



Pandemic

The COVID-19 pandemic emerged shockingly quickly at the end of 2019 and into early 2020. The Australian summer of 2019-20 had been traumatic enough, with a deep drought and a hot, dry summer creating the conditions for the most destructive and widespread bushfire season we've seen. Against the backdrop of the fires, the appearance of an epidemic in China initially seemed a distant threat compared to the intense personal experiences many Australians had of the fires.

Fast-forward to the end of March 2020 and the fires are gone, but Australia – like much of the world – has had to adopt a virtual or literal lockdown of society to try to slow the spread of the pandemic long enough to give our health system the best chance to cope with it. The social paradigm we have lived in for the past few generations has been ripped-up overnight, with jobs and the economy decimated almost at random, borders closed and people confined to their homes. Modern Australia has never looked like this. How long this will last can't be known, but it is expected to be months at the least – and how bad it gets cannot also yet be known.

Most likely there will be an acute impact phase, and then a longer and slower recovery phase. It is very likely that the impact and the recovery will not be consistent across all segments of the community, and it is not at all clear to what extent that society goes back to where it was before, or whether it may look quite different after this pandemic.

Evidence and action

Information is important for the community, but reliable and meaningful data is especially critical to governments and decision makers during both the acute phase and the recovery phase. This will enable more informed planning and decision making, give a capability to monitor change and impact of actions taken over time, and give the community a fair voice as leaders and government attempt to plan and deliver a pathway back to a fully functioning society. Data about the community experience of the COVID-19 situation will be valuable for both understanding the impact, and for helping to actively manage the situation more effectively.

Existing soft and hard indicators like 'wellbeing' and 'consumer confidence' and 'GDP' will likely be important, but also likely to be insufficient for understanding a disruption of this scale and magnitude. In time we may see something that *looks* like a recovery long before it *feels* like a recovery – or perhaps vice versa. New data and indicators are needed to fully understand the COVID-19 situation, and which in combination can be used to help contextualise and interpret the existing indicators. There will doubtless be numerous data collection activities undertaken, some at broader societal levels, some with targeted populations.

It is probable that no single organisation conducts as many surveys of Australians for governments at all levels as ORIMA does – **which means we can contribute something quite distinct to the pool of data and evidence available to governments.** Rather than develop a standalone survey to monitor COVID-19, **we have developed a very purposeful and succinct toolkit of items that can be appended to existing surveys,** known as ORIMA's COVID-19 Recovery Tracker (CRT).

The CRT will continuously aggregate data from numerous surveys into a single comprehensive database over time, and across topics and populations. This will enable a triangulated view of the impact across Australian society, and allow us to monitor the trajectory and consistency of the recovery phase over the next months and years. Existing surveys with established baselines will show us the magnitude of the impact and the extent to which society returns to the same place, or how the post-COVID Australia might be fundamentally different. All surveys will be able to contribute to the evidence base, and looking at CRT data alongside survey-specific content will enable survey owners to draw on the comparisons and benchmarks to better understand and interpret their own results.



CRT Core and Extended Content

The CRT content was designed with a number of principles in mind:

- ⦿ Core CRT items would be **short enough to be added to existing surveys** without major length concerns.
- ⦿ All items would **make sense if asked in the acute phase, or over several years of a recovery period**.
- ⦿ Items would be sufficiently **generalisable to be asked in surveys on any topic with any audience**.
- ⦿ Core CRT questions would be based on an underlying framework, which should draw on existing validated models adapted to the extreme circumstances of COVID-19.

It is likely that some data collection tools and concepts that are validated and widely used in 'normal' pre-COVID day-to-day life may not stand up in the extreme circumstances, and certainly will have never been validated for them. For example, wellbeing measures should be useful deep in the recovery phase when life is more like the conditions they were developed in, but may be well 'out of range' in the acute phase and early recovery.

The **core CRT model is based on Attributional and Explanatory Styles**. These refer to how we explain things to ourselves, and there have been shown to be more desirable or problematic styles for explaining good and bad experiences. Desirable styles are associated with optimism, problematic styles with learned helplessness and negative mental health outcomes. The model has **three dimensions**, and CRT questions for each were specifically framed around the magnitude of COVID-19, with only a small number needed to address all three dimensions. The three dimensions of the model are:

1. **Pervasiveness**: how broad or local something is
2. **Permanence**: the extent to which it can be expected to change over time
3. **Control**: the extent to which we believe we can have influence

For more information:

<https://positivepsychology.com/explanatory-styles-optimism/>

The core CRT questions address pervasiveness and permanence by looking at differentials in perceived current and longer-term impact at a minimum of three levels, from personal to global (levels can be customised). The scales allow space to detect positive perceived impacts as well as negative – as while most people will experience short-term negative impacts, over time positives may be seen (e.g.: impact on new work practices).

The core CRT includes one item on each of the three model dimensions, an item about current mood states, and a **subjective wellbeing question** (which is deliberately consistent with standard data collection tools likely to be used in various places around Australia and the world). This final item will enable a link to be made to data collected using several well-known batteries, and which may become more relevant deeper into the recovery phase when wellbeing levels return to something like normal ranges.

CRT questions can be added to surveys on any topic, and the extended CRT toolkit includes sections on:

- Subject specific impacts
- Personal experiences of COVID-19
- Satisfaction with response
- Future concerns and expectations

CRT Process

The CRT questions can be used by themselves, or appended to a larger survey on any topic. If appended, the questions would most logically be placed at the end or at the beginning of a survey.

CRT data from participating surveys is aggregated into the consolidated CRT database, along with any agreed subject specific data (e.g.: segment membership; key indicators), contributing to tracking and benchmarks – and to the development of triangulated insight into the patterns of impact and recovery across our community.

Overall results and trends are available generally, with detailed results available to participating CRT partners. CRT comparisons, insights and benchmarks are provided for data files and used in analysis and reporting for participating partners, aiding the analysis, reporting and interpretation of each individual survey.

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