

Social Activity Measure July 13th (Period Covered: July 13th – July 20th)

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 twelfth round, carried out in the week beginning July 12th. 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, which are referenced here for ease of use. Data collection followed the delay to opening indoor dining which involved extensive media discussion. Non-essential international travel was possible from July 19th. Case numbers began to rise again due to the Delta variant. The mRNA vaccine portal had opened for the 30-34 age group prior to data collection (8th July) and opened during data collection for the 25-29 age group (16th July).

1. *Attendance at cafés, pubs, restaurants and events increased, while visits to exercise facilities levelled off.*

There were no significant changes in the proportions of the population visiting specific locations over the previous week (Slide 3-4), but the frequency of visits to some locations further increased, as indicated by the number of visits undertaken the previous day. The upward trend continued at hospitality venues (cafes, pubs, restaurants) and events (e.g. weddings, parties), but levelled off at exercise facilities (Slide 5).

2. *The number of close social encounters that included unvaccinated adults continued to fall, driven by the pace of vaccine rollout.*

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.

The number of people individuals met from outside their household, the proportion who had a close contact, and the proportion who were involved in a social visit to a home all continued longstanding upward trends (Slides 6-8), although none changed statistically significantly this wave compared to last. The proportion of people who had a close contacts the previous day while not wearing a mask increased from 27.6% to 31.4%, with the majority (18.6%) taking place in a home. However, the number of unvaccinated people an individual met remained level (Slide 6), while the numbers of unvaccinated individuals who had a close contact or were involved in a social visit continued downward trends (Slides 9-10). For the first time, the majority of close contacts and social visits in homes were reported by fully vaccinated people, as the pace of vaccine rollout leaves an increasingly smaller proportion of the population unvaccinated.

- 3. Protective behaviour can be habitual (e.g. wearing a mask) or deliberate (e.g. choosing to avoid a particular social encounter). Most people remain vigilant but some engage in risky behaviour across the board.*

Protective behaviours come in two broad categories: (i) decisions to avoid a specific social encounter; (ii) habitual mitigative behaviours that reduce risk given that an individual does engage in a social encounter. We defined two measures to capture these two aspects of protective behaviour. For the first, we counted how often people went to a social occasion, how many people they met, the size of any events they attended, and whether they travelled outside the Republic of Ireland, to make an overall measure of how much they socialised. For the second, we examined how often people wore a mask, maintained a 2m distance and washed their hands across all the locations they had visited, to calculate the probability that each person engaged in these mitigative behaviours. In both cases, although the majority of people have been behaving cautiously, a minority have not. In this most recent round of data, while most people engaged in a small number of social activities, a minority of “socialisers” engaged in a large number (Slide 11). Similarly, while most people engaged in mitigative behaviours more than half the time, almost one quarter did not (Slide 12). The level of caution recorded by both measures has been falling: the level of social activity that distinguishes high from low socialisers has doubled since February (Slide 11); the proportion of low mitigators has risen from 14% in April to 24% (Slide 12). The two types of protective behaviour are correlated (in July, low mitigators made up 23% of the population but 58% of socializers), but differ somewhat in background characteristics. Socialisers are more likely to be older women or younger men, and to either live alone or live in large households (Slide 13). Low mitigators are more common among young men and those with degree-level education (Slide 14). A particular issue is that people who have refused or plan to refuse the vaccine are also substantially more likely not to engage in mitigation behaviours (Slide 15).

- 4. Vaccination intention and uptake remains high.*

Between July 13th and July 20th 64.5% of the SAM sample reported being fully vaccinated (Slide 16), consistent with vaccination rates posted by the HSE for the same time period. A minority of 6.6% indicated that they intend to refuse the vaccine. This rate was highest among the under 40 age bracket, at 10% (Slide 17), but a clear majority across all age groups has engaged with the vaccination process. The cohort of 60-69 year olds, many of whom had been waiting for their second dose of the AstraZeneca vaccine, have now mostly been fully vaccinated, with 86% of those over 50 now fully vaccinated and 95% having either received at least one shot or registered (Slide 18). A clear majority of all age groups have now got as far as registering for the vaccine.

Satisfaction with the vaccine rollout rose significantly this wave, with the biggest increase taking place among 18-29 year olds, for whom opt-in pharmacy registration for the AstraZeneca and Janssen vaccines had opened (Slide 19).

5. Increased travel

Travel to all destinations increased, although the increases in travel to Northern Ireland and overseas were short of statistical significance (Slide 20). Nevertheless, inter-county travel did reach statistically significantly higher levels than two waves ago. Just 30% of the population plans to travel abroad in 2021. Most of those have not yet booked, with bookings higher among those who are vaccinated (Slide 21).

6. Most key psychological variables remained stable, but worry began to rise again and the expectation of further easing of restrictions declined.

The decrease in perceived coherence of the restrictions and ease with which they can be followed that was recorded in the previous round of data collection did not continue, with no further statistically significant changes (Slide 22). Wellbeing and fatigue with restrictions were also stable (Slide 23), as was self-reported compliance with guidance (Slide 24). However, overall levels of worry edged back up for the first time since the end of April (Slide 25). This coincided with reports in the media of the increase in case numbers as a result of the Delta variant. The proportion of the population expecting a further lifting of restrictions next month fell below 50% for the first time since February (Slide 26).