

# COVID-19 PRACTICES AND PERCEPTIONS IN AUSTRALIA (2020–2021)

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# Introduction

This research project investigated the impacts of the COVID-19 pandemic on people living in Australia, with a particular focus on their experiences, perceptions and practices—especially in terms of tracking technologies (the COVIDSafe app, the use of QR codes), masks and other prosocial techniques. The project also explored changing public perceptions in relation to media, government response, lockdowns, vaccinations and public space during this time.

Commencing in early 2020, the project has evolved over a two-year period, becoming a longitudinal study involving participants from across Australia. Data was primarily collected through surveys and interviews. The iterative project involved various phases that responded to the different contingencies of the pandemic. Beginning with the COVIDSafe app survey (*Phase 1*), we then interviewed participants twice over a six-month period (*Phase 2*), followed by a frontline workers' survey and interviews (*Phase 3*).

Although the study was a rapid response to a highly complex and globally unfolding situation, this body of research deployed methodologies and data gathering approaches tested over decades of research practice. Research was undertaken by a highly experienced and interdisciplinary team with expertise in nursing, media and communication studies (specialising in mobile media practice), cultural safety, socio-cultural practices of technology and urban space methodologies.

## BACKGROUND

COVID-19 caused by the SARS-CoV-2 virus and its variants is a serious global health threat. As the first global pandemic of the smartphone era, the COVID-19 pandemic lent itself to a range of technological responses not previously available—from automated forms of contact tracing, to quarantine monitoring and check-in apps. However, these responses took place amidst a technological backlash against the surveillance-based model of the online economy, which relies upon increasingly comprehensive forms of data collection and processing. This background played a role in heightening public concerns about the range of technological approaches managing circulation, access, and other quarantine restrictions for the ongoing response to COVID-19 and future epidemics and pandemics.



# Snapshot

## 1. APPS

The failure of federally introduced COVIDSafe app early in the pandemic was followed by the more successful deployment of state-based apps which helped state governments contact trace and also house vaccination certificates.

## 2. SURVEILLANCE

The pandemic brought conspicuous increases in surveillance—both governmental (such as in contact tracing) and social (such as people watching each other in public spaces).

## 3. DOBBING IN

People wrestled with social responsibilities within pandemic conditions—whether or not to police or ‘dob-in’ the misbehaviour and infractions of others.

## 4. TRUST

Trust emerges as a major issue and uncertainty. This included trust of strangers, trust in media, and trust of governments. Trust in local government was higher than trust in federal government.

## 5. MASKS

An evolution in attitudes to masks occurred—moving from initial reluctance and association with masks as Asian-coded, to many people ultimately embracing and personalising masks. However, masks remained a point of contention for antivaxxers and pandemic denialists.

## 6. QR CODES

Over the period, QR codes became a mainstream and mundane activity with all participants often feeling more comfortable with using QR-codes to check in because they felt it gave them some control of their own data tracing.

## 7. ETHICS OF CARE

Care during the pandemic took on different forms. It became collectivised and interdependent, often extending to strangers and to society as a whole.

## 8. RISK AND PROXIMITY

People in areas of low infection became relaxed and even complacent toward mask-wearing, PPE and contact tracing.

## 9. FATIGUE NORMALISED

2021 saw fatigue set in during the length of the pandemic. People continually worked through changing conceptions of what a return to “normal” might look like and how much the digital was now embedded in everyday practices like telehealth.

## 10. NEW COMMUNICATION SCIENCE STRATEGIES NEEDED

Care workers interviewed were highly critical of the communication strategy for the vaccines and of the vaccine role out itself.

# Phase 1: COVIDSafe Survey

**APRIL – MAY 2020**

The project's initial focus was on Australia's official COVIDSafe contact tracing app, because of the role this played in the nation's technological response to the pandemic. As the first global pandemic in the smart-phone era, the COVID-19 epidemic gave rise, early on, to a range of apps, some used by state authorities, other promoted by marketers for doing things like detecting early onset of the virus and monitoring case numbers. The Australian contact tracing app received quite a bit of attention in the media, in part resulting from promotional efforts by the government and in part because of concerns about privacy, data security, and the potential for function creep.

