



Entering Year 3 of the pandemic: COVID-19 and flu vaccination intention

THE TASMANIA PROJECT REPORT 57

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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 vaccination and vaccination intention among respondents and, for respondents with children, vaccination status and intention to vaccinate children. It also briefly examines prevalence of COVID-19 infection among the sample, and parents' feelings about the return to school.

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

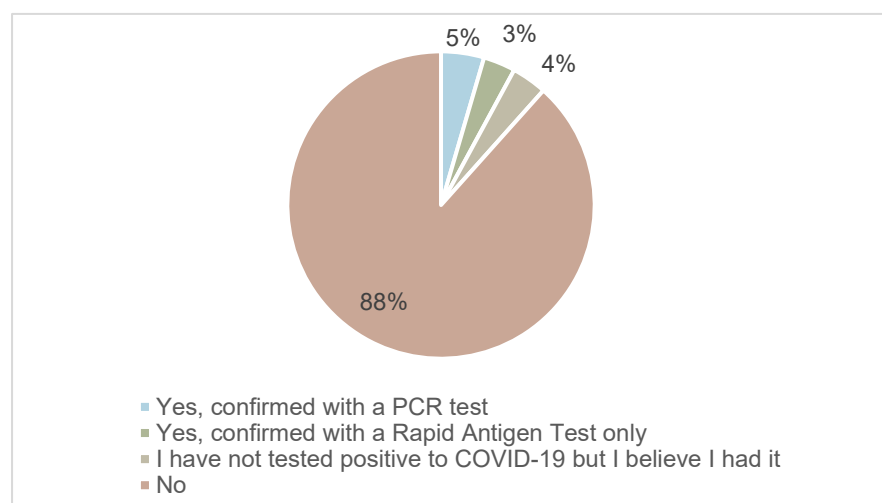
- The majority (88%) of respondents had not had COVID-19 in the three months prior to survey; 8% had tested positive for COVID-19; 4% believed they had been infected with COVID-19 but had not recorded a positive test.
- More than two-thirds of respondents (69%) had received three or more doses of the COVID-19 vaccine.
- Of those who had not yet had a third/booster dose, 61% intended to when they were eligible, 19% did not intend to, and 19% were not yet decided.
- Reasons among those who did not intend to or were not sure about getting a booster dose included a perceived lack of necessity, scepticism about the effectiveness of the booster dose, bad reactions to initial doses, and concerns about vaccine safety.
- Many who were undecided about receiving a booster dose wanted to “wait and see” how various factors relevant to the pandemic unfolded, and some had concerns about setting aside the time to receive and recover from the vaccine.
- Among participants who had received at least one dose of a COVID-19 vaccine, 73% said they would continue to get COVID-19 vaccinations as the government recommended them; 8% said they would not; and 19% were not sure.
- Two-thirds of respondents (66%) intended to get the flu vaccine, 21% did not, and 12% were not sure. Not having had them in the past, concerns about effectiveness, having had “enough” vaccines, and barriers to access were the main reasons for not having or being unsure about having the flu vaccination.
- 81% of parents of 5-11 year old's intended to get their children in that age category vaccinated against COVID-19. 90% of parents of children aged 12-17 reported that their 12-17 year old children were one or two-dose vaccinated against COVID-19.

2. Infection, vaccination and vaccination intention

2.1 COVID-19 INFECTION

We asked respondents to the Reopening Survey whether they had had COVID-19 in the three months prior to survey. The majority (88%) had not had COVID-19 in the prior 3 months; 5% had tested positive on a PCR test, 3% had tested positive on a rapid antigen test (RAT), and 4% believed that they had had COVID-19 but had not tested positive. Those that believed that they had had COVID-19 had generally experienced symptoms. Some were also contacts or close contacts; several stated that they had tested negative on RATs; and many stated that they were unable to access either PCR testing or RATs.

