

## **National Asbestos Awareness Survey**

Prepared for the Asbestos Safety and Eradication Agency



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# **Executive Summary & Recommendations**

## **Summary of findings**

SEC Newgate Research was commissioned by the Asbestos Safety and Eradication Agency (ASEA) to conduct a nationally representative survey to measure progress towards the National Strategic Plan for Asbestos Awareness and Management 2019-2023 (Asbestos National Strategic Plan) targets—evaluating public knowledge, attitudes, behaviours and information needs regarding asbestos risks. A total of n=2,316 adults were surveyed online and via telephone, including sample boosts for three key cohorts of interest: household decision-makers, workers in key sectors with a higher prevalence of older government-owned buildings that may contain asbestos, and construction workers and tradespeople. The survey was conducted from 11 March to 4 April 2022, with a robust overall maximum margin of error (MoE) of +/-2.0% at the best-practice 95% confidence level; the MoE for the three target cohorts ranged from +/-2.2% to +/- 4.9% at the 95% confidence level.

- **Perceived risks of asbestos:** When shown a list of potential asbestos scenarios, Australians tend to believe the consequences would be extremely serious (e.g. contracting cancer or another asbestos-related disease)—though these scenarios are also judged to be relatively unlikely, particularly in the workplace. Among six scenarios tested, people feel they are most likely to encounter undisturbed asbestoscontaining materials (ACMs) at home or at work—this scenario is also judged to be the least serious in terms of potential consequence.
- Knowledge of asbestos: When asked to describe asbestos, people
  typically say it is a dangerous building material with serious health
  consequences—with one in four mentioning cancer or lung disease.
  - When prompted, only three in ten Australians feel they know 'a fair bit' or 'a lot' about where it can be found. This is slightly more than the one in four who feel the same about knowing what ACMs are and what they look like. When prompted, two in five feel they know 'a fair bit' or 'a lot' about the potential health impacts of asbestos exposure.
- Asbestos facts and myths: When prompted, most are able to correctly
  pick out facts about the health impacts of asbestos exposure, disposal
  requirements, its prevalence in older homes, the increased risks of
  deteriorating fibres, and the risks posed by even small quantities.
  - However, many remain uncertain when asked to select whether statements were myths or facts—particularly about whether fibres are always visible or not, whether it's truly found in one in three homes, whether it's better to leave asbestos undisturbed in most cases, whether the health impacts of exposure is immediate, and whether a removalist is required for small quantities.



## **Summary of findings (cont'd)**



- Identifying asbestos: When asked where asbestos may be found, people most commonly mention walls, roofs and ceilings—with those unsure more likely to be younger and/or to speak a language other than English at home. Indeed, key indicators of knowledge and confidence across the survey tend to relate to age and experience.
  - When prompted with a list, 90% are able to choose at least one correct household site where asbestos might be present—but only 75% at most can correctly identify each potential site of asbestos, suggesting a serious knowledge gap.
- Managing asbestos: Confidence is fairly limited when it comes to managing asbestos in a variety of scenarios. When asked how they could hypothetically dispose of asbestos, most say they would contact a licensed professional—though we know from previous research that this intent, along with knowledge and confidence, is likely overstated.
  - Indeed, 20% admit to considering at least one inappropriate disposal method—and among these are a higher prevalence of tradespeople, workers in key sectors, recent migrants, younger people, those with children living at home, those who prefer to DIY, and men in general.

- Information needs: Around one in ten have sought asbestos-related information in the past 12 months. Search triggers are varied, including finding out a property may contain asbestos, planning a project, seeing asbestos in the news, finding potential ACMs, needing to dispose of ACMs, knowing someone who has been exposed to asbestos, and wanting to engage an asbestos professional.
  - Most feel it is relatively easy to find relevant information—suggesting a potential uniformity or simplicity of *content* needs despite varying motivations. When asked where they would go to find information in the future, the most common choices are licensed asbestos professionals and ASEA—followed by general internet searches, the local council, a government agency, or a qualified tradesperson. Information *source* preferences varied greatly by cohort—these appear on pages 43-45.
- Asbestos training: Four in five tradespeople surveyed say they have participated in some form of work-related training—though only a quarter cite a dedicated asbestos course, and only half are confident their training was before being potentially exposed to asbestos at work.

#### Suggested actions

The research findings underscore the pervasive challenges of communicating effectively to improve desired asbestos safety behaviours.

There is a clear need for ongoing engagement with the general public and specific at-risk cohorts—conveying the continuing prevalence of asbestos in Australia, where asbestos can be found in the built environment, and how to identify and manage ACMs safely.

Building on the efforts of ASEA and its stakeholders working in this space, we have drawn on the expertise of our colleagues at SEC Newgate Communications to suggest the following actions for consideration.

**1. Enhancing the ASEA website:** ASEA is rated by the public as the second-most preferred source of information about asbestos (page 43). This means an enhanced online presence would provide a good opportunity to ensure people have ready access to reliable information—rather than general internet searches (the next most preferred way to find asbestos information).

The current ASEA website is clean, clear and factual. However, we suggest it would be worth testing it with target cohorts to ensure it is seen as relevant, useful and easy to navigate; this is particularly true in the context of other information sources people may be finding on their own. For example: Some cohorts may require more prominent visual prompts to draw their attention, others may struggle to navigate to the right advice, and some may prefer more visual explanations (e.g. videos can help transcend language barriers).

**2. Search engine optimisation:** Driving traffic to ASEA's website would maximise its impact. We note that Google search terms such as 'asbestos', 'managing asbestos' and 'is this asbestos?' currently yield a mix of commercial, government and US-based information sources—with ASEA not always amongst the most prominent top results.

It would be worth investing in search engine optimisation strategies to help the public cut through the clutter-particularly when the survey results show they primarily want dependable advice from trusted government sources. **3. Paid targeted social media activities:** As ASEA has no doubt seen through its work to date, paid targeted social media campaigns can be highly effective for reaching at-risk cohorts. Social media channels were amongst the most commonly cited sources of asbestos information (see page 39). They are especially preferred by younger people aged 18-34, compared to the rest of the population—as well as men and those who have migrated to Australia within the past 10 years (see pages 43-45). The research findings suggest there is tremendous value in ASEA's continued use of paid targeted campaigns, given its pervasive reach.

**4. Research findings media campaign:** In addition to ASEA's work leveraging National Asbestos Awareness Week, the National Awareness Survey findings provide an evidence base for an ongoing campaign. It would allow ASEA to use the evidence base to tell compelling stories about Australians' asbestos attitudes, knowledge gaps and personal impacts.

Our experience suggests that the more localised the findings are, the greater the 'buzz'-dovetailing well with the robust state-based sample sizes achieved in this survey. A potential media plan-working at the national, state/territory and regional levels-should consider:

- · Headline findings and interesting angles-e.g. who are those most at risk;
- Target channels—including metropolitan and regional print, TV, radio and specialist programming such as home improvement shows;
- Release strategy—e.g. weekend TV news and the Sunday papers may be ideal partners as they are well-read by homemakers, followed up with weekend radio interviews on metro and regional stations; and
- Accompanying paid social media campaigns on relevant platforms, as noted earlier.
- **5. Trade and partnership comms:** We note ASEA is also well advanced in its industry engagements. This research endorses the continuation of these efforts—including maintaining a presence at home improvement tradeshows and in point-of-sale materials, providing safety advice in DIY content produced by retailers and lifestyle programs, improving residential property disclosures by working with the real estate sector, and conducting educational outreach with TAFEs, tradespeople and construction employers.

## **Defining the cohorts**

Within the Asbestos National Strategic Plan, National Target One focuses on increasing the awareness and knowledge of the health risks of ACMs, as well as increasing knowledge of sources for trusted information about asbestos-particularly amongst three key cohorts.

To report against the Asbestos National Strategic Plan, SEC Newgate worked with ASEA to clearly define the three cohorts in survey data-with "homeowners and home occupiers" translated as those who make key household decisions (e.g. how to manage asbestos), "workers in workplaces with ACMs" approximated by those who work in key sectors (see page 9) with a higher prevalence of older government-owned buildings (deemed more likely to contain asbestos), and "tradespersons in contact with ACMs" defined as those working in specific industry sectors or roles (see page 10) that elevate their exposure risk.

The following pages highlight key findings for each of these three cohorts, including what sets them apart from the rest of the population.



#### **Total adult** population

(Main sample)



Sample size:



Online



MoE\*: +/-2%

\* MoE = The maximum margin of error at a very robust 95% confidence level.

#### **Key cohorts of interest:**



#### Household decision-makers

(95% of population)



Sample size: n=1.997



Online



MoE\*: +/-2%



#### **Workers in** key sectors

(22% of population)



Sample size:



Online



MoE\*: +/-5%



#### **Tradespeople**

(8% of population)



Sample size: n=400\*\*



Online and telephone (boosted)



<sup>\*\*</sup> Down-weighted to population proportions in all community-wide results reported throughout.



## **Key findings: Household decision-makers**

of the general

population

All comparisons made throughout the report are comparing this cohort with the remaining 5% of the general population.

Amongst our general population main sample, 95% described themselves as being primarily or jointly responsible for major household decisions-making them a priority cohort given their decisions (e.g. to commence a home improvement project) can expose the rest of their household to asbestos risks.

Compared to those who were not decision-makers, members of this cohort were more likely to be older and more likely to have already had children, more financially secure and with higher household income, and more experienced in home improvement projects (including helping family and friends in an unpaid capacity). Key take-outs for the household decision makers cohort are outlined below:

More than four in five (81%) knew at least a little about the health impacts of asbestos and 84% correctly believed "the health effects of asbestos may continue even after a person is no longer in contact with it" (although, 16% believed this to be false or were unsure).

More than four in five household decision-makers were aware that "there are rules about removing and disposing of asbestos from homes" (83%), that "it is worth paying a professional to dispose of any asbestos found in your home" (84%), and that "asbestos must be disposed at a facility that can lawfully receive it" (84% correctly believed this to be true).

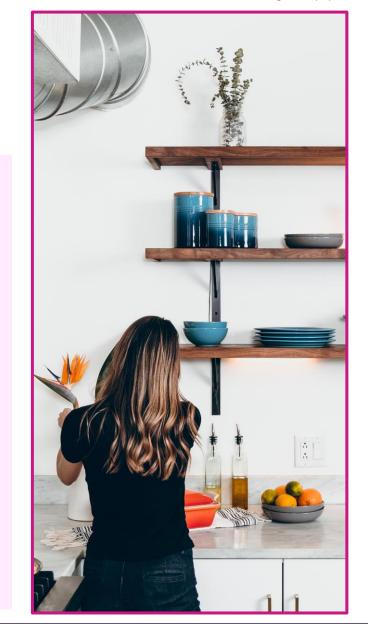
#### **Recall of information** about asbestos was low;

three in four (74%) household decision-makers have not seen, heard, or read anything about asbestos in the last 12 months. For the 16% of household decision makers who did recall anything, they were most likely to have heard about it from TV (33%) or word of mouth from family, friends and neighbours (28%).

A majority of household decision-makers knew at least a little about asbestos, including what it was (66%), where it could be found (74%) and what it looked like (64%).

