



# “The horse has bolted”: Attitudes towards COVID-19 management in 2022

THE TASMANIA PROJECT REPORT 58

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Ami Seivwright

# Acknowledgment of Country

The University of Tasmania pays its respects to elders past and present and to the many Aboriginal people that did not make elder status and to the Tasmanian Aboriginal community that continues to care for Country. We acknowledge the profound effect of climate change on this Country and seek to work alongside Tasmanian Aboriginal communities, with their deep wisdom and knowledge, to address climate change and its impacts.

The Palawa people belong to one of the world's oldest living cultures, continually resident on this Country for over 65,000 years. They have survived and adapted to significant climate changes over this time, such as sea-level rise and extreme rainfall variability, and as such embody thousands of generations of intimate place-based knowledge.

We acknowledge with deep respect that this knowledge represents a range of cultural practices, wisdom, traditions, and ways of knowing the world that provide accurate and useful climate change information, observations, and solutions.

The University of Tasmania likewise recognises a history of truth that acknowledges the impacts of invasion and colonisation upon Aboriginal people, resulting in forcible removal from their lands.

Our island is deeply unique, with cities and towns surrounded by spectacular landscapes of bushland, waterways, mountain ranges, and beaches.

The University of Tasmania stands for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language, and history, and a continued effort to fight for Aboriginal justice and rights paving the way for a strong future.

# 1. Introduction and key findings

The Tasmania Project Reopening Survey was open between 11 February and 2 March 2022. It asked adult Tasmanian residents about their experiences since the border opened including changes to their behaviour and attitudes, adherence to and feelings about public health protections, vaccination and vaccination intentions, wellbeing, and volunteering activity. This report focuses on attitudes about measures to manage COVID-19, COVID-safe behaviour, and perspectives on what should be done to manage the COVID-19 situation.

The survey sample comprises 2043 adult Tasmanian residents. The sample has been weighted to represent the demographic composition of the Tasmanian population more accurately. With the exception of open-ended responses, all results presented in this report are derived from the weighted data. Information about the sample and the weighting process can be found [here](#).

## KEY FINDINGS

- Respondents were generally supportive of COVID-19 management measures, with 66% *disagreeing* that official measures were too strict. However, 61% agreed that rules and regulations around COVID-19 are confusing.
- Most people (56%) agreed that the Tasmanian government should provide a list of exposure sites.
- While respondents were fairly evenly divided about whether the border should have stayed closed (41% disagreeing and 44% agreeing), most (55%) disagreed that the border restrictions should be reinstated.
- In terms of COVID-19 measures, the majority of respondents agreed that:
  - Essential workers should have access to free RATs (93% agreed or strongly agreed)
  - Every Australian should have access to free RATs (83%)
  - People with COVID-19 should test negative before leaving isolation (77%)
  - Everyone entering Tasmania should have to test negative to COVID-19 before arrival (74%)
  - Tasmanians should have to wear masks in public indoor spaces (62%)
  - Tasmanians should NOT have to wear masks in outdoor spaces (60%).
- With regard to public health measures:
  - Almost all (94%) respondents agreed or strongly agreed that they would stay home if they were unwell with COVID-19 symptoms

- 80% agreed or strongly agreed that they would be tested if they showed mild symptoms of COVID-19
  - Almost two-thirds (65%) reported that they were going out less than they used to, despite restrictions easing
  - 56% agreed or strongly agreed that they were more strict about COVID-19 safe behaviours than they were prior to the border reopening
  - 57% *disagreed* that they do NOT always check in to public venues for contact tracing.
- Less than half of respondents (38%) agreed or strongly agreed that they trust government and officials to provide reliable information about COVID-19, while 81% trust scientists to provide such information.
  - 51% of respondents agreed or strongly agreed that it is the government's responsibility to slow the spread of COVID-19.
  - 61% of respondents disagreed or strongly disagreed that the pandemic would end this year.
  - Respondents were asked what the government should do about the COVID-19 situation. In addition to responses ranging from "close the border" to "remove all restrictions", people had a range of suggestions:
    - Many wanted the government to be consistent in its decisions and clear and transparent in its communication.
    - Support for businesses and individuals affected by COVID-19 was commonly advocated for.
    - Government investment across a range of issues, including housing affordability, job security, wages, income support, and especially the health system, was required in many people's view.
    - A number of people suggested forward planning for COVID-19 surges, new variants, new vaccines, new pandemics, and other crises, and for those plans to be publicly available.

