ORIGINAL RESEARCH

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Police, permits and politics: Navigating life on Australia's state borders during the COVID-19 pandemic

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Abstract

Objective: To explore the ways in which the Coronavirus disease-19 (COVID-19) pandemic has affected Australians who live and travel in cross-border regions in the course of their daily lives.

Design: Semi-structured interviews were undertaken with participants by telephone. The analysis utilised qualitative exploratory methods and provided rich data through immersive and reflexive analysis.

Setting: Interviews of people across Australia.

Participants: Of 90 people interviewed in relation to their experiences of the COVID-19 pandemic, 13 described challenges related to border crossing that impacted their usual work and personal life.

Main outcome Measure: Description of challenges faced by Australians living close to state borders due to internal border closures in the early period of COVID-19 (2020).

Results: Policy changes surrounding border closures negatively impacted people's wellbeing in Australia with three key interconnected themes identified for Australians living in cross-border regions. First, border closures presented participants of these communities with physical barriers which reduced access to healthcare and employment. Second, participants reported how restrictions on travel to neighboring states and territories impacted their mental wellbeing. Finally, many Australians in cross-border regions faced financial struggles exacerbated by border closures.

Conclusion: Normally, interstate borders are largely invisible with formalities relevant to few circumstances. Since the emergence of the COVID-19 pandemic, Australians who used to regularly cross these borders in the course of their daily activities were no longer able or willing to do so due to the uncertain circumstances surrounding border policy. This study elaborates on the impact of these closures on people's physical, financial, and emotional state.

1 | BACKGROUND

Global populations have faced profound changes to daily life during the Coronavirus disease-19 (COVID-19) pandemic. Government responses to the pandemic have at times been inconsistent and unpredictable, sometimes dramatically curtailing the freedoms of their citizens under emergency response powers. In Australia, each state and territory has invoked its own public health emergency powers; whereas normally there are no restrictions on people travelling between the states, the emergency measures have included mandatory control measures and restrictions.[1] Despite national cooperation, states maintain responsibility for controlling movement in order to reduce community transmission within their own borders and there have been differences with how they have experienced and dealt with the pandemic. National inconsistencies in pandemic-related policies have increased a sense of division in a country with historically unencumbered movement between the 6 states and 2 territories. Specifically, some states have applied border closures, with each using different criteria for these closures and subsequent re-openings. Further, each state and territory has had evolving processes including applying for a pass or exemption, no movement at all, passing a checkpoint and passing but going straight into mandatory quarantine.[1] These processes were subject to change, and changes were usually unforeseen. As such, crossing what was normally a fundamentally symbolic border regularly for work, education, shopping, social activities or family commitments assumed much greater significance and risk.

While this paper forms part of a larger program of research investigating how Australians who have identified as having a chronic disease experienced the restrictions related to COVID-19, in this paper we are specifically focused on exploring the unique experiences of Australians who were undertaking essential and regular cross-border travel, and facing state border controls as part of daily life. This includes how any border controls impacted the overall well-being of Australians living in cross-border regions.

2 | METHODS

The subsample for this paper was drawn from a broader study on everyday Australians' experiences of the early pandemic. In March 2020, Southern Queensland Rural Health, a University Department of Rural Health, commenced a

What is already known on this subject:

- Australia responded to the emergence of the COVID-19 global pandemic in 2020 by initiating border and biosecurity zone lockdowns along with policies emphasising social distancing and hand hygiene
- Each individual state and territory can enforce public health emergency laws which include travel restrictions, including closing state borders, opening borders to all or opening borders to those with permits
- These restrictions and their exceptions are not fixed and can change rapidly

What this study adds:

- Australians' lack of a sense of control brought about by the COVID-19 pandemic was exacerbated by the lack of cohesion and the rapid change in the pandemic and border-related policies of Australian states and territories
- The pandemic has had a physical, financial and emotional impact on Australians who regularly cross state borders, disproportionate to their risk of infection
- Further research exploring the impact of inconsistent state and national health policies on border populations will help to ensure a more appropriate policy response to future catastrophic events

survey-based research project entitled 'Attitudes and practices towards the COVID-19 pandemic in Australia.' The survey offered participants an opportunity to participate in a subsequent interview. This survey garnered considerable interest, capturing 677 people's experiences of the pandemic from a much wider geographic area than the area served by the university. The current qualitative research followed from this project. More details of the initial survey and the arrangements for the qualitative follow-up are described in Rolf et als' methods paper.[2]

The qualitative phase of the project employed an interpretive/constructivist framework to work with data. Drawing on the approaches of Silverman[3] and Charmaz,[4] the project explored people's everyday experiences of pandemic life as subjective, often inconsistent and influenced by worldview, history and social context. Seeing data as a

construction between investigator and participant, we acknowledged that investigators too were part of the same pandemic. To ensure rigour in the analytical process, we employed reflexivity as a collaborative, working to recognise and acknowledge the authors' own influence on data analysis in the broader qualitative project. None of the investigators in the qualitative study were based in cross-border regions at any time during the study.

Participants for the qualitative interviews used in this research paper were selected from the survey respondents, using purposive sampling. Only survey respondents who had expressed willingness to being interviewed were considered. Furthermore, it was decided to only recruit survey respondents who had reported living with a chronic illness at the time of completing the survey, as although this group had been explicitly identified in public health messaging as being particularly vulnerable to the impacts of COVID-19, individual responses to a question about perception of vulnerability on the survey varied. Participant information forms and invitations to an interview of about 30 minutes were sent in August 2020 to 172 potential participants. The emails advised participants to expect a follow-up phone call from a member of the research team.

The project coordinator provided each interviewer with the contact details and basic demographics of a small number of potential participants. The qualitative interviewing component involved 20 collaborators from the Australian Rural Health Education Network. Semi-structured interviews occurred over a period of 3-4 months with interviewers not allocated any person from their own region so as to avoid any personal knowledge of the participant. Prior to the interviews, the collaborative team had prepared a series of questions that were used by all investigators. These questions were designed to reflect the original survey themes, as well as experiences related to the impact of the pandemic on daily life. Interviews were conducted virtually due to ongoing pandemic restrictions as well as the constraints and practical challenges of interviewing across the large geographic area. A total of 122 participants communicated interest in the offered follow-up interview, while 50 either did not respond or declined the offer. Over the course of interviews and data collection, further withdrawals or being unable to find a suitable time meant the final number of interviews conducted was 90. Interviews were recorded with participant consent.

Prior to the interviews, a coding template had been developed in accordance with Neal and colleagues[5] methods and was supplied to each interviewer. The template included predetermined key concepts and themes related to the larger program of the research, divided the interview into time segments of 5-10 minutes and provided a legend to assist the interviewer to record intonation and auditory cues. Some interviewers wrote reflective notes on the template. Interview recordings and notes were stored in a shared and secure digital data repository. This digital notebook provided a feature were notes could be 'tagged' to assist with organisation and classification. A list of tags had been agreed to by collaborators a priori, with more tags added upon request the study progressed and new areas of importance and commonality across interviews became evident. All interviewers received training in the methods outlined in Neal et al[5] and agreed on processes prior to commencement of interviewing. Furthermore, to manage different investigator experiences, the collaborative engaged in reflexive practice by regular check-ins and discussions around interviews.

Following the completion of interviews, the larger collaborative of investigators took an interpretive approach to analysis, identifying emergent key issues considered interesting and areas where further in-depth interrogation and analysis of the data would assist further understanding. Ultimately, the team identified that restrictions on travel created considerable difficulties for a small group of participants who travelled regularly across state borders because they lived nearby. These restrictions impacted multiple aspects of their life including work, social activities and health. This subsample formed the basis of deeper analysis and the foundation of this paper. This was explored further by authors 1, 2, 3 and 4. To address the focus of this study, interviews tagged 'cross-border' were examined closely to identify relevant cross-border issues. Further, all investigators involved in data collection were asked to identify any interviews that might not have been tagged but where relevant cross-border issues were raised, although no additional relevant interviews were identified. The 13 interviews tagged 'cross-border' were transcribed in full by Author 1 and referenced with corresponding analytical notes. Reading and rereading, coding, and establishment of links between codes preceded deductive development of emergent themes, initially by Author 1, and after discussion of connections across multiple interviews all authors agreed on major themes and narratives.

