Social Activity Measure April 26th
(Period Covered: April 19th – April 26th)

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 records people's level of social activity and degree of caution, as well as how they perceive the ongoing pandemic. 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 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 April 19th and April 26th2022 – the thirty-second round of the study. Data have been collected fortnightly since the week of January 25th2021. 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.

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 covered the second half of the Easter break. Hospitalisations continued to fall across the week of data collection. ICU cases had also begun to decline.

1. *The level of social activity remained unchanged*

People's social activity has trended upwards since January but was largely unchanged this round of SAM compared to the previous round in mid-March, with some exceptions (Slides 3 to 10). There were some changes to locations visited and these tend to reflect the Easter break. Fewer people attended school and work and more attended events, indoor locations and hospitality venues (Slides 4 and 5). International travel increased significantly and is at its highest level since SAM began (Slide 6). There were no meaningful changes in close contacts (Slides 7 to 9) or people met (Slide 10).

2. *Mitigation at its lowest level*

Almost half the population (45%) report that they rarely or never take mitigation actions (e.g., mask wearing) when outside the home (Slide 11). This proportion represents a significant increase

[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

compared to early April. There was a drop in self-reported compliance with health guidance, to its lowest level since SAM began and perceptions that others are following guidance remains at its lowest level (Slide 12).

3. Large drop in worry, particularly about the healthcare system

The recent rise in overall worry about COVID-19 has fallen to February levels, coinciding with the steady decline in hospitalisations and ICU cases (Slide 13). This fall was driven by a sharp decline in worry about the healthcare system since early April (Slide 14). The previously recorded rise in following news coverage about COVID-19 also returned to a downward trend, following a fall to below the mid-point of the 7-point scale (Slide 15). Broadly speaking, the data are consistent with hospitalisations driving worry about COVID-19 which, in turn, is linked to mitigation efforts.

4. Self-reported wellbeing stable and long-term expectations became more optimistic

Self-reported wellbeing remains stable (Slide 16). There was a significant increase in the proportion of people believing restrictions will be lifted for good within the next six months, with 12% reporting they believe this has already happened (Slide 17). Expectations that restrictions could be reimposed fell across all reasons (rise in case numbers, rise in hospitalisations, seasonal changes or new variants). The emergence of a new variant remains the most likely reason people perceive restrictions could be re-imposed (Slide 18).

5. Majority judge Government reaction to be appropriate, but support for public health effort falls

The proportion of people who think the government response to COVID-19 is appropriate climbed to 69%, the highest level recorded in SAM, with a corresponding drop in those who believe it to be insufficient (24%) (Slide 19). Looking at the pattern to responses across multiple measures, a large majority continue to support the public health effort overall, but the proportion has fallen to its lowest level (80%) (Slide 21). The fall is driven by the youngest age cohort.

6. Shift in commute modes towards personal motors (e.g., cars, motorbikes)

Almost all workers who drove to work before the pandemic continue to do so (Slide 21). However, 10% have shifted away from active travel (walking or cycling) and 24% of those who used public transport no longer do so (Slide 21). Those who changed their mode of commute are more likely to be driving now rather than using public transport or engaging in active travel.

Almost one-in-five workers report that their job could be done from home but this flexibility is not offered (Slide 22). Most are satisfied with their working arrangement but a substantial minority would prefer fewer days in the office. Those who would prefer fewer days in the office tend to have lower overall wellbeing than those who are satisfied with their working arrangement (Slide 22).

Measures of vaccine and booster willingness are compiled in every second wave and will be reported in Wave 33.

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