

ESRI
SURVEY AND
STATISTICAL
REPORT SERIES
NUMBER 88
MAY 2020

PUBLIC EXPECTATIONS FOR LIFTING COVID-19 RESTRICTIONS

CAMERON BELTON, HANNAH JULIENNE, SHANE TIMMONS,
MARTINA BARJAKOVÁ, CIARÁN LAVIN, FÉIDHLIM MCGOWAN AND
PETE LUNN



PUBLIC EXPECTATIONS FOR LIFTING COVID-19 RESTRICTIONS

Cameron Belton

Hannah Julienne

Shane Timmons

Martina Barjaková

Ciarán Lavin

Féidhlim McGowan

Pete Lunn

May 2020

SURVEY AND STATISTICAL REPORT SERIES

NUMBER 88

Available to download from www.esri.ie

DOI: <https://doi.org/10.26504/sustat88>

ISBN 978-0-7070-0523-2

© 2020 The Economic and Social Research Institute
Whitaker Square, Sir John Rogerson's Quay, Dublin 2



This Open Access work is licensed under a Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly credited.

ABOUT THE ESRI

The mission of the Economic and Social Research Institute is to advance evidence-based policymaking that supports economic sustainability and social progress in Ireland. ESRI researchers apply the highest standards of academic excellence to challenges facing policymakers, focusing on 12 areas of critical importance to 21st Century Ireland.

The Institute was founded in 1960 by a group of senior civil servants led by Dr T.K. Whitaker, who identified the need for independent and in-depth research analysis to provide a robust evidence base for policymaking in Ireland. Since then, the Institute has remained committed to independent research and its work is free of any expressed ideology or political position. The Institute publishes all research reaching the appropriate academic standard, irrespective of its findings or who funds the research.

The quality of its research output is guaranteed by a rigorous peer review process. ESRI researchers are experts in their fields and are committed to producing work that meets the highest academic standards and practices.

The work of the Institute is disseminated widely in books, journal articles and reports. ESRI publications are available to download, free of charge, from its website. Additionally, ESRI staff communicate research findings at regular conferences and seminars.

The ESRI is a company limited by guarantee, answerable to its members and governed by a Council, comprising 14 members who represent a cross-section of ESRI members from academia, civil services, state agencies, businesses and civil society. The Institute receives an annual grant-in-aid from the Department of Public Expenditure and Reform to support the scientific and public interest elements of the Institute's activities; the grant accounted for an average of 30 per cent of the Institute's income over the lifetime of the last Research Strategy. The remaining funding comes from research programmes supported by government departments and agencies, public bodies and competitive research programmes.

Further information is available at www.esri.ie

ABOUT THE AUTHORS

Cameron Belton and Hannah Julienne are Post-doctoral Research Fellows, Shane Timmons is a Research Officer, and Martina Barjaková and Ciarán Lavin are Research Assistants, all at the ESRI. Féidhlim McGowan is a PhD student at Trinity College Dublin, co-supervised at the ESRI. Pete Lunn is an Associate Research Professor at the ESRI and an Adjunct Professor at Trinity College Dublin (TCD).

ACKNOWLEDGEMENTS

The authors would like to thank members of the Behavioural Change Subgroup of the National Public Health Emergency Committee (NPHEC) for supporting the study, and for feedback on the design and an initial draft of the paper. We also thank an anonymous reviewer for helpful comments.

CONTENTS

1. Introduction	1
2. Method	2
2.1 Participants	2
2.2 Materials and design.....	2
2.2.1 Timescales for specific restrictions and milestones.....	2
2.2.2 Ranking task	3
3. Results.....	4
3.1 Timescales for specific restrictions and milestones.....	4
3.1.1 Personal freedoms – social	4
3.1.2 Personal freedoms – movement/travel.....	5
3.1.3 Reopenings.....	6
3.1.4 Milestones.....	7
3.1.5 Variation by age and gender	8
3.2 Ranking tasks.....	10
4. Discussion.....	15
References	17
Appendix A1: Participant socio-demographic characteristics	18
Appendix B1: List of changes to restrictions and milestones and questions asked in the restrictions survey.....	19
Appendix B2: List of changes to restrictions in the ranking tasks	20

LIST OF TABLES

Table 1	Distribution of all responses to all restrictions	4
Table 2	Cumulative percentage of number of restrictions to be lifted before each time horizon, by age and gender	9
Table 3	Cumulative percentage of milestones to be reached before each time horizon, by age and gender	9
Table 4	Summary statistics of respondents' rankings for order in which restrictions should be lifted	10
Table 5	Summary statistics of respondents' rankings for which restrictions would have most positive personal impact.....	11

LIST OF FIGURES

Figure 1	Expected timescales for lifting restrictions on 'personal freedoms – social restrictions'	5
Figure 2	Expected timescales for lifting restrictions on 'personal freedoms – movement/ travel restrictions'	6
Figure 3a	Expected timescales for reopenings	7
Figure 3b	Expected timescales for reopenings	7
Figure 4	Distributions of responses to achieving milestones	8
Figure 5	Average ranking scores for the order in which restrictions should be lifted and the positive personal impact of doing so.....	12
Figure 6	Average ranking scores for the order in which restrictions should be lifted and the positive personal impact of doing so, by whether respondents are parents of a child of primary-school age or younger, and whether respondents are workers or students.	13

1. INTRODUCTION

Across the world, significant restrictions on day-to-day life have been implemented in an effort to tackle the coronavirus pandemic. Ireland is no exception. The ‘Stay at Home’ public health measure, introduced on 27 March 2020, closed non-essential shops and businesses, restricted all non-essential travel and interaction between households, and imposed a limit of a 2km radius from each household for exercise. The aim was to reduce transmission and ‘flatten the curve’. Initially scheduled to remain in place until 12 April, these measures were extended until 5 May. On 1 May, the Taoiseach announced Ireland’s roadmap for lifting the restrictions and reopening society and business.¹

This study aimed to measure citizens’ expectations of the timescale for the easing of restrictions. The study was conducted on 22 and 23 April – the week before the Taoiseach’s announcement. While expectations may have changed as a consequence of the announcement, the results remain of interest for several reasons. First, they provide a benchmark for citizens’ expectations following more than a month of ‘lockdown’ prior to the announcement. Second, not all restrictions for which we recorded responses are timetabled in the roadmap. For those restrictions that have subsequently been eased, we compare expectations against the roadmap, while remaining mindful of the fact that the provisional dates for other restrictions within the strategy are conditional on a rolling review of public health risk. For those that are not currently timetabled, knowledge of public expectations may be important to understand. While the government has outlined public health criteria on which the relevant decisions will be based, knowledge of expectations will be important for communicating those decisions and promoting compliance. Third, we elicited expectations for specific milestones, including when a vaccine might be available and when life might return to normal. Last, we asked not only about when respondents expected restrictions to be lifted, but also about the order in which they think they *should* be lifted, and which changes would have the most *positive impact* on respondents’ lives. While some surveys have recorded expectations for lifting restrictions generally² and preferences for which of a small number of specific restrictions to prioritise,³ the present study offers the most comprehensive measurement of public expectations in Ireland during the pandemic to date.

