Australian Government
Asbestos and Silica Safety and Eradication Agency

ASBESTOS SAFETY

Asbestos Awareness Survey 2025

Results and key findings

asbestossafety.gov.au

Contents

Overview

Purpose, approach, participant breakdown

Quick facts: The 2025 Asbestos Awareness Survey was developed in line with the Asbestos National Strategic Plan. This survey is unique as the design used a behavioural lens to understand the reasons underpinning key behaviours relating to asbestos. This will help ASSEA target campaigns to drive behavioural change, rather than just increase knowledge.

The survey used a statistically-representative sample by age, gender, and jurisdiction. In total, 1,614 people participated in August 2025.

The 2025 Asbestos Awareness Survey was designed in accordance with ANSP priorities, using the COM-B model to identify the behavioural drivers and barriers to asbestos-safe practices. The COM-B model is a framework for behavioural change, focusing on three main components: **C**apability, **O**pportunity, and **M**otivation.[1] The relationship between these factors is illustrated in the diagram below. The model is detailed further on the next page.

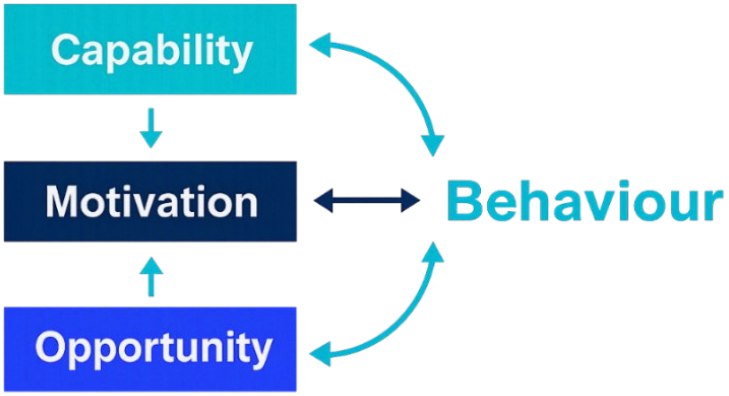

Diagram 1. The COM-B model[2]

Traditionally, government communication has focused on providing the public with information and improving their knowledge. However, knowledge alone is not enough to change behaviour.[3] People make behavioural choices based on a range of factors, including their social environment, their internal (and potentially conflicting) motivations, and their physical opportunities to do so. By understanding these underpinning factors, ASSEA can more appropriately tailor its campaigns to relevant communities and drive lasting behavioural change, rather than simply increase Australians knowledge about the dangers of asbestos and asbestos exposure.

[1] Willmott, T. J., Pang, B., & Rundle-Thiele, S. (2021). Capability, opportunity, and motivation: An across contexts empirical examination of the COM-B model. *BMC Public Health*, 21, 1014. https://doi.org/10.1186/s12889-021-11019 -w

[2] Modified from Mayne, J. (2016). *The capabilities, opportunities and motivation behaviour-based theory of change model.*

[3] Ferris, F. D., von Gunten, C. F., & Emanuel, L. L. (2001). Knowledge: Insufficient for change. *Journal of Palliative Medicine, 4*(2), 145–147. https://doi.org/10.1089/109662101750290164

In addition to this, the survey sought to evaluate respondents' 'knowledge-confidence gap.' That is, ASSEA explored the question '*do people know when they don't know*?' This information is critical as those who overestimate their asbestos knowledge may be more likely to unknowingly undertake risky behaviours – while simultaneously being more difficult to reach in traditional messaging as they are unaware they need further information. As a result, the findings of this survey will inform campaign messaging to effectively target behavioural levers to best promote lasting behavioural change amongst various at-risk groups. It is intended that the survey will be repeated on a regular basis to help ASSEA also track improvements over time.