#### Some of the views held by household decision-makers regarding handling asbestos included...

- 32% felt "an approved removalist is only needed to remove asbestos if there is a lot of it".
- 15% believed "only tradespeople run the risk of disturbing asbestos".
- 14% agreed "it is okay for homeowners to remove asbestos from their home without professional help".
- 12% believed "removing a little bit of asbestos by yourself does not put you in danger".





## **Key findings: Workers in key sectors**

**22%** of the general population

All comparisons made throughout the report are comparing this cohort with the remaining 78% of the general population.

'Workers in workplaces with ACMs' are a key cohort under the Asbestos National Strategic Plan. In this study, we have proxied this cohort by focusing on workers in key sectors with a higher prevalence of older, government-owned buildings that are more likely to contain asbestos—in particular, those working in correctional and detention services, education and training, health care and social assistance, public administration and safety, or another sector with a government-owned building.

Compared to the rest of the population, members of this cohort were more likely to be younger, living in a metropolitan area, have attained at least a bachelor degree, have higher household income, have migrated to Australia within the last decade, identify as Aboriginal and/or Torres Strait Islander, and have more experience with home improvement projects in general (including helping others in an unpaid capacity). Key take-outs for this cohort are outlined below:

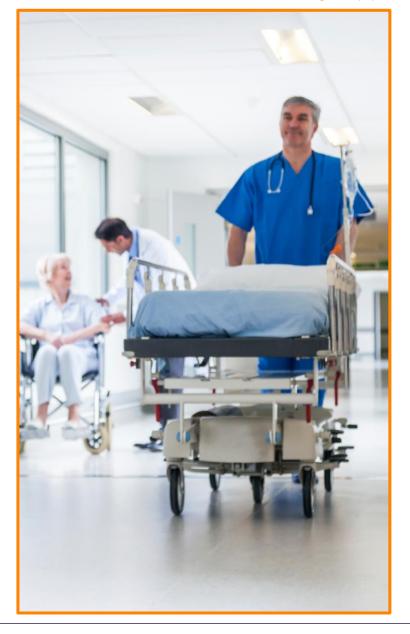
Workers in key sectors were more likely to perceive the likelihood of encountering asbestos-containing materials as high, both at the workplace and in their personal life.

Workers in key sectors were more likely to choose incorrect potential locations for asbestos, including metal roofing, ceramic or marble benchtops, and glass tiles, compared to the rest of the population.

They were twice as likely as the rest of the population to have seen, heard or read about asbestos in the last 12 months (28% vs 13%).

Workers in key sectors displayed a higher level of confidence when it came to handling (25%, vs 18% of the rest of the population) and disposing (28%, vs 20% of the rest of the population) of materials containing asbestos, perceiving various scenarios around encountering asbestos as less serious.

They were more likely compared to the rest of the population to have selected inappropriate disposal methods in hypothetical scenarios where they found materials containing asbestos, including at home (31%, vs 16% among the rest of the population) and at work (29%, vs 18% among the rest of the population).





## **Key findings: Tradespeople**

**8%** of the general population

All comparisons made throughout the report are comparing this cohort with the remaining 92% of the general population.

'Tradespersons in contact with ACMs' were defined in this study through a combination of relevant industry sectors and roles. Within the general population main sample, they accounted for 8% of all Australian adults—including several dozen types of roles in construction, professional trades, utilities, manufacturing, and repair and maintenance (see footer for a full list).

Compared to the rest of the general population, members of this cohort were more likely to be younger, male, self-employed, with higher household income, and holding a trade or technical qualification. Perhaps unsurprisingly, they were also more likely to be experienced with home improvement projects (including helping family and friends in an unpaid capacity), and to prefer to DIY. Key take-outs for the tradespeople cohort are outlined below:

Tradespeople were significantly more knowledgeable about knowing where asbestos materials could be found (90% vs. 71% total), what asbestos is (84% vs. 64%) and what it looks like (83% vs. 62%).

Tradespeople were more likely to feel confident in all scenarios around asbestos.

Around a third (32%) of tradespeople have looked for information, and seen, read or heard anything about asbestos—triple that of non-tradespeople.

Not surprisingly, tradespeople were more likely to view the possibility of an asbestos scenario in both their personal and work lives as very likely, compared to the general population.

While there was significantly higher self-stated knowledge around where asbestos materials could be found, at least a fifth remained unsure or incorrectly believed some risky construction items did not contain asbestos.

A quarter (26%) of tradespeople agreed that "it is okay for a tradesperson of any qualification to remove asbestos from a workplace".

While this may be correct under certain circumstances, it may also be due to over-confidence in their qualifications, a lack of knowledge, or a more relaxed attitude when dealing with asbestos.

Overall, tradespeople were roughly on par with the general population in viewing interactions with asbestos as serious;

however, in some instances, tradespeople indicated slightly lower likelihood to perceive certain asbestos scenarios as serious (e.g. only 60% perceived encountering fragments of asbestos-containing material as serious, compared to 63% of the general population).





## Performance against the Asbestos National Strategic Plan

National Target One of the Asbestos National Strategic Plan focuses on increasing the awareness and knowledge of health risks of asbestos-containing materials (ACMs), as well as increasing knowledge of sources for trusted information about asbestos.

The following table outlines key survey indicators of progress towards National Target One.

|   |     |  | Cohorts   |                      |   |                      |   |                      |
|---|-----|--|---|----------------------|---|----------------------|---|----------------------|
| Objective                                     |     |  | Household decision-<br>makers<br>(n=1,997)              |                      | Workers in<br>key sectors<br>(n=456)                    |                      | Tradespeople<br>(n=400)                                 |                      |
| outcome                                       | Q#  | Key metric   | Asbestos<br>National<br>Strategic<br>Plan Target<br>(%) | Survey<br>result (%) | Asbestos<br>National<br>Strategic<br>Plan Target<br>(%) | Survey<br>result (%) | Asbestos<br>National<br>Strategic<br>Plan Target<br>(%) | Survey<br>result (%) |
|   | Q6  | Proportion who know at least 'a little bit' about the impact that asbestos can have on their health  | 80+   | 81*                  | 100   | 79                   | 100   | 89*                  |
| Increasing<br>awareness                       | Q11 | Proportion who correctly selected the following statement as 'true': "The health effects of asbestos may continue even after a person is no longer in contact with it" | 80+   | 84*                  | 100   | 82                   | 100   | 89*                  |
| and<br>knowledge<br>of the health<br>risks of |     | Proportion who correctly selected the following statement as 'true': "The poorer the condition of asbestos, the higher the risks to health"                            | 80+   | 71*                  | 100   | 67                   | 100   | 75*                  |
| ACMs  |     | Proportion who correctly selected the following statement as 'true': "There is no safe level of exposure to asbestos"  | 80+   | 75*                  | 100   | 72                   | 100   | 80*                  |
|   |     | Proportion who correctly selected the following statement as 'false': "The health effects of asbestos are immediately noticeable"                                      | 80+   | 58*                  | 100   | 54                   | 100   | 70*                  |
| Increasing awareness of                       | 040 | Proportion who would know at least one source they would turn to if they needed information about asbestos   | 80+   | 92*                  | 100   | 94*                  | 100   | 98*                  |
| where to<br>source<br>information             | Q19 | Proportion who would know at least one government source they would turn to if they needed information about asbestos  | 80+   | 59*                  | 100   | 56                   | 100   | 53                   |

NB: For Q11, statements have been grouped into 'facts' vs. 'myths' as a convenient shorthand for evaluating broad community sentiment—though we recognise that some 'facts' may be technically false under certain circumstances, and similarly some 'myths' may be technically correct under certain circumstances.



## Introduction

#### **Background and Objectives**

The Asbestos Safety and Eradication Agency (ASEA) oversees national actions to improve asbestos awareness and the effective and safe management, removal and disposal of asbestos.

ASEA aims to prevent exposure to asbestos fibres in order to eliminate asbestos-related diseases in Australia by coordinating the implementation of the Asbestos National Strategic Plan.

Within the Asbestos National Strategic Plan, National Target One focuses on increased awareness and knowledge of the health risks of asbestoscontaining materials (ACMs), as well as increased awareness of where to source trusted information about asbestos.

In particular, National Target One aims for increased awareness and knowledge about asbestos to be achieved among the following key cohorts:

- All tradespersons in contact with ACMs;
- All workers in workplaces with ACMs; and
- 80% of homeowners and home occupiers.

As part of its tracking against the Asbestos National Strategic Plan, ASEA has previously commissioned national biannual asbestos awareness and attitudes surveys (in 2014, 2016 and 2018). With the current phase of the Asbestos National Strategic Plan having reached its mid-term review at the end of 2021, ASEA sought to continue tracking and measuring the progress of National Target One amongst its key cohorts of interest. This year's survey was significantly recalibrated to serve as a refreshed benchmarking tool.

To this end, SEC Newgate Research was commissioned to undertake a national survey to measure and evaluate the community's awareness and knowledge of asbestos health risks, and their information needs. The research sought to:

- Provide robust measurement at national and state levels of each target cohort

   i.e., tradespersons in contact with ACMs, workers in workplaces with ACMs,
   and homeowners/occupiers (including those who have or intend to
   undertake home improvements a more granular cohort who have been
   surveyed recently in separate studies conducted by SEC Newgate Research);
- Evaluate progress against National Target One of the Asbestos National Strategic Plan and identify current levels of awareness and knowledge about asbestos;
- Measure levels of awareness and knowledge of the health risks of asbestos amongst each target cohort;
- Understand sources of information used, and the perceived reliability of this information amongst each cohort - in addition to information needs and preferences around asbestos; and
- Identify gaps in awareness and knowledge of health risks and usage of information to inform the development of additional interventions needed to meet National Target One.





#### **Research Methodology**

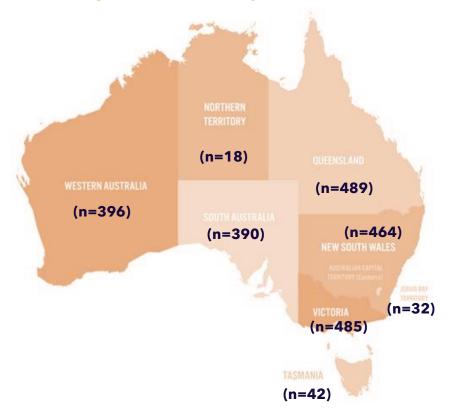
#### Overview of approach

- A nationally representative survey conducted online and via phone
- Conducted between 11th March and 4th April 2022
- Fieldwork conducted by SEC Newgate Research's trusted partner CanvasU
- Quotas set by age, gender and location of residence, in accordance with Census proportions
- Participant sample sourced from opt-in market research panels managed by CanvasU's professional panel partners
- Questionnaire developed by SEC Newgate Research in consultation with ASFA

#### **Participant overview**

- The survey was conducted with n=2,316 Australian adults.
- The population-representative 'main sample' included n=2,095 participants, surveyed online. This included natural-fallout proportions of n=1,997 household decision-makers, n=456 workers in key sectors with a high prevalence of older government-owned buildings, and n=179 construction workers and professional tradespeople.
- The tradespeople cohort was boosted to a total of n=400 to improve the robustness of results. This included the n=179 from the main sample, a further n=121 via targeted online surveying, and n=100 via telephone surveying. Similarly, the online main sample also included boosts by jurisdiction where feasible, to ensure at least n≈400 for the most populous states (i.e. NSW, VIC, QLD, WA and SA).
- Results were weighted back to population-representative proportions. The sole exception is the tradespeople cohort, whose results are presented unweighted - please see the notes to the reader page.

