Social Activity Measure November 3rd

(Period Covered: November 3rd – 10th)

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, including questions about future plans in light of the widespread lifting of restrictions.

This report presents results from a nationally representative sample of 1,000 adults who participated in the study between November 3rd and 10th – the twenty-first round of the survey. Data have been collected fortnightly since the week of January 25th. 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 ($p < .05$) 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 of sharply increasing case numbers, which reached over 3,000 per day for the first time since January.

1. *There has been a small decline in some measures of social activity.*

A key consideration for this round of SAM was whether the sharp increase in COVID-19 cases would prompt a substantive change in public behaviour. However, any change was modest. There was a fall in the total number of locations people visited over the previous week, although the accompanying smaller decline in total locations visited the day before completing the survey was not statistically significant (Slide 3). This drop in the number of locations visited was spread broadly across almost all types of location (Slides 4 and 5). There was also a small fall in travel since early October (Slide 6). However, these changes were not sufficient to make any difference to the likelihood that an individual had a close contact the previous day, or to the average number of people from outside the household that each individual met up with (Slide 7).

[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 long-term trend of increased close contacts in the workplace continued (Slide 8), although the increase relative to the previous round of SAM was not statistically significant. Visits to homes remained broadly stable (Slide 9), as did the overall amount of mitigation activity (mask wearing, keeping 2m distance, hand sanitation) (Slide 10). There was no indication of any change to the downward trend of mitigation behaviours in workplaces (Slide 11). While our index of total social activity was unchanged from the previous round of SAM, a comparison of October and November with September indicates a slight decline in overall activity (Slide 12).

2. *The behaviour of higher risk groups (older and unvaccinated people) differs little from the behaviour of lower risk groups.*

Older adults are somewhat less likely to have a close contact, but they meet a similar number of people on average from other households as those in younger age-groups and they are actually more likely to be in the group we classify as "socialisers" – people in the top tail of the distribution of social activity (Slide 13). This pattern has changed little in recent weeks and is likely to be related to labour market activity. Older adults are more likely than younger adults to wear a facemask when with people from other households in indoor locations outside of homes, but once social encounters within homes are taken into account, older adults are less likely to wear a mask (Slide 14). A similar analysis reveals little difference in social activity between vaccinated and unvaccinated adults (Slide 15), but that unvaccinated people are less likely to wear masks when with other people in indoor locations (Slide 16).

3. *There were changes in worry and some other psychological drivers of behaviour.*

Overall worry about COVID-19 has been linked to behaviour throughout the pandemic. Worry climbed to its highest level since May, with increases in specific components of worry (Slide 17). Worry about the health system, friends and family, the amount of cases and the personal risk of catching COVID-19 all increased, while worry about the economy and restrictions fell somewhat. Worry increased most among older adults (Slide 18). Meanwhile, fatigue with ongoing restrictions fell and the degree to which people are following news coverage of the pandemic increased (Slide 19). These psychological variables are also linked to behaviour, so it is possible that they imply likely changes in behaviour over the coming weeks. Self-reported compliance with public health guidance and perceptions of how much others are complying were unchanged (Slide 20), but perceptions of how coherent versus contradictory the current restrictions are remained lower than it has been for most of 2021 (Slide 21).

4. *Over 40% of workers attend their workplace less than before the pandemic.*

Attendance at workplaces has increased throughout the year (Slides 4 and 5), with just over half the workforce now going to their workplace at least as much as before the pandemic began (Slide 22). However, a sizeable minority have reduced their attendance substantially, with 18% now working completely from home, having previously gone to work, and 23% attending on fewer days. Of this latter group, more than half have reduced attendance by at least two days per week.

5. *Opinions and expectations about the Government response have shifted.*

Although changes in behaviour were quite small, there were more substantial changes in opinions and expectations with respect to Government action. For most of the year, opinion has been evenly divided over whether the Government response is insufficient or too extreme, with most viewing it as appropriate. Belief that the Government response is insufficient doubled over the past four weeks

as case numbers rose and now stands at 37%, almost three times the proportion who view the response as too extreme, with 50% continuing to view it as appropriate (Slide 23). Expectations of any further easing of restrictions have collapsed, with the majority of the population now expecting restrictions to be tightened again (Slide 24).

6. *Other findings*
    - There was a levelling off of the proportion of visitors to hospitality venues eating or drinking indoors, with approximately one-third reporting that their Digital COVID Certificates were not checked (Slide 25).
    - Despite the increase in cases, self-reported wellbeing did not fall (Slide 26).
    - Over 80% of adults say that they will take a booster vaccination if it is advised by public health and offered to them (Slide 27).
    - Intentions among parents to vaccinate children under 12 remain divided, with the largest proportion saying they would allow it (39%), while 31% would not and 30% are unsure (Slide 27).

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