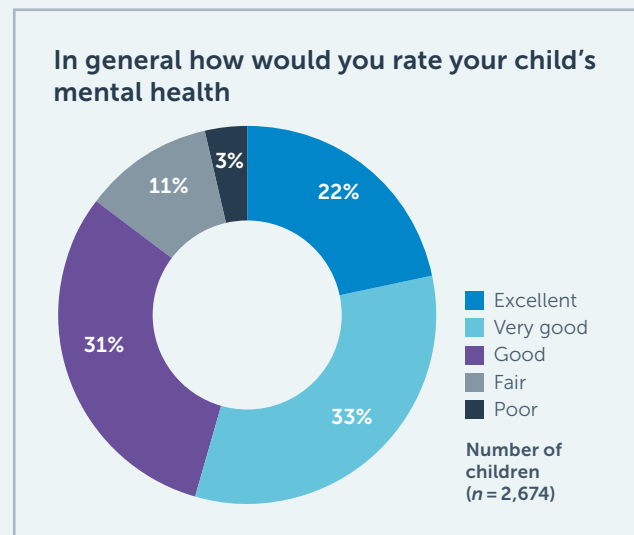


Figure 2: Parents rating of children's mental health, Victoria, August 2022

Of concern, 15% of Victorian children were reportedly experiencing fair or poor mental health and only 22% were reportedly experiencing excellent mental health.



Coping

In December 2021, Victorian parents were asked about how they perceived their child (aged 0–17 years) to be ‘managing with life’. Parents reported that almost one in three children (29%) were just coping, struggling to cope or not coping with over half of children coping well (56%) and 16% thriving.¹

When asked the same question about coping in August 2022, parents reported little change in the levels exhibited by their child. According to parents, 26% of children (aged 0–17 years) were just coping, struggling to cope or not coping with 54% coping well and 20% thriving.

Managing with life	December 2021 (n = 2,684) (%)	August 2022 (n = 2,674) (%)
Thriving	16	20
Coping well	56	54
Just coping	21	21
Struggling to cope/not coping	7	5

Table 1: How children aged 0–17 years were coping with life, Victoria, December 2021 and August 2022

Impact of the pandemic

At two points in time, December 2021 and August 2022, we asked parents about the impact of the pandemic since it began (overall impact) and ‘within the past 30 days’ (recent impact) on their child’s mental health.¹

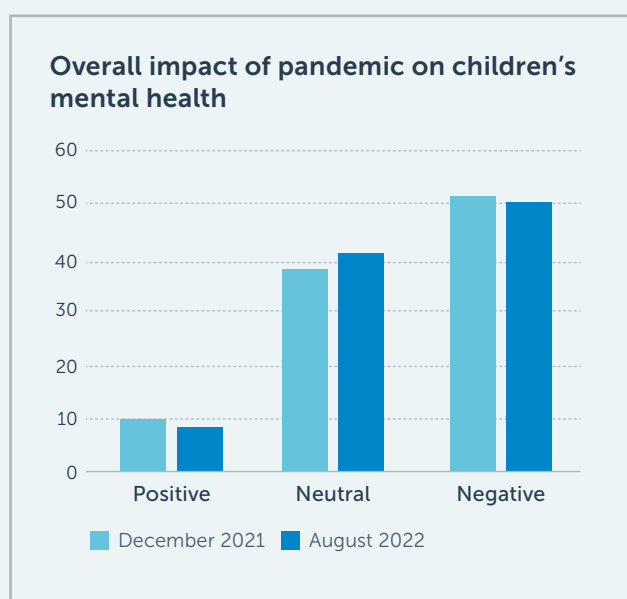


Figure 3: Overall impact of the pandemic on mental health of children aged 0–17 years, Victoria, December 2021 and August 2022

Parents reported little change in their child's coping levels in August 2022 compared to December 2021, with over a quarter reported to be just coping, struggling or not coping



There was no meaningful difference over time in the proportion of children who experienced a negative mental health impact of the pandemic since it began. In December 2021, parents reported that the pandemic had a negative mental health impact for 53% of compared to 50% of children in August 2022 suggesting that half of children still experience pandemic related harm to their mental health.