#### Total sample breakdown by location (n=2,316)



|                  | Total adult<br>population<br>(online) | Household<br>decision-mkrs<br>(online) | Workers in<br>key sectors<br>(online) | Tradespeople<br>(online and<br>telephone) |
|------------------|---------------------------------------|--|---------------------------------------|---|
| Sample size (n=) | 2,095                                 | 1,997                                  | 456                                   | 400                                       |
| Margin of error* | +/- 2.1%                              | +/- 2.1%                               | +/- 4.6%                              | +/- 4.9%                                  |



#### Notes to the reader

#### When interpreting findings in this report, please note:

- The base (number and type of respondents asked each question) and the actual survey questions are shown in the footnote.
- Quotas were set for age, gender and place of residence based on population-representative Census proportions, with prospective survey participants then screened out if they were not an Australian resident aged 18+ years.
- Quota results were then weighted back to Census proportions to account for any sampling bias, yielding population-adjusted proportions for age and gender (interlocked) and place of residence (state/territory interlocked with metropolitan vs. regional). These proportions were ultimately used to weight the final survey results, ensuring findings are representative of the Australian adult population.
  - As the household decision-maker and industry worker cohorts fell out naturally within the population-representative main sample, no further weighting was applied.
  - The tradespeople cohort displayed strong skews towards being younger and male likely reflecting real-world skews. Our tradespeople survey participants were also more likely to be from Victoria or Queensland compared to general-population distribution, and less likely to be from South Australia. For these reasons, results relating to tradespeople have been presented unweighted throughout this report.
- All survey results have been examined for statistically significant differences between sub-groups, where meaningful in the context of the question. Note that because the three key cohorts are not mutually exclusive, significance testing has not been conducted between them rather, any significance testing shown relates to the specific cohort and the rest of the population (e.g. workers in key sectors vs. everyone else).
- Throughout the report, the term 'nett' has been used where coded survey responses from a similar group or that are similar in nature are grouped into one overarching theme (e.g. 'strongly agree' and 'somewhat agree' netted as 'agree').
- Survey results may not always total 100% due to rounding or multiple-response questions.
- To ensure data reliability, survey results are typically only shown when the base size is at least n=30. Results with lower base sizes, where used, should be interpreted with caution and treated as indicative.
- While the methodology and sample size are robust and appropriate for meeting the objectives of this study, it is important to note that all research involves necessary trade-offs and consequent limitations. Online surveying of participants from professional research panels yields broadly representative, timely and cost-effective insights—though it cannot fully account for the nuanced views of typically under-represented cohorts such as those of lower socioeconomic means, those who are less technologically savvy, and those who do not speak English well or at all.



## Perceived risks of asbestos

## Perceived likelihood of asbestos scenarios in personal life

Across the population, the possibility of encountering asbestos or contracting an asbestos-related disease in their personal life is viewed as low-with encountering undisturbed ACMs rated the most likely. The three target cohorts, however, tended to be more likely than the rest of the population to give higher ratings.



■ 0 (Not at all likely)

1-4

5-6

7-9

#### NETT Perceive asbestos scenarios as likely (% rated 7+)

|  |    |    |    |    |      | TOTAL | Household<br>decision-<br>makers | Workers in<br>key sectors | Tradespeople |
|--|----|----|----|----|------|-------|----------------------------------|---------------------------|--------------|
| Encountering asbestos-containing materials that have not been disturbed        | 11 | 13 | 26 | 20 | 22 8 | 30    | 31*                              | 36*                       | 46*          |
| Encountering fragments of asbestos-<br>containing materials                    | 10 | 13 | 32 | 21 | 18 6 | 23    | 24*                              | 30*                       | 42*          |
| Contracting another asbestos-related disease after exposure to asbestos fibres | 13 | 16 | 29 | 19 | 17 6 | 23    | 24*                              | 30*                       | 34*          |
| Being exposed to asbestos fibres in general                                    | 10 | 13 | 33 | 21 | 17 5 | 22    | 23*                              | 28*                       | 39*          |
| Contracting cancer after exposure to asbestos fibres                           | 13 | 17 | 30 | 19 | 16 6 | 22    | 22                               | 27*                       | 34*          |
| Encountering dust containing asbestos  | 11 | 13 | 33 | 21 | 17 5 | 21    | 22                               | 29*                       | 36*          |
|  |    |    |    |    |      |       |                                  |                           |              |

NB: Because the three target cohorts are not mutually exclusive (e.g. workers in key sectors can also be household decisionmakers), testing for statistical significance between the cohorts is not possible. Rather, we have tested for statistical significance between each cohort and the rest of the population (e.g. tradespeople vs. all other adults who are not tradespeople)



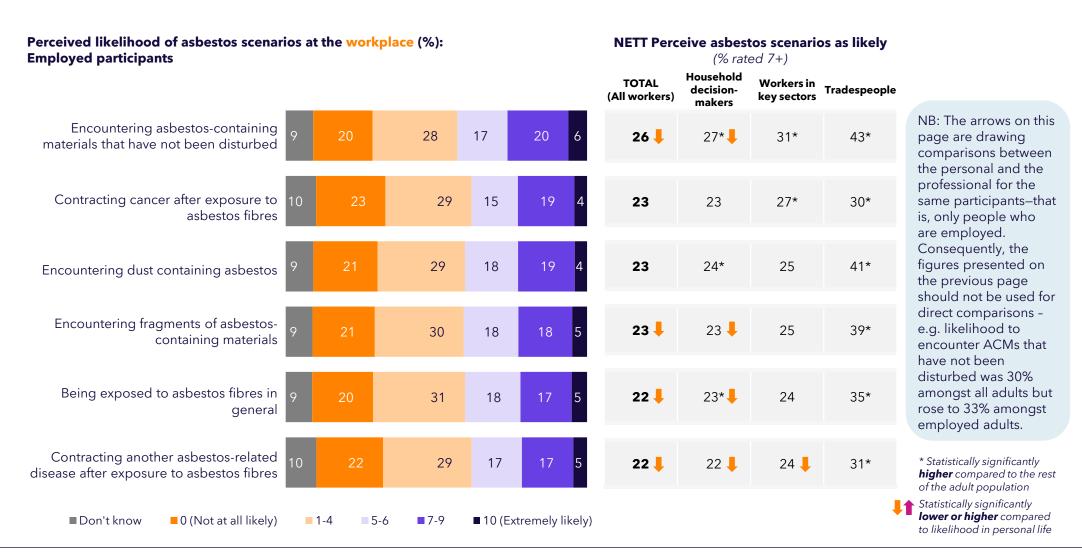
■ Don't know

■ 10 (Extremely likely)

<sup>\*</sup> Statistically significantly **higher** compared to the rest of the adult population

## Perceived likelihood of asbestos scenarios in workplace

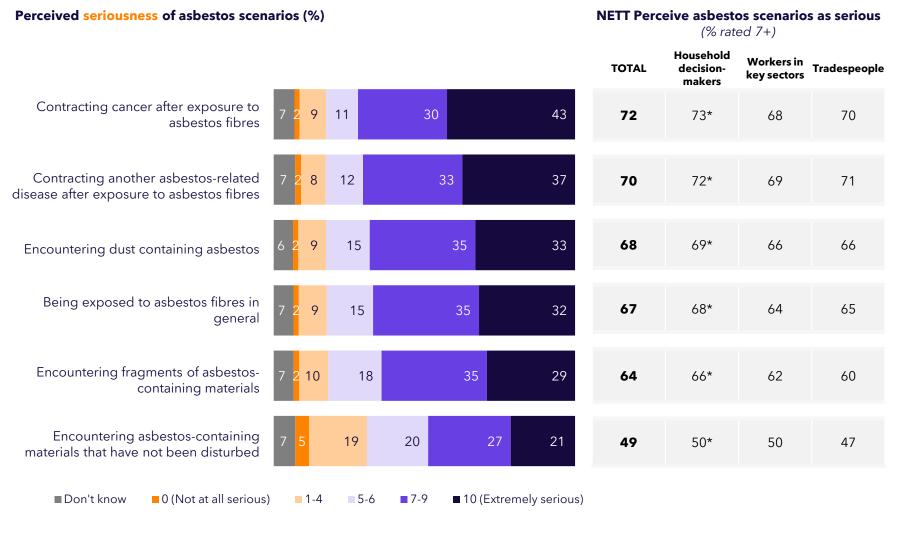
For those in current employment, several of the scenarios were deemed less likely in their workplace compared to in their personal life–including encountering ACMs (26% vs. 33%) and asbestos fibres in general (22% vs. 25%). In relative terms, encountering undisturbed ACMs was also seen as most likely.





## Perceived severity of asbestos scenarios

Despite seeing these scenarios as relatively unlikely, the majority believed that asbestos exposure and the ensuing health impacts would be very serious—especially contracting cancer or another asbestos-related disease. Encountering undisturbed ACMs—deemed the most likely scenario—was seen as the least serious.



<sup>\*</sup> Statistically significantly **higher** compared to the rest of the adult population



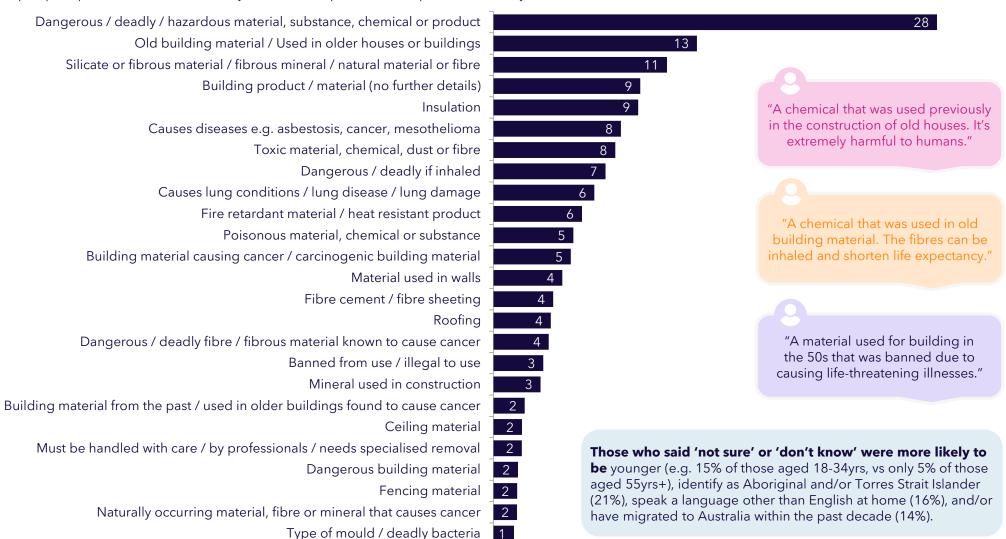
# **Knowledge of asbestos**

## **Defining asbestos**

When asked to describe asbestos, people most commonly recognised it as a dangerous building material with serious health consequences—with one in four specifically mentioning cancer or lung disease.

