

## Social Activity Measure September 7<sup>th</sup> (Period Covered: September 7<sup>th</sup> – 14<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 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 results from a nationally representative sample of 1,000 adults who participated in the study between September 7<sup>th</sup> and 14<sup>th</sup>. This is the seventeenth 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 unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use. Data collection took place following the easing of restrictions on a number of indoor and outdoor events and activities, which could operate at between 50% and 75% capacity. Sectors in which easing took place included live music/entertainment, indoor sports, cinemas/theatres and religious ceremonies. Capacity limits on public transport were removed and there was anticipation of the staggered return to offices beginning on 20th September.

#### 1. *Changes in activity and mobility reflect end of summer holidays*

The number of locations visited over the survey period remained stable compared to previous waves of SAM (Slide 3). The types of locations visited changed, likely reflecting the end of summer holidays. There was a decline in visits to outdoor locations and hospitality venues and an increase in people attending work and school/college (Slide 4, 5). Attendance at organised events also increased (driven by increases in people attending family gatherings and funerals) (Slide 5). Overall, social activity (indexed by places visited and people met) has remained relatively stable since early summer (Slide 6). There was a non-significant rise in the average number of people met, from 3.7 to 4 (Slide 7), although social visits to homes remained stable and are reported by vaccinated individuals (Slides

<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>

8, 9). The dip in close contact interactions observed throughout August reversed, with increases linked to home visits, workplaces and organised events (Slide 10). Over 90% of close contact interactions are reported by vaccinated individuals (Slide 11).

## *2. More people attending work, with some work environments riskier than others*

Over two-thirds of workers attended their workplace the week preceding the survey period, the highest level since SAM began (Slide 12). This change precedes the advised return to offices on September 20<sup>th</sup>. Despite the rise, there was no increase in the proportion of workers reporting they felt pressured to attend work (5%) and no change in mitigation behaviour at workplaces (Slide 13). Those who attend work tend to be less worried about COVID-19, are more likely to be more social and take fewer day-to-day precautions (Slide 14).

Respondents who attended their workplace were asked questions about the environment they worked in. We define workplaces as 'high-risk' if workers reported that they interact with others, the people they interact with don't always wear masks, they work indoors at least some of the time and their workplace is not well ventilated. Using this classification, 16.5% of workplaces that were attended can be considered high-risk, with variation across sectors (Slide 15).

Accounting/Finance/Business Management workplaces are most likely to be considered high-risk (1-in-4, compared to 1-in-10 ICT/Tech/Science workplaces). Mitigation on behalf of the worker varies across sectors too, with few Accounting/Finance/Business and Clerical/Administration workers reporting that they wore a mask, in contrast to the majority of Transport/Logistics, Healthcare and Sales/Retail workers.

Younger adults (aged under 40 years) and those in more junior roles are more likely to work in a high-risk environment (Slide 16). 'High-risk' workers differ on key psychological variables compared to both workers who attended a 'low-risk' workplace and those who worked from home. People who attended a high-risk workplace tend to be more concerned about the burden of restrictions than preventing the spread of the virus, judge restrictions to be less coherent and are less inclined to believe that others comply with public health advice. One possibility for these differences is that risky workplace environments may create a norm for riskier behaviour.

## *3. Observed decline in mask-wearing in retail settings*

Most mitigation behaviours (e.g. self-reported mask wearing) in shops and on public transport remain stable and high (Slides 17, 18). However, since early May there has been a persistent decline in reports that other customers in retail settings are wearing masks (from 91% to 82%). Hand hygiene in shops has also declined since January. Less than 30% of those who used public transport reported maintaining social distancing, down from over 60% before June (Slide 18). This change is expected given increased capacity on public transport.

## *4. Visits to cafes/pubs/restaurants down following August peak, but little improvement in Digital Covid Cert checks.*

Visits to cafés, pubs and restaurants declined following a peak in late August (Slide 19). The size of gatherings in these settings is increasing, with pubs hosting larger gatherings (on average 3 people from other households) than restaurants (1.9 people) and cafes (1.4 people). Since the reopening of indoor dining, 30% of people attending restaurants and cafés report that their Digital Covid Certificate (DCC) was not checked (Slide 20). The proportion reporting this for pubs has fallen.

### *5. Majority expect easing of restrictions to continue*

Following announced changes to restrictions in September and October, over 70% expect continued easing next month (Slide 21). Previous changes to most restrictions have been linked to a small subsequent step-jump in activity (e.g. in meeting others, in intercounty travel and visits to cafes, pubs and restaurants), but any further changes in behaviour have been more gradual (Slides 22-24). For changes to other restrictions (e.g. events, international travel), there was a lag before the step-jump was observed.

### *6. Plans for international travel remain stable*

The proportion of people who reported travelling off the island in the past week increased to its highest since SAM began at 3.7% (Slide 25). The proportion who plan to travel abroad during the remainder of 2021 has fallen slightly as some of those who had planned trips have already taken them (Slide 26). There was no change in the proportion reporting no plans to travel abroad in during the remainder of the year (approx. 70%).

### *7. A small cohort of people are engaging in highly risky behaviour*

There are broadly two ways that individuals can engage in risky behaviour. They can either go out and about a lot, visiting lots of places and people, or they can forego mitigative measures such as wearing masks and keeping distance when they are out and about. The proportions of people engaging in each kind of risky behaviour have remained stable this wave, as has the proportion who engage in both (Slides 27, 28). We label this third group “non-mitigating socialisers” and they make up approximately 10% of respondents. They are twice as likely as other respondents to report refusing the COVID-19 vaccine (Slide 29). Overall, people who report both engaging in highly risky behaviour and refusing the vaccine make up about 1% of the adult population.

### *8. People feel less tired with restrictions and report greater compliance with guidelines*

There has been a rise in self-reported compliance with public health guidelines and in perceived compliance of other people (Slide 30). Overall wellbeing remains stable and there was a drop in how tired respondents reported feeling about COVID-19 restrictions – one of the largest drops in this variable since SAM began in January 2021 (Slide 31). These changes coincide with the early phase of the announced plan to ease restrictions starting in September and ending on 22<sup>nd</sup> October. There was no change in how coherent or easy to understand people thought the restrictions were, nor in whether they thought the burden of restrictions was more important than protecting people (Slide 32). Worry about COVID-19 also remained stable, with one third of people remaining highly worried (Slide 33).

### *9. Majority of adults fully vaccinated, small minority yet to register*

The majority of adults had either received both doses of the COVID-19 vaccine (88%) or had not yet registered to receive one (6.8%) (Slide 34). Those who have registered and are not yet fully vaccinated made up approximately 2.5% of respondents. Differences by age remain, with those who have not yet registered to receive the vaccine concentrated among under 50s (Slides 35, 36). Satisfaction with the vaccine rollout remains high and stable among all age cohorts (Slide 37).