Figure 1: Have you had COVID-19 in the past 3 months? (n=2043)

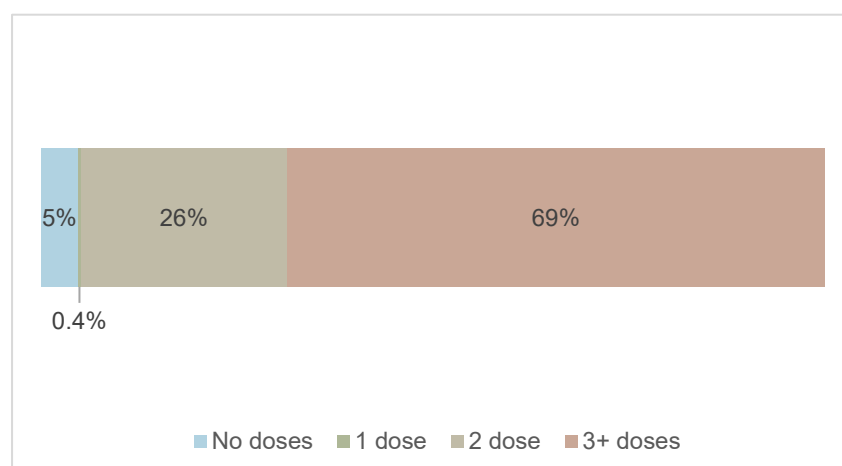


In terms of differences in COVID-19 infection between respondents, there were no differences by sex or region of residence, but those aged 45 and over were less likely to report testing positive to COVID-19 in the three months prior to survey.

2.2 COVID-19 VACCINATION STATUS

We asked respondents how many doses of a COVID-19 vaccine they had received. In line with the general adult Tasmanian population, the vast majority (95%) of respondents had received at least 2 doses. More than two-thirds of respondents (69%) had received three or more COVID-19 vaccine doses, 26% had received two doses, a very small proportion (0.4%) had received one dose, and 5% had received no doses.

Figure 2: Proportion of respondents by number of COVID-19 vaccine(s) received (n=2038)



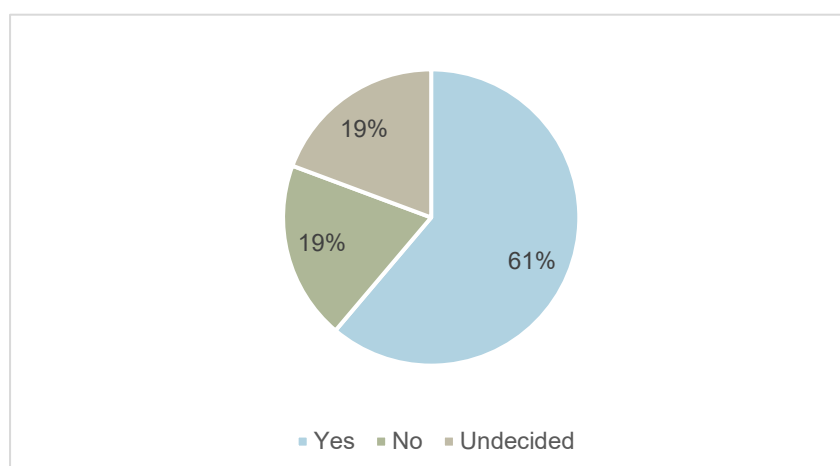
Among the small proportion of unvaccinated respondents, 56% cited personal preference as the reason that they were not vaccinated against COVID-19, 7% were waiting for a different vaccine, and 6% had a medical exemption. Just under one third (31%) selected “other”, and descriptions of other reasons included concerns about vaccine safety, doubts about vaccine effectiveness, the presence of medical issues but difficulty getting a medical exemption, and personal beliefs in the freedom to choose whether to be vaccinated.

With regard to differences in COVID-19 vaccination by participant characteristics, those in South East and West and North West were less likely than those in Hobart to be fully vaccinated (defined as 2 or more doses). Those with a health condition or disability that limited their activity ‘a lot’ were less likely to be fully vaccinated than those whose condition limited their activity ‘a little’, which may reflect that those with severe health conditions are less likely to be able to be vaccinated.

2.3 COVID-19 VACCINATION INTENTION

Those who had not yet had a COVID-19 booster shot were asked whether they intended to get a booster once they were eligible. Most (61%) said they did intend to, 19% indicated that they did not intend to, and 19% were undecided. With regard to differences in intention to get a COVID-19 booster dose, those in West and North West were less likely than those in Hobart to report intention to get a booster dose in the future, and those aged 25-44 were less likely than those aged 18-24 to report intention to get a booster dose once eligible.