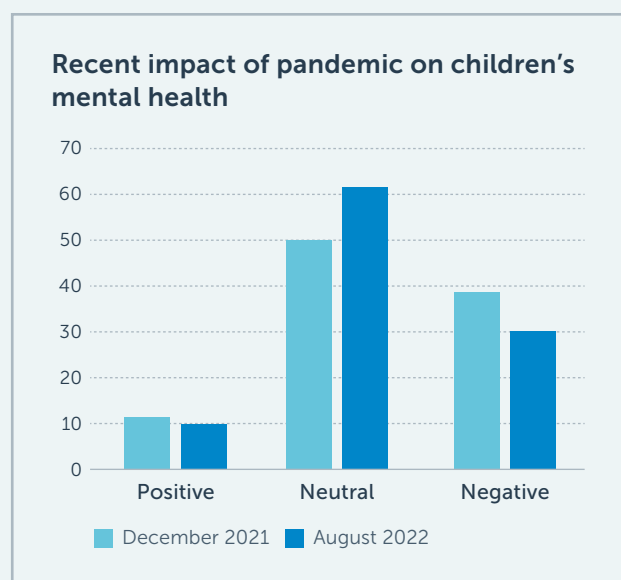


Figure 4: Recent (past 30 days) impact of the pandemic on mental health of children aged 0–17 years, Victoria, December 2021 and August 2022

There was a small improvement in reported recent impacts (past 30 day) of the pandemic on children’s mental health from December 2021 to August 2022 with more children reportedly having no impact (50% vs 62%). There was a decrease in the proportion of children experiencing recent negative mental health impacts from December 2021 (39%) to August 2022 (30%). However, the mental health of one in three children (30%) continues to be adversely affected by the pandemic according to parents.

Mental health since lockdown lifted

Lockdown (stay-at-home restrictions) ended for all of Victoria on October 31, 2021. In December 2021, parents compared their child’s mental health to when they were under stay-at-home restrictions and reported that for 47% of children their mental health was better and 43% it was the same and for 10% worse.¹ When asked the same question in August 2022, the findings were similar with parents reporting that the mental health of 46% of children was the same, 10% worse suggesting mental health has not improved since lockdown for many children.

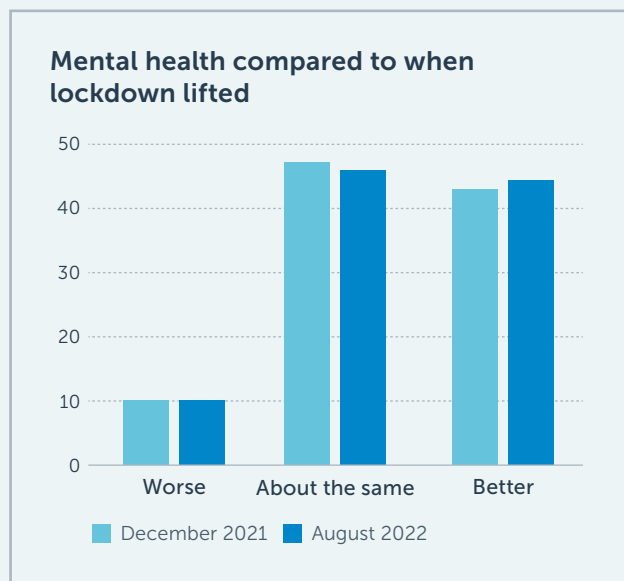


Figure 5: Mental health compared to when lockdown lifted, children aged 0-17 years, Victoria December 2021 and August 2022

4. Children: impact of remote learning

Throughout 2020 and 2021 children in Victoria experienced multiple extended periods of remote learning. Return to onsite schooling was staggered across year levels starting in October 2021. Regional children started to return to face-to-face learning on 5 October 2021 and metropolitan students from 12 October, 2021 with all children back in the classroom from 26th October 2021.⁴

In December 2021, the RCH Child Health Poll¹ reported that, despite a return to the classroom, remote learning had continued to negatively impact approximately half of children, with parents reporting negative impacts on children’s mental health (50%), friendships and connectedness (53%), social skills (49%) and progress with learning (46%).

In August, 2022, approximately 10 months after school returned to face to face learning, we asked if parents thought that their child had any current problems with emotional, behavioural and social wellbeing (mental health), progress with learning, or friendships and connectedness that were due to remote learning. Of concern, just under half of children (42%) continued to experience mental health problems that parents attributed to remote learning. Parents reported that 35% of children had problems with progress of learning and 38% had problems with friendships and connectedness.