#### Description of 'asbestos' in their own words: Coded responses (%)

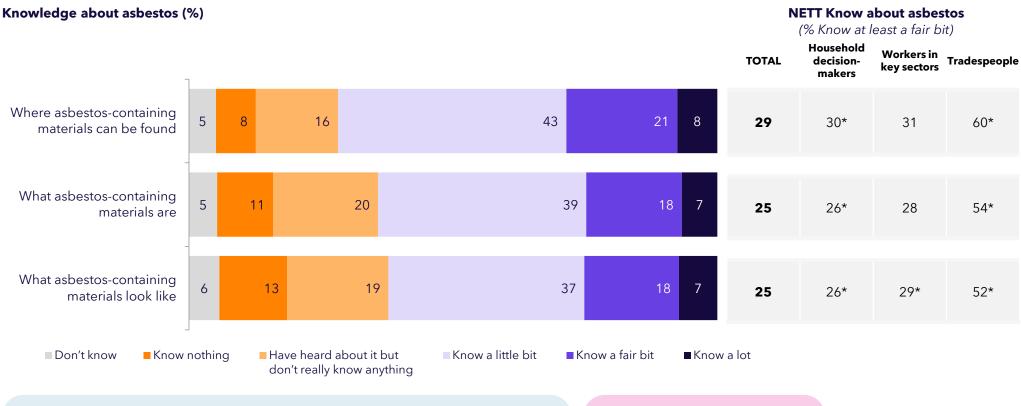
Top unprompted mentions, thematically coded from open-ended responses: >1% only charted below





## **Knowledge about asbestos**

Only three in ten adult Australians in the general population felt they knew at least 'a fair bit' about where asbestos-containing materials (ACMs) could be found–slightly higher than the proportions who felt the same about knowing what they are (25%) and what they look like (25%).



Those more likely to report **higher levels of knowledge** on all three measures included older people and those with home improvement experience (including helping others in an unpaid capacity and planning future projects)—key traits that relate to the household decision-maker and tradespeople cohorts. Meanwhile, those more likely to report **lower levels of knowledge** included younger people, women, and those with no home improvement experience.

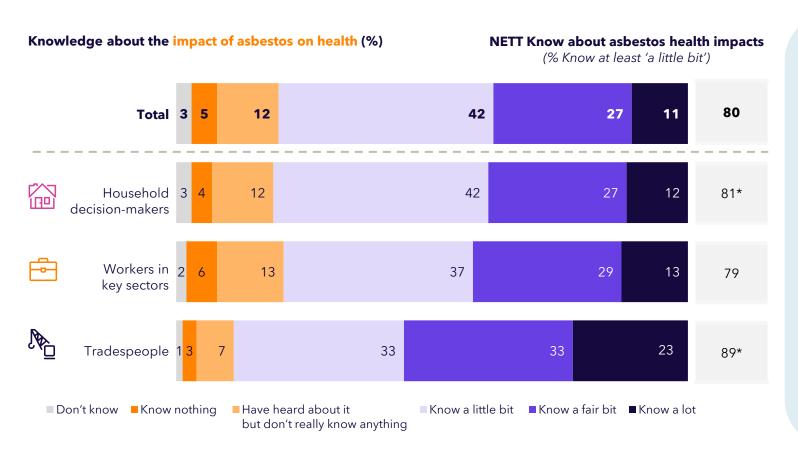
We note that people tend to overstate their knowledge due to confidence biases regarding what they think they know—as such, these results should be interpreted with prudence.

\* Statistically significantly **higher** compared to the rest of the adult population



## Knowledge of health impacts of asbestos

While most people (80%) felt they knew at least 'a little bit' about the potential health impacts of asbestos exposure, only 38% said they know 'a fair bit' or 'a lot'. All three cohorts were more likely than the rest of the population to feel this way–particularly tradespeople, of whom 56% said they knew at least 'a fair bit'.



#### **Higher self-ratings of knowledge** were more likely amongst:

- Those who have been personally affected, or know someone who has
- been affected, by an asbestos-related disease (93%);Those aged 55+ years (86%, vs 75%)
- Those aged 55+ years (86%, vs 75% aged 18-34 years); and
- Those with a larger house (83%, vs 77% for smaller homes or apartments)—a signifier of older people.

#### Lower self-ratings of knowledge,

including those who said 'don't know', were more likely amongst:

- Those aged 18-34 years (25%, vs 14% aged 55+ years);
- Those with no home improvement experience (30%, vs 13% those with experience)—a signifier of younger people; and
- Renters (24%, vs 16% homeowners)— also a signifier of younger people.

\* Statistically significantly **higher** compared to the rest of the adult population



#### Statements about asbestos: Facts

Most people were able to correctly pick facts about the health impacts of asbestos, legal disposal requirements, its prevalence in older homes, and the increased risks of deteriorating fibres. However, many were uncertain–particularly about whether asbestos fibres were visible or not, whether it was truly in one in three homes around the country, and whether it would be better to leave asbestos undisturbed.

#### **Statements: Main sample results**

Health effects of asbestos may continue after a person is no longer in contact

Asbestos must be disposed at a facility that can lawfully receive it

There is no safe level of exposure to asbestos fibres

If your home was built before 1990, it can contain asbestos

The poorer the condition of asbestos, the higher the risks to health

Asbestos fibres are not visible

Across Australia, asbestos is in 1 in 3 homes

In most cases, it is better to leave asbestos alone than to take steps to remove it

#### **Correct answer**

| True | False | Don't know |
|------|-------|------------|
| 83   | 5     | 12         |
| 82   | 5     | 13         |
| 74   | 10    | 16         |
| 74   | 5     | 21         |
| 70   | 7     | 23         |
| 51   | 17    | 32         |
| 48   | 8     | 44         |
| 47   | 26    | 27         |

Those **more likely** to correctly identify 'true' statements in general included:

- Tradespeople;
- · Household decision-makers;
- Those who are older;
- Those with more home improvement experience; and
- Those who have been personally affected, or know someone who has been affected, by an asbestosrelated disease.

Detailed breakdowns for the three target cohorts appear on page 26.

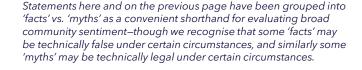
Statements here and on the next page have been grouped into 'facts' vs. 'myths' as a convenient shorthand for evaluating broad community sentiment—though we recognise that some 'facts' may be technically false under certain circumstances, and similarly some 'myths' may be technically legal under certain circumstances.



## Statements about asbestos: Myths

Most people were able to correctly pick out myths that suggested that removing a little bit of asbestos would not be dangerous or that only tradespeople run the risk of disturbing asbestos. However, there was still a reasonable degree of uncertainty, particularly regarding questions of whether the health impacts of asbestos are immediate or whether a removalist was needed for small quantities of asbestos.

| Correct answer   |      |       |            |   |  |  |  |
|--|------|-------|------------|---|--|--|--|
| Statement: Total sample results  | True | False | Don't know | Those <b>more likely</b> to correctly identify 'false' statements in general included:  • Tradespeople;   |  |  |  |
| Removing a little bit of asbestos by yourself does not put you in danger         | 12   | 74    | 14         | <ul> <li>Those who are not workers in key sectors;</li> <li>Those who are older;</li> <li>Those with prior home</li> </ul>  |  |  |  |
| Only tradespeople run the risk of disturbing asbestos                            | 14   | 71    | 15         | improvement experience, as well as those planning a home improvement project (though those currently working on a project are less likely to pick out these myths); and |  |  |  |
| The health effects of asbestos are immediately noticeable                        | 16   | 57    | 27         | <ul> <li>Those who have been personally<br/>affected, or know someone who<br/>has been affected, by an<br/>asbestos-related disease.</li> </ul>                         |  |  |  |
| An approved removalist is only needed to remove asbestos if there is a lot of it | 32   | 53    | 15         | Detailed breakdowns for the three target cohorts appear on the following page.  |  |  |  |

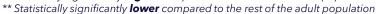




## Statements about asbestos: Differences by cohort

Household decision-makers were more likely than others to pick out both facts and myths correctly. Tradespeople were more knowledgeable than non-tradespeople on facts, but less so on myths. Workers in key sectors were relatively less likely than others to correctly pick out each of the myths.

<sup>\*</sup> Statistically significantly **higher** compared to the rest of the adult population









| Statement   | Total      | Household<br>decision-makers | Workers in key sectors | Tradespeople |
|---|------------|------------------------------|------------------------|--------------|
|   | ✓ %        | Rated statement as           | True (Correct answ     | er)          |
| Health effects of asbestos may continue after a person is no longer in contact      | 83         | 84*                          | 82                     | 89*          |
| Asbestos must be disposed at a facility that can lawfully receive it                | 82         | 84*                          | 79                     | 89*          |
| There is no safe level of exposure to asbestos fibres                               | 74         | 75*                          | 72                     | 80*          |
| If your home was built before 1990, it can contain asbestos                         | 74         | 75*                          | 71                     | 82*          |
| The poorer the condition of asbestos, the higher the risks to health                | 70         | 71*                          | 67                     | 75           |
| Asbestos fibres are not visible   | 51         | 52*                          | 47                     | 61*          |
| Across Australia, asbestos is in 1 in 3 homes                                       | 48         | 48*                          | 48                     | 58*          |
| In most cases, it is better to leave asbestos alone than to take steps to remove it | 47         | 48*                          | 48                     | 55*          |
|   | <b>X</b> % | Rated statement as           | False (Correct answ    | ver)         |
| Removing a little bit of asbestos by yourself does not put you in danger            | 74         | 75*                          | 70**                   | 74           |
| Only tradespeople run the risk of disturbing asbestos                               | 71         | 72*                          | 64**                   | 75           |
| The health effects of asbestos are immediately noticeable                           | 57         | 58*                          | 54**                   | 70*          |
| An approved removalist is only needed to remove asbestos if there is a lot of it    | 53         | 54*                          | 48**                   | 55           |



#### Statements about asbestos in the household

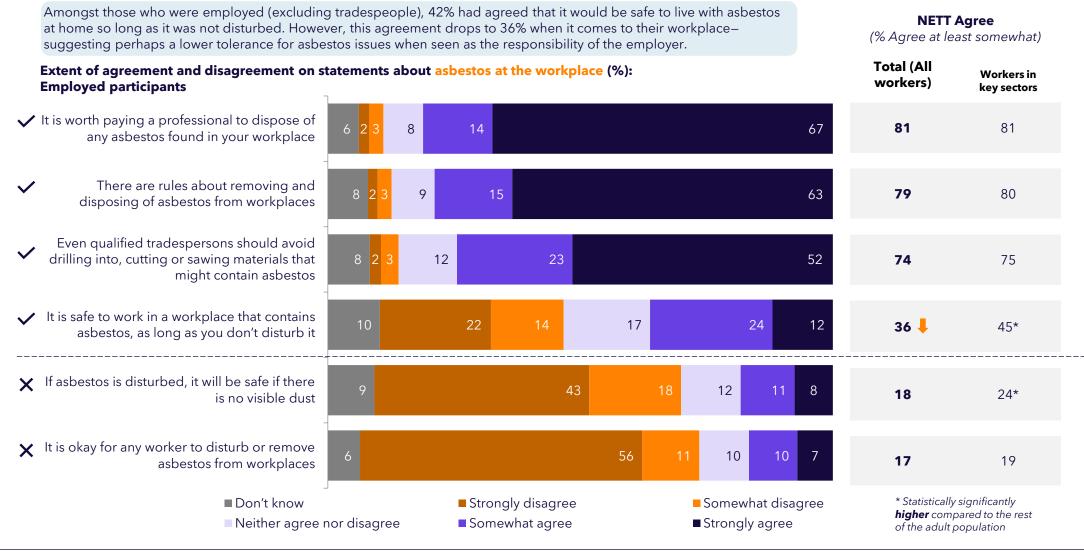
Most people also knew that, in the context of their household: they should avoid damaging ACMs; asbestos could be dangerous even if not visible; there are rules regarding removal and disposal; and professional assistance would be sensible. However, views were mixed about undisturbed asbestos.