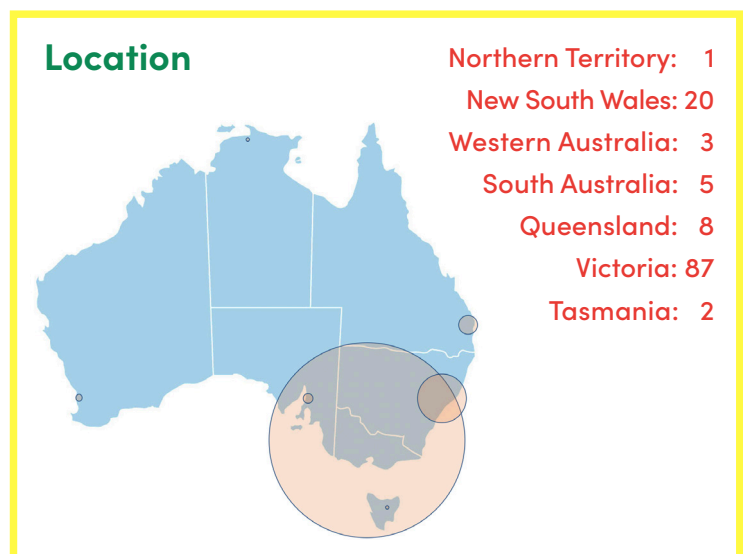
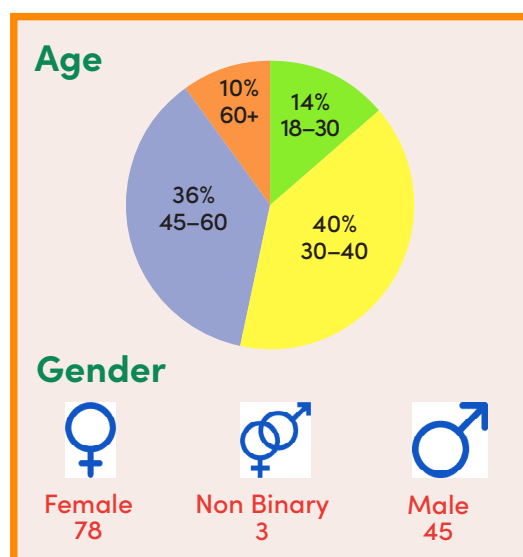
Because of the speed with which the app was deployed there was little to no qualitative research on contact tracing apps at the time, despite the significant role they played in many countries as part of the pandemic response. We responded by working to capture people's responses to the app and the government's campaign to encourage Australians to use it in a timely fashion (the app was deployed as a form of voluntary public action to assist in combating the pandemic).

To achieve this, we developed a sequential mixture of qualitative methods involving surveys and interview processes about the COVIDSafe app. Specifically, we explored participant attitudes about:

- Technological solutions that might be deployed to tackle COVID-19.
- Government oversight of contact tracing and the COVIDSafe app.
- Risks concerning government or corporate control and use of data.
- The perceived efficacy of the COVIDSafe app.
- Usability of the COVIDSafe app in term of access and digital literacy among users.

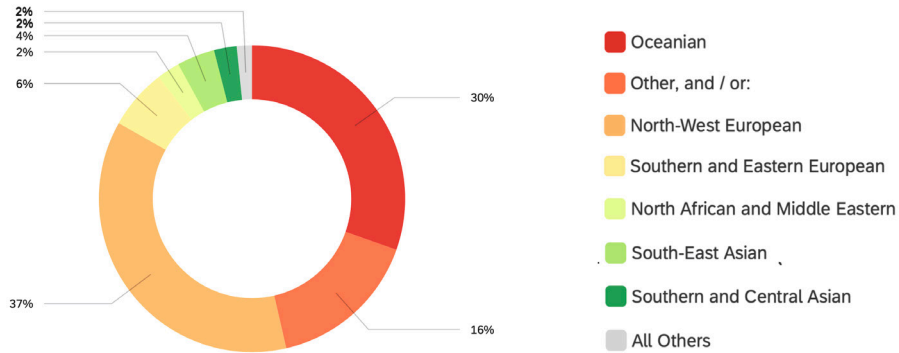
Our online survey received a total 129 responses.