Parents report 42% of children currently have **mental health problems** they attribute to **remote learning**

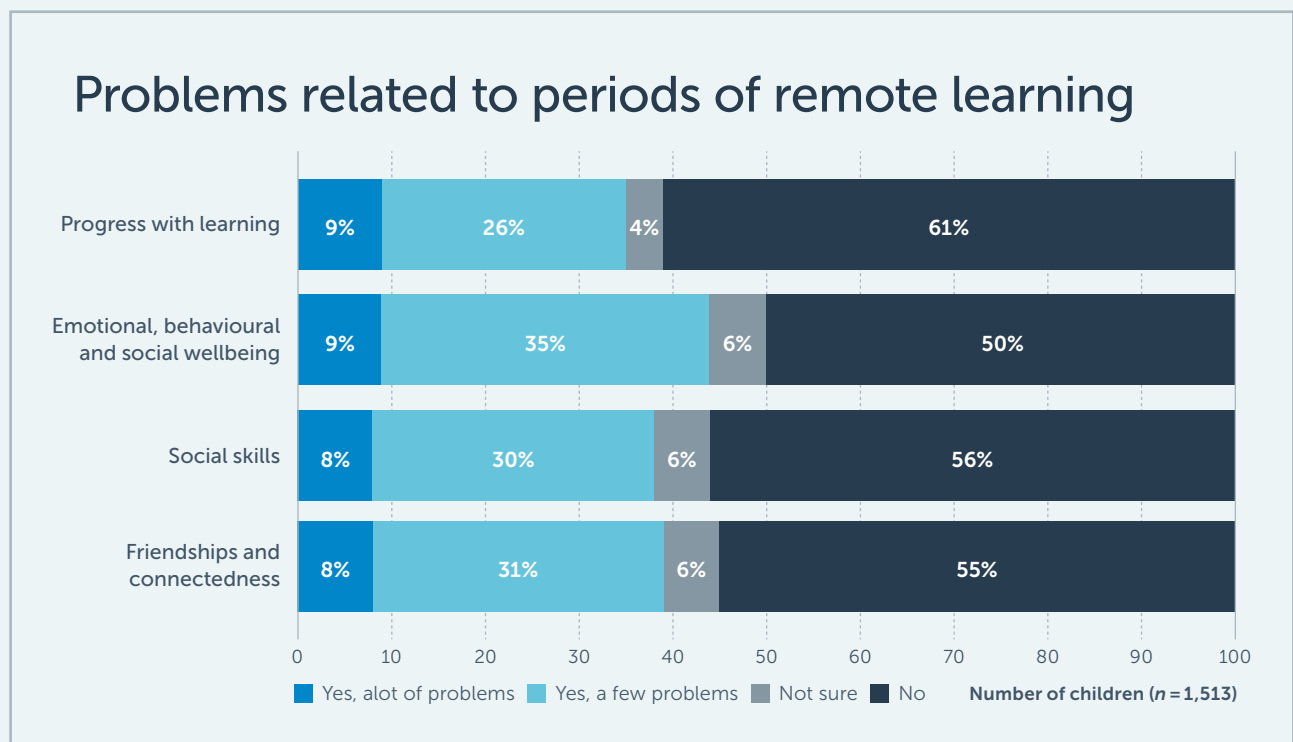



Figure 6: Problems attributed by parents to remote learning, children aged 5-17 years, Victoria, August 2022

5. Parents: mental health and impacts of the pandemic

Mental health

The Kessler 6 (K6) scale is a self-report measure of psychological distress which records anxiety and depression symptoms over four weeks using 5-point scales (1 'none' to 5 'all of the time').⁵ and is used as a tool to identify probable serious mental illness. The K6 scale was included in the RCH Child Health Polls in December 2021 and August 2022. Parents were dichotomised into those with clinically significant 'probable serious mental illness' (total score 19+) and those with 'no probable serious mental illness' (total score 6–18).⁶

According to the K6 scale, in December 2021, 16% (n = 268) of parents in Victoria had probable serious mental illness. In August 2022 the survey results indicated a similar level of mental health problems with 14% of parents likely affected by serious mental illness.

In August 2022 parents were asked to rate their own mental health using a five point scale from poor to excellent. Approximately one in three parents (30%) reported having fair or poor mental health with only 34% reporting very good or excellent mental health.

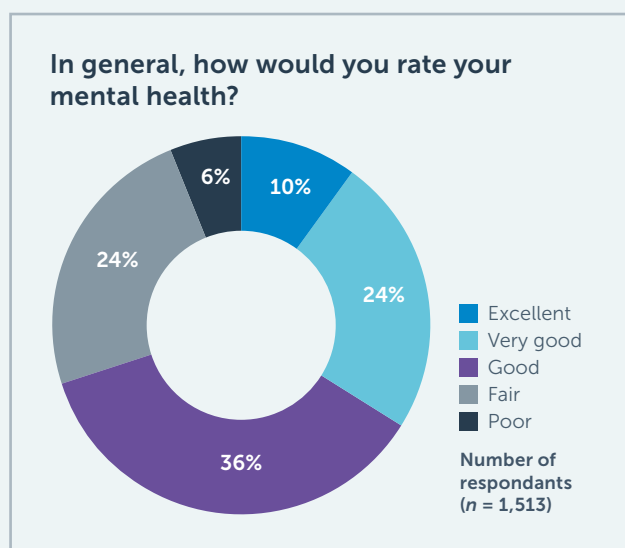


Figure 7: Self reported mental health, parents, Victoria, August 2022

Impact of the pandemic

In December 2021 and August 2022, parents were asked about both the overall and recent impact of the pandemic on their mental health using a five point scale: large positive impact, small positive impact, no impact, small negative impact, and large negative impact.