## 2. COVID-19 conditions

### 2.1 ATTITUDES ABOUT COVID-19 MANAGEMENT MEASURES

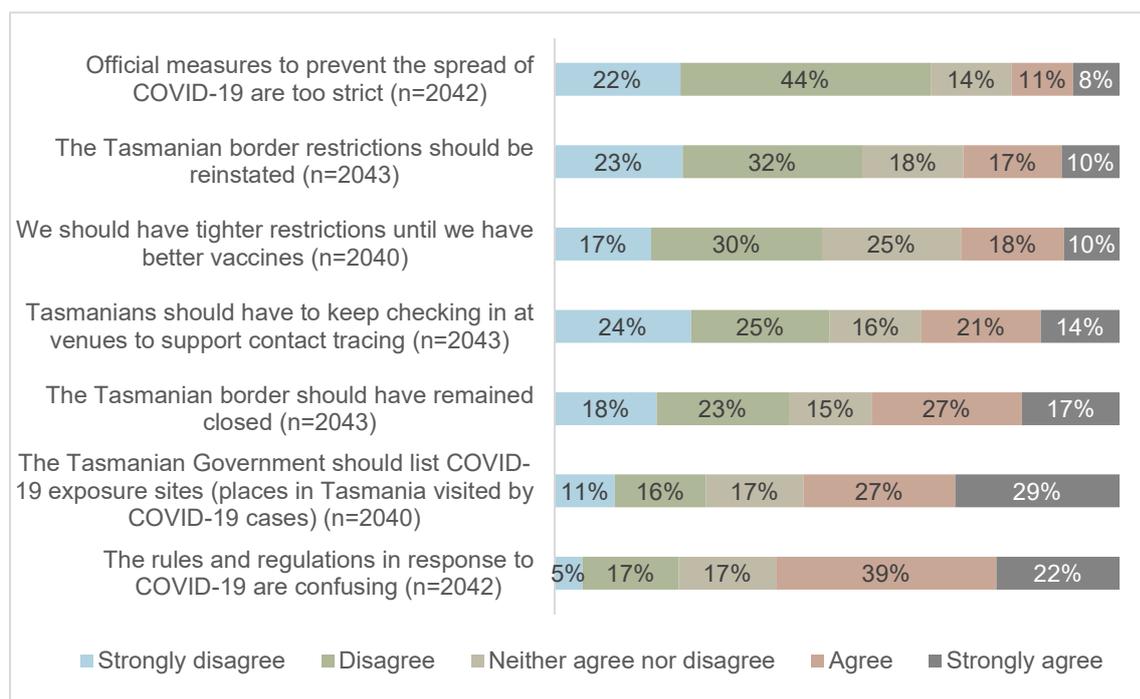
Given the rapid changes to the COVID-19 context in Tasmania, we asked respondents to the Reopening Survey how much they agreed with selected statements about general measures to manage COVID-19. The distribution of responses to each statement is depicted in Figure 1. Two-thirds of respondents disagreed or strongly disagreed that official measures to prevent the spread of COVID-19 are too strict, however, 61% agreed or strongly agreed that the rules and regulations in response to COVID-19 are confusing.

In terms of differences between respondents, under 45s, men and those without health conditions or disabilities were less likely to disagree that official COVID-19 measures were too strict, while those in Hobart and Launceston and North East were more likely to disagree. Under 65s, those in West and North West, women, and those with health conditions or disabilities that limited their mobility 'a little' were more likely to agree that the COVID-19 rules and regulations were confusing.

Opinions on whether the Tasmanian border should have remained closed were fairly evenly divided: 44% agreed or strongly agreed that the border should have remained closed, while 41% disagreed or strongly disagreed (the remainder selected 'neither agree nor disagree'). Men and those without health conditions or disabilities that limited their mobility were more likely to disagree that the border should have remained shut, while those in Hobart were less likely than those in the West and North West to disagree.

However, now that the border is open, most (55%) disagreed or strongly disagreed that border restrictions should be reinstated (27% agreed or strongly agreed that border restrictions should be reinstated, while 18% were on the fence). Men, 25-44 year old's and those without health conditions or disabilities that limited their mobility were more likely to disagree that the border should be reinstated, while those in Hobart were less likely than those in the West and North West to disagree.