From the unique identifier in the data repository and using the demographic information collected during the initial survey, a participant number and identifier was constructed for each interview, linked with the unique identifier to support an audit trail. The interview identifier consisted of: <Participant ID number_sex _age _MMM> in which the 90 interviews were labelled with a participant ID number from 1 to 90. The MMM stands for Modified Monash Model and is a measure of rurality based on a model, which measures remoteness and population size on a scale MM 1 to MM 7 where MM 1 is a major city and MM 7 is very remote.

2.1 | Ethics approval

The project was approved by the University of Queensland Human Research Ethics Committee (Approval number 2020000800) with reciprocal approvals for the qualitative component granted by other university ethics approvals with participating researchers. City names described by participants have been removed in reporting to protect anonymity.

3 | RESULTS

While each participant told his or her own unique story, aggregating multiple stories of people living in cross-border regions highlights a broader narrative of the struggles with Australia's abrupt and discordant border closures. Policy changes surrounding border closures negatively impacted several aspects of people's well-being in Australia with 3 key interconnected themes identified for Australians living in cross-border regions. First, border closures presented those living in border communities with restricted access to health care and employment. Second, participants described how the restrictions on travel to neighbouring states and territories impacted mental health and well-being. Finally, many Australians faced financial struggles, which were exacerbated by border closures. These challenges were symbiotic and a sum total of the unique position of border communities.

3.1 | Physical barriers

Historically important but more recently little more than symbolic and political boundaries in Australia, the jurisdictional borders which closed during the early stages of the pandemic restricted or prevented free movement. Unrestricted interstate travel is a routine freedom for Australians, and for some of those living close to a border, it might occur almost daily. A resident of Victoria who lives close to New South Wales (NSW) might routinely go into NSW for groceries or salon appointments. Border closures resulted in uncertainty for even simple travel, regardless of lockdown. Reduced access to health care due to border restrictions was often grounded in uncertainty, as even when the borders were open, many feared they would 'snap shut' and they would not be allowed back into their home state or would be put into lockdown upon return.

> Both my husband and I have skin cancers that have to be removed, which we haven't

had done. Things you can put off but need to be done like optometrists and dental appointments have had to be cancelled because we can't travel...Because I work and if I go to [city] I have to have a 2-week lockdown when I come back.
>
> (F_8_58_5)

The fluctuating nature of the borders was a deterrent for employees who often crossed them for work, and this emerged as a particular issue for some health care workers. One woman commented on these challenges:

> I don't think there's a huge appreciation from the cities about the way border communities work and the way people share resources.... especially essential staff travel back and forth across the border to and from work, people access essential services including hospitals and health services on the other side of the border very frequently. You know, you have huge ramifications for the local hospitals in the ... the permit systems have either prevented them from coming entirely or the rules changed on a daily basis sometimes. Even overnight while a person has been on night shift the rules around the permits have changed and they've been in a situation where they don't know whether they're able to get home after a night shift. Yeah, it's a huge impact.
>
> (F_51_42_3)

In other instances, access to health care was reduced not out of fear of uncertainty, but as a direct result of closed borders. For those who live in rural areas close to borders, it is not uncommon for the closest health centre to be in the neighbouring state or territory. A woman living in a town in Victoria that borders both NSW and SA commented that:

> A lot of our community access South Australia for health services because we're actually closer than anywhere else, like major Melbourne or Victoria centers. And that has generally had a very big impact because South Australia has had a very harsh border closure [policy].
>
> (F_5_46_3)

Border closures often deterred people from attempting to cross the border entirely. Others, whether they were unaware that the border had been shut or they were determined to try to cross anyway, were sent back. Some situations were more egregious than others:

