

## Social Activity Measure April 5<sup>th</sup> (Data collected from April 6<sup>th</sup> – April 13<sup>th</sup>)

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 over time. Designed by the ESRI's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study offers insight into where and how risks of COVID-19 transmission arise. SAM aims to inform policy regarding the opening of parts 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 activities in 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 study concludes with questions about the pandemic more generally.

This report presents data from the sixth round of data collection, carried out in the week beginning April 5<sup>th</sup>; the first was collected in the week beginning January 25<sup>th</sup>. Data are collected from a nationally representative sample of 1,000 adults every two weeks. Recruitment is from existing online survey panels to match the socio-demographic profile of the population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.<sup>1</sup> The survey is completely anonymous.

### Context

Data were collected after the Taoiseach's announcement on 30<sup>th</sup> March about changes to restrictions in April. Since the study is retrospective, questions that refer to behaviour over the past week include the Easter weekend. Most of the activities reported for the previous 48 hours do not cover the Easter weekend as data collection lasted from 6<sup>th</sup>-13<sup>th</sup> April. Some restrictions, such as the 5km limit, were lifted on 12<sup>th</sup> April. The study covers the period after the announcement about this and the first day of the easing itself. It also covers the period after the order of the vaccine rollout was changed.

### Main Findings

Where differences are highlighted, they are statistically significant unless otherwise stated. Further detail is provided in accompanying Slides, which are referenced throughout this document.

#### *1. Activity has increased again, but mostly in outdoor locations.*

There has been an increase in the number of people taking transport, visiting people's homes and visiting outdoor locations (Slide 3). The largest increase was in visits to other homes over the previous week, but more took place outdoors than in March (see 3 below).

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<sup>1</sup> See Timmons et al. (2020), Public understanding and perceptions of the COVID-19 Test-and-Trace system, ESRI Survey and Statistical Report Series 96 ([www.esri.ie/system/files/publications/SUSTAT96.pdf](http://www.esri.ie/system/files/publications/SUSTAT96.pdf)), pp.3-4.

There was a significant increase in the number of people going to outdoor locations or exercising outdoors both in the previous week and the previous 48 hours in early April (Slide 4). The highest increase in outdoor activity was the number of people going for walks in the previous 48 hours, up from 56% to 61% (Slide 4).

There were no further increases in visits to the workplace (Slide 5), shops (Slide 6), cafés, pubs and restaurants or to other indoor locations, even though the previous week covered the Easter weekend for most respondents. As was found in March, when people attended the workplace, most reported that they could not work from home (all rounds of SAM), but almost 1 in 5 reported that they can work from home but prefer to go to work (13%) or feel pressured to (5%) (Slide 5).

#### *2. Despite increases in activity, there was no increase in the number of close contacts or people met.*

The increase in activity did not involve a corresponding increase in close contacts or meeting people from other households over the previous 48 hours. While the overall average number of close contacts had been steadily increasing up to mid-March, this trend halted in early April (Slide 7). Approximately 1 in 5 respondents had a close contact the previous day. This has not changed substantially from March but remains significantly higher than it was in early February. Close to half of all people (47%) continue to meet no one from outside of their household, and the increased number of people meeting 7 or more people from outside their household in late March was not sustained (Slide 8).

#### *3. Social visits to homes remain stable but risky behaviours during home visits are no longer increasing.*

Although the percentage of people making a social visit at some point over the previous week increased, the percentage making social visits over the previous 24-hour period did not increase significantly (Slide 9). This may be because the retrospective week covered the Easter holidays for a portion of the sample. Just over 1 in 8 reported either visiting another person's home or having visitors to their own home on the previous day. Most social visits take place at the weekend (Slide 10). The mean number of people met from other households during social visits that involved a close contact was 2.1 in a person's own home and 2.8 in another's home.

In February and March, home visits were most likely to be indoors, without ventilation or masks and this trend was increasing. These risk factors still occur at high levels in April, but they have not increased further (Slide 9). The percentage of visits that involved time spent indoors reduced. Overall, the importance of ventilation appears to be appreciated. The majority (84.5%) correctly identified as false a statement about indoors ventilation being unnecessary where social distancing is maintained (Slide 18).

#### *4. People think others are being more compliant than previously. There has also been a levelling off of worry and the perceived burden of restrictions.*

People who are more worried and people who judge preventing the spread of COVID-19 to be more important than the burden of restrictions meet fewer people from other households and are less likely to have had a close contact (Slides 11 and 12).

People's level of worry about the virus has been declining slowly since mid-February (Slide 13). Over 75% of people think that preventing the spread of the virus is more important than the burden of restrictions. This had started to decline in February and March, but no further decline was seen in April (Slide 14). There has been no further change in self-reported compliance with Government

recommendations (mean 6.05 out of 7), while the perceived compliance of others has increased (Slide 15). Attention to news coverage that had increased in March, declined again in April (Slide 13).

*5. There has been no further decline in wellbeing or increase in fatigue.*

Wellbeing, which had been declining since January, returned close to the level it had been in January (Slide 16). There had been an increase in the extent to which people found the restrictions tiresome since January, but this has not increased further in April (Slide 16).

*6. Most people expect some easing of restrictions in May.*

Most people (76%) expect there to be some easing of restrictions in May (Slide 17). This is unsurprising given this data collection occurred after the Government announcement on 30<sup>th</sup> March that gave an indication that some easing would occur. Most (60%) still believe that some restrictions will be in place for 9 months or more (Slide 18).

*7. There are some misconceptions about how the virus spreads and safe behaviour, but these do not affect behaviour.*

New questions on comprehension show most people (85%) understand that ventilation is necessary to reduce the risk of COVID-19, even when social distancing is in place (Slide 19). Most (71%) also understand that the risk with indoor dining persists even when surfaces are cleaned and hand sanitiser is used. Nearly 1 in 2 do not realise that speaking at a high volume increases the risk, that meeting for 2 hours is riskier than 1 hour and that indoor gatherings are riskier than busy outdoor gatherings, all else being equal (Slide 19). However, people who had these misunderstandings were not more likely to meet with more people or to have had a close contact.

*8. Willingness to receive the vaccine remains high.*

Over 80% of people who have not yet been offered a COVID-19 vaccine intend to take it (Slide 19). This is a small increase since January. When offered the choice between lifting restrictions and basing restrictions on case numbers, once vulnerable groups are vaccinated, 72% think that restrictions should stay dependent on case numbers, although this has seen a small decline since March (Slide 20).

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