

Social Activity Measure May 30th 2021 (Period Covered: May 30th– June 7th)

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 tenth round, carried out in the week beginning May 30th. Data have been collected fortnightly since the week of January 25th, from nationally representative samples of 1,000 adults. 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, referenced for ease of use. Data collection followed the announcement that foreign travel could resume from July 19th and coincided with the lifting of some other restrictions. Accommodation services reopened on June 2nd. Outdoor dining and drinking, limited social visits, visits to indoor sport and exercise locations, larger events and sports matches were possible only from June 7th – the last day of data collection and a bank holiday.

1. Steady increases in mobility and social activity

On average, adults in Ireland are visiting more locations outside their household on a weekly and daily basis, but the rise remains slow and steady (Slide 3). The largest increases in this latest round of SAM concerned visits to hospitality venues (cafés, restaurants, pubs, hotels) and other indoor locations (Slides 4 and 5), with a significant rise also in daily use of public transport. There were fewer visits to medical facilities. The percentage of people travelling outside their county or into Northern Ireland, which had risen sharply during the previous round, remained stable (Slide 6). Visits to “non-essential” shops also stabilised, having increased sharply in the previous round of SAM (Slide 7).

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.

2. Meetings involving two unvaccinated individuals are falling steeply

There was no significant change in the average number of people an individual met up with from outside their household (over a 48-hour period), which was 3.25 (Slide 8). SAM asks respondents about their own vaccine status and the status of the people they meet. The average number of people an individual met up with who had not received at least one dose of a vaccine fell to 1.61. The number of meetings that took place between people where *both* parties had not received any vaccine dose fell sharply (Slide 9). This figure has almost halved, from more than 1.5 per person (over 48 hours) in early April to 0.8 in this latest wave. Meetings where one of the two individuals has received one or more doses are now more common, as are meetings where both people have received at least one vaccine dose (1.3 and 1.2 per person respectively).

3. Close contacts and social visits to homes involving unvaccinated people are also falling

The proportion of the population who had a close contact the previous day remained steady at 28% (Slide 10), although fewer occurred at work and more outdoors, probably owing to the bank holiday weekend. When people have close contacts outdoors they are less likely to wear masks, so the proportion of close contacts where masks were not worn went up. However, a larger proportion of close contacts were accounted for by vaccinated (at least one dose) people than by unvaccinated people (Slide 11) – a substantial change from just four weeks previously. The composition of social (i.e. non-professional or caring) visits to homes has followed a similar path: while there was a marginal rise in social home visits (Slide 12), the clear majority of them were reported by individuals who had received at least one vaccine dose (Slide 13). These data suggest that many people's behaviour changes following a single dose of vaccine, as well as two doses.

4. Marginal falls in wellbeing and compliance

Despite the lifting of restrictions there was a marginal fall in wellbeing coupled with an increase in people finding ongoing restrictions to be tiresome, although these differences were short of statistical significance (Slide 14). Self-reported compliance with public health guidelines fell marginally, but there was a sharper drop in perceptions that others are complying (Slide 15).

5. Drivers of behaviour are different pre- and post-vaccination

Three key variables are consistently linked to meeting fewer people, having fewer close contacts and engaging in fewer social visits: overall levels of worry; how much people prioritise preventing the spread of Covid-19 over the burden of restrictions; and the extent to which people view current restrictions as coherent rather than contradictory. Worry has continued to fall, while the burden-protection trade-off has remained broadly stable and there has been a shallow upward trend in perceived coherence (Slide 16). As restrictions are being lifted, meeting up with people, close contacts, and social visits are increasingly possible within current restrictions, but public health guidance continues to stress keeping social distance, wearing masks and good hand hygiene. We created a measure of "risk mitigation": how often when visiting each location outside of their home people reported keeping 2m distance, wearing a mask, and cleaning their hands. There was substantial variation in this measure across the population (Slide 17), with most people undertaking these behaviours most of the time, but more than one-in-eight less than half of the time. Worry, the burden-protection trade-off, and the perceived coherence of restrictions, were all linked to risk mitigation, but somewhat less so among people who have had at least one vaccine dose (Slide 18). A specific concern emerged among vaccinated people. While people in general are finding it harder to understand what is allowed and what is not (Slide 19), among those who have had at least one vaccine dose, the people who said they found current guidance confusing rather than

straightforward were less likely to keep distance, wear a mask or use sanitiser when they left home (Slides 19 and 20). The implication is that for people who have had at least one vaccine dose, a lack of clarity about appropriate behaviour is reducing risk mitigation.

6. Vaccine uptake and intentions high and increasing

The proportion of the sample who reported having received at least one dose of the vaccine was 58%, with over 90% uptake among the over 50s (Slide 21). This is slightly above contemporaneous HSE figures. Intention to take the vaccine remained high and stable (Slide 22). Combining the proportion who have taken a vaccine dose with those who say that they definitely will reveals that support for the vaccine is continuing to increase, with many who were previously unsure now saying that they will take the vaccine (Slide 23). Although support for the vaccine is lower in younger age groups, the trends are very similar (Slide 24). Among the under 40s, the proportion saying that they will take the vaccine (or who had already taken it) surpassed 80%, while the proportions saying that they are unsure or will not take it both declined. For the second successive wave, satisfaction with the rollout of the vaccine increased significantly (Slide 25).

7. Expectations of further easing of restrictions remained strong

The proportion of people expecting restrictions to be eased further next month remained high, at 80% (Slide 26).