

Social Activity Measure May 3rd 2021 (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 over time. 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 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 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 eighth round, carried out in the week beginning May 3rd; the first data were collected in the week beginning January 25th. 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 adult population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.¹ The survey is completely anonymous.

Main Findings

Where differences are highlighted, they are statistically significant unless otherwise stated. Further detail is provided in accompanying Slides, which are referenced here for ease of use. Data were collected during a period when restrictions on activity were gradually being eased. Outdoor attractions and a range of outdoor activities and training were permitted from 26th April. Construction and other outdoor workers returned to work on May 4th. Two households were permitted to meet to socialise outdoors (but not in gardens) and fully vaccinated people were permitted to meet other fully vaccinated people indoors.

1. There were further increases in mobility and social activity

Shops/businesses and outdoor areas remain the most visited locations in any week (Slide 3). The proportion of the population visiting cafés (for takeaway orders) increased in early May. The proportion visiting shops, businesses and cafés the day before completing the survey rose significantly, in line with the lifting of restrictions (Slide 4). Despite the change to restrictions around exercise and training, the increase in visits to training facilities over the past week was small and non-significant, from 6.5% of the population in late April to 8.7% (and 2.7% to 3.3% the previous day). Transport use continues to rise since early April (up to 31.5% from 23.2%). Increase in private

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 (www.esri.ie/system/files/publications/SUSTAT96.pdf), pp.3-4.

car travel accounts for most of this rise, as public transport was used by just 7.2% of the population in the latest wave of SAM (although this is the highest level since SAM began; Slide 4).

2. The “vaccine bonus” may account for increases in close contact interactions

The percentage of the population who had a close contact the previous day was at its highest since SAM began, at almost 24% of people (Slide 5). Despite a (non-significant) decline in social visits to households (Slide 6), close contacts in homes still accounted for the largest share of close contacts and continue to rise since early April (up to 11.3%; Slides 5 and 6), with few of these involving masks. Risk factors during these visits (e.g, meeting indoors and not maintaining social distance) rose in early May (Slide 6). This rise, however, may be largely due to the “vaccine bonus”; in almost half of all in-home close contact, the person being visited or all visitors were vaccinated. This share has increased since April (Slide 7). Age cohorts most recently vaccinated (those aged 50-59 and 60-69) saw the sharpest rise in close contacts since late April, with a fall among those vaccinated earlier (over 70s; Slide 8).

The likelihood that an individual had a close contact if they went to their workplace remained stable at around 50% (Slide 9). There has been no increase in the proportion of people feeling pressured to attend their workplace (Slide 9).

3. Social interactions among unvaccinated people continue to be limited

Following a rise in late April, there was no further increase in the average number of people met from outside the household over a 48-hour period. The average was 2.5 people (Slide 10). The average number of vaccinated people met has increased steadily since early April, up to 1.4 people on average. Similar to late April, approximately 45% had not met anyone from another household during the previous 48 hours, down from over 50% in early February, suggesting that some of the previously most cautious people have begun to meet up with others. However, there is further indication that vaccines account for this change in behaviour. People who have been vaccinated are more likely to have met at least one other person in a 48-hour period than non-vaccinated people (61.1% vs. 51.4%). A majority of people (58.2%) have either met no one or have only met someone who has been vaccinated (Slide 10).

4. People are feeling better and reports of compliance have stabilised

Self-reported wellbeing has recovered and stabilised, following a dip during extended Level 5 regulations (Slide 11). Reports of fatigue in coping with the restrictions have declined since easing began (Slide 11).

The downward trend in self-reported compliance has stabilised (Slide 12). Perceptions that others are following the guidelines have increased significantly since April (Slide 12).

5. Differences on the main psychological drivers of behaviour are associated with different sources of information

Worry, valuing preventing the spread of the virus and perceiving restrictions to be coherent remain strong drivers of behaviour (Slides 13-15). People who think others are not following the guidelines are more likely to have had a close contact and a social visit, but not to have met more people overall (Slide 16). Believing that penalties for non-compliance will be enforced remained stable and has a limited relationship with compliance, having a small and weakening relationship only with the number of other people met (Slide 17). The relationship between finding restrictions tiresome and behaviour has strengthened and stabilised over time, although it remains non-significant when other

psychological drivers are controlled for (Slides 18 and 19). Having better knowledge of virus transmission is weakly associated with having fewer social visits but not with other behaviour (Slide 19).

Scores on variables that measure important psychological drivers of behaviour (worry, the prevention-burden trade off, judging restrictions to be coherent and perceptions of others) are associated with where respondents get information about Covid-19 (Slide 20). Relying more heavily on social media for information is linked to judging the burden of restrictions to be more important than preventing the spread of the virus and to perceiving others to be following the guidelines less, although the absolute difference is small (Slide 20). People who reported getting more information from traditional broadcast media and Government sources judged the restrictions to be more coherent. More worried individuals reported getting more information from all sources, although the difference on social media is smaller (Slide 20).

6. Willingness to receive the vaccine remains high and stable

Satisfaction with vaccine rollout is mixed, with 40% giving a response above the midpoint and 38% giving a response below the midpoint of a 1 (very frustrated) to 7 (very satisfied) scale (Slide 21). When thinking about the implications of the vaccine rollout, a vast majority judged protecting themselves and their friends and family from the virus to be more important than returning to “normal”. This finding is in line with a large majority consistently judging preventing the spread of the virus to be more important than the burden of restrictions (Slide 22).

Support for the vaccine remains strong. Approximately 80% of the population who have not yet been vaccinated reported that they will take the vaccine when offered (Slide 23). The majority of the rest are unsure, with consistently less than 10% saying that they will not take the vaccine. A very large majority (87%) also reported believing that most or all of those close to them will take the vaccine (Slide 24). Most (76%) reported that they would recommend the vaccine to a friend or family member who was unsure about taking it, and a further 14% reported that they would maybe recommend it (Slide 24). Most people not yet vaccinated (86%) were aware of the need to register to receive the vaccine and the main reason for not registering was not yet being eligible (Slide 25).

Following news coverage about Covid-19 remains strongly associated with being more willing to take the vaccine. A large proportion of those who plan to refuse the vaccine reported “not at all” following news coverage (Slide 26). The most trusted sources of information are the Government website (selected by 66% of people) and GPs (65%) followed by international organisations and TV (52% and 51%, respectively) (Slide 26).

7. Expectations of further easing of restrictions remain strong

The proportion of people expecting restrictions to be eased next month is on a constant rise since SAM began, with the vast majority (88%) expecting restrictions to be further eased in June (Slide 27).