The sample was statistically representative of the Australian population in terms of age, gender, and jurisdiction. Of the 1,614 participants, 430 (27%) identified as Culturally and Linguistically Diverse (CALD) [4], 249 (15%) as First Nations (Aboriginal and/or Torres Strait Islander), and 338 (21%) were currently, or had previously been tradespeople or 'tradies'.[5] As expected, the majority of respondents (70%) lived in a capital city. The gender breakdown was 48.8% men, 49.9% women, and 1.3% identified as non-binary or another chosen term. The survey ran in-field throughout August 2025.

[4] For the purposes of the data analysis, CALD was defined as someone who spoke a language other than English at home.
[5] 'Tradies' encompassed all who work or have previously worked as a tradesperson. This was a broad classification and participants self-identified but were given examples. *Have you ever worked as a tradie (tradesperson)? For example, plumber, builder, roofer, carpenter, etc.*

The COM-B Model

Quick facts: Human behaviour is complex and cannot be fully distilled into any one theory. Behavioural change models therefore aim to *simplify* behaviours and their drivers in order to understand specific aspects of interest. There are many behavioural change models, each with a differing purpose or focus, so the model needs to be chosen carefully, based on the aims of the study. [6] This section provides further detail on the COM-B model used throughout the survey and explains the rationale behind its use.

Background and limitations

Behavioural insights applies evidence from behavioural science to understand why people behave the way they do in real-world contexts, beyond purely *rational* decision-making. Increasingly, the field has come to recognise that human behaviour is not always optimised by making the most rational decision, but the most 'satisfactory' one, based on many competing factors.[7] In other words, people do not make most of their decisions through a full 'cost-benefit analysis' to come to the best possible choice; instead they rely on a range of influences to make quicker, 'adequate' decisions. For many day-to-day decisions, this works fine. However, when dealing with potentially deadly asbestos, these quick decisions can put Australians at risk.

These quicker, 'adequate' decisions can contrast with people's stated desires. For instance, everyone likely knows exercise is good for them, however, very few achieve the recommended number of hours every week. If everyone already knows it is good for them, repeating this message is unlikely to lead to any change. The goal of applying behavioural insights, therefore, is to reduce the gap between intention and behaviour. In order to do this, we'd have to understand why people *don't* exercise, as well as why they *do*. This is where the COM-B model can assist. The model was developed to help better understand what drives behaviour and how decisions are made.

Importantly, behavioural insights aims to change *behaviour*, not systems. Therefore, if the root cause of certain behaviours is due to systemic issues, like a lack of appropriate options or resources, behavioural insights will not be the right solution. If someone cannot afford something because they have no money, behavioural interventions will not make it affordable for them. To go back to the exercise example – if the barriers are '*my friends hate exercise'* or '*the gym is intimidating'*, these could be addressed through behavioural interventions. However, if the reason is '*I cannot afford the right workout gear*' or '*there are no gyms in my country town'*, then these factors cannot be overcome through behavioural insights campaigns and things like funding and incentives programs would be required. While behavioural interventions would not provide a solution in this case, the COM-B model would still be beneficial in preliminary research, in order to identify *where* these barriers lie, and *whether* future behaviourally-focused communications campaigns would assist.

The model itself

As mentioned, the COM-B model is designed around providing insights into three aspects: capability, opportunity, and motivation. Each of these components are key in producing, and therefore changing,

[6] Michie, S., van Stralen, M.M. & West, R. (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* 6, 42, https://doi.org/10.1186/1748-5908-6-42
[7] Sent, E. (2017). Rationality and bounded rationality: you can't have one without the other. *The European Journal of the History of Economic Thought*. 25, 6, 1370–1386. doi:10.1080/09672567.2018.1523206

behaviour.[8] ***Capability*** refers to the necessary knowledge, skills, and abilities to engage in a behaviour. ***Opportunity*** relates to the external factors which make the behaviour possible, including the social and physical environment. For example, cultural norms or physical location or access. Finally, ***motivation*** refers to the internal thought processes in decision making, including overt reflective planning as well as automatic impulses and desires. According to the theory behind the model, at least one of these components must be changed in order to enable long-lasting behavioural change. By changing (real or perceived) capability or creating opportunities to undertake the target behaviour, we can influence a person's motivation and thereby encourage an ongoing change in behaviour. Behaviour can also influence motivation so, if this change is substantial enough, it can potentially impact upon the determinants of behaviour and lead them to favouring the new behaviour – resulting in more lasting change.