> My mother was turned away from going to X to see a specialist, in fact, the policeman pulled the keys out of her car and told her she wasn't going anywhere.
>
> (F_55_48_5)

Border restrictions in Australia were not only causing problems in health care but were limiting productivity across other sectors as well. Within the participant group were residents who owned farms that straddled both sides of a border. Difficulties arose when border restrictions prevented them from tending to their farms. A new Emergency Powers directive often appeared without warning, and farm owners were confronted with managing the inaccessibility to livestock and crops. Even once permit systems were established, applications could take weeks to be processed and difficulties did not necessarily cease with the granting of a permit. These challenges were well described by one woman who detailed the struggles she and her husband had to withstand:

> We actually own property on both sides of the border, and we couldn't cross without having to explain ourselves all the time and justify why we needed to go visit our other property, be it to check the cattle or the crop... We've had a lot of problems, in fact even getting our tractor and equipment and stuff across the border with the police there all the time.
>
> (F_55_48_5)

As a result of the states' response to the pandemic, venturing a few kilometres away into another state or territory to tend to one's farm, to get to work, or even to visit the doctor became a hindrance and, in some cases, impossible.

3.2 | Financial peril

Respondents commented on how harsh the financial impact of border closures had been for those living close to the border and regularly crossing it for work. This was exemplified by a woman who was considered as a 'casual' or nonessential worker because of the length of time with her current employer. Being prevented from working thwarted her cash flow and consequently put an undue amount of financial stress on her family.

> Now they've shut [the border] again with the bubble, well I couldn't go to work because my workplace which is 50k away was not in the border bubble... so we put in an exemption and I do remember my work, which is the Queensland government, tried to get that

> expedited but we were basically told that wasn't going to happen. So, I won't get paid, because I worked there less than 12 months as a casual.
>
> (F_55_48_5)

The appearance of lockdowns and state-determined public health emergency responses created anguish for many people who were seeking to travel to different states. It became evident this was a major challenge for those living close to state borders, and around the middle of 2020 'border bubbles' had been created to ease the impact of border closures. A border bubble was a colloquial term employed by state and federal governments to describe a distinct region made up of a cluster of postcodes, representing a geographical area on either side of a state or territory's border. The policies for each border bubble varied, but in essence, a border zone or border bubble grants exceptions to Australians who live cross-border lives. For instance, those who live in Victoria and NSW border communities can access the border zone in either state using their driver's license without needing to apply for a border crossing permit.[1]

It was evident from respondents' interviews that such arrangements were not a panacea. Strict border closures meant that many children who attended school across borders had to stay home from school and do their education from home, even when their school was open. Children that used to be in school were now at home, either in need of supervision or requiring attention, depending on their age.

> Overarching it has been hard, you know, converting to working from home. My children are in the Victorian school sector and have also been homeschooling, so for us it's been a lot of time together being at home.
>
> (F_5_46_3)

As a result of closures, parents who might have otherwise been able to work were forced to stay home to be with their children. For those that were unable to do their work from home, this impacted on their hours worked, and some lost their job completely.

Fluctuating policy and resultant border closures were particularly problematic for transport workers. One participant who drove freight for a living explained that though he was considered an essential worker at the beginning of the pandemic, policies changed and made it much more difficult for him to do his job. Not only was he required to apply for a new border pass for each state he passed through, but he reported that he lost many of his customers due to concern over his interstate travels. His stories were indicative of the financial impacts resulting from these issues:

You're just hanging in there and hoping for the best with the reduced income. My income did reduce but it didn't reduce enough to qualify for any benefits, so I guess you just have to bear the brunt of it.

