

Social Activity Measure January 11th (Period Covered: January 4th – January 11th)

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 January 4th and January 11th – the twenty-fifth round of the survey. Data have been collected fortnightly since the week of January 25th 2021. 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 were collected during a period of high case numbers but with some signs that the Omicron variant, alongside high levels of vaccination, leads to less severe infection than previous variants. New public health guidance for use of antigen tests among those aged 4-39 with symptoms came into effect on January 3rd and the 8pm curfew on the hospitality sector remained in place.

1. *Large declines in social activity compared to December*

This round of SAM recorded the largest decline in social activity since SAM began. There was a fall in the total number of locations people visited over the previous week and the day before completing the survey compared to December (Slide 3). The decline was the largest since SAM began and was observed across most locations (Slides 4 and 5). The only recorded rise was with visits to outdoor amenities (e.g. parks). Inter-county travel declined to one of its lowest levels (Slide 6).

The proportion of people who had a close contact the previous day has continued to fall since October (Slide 7). The average number of people met in the past 48 hours has also declined

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>

significantly, as has the average number of close contacts among those with at least one (Slide 7, 8). The decrease in close contacts was driven by declines in locations at the focus of the policy response: workplaces and hospitality venues (Slide 9). Homes continued to account for the largest share of close contact interactions but there was a significant decline in the proportion of people engaging in social visits compared to December (Slide 10).

Our index of total social activity decreased significantly compared to December (Slide 11). The proportion of the population engaging in high levels of activity also declined, however the proportion of socialisers who took few or no precautions, such as wearing a mask or maintaining 2m distance, remained stable (Slide 11). Hence the decline in social activity occurred among most of the population but not the most extreme group, who make up less than 10% of adults.

2. High proportion of people isolating or restricting movements

Self-isolation accounted for some of the decline in social activity. Over 10% of respondents said that they were isolating or restricting their movements at the time of the study, up from approximately 3% in late 2021 (Slide 12). Almost 6% of adults reported having symptoms of COVID-19, but not all of these reported isolating (Slide 13). Around 4% of all adults were experiencing symptoms but not isolating (Slide 13). Most of this group reported also being close contacts of confirmed cases. The numbers based on just one of wave of SAM are too small to give an exact figure and we do not have information on how many of these individuals received a negative PCR test. However, symptomatic close contacts not isolating or restricting movements is a concern.

3. Rise in precautions taken at home, work and in hospitality venues

The percentage of the population stating that they very often or always take precautions (e.g. wear a mask, sanitise hands) has risen steadily since October and reached its highest level since April 2021 (Slide 14). Compared to December, a higher proportion of household visits took place outdoors (Slide 15). Reported mask-wearing during indoor visits has risen since October (Slide 15) while mask-wearing and social distancing have also increased in workplaces since October (Slide 16). The proportion of indoor diners who said that their Digital Covid Cert was not checked continued to fall (when all venues are pooled; slide 17).

4. Overall support for the public health effort stable

Measured by a pattern of generally positive responses across multiple questions, overall support for the public health effort remained stable this wave (Slide 18). The long-standing decline in support amongst 18-39 year olds reversed, though this was not statistically significant (Slide 18). Turning to specific measures, there was a slight drop in worry compared to December, both for overall worry and worry exclusively about the economy and restrictions (Slide 19). Self-reported compliance with guidelines has risen significantly since November with no change in perceptions of others' compliance (Slide 20). Perceived coherence of restrictions has remained stable since November, although how easy people find it to understand restrictions has followed a clear downward trend since September (Slide 21). There was no change in fatigue with restrictions in this wave of SAM relative to December (Slide 22). Respondents reported paying more attention to the coverage about COVID-19 in the news compared to December (Slide 22). Wellbeing has remained stable since May 2021 (Slide 23).

Statistical models that test for relationships between psychological variables and behaviour show that worry and valuing preventing the spread of the virus over the burden of restrictions were more strongly linked to behaviour in early January than they were in December (Slide 24). Perceiving others to follow guidelines and finding restrictions easy to understand were related to taking more precautions (Slide 24).

5. *Evidence for short-term caution and long-term optimism*

The proportion of people who said that the Government's response is insufficient continued to fall (to 30%) with little change in the proportion who said it is too extreme (20%; Slide 25). Almost half the population judge the current response to be appropriate (Slide 25). Most people (54%) expect no change to restrictions in February with one-in-three (34%) expecting at least some tightening (Slide 26), although the commentary on this issue since data collection may well have altered this picture. The proportion with specific plans for family gatherings, parties, overnight stays and work gatherings in the next 3 months declined further (Slide 27).

However, some optimism was apparent in people's longer-term perspectives. The proportion of people expecting restrictions in place for at least another year fell to 36% following a spike in December (Slide 28). The largest group (40%) expected restrictions to be lifted fully in six to twelve months (Slide 28).

6. *Other findings*

- The proportion of people who have taken or intend to take the booster has risen steadily since October (Slide 29).
- Parents remain split on whether to allow their child to take the vaccine (Slide 29).
- The proportion of the population who reported using a rapid antigen detection test in the past week has risen since December, up to one-in-three. The most common reason for using one, given by one-in-five adults, was as a precaution (i.e. neither due to symptoms nor notification of being a close contact) (Slide 30).
- The majority of people (60%) said that they themselves experienced or they know someone personally who has experienced mild symptoms of COVID (Slide 31). One-in-six experienced or know someone personally who has experienced severe or long-lasting symptoms (Slide 31).