## **SURVEY PARTICIPANTS**

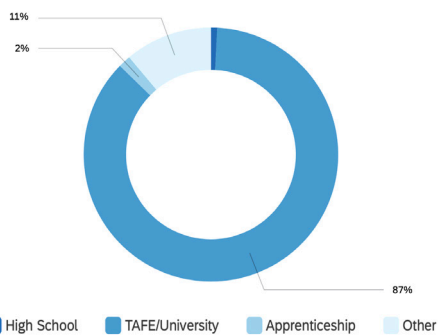




## Ethnicity



## Education



## Occupation

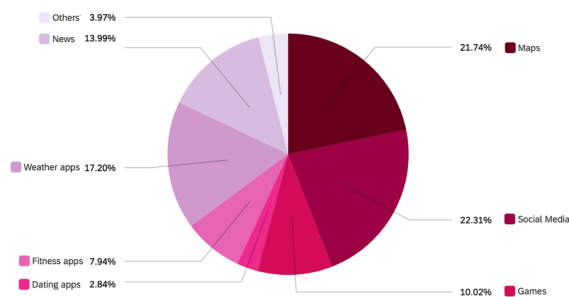


## SURVEY RESPONSES

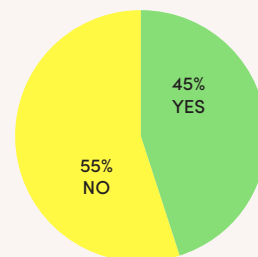
### How did you hear about the COVIDSafe app?



### What other types of apps do you use?

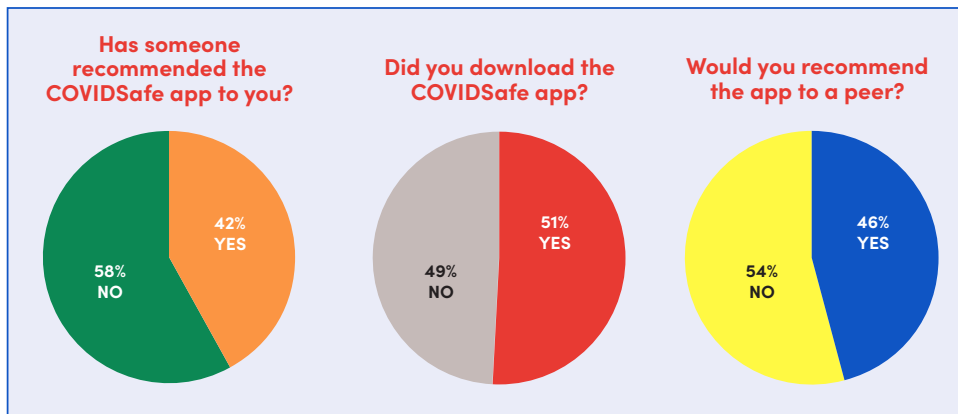


### Do you feel the roll-out of the app has been clear and transparent?



### Where have you been getting information about COVID-19?





## SURVEY RESPONSES

### Why did you download the app?

*I was initially reluctant due to lack of trust in current government but was convinced by community leaders who noted the importance of looking after others.*

*To assist health dept minimize COVID-19 spread so we can reduce deaths and increase jobs.*

*It's a very small ask for potentially a large community benefit.*

*Because I want to do my share. I'm not a citizen, so I feel like I go the extra mile to support my community however I am able.*

*To help fast track society out of the restrictions.*

*Peer pressure on social media.*

### Why didn't you download the app?

*We are tracked enough online in this day and age. Also, I know of someone that got the virus, he had the app, and still they were not able to tell where the source of infection was!*

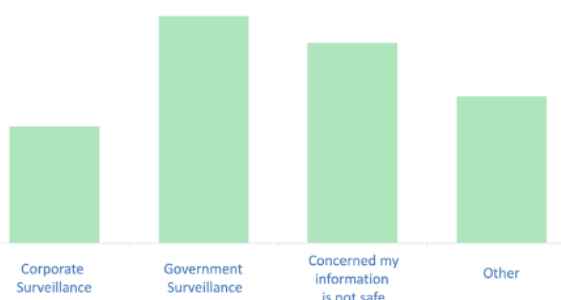
*I don't trust them not to misuse the data or keep it going for some other purpose.*

*Privacy. I do not trust the government to keep my data secure nor to misuse it.*

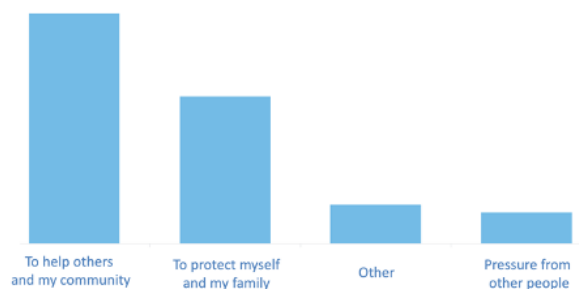
*As a member of a minoritised community (LGBTQIA+), and as a young person, and vaguely anarchist politically, I distrust the police and the state to respect my rights to privacy.*

*Unable to: "device not compatible".*

### What are key reasons against downloading the app?



### What are the key reasons for downloading the app?





# Phase 2: COVIDSafe Interviews

**FIRST ROUND: MAY – OCTOBER 2020**

Of the 129 respondents to the survey, 11 people agreed to take part in an in-depth qualitative interview. A further 12 interview participants were recruited via snowball technique online to ensure representation across age and ethnic diversity among the interview cohort. In total, there were 23 interviews.