2. METHOD

2.1 PARTICIPANTS

Eight hundred participants were recruited by a market research agency to be broadly nationally representative. Socio-demographic characteristics are summarised in Appendix A1. The study took approximately 10 minutes and was part of a larger online study that obtained responses to possible government decisions relating to the coronavirus. Participants completed this expectations study first, meaning that the results could not be affected by other aspects of the study. Participants were paid €6 for undertaking the full 20-minute study online, which was programmed using Gorilla Experiment Builder.⁴ All responses were obtained across two days between 22 and 23 April.

2.2 MATERIALS AND DESIGN

The use of an online experimental interface allowed us to collect responses in two different ways. First, for each of 19 possible restrictions to be eased and five milestones to be reached, we asked participants for the timescale over which they expected the relevant outcome to occur from a list of possibilities. This method was just like a standard survey. Second, respondents used a simple interactive system to rank eight broader categories of restrictions, first in the order that they thought they *should* be lifted, and second according to the positive *personal impact* lifting the restriction would have on their life.

2.2.1 Timescales for specific restrictions and milestones

Prior to any questions, participants were reminded that the easing of some restrictions would be more or less risky than others, and that it would not be possible to ease all restrictions at once. The 24 questions were broadly separated into four categories: personal freedoms – social; personal freedoms – movement/travel; reopenings; and general milestones. All 24 restrictions and milestones, together with the specific questions asked, are presented in Appendix B1.

For each response, participants chose from seven time horizons: ‘In the week of 5 May’; ‘By the end of May’; ‘By the end of June’; ‘By the end of August’; ‘By the end of 2020’; ‘By June 2021’; and ‘Longer’. Participants were encouraged to give their best guess even if they were unsure. However, an eighth option, ‘I can’t make a guess’, was available too.

2.2.2 Ranking task

Participants then completed the two ranking tasks involving eight changes to restrictions. These changes and specific questions are listed in Appendix B2. The online interactive system presented the eight changes initially as a list in a column on the left of the screen. Participants used the mouse to select them one at a time in the order that they wished. When they selected one, it was transferred to a column on the right that was numbered from 1 to 8. Participants then had the opportunity to review this ranking, and to change it if they wanted to, before confirming that they were happy with it.

3. RESULTS

The large majority of results described below are expressed as percentages. Since we report such a large number and the sampling error is consistent, we have not assigned a margin of error to each data point. Instead, here we give a brief guide to the 95% confidence interval, i.e. the margin of error that we can be 95% confident captures the true figure. The margin of error is greatest when the reported proportion is 50%, where it is $\pm 3.5\%$. This falls steadily the further the reported figure is away from 50%, such that for reported proportions of 10% or 90%, the margin of error is $\pm 2.1\%$. For the ranking task, confidence intervals are supplied below.

Ten participants chose 'I can't make a guess' for all five milestones and, of these, two also chose this option for all 19 restrictions. These participants were removed from the relevant analysis.

3.1 TIMESCALES FOR SPECIFIC RESTRICTIONS AND MILESTONES

Before examining specific restrictions, there is insight to be had from the pattern across all restrictions. Table 1 provides an overview. Both the modal (25%) and median expectation was 'By the end of August', at which point, on average, the expectation was that less than two-thirds of the list of restrictions would be lifted. Overall, 3% of responses across all 19 restrictions were 'I can't make a guess'. The rate of 'I can't make a guess' response across the 19 individual restrictions ranged from 0.5% to 7%. Overall, 6% of responses across all five milestones were 'I can't make a guess'. The rate of 'I can't make a guess' response across the five individual milestones ranged from 3% to 10%.