These remain ambitious goals at this early stage of work. However, by following this framework, ASSEA has been able to gather critical insights into the existing drivers and barriers underpinning asbestos-related behaviours. If we better understand how Australians perceive the risks, and how they engage with them, we can design our communications to address these barriers in an informed way, and more appropriately tailor them to differing at-risk cohorts.

Rationale

As an initial survey – the first ever of its kind in ASSEA – it was not intended that the results would *predict* or *explain* the full context of all possible asbestos-related behaviours. Instead, the goal was to *identify* key barriers and drivers and how they intersect. From this information, it is envisioned that ASSEA will be better able to target interventions to encourage effective behavioural change. Where some models aim to ‘narrow in’ on behaviours, these require an existing understanding as to why a behaviour is or is not occurring. Conversely, the behavioural insights function of ASSEA is in its early stages, having existed only since December 2024. Existing data was limited. The COM-B model was therefore chosen to assist in the initial exploration of behavioural drivers and barriers, rather than pre-empting solutions with limited information. This choice will be carefully monitored in future iterations of the survey. In the short term, it is likely to remain unchanged to allow for changes to be tracked over time. This will enable ASSEA to assess the effectiveness of our work, and determine whether our campaigns are helping to lead to meaningful change. At this point in time, it is expected the survey will be repeated, with minor changes, every second year.

[8] Social Change UK (2019). *A guide on the COM-B Model of Behaviour*, https://social-change.co.uk/files/02.09.19COM-Bandchangingbehaviour.pdf

Capability

Quick facts: Capability refers to a person's *psychological* and *physical* ability to perform a behaviour. This includes having the necessary knowledge, skills, and mental or physical abilities requires to carry out the action effectively.

Participants were asked to self-assess their knowledge of asbestos, including what it is, what asbestos-containing materials (ACMs) look like, and where they can be found. They also rated their confidence in identifying ACMs. Separately, these self-assessments were later 'tested' through ten 'True or False' statements about asbestos and ACMs. Similarly, their ability to identify ACMs was 'tested' through ten images, all of which were taken from the Asbestos Product Guide. None of the questions or images were intended to 'trick' participants, as the intent was that anyone who had the requisite baseline level of knowledge to keep themselves safe from asbestos should be able to score 10/10 on each quiz. Therefore, the gap between their self-assessed knowledge and their actual achieved scores can be interpreted as the 'knowledge-confidence gap.'

General awareness

General asbestos awareness was strong, with 91% of respondents saying they knew at least 'a bit' about what asbestos is. This is consistent with previous ASSEA surveys and suggests prior campaigns have been successful in promoting some level of awareness.

A higher proportion of men (32%) reported knowing 'a lot' about asbestos, compared with women (16%). As expected, tradespeople were more likely to state they knew 'a lot' (57%), compared with non-tradies (18%).23.51% b

Respondents were less confident that they knew what ACMs look like. Almost 15% said they 'knew nothing' and 63% said they 'knew a bit'. Again, men (20%) and tradespeople (39%) reported more knowledge ('know a lot'), compared with women (8%) and non-tradies (9%).

About a quarter of those actively undertaking DIY at the time of the survey said they don't know what they'd do if they found asbestos, or even how to find out if their home has it

Confidence and knowledge

As expected, knowledge varied by cohort. Tradespeople, on average, scored 8.2 out of 10, compared with 7.7 for non-tradies. Scores were broadly linear with age; the youngest participants, aged 18-24, fared the worst (6.9/10). Those who spoke a language other than English at home attained lower scores (6.8/10) compared with those who spoke only English (8.1/10).