## INTERVIEW CONTEXT

At the time of the first round of interviews, the COVIDSafe app was being reported as a failure in the media, while other forms of contact tracing such as QR codes and handwritten check-in were emerging. The QR code systems developed by the states required people to check in to shops, venues, and other locations by scanning a QR

code with their phones. This gave people a greater sense of control over the provision of information about their whereabouts—but came with a lower level of security. In Western Australia, for example, police were able to access personal location data from the state's COVID-19 check-in app—exacerbating concerns about function creep with respect to contact tracing systems more generally.

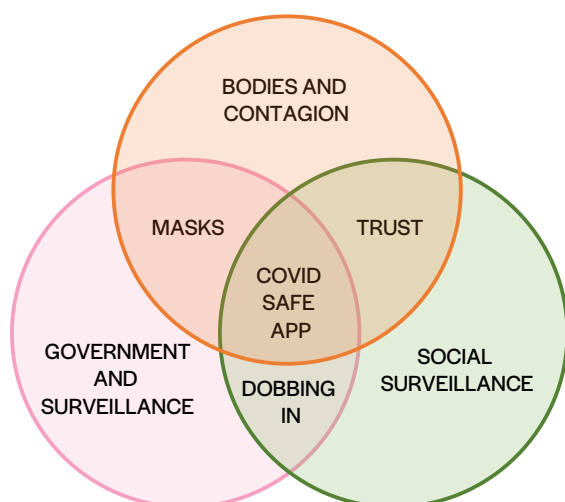
During this phase of the research, interviews were undertaken via video chat or over the phone. A set of guiding questions shaped the interviews and provided an opportunity for open-ended conversations of approximately half an hour each. We sought to discover the personal and social contexts framing participants' perspectives, and upon analysis several themes were identified. All participant names used in this report are pseudonyms.

### Questions included (but were not limited to):

- How did you feel about the rollout of the COVIDSafe app?
- Do you feel that it was well communicated?
- Are you concerned by data collection and surveillance such as through the App?
- Have you felt a civic responsibility to police or correct other people's behaviour in relation to COVID, either in real life or on social media?
- Do you feel that other people might be watching your behaviour in relation to social distancing or mask wearing?
- In what other ways have you been impacted by COVID?



## KEY THEMES



moment trying felt APP work public wear whatever lockdown **gouvernement** use **feel** **data** **mask** **app** **work** **public** **wear** **whatever** **lockdown** **different** **mask** **phone** **question** **aware** **social** **tracking** **COVID** **situation**

## FINDINGS

The main findings of the COVIDSafe research concerned how participants perceived contact tracing and other forms of surveillance (both social and governmental) as modes of community health care during the first months of the pandemic. Acceptance of the COVIDSafe app was almost unanimous, and the majority of participants reported downloading it. However, there were also concerns expressed about the type of governmental and corporate surveillance the app could enable, and how this might potentially continue after the pandemic.

More broadly, participants reflected on how their perceptions of public space had altered through factors such as mask wearing, social surveillance and concerns over contagion. Participants were aware of watching other people's behaviour both in real life and online and wrestled with the ethics of 'dobbing in' (or reporting) those who did not comply with community care standards in public space. Where mask-wearing was mandatory, participants had largely adjusted to this practice as a new norm, though some commented that it changed the way people made eye contact and interacted in public. Participants also noted that new social gestures had emerged such as bumping elbows instead of hugging or shaking hands evidencing behaviour change to reduce the transmission of the virus (West, Michie, Rubin, & Amlôt, 2020).

*Yeah, a lot of watching people in supermarkets, kind of snooping on their trolley, like what's going on in that trolley, is it a panic shop? And a lot of policing the way that people wash their hands because if it's not a full 20 seconds, if it's not a proper lather and if they're not dried properly...*

— Catherine, social worker



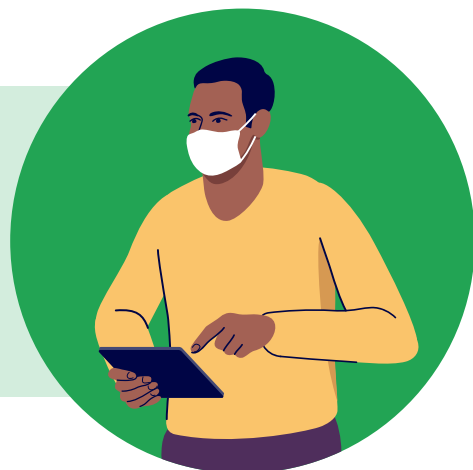


*When I'm handed a menu in a coffee shop, I wonder if it can be cleaned or is it single use? Have they wiped down the table yet, or not?*