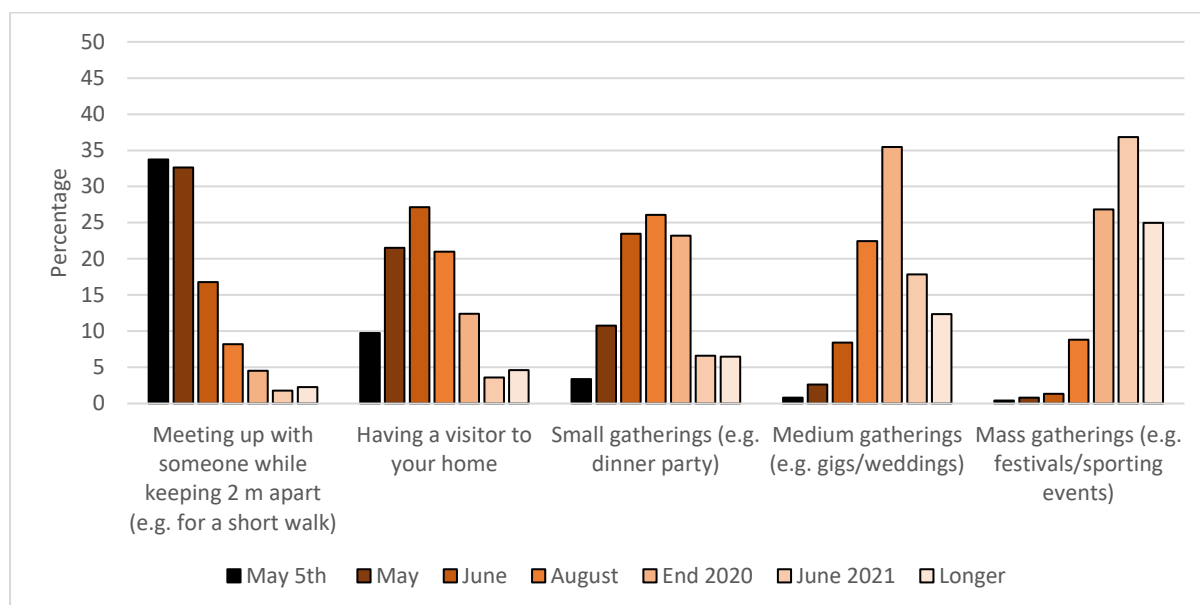
TABLE 1 DISTRIBUTION OF ALL RESPONSES TO ALL RESTRICTIONS

	Restrictions	
	Percentage	Cumulative percentage
Week of 5 May	6.7%	6.7%
End of May	12.6%	19.3%
End of June	18.3%	37.6%
End of August	25.1%	62.7%
End of 2020	22.2%	84.9%
June 2021	8.4%	93.2%
Longer	6.8%	100.0%
'I can't make a guess'	3.0%	

3.1.1 Personal freedoms – social

Figure 1 provides the distributions of responses for the five restrictions in the ‘personal freedoms – social’ category. There was, arguably, a natural ordering to these restrictions with respect to the amount of social interaction, e.g. increasing size of gatherings. The responses reflected this. While only one-third of participants believed that the most modest change to restrictions – ‘Allowing citizens to meet up with someone while keeping 2m apart (e.g. for a short walk)’ – would be lifted in the week of 5 May, the majority thought it would be lifted by the end of May. Accepting visitors was expected by the majority to be possible by the end of June, engaging in small social gatherings by the end of August, but larger social gatherings not until the end of the year. For ‘mass gatherings (e.g. festivals and sporting events)’, the majority of participants (62%) believed it would be 2021 before these would be allowed.

FIGURE 1 EXPECTED TIMESCALES FOR LIFTING RESTRICTIONS ON ‘PERSONAL FREEDOMS – SOCIAL RESTRICTIONS’

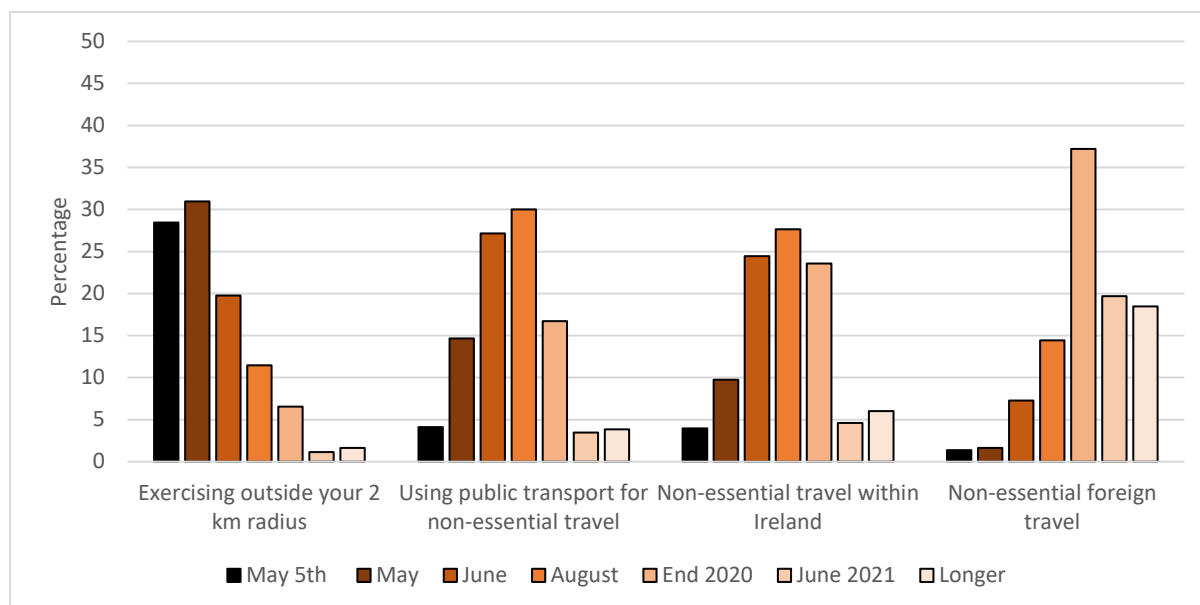


3.1.2 Personal freedoms – movement/travel

Figure 2 shows the distributions of each of the four restrictions in the ‘personal freedoms – movement/travel’ category. Again, responses reflected a natural ordering, this time associated with distance of travel permitted. The most modest – ‘Allowing exercise outside of your 2km radius’ – is notable because it was subsequently announced as one of the two restrictions eased on 5 May. In the week before the announcement, however, just 28% expected this restriction to be

eased so quickly, although a majority expected it to be lifted before the end of May. At the other end of the spectrum, the large majority expected that non-essential foreign travel would not take place until at least September, while 38% thought that it would not resume until at least 2021.

FIGURE 2 EXPECTED TIMESCALES FOR LIFTING RESTRICTIONS ON ‘PERSONAL FREEDOMS – MOVEMENT/ TRAVEL RESTRICTIONS’



3.1.3 Reopenings

Figures 3a and 3b show the distributions of ten restrictions in the reopenings category, with Figure 3a concentrating on schools and workplaces, and Figure 3b on leisure activity. Less than a quarter believed that schools would reopen ahead of the next academic year. Close to half believed that these would instead reopen by the end of August, implying a return for the start of the new academic year. Expectations surrounding workplaces were more variable across the population, with sizeable minorities believing that workplaces would reopen during May, June or beyond, albeit somewhat later for those who can work from home. There was a spread of views about non-essential shops also. The modal response was ‘By the end of June’, but 17% believed that non-essential shops were unlikely to reopen before September.