Figure 3 When you are eligible, do you intend to have a third dose/booster dose of a COVID-19 vaccine? (n=545)



Among those that did not intend to get a booster, reasons included a perceived lack of necessity, scepticism about the effectiveness of the booster dose, bad reactions to initial doses, and concerns about vaccine safety. These reasons were often intertwined, reflected in statements such as:

“Increasing evidence of risk outweighing benefit for my age and health cohort.”

“I’m fit, young and healthy and for the slightest improvement in odds which are already massively stacked in my favour I would rather not join in a vaccination program that has no long term data on potential side effects”

“Because it is clear that a fully vaccinated person can still contract Covid and pass it on. As a very healthy person with no under-lying health conditions I prefer to rely on natural immunity.”

“I feel uncomfortable with my heart after I received the second dose. And the third dose is for Delta, not for the latest variant.”

Several respondents indicated that they had only received the first two vaccinations because they were mandated and did not want to get the third dose, often because they believed in the freedom to choose.

Among those who were undecided about whether they were going to get a COVID-19 booster, the reasons were quite similar. Bad reactions to the previous doses of COVID-19 vaccine were the most common theme that emerged in people’s open-ended responses, followed by a perceived lack of necessity, concerns about safety, and scepticism about the effectiveness of boosters.

Unsurprisingly, there was more ambivalence or indecisiveness in the reasons cited by those who were unsure about whether they were going to get a COVID-19 booster compared with those who had decided not to get the booster. For example, some indicated that they wanted to “wait and see” how various aspects of the pandemic unfold as they become eligible for the booster, such as whether the government mandates the booster, what the COVID-19 infection numbers

are like, whether better or different vaccine options become available, whether the virus becomes milder, how many boosters will be required, and the evidence on booster effectiveness.

A theme that was present in the reasons of those who were undecided about getting the COVID-19 booster related to individuals' circumstances. Sometimes these circumstances related to self-described characteristics such as being "lazy", "can't be bothered", or "not that phased [sic]", but some answers spoke of logistical concerns:

"Not sure, probably will get it but can't currently be bothered with becoming sidelined for a week due to side effects"

"I also don't like the hassle of having to book a booster and take an hour or two out of my day. I'm definitely not ruling a booster out but I am not in a rush to get one."

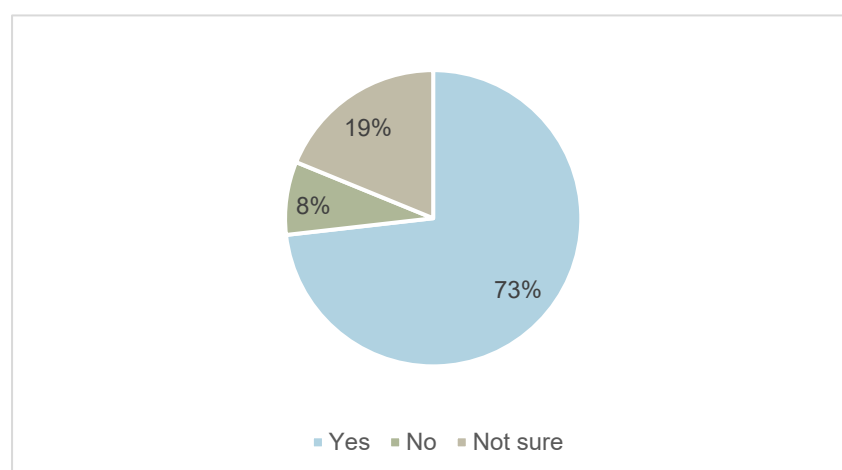
"I became quite unwell as a result of the first two doses for approximately 4 x days, I don't feel I can afford that time off work presently."

"Because I've had Covid already and I can't afford the down time to recover from the jab."

"I'm staying at home, avoiding even going to the doctor/pharmacy/vaccination clinic"

People who had had at least one dose of the vaccine were also asked about their intention to get more COVID-19 vaccinations if the government recommended them. Reflecting the inclusion of people who have already had a COVID-19 booster and therefore have generally more favourable views of COVID-19 vaccines, 73% of respondents indicated that they would get more COVID-19 vaccinations if they were recommended by the government. A small proportion (8%) indicated that they would not get future COVID-19 vaccinations, and 19% were not sure.