— Veronica, Semi-retiree

*You know when you pass someone in the street and you make a little bit of eye contact, it feels more suspicious or hostile, or...I think because you can't really read or understand what their expression is.*

— Mike, Software development consultant



*That's COVID's biggest problem... Not being able to touch someone or comfort someone is the biggest, obstacle or problem it has created.*

— Haruko, Business owner

*If someone does something creepy or racist or homophobic I'll shout at them... But I don't think I could be snitchy on someone who was walking too close. Like, I wouldn't even dob my neighbours in if they had a party.*

— Marie, Circus performer



Figure 1

**FEBRUARY 2021 – JULY 2021**

As the pandemic continued, we asked participants who had expressed an interest to take part in a follow up interview six to eight months after the first round of interviews. The emergence of new modes of surveillance and public health measures offered an opportunity to build on the previous findings. Of the original 23 interview participants, 11 consented to a follow-up interview.

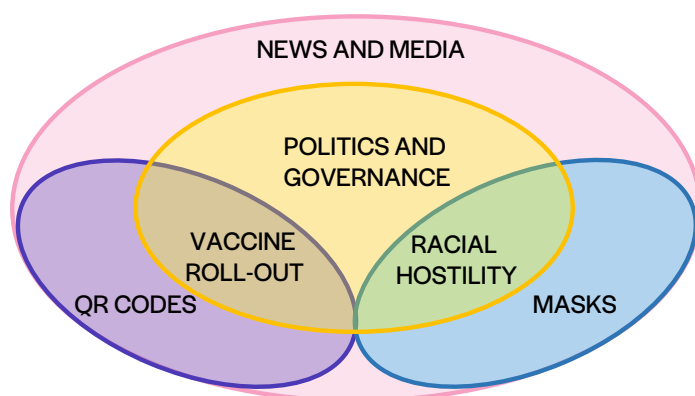
## INTERVIEW CONTEXT

At the time of these interviews, Australia had experienced a decrease in cases, and participant attitudes towards the virus were more relaxed. Vaccinations were only just becoming available to older Australians. However, toward the end of the interview period, new outbreaks occurred, first in Sydney then later in Melbourne and Brisbane, vaccination availability increased, and some frustration and fatigue emerged in participants toward the re-introduction of restrictions, which included restricting people's movements to a designated radius (typically around 5 km), limiting restaurants and cafes to takeaway, closing non-essential shops, requiring people to work from home when possible, and, for a while, imposing a 9 p.m. curfew. As in the case of the previous round of interviews, the research team relied on directed, open and discursive interviews via video chat or over the phone.

**Questions included (but were not limited to):**

- Do you prefer scanning QR codes or writing your details on paper for contact tracing?
- Do you find QR codes to be better or worse than the COVIDsafe app?
- What do you feel are the risks of QR code data collection?
- Do you feel the roll out of QR codes has been clear and transparent?
- What is your perception of state and federal government communication strategies?
- What are your thoughts about the vaccines roll-out?How have you adjusted to mask use?
- In what other ways have you been impacted by COVID?

## KEY THEMES AND FINDINGS



Participants were uniform in their criticism of the COVIDSafe app, reflecting media reports about its cost and lack of effectiveness. Most participants expressed a willingness to be vaccinated, although one participant had reservations due to a lack of trust in government and large medical corporations and the speed at which vaccines had been developed and made available. By contrast, participants felt confident in using QR code contact tracing and found the process easy and useful – even though such systems had lower levels of privacy control. Participants had become relaxed and even complacent toward mask-wearing and PPE use (especially as there were few new cases for most of this time) but also expressed some fatigue at the length of the pandemic. There were discussions about what a return to “normal” might look like. Some international participants (mostly people from East Asia undertaking work or study in Australia) sensed an increase in hostility both online and in public.