(M_82_48_5)

Unfortunately, this experience described by a sole trader was echoed by others with similar concerns. The impact of border closures was not limited to those who themselves had to travel across a border for work. Participants reported that those who owned shops and restaurants near the borders had lost a considerable portion of their business as regular customers reduced and traffic movement was severely restricted due to border closures. One participant described her hay-trader husband suffering a major income loss due to the border closures because his usual buyers could get to him, or he to them. Hence, the family made a fraction of their usual income with families who largely relied on agriculture for their income reporting similar concerns. Living on the border of NSW and Queensland, one woman revealed that her family's troubles in producing and selling their crops was exacerbated by concerns about continuing to provide their employees with jobs:

All this border closure stuff, it really affects our ability to earn an income- we just don't know... all our goods and services are bought in Queensland so it's having a flow-on effect on Queensland's economy too because we're not spending our money there, and we're not making any from our crops. Our employee comes over from Queensland too, you know... there are jobs on the line, man. Jobs on the line at a lot of places. I don't know how we are going to come out of it quite frankly.

(F_55_48_5)

3.3 | Managing emotional well-being

A common theme across all interviews was the feeling of fear and uncertainty. As previously discussed, the persistent apprehension that the border might shut abruptly was sufficient to prevent people from crossing the border. Additionally, unreliable communication and conflicting information regarding border policies were enough to dissuade people from travelling to a neighbouring state or territory. It was evident in the interviews that the miscommunication and unpredictability around state borders had a tremendous impact on the mental well-being of many Australians.

The daily change in the initial stages of it all, it was quite overwhelming, mostly fairly daunting... you're almost trying to create certainty out of the uncertainty.

(F_5_46_3)

This uncertainty forced those living along the border to make difficult decisions. Participants reported feeling unsettled and apprehensive, fearing new changes and discrepancies in border policies. Fear of legal transgression due to ignorance or confusion caused significant anxiety. In anticipation of his border crossing from Queensland into South Australia, one man attempted research before a border crossing, to no avail:

It told us that you can apply... within four days of traveling in South Australia at the time- so we said okay we'll wait until we get to X. We got to X, and it says you must get 14 days' notice before you apply and so we applied online, and it said to come back in due course, and we stayed there for a minute until we all had our passes to get into South Australia...Some of the administration of it was a little bit wanting.

(M_17_67_1)

Beyond border movement restrictions, other public health measures can differ markedly from one side of the border to the other. Mask mandates, social distancing guidelines and gathering rules were all state-based. Even if they were allowed to cross the border, people were required to keep track of and understand what they were allowed to do in each place. One woman described the emotional turmoil these discrepancies can cause:

It's been interesting to have to deal with two different circumstances in terms of how the states have responded to COVID... I also work in a health role ... I think about health promotion in the communities that I work with as well and modeling that behavior but then juggling the differences of, in Victoria, we are still wearing masks and in New South Wales we actually don't need to...

(F_5_46_3)

For those living in smaller and more rural border communities, border closures often meant that their main grocery and convenience stores became inaccessible. Sudden food insecurity caused fear. One woman detailed her experience of food insecurity while trying to feed her family and maintain her equipment living in a small town in NSW bordering Queensland:

There was a lot of anxiety. A lot....I just can't wait for it to be over. I must admit when we heard there was going to be another closure we did go to a big center and do a massive shop. That was the other problem- if we could, sometimes we would go to [city] which is about 2 hours 15 away which is our next biggest center, to get parts and things for our tractors...we're actually not allowed to do that now at all. We can't go outside the bubble. Not sure how we are going to manage our maintenance on our equipment.

(F_55_48_5)

4 | DISCUSSION

This study focused on exploring the experiences of those who live in cross-border regions and who cross borders in the course of their daily lives during the early months of 2020. From a colonial past which dispossessed First Nations people from their land, Australia assumed the label of 'nation' when the Constitution of Australia came into force on 1 January 1901, with the colonies established as penal settlements becoming states of the Commonwealth of Australia. States' rights were enshrined in the Constitution as part of a federated Australia, with states and territories having primary responsibility for matters related to health care and emergency management. While Australians are aware of state differences as it affects their voting, licensing and many other regulations, the borders seen on maps have been stable since federation and uncontested, and in the many decades prior to COVID-19 have held little meaning for most Australian residents in relation to movement.

