



**Rialtas na hÉireann** Government of Ireland

# Social Activity Measure August 10<sup>th</sup>- 17<sup>th</sup>





#### **ABOUT THE RESEARCH**

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of COVID-19 infection 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 was designed by the BRU in consultation with the Department of the Taoiseach, which funds the work. The survey is completely anonymous. Where comparisons between survey rounds are highlighted, they are statistically significant.

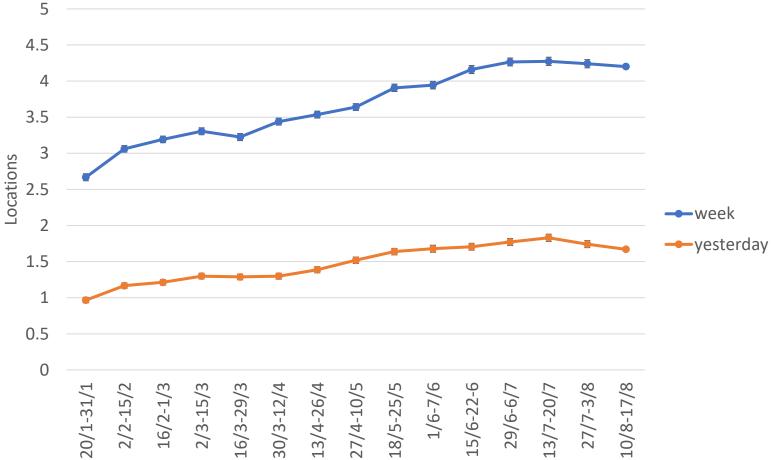
#### TIMING

This slide deck presents results from a nationally representative sample of 1,000 people aged 18 and over who participated in the study between August 10th and 17th. The maximum number of guests permitted to attend weddings rose from 50 to 100 on August 5th. A clarification that up to 200 people are permitted at organised outdoor events and gatherings was also issued on August 5<sup>th</sup>. Vaccine registration for children aged 12-15 opened on Thursday 12<sup>th</sup> August.

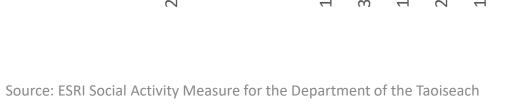








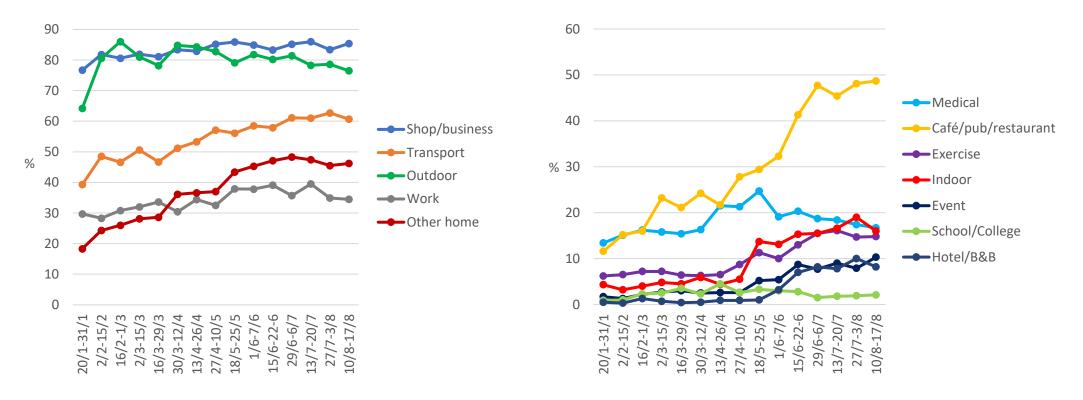
Over the past month of peak holiday season there has been a slight decline in the average number of locations visited outside the home during the previous week and over the previous day.



