

## Social Activity Measure October 19<sup>th</sup> (Period Covered: October 19<sup>th</sup> – 26<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. 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 greater 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 concludes with questions about the pandemic more generally, including questions about future plans in light of the widespread lifting of restrictions.

This report presents results from a nationally representative sample of 1,000 adults who participated in the study between October 19<sup>th</sup> and 26<sup>th</sup> – the twentieth wave of the survey. Data have been collected fortnightly since the week of January 25<sup>th</sup>. 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.<sup>1</sup> 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 collection took place during a period of increasing case numbers. Night-time entertainment (e.g. nightclubs) re-opened for those with a Digital Covid Certificate and pub curfews were lifted on October 22<sup>nd</sup>. The period covered the October Bank Holiday weekend.

1. *Despite the rise in cases, social activity remains significantly higher than during the summer.*

The latest wave of SAM showed a small but non-significant decline in the total locations people went to over the previous week, and no change in total locations visited the day before completing the survey (Slide 3). There was little change in the types of places people went to, other than a small decline in visits to medical facilities and exercise facilities, probably attributable to the Bank Holiday (Slides 4 and 5). There has been no significant change in travel since early October (Slide 6).

Wave-by-waves comparison can disguise longer-term trends. Across multiple indicators, social activity increased following the summer holiday period at the end of August and has since remained significantly higher. This general pattern applies to the total locations visited each week, the

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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, pp.3-4. <http://www.esri.ie/system/files/publications/SUSTAT96.pdf>

proportion of the population who have a close contact interaction on any day, the number of close contacts they have and the number of people they meet (Slides 3, 7-9). While there was little change in mitigative behaviours (e.g. mask-wearing, maintaining distance) recorded in this wave of SAM, this follows a decline from August to September (Slide 10). Our index of overall activity showed a dip in August that recovered in September and has stabilised (Slide 11). Around 1-in-5 people engage in substantially greater social activity than the rest of the population (“socialisers”) and 1-in-10 do so while rarely or never engaging in mitigative behaviours (“non-mitigating socialisers”; Slide 11).

## *2. The psychological drivers of behaviour have changed since earlier stages of the pandemic.*

Finding restrictions to be tiresome is a stronger driver of behaviour than it was earlier in 2021. People who express greater tiredness are more highly social active and take fewer precautions (Slide 12). Those who are less worried about the virus and people who see contradictions in restrictions are also more likely to be highly social active, while people who worry, pay attention to news coverage or believe that others are following guidelines are more likely to take precautions (Slide 12). Fatigue with restrictions remains relatively stable (Slide 13). People report paying more attention to news coverage of COVID-19 than in early October, but still less than during the Summer (Slide 13). Self-reported compliance has remained unchanged since mid-Summer, but this wave recorded a sharp drop in belief that others are following guidelines (Slide 14).

Worry about the pandemic varies by issue. People are most worried about the healthcare system and least worried about contracting the virus themselves (Slide 15). However, while worry about the healthcare system is not linked to behaviour, those who worry about catching COVID-19 and about COVID-19 in other countries are less socially active and take more precautions (Slide 16).

## *3. There are widespread misperceptions of relative safety and risk across social settings.*

Most locations are rated as 5 or above out of 7 for perceived safety and 4 or below for relative risk. Thus, people generally feel safe and at low risk in most locations. Despite rising case numbers, this has changed little since early October (Slides 17, 18). Notably, despite relatively high risk mitigation on public transport (e.g. high levels of mask-wearing, ventilation and relatively short durations), people perceive public transport to be as or more risky than other settings, including indoor dining in pubs and restaurants (Slide 18, 19). People who dine outdoors at hospitality venues perceive the same levels of safety and risk as those who dine indoors. This disparity with public health advice is not explained by differences in worry (i.e. people dining outdoors are not simply more worried in general about the virus; Slide 19). One possible explanation that is perhaps consistent with these patterns of misperceived risk is that people tend to judge meeting people familiar to them as less risky than even brief encounters with strangers.

Indoor dining/drinking is becoming more frequent across all venues and now accounts for over three-quarters of pub visits (Slide 20). The proportion of those dining indoors reporting that their Digital Covid Cert was not checked increased among those going to pubs, to 37% (Slide 20).

Household visits continue to account for many close contact interactions and there has been little change in their frequency following a dip over the summer (Slide 21). The proportion of these visits occurring outdoors continues to fall (Slide 22). People who remain outdoors when hosting visitors perceive visits to be less safe than those hosting visitors indoors, although this difference can be explained by differences in worry: those who meet outdoors tend simply to be more worried about the virus in general (Slide 22). Other mitigation behaviours (ventilation, mask-wearing) have declined

since Summer, although there has been an increase in mask-wearing while visiting others (Slide 23). Hand hygiene remains the most common mitigative behaviour when visiting others (Slide 23).

#### *4. Growing proportion of workers feel pressured to attend work.*

Workplaces account for a large share of close contact interactions (Slide 8) and a small (1-in-12) but growing proportion of those attending their workplace report that they do so because they feel pressured to attend (Slide 24). Mitigation behaviours reported in workplaces (e.g. mask-wearing) continue to fall (Slide 25). The majority of workers are satisfied with the mitigation measures in place, although 1-in-7 feel that the measures do not go far enough (Slide 25).

#### *5. Increase in the proportion of people who believe the current response is insufficient and those who expect no further easing of restrictions.*

Having been very similar since mid-2021, the proportion of people believing the Government response to the pandemic to be insufficient is now higher than the proportion believing it to be too extreme, climbing to its highest since mid-April (30%). The proportion expecting further easing of restrictions in November dropped sharply, from 71% in early October to 39% in late October. Almost 1-in-5 expect some tightening of restrictions in November. Hence, although there has been little decrease in social activity or increase in mitigative behaviour, people have registered the increase in cases and many anticipate a policy response.

#### *6. Link between exercise habits and wellbeing*

Wellbeing remains stable at a score of 5 out of 7 (Slide 28). A large minority of people (38%) report changes in their level of exercise compared to before the pandemic. Those who are exercising less report worse wellbeing and are more likely to say their mental health is worse now than before March 2020, compared to both those who are exercising the same as before and those who are exercising more. Those who are exercising more are more likely to say their mental health is better than before March 2020.

#### *7. Some positive life changes compared to before the pandemic*

Almost half of people report that they would not like their life to return to exactly as it was before March 2020. The most commonly cited positive changes include those related to work (e.g. working from home, better work-life balance), not having to commute and reduced time spent in traffic, and feeling less pressure to socialise and go to pubs and nightclubs (Slide 30).

#### *8. Other findings*

- 81% are willing to take a booster vaccine. Hesitancy is greatest among 30-39 year olds. All over-70s in the sample reported willingness to take a booster vaccine. The most common reasons for unwillingness are not perceiving any benefit, a general dislike of needing an additional vaccine and wanting more information (Slide 31, 32).
- The largest group (40%) of parents with children under 12 are willing to let their child take the vaccine. The remainder are divided evenly between those who are unsure and those who plan not to (Slide 31, 32). Most parents are satisfied with COVID-19 measures in place at their child's creche or school, although there was an increase in belief that secondary school children could contract COVID-19 compared to early October (Slide 33).