The transmission of COVID-19 with its contact and airborne spread[6] means that infections throughout the world have occurred at higher rates in cities than in rural areas,[7] yet as this study shows, those people far from the epicentre of outbreaks have been caught in decisions made by governments for the protection of the population overall. Whether it is a result of caution or physical restrictions, our study illustrates that border policies have caused many to miss out on necessary engagement and connections needed for their health and well-being. The situation is especially poignant when considering those who live in border communities. Both people and systems were highly adaptive at this time, for example telehealth availability and uptake increasing to enable health care access although it was not optimal for care of all conditions and people.[8,9]

Even after 'border bubbles' were established, those living in regional Australia were vocal about cross-border restrictions as an obstacle to work. Although at the time of the interviews those who worked across the border could have border passes, these were not in place early in the pandemic period in Australia. Even once acquired, the requirement for a pass hindered the activities of everyday life for those close to borders. Instead of taking the shortest, most convenient route, those permitted to cross needed to pass a border checkpoint, adding time to the commute. Additionally, participants commented that the checkpoints added an extra element of unpredictability in terms of waiting times, permit approvals and fluctuating laws. Policies were considered unpredictable, with frequent news reports of local residents discovering checkpoints at the time of attempting to cross state borders, and subsequently encountering long delays.[10] Lines to check border crossing permits at a checkpoint could be several kilometres long, presenting many logistical issues to those travelling to work or appointments.

However, there were individuals who, despite being permitted, reported feeling unable to cross the border due to their apprehension associated with quarantine measures. These individual concerns, far from merely symbolic, translated to significant social disruption at a broader level. In July 2020, the federal government stated that '...Those entering NSW from Victoria are required to self-isolate for 14 days upon arrival, get tested for COVID-19, and abide by a COVID-19 Safety Plan.'[11] In that same month, a hospital in Wangaratta, Victoria, suffered a major staff shortage as many of their employees commute from NSW.[12] Rather than finding accommodation in Victoria, a total of 80 staff members decided to stay in their home state.[12] As a result of restrictions like these, many hospitals suffered from staff shortages, in turn compromising health service delivery. Those frontline health workers who were able to come into work were then faced with double shifts and helping out in other departments. Not only did this staff shortage cause the employees that were able to come into the hospital to be overworked, but it threatened critical service and care delivery to the community and to inpatients. At the time, doctors and nurses from Melbourne that normally could travel for work had been discouraged from travelling outside of their lockdown zone with some having their shifts cancelled.[11]

Some of those unable to get to work experienced significant financial impacts. A reduction in working hours meant a reduced income, which had considerable ramifications for an individual and their family. At the height of national lockdown in April 2020, Australia's cash flow was reduced by 72%,[13] and while this reduction comprised all of Australia's cash flow, the reduction of cash flow affected some of those in rural border areas disproportionately to their risk of disease.

The pressure that accompanies supporting a family can be immense and a disruption to financial security can have significant and far-reaching social and emotional consequences. Mental well-being is challenged, with financial stress predicting a myriad of psychological difficulties, including distress and challenges with family members, friends and in the workplace.[14] Not only did border closures mean that Australians working across borders lacked the financial security that comes with working, but their opportunities for learning, being challenged and rewarded in the workplace were compromised. Paid work is known to boost people's mental health and life satisfaction,[15] so removing the opportunity for work and reducing their hours at work might compromise their well-being as well as their bank account.

Border closures also hindered access to health care for people in those communities, with some people unable to get to their closest major health centre. Weighing the benefit of going to a doctor's appointment with the possibility of being unable to return to one's family later that day had adverse impacts on a person's physical and mental health.[16] Although the primary threat of the COVID-19 pandemic is the virus itself, the secondary effects of the pandemic have proven to be notably damaging as well. According to a study by Taha et al conducted following the H1N1 pandemic, stress associated with general ambiguous life events was positively related to the appraised stress of a viral event. The stress experienced in this regard was associated with a reduction in anxiety coupled with increasing control over ambiguous situations.[17] Being unsure of whether one will be able to go to work, see a health care professional or acquire basic necessities equates to a loss of control that might drastically reduce one's quality of life.