As seen in Figure 1, higher levels of self-assessed knowledge *generally* correlated with improved performance on the quiz. However, several questions posed substantial difficulty to all groups, with questions 7-9 showing much lower proportions of correct responses, across all levels of self-reported knowledge. In particular, few participants knew that a regular dust mask is insufficient to protect

yourself from asbestos. Even amongst those who reported they 'knew a lot', just 38% answered this question correctly. This suggests further education on protective measures is needed.

People were also frequently incorrect when answering whether '*ACM's are more dangerous when they're old or damaged*' and whether '*nonfriable asbestos can become friable if it is broken*'. In positive news, there were also some questions that most people answered correctly, even when reporting they 'know nothing'. For instance, 61% of people said they 'know nothing' still correctly said '*asbestos is still present in many older homes and buildings.*'

Figure 1: The Knowledge-Confidence Gap – Questions correct by self-assessed knowledge[9]

Confidence and knowledge in identifying ACMs

Examples of the included images. Participants were asked how likely it was that a given image contained asbestos. Answers of 'probably' or 'very likely' were marked correct. [10]

Only 9% of the population said they were 'very confident' in their ability to identify ACMs, while 55% said they were 'somewhat confident'. Once again, this varied by cohort, with tradies (25% very confident) reporting they were more confident in their ability compared to non-tradies (6%). Those

[9] Note that question wording has been shortened to fit on the graph, and the phrasing used does not necessarily represent the exact phrasing of the survey.
[10] Options included 'very unlikely', 'probably doesn't', 'probably does', and 'very likely'.

who have done or were currently doing ‘DIY home renovations’ (14%) were also more likely to rate their confidence higher compared to people planning to do DIY (7%) and people with no DIY experience or intentions (4%).

Unlike the quiz, where confident people generally scored highly, people were in general poor at identifying potential ACMs. To avoid ‘training’ participants that it is possible to definitively determine whether a product contains asbestos simply by looking at it, respondents were asked how *likely* they thought the image was to contain asbestos, with choices along a sliding scale. Therefore, every single incorrect response to this quiz is an instance of someone looking at an asbestos containing material and determining it was ‘very unlikely' or ‘probably doesn’t’ contain asbestos. As seen in Figure 2, the images that people struggled with the most were image 5 of *cement moulded siding sheets* (37% correct), image 3 of *linoleum flooring* (43%), and image 9 of *Weatherboard* (53%).

If the Australian public are unable to identify common products as *potentially* containing asbestos, they will be unable to take proactive measures to prevent the risk of exposure, even in instances where they know asbestos is dangerous and they are motivated to avoid this risk.