Figure 4: Will you get more COVID-19 vaccinations if the government recommends them? (n=1946)



Respondents aged over 65 were more likely than those aged under 18-24 to report intention to get future doses of COVID-19 vaccinations as they were recommended by government while those aged 25-44 were less likely; and those in regions other than Hobart were less likely to report intention to get ongoing COVID-19 vaccinations. Those in South East and West and North

West were more likely to be undecided about future COVID-19 vaccinations than those in Hobart, and those aged 45+ were less likely to be undecided.

Among those who intended to get ongoing COVID-19 vaccinations upon government recommendation, reasons included a desire to protect oneself, particularly in light of health conditions or age; a desire to protect one's family, particularly immunocompromised, elderly, and young family members; a sense of responsibility for protecting the community; trust in science; and belief in the effectiveness of the vaccines at reducing the spread and symptoms of COVID-19. Trust in the government was somewhat tenuous, with several people stating that their decision to follow the government's advice was contingent on said advice being based on scientific evidence and/or health advice, and some taking a slightly cynical view of government decision making:

"Because I believe the government will not spend a lot of money to roll out an additional vaccination without good reason."

Once again, the main reason for those who did not intend to get vaccines on an ongoing basis was because they did not feel it was necessary, generally in light of their self-reported good health and strong immune systems. Many people were opposed to future vaccines on principle, feeling that the mandating of vaccines went against their beliefs and values, and undermined their trust in the government. This loss of trust in the government appeared, in some cases, to be fuelled by advice and decisions from government that were perceived to be inconsistent, such that they were not always based on health advice or represented "shifting goalposts".

Again, some people cited adverse reactions to prior vaccinations as the reason they were not keen on future vaccinations. A number of people expressed that three vaccinations should be "enough"; most often this seemed reflective of pandemic fatigue, but some felt that the government should look at other investment options to help manage the health of Tasmanians:

"Why do we need vaccines? It is time to live with the virus. Build healthy habits. Why is the focus not on treatment? Why has vaccines been our only response, unlike other countries. Why does the WHO say boosters not recommended and then our government chooses the way of boosters. I've lost trust in the 'experts'. There are other voices out there too, also scientifically sound but they are shut down or ignored."

"There are more important health issues in Tasmania Australia that money should be channelled into. The government has wasted hundreds of thousands of dollars on a narrow health perspective. To the detriment of an ailing health system."

"If we have to go to a 4th vaccination other options to control or live with COVID need to be considered such as herd immunity or proper funding for health care. Also ongoing boosters in developed countries are causing vaccine inequity in less developed countries. In addition I object to segregation and the use of mandatory vaccine police."

For those who were unsure about whether they would have ongoing vaccinations, concerns were around effectiveness, side effects, and the intervals at which vaccines would be administered, and several felt that they'd had "enough" vaccinations. With regard to effectiveness, several respondents indicated that they would base their decision on the advice of scientists and health professionals rather than the government. For example:

"I'll get more COVID-19 vaccinations if this follows health recommendations laid out by health organisations. The government does not have my best interests at heart and their opinion is irrelevant."

"I'd more prefer listening to doctors than the current government locally and federally"

"I'll get them if there is strong evidence that they help, but I don't love getting vaccinations that seem almost entirely political, which is where I feel we are getting to with this one."

"I'll make medical decisions on medical advice. Not what premier advises. There are plenty of examples where politics has prevailed over the medical advice."

Many respondents who were undecided about future vaccinations indicated that they would assess the scientific evidence, the COVID-19 context at the time (e.g. case numbers, virulence and severity of the strain(s)), as well as their own health status prior to making a decision.