Figure 1 Extent of agreement (strongly disagree - strongly agree) with selected statements about COVID-19 measures among Reopening Survey respondents



With regard to contact tracing, 49% of respondents disagreed or strongly disagreed that Tasmanians should have to keep checking in at venues to support contact tracing (35% agreed or strongly agreed). Most (56%) agreed or strongly agreed that the Tasmanian Government should list COVID-19 exposure sites. Men and those aged 25-64 were more likely to disagree that Tasmanians should check in for contact tracing, while those in Hobart and those with health conditions or disabilities that limited their activities ‘a lot’ were less likely to disagree. Women, those in Hobart, those aged 18-24, and those with health conditions or disabilities that limited their activities ‘a lot’ were more likely to agree that the government should list exposure sites, while those without health conditions or disabilities were less likely to agree.

Finally, respondents to the Reopening Survey were asked whether they agreed that we should have tighter restrictions until we have better vaccines. More people disagreed or strongly disagreed (47%) than agreed or strongly agreed (28%), and 25% were not sure. Men, those aged 25-44, and those who did not have a health condition or disability that limited mobility were more likely to disagree that we should have tighter restrictions until we have better vaccines, while those with health conditions or disabilities that limited their mobility ‘a lot’ and those in Hobart were less likely to disagree.

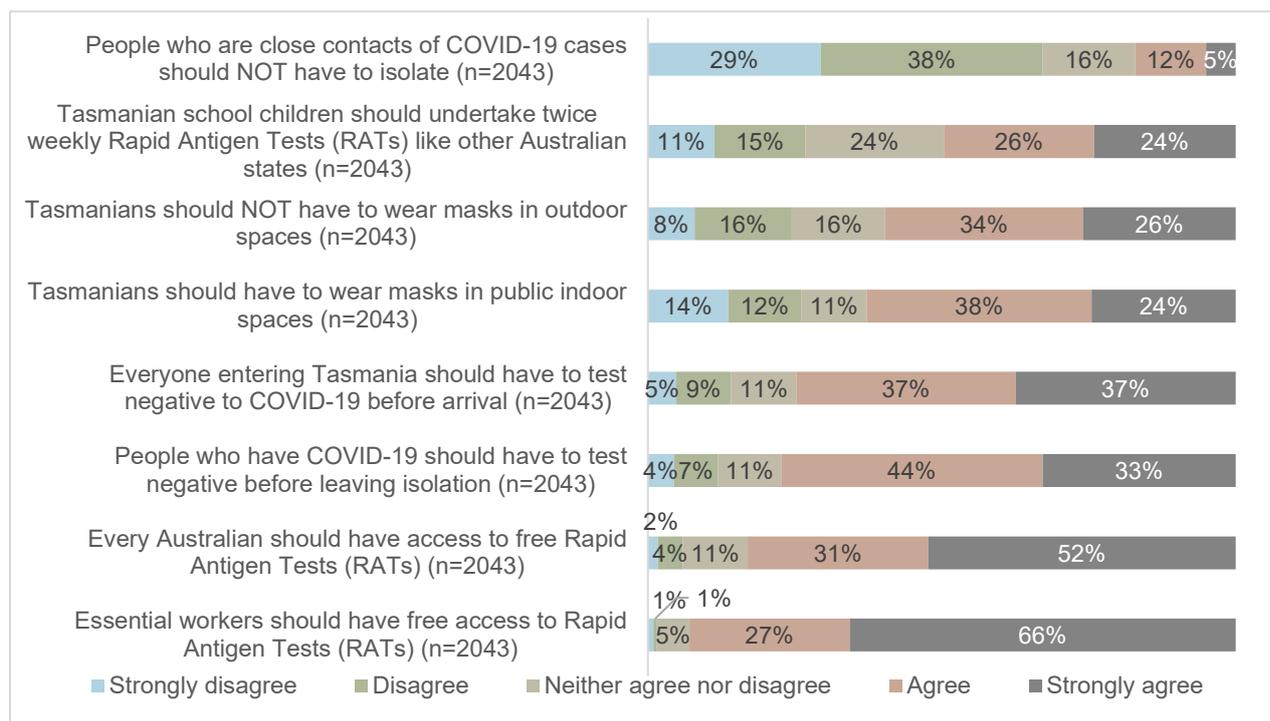
## 2.2 TESTS, MASKS AND ISOLATION

Figure 2 outlines the proportion of respondents who agreed and disagreed with statements about COVID-19 testing, mask wearing and isolation requirements. The vast majority (93%) agreed or strongly agreed that essential workers should have access to free Rapid Antigen Tests (RATs), and 81% agreed or strongly agreed that every Australian should have access to free RATs. Women and under 65s were more likely to agree that every Australian should have access to free RATs, and women, under 65s and those in Hobart were more likely to agree that essential workers should have access to free RATs.