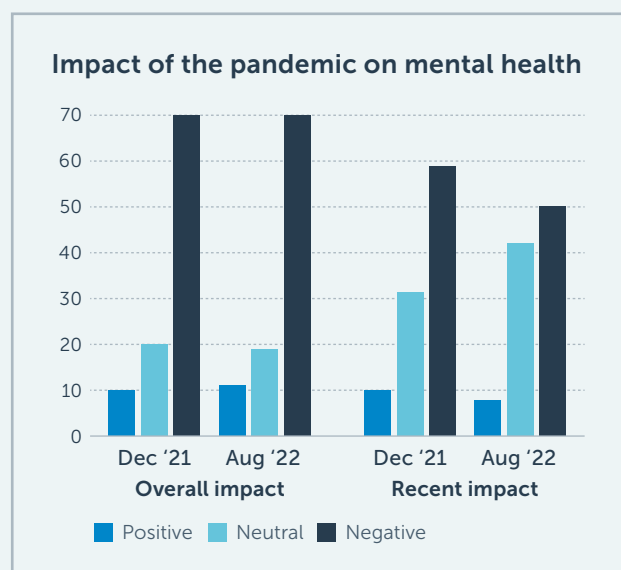


Figure 8: Overall and recent (past 30 days) impact of the pandemic on mental health of parents, Victoria, December 2021 and August 2022

In December 2021 the majority of parents reported that since it began the pandemic had a negative impact on their mental health (70%) with few reporting no impact (20%) or a positive impact (10%). When asked in August 2022, the results were almost identical with 70% of parents reporting a negative impact, 19% no impact and 12% a positive impact of the pandemic since it began.

In December 2021 when asked about the recent (over the past 30 days) impact of the pandemic on their mental health, 58% of parents reported a negative impact, 32% no impact and 10% a positive impact. When asked in August 2022 about the recent impact on their mental health there was a small decrease in negative experiences with 50% reporting a negative impact, 43% no impact and 7% a positive impact.

Impacts of the pandemic are ongoing, with 50% of parents reporting that the pandemic has **negatively impacted their mental health** in the last 30 days



6. Key findings by demographic characteristics



Key findings

- Negative mental health impacts and mental health problems were common among children of all ages and socio-economic groups during the pandemic.
- Parent report of mental health problems were highest for teens (aged 13–17 years) who were more likely to experience 'somewhat or a lot of problems' (62%) than were younger children (<5 years, 39%; 5–12 years, 50%).
- Recent pandemic related negative mental health impacts were higher in school aged children than younger children.
- Mental health problems reported to be due to remote learning were common in all children with the highest levels reported among teens (45%).
- Children from families in the lowest SES quintiles (0–20% and 21–40%) experienced more mental health problems than most other families.
- Probable serious mental illness as indicated by the Kessler 6 was most prevalent among younger parents (<30 years, 22%).
- Female parents were more likely than males to report recent negative pandemic mental health impacts.