Household decision-makers were more likely than non-decision-makers to agree with all four correct statements. All three **NETT Agree** cohorts were more likely than the rest of the population to agree that asbestos would be safe to live with if left undisturbed. (% Agree at least somewhat) Both workers in key sectors and tradespeople were relatively more likely to agree with the two incorrect statements. Household Workers in Trades-Extent of agreement and disagreement on statements about asbestos in the household (%) **Total** key sectors people makers Homeowners should avoid drilling into, cutting or sawing materials that might 6 14 69 83 84\* 81 84 contain asbestos It is worth paying a professional to dispose 8 12 83 84\* 81 85 71 of any asbestos found in your home There are rules about removing and 15 82 83\* 83 85 67 disposing of asbestos from homes It is safe to live in a home that contains 42\* 47\* 51\* 41 17 18 13 asbestos, as long as you don't disturb it If asbestos is disturbed, it will be safe if X 25\* 12 16 16 24\* there is no visible dust It is okay for homeowners to remove asbestos from their home without X 9 22\* 21\* professional help \* Statistically significantly ■ Don't know ■ Strongly disagree ■ Somewhat disagree **higher** compared to the rest ■ Neither agree nor disagree ■ Somewhat agree ■ Strongly agree of the adult population



## Statements about asbestos in the workplace (non-tradespeople)

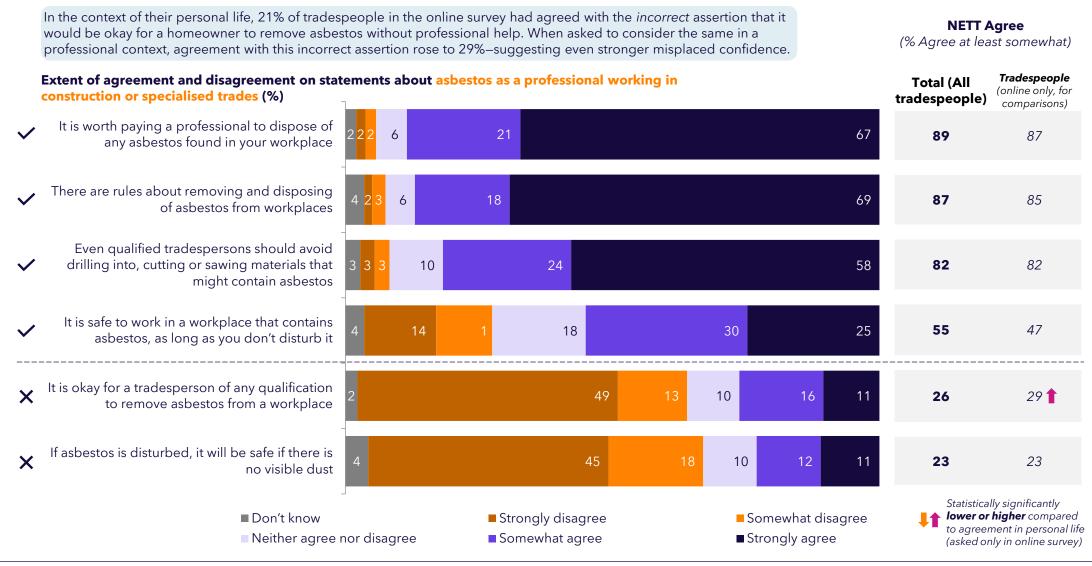
When it came to the workplace, results were broadly consistent amongst those who were employed, suggesting limited differentiation between perceptions of risk at home and at work. However, people in general were less likely to agree that undisturbed asbestos would be safe at work, compared to at home.





## Statements about asbestos in the workplace (tradespeople only)

Agreement amongst tradespeople in a professional context was broadly consistent with their sentiment in a personal context—though a greater proportion here agreed (incorrectly) that it would be okay for a tradesperson of any qualification to remove asbestos, compared to their sentiment regarding home life.





# Identifying and managing asbestos

## Unprompted recall of asbestos locations

Walls, roofs, ceilings, and buildings in general were top unprompted mentions for where asbestos could be found. However, there were notable differences in the proportion of those who were able to recall each of these locations, suggesting that knowledge was inconsistent across the general population.

#### Where materials containing asbestos could be encountered: Coded responses (% mentioned)

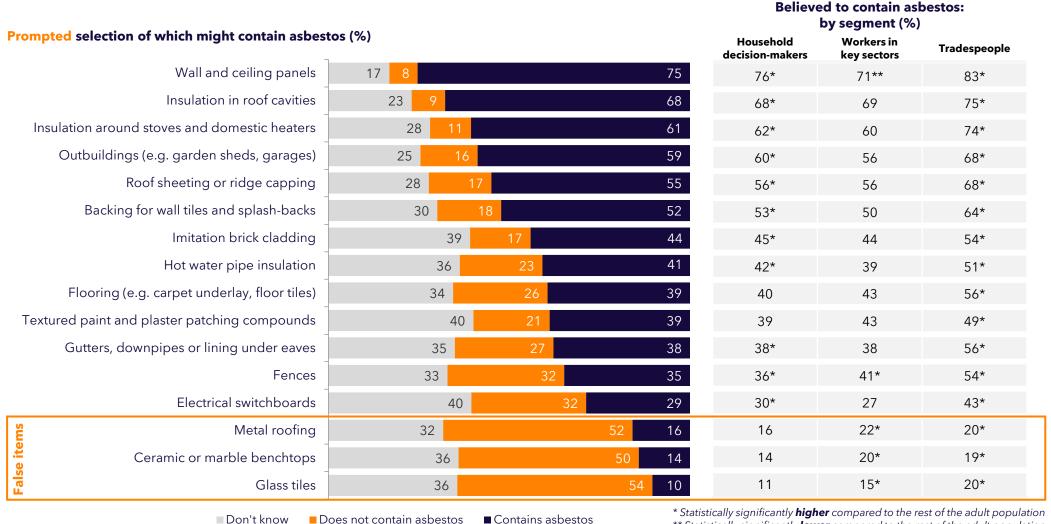
Top unprompted mentions, thematically coded from open-ended responses: >2% only charted below





#### Prompted recall of asbestos locations

When shown a list, 90% chose at least one correct potential location—led by walls, ceilings, roof insulation and outbuildings. The least well recognised were electrical switchboards and fences while a reasonable proportion were unsure, with only 75% able to correctly identify each item at most. Tradespeople were more likely choose each location—including the incorrect ones.

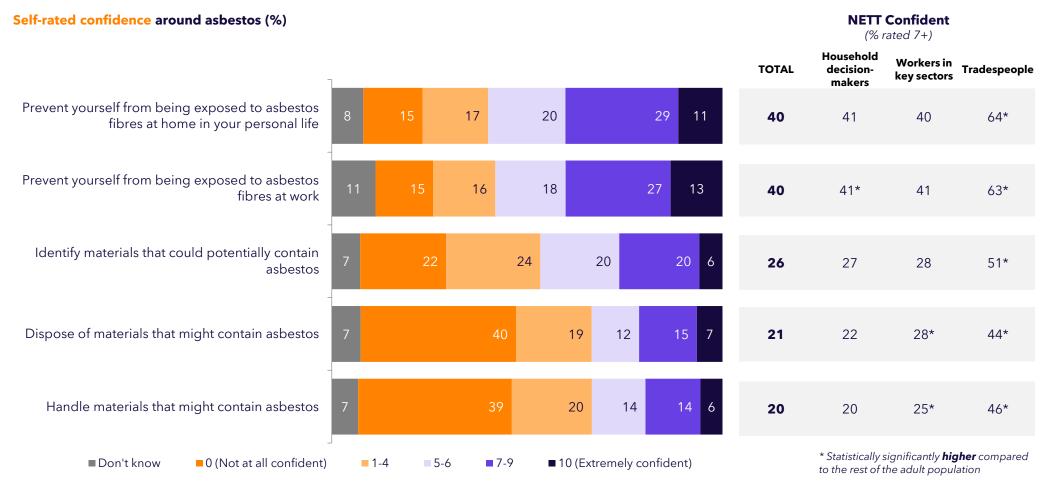




<sup>\*\*</sup> Statistically significantly **lower** compared to the rest of the adult population

#### **Confidence around asbestos**

There was a fairly limited degree of confidence when it came to managing asbestos in a variety of scenarios, with only 20-40% giving ratings of 7+. However, it is likely that even this is overstated.



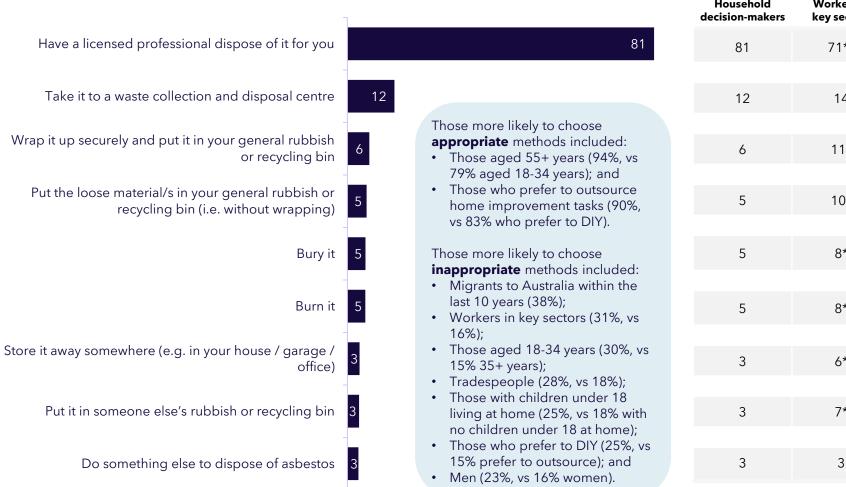
Like knowledge, **confidence can often be overstated**—and the two are interlinked, with those rating their **knowledge** highly also more likely to rate their confidence highly. **Men** were twice as likely as women (35% vs 18%) to say they were confident in being able to identify ACMs—echoing similar studies where men typically over-indexed on self-rated confidence measures. Meanwhile, **workers in key sectors** (a less knowledgeable cohort) were more likely to have higher confidence in their own asbestos handling and disposal skills—while **tradespeople** were more confident than others on all measures, perhaps more justifiably.



#### Disposal of asbestos in the household

When asked how they would hypothetically dispose of asbestos found at home, 86% selected appropriate disposal methods from a prompted list-though 20% also chose at least one inappropriate method.