FIGURE 3A EXPECTED TIMESCALES FOR REOPENINGS

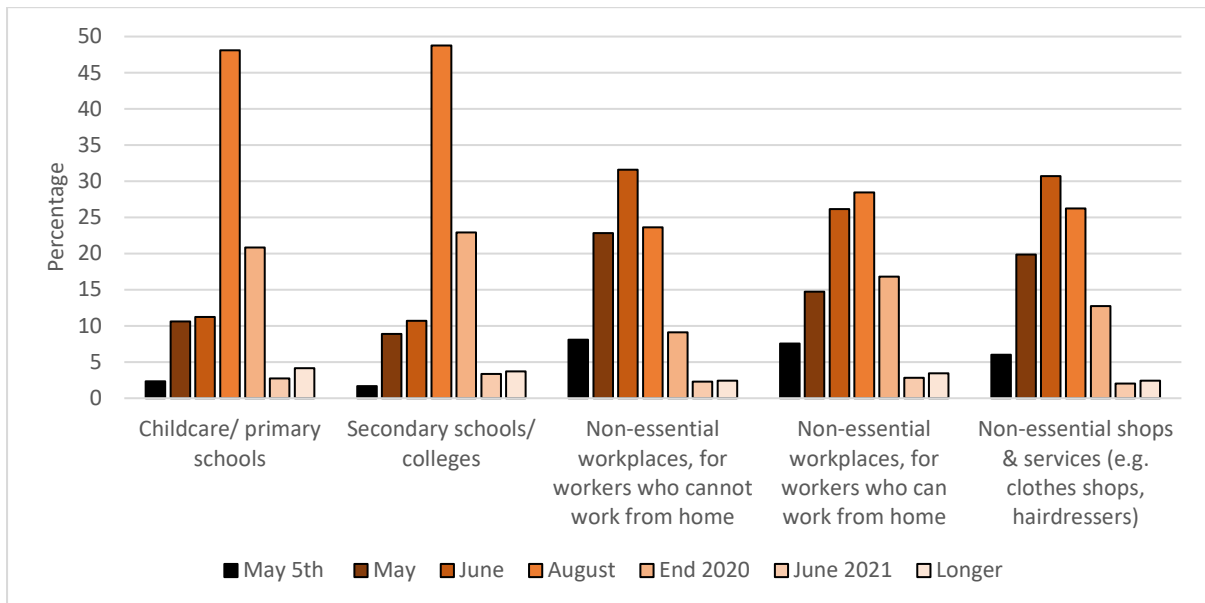
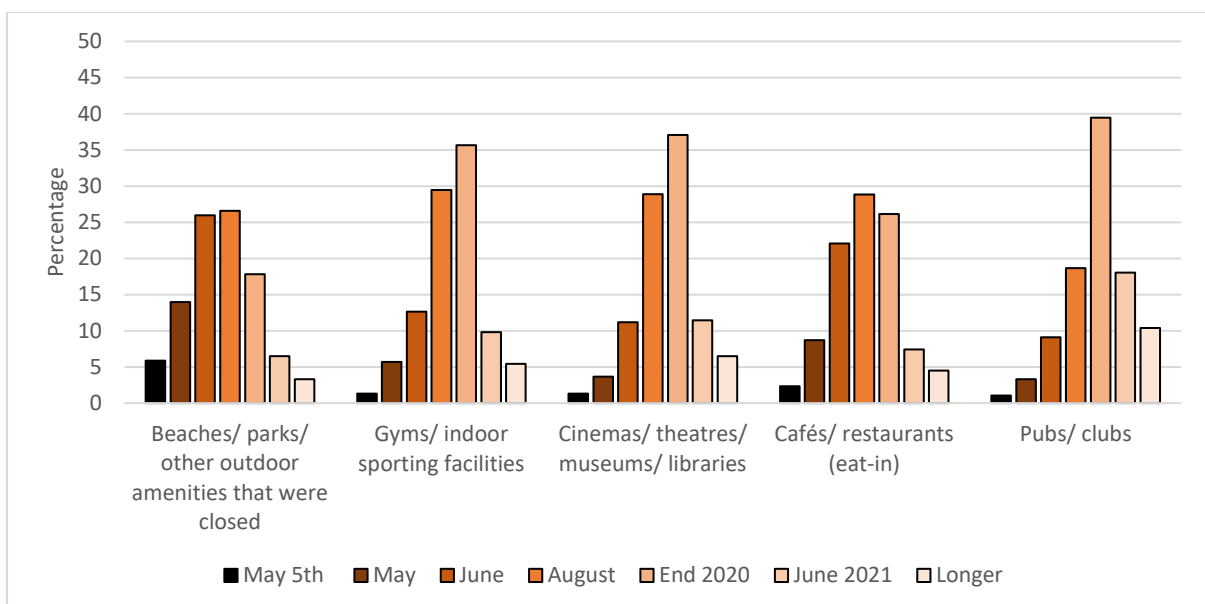


Figure 3b shows that, by contrast, for none of the five reopenings associated with leisure activity did a majority expect facilities to open before the end of June. For indoor activities, only cafés and restaurants produced a modal response of ‘By the end of August’ – it was later in 2020 for all others. Overall, the most conservative expectations were for the reopening of pubs and clubs, where 28% believed that this would not occur until at least 2021.