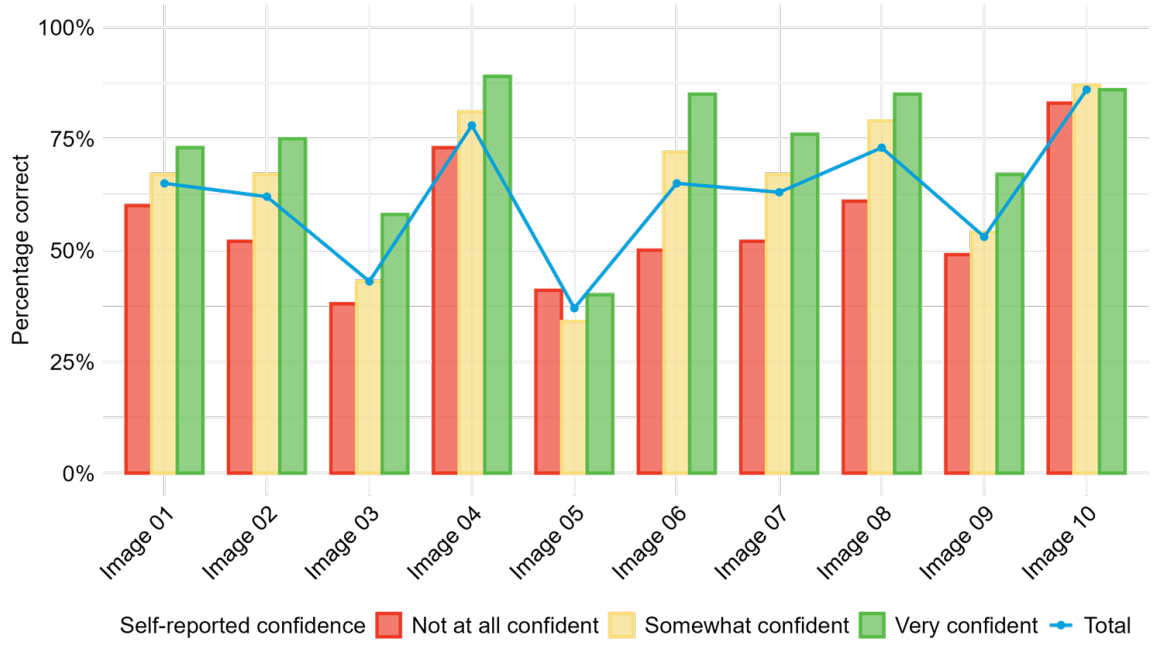

Figure 2: The Knowledge-Confidence Gap – Images correctly identified, by self-assessed knowledge

Key takeaways:

Asbestos knowledge was lowest amongst youth (18-24 year olds) and CALD participants.

The knowledge-confidence gap was fairly linear, suggesting that people are generally aware of their limitations. However, those who believe they know ‘a lot’ yet still get basic questions wrong are at a higher asbestos risk. Campaigns may need to target this group specifically, addressing people who don’t believe they need to hear it.

While tradies’ increased confidence was not entirely misplaced, critical misconceptions remain, putting them at greater risk. There are opportunities for further education across a number of topics. In particular, the belief that regular dust masks can protect from asbestos.

Work needs to be done to address legacy messaging, as many were unaware that the danger increases with the age of the material.

Opportunity

Quick facts: Opportunity encompasses the *physical* and *social* factors that enable or restrict a person's behaviour. This includes things like their physical environment, as well as the social norms of their peers and communities.

Physical opportunity

Participants believed they had limited access to facilities to safely dispose of asbestos, with only about one in three agreeing they had access. Young adults, aged 18-24, were the most likely to say they didn't know one way or the other – consistent with their lower levels of general awareness. Tradespeople were more likely to agree they had access, but still reported low rates overall (50%). This suggests that access, or perceived access, could be a major barrier to safe disposal behaviours.

There were also widespread affordability concerns regarding professional asbestos removal. Just 30% said they could afford professional removal, while tradies and non-tradies disagreed at similar rates. The main difference between these groups was that non-tradies were more uncertain as to whether they could afford it or not.

Furthermore, only half of respondents agreed they would be able to get materials tested to confirm if they contained asbestos, while almost one in five (18%) were uncertain. Perhaps concerningly, rates were still relatively low even amongst tradespeople (66%, as compared with 47% of non-tradies). While DIY-ers were more likely to agree than those who haven't done DIY, over a third stated they lack the ability to get materials tested.[11]

Behavioural interventions assist when there is a gap between *intention* and *action*.[12] Barriers due to structural or systemic issues, such as access or funding, cannot generally be solved through more messaging and better education – unless these views are due to misconceptions. If people genuinely need improved access to testing, removal, and disposal, then behavioural interventions are likely to be inappropriate.

Social opportunity

The social environment of one's peers, colleagues, and family influences their opportunity to undertake target behaviours. For example, if one *knows* the importance of PPE and is *motivated* to wear it, but is worried their colleagues will think they're 'soft' for doing so, they are far less likely to follow through with that behaviour. Similarly, one's social environment can also *encourage* positive behaviours.