More than three quarters of respondents (77%) agreed or strongly agreed that people who have COVID-19 should have to rest negative before leaving isolation, and 74% agreed or strongly agreed that everyone entering Tasmania should have to test negative to COVID-19 before arrival. These restrictions were not in place at the time of survey. Women, those with health conditions or disabilities that limited their activity ‘a lot’, and those in Hobart were more likely to agree that people with COVID-19 should have to test negative before leaving isolation, while those without health conditions or disabilities were less likely to agree. Those aged 18-24 were more likely to agree that people entering Tasmania should have to test negative to COVID-19 prior to arrival, while men and those without health conditions or disabilities were less likely to agree.

With regard to masks, 62% of respondents agreed or strongly agreed that Tasmanians should have to wear masks in public indoor spaces, and 60% agreed or strongly agreed that Tasmanians should *not* have to wear masks in outdoor spaces. Under 65s, men, and those without health conditions or disabilities that limited their mobility were less likely to agree with indoor mask requirements, while those in Hobart and Launceston and North East were more likely to agree. Men and those without health conditions or disabilities that limited mobility were more likely to agree that masks should not be required outdoors, while those in Hobart and Launceston and North East were less likely to agree.

Figure 2 Extent of agreement (strongly disagree - strongly agree) with selected statements about COVID-19 testing, mask wearing, and isolation requirements among Reopening Survey respondents



Testing of school children attracted mixed views: half of respondents 50% agreed or strongly agreed that Tasmanian school children should undertake twice weekly RATs like other Australian states, 24% were unsure, and 26% disagreed or strongly disagreed. Those in Hobart were more likely to agree that school children undertake twice-weekly RATs, while under 45s those without health conditions or disabilities were less likely to agree.

Finally, the majority (67%) of respondents disagreed or strongly disagreed that people who are close contacts of COVID-19 cases should *not* have to isolate. Women and those with health conditions or disabilities that limited their activities ‘a lot’ were more likely to disagree that close contacts should *not* have to isolate.