26 ESRI



# Locations visited (previous week)

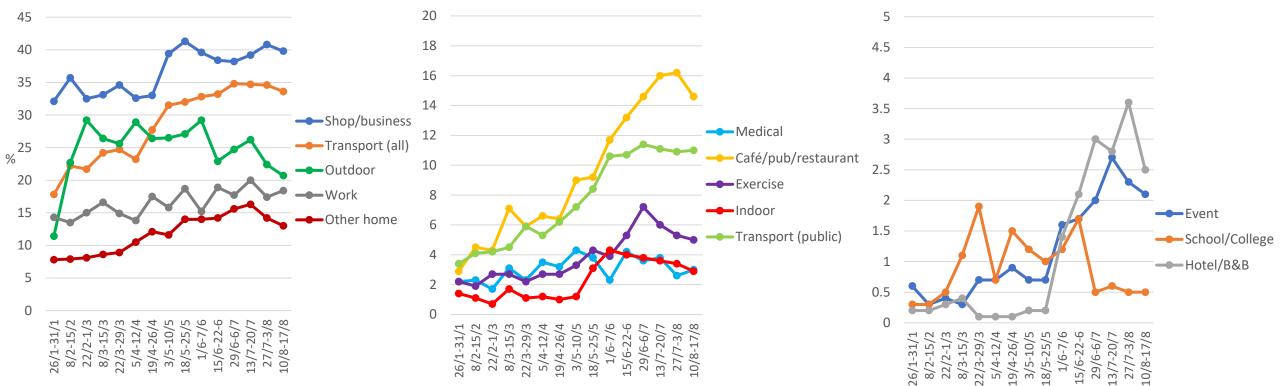


The charts show the proportion of the population who had visited each location at some point during the previous week. Note the different scales on the vertical axis. There was little change from the previous round.









The charts show the proportion of the population who had visited each location at some point the previous day. Note the different scales on the vertical axis. The frequency of visits to the majority of locations fell slightly. Although indoor dining and drinking had been possible for the increasing proportion of vaccinated individuals for over two weeks, visits to cafés, pubs and restaurants did not increase.

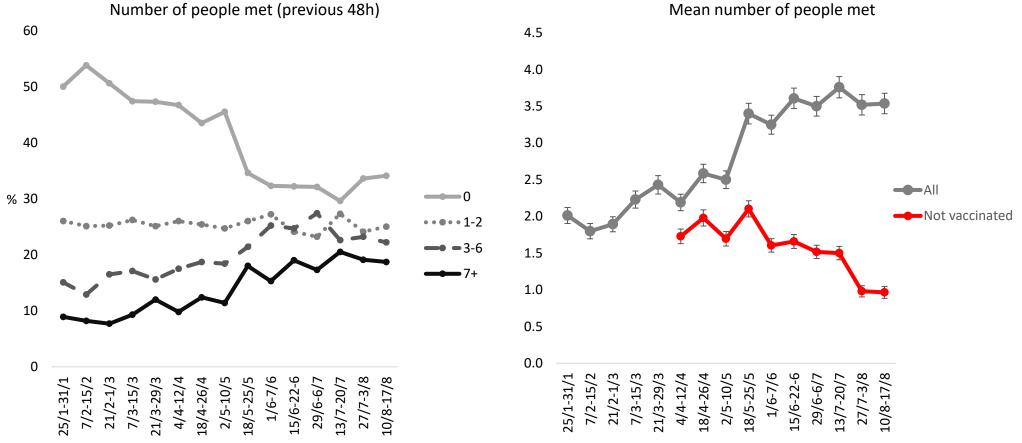




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### Meeting people outside the household



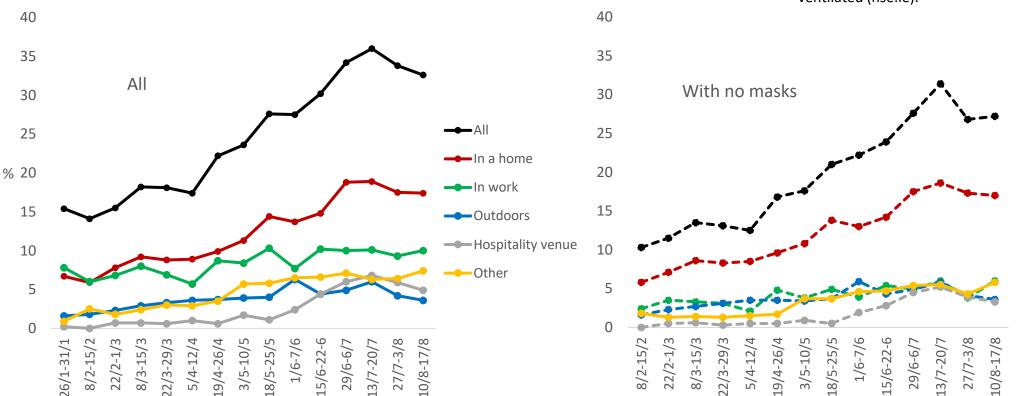


The number of people individuals met up with from other households during the previous 48 hours remained the same.



### Close contacts\* (previous day)

\*Close contact interactions are defined as those that are likely to have lasted for longer than 15 minutes without a 2m distance being maintained at all times or that took place indoors for longer than 2 hours in a space that was not well ventilated (hse.ie).