The strongest social drivers to encourage positive or safe asbestos behaviours were that people believed their family would be worried if their home had asbestos, and they would want to know (Table 1). Despite this, almost 22% of people said their families would see no reason to remove it. Perhaps surprisingly, this figure was highest amongst those personally doing DIY renovations at the time of the survey (43% of those 'currently' doing DIY vs 21% of those 'planning' it). This belief may act as a barrier to efforts encouraging proactive removal – particularly as home renovations are a key time to consider asbestos removal. Tradies (35%) were also substantially more likely to agree than non-tradies (19%).

[11] For the purposes of this survey, 'DIY' or 'Do-It-Yourself' referred to participants who stated they had personally undertaken home renovations themselves. It did not include 'project managing' home renovations or hiring tradespeople.

[12] Spitzer, F., Abstiens, K. & Karmasin, S. (2025). Integrating behavioural insights in the policy process: on chances and hurdles identified by policy-makers and behavioural scientists. *Mind Soc 24*, 621–663, https://doi.org/10.1007/s11299-025-00333-0

Table 1: Social aspects influencing asbestos-related behaviours

	Agree
My family would be worried if we had asbestos in our house	80%
My family would want to know if our home has asbestos	80%
My friends would say I should check for asbestos before I do any DIY around the house	60%
I know someone who has been diagnosed with an asbestos-related disease	28%
My family would see no reason to remove asbestos if it was in our home	22%
No-one I know cares about asbestos	14%
My friends would say that hiring an asbestos removalist is a waste of money	12%
My friends think the risk of asbestos is overstated	12%
My family would say everywhere has asbestos so it's nothing to worry about	10%

Note that aspects above the black line are 'protective' factors, while those below it act as barriers to safe asbestos behaviours.

The next largest social barrier for desirable asbestos behaviours was that, for some people, their social circles '*do not care about asbestos*'. Not surprisingly, 18-24-year-olds were more likely to agree with this statement (24%), while this figure dropped for each older age group. Alarmingly, the cohort of people 'currently' doing DIY were again more likely to agree (19%) than their non-DIY peers.

Key takeaways

Access to facilities and finances are likely to be barriers to the safe removal and disposal of asbestos. The cost of professional removal is seen as too high or an unknown. Unless these views are misconceptions, these issues cannot be addressed through messaging and education. Incentives and financial support may be needed to promote proactive removal.

Additional support to find disposal facilities may be beneficial. The current directory is difficult to navigate and is not interactive.

Young people and those undertaking DIY are at increased risk on a number of factors. In particular, DIY-ers need education and support to find out if their home as asbestos and – critically – what to *do*. Providing prompts and resources at key decision-making points prior to DIY renovations could be crucial to targeting this cohort.

Young people (18-24) are more likely to say they don't know anyone who cares about asbestos. It is important, particularly for young people, to know that asbestos safety is a shared value. Using peer influencing could be helpful in targeting this demographic.

Motivation

Reflective motivation

Quick facts: Reflective motivation involves deliberate planning, evaluation, and decision-making, such as setting goals or weighing pros and cons before acting. In behavioural insights, this is often referred to as 'thinking slow.'

As seen in the COM-B model, motivation influences – and is influenced by – behaviour. If Australians hold underlying attitudes that motivate them to consider the risk of asbestos, and how to minimise it, they are more likely to take protective actions at the right time. Conversely, those who are unmotivated are at greater risk.

Participants were largely in agreement that asbestos is dangerous and should be avoided (Table 2). Few believed the risk is overstated or that it is not a problem nowadays. While most wanted to avoid ever breathing in asbestos themselves, over a quarter were not concerned about their family being exposed. In addition, a substantial proportion also believed that '*you don't need to worry about asbestos if it is in good condition*'. These beliefs may be a barrier to the encouragement and uptake of proactive removal, and further work may be required to update these beliefs.

