

Social Activity Measure October 4th (Period Covered: October 5th – 12th)

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of COVID-19 infection and COVID-19 guidelines. Designed by the Economic and Social Research Institute's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study examines where and how risks of COVID-19 transmission arise. SAM aims to inform policy regarding the opening of the economy and society, while keeping COVID-19 under control. The research is funded by the Department of the Taoiseach.

Method

SAM is a “prompted recall” study that uses methods from behavioural science to help people to recall their activities. It asks about times when people left their homes via factual neutral questions. Questions cover locations people visited and visitors to their home during the previous week. Follow-up questions gather greater detail about the previous two days: how many people participants met, for how long, ease of keeping a 2m distance, use of hand sanitiser and face masks, and so on. The survey concludes with questions about the pandemic more generally.

This report presents results from a nationally representative sample of 1,000 adults who participated in the study between October 5th-12th – the nineteenth wave of the survey. Data have been collected fortnightly since the week of January 25th. The survey has been updated in this round to include more detailed information on behavioural changes and future plans in light of the widespread lifting of restrictions in September. Recruitment is from existing online survey panels to match the socio-demographic profile of the adult population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.¹ The survey is completely anonymous.

Main findings

Where differences are highlighted, they are statistically significant unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use. Data collection took place during a period in which there was a spike in cases, but before the announcement that delays to the final easing of restrictions planned for October 22nd were to be discussed.

1. *Activity has been gradually rising since January, although most activity has been stable this round except for attendance at college, travel to Northern Ireland and visits to indoor locations.*

Since January, there has been a gradual increase in social activity and this trend has continued for some locations, although there was no substantial increase in the total number of locations visited over the week (Slide 3), or in the frequency of visits as indicated by the number of locations visited the previous day (Slide 4). There was an increase in the number going to college (from 4% of the population to 6.5%) and visits to indoor locations (from 21% to 25%) (Slide 5). Overall activity, as indexed by the number of places people went, how often, and how many people they met there, has increased since January but did not change again this round (Slide 6). Similarly, close contacts and

¹ See Timmons et al. (2020), Public understanding and perceptions of the COVID-19 Test-and-Trace system, ESRI Survey and Statistical Report Series 96, pp.3-4. <http://www.esri.ie/system/files/publications/SUSTAT96.pdf>

the average number of people met have increased substantially over the past few months but did not rise again this round (Slide 7). There was an increase in travel to Northern Ireland (Slide 8).

2. Overall levels of mitigation did not change this wave but have declined since January.

The number of people who take precautions such as wearing masks, maintaining distance and hand sanitising has been gradually falling since January with the percentage of people reporting that they always or very often carry out these behaviours moving from 63% to 38% (Slide 9). However, there was no further decline from mid-September to October. A particularly risky group who rarely engage in mitigative behaviours and who engage in a lot of social activity (non-mitigating socialisers) had increased in number last wave but have fallen back to the same level as two waves ago (Slide 10). Mitigation behaviours vary substantially across different types of locations (Slides 13-15, described further below).

3. Most locations are perceived as safe and relatively low risk, with some exceptions. There is some association between perceived risk of locations and COVID-19 outbreaks.

Most locations are rated as 5 or above out of 7 for perceived safety and 4 or below for relative risk indicating that people generally feel safe and at low risk in most locations they go to (Slide 11). One notable exception is colleges, which are rated as the least safe location by a considerable margin (Slide 11). Other locations that are perceived as relatively riskier and more unsafe are pubs, workplaces, and public transport (Slide 11). Vaccinated people and unvaccinated people give similar ratings for most locations, except for the workplace, which unvaccinated people perceive to be less risky than vaccinated people (Slide 12). There is a weak association between perceived safety and risk, and objective metrics of safety and risk such as the prevalence of mitigation factors (e.g., mask wearing, crowdedness, duration of visits, hand sanitisation) at locations (Slides 13-15). When combining the Health Protection Surveillance Centre reported number of COVID-19 outbreaks at different locations, with the perceived risk and safety of those locations by SAM respondents, there is some association between perceived risk and safety and outbreak numbers. After private homes, outbreaks are most common in workplaces, colleges, and pubs. These locations get lower ratings of perceived safety and higher ratings of perceived risk from respondents compared to locations with lower frequency of COVID-19 outbreaks (Slide 16).

4. Intention to take the booster vaccine if recommended is generally high but not universal. There is greater uncertainty about the vaccine for under 12-year-olds.