### 3. COVID-safe behaviours

#### 3.1 ADHERENCE TO PUBLIC HEALTH MEASURES

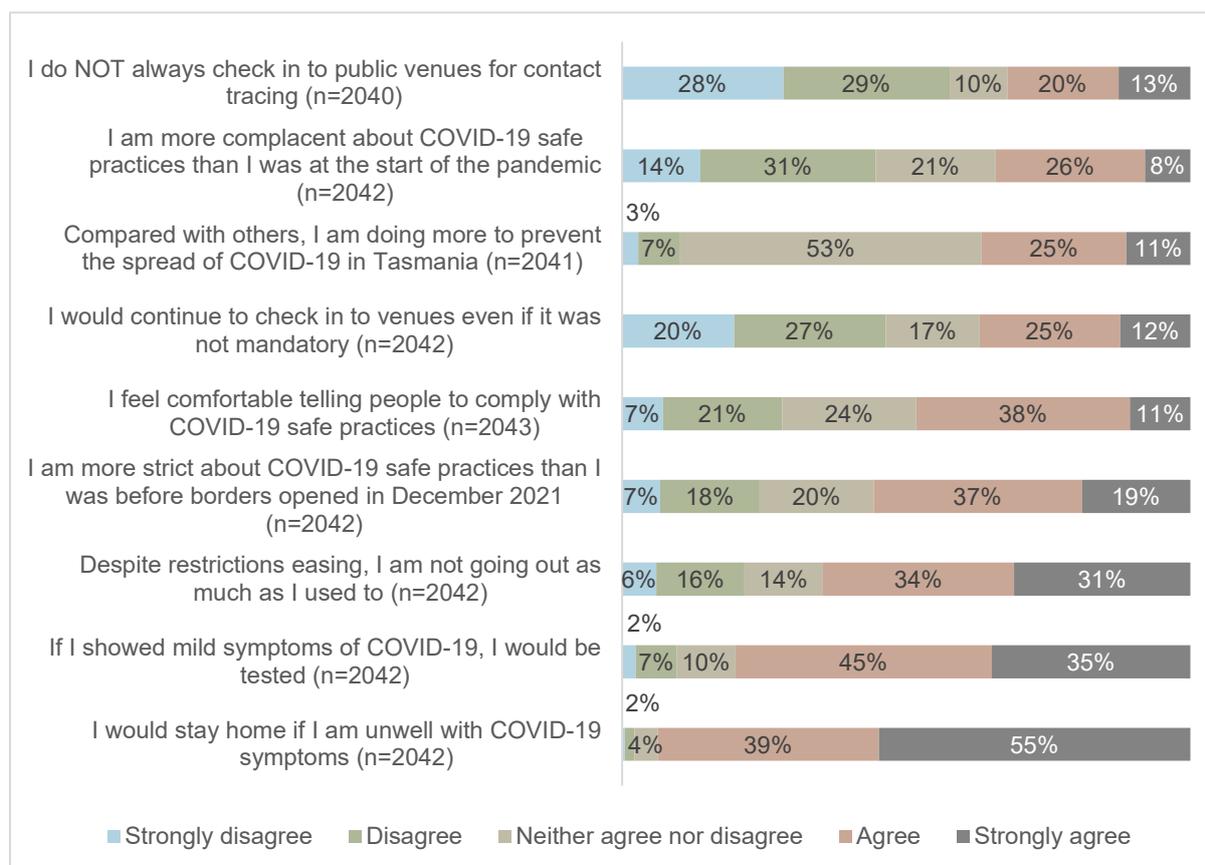
Respondents to the Reopening Survey were asked about their COVID-safe behaviours, including those recommended and mandated by the government. Figure 3 outlines the extent of agreement among respondents with each statement. Almost all (94%) respondents agreed or strongly agreed that they would stay home if they were unwell with COVID-19 symptoms, and 80% agreed or strongly agreed that they would be tested if they showed mild symptoms of COVID-19. Those aged 25-44 and those with health conditions or disabilities that limited their activity ‘a lot’ were more likely to strongly agree that they would stay home if unwell with COVID-19 symptoms; there were no differences among participants in intent to get tested if they had mild symptoms.

Almost two-thirds (65%) of respondents agreed or strongly agreed that, despite restrictions easing, they are not going out as much as they used to, and 56% agreed or strongly agreed that they are more strict about COVID-19 safe practices than they were before borders opened in December 2021. Men and those without health conditions or disabilities that limited their activities were less likely to agree that they’re going out less than they used to, while those with health conditions or disabilities that limited their activities ‘a lot’ were more likely to agree. Men and those without health conditions or disabilities were less likely to agree that they were more strict about COVID-19 practices than before the borders opened

Though most respondents were more strict with COVID-19 safe practices now than before the border opened, 34% of respondents agreed or strongly agreed that they are more complacent now than they were at the start of the pandemic (45% disagreed or strongly disagreed that they are more complacent now than they were at the start of the pandemic). Under 45s, those in South East and men were more likely to agree that they were more complacent now than they were at the start of the pandemic.

Respondents were mixed on checking in to venues: 47% disagreed or strongly disagreed that they would continue to check in to venues even if it was not mandatory, while 37% agreed or strongly agreed that they would keep checking in. Men and under 65s were more likely to disagree that they would keep checking in even if it were not mandatory, while those with health conditions or disabilities that limited their activity ‘a lot’ were less likely to disagree.

Figure 3 Extent of agreement (strongly disagree - strongly agree) with statements about selected COVID-safe among Reopening Survey respondents



While check-ins without a mandate were less likely, only 33% agreed or strongly agreed that they *don't* always check in to public venues for contact tracing at the time of survey (NB though government-mandated contact tracing requirements changed during the survey period, check-ins were still required at licensed premises, gaming and gambling locations, and events). Under 45s, men, and those in South East were more likely to agree that they did not always check in, while those with health conditions or disabilities that limited their activities 'a lot' were less likely to agree.