Table 2: Drivers and barriers to safe asbestos behaviour, reflective

	Agree
Asbestos exposure is dangerous	96%
It is important to check for asbestos before you do any renovations yourself	95%
I want to avoid ever breathing in asbestos	94%
I'd take steps to make sure my home is safe from asbestos	89%
If I found out my house had asbestos, I'd consider paying for it to be professionally removed	82%
I'm concerned about my family being exposed to asbestos	72%
You don't need to worry about asbestos if it is in good condition	37%
Asbestos is okay if you're careful	32%
I've got bigger problems to worry about; I can't worry about asbestos too	17%
It is pointless trying to avoid asbestos	15%
I am okay taking on a bit of risk if it saves me time	14%
It takes years to get sick from asbestos; there's no point worrying about it	8%
The risk of asbestos is overstated	7%
Asbestos is not a problem nowadays	7%

Note that aspects above the black line are protective factors, while those below it act as barriers to safe asbestos behaviours.

These views were heavily influenced by participants' backgrounds. Of those who believed you *'don't need to worry about asbestos if it is in good condition*', tradespeople or tradies (46%) were more likely to agree compared to non-tradies (35%). There was a linear association with age, and older age groups (46%) were more likely to agree than younger age groups (23%), suggesting that legacy messaging could be a contributing factor to this view. Some cohorts may need messaging around the impacts of time on the condition of asbestos. No product remains in 'good condition' forever and Australian ACMs are now aging. Finally, those who have previously done DIY (47%), or were 'currently' doing DIY (45%) were more likely to agree than those planning it (37%), and non-DIY-ers (27%).

This pattern was repeated in other sections within reflective motivation, consistently increasing the risk for these cohorts. For instance, tradies (14%) were more than twice as likely to agree that 'the risk of asbestos is overstated' than non-tradies (6%); those currently undertaking DIY were the most likely to agree (18%), while all other DIY-cohorts were around 6-7%. DIY-ers and tradespeople were also more likely to agree that it is '*pointless trying to avoid asbestos'*. Again, notable differences were seen when comparing the 'past', 'present', and 'future' DIY groups: Those 'currently' doing DIY were the most likely to agree that it is pointless (28%), compared to those planning to do DIY (21%), previous DIY-ers (15%), and those who have no DIY plans or experience (13%). As mentioned, tradespeople (25%) were also substantially more likely to agree than non-tradies (13%). Interestingly, people who are Aboriginal and Torres Strait Islander (23%) were also more likely to agree on this point than non-indigenous participants (15%).

DIY status was also a factor in the proportion agreeing that they have '*bigger problems to worry about than asbestos'*. Again, people who were *currently* doing DIY (25%) were more likely to agree, compared to those who had previously DIY-ed (16%), those who planned to DIY (19%), and those who had no DIY experience or plans (16%).

People *currently* undertaking DIY are a unique cohort, with unique motivations and views. While this survey was not longitudinal and did not follow these groups as they transitioned from 'planning' to 'completion', *current* DIY-ers consistently held beliefs that were distinct from other DIY cohorts. It is possible that as people work through a project, their priorities and motivations shift. It is apparent that this group requires tailored, timely communications to address their unique needs.

Automatic motivation

Quick facts: Automatic motivation involves processes such as habits, emotional responses, or impulses that operate without deliberate intention. In behavioural insights, this is often referred to as 'thinking fast'. 'Snap decisions' made on feelings or usual defaults are examples of this style of thinking.

Most participants would be upset if they or their family were exposed to asbestos (Table 3). However, many people simply do not think to check if something could contain asbestos, including their own homes. Taken holistically, most people are aware asbestos is dangerous and want to avoid it but don't think about it or forget to check for ACMs.

