Social Activity Measure May 10th
(Period Covered: May 3rd – May 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 (ESRI'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" survey 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 study 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 May 3rd and May 10th 2022 – the thirty-third 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.

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.

The data collection period started the day after the May Bank Holiday and, therefore, some behaviours measured took place over the Bank Holiday weekend. Prior to and during data collection, COVID-19 cases and hospitalisations had continued to fall.

1. The level of social activity remained broadly unchanged

People's social activity was largely unchanged this round of SAM (Slides 3 to 10). There was a slight fall in total locations visited the previous day due to the Bank Holiday, but no change in total locations visited during the previous week (Slide 3). Rates of visits to different locations were largely unchanged (Slides 4 and 5), but people attended more events over the Bank Holiday weekend. International travel was down slightly compared to the previous wave, which covered part of the school Easter holidays, but in line with the upward trend throughout 2022 thus far (Slide 6). The proportion of the population that had a close contact the previous day (Slide 7), the number of close

[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

contacts (Slide 8), locations of close contacts (Slide 9) and the number of people from other households that individuals met (Slide 10) were all in line with the previous round of SAM.

2. *Small increase in mitigative behaviours*

There was a small but significant increase in the proportion of the population engaging in mitigation behaviours (wearing masks, keeping 2m distance, etc.) the large majority of the time when in locations outside of their house (Slide 11). This represents a slight rebound relative to the recent downward trend.

3. *Locations differ substantially in perceived risk of catching COVID-19*

Despite higher social activity and reduced mitigation behaviour as restrictions have lifted since January, people who visited different locations perceived substantial differences in how risky they were (Slide 12). Outdoor locations were seen to be less risky. Hospitality venues were generally perceived to involve higher risk than most other locations. Being on public transport and attending school/college were seen as most risky. The rise in cases and hospitalisations in March increased the perceived risk of most locations, especially pubs and public transport (Slide 13), which then fell again after infections peaked. More detailed analysis of specific indoor and outdoor locations suggests that perceived risk is linked to the number of other people present (Slide 14). However, churches stand out as an anomaly: people who attended perceived lower risk relative to other venues in which people gather in proximity to others for extended periods. Perceived risk on public transport and when attending schools/college was reduced by mitigation measures (Slide 15). In both locations, perceived risk was lower where people reported that others wore masks and that it was possible to keep 2m distance from others. Good ventilation lowered perceived risk in schools/colleges.

4. *Worry and wellbeing stable, with positive medium-term trends*

The reduction in overall worry about COVID-19 that occurred in April sustained (Slide 16). All individual components of worry were also unchanged (Slide 17). Self-reported wellbeing did not increase significantly relative to the previous round of SAM (Slide 18). Since January, trends in both overall worry and wellbeing are positive, but punctuated by a negative turn and recovery that coincided with the rise and fall of hospitalisations March and early April). The upward trend in wellbeing is strongest among young adults.

5. *Quality of social life has recovered most of the gap relative to before the pandemic, but the recovery is less strong among those vulnerable to COVID-19*

There is an upward trend since January in the quality of social life compared to pre-pandemic (Slide 19). Despite a modest reversal in March, when cases and hospitalisation rose, this trend is strong enough to have made up most of the gap with social life before the pandemic (judged by distance from the midpoint of 4 on the scale), especially among younger adults. However, the recovery in social life for those classified as vulnerable to COVID-19 (the over 70s and people with underlying health conditions) stalled in March, especially among those with underlying conditions (Slide 20).

6. *Support for public response and long-term expectations stable*

The proportion of people who stated that the Government's response to COVID-19 was appropriate remained at just under 70% (Slide 21). A recent fall in overall support for the public health effort

stabilised (Slide 22), as did self-reported compliance with public health guidance (Slide 23). More than 75% of the population expect a lifting for good of all restrictions due to COVID-19 within a year (Slide 24).

7. Willingness of adults to take booster vaccines remains high but continues to fall

The proportion of adults who have taken a booster vaccine or are willing to take one was 83%, but the increasing minority who are unwilling to take a booster jab has climbed to over 10% (Slide 25).

8. Willingness to vaccinate children increased

There was a rise in the proportion of parents willing to vaccinate children, although this remains substantially higher among parents of 5-11 year-olds than parents of the under-5s (Slide 26). More detailed statistical models reveal that willingness to vaccinate children is greater among fathers than mothers and among families in higher socio-economic groups as measured by educational attainment and social class (Slides 27 and 28). Willingness is also higher among people with vulnerabilities to COVID-19 and/or vulnerable members within their families (for vaccinating 5-11 year olds only), those who perceive a higher likelihood of infection in creches and schools, people with higher overall worry about COVID-19 and those who think a reintroduction of Digital COVID Certificates is more likely.

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