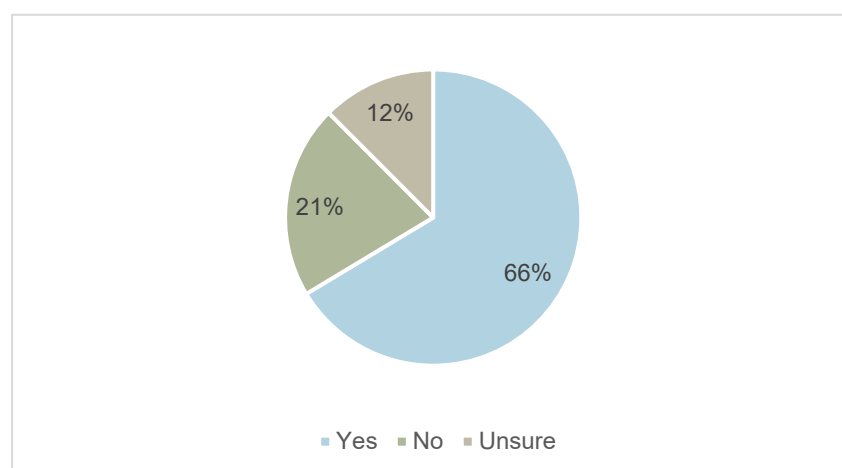
Some respondents with concerns over the intervals at which vaccines were to be administered wanted clarity about how many vaccinations they would need and in what timeframes before they made a decision; some felt that more than three in one year was "too much" but would consider annual boosters; and others were averse to having regular vaccinations being part of their life in general. Some were also not convinced about having more of the same types of vaccines, articulating a preference for different vaccine technologies (e.g. Novavax rather than another mRNA vaccine), more targeted vaccines (e.g. variant-specific boosters similar to the annual flu vaccine), or more general vaccine (e.g. a universal vaccine).

2.4 FLU VACCINATION INTENTION

Health authorities are concerned about a severe flu season this year as 2022 will likely be the first winter since 2019 in which people will be living without severe restrictions on their movements and interactions with others. We asked respondents to the Reopening Survey whether they intended on getting the flu vaccination: 66% said yes, 21% said no, and 12% were undecided.

As with future COVID-19 vaccination intentions, over 65s and those in Hobart were more likely to report intention to receive the flu vaccine, while those aged 25-44 and those in South East and West and North West were less likely to report intention to receive the flu vaccine. Those in South East and men were more likely than those in Hobart and women to be undecided about receiving the flu vaccine.

Figure 5 Will you have an influenza (flu) vaccine when it is available this year? (n=2042)



The most common reason for those not planning to get the flu vaccine was that they had not had it in the past, reflected in statements such as “I don’t usually have it”, “I have never had it”, and “I never have it”. Some people elaborated, citing their health status, strong immune system, absence of risk factors or vulnerabilities, and/or lack of interaction with vulnerable people as reasons that they did not get or intend to get the flu vaccine.

Some respondents reported that they had been advised by their physicians to not have the flu vaccine due to contraindications with medications or treatments they were undertaking or health conditions they experience. Several respondents stated that they had experienced quite severe side effects from past flu vaccinations that had put them off continuing to get them. Numerous respondents were unconvinced about the effectiveness of the flu vaccine. Sometimes this scepticism arose from anecdotal experiences

“The vast majority of people I’ve known who have had the flu vaccine have still had the flu. Usually a short time after having had the vaccination. Whether it’s that or not, it doesn’t work as far as I can see.”

“When I have had it in the past I end up sicker than when I didn’t have it. My Mum gets it religiously every year and ALWAYS ends up sicker than I do!!”

“I’ve never had them and made that decision when my work colleagues all had them and I didn’t. I was the only one that didn’t get the flu.”

Others with concerns about the effectiveness of the flu vaccine noted that it is not effective against all strains of the flu, and some cited figures or results scientific papers or Cochrane systematic reviews.

“Not had it before, need to read more about efficacy. The experts have to make a best guess-timate of which strains to vaccinate against as each season it is very hard for them to know what will happen (very different to Covid and other vaccinations).”

'PS: The fluvax is an educated guess so as far as vaccination goes it isn't the most useful.'

"Cochrane Report on Influenza vaccine does not support its effectiveness."

"The vaccines are not that effective anyway (17% last one I heard of)."

"The influenza vaccine is only 26% effective and it rarely ends up containing the correct variants of influenza."

COVID-19 factored into the decision not to have the flu vaccine for some, with some feeling like they'd had "enough vaccines" or "more vaccines than they intended" and others feeling that the COVID-19 protection measures such as social distancing, mask wearing and staying home when sick were protective enough against the flu.