At times, restrictions were so in flux that it was difficult for the broader community to keep abreast of the status quo. For example, announcements were made at short notice even though they had marked effects on the communities' lives: '[The] Premier announced that Queensland would restrict access at the border from midnight the following night,'[18] occurred less than 24 hours before it was put into effect. Policies were especially confusing for those living in border bubbles who might have qualified for special exemptions. Even months after the time period at which these interviews were undertaken, challenging circumstances and confusing arrangements continued. For example, in an article written in January 2021 to clarify interstate border policies, NSW residents who lived in the border bubble could leave the bubble and venture further into NSW and they could travel throughout Victoria. However, if they travelled outside the bubble in NSW, they could not cross the border into Victoria again.[19] Even with these exceptions, permits and passes were required to cross into a neighbouring state or territory, depending on one's reason for crossing, their initial point of departure and their final destination.

Although border policies were in a different phase when this study took place over 4 months in later part of 2020, even subsequent border restrictions illustrate the discordance in Australia's border policy. Over the time of manuscript preparation, restrictions changed multiple times, with multiple different requirements, permit systems and registration requirements in different jurisdictions.

While the messaging of jurisdictional restriction and cross-border arrangements might have improved over time, at the time of data collection there were many instances in which communities felt confused or misled regarding what they could and could not do; participants were distressed when recalling these experiences. Aside from substantial inconvenience with regard to logistics, misinformation caused a lot of stress for those who lived in border communities and needed to cross borders regularly. Although exceptions were made for some people residing in border bubbles, participants described the notable psychological load needed to keep up with the constant updates and their consequences. Even for those permitted to cross the border, uncertainty and each state's different and changing public health mandates created additional life strains.

4.1 | Limitations

This paper and the broader study from which it is drawn are exploratory in nature. We did not aim to set or test a hypothesis or make inductive claims about the lives of the wider Australian population during the early days of the COVID-19 pandemic. However, it is important to acknowledge a number of limitations and missed opportunities. The number of people drawn on from the interviews was small for this paper. The larger sample of 90 participants provided a broad narrative of daily life, and the authors drew on these particular participants because they lived in unique geographical circumstances. An exploration of the ways people adapted, or managed cross-border life could have been enriched by a larger sample and specifically exploring pertinent issues such as the stories of those living with chronic or mental illness. The broader study from which this paper is drawn, explored some of these concepts, including chronic illness, managing personal risk, and social and emotional well-being. It is hoped these associated papers will create a suite of stories of life under the early days of the COVID-19 pandemic in Australia.

5 | CONCLUSION

For some, border restrictions and closures might have been (and continue to be) a transient or occasional disruption, depriving them of interstate holidays, parties and shopping outings. For others, these closures were markedly detrimental to their work and well-being, and they emerged as a particularly challenging issue for those who live near state borders. Many people residing along state borders rely on free passage to work and socialise in their neighbouring state or territory. Normally, interstate borders have been perceived as little more than lines on a map reflecting administrative boundaries, largely invisible and with any formalities relevant to only a few circumstances.

Since COVID-19, Australians who used to cross state (largely symbolic) borders effortlessly and reflexively to tend to their property, to make a living or to obtain health care became unable or very restricted in carrying out these necessary tasks. The economic impact of these border closures was evident and profound and produced negative impacts on the mental and emotional well-being of Australians living along state borders. Australia's response to reducing the spread of the COVID-19 virus in the first year of the epidemic relied heavily on quarantine and restricting movement, with profound and life-changing impacts on the overall well-being of rural Australians who live in cross-border areas, frequently far removed from the major sites where community transmission was occurring.

CONFLICT OF INTEREST

The authors are not aware of any conflict of interest.

AUTHOR CONTRIBUTIONS

LM: formal analysis; writing – original draft; writing – review & editing. SCT: conceptualization; investigation; supervision; writing – original draft; writing – review & editing. FR: Data curation; methodology; project administration; supervision; writing – review & editing. TP: investigation; supervision; writing – original draft; writing – review & editing.

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