However, as with reflective motivation, different aspects of automatic motivation varied widely based on demographic factors. Of those who '*don't think to check if something could contain asbestos'*, 18-24-year-olds (64%) were the most likely to agree. Again, this was a fairly linear relationship, as agreement dropped to around 45% for most of the middle-aged groups, down to the lowest amongst 65-74-year-olds (34%). Fortunately, tradespeople (33%) were less likely to agree than non-tradies (51%). However, this still means around a third of tradies don't think about it. Similarly, those who have done, are doing, or plan to do DIY were all less likely to agree (40%) than their non-DIY

counterparts (54%). While this is positive, as it means those involved in DIY have some additional salience of asbestos, it still leaves around 40% of all DIY-ers failing to check.

Table 3: Drivers and barriers to safe asbestos behaviour, automatic

Automatic motivation	Agree
I'd feel upset if I found out my family had been exposed to asbestos	91%
I'd be upset if I found out I'd been exposed to asbestos	89%
It would bother me if there was asbestos in my house	81%
I am scared of asbestos exposure	68%
I don't think to check if something could contain asbestos	47%
I've never thought to check if my home had asbestos	45%
I don't think about asbestos at all	39%

Note that aspects above the black line are protective factors, while those below it act as barriers to safe asbestos behaviours.

This pattern was also reflected in peoples' homes as just under half said they never thought to check if their home has asbestos. This is likely another barrier towards the goal of proactive removal. People may need additional prompts to consider there may be dangerous asbestos within their own home. Fortunately, this figure was substantially lower for tradespeople (31%), consistent with their greater awareness of checking for ACMs.

Overall agreement for '*I don't think about asbestos **at all***' was lower than the '*checking'* questions, suggesting people do think about asbestos more generally, but may not consider if they should investigate a material or their home. Tradespeople were once again less likely to agree than non-tradies (28% to 41%, respectively). However, this is still a substantial proportion of people within the trades who say they don't think about it *at all*. As this group is more likely to risk exposure, this is a particular area that may need to be addressed.

'*I am scared of asbestos exposure'* was the lowest of the protective factors. Just over two-thirds agreed, but it was slightly lower for both tradespeople (63% vs 69% of non-tradespeople) and those doing DIY (59% vs 70% of non-DIY-ers). Once again, those currently doing DIY (77%) were the least likely to care if they '*found out they had been exposed to asbestos'* compared to those who have DIY-ed in the past (89%), those planning to DIY (94%), and those not planning and not experienced (88%). Perhaps not surprisingly, tradies (84%), cared less than non-tradies (90%). In short, the groups more likely to experience exposure are the groups least worried about it. Fear is therefore unlikely to be a good motivator in messaging campaigns.

Key takeaways

People are largely in agreement that asbestos is dangerous and should be avoided. Most want to keep their home safe from asbestos and would consider getting it removed.

However, a substantial proportion of Australians – particularly older Australians – believe that you don't need to worry about asbestos if it is 'in good condition.' It is possible this cohort needs updated messaging targeted to them to explain that most ACMs are now deteriorating from age, and the risk is increasing over time.

Key at-risk cohorts, including DIY-ers and tradies stood out on numerous risk factors. People doing DIY at the time of the survey, in particular, were more likely to hold dismissive attitudes than their peers. This group is likely facing competing priorities, increased stress, and budgetary constraints than their peers in the 'planning' stage which may impact upon their cognitive load and their ability to continue to care.

Targeted messaging needs to be delivered (and continue to be delivered) at key points throughout the DIY journey so that the message is salient and remains 'front of mind' when needed. Interventions should focus on proactive prevention or protective behaviours to keep oneself or one's family safe. Segment messaging may also be useful to target the notable cohort with dismissive attitudes, tying the purpose with the action using values-based framing. In practice, this could look something like *'I check before I drill to protect my family'.*

Fear alone was not found to be a strong protective factor and is unlikely to translate well to action.

Many people have never thought to check if something contains asbestos, including their homes. People need timely reminders and calls to action to check or investigate.

The gap between emotional concern and preventive action suggests a need for interventions that activate reflective motivation - helping people connect their concern to concrete behaviours like checking for asbestos or seeking information.