What you could do to dispose of materials containing asbestos at home: Prompted, with multiple responses allowed (%)



| Household decision-makers | Workers in<br>key sectors | Tradespeople |
|---------------------------|---------------------------|--------------|
| 81                        | 71**                      | 73**         |
|                           |                           |              |
| 12                        | 14                        | 20*          |
| 6                         | 11*                       | 11*          |
| 5                         | 10*                       | 9*           |
| 5                         | 8*                        | 8*           |
| 5                         | 8*                        | 5            |
| 3                         | 6*                        | 7*           |
| 3                         | 7*                        | 6*           |
| 3                         | 3                         | 2            |

<sup>\*</sup> Statistically significantly **higher** compared to the rest of the adult population

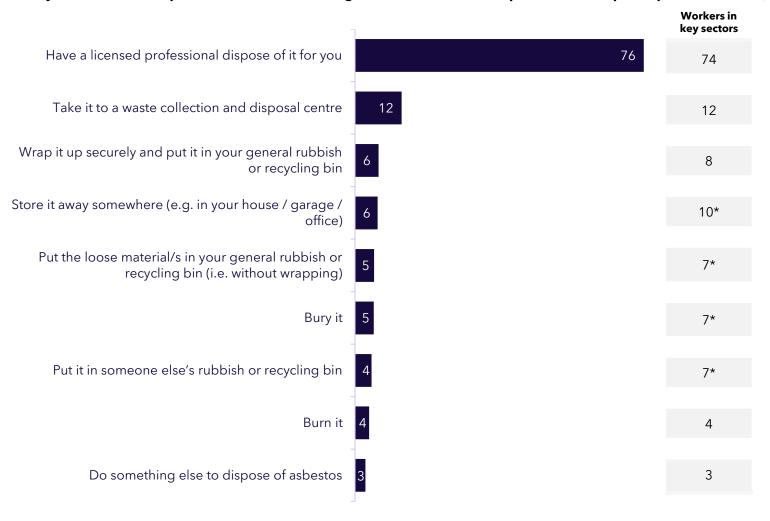


<sup>\*\*</sup> Statistically significantly **lower** compared to the rest of the adult population

#### Disposal of asbestos in the workplace (non-tradespeople)

Results were broadly consistent when those who were employed were asked how they might dispose of asbestos in their workplace—with 83% choosing at least one appropriate method (81% amongst workers in key sectors), and 23% choosing at least one inappropriate method (29% amongst workers in key sectors).

What you could do to dispose of materials containing asbestos at work: Prompted, with multiple responses allowed (%)



Overall, the 29% of workers in key sectors who chose at least one inappropriate disposal method was **significantly higher** than the rest of the population—likely linked to traits identified on the previous page including being a younger and more migrantheavy cohort.

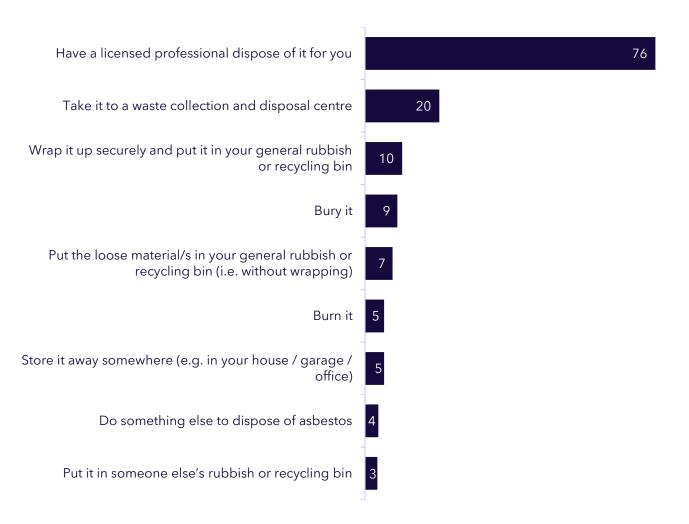
\* Statistically significantly **higher** compared to the rest of the adult population



#### Disposal of asbestos in the workplace (tradespeople only)

Similarly, results were broadly consistent when tradespeople were asked what they would do with asbestos found in the workplace vs. at home. Overall, 85% selected at least one appropriate disposal method while 27% selected at least one inappropriate method–still higher than the population average.

What you could do to dispose of materials containing asbestos on a work site: Prompted, with multiple responses allowed (%)



Considering this cohort has an elevated risk of asbestos exposure due to the nature of their work, these findings—showing at least one in four tradespeople suggesting inappropriate methods of asbestos disposal—suggest urgent attention is required in education and behaviour change.

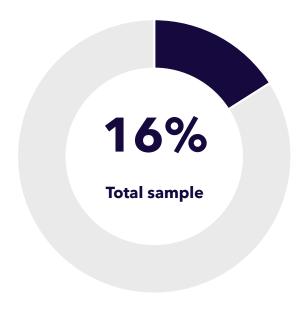
This dovetails with findings detailed later in this report regarding this cohort's asbestos-related training—where only 23% said they have undertaken a dedicated asbestos course and only half were confident that they had received any training prior to potential asbestos exposure.

# Asbestos information, experiences and needs

# Recall of asbestos-related content

Around one in six people recalled seeing, hearing or reading something about asbestos in the last 12 months-higher amongst workers in key sectors and tradespeople.

Seen, read or heard anything about asbestos in the last 12 months (%)





Those **more likely** more likely to recall seeing, hearing or reading about asbestos in the last 12 months included:

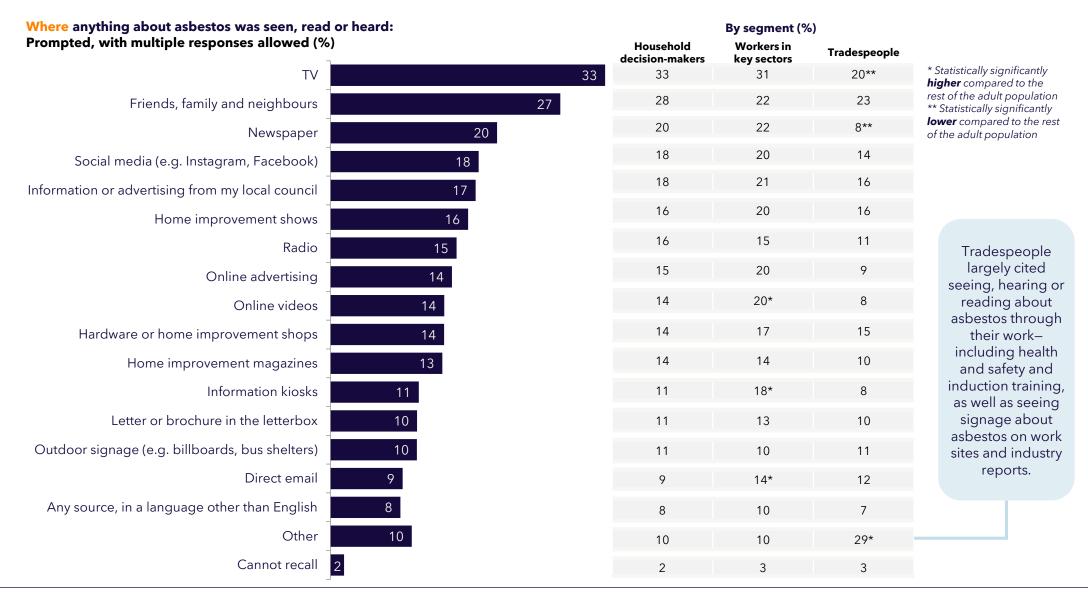
- Those who have been personally affected, or know someone who has personally been affected, by an asbestos-related disease (33%);
- Those with home improvement experience (completed a project 22%, currently working on a project 30%, planning to undertake a project 21%, vs 9% those with no home improvement experience);
- Those who have helped others on home improvement projects in an unpaid capacity (29%, vs 9%);
- Those living with children under 18 years of age in the house (22%, vs 14% with no children under 18 at home);
- Younger people aged 18-34 years (22%, vs 13% aged 35+ years); and
- Men (18%, vs 13% women).

\* Statistically significantly **higher** compared to the rest of the adult population



## Sources of asbestos-related content

Television, personal connections and the newspaper were the most common sources of information about asbestos—though tradespeople most often heard about asbestos through their workplace or training.





# Looking for asbestos information

One in ten people have sought out information about asbestos in the last 12 months, with tradespeople being the most likely to have searched for information—though all three key cohorts were more likely than the rest of the population to have done so.

### Looked for information about asbestos in the last 12 months (%)



Those who were **more likely** to have looked for information about asbestos in the last 12 months included:

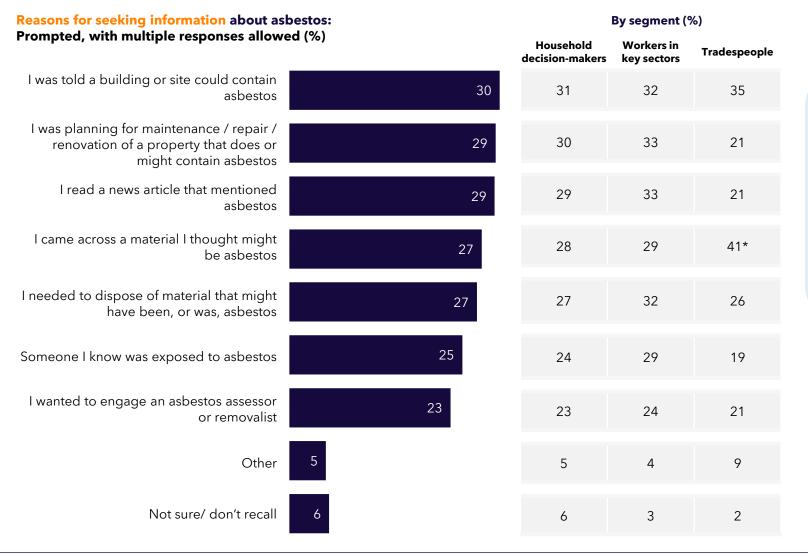
- Those who identify as Aboriginal and/or Torres Strait Islander (37%, vs 11%);
- Those living in the ACT (32%, vs 12% elsewhere noting this is based on only n=28 responses) and New South Wales (16%, vs 10%);
- Those who have helped with home improvement projects in an unpaid capacity (25%, vs 6%);
- Those who have migrated to Australia in the last 10 years (25%, vs 11%);
- Those living with children under 18 years of age in the house (21%, 9% with no children under 18 at home);
- Those with home improvement experience (completed a project 20%, currently working on a project 30%, planning to undertake a project 18%, vs 4% those with no home improvement experience)
- Younger people aged 18-34 years (20%, vs 9% aged 35+ years);
- Men (16%, vs 9% women); and
- Those who prefer to DIY home improvement projects (15%, vs 10% those who prefer to outsource).

\* Statistically significantly **higher** compared to the rest of the adult population



# Reasons for seeking asbestos information

Triggers for seeking asbestos information were varied, including finding out a property might contain asbestos, planning a project, seeing asbestos in the news, and finding potential ACMs—the latter especially true for tradespeople, ranking as the top reason for their information search.



Men indicated a greater likelihood to have sought out information due to being told that a building or site might contain asbestos (38%, vs 16% women).