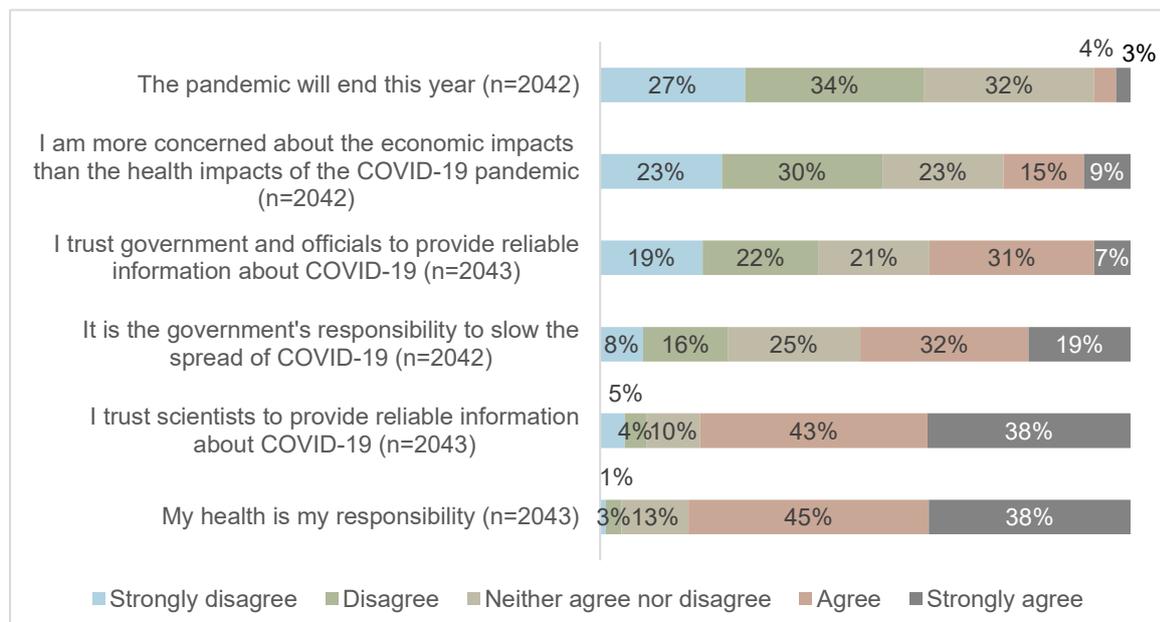
Around half of respondents (49%) agreed or strongly agreed that they felt comfortable telling people to comply with COVID-19 safe practices. Those aged 18-24, those in South East, those with a health condition or disability that limited their activity 'a lot', and women were less likely to agree that they were comfortable telling people to comply with COVID-19 safe behaviours. Most respondents (53%) neither agreed nor disagreed that they were doing more to prevent the spread of COVID-19 compared with others, and 36% agreed or strongly agreed. Those in Hobart and Launceston and North East, those without health conditions or disabilities, and men were less likely to agree that they were doing more than others to prevent the spread of COVID-19, while those with health conditions or disabilities that limited their activities 'a lot' were more likely to agree.

## 4. Responsibility, trust and what should be done to manage COVID-19

We asked respondents to the Reopening Survey how much they agreed with certain statements about responsibility, trust and information about COVID-19. Figure 4 outlines the distribution of responses to each statement. Most respondents (61%) disagreed or strongly disagreed that the pandemic will end this year; 32% were not sure, and only 7% agreed or strongly agreed. Women, under 65s and those in Hobart were more likely to disagree that the pandemic will end this year, while those without health conditions or disabilities were less likely to disagree.

Most respondents (53%) disagreed or strongly disagreed that they are more concerned about the economic impacts than the health impacts of the COVID-19 pandemic; 23% were neutral, and 24% agreed or strongly agreed. Women and those in Hobart were more likely to disagree that they were more concerned with the economic impacts than the health impacts of COVID-19.