Among those who were undecided about getting the flu vaccine, the most common reason was also that they had not had the vaccine in the past. Several indicated that they wanted to seek advice of their doctor, family or friends; some stated that they were not yet abreast of the research and evidence; and some wanted to wait and see how severe the flu season was before they made a decision.

For some respondents who were on the fence, COVID-19 made them less likely to get the flu vaccine because of the health protections in place (e.g. masking, social distancing) or feeling over-vaccinated, while others indicated that the pandemic made them more inclined to get the flu vaccine:

"I never usually get one and we've been safe from COVID for 2 years. This year will be different."

"I'm not particularly concerned about influenza, but I might take it to avoid having Covid-like symptoms."

"If I were to get back to my usual activities then I probably would so that it would be easier to distinguish between covid and influenza."

"I've never had it before, but now that I've had the COVID vaccines I'm more inclined to have it."

"I've not had one in the past but the COVID situation has made me more aware of the benefits of vaccines"

Accessibility of the vaccine was a theme that emerged among undecided respondents, with some citing cost as a barrier, and some stating that they couldn't afford the time off work dealing with the side effects:

"Affordability"

"I don't always get around to it or know where to get it. Is it free? And accessible? I am not sure it is, hence my feeling unsure whether I can access that vaccine"

"Don't know if can afford it as hours of work were cut after massive slowdown in trade from border reopening."

"Depends on cost and availability, how much sick leave I have due to isolation requirements"

"Access issues as I live in a remote area and my GP is 2 hours away."

Several respondents indicated that they would get the flu vaccine if it was made easy:

"It depends on how easy it is to obtain."

"I only ever took them on an ad-hoc basis when it was easy to receive one - i.e. at my workplace"

"I normally get the flu vaccine if it is provided through my workplace, however have not independently sought it out."

"Depends on how easy it would be to get it. I'll take the jab If available at the uni campus. But not If need to book a particular time at a clinic."

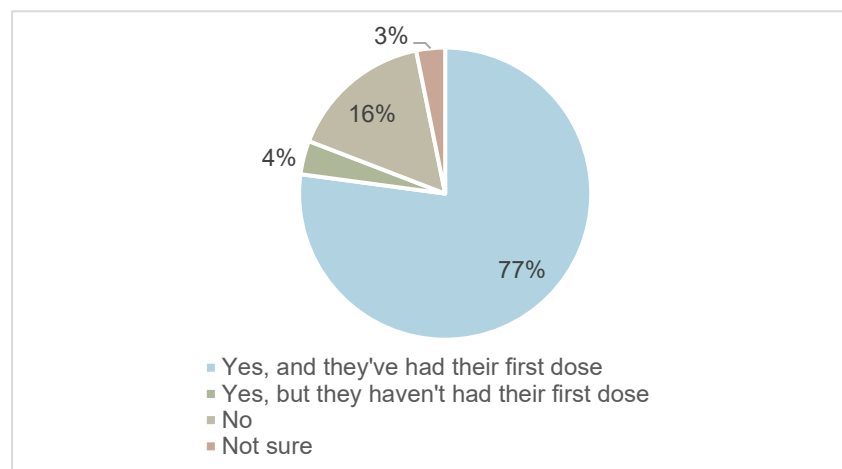
"It's not something that I've had done in the past, but only out of sheer laziness rather than any specific reason. Given the new light that Covid is shining on these things, I'll probably get my flu shot if it's freely available."