Parent reported problems with mental health*

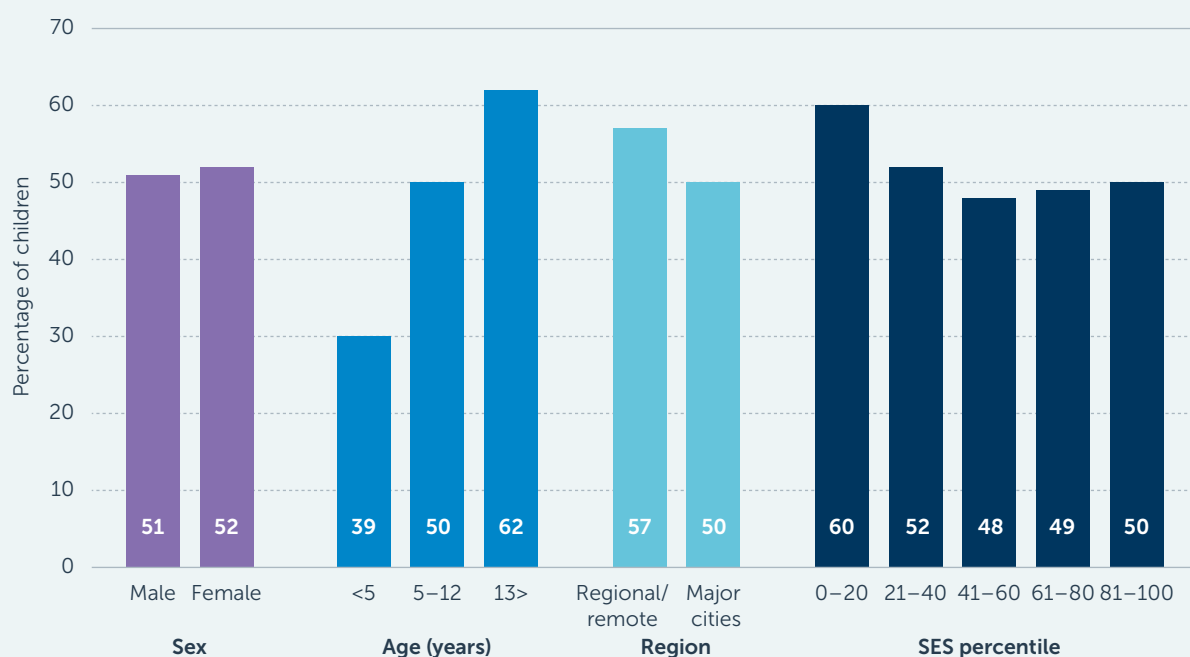


Figure 9: Parent reported problems with mental health, children, Victoria, August 2022

*Includes 'somewhat of a problem' and a 'big problem'

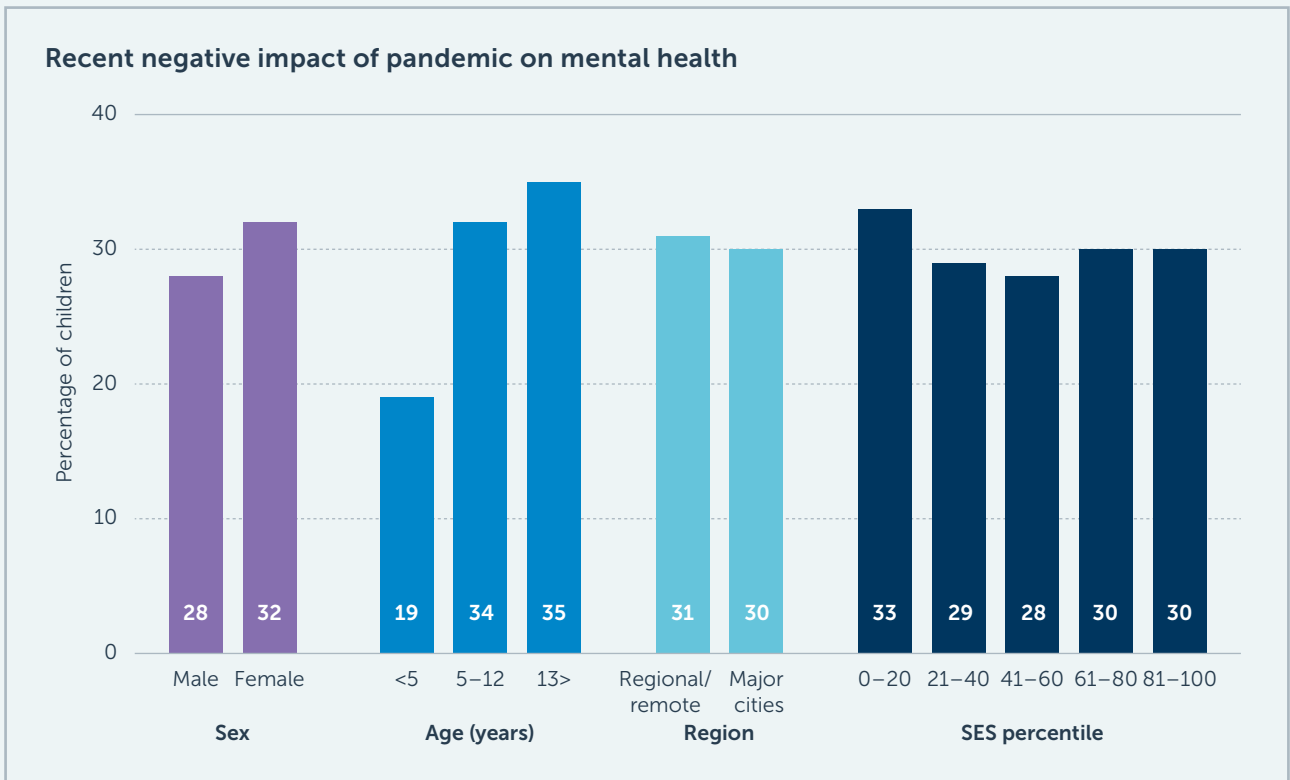


Figure 10: Negative mental health impact of pandemic in past 30 days, children, Victoria, August 2022