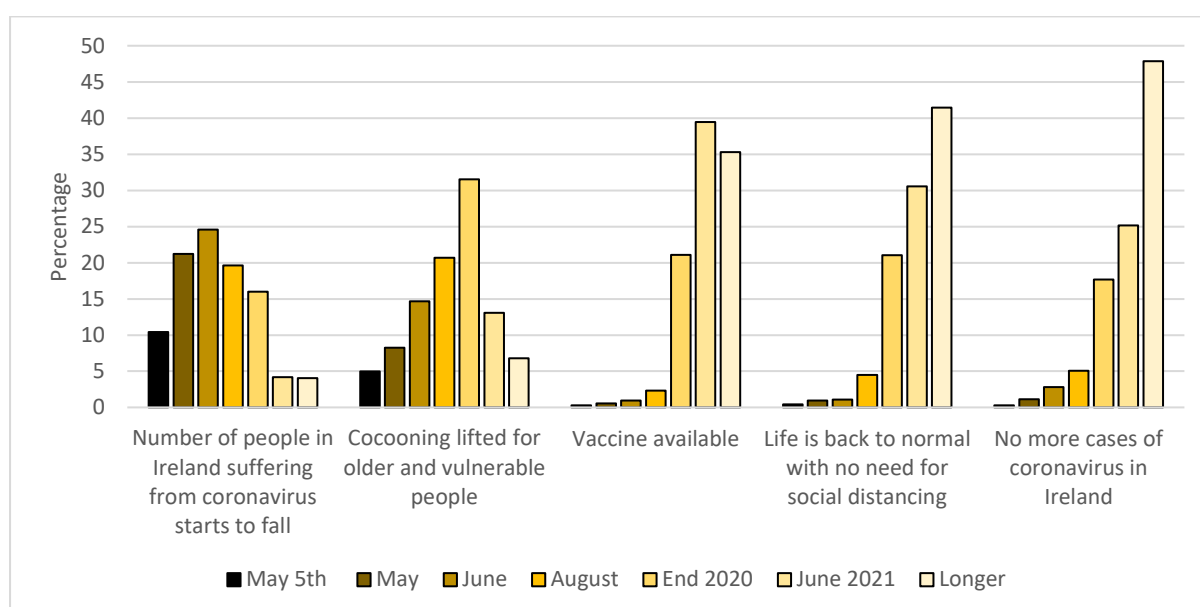
FIGURE 3B EXPECTED TIMESCALES FOR REOPENINGS



3.1.4 Milestones

Figure 4 provides distributions of expectations for the five general milestones. A majority, 56%, of participants expected that the number of people in Ireland suffering from coronavirus would start to fall by the end of June. Only a small minority (13%) believed that ‘cocooning’ for older and vulnerable people would be lifted during May, suggesting that the government’s change to advice on outdoor exercise for older people may have come as a surprise to some people (although different arrangements for the over-70s are still in place). The final three milestones suggest that almost all of the Irish population had absorbed news in relation to the likely longevity of the pandemic. Clear majorities did not expect a vaccine, a return to normal or eradication of the disease in Ireland before 2021.

FIGURE 4 DISTRIBUTIONS OF RESPONSES TO ACHIEVING MILESTONES



3.1.5 Variation by age and gender

While the main aim of this study was to measure expectations of citizens at the aggregate level, it is of interest to check for substantive differences across broad socio-demographic characteristics. As with other studies exploring attitudes and behaviours during the pandemic,^{2,5} some age and gender differences arose (Table 2). On average, younger people were more optimistic that restrictions would be lifted sooner. At each time horizon (prior to the end of June 2021), participants aged under 40 believed that a significantly greater proportion of restrictions would be lifted than did those aged over 40. While statistically significant, the effect was not especially large. The same cannot be said for differences by gender, which were much more pronounced. Males were significantly and substantially more optimistic in their expectations than females. Similar analyses were undertaken for other broad socio-demographic characteristics. People in work, those with a

degree, and those living in urban locations were generally more optimistic than their equivalent counterparts, but in general these effects were smaller than those reported for age and, especially, gender.

TABLE 2 CUMULATIVE PERCENTAGE OF NUMBER OF RESTRICTIONS TO BE LIFTED BEFORE EACH TIME HORIZON, BY AGE AND GENDER

Restrictions	Age			Gender		
	Under 40	40+	<i>p</i> -value	Male	Female	<i>p</i> -value
Week of 5 May	8.0%	6.1%	0.045	8.3%	4.8%	< 0.001
End of May	21.4%	18.4%	0.061	23.1%	15.2%	< 0.001
End of June	41.7%	35.9%	0.004	42.9%	31.9%	< 0.001
End of August	66.3%	61.1%	0.013	66.5%	58.6%	< 0.001
End of 2020	87.2%	83.8%	0.040	87.0%	82.5%	0.003
End of June 2021	94.0%	92.9%	0.407	94.3%	92.0%	0.056
Longer	100.0%	100.0%	–	100.0%	100.0%	–

Some indication of possible causes of these effects is provided by the equivalent analysis for milestones, which is presented in Table 3. The expectation that restrictions would be lifted earlier among younger cohorts does not appear to have been the result of an optimistic assessment of the likely progress in combatting the disease, since there was no equivalent effect of age in relation to reaching the milestones. It is possible, therefore, that younger people take a different view about how the trade-off between risk of infection and economic and social progress might play out. By contrast, males were again substantially more optimistic about the milestones, suggesting that part of their expectation for the earlier lifting of restrictions may stem from optimism about our ability to bring the disease under control.

TABLE 3 CUMULATIVE PERCENTAGE OF MILESTONES TO BE REACHED BEFORE EACH TIME HORIZON, BY AGE AND GENDER

Milestones	Age			Gender		
	Under 40	40+	<i>p</i> -value	Male	Female	<i>p</i> -value
Week of 5 May	3.1%	3.7%	0.484	4.6%	2.3%	0.003
End of May	9.5%	10.5%	0.449	12.5%	7.8%	< 0.001
End of June	18.8%	20.1%	0.459	21.3%	17.9%	0.027
End of August	29.4%	30.8%	0.443	32.0%	28.6%	0.043
End of 2020	50.4%	52.3%	0.338	53.8%	49.5%	0.022
End of June 2021	73.0%	73.7%	0.713	77.3%	69.4%	< 0.001
Longer	100.0%	100.0%	–	100.0%	100.0%	–

3.2 RANKING TASKS

Participants' responses to the two ranking tasks are provided in Tables 4 and 5. Mean responses are the average score for each restriction, where a score is awarded for each position in the ranking table (i.e. 1st = 8, 2nd = 7, ... , 8th = 1). On average, the restriction that participants thought should be lifted earliest was to allow interaction with people from other households. More than a quarter ranked this restriction as most urgent to be eased. There was widespread agreement that reopening workplaces and shops should also be done relatively swiftly, with more than three-quarters of participants ranking these as one of the first four restrictions that should be lifted. By showing this statistic alongside the proportion of first- and last-placed rankings, Table 4 gives an indication also of where there was disagreement. While permitting longer travel distances had the second highest number of first-place rankings, it also had a relatively high proportion of last-place rankings. Overall, the findings reveal a preference among the public for easing restrictions with functional benefits, since the three restrictions associated with leisure activities scored substantially lower. A sizeable majority, 71%, ranked one of these three as the least urgent restriction to ease. This finding is broadly consistent with other studies exploring preferences for relaxing restrictions, although responses are not directly comparable.³