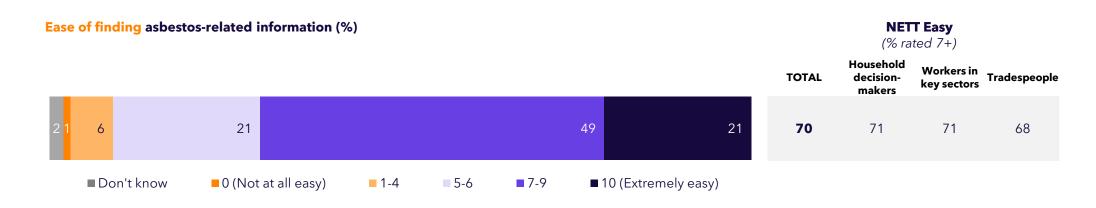
Those who have previously completed at least one home improvement project were also more likely to have sought out information in order to engage an asbestos professional (32%) or to dispose of a material that might have been asbestos (36%).

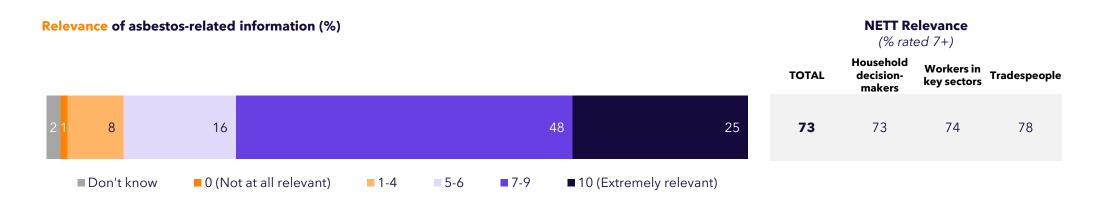
\* Statistically significantly **higher** compared to the rest of the adult population



# Perceptions of information about asbestos

Overall, information about asbestos was seen as both easy to find and relevant for their needs by the majority of those who had sought out information. There was a uniformity of perceptions across cohorts and demographic sub-groups—this may be due in part to the lower base sizes for these results, or an indication that existing asbestos-related information needs are reasonably uniform and well-served.

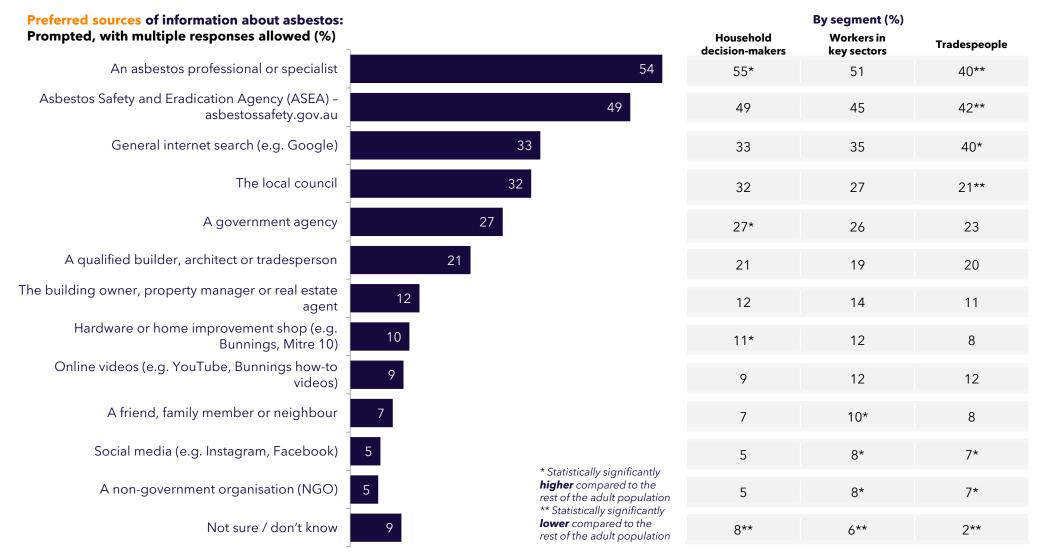






# Preferred sources of asbestos information

Asbestos professionals and ASEA were by far the most preferred information sources overall. In relative terms: Household decisionmakers were more likely than others to prefer a professional, a government agency or a hardware shop. Workers in key sectors were more likely to prefer word-of-mouth, social media or an NGO. Tradespeople were more likely to rely on internet searches, social media or an NGO—and notably, less likely to rely on licensed professionals, ASEA or the local council. Additional sub-group results appear on the following pages.





# Preferred sources for asbestos information (cont'd)

Men were much more likely than women to prefer information from a government agency, online videos, social media or an NGO. Those aged 55 years or older were more likely to prefer an asbestos specialist, ASEA, the local council or another government agency—while those aged 18-34 years were more likely to prefer asbestos information from online videos, word of mouth, social media or an NGO.

Preferred sources of information about asbestos: Prompted, with multiple responses allowed (%) Statistically significantly **higher** compared to the rest of the adult population
Statistically significantly **lower** compared to the rest of the adult population

|   | Total | Male | Female | 18-34 years | 35-54 years | 55+ years |
|---|-------|------|--------|-------------|-------------|-----------|
| An asbestos professional or specialist                      | 54    | 55   | 54     | 46 👢        | 49 👢        | 66 🕇      |
| Asbestos Safety and<br>Eradication Agency                   | 49    | 50   | 48     | 41 👢        | 41 👢        | 63 🛊      |
| General internet search (e.g.<br>Google)                    | 33    | 33   | 33     | 36          | 33          | 30        |
| The local council   | 32    | 33   | 31     | 22          | 30          | 41 👚      |
| A government agency   | 27    | 32 🕇 | 22     | 23 🌉        | 27          | 30 🕇      |
| A qualified builder, architect or tradesperson              | 21    | 22   | 20     | 22          | 21          | 20        |
| The building owner, property manager or real estate agent   | 12    | 13   | 11     | 14          | 13          | 9 🎩       |
| Hardware or home improvement shop (e.g. Bunnings, Mitre 10) | 10    | 12   | 9      | 12          | 9           | 10        |
| Online videos (e.g. YouTube,<br>Bunnings how-to videos)     | 9     | 12 👚 | 7 👢    | 15          | 8           | 5 👃       |
| A friend, family member or neighbour                        | 7     | 8    | 7      | 131         | 8           | 2 🁃       |
| Social media (e.g. Instagram, Facebook)                     | 5     | 7 🛊  | 4 👢    | 9 🕇         | 7           | 1 👢       |
| A non-government organisation (NGO)                         | 5     | 7 🛊  | 3 🖡    | 8 🕇         | 5           | 2 👢       |
| Not sure / Don't know                                       | 9     | 7 👢  | 10 👚   | 8           | 12 👚        | 7 👢       |



# Preferred sources for asbestos information (cont'd)

Those who have migrated to Australia within the last 10 years were more likely to say they would find asbestos information via online videos, word of mouth or social media—and less likely than others to check with an asbestos specialist, ASEA or a government agency. Similarly, those who speak a language other than English at home were less likely to seek out a licensed specialist or ASEA for information.

Preferred sources of information about asbestos: Prompted, with multiple responses allowed (%)

Statistically significantly **higher** compared to the rest of the adult population

Statistically significantly **lower** compared to the rest of the adult population

|   | Total | Has at least one parent<br>born overseas | Speak a language other than English at home | Migrated to Australia within the last 10 years | Aboriginal and/or Torres<br>Strait Islander | Impacted by an asbestos-<br>related disease |
|---|-------|--|---|--|---|---|
| An asbestos professional or specialist                      | 54    | 57                                       | 52 👢  | 39 🁃   | 44  | 68 🕇  |
| Asbestos Safety and<br>Eradication Agency                   | 49    | 52 👚                                     | 42 👢  | 37 👃   | 41  | 73 🕇  |
| General internet search (e.g.<br>Google)                    | 33    | 36                                       | 37  | 40   | 29  | 35  |
| The local council   | 32    | 34                                       | 31  | 26   | 27  | 33  |
| A government agency   | 27    | 27                                       | 28  | 20 👢   | 20  | 28  |
| A qualified builder, architect or tradesperson              | 21    | 22                                       | 20  | 24   | 25  | 23  |
| The building owner, property manager or real estate agent   | 12    | 11                                       | 14  | 17   | 21  | 17  |
| Hardware or home improvement shop (e.g. Bunnings, Mitre 10) | 10    | 12                                       | 11  | 11   | 11  | 11  |
| Online videos (e.g. YouTube,<br>Bunnings how-to videos)     | 9     | 10                                       | 15  | 22 🕇   | 19 🕇  | 9   |
| A friend, family member or neighbour                        | 7     | 7  | 5   | 20 👚   | 16 🕇  | 10  |
| Social media (e.g. Instagram, Facebook)                     | 5     | 6  | 7   | 15 👚   | 12  | 7   |
| A non-government organisation (NGO)                         | 5     | 6  | 3   | 8  | 7   | 6   |
| Not sure / Don't know                                       | 9     | 7  | 13  | 9  | 3   | 1 👢   |



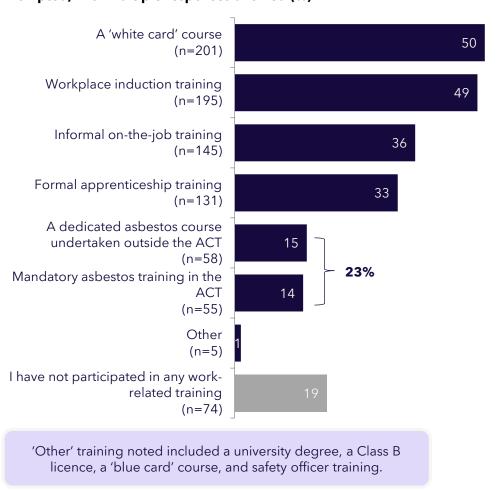
# Asbestos training for tradespeople



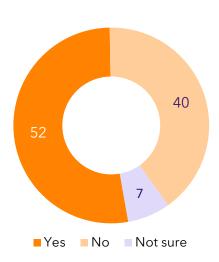
# Asbestos training amongst tradespeople

Around four in five (82%) of the tradespeople surveyed have participated in at least some form of work-related training—though only 23% cited a dedicated asbestos course. Only around half were confident that they had received any training before potentially being exposed to asbestos at work.

# Participation in work-related training: Prompted, with multiple responses allowed (%)



Received work-related training prior to potential exposure to asbestos at work (%)



The tradespeople we reached through the telephone survey were more likely to have said that they hadn't received any work-related training *prior* to potential asbestos exposure (67%, vs 30% from the online survey).

