Social Activity Measure February 8th

(Period Covered: February 1st – February 8th)

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 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 then asks questions about people's vaccination status and intentions, as well as some broader questions about perceptions, plans and expectations.

This report presents results from a nationally representative sample of 1,000 adults surveyed between February 1st and February 8th 2022 – the twenty-seventh round of the study. 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 when high case numbers had begun to fall and hospitalisations had remained broadly stable. Data were collected 10-18 days following the lifting of the majority of the public health restrictions on January 22nd.

1. *Social activity continued to increase, but only very slowly*

People visited slightly more locations outside the home, during the previous week and the previous day, although the latter increase was not statistically significant (Slide 3). Rising trends continued in visits during the previous week to workplaces, hospitality venues, other homes, medical facilities and other indoor locations (Slide 4). For visits undertaken the previous day, which relate more closely to the frequency of visits, only visits to workplaces and medical facilities increased significantly (Slide 5) – the latter following a steep drop after Christmas. A modest increase in intercounty travel was short of statistical significance (Slide 6). The proportion of the population who had a close contact the previous day (15 minutes within 2m of someone from another household) rose to 40% (Slide 7), although there was no increase in the number of close contacts among those who had at least one

[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

(Slide 8). The increase in close contacts was concentrated in workplaces and other indoor locations (Slide 9). Changes in the average number of people individuals met up with from outside their household (Slide 10) and the frequency of social visits to other people's homes (Slide 11) were not statistically significant. Following a steep increase in January, our overall index of social activity recorded little change, with the proportion of adults engaging in particularly high levels of social activity ('socialisers') remaining steady also (Slide 12). There was a drop in the proportion of people engaging in high levels of mitigation (wearing a mask, maintaining distance, washing hands) (Slide 13).

2. Worry about COVID-19 has reached its lowest level since 2020

Worry has been the most consistent driver of behaviour in the SAM data over the past year. Overall worry about COVID-19 fell sharply at the end of January and has continued to fall (Slide 14). Over the past two rounds of data collection, worry about all factors assessed in SAM has fallen, with the steepest falls occurring for worry about the healthcare system and worry about catching COVID-19. Of the factors measured, worry about the economy is now highest. However, this may reflect recent concerns about the cost of living worry more than the economic impact of the pandemic, since worry about the return of restrictions fell significantly in this round.

3. Broadly positive trends on drivers of behaviour

Compared to before the lifting of many restrictions on January 22nd, the perceived coherence of restrictions and how easy they are to understand have both increased (Slide 15). Fatigue with restrictions has fallen, as has how much people report following the news about COVID-19 (Slide 16). Meanwhile, self-reported compliance with public health guidance and perceptions of the compliance of others (Slide 17) and overall support for the public health have remained steady (Slide 18). This perception is not necessarily inconsistent with the fall in mitigation, since mask wearing and distancing are no longer required many settings.

4. Reported wellbeing remains lower than before restrictions lifted

Self-reported wellbeing fell following the lifting of restrictions and has continued to be lower (Slide 19). Further analysis shows that while wellbeing fell among all age groups immediately following January 22nd, it recovered among older and younger people; the finding of lower overall wellbeing is being driven by the responses of middle-aged people (40-59 years). One possibility is that this might reflect changes to childcare arrangements as people return to work (although this would affect many people in their 20s and 30s too), but we find no evidence that wellbeing declined more among parents and the required changes to childcare arrangements affect only a small minority of parents (Slide 20). While other organisational pressures or imminent changes to routines may play a part, as may seasonal effects, the drop in wellbeing remains hard to explain.

5. Stronger support for response but expectations for future lifting of restrictions moderated

The proportion of people saying that the government response to the pandemic is "appropriate" rose significantly to 61% (Slide 21). The announcement that many restrictions would be lifted from January 22nd had resulted in a very strong swing towards believing that restrictions would be further lifted next month and fully lifted within 6 months, but expectations for exiting the pandemic entirely moderated in the two weeks that followed (Slides 22 and 23), albeit that they remain at a high level.

6. *Willingness to take vaccinations decreased*

After months when willingness to take a booster vaccine steadily increased, following the lifting of restrictions the trend reversed (Slide 24). Similarly, more parents now say they are unwilling to vaccinate children under the age of 12 (Slide 25).

7. *Some forms of exercise are higher than before the pandemic, but social and cultural activity remains much lower*

Over one third of the population is walking more than before the pandemic and more people are visiting outdoor locations, but many people are doing less organised sport (playing or spectating), religious, local, artistic and cultural activities (Slide 26). People are using public transport less and private cars more, while spending less time in city and town centres, including for shopping, with majorities going less often to restaurants and cafés, to pubs or to other people's homes (Slide 27).

8. *A large majority don't want to go back to life as it was*

Many specific changes brought about by the pandemic are viewed positively. These include efforts to reduce transmission of infection and greater flexibility around working life and work-life balance, but also include some changes to social life (Slide 28). On average, people welcome having more time at home and time to themselves, while views are equivocal on the reductions in international travel and nights out. There is modest variation in these perspective by age, although changes to work are particularly welcomed by younger adults (Slide 29). Most people feel some pressure to socialise but only a minority feel a lot of pressure, although social pressure is stronger among young people and in relation to family (Slide 30).

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