Figure 4 Extent of agreement (strongly disagree - strongly agree) with selected statements about COVID-19 responsibility and information among respondents to the Reopening Survey



There was a wide gap between trust in government and trust in scientists with regard to provision of reliable information about COVID-19. A minority of respondents (38%) agreed or strongly agreed that they trust government and officials to provide reliable information about COVID-19, while 81% trust scientists to provide such information. Under 65s were less likely to agree that they trusted the government to provide reliable COVID-19 information, while those without health conditions or disabilities were more likely to agree. Those in Hobart and Launceston and North East were more likely to agree that they trust scientists to provide reliable COVID-19 information.

In terms of responsibility, 83% of respondents agreed that their health was their responsibility. Just over half, 51%, agreed that it is the government's responsibility to slow the spread of COVID-19; 25% were not sure, and 24% disagreed or strongly disagreed. Those in Hobart were less likely to agree that their health was their responsibility, while those without health conditions or disabilities were more likely to agree. Under 45s and those outside of the West and North

West were more likely to agree that it's the government's responsibility to slow the spread of COVID-19, while those without health conditions or disabilities were less likely to agree.

We also posed the open-ended question 'What do you think the government should do about the current COVID-19 situation?' to respondents. More than 1,700 respondents provided an answer. As expected, there were a range of responses, from "close the border!" to "relax all restrictions" and "treat it like the flu", and in between: to "continue as is" and "stay the course", either because "it's getting better" or because "the horse has well and truly bolted".

Support for certain measures was common, irrespective of respondents' overall position on COVID-19 management. There was general support for vaccines, including a booster shot, and many people's rationale for reducing restrictions was centred on vaccination rates and vaccine effectiveness. Ensuring availability of COVID-19 testing, particularly through the provision of free rapid antigen tests (either when needed or to every household), was a commonly mentioned measure. Many respondents also wanted travellers to Tasmania to record a negative COVID-19 test before heading to Tasmania. Contact tracing was also commonly mentioned; some wanted check-ins abandoned, many people wanted the government to contact trace and maintain COVID-19 exposure sites, while others were frustrated at having to check in when the data was seemingly not being used:

*"WHY ARE WE STILL CHECKING IN IF THAT ISN'T BEING USED ANYMORE?!?! ... Stop making people check in if you aren't going to use the information - it is killing the government's credibility to have a resource and not use it."*

*"Listing exposure sites is cumbersome as numbers increase, but the if check-in was still required, there is no reason why the data couldn't be used to alert you if you had been at the same venue as an identified case within a particular time window."*

*"...Tell us if they're no longer doing contact tracing. Justify continued checking in if no contact tracing is happening..."*

*"Be more consistent. Eg, are check ins via QR codes actually being used?"*

*"Get rid of check in while it's not being used for contact tracing it feels like an invasion of privacy. More than happy using it when it was required for tracing."*

This frustration extended to general COVID-19 management. A very common suggestion from respondents about what the government should do in response to COVID-19 was to be clear, consistent and transparent in its messaging. Some people felt that inconsistency in the messaging was undermining the government's credibility, some felt it was causing confusion and affecting adherence among the general public, and others felt that people's needs with regard to information and leadership in the COVID-19 context were not considered when changes to government approaches were communicated:

*"Be clear in its messaging and restrictions. Make it easy for tourists to understand what they need to do when travelling around Tasmania."*

*"Governments, State & Federal should have implemented consistent, clear and ongoing CO-ORDINATED rules and regimes for the management of COVID. Confusion reigns, and people*

*don't know whether they're coming or going. Not only are the rules different from state to state, they are changing on a continuous basis and some of them make zero sense. This adds to people's confusion and anxiety."*

*"Be transparent, consistent and not pander to tourism"*

*"Regular updates, making it clear that it is not a repeated message. It is confusing as to what the current rules are."*

*"Be truthful about their limitations, stop spinning it, understand that the political message for 2 + years was 'this is serious, frightening and we need to control you to control it' and that it is inappropriate to then 'gaslight' a frightened community by referring to them as 'worried well' etc. Ramp up measures to ensure those who are most vulnerable and most likely to be excluded are fully included in health prevention and support programs"*

*"the issue with the government's handling of the situation is that we went from a very strong message of vaccinations/isolation/check ins/masks are critical in saving lives to, seemingly overnight, a 'transition period' (how many times has the premier said the word transition) where testing becomes more lenient and iso regs relax...it was confusing and created anxiety"*

A large number of people wanted the government's COVID-19 measures to be based on health advice or, albeit less commonly mentioned, scientific advice, with some contrasting this with a perception that current decisions are made based on "*profits*", "*the economy*", "*wealth*", "*tourists*" or "*big business*". In a similar vein, several people suggested that the government monitor various things – scientific evidence, vaccine developments, pandemic developments (e.g. new variants), the actions and situations of other states and countries, and the local situation (e.g. case numbers and hospital case loads) – to inform their response.

