

Social Activity Measure (Period Covered: May 18th – May 25th)

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 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 ninth round, carried out in the week beginning May 17th; the first was 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 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 after significant easing of restrictions. From 10th May, intercounty travel was permitted and there was increased capacity on public transport. Personal services including hairdressers and barbers reopened. There was a resumption of click-and-collect retail services and galleries, museums and libraries reopened. Outdoor gatherings, including in private gardens were allowed, and religious worship resumed. From 17th May, non-essential shops were allowed to reopen fully.

1. *Social activity and mobility have increased*

There have been significant increases in visits to the workplace, people's homes, and other indoor locations over the past week (Slides 3 and 4). The latter were primarily driven by the visits to church (Slide 5). The most common outdoor location this week was to people's local area or neighbourhood, followed by natural amenities and parks and playgrounds (Slide 6). On average, one person visited 3.4 different locations – the highest number of locations since the beginning of SAM (Slide 7). People travelled more – 14.2% reported having gone to another county, and 3.2% to Northern Ireland over the last week. There was no change in the numbers travelling off the island of Ireland (Slide 8). Visits to non-essential retail have increased, although the figures remain relatively

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.

low – less than 17% of people said that they had visited a non-essential shop or business over the past week (Slide 9). The increase was primarily driven by visits to clothes and shoes stores (Slide 10). There has been a significant increase in the number of people met - one person on average met 3.4 others. The share of those who met no one in the previous 48 hours has decreased substantially – from 45.5% in the previous round to 34.6% in the current round. There was also an increase in the number of people meeting 7 or more people from outside their household in the previous 48 hours. People are meeting more unvaccinated people from outside their household than in early May (Slide 11).

2. Adherence to public health guidelines remains high, but people are taking less precautions during home visits and in the workplace.

The number of close contacts continued to increase. Nearly 28% of the population had a close contact on the previous day; 21% of the population reported a close contact during which no masks were worn (Slide 12). The increase was driven primarily by the close contacts in the home and was seen across all age groups (Slide 13). While adherence to public health guidelines including wearing a mask, maintaining distance, and using sanitiser remains high in most public locations, there has been a decline in social distancing in workplaces, but no increase in close contacts in the workplace (Slide 14). In addition, precautions taken during social visits remain low; less than 20% of social visits took place outdoors compared to 33.9% in April and only 11.7% of indoor visits involved wearing masks (Slide 15).

3. People who are fully vaccinated are more socially active than others.

Vaccinated people are more likely to have had a risky contact than non-vaccinated people, although risky contacts are rising in non-vaccinated individuals. Risky contact is defined as having a close contact the previous day, being involved in a social visit the previous day, or having met up with more than 4 people from other households during the previous 48 hours (Slide 16). Fully vaccinated people are also more likely to have had a social visit and to have met more people outside their household (Slide 17). There has been an increase in the percentage of close contacts happening during household visits, but most of this increase can be explained by close contacts where at least one person involved is vaccinated (Slide 18).

4. Wellbeing is at its highest point since January and fatigue with restrictions is at its lowest.

Wellbeing has increased to its highest point since data collection for this survey started (Slide 19). Fatigue with restrictions has reached its lowest point (Slide 19). People who have at least one vaccine report higher wellbeing than those who have none, even after controlling for sociodemographic characteristics (Slide 20).

5. Worry is stable and remains the strongest predictor of social behaviour.

The level of worry about the virus has not declined further; it stands at 6.5 out of 10 (Slide 21). Worry remains the strongest predictor of having a close contact, having a social visit, and meeting more people (Slide 22).

6. The numbers of people intending to take the vaccine is rising and satisfaction with the rollout has increased.

Nearly 80% of people who have not yet been offered the vaccine say they intend to take it (Slide 23). Vaccine acceptance has risen in all age groups since January with 96% of over 60s, 85% of 40-60 year olds and 81% of under 40s having either taken or intending to take a COVID-19 vaccine (Slide 24). Most people (70%) say they will take any vaccine offered, but half of these prefer one vaccine over

others. A substantial minority (17%) say they will only take the vaccine if offered their preferred one. Of the four vaccines currently approved for use in Ireland, the most preferred is Pfizer and the least preferred is AstraZeneca (Slide 25). Satisfaction with the vaccine rollout has increased significantly since early May (Slide 26).

The percentage of people who have refused or who say they do not intend to take the vaccine remains low at 6%. This minority group are more likely to engage in riskier contact than those who have taken or who intend to take the vaccine (Slide 27). Riskier contact is defined as above, as having had a close contact, meeting more than 4 people, or being involved in a social visit.

7. Other findings

The share of people who expect that the restrictions will be eased in June remains high at 82%, however this has declined since early May. More people than in early May now expect there to be no changes from the current level of restrictions in June (Slide 28). Despite the changes to restrictions taking place in some sectors but not the others, there has been no change to perceived coherence of restrictions (Slide 21). Note that this data collection period did not cover announcements about hospitality reopening. Self-reported compliance with guidelines remains consistently high. Reported compliance of others has increased since April (Slide 29).

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