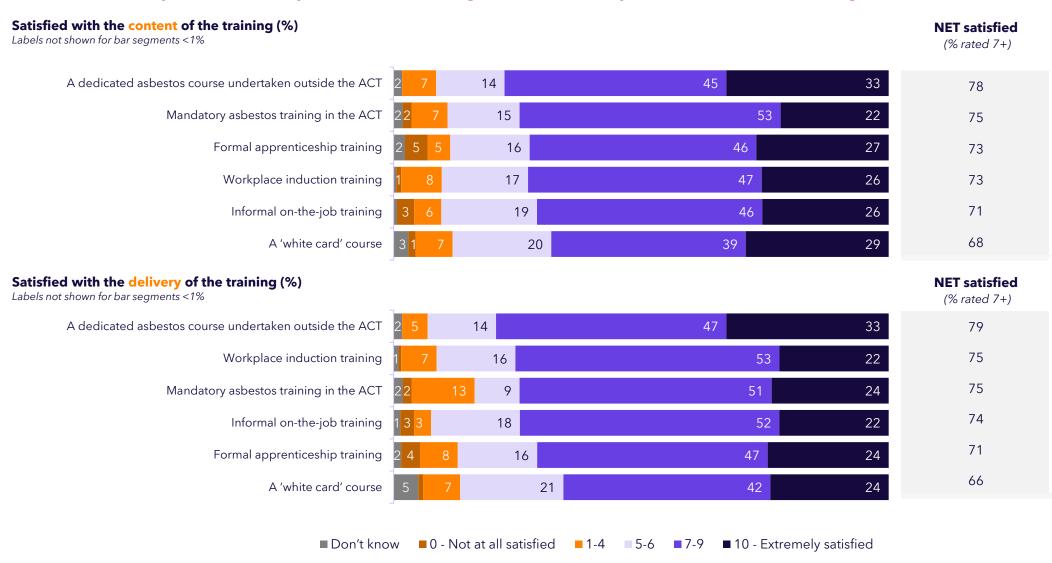
However, they were also more likely to have said that they had at least received *some* form of training (92%, vs 78% online).

This could be explained by the telephone participants skewing older, compared to the tradespeople from the online survey (who skewed younger, female and were more likely to have migrated to Australia within the past decade).



# Satisfaction with work-related training

Overall, there was a high degree of satisfaction with the work-related training undertaken—with some of the highest scores given to dedicated asbestos courses. However, relatively high dissatisfaction (15%) with the delivery of mandatory asbestos training in the ACT may warrant further investigation.



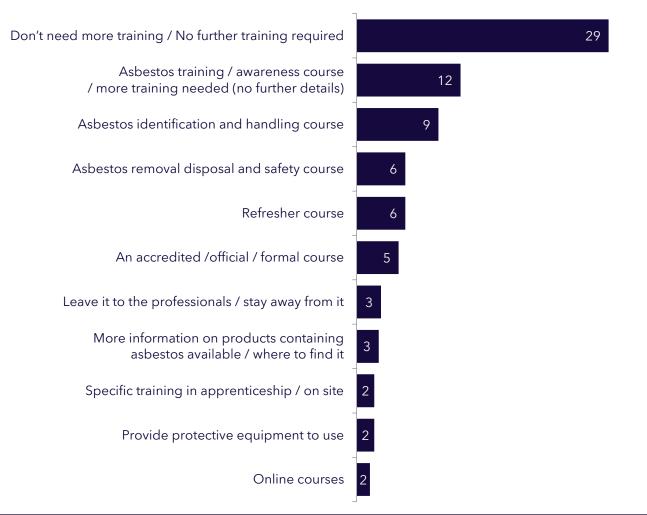


# Suggestions on further asbestos training

Three in ten of the tradespeople surveyed felt they didn't need any further asbestos training. Of the rest, the most common suggestions related to asbestos awareness, identification, handling, disposal and safety.

Further training about asbestos needed to ensure full awareness of its risks, where it might be and what to do to prevent exposure to it

Top unprompted mentions, thematically coded from open-ended responses: >2% only charted below





"I think there needs to be training constantly to remind tradespeople of the risks that come with it. Not enough training is done on the subject."

"Showing all the variations of what it looks like. I think most people would know to get a professional to remove it but identifying it would be the hardest part."



"Refresher course for those in the industry every 3 years, just like first aid and working with vulnerable children checks need to be done every 3 years."



# **Appendices**

# Methodology disclosure statement

This research was conducted by SEC Newgate Research on behalf of the Asbestos Safety and Eradication Agency between 11th March and 4th April 2022.

The target population for the research was Australian adults aged 18+ years. Within the target population, three key cohorts were identified, as follows:

- Household decision-makers
- Workers in key sectors
- Tradespeople

To enable analysis by jurisdiction, relevant online boosts were conducted by state and territory. An online boost was also conducted for the tradespeople cohort, alongside an additional CATI boost, to achieve a minimum sample of n=400 for tradespeople.

In total, the research comprised a 15-minute self-complete online survey with n=2,316 participants, with a 'main sample' of n=2,093 of natural fall out household decision-makers and workers in key sectors, and a boosted sample of tradespeople (including tradespeople who were captured in the main sample).

Survey participants were sourced from databases managed by CanvasU's professional panel partners.

Participation was on a voluntary, opt-in basis.

Weighting was applied to the survey dataset to more accurately reflect the target population, using rim weighting (or raking).

The 'main sample' data set was weighted to match population data from the Australian Bureau of Statistics' Census 2016 by location, age and gender. No weighting was applied to tradespeople to allow for analysis by natural fall out.

Weighting efficiency was around 82% for most survey estimates for the main sample. That is, the effective sample size for most estimates was around 82% of the actual sample size (i.e. [n=1,718] for estimates made on the total sample). Using the effective sample size, the maximum margin of error for estimates made on the total sample is  $\pm$ 1.

The full question wording used in the survey is included within the report. For multiple choice questions and statement grids, the order of response options and statements was randomised to avoid potential order effect.

The research was undertaken in compliance with the Australian Polling Council Code of Conduct which can be viewed here: https://www.australianpollingcouncil.com/code-of-conduct

# **Participant profile**

| AGE                                    | %  | n     |
|--|----|-------|
| 18-34                                  | 31 | 712   |
| 35-54                                  | 35 | 808   |
| 55+                                    | 34 | 796   |
| GENDER                                 | %  | N     |
| Male                                   | 52 | 1,205 |
| Female                                 | 47 | 1,096 |
| A gender not listed here               | 1  | 15    |
| LOCATION - STATE/TERRITORY             | %  | n     |
| NSW                                    | 20 | 464   |
| VIC                                    | 21 | 489   |
| QLD                                    | 21 | 485   |
| WA                                     | 17 | 396   |
| SA                                     | 17 | 390   |
| TAS                                    | 2  | 42    |
| ACT                                    | 1  | 32    |
| NT                                     | 1  | 18    |
| LOCATION - LOCALITY                    | %  | n     |
| Capital city - CBD or inner suburbs    | 23 | 542   |
| Capital city - suburban or outer metro | 52 | 1211  |
| Regional city or town                  | 19 | 446   |
| Rural or remote country area           | 5  | 117   |

| HOME TYPE  | %  | n    |
|--|----|------|
| A larger house (e.g. with a garden and/or swimming pool)   | 56 | 1230 |
| A smaller house (e.g. terraces, townhouses, semi-detached) | 23 | 499  |
| An apartment or unit                                       | 18 | 408  |
| Other  | 2  | 38   |
| Prefer not to say  | 2  | 41   |
| HOME OWNERSHIP   | %  | n    |
| Owning it outright   | 30 | 674  |
| Paying off a mortgage                                      | 27 | 589  |
| Renting  | 36 | 804  |
| Living rent-free (e.g. with parents)                       | 5  | 115  |
| Other  | 2  | 34   |
| EDUCATION ATTAINMENT                                       | %  | n    |
| Primary school   | 2  | 43   |
| High school  | 31 | 698  |
| Trade or technical degree                                  | 26 | 584  |
| Undergraduate degree                                       | 24 | 539  |
| Postgraduate degree  | 13 | 289  |
| Other  | 1  | 31   |
| Prefer not to say  | 1  | 32   |

# Participant profile (cont'd)

| HOUSEHOLD STRUCTURE  | %  | n   |
|--|----|-----|
| I live on my own   | 19 | 422 |
| Couple, never had children   | 13 | 280 |
| Single/couple, all children left home                              | 19 | 420 |
| Single/couple with child/ren under the age of 5 living at home     | 11 | 252 |
| Single/couple with child/ren under the age of 6-11 living at home  | 12 | 271 |
| Single/couple with child/ren under the age of 12-17 living at home | 11 | 246 |
| Single/couple with child/ren under the age of 18+ living at home   | 10 | 229 |
| Share house  | 8  | 178 |
| Other  | 3  | 60  |
| Prefer not to say  | 2  | 42  |

| EMPLOYMENT STATUS  | %  | n   |
|--|----|-----|
| Employed full time (or equivalent hours)                     | 36 | 798 |
| Employed part-time (or equivalent hours)                     | 17 | 374 |
| Self-employed / business owner                               | 6  | 131 |
| Unemployed / looking for work / receiving JobSeeker payments | 6  | 129 |
| Temporarily stood down / receiving JobKeeper payments        | 0  | 10  |
| Home duties / homemaker                                      | 7  | 157 |
| Studying (and not working)                                   | 2  | 53  |
| Retired  | 21 | 469 |
| Other  | 3  | 57  |
| Prefer not to say  | 2  | 38  |

# Participant profile (cont'd)

| ANNUAL HOUSEHOLD INCOME (BEFORE TAX) | %  | n   |
|--------------------------------------|----|-----|
| No income                            | 2  | 38  |
| Under \$20,000                       | 6  | 140 |
| \$20,000 - \$39,999                  | 18 | 392 |
| \$40,000 - \$59,999                  | 14 | 319 |
| \$60,000 - \$79,999                  | 14 | 300 |
| \$80,000 - \$99,999                  | 11 | 239 |
| \$100,000 - \$119,999                | 8  | 185 |
| \$120,000 - \$149,999                | 9  | 195 |
| \$150,000 - \$199,999                | 7  | 156 |
| \$200,000 or more                    | 5  | 101 |
| Prefer not to say                    | 7  | 151 |

| OTHER CHARACTERISTICS   | %  | n     |
|---|----|-------|
| Has at least one parent born overseas   | 37 | 862   |
| Speak a language other than English at home   | 8  | 193   |
| Migrated to Australia within the last 10 years  | 7  | 153   |
| Identify as Aboriginal or Torres Strait Islander  | 3  | 72    |
| Have been personally affected, or know<br>someone who has been personally affected, by<br>an asbestos related disease | 11 | 261   |
| None of the above   | 47 | 1,087 |
| FINANCIAL CIRCUMSTANCES   | %  | n     |
| Having a lot of difficulty covering basic living expenses   | 10 | 222   |
| Having some difficulty but just making ends meet  | 22 | 494   |
| Doing okay and making ends meet   | 41 | 915   |
| Doing well and feeling comfortable  | 22 | 492   |
| Prefer not to say   | 4  | 93    |



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**DISCLAIMER** In preparing this report we have presented and interpreted information that we believe to be relevant for completing the agreed task in a professional manner. It is important to understand that we have sought to ensure the accuracy of all the information incorporated into this report. Where we have made assumptions as a part of interpreting the data in this report, we have sought to make those assumptions clear. Similarly, we have sought to make clear where we are expressing our professional opinion rather than reporting findings. Please ensure that you take these assumptions into account when using this report as the basis for any decision-making. The qualitative research findings included throughout this report should not be considered statistically representative and cannot be extrapolated to the general population. For the quantitative research results, the base (number and type of respondents asked each question) and the actual survey questions are shown at the bottom of each page. This project was conducted in accordance with AS: ISO2025:2019 guidelines, to which SEC Newgate Research is accredited. This document is commercial-in-confidence; the recipient agrees not to use or disclose, or allow the use or disclosure of the said information to unauthorised parties, directly or indirectly, without prior written consent. Our methodology is copyright to SEC Newgate Research, 2022.













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