TABLE 4 SUMMARY STATISTICS OF RESPONDENTS' RANKINGS FOR ORDER IN WHICH RESTRICTIONS SHOULD BE LIFTED

'Should'	Mean	95% CIs	First	Top 4	Last
<i>Interaction beyond household</i>	5.97	[5.84, 6.10]	26.5%	78.8%	2.4%
<i>Offices/workplaces/universities</i>	5.82	[5.70, 5.93]	17.6%	79.0%	0.8%
<i>Non-essential shops/services</i>	5.64	[5.52, 5.76]	15.4%	75.5%	1.9%
<i>Travel over longer distances</i>	5.16	[4.98, 5.33]	22.8%	62.8%	15.6%
<i>Childcare/ schools</i>	5.06	[4.91, 5.21]	15.5%	62.1%	8.4%
<i>Pubs/restaurants/cafés/clubs</i>	2.85	[2.73, 2.97]	0.9%	17.4%	28.1%
<i>Gyms/sports facilities</i>	2.77	[2.66, 2.88]	0.4%	13.4%	23.4%
<i>Cinemas/theatres/museums/libraries</i>	2.73	[2.63, 2.83]	1.0%	11.1%	19.5%

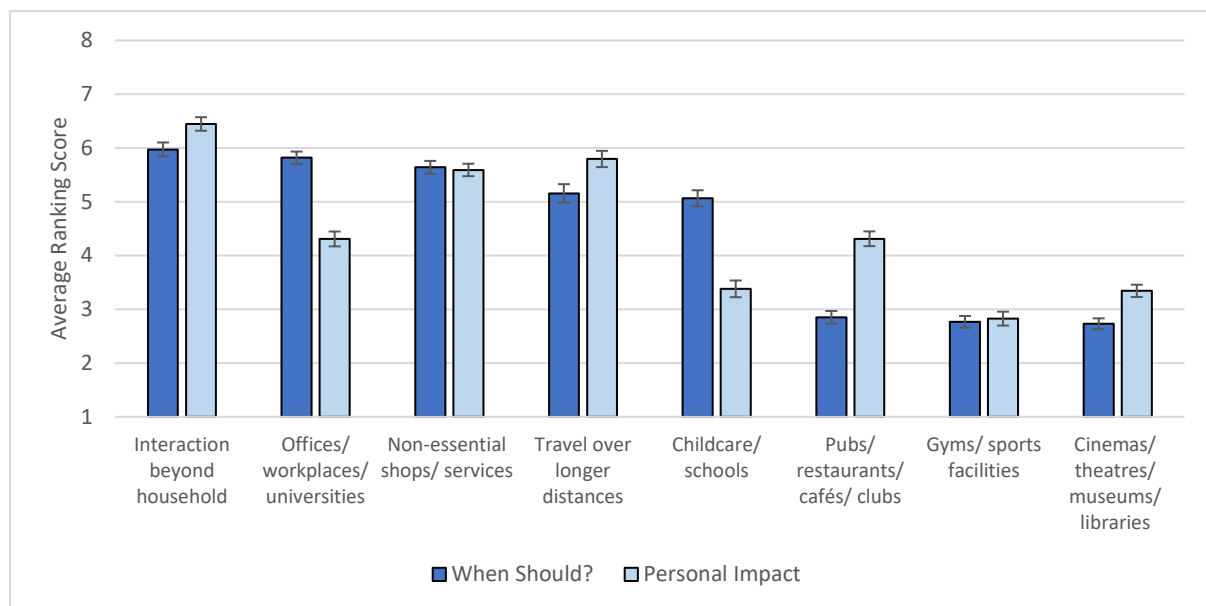
The results of the personal impact ranking task reveal some commonalities and some interesting contrasts. Allowing interaction with people from other households was again the most common restriction to be ranked as having the most positive impact if lifted, but by a higher margin. More than a quarter of respondents ranked travel over longer distances as having the most positive impact if lifted. Unsurprisingly, the reopening of childcare and schools had a much lower ranking, since it would presumably have very little positive impact on those who do not have a pre-school or school-age child in the household. The reopening of

gyms and sports facilities, meanwhile, received a particularly low ranking for positive personal impact.

TABLE 5 SUMMARY STATISTICS OF RESPONDENTS' RANKINGS FOR WHICH RESTRICTIONS WOULD HAVE MOST POSITIVE PERSONAL IMPACT

'Personal impact'	Mean	95% CIs	Most	Top 4	Least
<i>Interaction beyond household</i>	6.45	[6.32, 6.57]	38.0%	84.1%	2.6%
<i>Travel over longer distances</i>	5.80	[5.64, 5.95]	26.0%	75.3%	7.8%
<i>Non-essential shops/services</i>	5.59	[5.48, 5.71]	12.6%	76.1%	1.3%
<i>Pubs/restaurants/cafés/clubs</i>	4.31	[4.17, 4.45]	4.8%	47.1%	10.4%
<i>Offices/workplaces/universities</i>	4.31	[4.17, 4.45]	8.3%	43.9%	7.6%
<i>Childcare/schools</i>	3.38	[3.22, 3.54]	6.5%	30.5%	28.9%
<i>Cinemas/theatres/museums/libraries</i>	3.34	[3.23, 3.46]	1.3%	24.1%	13.8%
<i>Gyms/sports facilities</i>	2.83	[2.70, 2.96]	2.6%	18.9%	27.8%