***I wear a mask only for a limited time. Especially during summer, having to wear the mask throughout, like in all the shopping areas, or in any supermarket, it was literally hot and you sweat.***

— Putri, Student

***It feels like it's a long time coming this vaccine. The whole summer we were sort of snoozing but, I kind of couldn't help but look at the US and the UK who are countries we tend to measure ourselves against and they're just a million miles ahead. What if the rest of the world comes out of it and we're still waiting for another 6 months or 12 months? We need to get vaccinated.***

— Mike, Software development consultant





*I think COVID has shifted people's perception on many things and their attitude to foreigners, especially a foreigner who's Chinese.*

— Jasmine, Reporter and academic

*I remember checking in at a little café a while ago, and their check in sent you to some other kind of third-party website where you put in your details... It felt like where's my email going? Am I going to start getting newsletters now?*

— Jordan, Advertising creative



*It's all pretty good but, having said all that, somewhere underneath all the rational thought there's a desire to just not have to worry about doing all this stuff. I don't want to have to do QR codes for the rest of my life. I don't want to have to have an app ... I'd just rather get back to how things were.*

— David, Retiree



We recognised that most of the participants we had attracted through the COVIDSafe app research were retirees, students, and various types of office workers. They were people who were working from home and were not 'essential' workers or those working on the frontlines. Therefore, we decided to embark on a new research trajectory in order to understand the perceptions of healthcare workers, hospitality workers, food suppliers and other service workers whose job required direct interaction with the public (often including those who had contracted the virus) and placed them at higher risk.



Figure 1

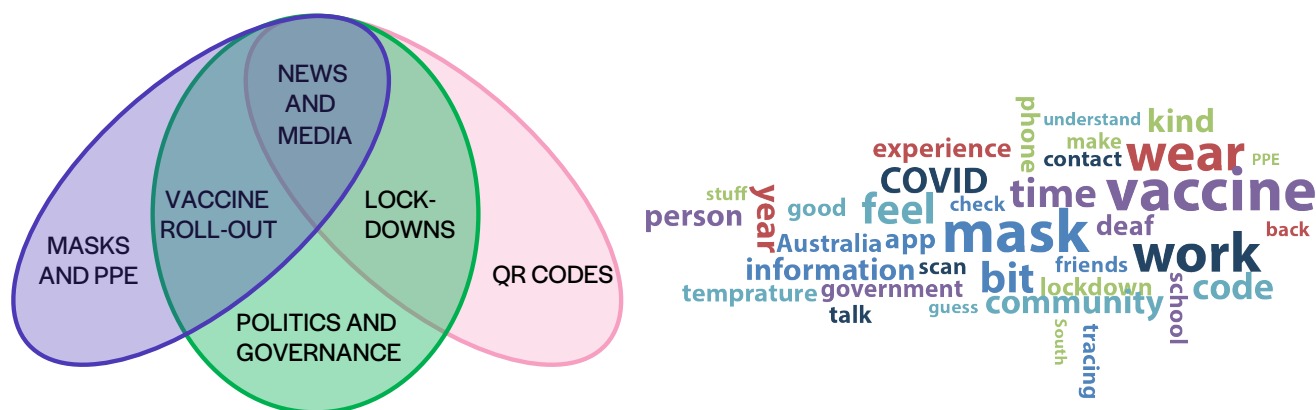
**MARCH – JUNE 2021**

In this phase we interviewed participants from across Australia to record perceptions of technologies and practices that have become incorporated into everyday life due to COVID-19. We sought a diverse cohort of participants and specifically targeted Indigenous communities, underrepresented communities, people of colour, older people and “frontline” and “essential” workers to ensure broad representation. Invitations were sought through The Australian College of Nurses social media platform Neo as well as through snowball sampling.

Questions focussed on people's practices and perceptions concerning:

- Masks and other PPE use
- Contact tracing via apps, QR codes, pen and paper
- COVID testing and temperature monitoring
- Vaccinations
- Government responses
- Media reportage

## KEY THEMES AND FINDINGS



We received seven responses from across Australia. Four of the participants were from Melbourne, two were from Adelaide and one from Sydney. Our interviewees were teachers, health workers and care workers. Therefore, most of them were well-practiced and comfortable with wearing masks and other PPE.

## INTERVIEW CONTEXT

These interviews took place as case numbers began to escalate in Sydney. Participants expressed disappointment with the apparent failure of contact tracing and the Federal Government vaccination rollout and distribution of general information about the pandemic. Participants tended to express more favourable opinions of State Government efforts. Media coverage of the Federal government's failure to secure vaccine commitments from pharmaceutical companies highlighted the resulting slow rollout of the vaccine which contributed to frustration over extended lockdown restrictions. The nurses we spoke with were uniformly scathing of the misinformation and scaremongering in media reportage around vaccinations. They also expressed concern about the future of the pandemic. Different care workers highlighted how their clients had struggled with different aspects of the pandemic.



