Social Activity Measure September 22nd
(Period Covered: September 22nd – 28th)

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. 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 examines where and how risks of Covid-19 transmission arise. SAM aims to inform policy regarding the opening 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 22nd and 27th – the eighteenth wave of the survey. Data have been collected fortnightly since the week of January 25th. 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 took place shortly after the beginning of a staggered return to work starting on September 20th. Restrictions on outdoor group activities and some organised indoor events were also lifted.

1. Social activity continued to increase across multiple locations and activities

The number of locations visited during the previous day and over the past week (especially) went up (Slide 3), resulting in a further increase in overall social activity following a drop-off during the summer holiday period (Slide 4). Increases in visits to retail, hospitality venues and exercise facilities over the last week were statistically significant (Slide 5). During the previous week, 43.6% of the adult population (62.5% of workers) went to their workplace at some point. Daily activity increased across multiple locations (Slide 6). On average, one person met with 4.3 other people from outside of their household during the previous 48 hours, although 30% met no-one (Slide7). More than 40% of the population had a close contact the previous day, most of which occurred in a home (Slide 8). The proportion who engaged in a social visit to another home went up to 18.4% (Slide 10). Increases in social visits and close contacts were entirely accounted for by vaccinated individuals (Slides 9 and

[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, pp.3-4. http://www.esri.ie/system/files/publications/SUSTAT96.pdf

11). These statistics for visits to locations, workplace visits, meetings, close contacts and social visits were all at their highest levels since SAM began in January.

2. *Levels of caution have fallen substantially across multiple settings*

Mitigative behaviours (mask wearing, maintaining distance, washing hands) have decreased since January across a variety of contexts, ranging from workplaces to retail locations. More than one-quarter of people now report not engaging in mitigative behaviours most of the time when leaving home (Slide 12). We also classify more than one-fifth of the population as "socialisers" – people who choose visit a higher number of more risky settings than the bulk of the population (Slide 12). The share who both engage in a lot of social activity and rarely take precautions – "non-mitigating socialisers" – has reached 12.9% (Slide 13). We recorded a gradual decline in mask wearing, maintaining distance and hand hygiene while at work (Slide 15), a steeper decline in hand hygiene in retail locations (Slide 16), and less adherence to social distance on public transport (Slide 17). People who exercised indoors around other people reported low levels of mask-wearing and relatively low levels of ventilation, with 38.1% saying the facility was not well ventilated (Slide 18).

3. *People associate risk of infection with how many people they meet and which locations they go to, but not with whether they wear a mask, wash their hands, or keep 2m distance from others.*

This round of SAM contains a new analysis of people's overall perception of how much risk they take. The findings suggest that some elements of risk are understood, but others not. Over 60% of respondents believed that their behaviour during the previous 48 hours carried at least some risk of contracting and spreading COVID-19, with 11% considering their behaviour to be highly risky (Slide 19). The belief that going to locations outside home carried at least some additional risk applied to all locations except one: on average, people who went to church appeared to believe it reduced their risk of infection compared to staying at home (Slide 20). People associated high risk with large events (e.g. weddings, funerals), going to college and using public transport (Slide 21). Those visiting outdoor locations were less likely to consider their behaviour high-risk, perhaps because they substituted outdoor activities for indoor ones (Slide 21). Most, though clearly not all, of the above findings align with what is known about transmission of the virus. However, regardless of whether people believed they took high risk or low risk, their perception was largely unrelated to mitigation behaviours (mask wearing, keeping distance, hand hygiene). Instead, risk perceptions were driven by the number of people they met and locations they visited (Slides 22 and 23). This discounting of mitigation behaviours contrasts with public health advice.

4. *One-third of the population remains highly worried and more likely to avoid social interaction*

Despite a decrease in the average level of worry about COVID-19 (Slide 24), around one-third of the population remain highly worried (at least 8 on a 10-point scale) and many choose not to meet people from outside of their household (Slide 25). These more nervous people are diverse and include individuals of both genders, across age and socioeconomic background. While older people do worry somewhat more than younger adults, the gap has decreased during the year and more than 30% of under-40s are in the highly worried group. Similarly, while levels of worry are higher among women and people with lower socioeconomic backgrounds, these differences are small. There is no clear socio-demographic pattern among those who choose not to meet with others.

5. Other findings

- The majority continue to consider preventing the spread of the virus to be more important than the personal burden of restrictions (Slide 26). The perceived ease and coherence of restrictions has rebounded after a dip in August; both display an upward trend (Slide 26).
- Self-reported compliance and perceived compliance of others remained steady (Slide 27).
- Well-being and tiredness with restrictions remained unchanged (Slide 28).
- There has been a further change in expectations about the future of restrictions: 75% of people expect further easing of restrictions in October (Slide 29).
- Vaccine uptake has largely stabilised, with 92% of all people (Slide 30) and 99% of those aged 60 years and above (Slide 31) being fully vaccinated. There has been a further increase in satisfaction with the vaccine rollout across all age groups (Slide 32).
- 90.2% of people have received their Digital Covid Certificate. One third of people dining indoors in cafes and restaurants and one quarter of people dining in pubs said that their certificates were not checked (Slide 33).

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