Many respondents advocated for a holistic approach to COVID-19 management, which for several included support individuals and businesses affected by COVID-19:

*"Be honest about how dangerous Covid 19 really is and why. Stop forcing people to comply with a one track narrow medical model of health and wellbeing. Support small business and a circular economy so we can restart our lives and people can live and stop surviving and struggling with basics like shelter, food, harsh workers rights etc."*

*"Better business support for affected businesses."*

*"Better support for people who have to isolate and have insufficient leave entitlements"*

Some felt that the pandemic highlighted issues – many pre-existing, but almost all exacerbated by COVID-19 - across Tasmanian (and sometimes Australian) society and systems. These included housing affordability, job security, wages and, most prominently, the health system:

*"Improve the public health system, especially aged and disability care, focus on health and wellbeing in other ways also, especially focusing on obesity, diabetes, access to great food, supply chain stabilisation. support businesses with economic stimulus, as was done last year. Focus on ventilation in public venues. There's so much they could do."*

*“Invest in the health system and introduce policies, programs, etc that promote healthier lifestyles, better regulate agriculture and localise production and consumption”*

*“Better funding and staffing in health care. Improve nurses wages and conditions since they are bearing the brunt of the failing health system.”*

*“FUND THE HEALTH SYSTEM!! We seem to have lost sight of the fact that covid could be managed IF the health system could cope. But it can barely cope with the existing patient load let alone adding covid on top. So FUND THE HEALTH SYSTEM and in the meantime provide affordable and accessible RATs and financial help for people who have to isolate or lose work because they are isolating or ill.”*

*“I think that if the health system was better equipped and staffed, that we wouldn't need any restrictions. Tasmania is very poorly resourced to meet the population's health requirements and even less so now that other regions have moved to Tasmania as a "safe haven". I don't know how the government can bring more medical staff to Tasmania, but we need it to happen as soon as possible.”*

*“Commit funds to proper public health services, increase unemployment benefits, improve industrial relations and wage rates so there are much fewer casual jobs at crappy wages”*

*“Actually support the health system, and get out of meddling with the lives of its citizens.”*

*“Improve health services overall to build public confidence.”*

*“Invest heavily in the health sectors and aged care. Stop thinking about the economy. Have a universal basic income available to those on low incomes and insecure work.”*

Finally, several people critiqued what they perceived as a reactive approach to COVID-19, and encouraged forward planning for COVID-19 surges, new variants, rollouts of boosters and new vaccines, the next pandemic, or the next crisis. Importantly, many felt that future plans should be transparent and clearly communicated:

*“Acknowledge the mistakes that were made and prepare for the next pandemic, because we know that it will come, we just don't know when.”*

*“They should have a contingency plan for further actions in the event of the outbreak of a more serious strain, and this plan should be made public.”*

*“Actually feel it is a bit late, the horse has bolted. They should learn the lessons of the last two years or so and implement procedures for future outbreaks. These future game plans should be public knowledge so that there is an understanding of what is happening, and why, when restrictions are put in place.”*

*“Be more transparent, stop covering things up, prepare well ahead now for more outbreaks, forget the past except in learning, stop bickering and focus on prioritized, strategic plans well in advance, so when new outbreaks occur, or the economy slows, we have plans in place to implement. Very simple.”*

*“Be proactive. Use the vaccine+ strategy.”*

*“Be ready to respond to any negative change in the situation.”*

*“Plan for the future. Build housing for homeless/refugees that doubles as quarantine facilities. Once Covid has passed there will be another outbreak in the near future. Hospitals for pandemics need to be near isolation facilities - not in the centre of cities.”*

*“Start listening to solid public health advice. Be open and transparent about the motivation for major policy change. Start thinking and stop reacting. What is our plan if Omicron changes or another virus strain emerges?”*