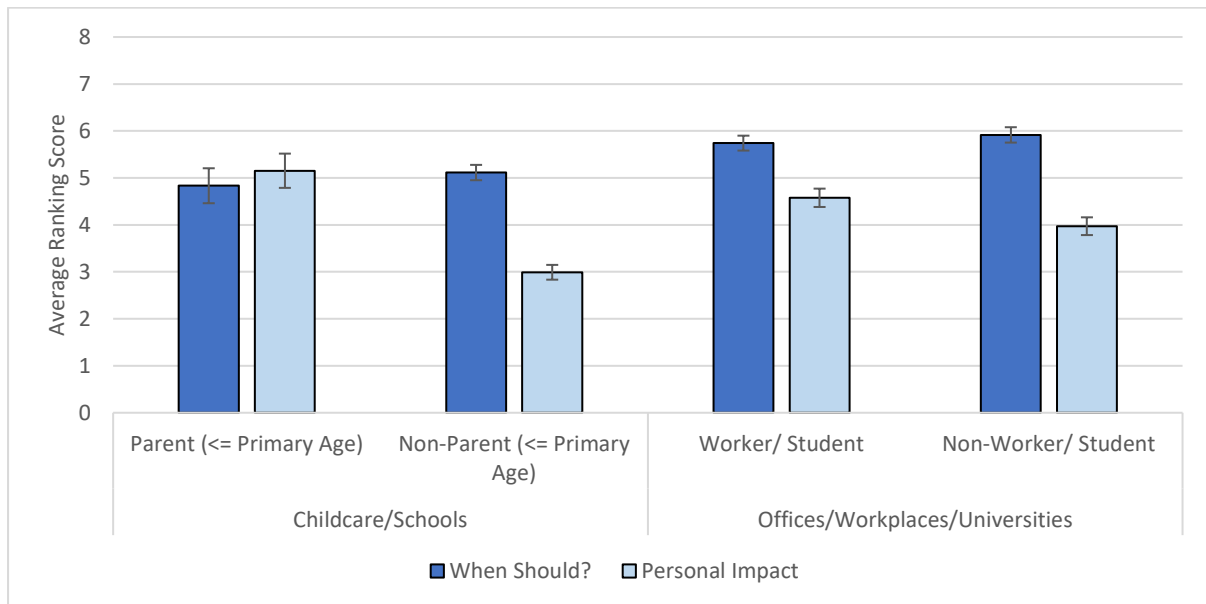
Differences between results of the two ranking tasks are made explicit in Figure 5, which compares average scores in the two tasks. Relative to rankings for when people thought restrictions should be lifted, the personal impact ranking was significantly higher for interaction with people from other households, travel over longer distances, and reopening cinemas/theatres/museums/libraries. However, the largest discrepancy was for reopening cafés/restaurants/pubs/clubs. Just 17% of participants believed this should be one of the first four restrictions to be eased, compared to 47% who placed it in the top four for positive impact on their lives. The data do not provide a reason for the difference. It could reflect the perceived risk of infection associated with reopening these specific businesses or, more straightforwardly, the elevation of functional societal benefits over simple pleasures.

FIGURE 5 AVERAGE RANKING SCORES FOR THE ORDER IN WHICH RESTRICTIONS SHOULD BE LIFTED AND THE POSITIVE PERSONAL IMPACT OF DOING SO

Since ranking is a zero-sum game, given some restrictions that were ranked more highly for personal impact than for when participants thought they should be lifted, there must be other restrictions that showed the opposite effect. Indeed, two specific restrictions ranked much lower in the personal impact ranking: the reopening of offices/workplaces/universities and the reopening of childcare/schools. Multiple interpretations are possible. The difference could partly reflect the fact that the personal impact is not relevant for those who are not parents and workers. However, participants might also believe that childcare, schools, offices, workplaces and universities should reopen sooner because they are necessary to restore normal economic life, rather than because of the positive impact for those who use them.

Figure 6 provides ranking scores for these two restrictions, separating participants who are parents of children of primary-school age (or younger) from those who are not, and participants who are workers or students from those who are not. In the case of reopening childcare and schools, the gap between rankings for when the restriction should be lifted versus the positive personal impact more than disappears for relevant parents. However, for workers and students the gap in relation to reopening offices/workplaces/universities only partially narrows. This apparent lack of keenness to return to places of work and study could reflect substantial nervousness to re-engage with others, although alternative interpretations are possible.

FIGURE 6 AVERAGE RANKING SCORES FOR THE ORDER IN WHICH RESTRICTIONS SHOULD BE LIFTED AND THE POSITIVE PERSONAL IMPACT OF DOING SO, BY WHETHER RESPONDENTS ARE PARENTS OF A CHILD OF PRIMARY-SCHOOL AGE OR YOUNGER, AND WHETHER RESPONDENTS ARE WORKERS OR STUDENTS.



4. DISCUSSION

In addition to specific findings in relation to individual restrictions and milestones, the results from this study offer four broad conclusions. The first is derived from expectations for the timescale over which specific restrictions will be lifted. A week prior to the Taoiseach's announcement of the roadmap on 1 May, there was no evidence that a substantial proportion of the public expected a rapid lifting of restrictions. For only two of the 19 restrictions considered in the present study did a majority believe that the restriction would be lifted by the end of May. Thus, the plan to begin a phased reopening of non-essential shops and workplaces beginning on 18 May, as announced in the government's roadmap, is well ahead of public expectation a week prior to the announcement. Of course, the roadmap is subject to regular review based on public health criteria – it is a framework containing a flexible timetable – so the initial dates for easing restrictions listed in the roadmap may ultimately have to be pushed back. Nevertheless, at the time of writing it seems likely that the restrictions scheduled to be lifted in Phase 1 of the roadmap will be eased earlier than the public anticipated. Whether further easing of restrictions will also be ahead of expectations will depend on decisions based on the relevant public health criteria. In the meantime, given that it presents a more optimistic picture than the public expected, the announcement itself is likely to have altered expectations, presumably in the direction of a speedier return to economic activity.

The second broad conclusion concerns expectations over the longer term. Across many aspects of day-to-day life, the public expects restrictions to persist for a substantial period of time into the future. More generally, the proportion of people who believe that life will have returned to normal before the end of 2020 is relatively low (28%). Hence, in the continued absence of a treatment or vaccine, the long-term implications of the ongoing need to control infection have apparently sunk in with the public, most of whom anticipate a protracted period in which behaviours will be subject to guidance determined by the prevalence of the virus.

Third, we record a substantial and significant gender difference in expectations. Men anticipate a more rapid return to economic and social activity than women. The result was substantial in magnitude – much larger than the more optimistic expectations of younger compared to older adults. This gender difference is not specific to this context, however. For most everyday outcomes, both men and women display unrealistic optimism – they hold expectations that are more positive than reality. The effect is typically stronger among men in both economic and social domains.^{6,7}

A fourth and final conclusion derives from responses to the ranking tasks. The coronavirus pandemic has been shown already to have had a significant negative impact on the psychological wellbeing of the Irish public.⁸ It would be understandable to think that the public would therefore be eager to resume aspects of their life that most improve that wellbeing. However, there was very limited evidence of this in participants' ranking of when they thought restrictions should be lifted. While people wanted to see the restriction on social contact beyond the household lifted first, their other rankings prioritised necessity over opportunities for leisure, departing significantly from their rankings of what would have most positive impact on their lives. The clearest example of this related to pubs and restaurants, which ranked highly for personal benefit but were given a low ranking in relation to when people thought the relevant restrictions should be lifted. Such responses suggest that many members of Ireland's population are willing to continue to forgo improvements to their immediate wellbeing and instead to prioritise the lifting of restrictions that they believe would be, collectively, more beneficial.