3. Children's vaccination and the return to school

3.1 COVID-19 VACCINATION AMONG CHILDREN

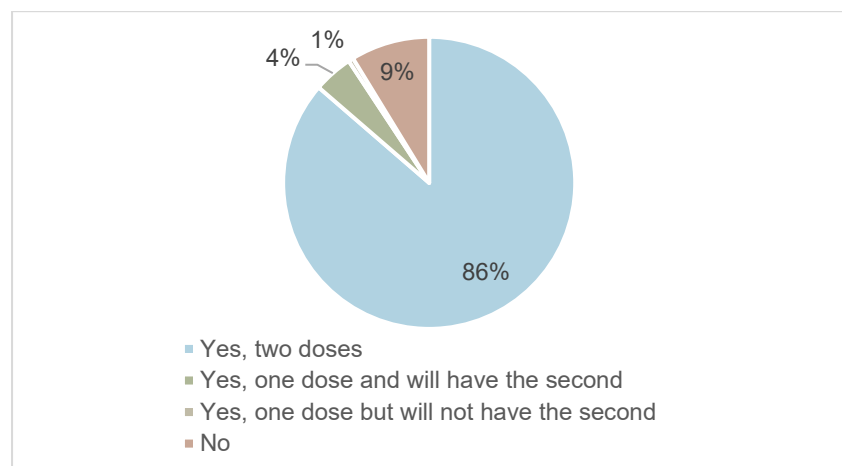
Children aged 5-11 became eligible to receive COVID-19 vaccinations in January 2022, so we asked parents of children in this age group whether they planned to get their 5-11 year old children vaccinated. The majority (77%) indicated that they did intend to get their children in this age group and that their children had received their first dose. An additional 4% intended on getting their 5-11 year olds vaccinated but they had not yet received their first dose. Sixteen percent did not intend on getting their 5-11 year old children vaccinated, and 3% were not sure.

Figure 6 Do you plan to get your 5-11 year old child(ren) vaccinated? (n=188)



Children aged 12-17 have been able to receive COVID-19 vaccines for a longer period of time, so we asked parents of children in this age group whether their children were vaccinated against COVID-19. The vast majority (86%) indicated that their children had received two doses of a COVID-19 vaccine, 4% had received one and planned to receive the second, 1% had received one dose but did not plan on getting the second, and 9% were not vaccinated.

Figure 7 Are your children aged 12-17 vaccinated? (n=183)



Among those whose children were not vaccinated, the main reasons parents cited were concerns about the safety of the vaccine and a belief that the vaccine is less necessary for

children because COVID-19 does not affect children as severely as adults. Safety and perceived necessity were often weighed up against each other, for example:

“Danger of covid is negligible for kids. Not worth the risk of a needle with limited safety research”

“I do not think the risks of short term, mid term or long term adverse effects from vaccination are proportionate to the risks of the disease for this age group - especially given that herd immunity is clearly not a possibility due to the way the vaccines function.”

The safety concerns of a number of parents were around the absence of medium- and long-term data, with some stating that they will decide once that data is available. Some were concerned about the new technology (MRNA), preferring a more traditional vaccine for their children, and some were concerned about particular side effects such as heart issues and future fertility issues.

3.2 PARENTAL FEELINGS ABOUT THE RETURN TO SCHOOL

The return to school in 2022 represented the first time during the pandemic that Tasmanian parents had to contend with their children attending school with COVID-19 circulating in the community. An array of concerns around schooling have been reported in the national and international media, particularly around the risk of infection in schools and the risk to social, emotional and academic development associated with not being at school. We asked parents the open-ended question *“How do you feel about your child(ren) going back to school?”*

The responses were mixed. Many parents were anxious, often expressed in single-word statements such as “anxious”, “uneasy”, “apprehensive”, “worried”, “concerned”, “wary”, “uncomfortable”, and “cautious”. Some parents expressed how the increased infection risk raised concerns in non-school domains:

“a bit nervous...seems like it's just a matter of time until they bring it (COVID) home. I just hope they don't give it to their grandparents and/or get too sick themselves.”

“A little anxious and concerned, its a key vector for COVID 19 and within 4 day of return we have already been notified that classmates have tested positive. Our youngest child isn't fully vaccinated and we also have elderly relatives who are not in great health so this has increased anxiety and also forced us to rethink social contact and activities.”

Many parents' concerns were about their children not being fully vaccinated, and some were concerned about the government's, and to a lesser extent, their children's school's management of the COVID-19 risk:

“Anxious. I would have preferred an online option and/ or stricter protocols around exposure and precautionary testing. I believe children should have had an opportunity to be double vaccinated prior to schools opening up.”

"Awful. I did not want to send them. We should have stayed shut until kids had 2 shots. We only opened to keep the big end of town happy (eg. The federal group) while small businesses suffered because locals were scared to go out"

"Awful. Many members of our household are vulnerable, as is our school aged child, but because his condition is "stable" he is deemed to not be at any more risk from covid than the flu (completely disregarding that the flu could be devastating for him and end up in hospital). The school won't share information with us about cases in other classes."