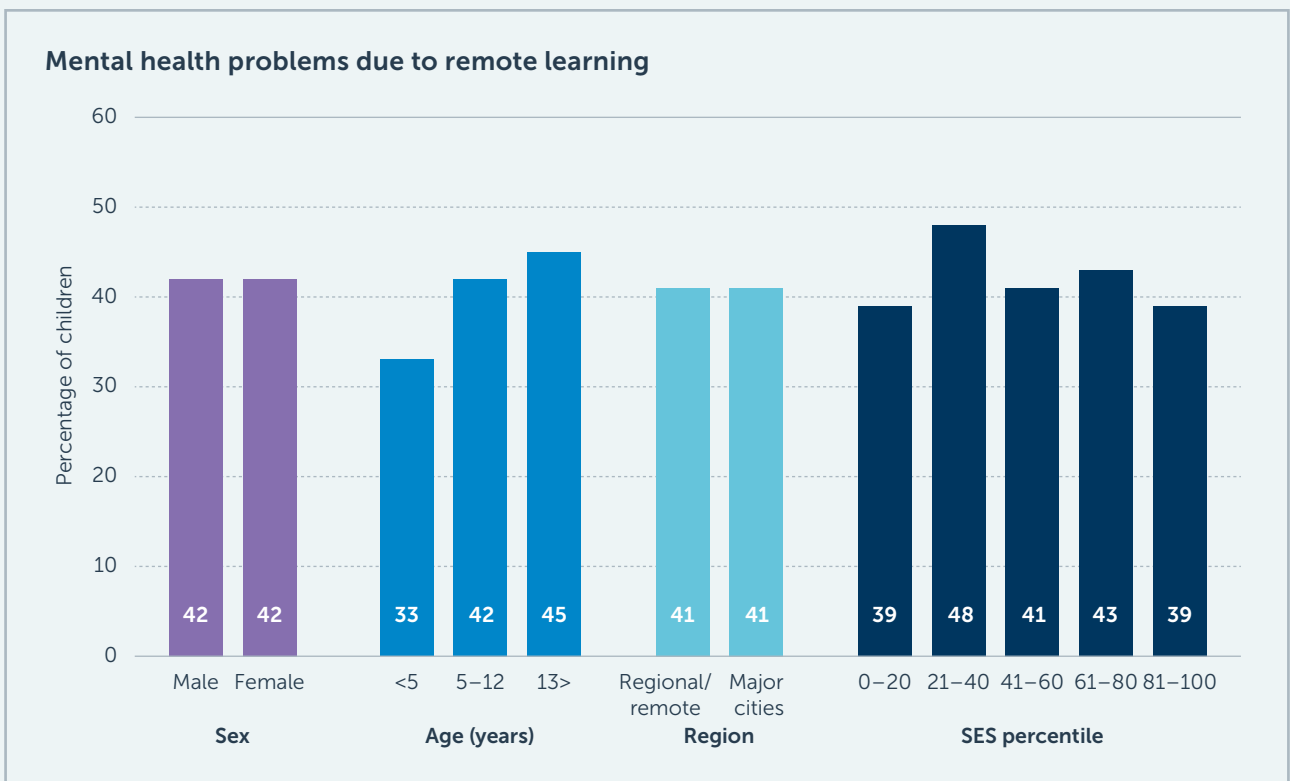


Figure 11: Parent report of mental health problems due to remote learning, children, Victoria, August 2022