A large proportion of adults (80%) say they will take a vaccine booster if recommended, but a further 10% report they will not, even though they received the first vaccine (Slide 17). The most common reason given for refusal of the booster was that they did not feel they need it. There is greater uncertainty among parents deciding whether to give a child under 12 the vaccine if recommended. Only 37% of parents say they would get their child under 12 vaccinated. A further 33% are unsure (Slide 17).

5. Many normal daily and social activities are done significantly less now than they were in March 2020.

Most people report doing activities such as shopping, attending venues to watch sport, going to cafés, pubs, and restaurants, visiting other houses, and attending religious ceremonies less now than they did before March 2020. The biggest difference was the pub, with over 70% of participants who used to go to the pub reporting that they do so less now. Activities that take place mainly outdoors have had a boost with nearly 40% of people reporting walking more, over 30% reporting that they go

to outdoor locations more and 25% reporting that they exercise more. A large proportion say they use public transport less now (61%) while 26% say they use the car more (Slide 18). Reduced activity is associated with worry about COVID-19, prioritizing preventing the spread of the virus over the burden of restrictions on oneself, and following news coverage about COVID-19 (Slide 19).

6. Most say their social life is worse now than before the pandemic and that they see family and friends less, although the quality of the relationships has not suffered.

Three in four people report seeing friends less now than before the pandemic and 2 in 3 report seeing family less (Slide 20). Despite this, 3 in 4 also report that the quality of their relationships with friends and family has not changed or that it has improved. Only around 1 in 4 say their social life has not changed, with nearly 2 in 3 saying it has got worse. This is consistent across all age groups, with 60-69 year olds being most likely to report that their social life has got worse (Slide 20). A significant percentage of the population report feeling lonely at least some of the time, with nearly 19% giving a loneliness rating of 6 or 7 out of 7, indicating they feel lonely a lot or most of the time (Slide 21). This is particularly true of those aged under 50.

7. Most people do not want their day-to-day lives to return to how they were before March 2020.

When asked how different they would like their daily life to be compared to before the pandemic, imagining that COVID-19 was no longer circulating and that restrictions were fully lifted, almost 70% gave a rating of 4 or higher on a scale ranging from 1 (exactly the same) to 7 (completely different) (Slide 22) indicating that most do not want life to return exactly to how it was before March 2020. This is especially true of younger people. Future research will investigate what changes people would like to retain or make.

8. People who work are largely happy with their current working arrangements, but a sizeable minority are not and there are some concerns about safety in the workplace.

Nearly half of workers are going to the workplace as often now as they did before March 2020. The majority of the remaining half are working from home or going to the workplace less frequently than previously (Slide 23). There has been a shift away from public transport and towards private vehicles for those going to their workplace (Slide 23). Most people who are working in the workplace can only do their job from the workplace but 13% report being required to attend the workplace even though they could do their job from home (Slide 24). Around 70% of workers who work from the workplace and workers who work from home are happy with their current arrangement, but a sizeable minority in both cases would like to move closer towards the alternate working arrangement (Slide 24). The most common mitigative measures that workers report being present in their workplace are hand sanitisation (90% of workplaces), ventilation (80% of workplaces) and social distancing (78% of workplaces). Compulsory mask wearing indoors is less common (74% of workplaces) and temperature checks very much less (37% of workplaces) (Slide 25). Four in five workers say they are happy with the mitigative measures that are in their workplace, but those who perceive a greater risk of catching COVID-19 in the workplace and those who think that their workplace measures do not go far enough, are more likely to be unhappy going to their workplace (Slide 26).

9. Other Findings

- Wellbeing has not changed since August (Slide 27).
- Most people think they have some but not full control over whether they get COVID-19, with vaccinated people believing they have more control than unvaccinated (Slide 28).
- Worry about COVID-19 continues to decrease, but slowly. It remains at 5.9 out of 10 this week compared 6.1 and 6.3 in the last two rounds of data collection. People are more worried about the economy (5.1 out of 7), the healthcare system (5.0 out of 7) and

family and friends catching COVID-19 (4.9 out of 7), than about catching COVID-19 themselves (4.3 out of 7) (Slide 29).

- Most parents perceive some but not great risk of their child catching COVID-19 in crèche, primary school, or secondary school (average mean around 4 out of 7). Around 80% are happy with the mitigative measures in place in crèches and schools (Slide 30).
- A significant proportion of the population have made concrete plans over the next 3 months to go to a family gathering, a party or for an overnight stay with friends, family or in a hotel (Slide 31).
- Around 70% of the population expect some easing of restrictions in November. Note that this data was collected before the announcement about a possible delay in easing the restrictions that were expected to be lifted on October 22nd (Slide 32).

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