*There's no clear messaging about should I be vaccinated, shouldn't I be vaccinated, what should I be vaccinated with, where and how? I've chosen to get vaccinated so I engaged with other healthcare professionals to discuss it with them. They couldn't really give me any strong advice, there wasn't any clear guidelines. All I could do was look at the literature and overseas experience.*

— Jasmine, Reporter and academic

*Between the politicians and the media it's [the vaccine rollout] been a dog's breakfast as far as publicity and things like that are concerned, I feel it's been demonised.*

— Cynthia, Nurse



*We had months before the vaccine was even developed to think about the communication strategy for this country [Australia]... We should have had an expert panel of not only the scientists, but expert communications people to talk about the strategy. None of that time was spent doing any of that.*

— Elaine, Nurse

# Key Themes & Findings

## CAREFUL SURVEILLANCE

The pandemic saw an increase in formal and informal forms of surveillance. This included self, social, technological, and governmental surveillance. These new dynamics of watching each other impacted the relationships between trust, care, responsibility, and surveillance. Participants expressed mixed feelings and responses to perceived social responsibilities surrounding whether to police or ‘dob-in’ the misbehaviour and infractions of others. As noted by Andrejevic et al. 2021: “Our study has highlighted the need for understanding the manifold ways prosocial care is enacted and interpreted.” (Andrejevic et al. 2021, 580)

“...attitudes about care and surveillance are inextricably entangled with notions of social trust, and operate on various levels – state, governmental, social, and individual. During a pandemic, we see attunements and realignments to different notions of care that work across mediated, online and place-based contexts.” (Andrejevic et al. 2021, 580)

Surveillance technologies can be viewed as a means of compensating for a lack of social trust, but their voluntary acceptance and effective uptake relies on trust in the institutions and authorities that administer them. For example, Australia’s introduction of vaccination certificates and contact tracing were intended to bring honest and accurate accounts of vaccine status and recent movements. However, the uptake of these technologies was hampered by concerns of trust in the government’s handling of personal data.

## UNCERTAIN TRUST

Trust emerges as a major issue of uncertainty. This included trust of strangers, trust in technologies, trust in governments, and trust in media. Typically trust in the ABC broadcasts and in print newspapers was higher than trust in social media, YouTube and commercial news outlets. Care workers we interviewed were highly critical of the information and communication strategies (or lack thereof) by both the media and the government around the vaccines and the vaccine role out. Trust in governments was mixed, trust in local government was broadly higher than trust in federal government. Managing a data-driven community response to the pandemic requires not just trusted media sources, and an invocation of a common good, but a climate of confidence in the competence and intentions of authorities as well as a broader context of social trust across the community.

## QR CODES IN CONTACT TRACING

Contact tracing emerged as a key strategy in containing the spread of the COVID-19 virus in Australia. Methods of contract tracing relied heavily on mobile devices, with QR codes becoming the dominant mode of checking in to physical locations. With their manual affordances, QR codes highlight a transparent and seamful relationship to data and tracking—making users constantly aware of the sharing of data as they move in public. Unlike apps such as COVIDSafe which render passive data collection seamless, QR codes help to create an awareness around data sharing. The relationship to data collection is shaped by various factors including age, gender and ethnicity. For example, for white male Jordan, QR code checkpoints gamified placemaking much like the Foursquare app. For Shirley and Jasmin, QR codes make them more conscious of the relationship between others, data and places—creating an ambiguous feeling towards safety and privacy.

## **MASK WEARING AND CULTURAL DIFFERENCE**

Public and social space was highly impacted by mask wearing. The presence of masks highlighted the significance of the 'face' in public/social interaction and the effects of mask-wearing (and wearing masks as a 'communicative act'). Masks were initially understood as highly culturally coded and came to represent both individual and collective identities, markers of political and ethnic belonging, and personal and community practice of care and solidarity. Mask wearers negotiated a balance between individual rights (and bodily discomfort) vs collective responsibility. Meanwhile the rejection of masks became entangled in notions of personal freedom, individual sovereignty, as well as national, social and cultural identity. During the pandemic, the perception and understanding of masks shifted through familiarity and use. The emergence of customised, individualised and hand-made masks signalled a key turning point in which masks became embraced as personal attire.

## **NORMALISING CARE FOR SELF AND OTHERS**

Care during a pandemic takes on different forms. It is collectivised and interdependent, extending to unknown others. Paradoxically, the pandemic and ensuing lockdowns highlighted the importance of socially collective responses but equally undermined conditions for social gathering to occur. An emerging concern that other people cannot be trusted to do the right thing saw some participants appoint themselves moral arbiters of the rules and take increased responsibility to impose them or enforce them. Some perceived a greater social good in embracing restrictions for the care for unseen others. For others, the familiar trope arose of the figure of the other as an inherent threat to freedom and autonomy, or a risk of contagion. Care for the other takes on a coercive note in the time of the pandemic. Not only is it necessary to observe and monitor oneself, but the tone of health measures encourages watching and observing others, seeing if they are taking the requisite precautions. As Oscar points out: "So, yeah, I think everyone has a responsibility and if they don't, if they're not responsible, then they're not being part of the team, they're letting the team down".