This final conclusion is further evidence of society's ability to pull together in times of crisis.⁹ It underscores one of the lessons emerging from the response to the COVID-19 pandemic thus far: in the face of a substantial threat, the large majority of citizens are willing to make sacrifices for the common good over an extended period of time.

REFERENCES

1. Government of Ireland (2020). Roadmap for reopening society & business. Available at: www.gov.ie [Last accessed: 05/05/2020]
2. Murphy, F. (2020). COVID-19: Confidence & consensus. *Core Research*. Available at: <https://oncore.ie/intel/research/how-will-people-respond-to-the-lifting-of-covid-19-restrictions/> [Last accessed: 03/05/2020]
3. NUI Galway & Dublin City University (2020). Corona citizens science project – Wave 2 results. Available at: <http://www.nuigalway.ie/corona-study/results2/> [Last accessed: 03/05/2020]
4. Anwyl-Irvine, A.L., Massonnié, J., Flitton, A., Kirkham, N., & Evershed, J.K. (2020). Gorilla in our midst: An online behavioral experiment builder. *Behavior Research Methods*, 52(1), 388–407. <https://doi.org/10.3758/s13428-019-01237-x>
5. Amárach (2020). Impact of Coronavirus - Week 3. Available at: <https://amarach.com/news-blog-articles/impact-of-coronavirus-week-3.html> [Last accessed: 12/05/2020]
6. Jacobsen, B., Lee, J.B., Marquering, W., & Zhang, C.Y. (2014). Gender differences in optimism and asset allocation. *Journal of Economic Behavior & Organization*, 107, 630–651. <http://dx.doi.org/10.1016/j.jebo.2014.03.007> [Last accessed: 08/05/2020]
7. Lin, Y.C., & Raghurir, P. (2005). Gender differences in unrealistic optimism about marriage and divorce: Are men more optimistic and women more realistic? *Personality and Social Psychology Bulletin*, 31, 198–207. <https://doi.org/10.1177/0146167204271325> [Last accessed: 08/05/2020]
8. Lades, L.K., Laffan, K., Daly, M., & Delaney, L. (2020). Daily emotional well-being during the COVID-19 pandemic. Available at: <http://publicpolicy.ie/papers/daily-emotional-well-being-during-the-covid-19-pandemic/> [Last accessed: 03/05/2020]
9. Lunn, P.D., Belton, C.A., Lavin, C., McGowan, F.P., Timmons, S., & Robertson, D.A. (2020). Using behavioral science to help fight the coronavirus. *Journal of Behavioral Public Administration*, 3(1). <https://doi.org/10.30636/jbpa.31.147> [Last accessed: 08/05/2020]

APPENDIX A1: PARTICIPANT SOCIO-DEMOGRAPHIC CHARACTERISTICS

		n	%
Gender	Male	417	52.1%
	Female	383	47.9%
Age	18–39	243	30.4%
	40–59	277	34.6%
	60+	280	35.0%
Education	Degree or Above	291	36.4%
	Below Degree	509	63.6%
Employment	Employed	410	51.3%
	Not Employed	390	48.7%
Location	Urban	502	62.8%
	Rural	298	37.2%

APPENDIX B1: LIST OF CHANGES TO RESTRICTIONS AND MILESTONES AND QUESTIONS ASKED IN THE RESTRICTIONS SURVEY

Personal Freedoms	
<i>When do you think the following will be allowed for most people (i.e. those who are not cocooning or self-isolating)?</i>	
Social	Movement/ Travel
<ul style="list-style-type: none"> Meeting up with someone while keeping 2m apart (e.g. for a short walk) Having a visitor to your home 	<ul style="list-style-type: none"> Exercising outside your 2 km radius Using public transport for non-essential travel
<ul style="list-style-type: none"> Small gatherings (e.g. dinner party) 	<ul style="list-style-type: none"> Non-essential travel within Ireland
<ul style="list-style-type: none"> Medium gatherings (e.g. gigs/weddings) 	<ul style="list-style-type: none"> Non-essential foreign travel
<ul style="list-style-type: none"> Mass gatherings (e.g. festivals/sporting events) 	
Reopenings	
<i>When do you think the following businesses and amenities will be allowed to reopen, with appropriate social distancing precautions in place (e.g. restrictions on hours or numbers of people)?</i>	
<ul style="list-style-type: none"> Childcare/ primary schools 	<ul style="list-style-type: none"> Beaches/ parks/ other outdoor amenities that were closed
<ul style="list-style-type: none"> Secondary schools/ colleges 	<ul style="list-style-type: none"> Gyms/ indoor sporting facilities
<ul style="list-style-type: none"> Non-essential workplaces, for workers who <i>cannot</i> work from home 	<ul style="list-style-type: none"> Cinemas/ theatres/ museums/ libraries
<ul style="list-style-type: none"> Non-essential workplaces, for workers who <i>can</i> work from home 	<ul style="list-style-type: none"> Cafés/ restaurants (eat-in)
<ul style="list-style-type: none"> Non-essential shops & services (e.g. clothes shops, hairdressers) 	<ul style="list-style-type: none"> Pubs/ clubs
General milestones	
<i>When do you think the following milestones will be reached?</i>	
<ul style="list-style-type: none"> Number of people in Ireland suffering from coronavirus starts to fall 	
<ul style="list-style-type: none"> Cocooning lifted for older and vulnerable people 	
<ul style="list-style-type: none"> Vaccine available 	
<ul style="list-style-type: none"> Life is back to normal with no need for social distancing 	
<ul style="list-style-type: none"> No more cases of coronavirus in Ireland 	

APPENDIX B2: LIST OF CHANGES TO RESTRICTIONS IN THE RANKING TASKS

Changes to restrictions

- Allowing interaction with people from other households
 - Allowing travel over longer distances
 - Reopening of childcare/schools
 - Reopening of offices/workplaces/universities
 - Reopening of non-essential shops/services
 - Reopening of gyms/sporting facilities
 - Reopening of cinemas/theatres/museums/libraries
 - Reopening of cafés/restaurants/pubs/clubs
-

Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2
Telephone **+353 1 863 2000**
Email **admin@esri.ie**
Web **www.esri.ie**
Twitter **@ESRIDublin**
ISBN **978-0-7070-0523-2**