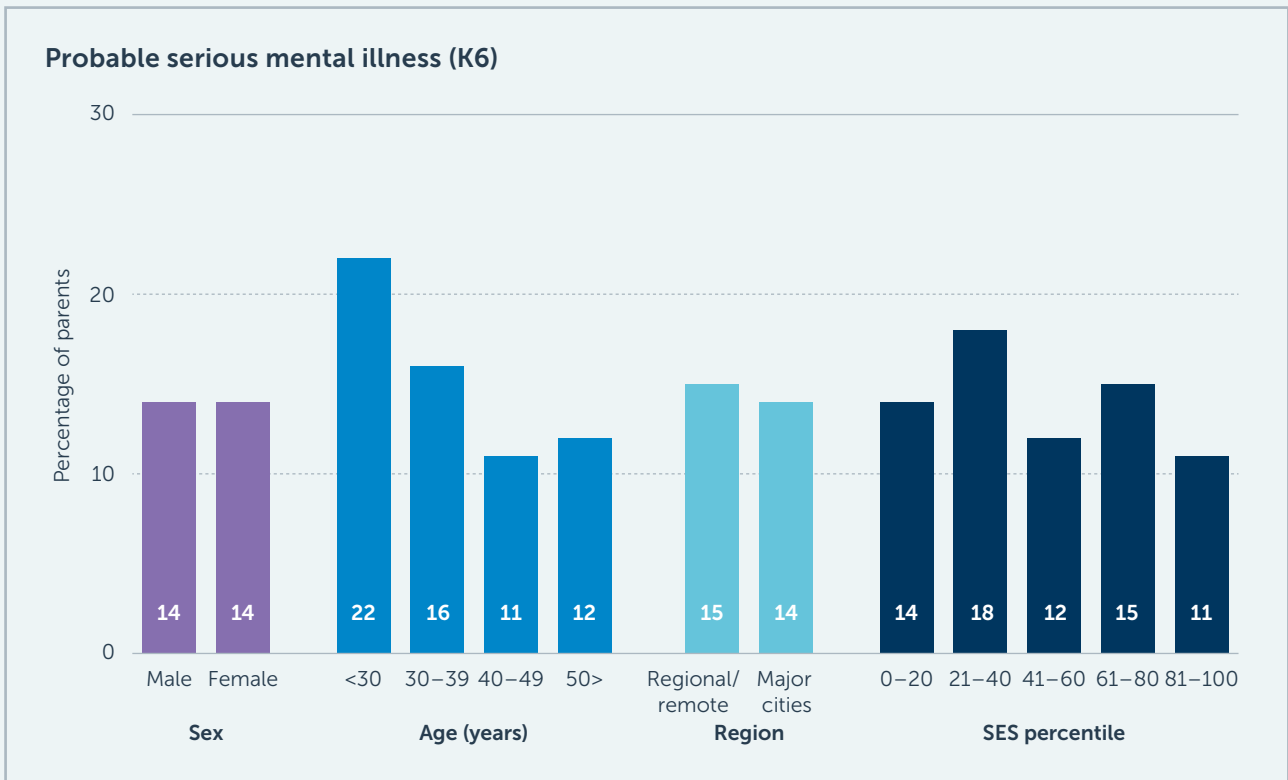


Figure 12: Probable serious mental illness (Kessler 6), parents, Victoria, August 2022