## **PANDEMIC FATIGUE**

2021 saw fatigue set in during the extended length of the pandemic. People began to speculate on what a return to "normal" might look. People in areas of lower infection rates and policing became relaxed and even complacent toward mask-wearing, PPE use and contact tracing. While some people protested vaccines, lockdowns and government impositions or recommendations, others spoke out against the protestors for extending the length of the pandemic. Even enlisting participants into these research studies became difficult due to fatigue at discussing matters related to the pandemic. This fatigue suggests the need for sustainability strategies for extended health crisis but also hints at the long-term mental health impacts of the pandemic.



# Recommendations

## APPS

The failure of COVIDSafe app replaced by highly successful state-based contract tracing apps suggest there is room for more innovation in this area. The rise of QR codes is definitely one new literacy that could be expanded upon moving forward. Many trusted QR codes as giving them control over their data and privacy.

## SURVEILLANCE

The pandemic has heightened the role of informal and formal surveillance—from governmental (such as in contact tracing) and social (such as people watching each other in public spaces). More work into attitudes around these practices are required. This will address emerging phenomenon such as dobbing in, social responsibility and the role of trust.

## ETHICS OF CARE

Care during the pandemic took on different forms. It became collectivised and interdependent, often extending to strangers and to society as a whole. The role of the digital to both empower and exploit needs to be navigated in this moral framework.

## NEW COMMUNICATION SCIENCE STRATEGIES NEEDED

Care workers interviewed were highly critical of the communication strategy for the vaccines and of the vaccine roll out itself. These strategies need to embrace cultural diversity and inclusion as well as recognising the role of complacency and complacency as the new normal as pandemic waves sets in.

# Conclusion

This project has mapped the trajectory of Australian perceptions and practices in response to the COVID 19 pandemic. It charts the increase in formal and informal surveillance practices that impacted relationships between care, responsibility and trust across the community. It shows how, despite strained trust in governments and media that impacted lockdown, check-in and vaccine compliance (as well as giving way to conspiratorial thinking), most participants agreed with and obeyed government health regulations, especially where practices such as mask wearing and QR code scanning were well communicated and transparent in their aims. It notes the initial resistance to masks that gave way to their personalisation and embrace as sartorial accessories. It records how self and community care became normalised and widespread, but took on myriad interpretations from individualised and libertarian, to collectivised and interdependent. Finally, it documents the ways in which pandemic fatigue gave rise to exhaustion and complacency while hinting at the importance of more sustainable approaches to navigating the long journey of responding to a global health crisis.

The moral obligation to think of others shaped Australian health responses during the COVID19 pandemic. Measures of care ran deep and included avoiding using the health system through health promotion and prevention behaviours to ensure health workers were able to prioritise COVID patients. Discourses of risk were used to discipline, normalise and protect citizens, so that individuals take responsibility for regulating themselves according to health messaging (Mantzari, Rubin, & Marteau, 2020). This messaging has been underpinned by the notion that individual responsibility for one's own personal safety will also protect the health of others (Nygren & Olofsson, 2020).

However, pandemic self-governance (self-management of epidemiological risk) assumes that people are receiving both the right information for them to act to reduce risk but does not recognise that in a socially unequal world, not everyone has the capacity or resources to protect themselves through changing their behaviour. Findings from our mixed methods research study show a range of ways in which people track their behaviour and that of others around them. We suggest that public health discourses have created new subjectivities which expand the scope of existing self-policing and policing strategies.





# Outputs

Findings from the first round of interviews and survey responses have been published in a summary report on the DCP ECP website and an article published in the *International Journal of Cultural Studies*:

Hjorth, L., Richardson, I., Andrejevic, M., De Souza, R., and Davies, H. 2020. *COVIDSafe: Perceptions and Practices Summary Report*. RMIT University, Melbourne. <https://dcp-ecp.com/reports/covidsafe-perceptions-and-practices>

Andrejevic, M., Davies, H., DeSouza, R., Hjorth, L., & Richardson, I. (2021). *Situating 'careful surveillance.'* *International Journal of Cultural Studies*, 24(4), 567–583. <https://doi.org/10.1177/1367877921997450>

The research was also presented at the 71st Annual International Communication Association Conference in May 2021.

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