"Concerned, the school hasn't been overly informative I don't understand how a child can spend an entire day unmasked in a class room and not be considered a close contact"

"I did not want them to go back given the poor management and total political failure to address the problem"

"I don't like it, they have different rules for children regarding when they are classed as a close contact and they haven't had time to be fully vaccinated. Mr Gutwein says children generally have less severe symptoms but what about the vulnerable adults (grandparents caring for grandchildren) that they might infect."

"I feel uneasy and resentful that the Government haven't been more prepared, I feel like our children could easily catch Covid at school and who knows what long term affects it will have on them. I also hate that they have to adjust to us dropping them off at the gate (instead of bringing them in to meet their teachers) and teachers wearing masks right at the start of the year, I think they shouldn't have opened the borders until the children had a chance to be double vaccinated."

"My child contracted COVID19 within the first week of returning to school. I was very disappointed over the lack of forward planning to reduce the risk of school based spread."

Many parents felt positive about the return to school, often indicated with simple statements such as "fine", "comfortable", "ok", "happy", "no issues", "no problem", "happy", and "overjoyed". Parents who felt positive often cited their satisfaction with the school's preparation, confidence in their children's management of the situation, mildness of the virus in children, and the benefits of school for children:

"Comfortable, they need to be socialized and be among friends, the guidelines will be a good learning opportunity in itself about the sacrifices that sometimes have to be made in life"

"Comfortable. They are aware of what they need to do to minimise their risk, and to let me know if they feel protocols are not being followed at school"

"Education and socialising is lot more important to a child than a runny nose."

"Fine. I really hope they can continue with extracurricular activities and social interaction which are as important as the learning and more difficult to achieve without school."

"I am comfortable with my child returning to school, knowing schools have put measures in place to keep everyone as safe as possible."

"I am confident that the school has done, and is doing all that it can to mitigate risk. the children are vaccinated, which reduces their risk of acquisition of the virus, but also reduces their viral shedding if they do acquire it."

"I know it is socially beneficial and I also know that it is virtually impossible to socially distance. I trust that school/teachers will do what is required and my child understands what is required of them, masks, personal hygiene etc. I know that parents who need to work may however continue to send symptomatic children to school and I know that the virus cannot be totally contained so we just do the best we can."

"I think they'll be fine now we know that Omicron is less severe. They have robust immune systems and will recover when they get it."

"I trust the school is doing the best they can under the circumstances"

"I trust them to maintain appropriate hygiene practices and not act irresponsibly."

"I'm comfortable that they are being afforded an opportunity to continue their education whilst being protected as best we can against infection. Whilst I anticipate that there will be an outbreak in my children's school, we have provided them the best chance of avoiding serious illness by having them vaccinated."

"It is necessary for them to socialize and learn and understand how the COVID protective measures can help protect each other"

Several parents had mixed feelings about the return to school, feeling it necessary but having reservations about the COVID-19 situation:

"A bit nervous. I would have liked them to have had their second vaccination before school recommenced, but at the same time, I know the risk of severe illness in children is low. I worry about the teachers more than the children."

"Apprehensive but also want and agree with them returning to school"

"Apprehensive. My child has asthma and often experiences hay fever. Its difficult to know what symptoms are related to those conditions and what is possibly COVID. That said we are also concerned about the impacts on his education if he does not attend school longer term. He is in year 10 this year, so the academic implications of interrupted education are a very real concern at this time."

"Confident that local school will keep us informed. Concerned that my child has more chance of exposure."

"I feel a bit nervous but I know there is no alternative. My son loves school and it is likely that if we get COVID we will only get it mildly (healthy, relatively young and vaccinated where possible)"

"I feel that it is an impossible situation for parents to have to choose - do we send them to school and risk their health or keep them at home and risk their mental health?"

"I was a mess. I wanted them with their friends learning, but I'm worried it will bring covid to our house."

A number of parents mentioned that they were home schooling their children - some because they always had, some in response to the pandemic, and some as a temporary measure until their children were double-vaccinated. Additional protections, particularly masks, were polarising. Some parents felt masks were unnecessary, unsanitary and/or distracting for children, while others indicated that they would feel more comfortable if children of all ages and teachers wore masks.