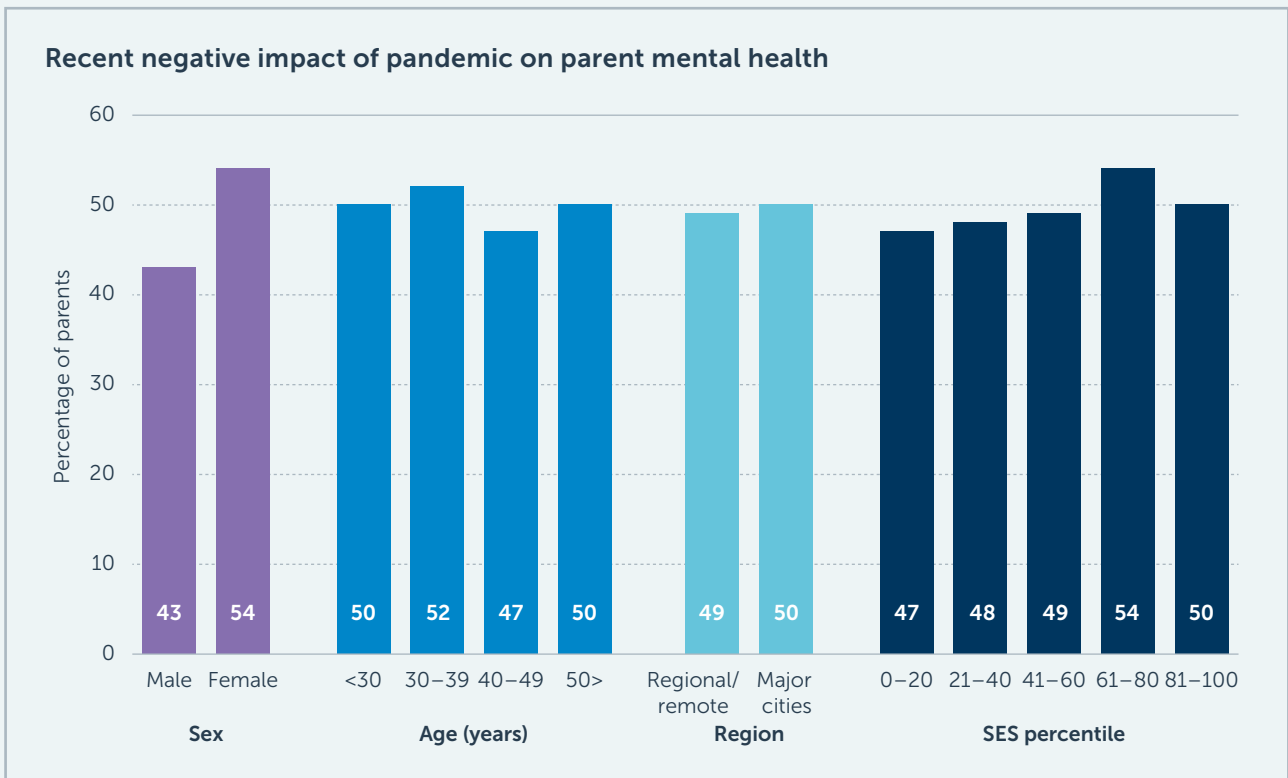


Figure 13: Negative mental health impact of pandemic in past 30 days, parents, Victoria, August 2022

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Appendix

Questionnaire

We are interested in learning about how the COVID-19 (coronavirus) pandemic is affecting Victorian families. This survey includes questions about you and questions about your child/ren.

Only offer Q1 to children aged 3 years or more

1. The pandemic has affected families and children in different ways. How much of a problem do you feel that the following things are for your child at the moment?

Please answer separately for each child aged 3 years or more

Response: Big problem, somewhat of a problem, not a problem

1.1 Anxiety¹

1.2 Social and emotional wellbeing (mental health)

OFFER Q2 only to those children who attend kinder/preschool or school

2. Remote learning in 2020 and 2021 impacted children in different ways. Do you think your child is having any of the following problems NOW that may be due to remote learning?

Please answer separately for each child (present as grid, all children on one page).

Response options:

- Yes, a lot of problems
- Yes, a few problems
- No
- Not sure

2.1 problems with **emotional, behavioural and social wellbeing** (their mental health)

2.2 problems with learning

2.3 problems with friendships and connectedness

2.4 problems with social skills

The COVID-19 pandemic has affected different people in different ways. The next few questions are about how COVID-19 has affected the mental health and wellbeing of you and your family.

3. The following questions ask about how you have been feeling during the past **30 days**. For each question, please select the answer that best describes how often you had this feeling. (PRESENT ONCE ONLY TO ALL PARENTS)

During the **past 30 days**, about how often did you feel...

Response options: all of the time/most of the time/some of the time/a little of the time/none of the time

3.1 nervous?

3.2 hopeless?

3.3 restless or fidgety?

3.4 so depressed that nothing could cheer you up?

3.5 that everything was an effort?

3.6 worthless?

A person's mental health and wellbeing affects how they *feel, think, behave, and relate* to others.

When someone has good mental health they feel good and function well. When someone has difficulties with mental health they may have problems that affect their thoughts, mood, feelings or behaviour. These problems might be temporary and can result from the stresses of life.

4. Since the COVID-19 pandemic began, what would you say the overall impact of the pandemic has been on **your** mental health? (BY PARENT):

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

5. Thinking now about the past **30 days**, what would you say the impact of the pandemic has been on your mental health? (BY PARENT):

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

6. In general, how would you rate your mental health?

Excellent/very good/good/fair/poor

A child's mental health and wellbeing affects how children of all ages from babies through to teenagers feel, think, behave, and relate to others.

When a child has good mental health they feel good and function well. When a child has difficulties with mental health they may have problems that affect their thoughts, mood, feelings or behaviour. These problems might be temporary and can result from the stresses of life.

1. Findings for this question are presented in the report *The Royal Children's Hospital National Child Health Poll (October 2022). Special Poll Report. Anxiety in Victorian Children: What do parents know?* The Royal Children's Hospital Melbourne, Parkville, Victoria. www.rchpoll.org.au/wp-content/uploads/2022/10/NCHP-Special-Poll-AnxietyReport-FA.pdf

7. Since the COVID-19 pandemic began, what would you say the OVERALL IMPACT of the pandemic has been on **your child's** mental health? Please answer separately for each child (aged 0 to 17 years):

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

8. Thinking now about the past 30 days, what would you say the impact of the pandemic has been on the mental health of your child? Please answer separately for each child:

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

9. Lockdown ended in November 2021. How would you describe your child's mental health now compared to when they were under stay-at-home directions (lockdown)? Please answer separately for each child:

- A lot better
- A little better
- About the same
- A little worse
- A lot worse

10. In general, how would you rate your child's mental health? BY CHILD:

Excellent/very good/good/fair/poor

11. Which of the following best describes how you are managing with life at the moment?

- Thriving
- Coping well
- Just coping
- Struggling to cope
- Not coping

12. Which of the following best describes **how your child** is managing with life at the moment?

Please answer separately for each child (BY CHILD):

- Thriving
- Coping well
- Just coping
- Struggling to cope
- Not coping



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