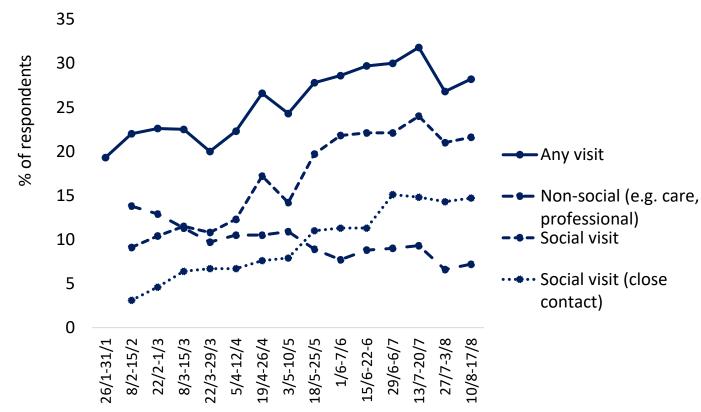


There was a significant decline in close contact interactions in which masks were not worn. This is accounted for primarily by a decline in unmasked close contacts in workplaces, likely due to the decrease in people who attended their workplace over the data collection period.





Proportion who had visitors or visited another household (previous day)



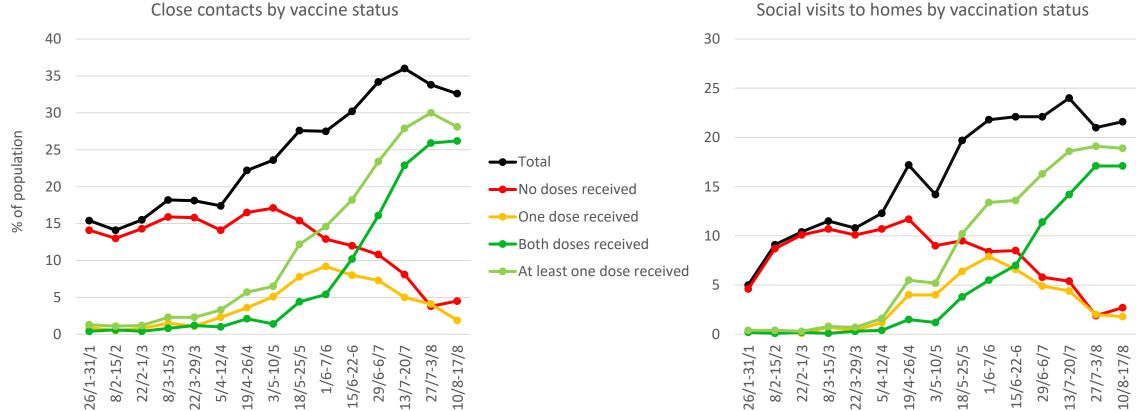


The decline in visits to other homes observed in the previous round sustained, although it was not accompanied by a reduction in close contacts during social visits.









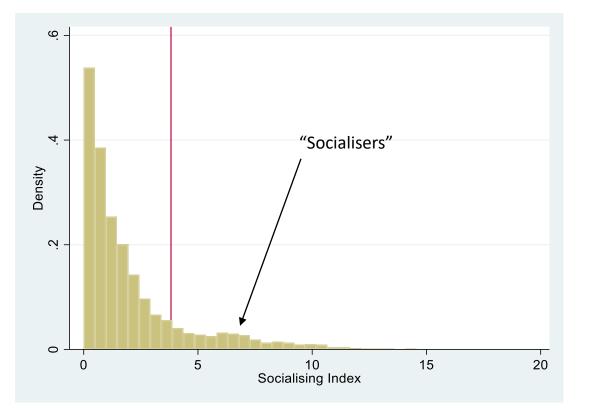
Social visits to homes by vaccination status

Individuals who are fully vaccinated now account for the large proportion of both close contacts and social visits to homes.





#### "Socialisers"



Broadly speaking, people risk transmission in two ways: (i) deciding where they go, (ii) how they behave once there. The chart relates to (i) and shows the histogram of an index that captures how often people visited various settings and events, while also accounting for the riskiness of the settings. Points are added to the index based on how many people were present in settings attended, the number of close contacts, the number of people met who were not vaccinated, and whether the individual travelled beyond the county, into Northern Ireland or abroad. The density units on the vertical axis reflect the proportion of the population at each score. Hence, the higher bars at the lower end show that most people have a low score on this socialising index. However, a minority form the long tail beyond the red line. Thus, these "socialisers" sit apart from the majority, as they are much more active and expose themselves to greater risk. The proportion of socialisers has increased over successive rounds of SAM and is now approximately 1-in-6.

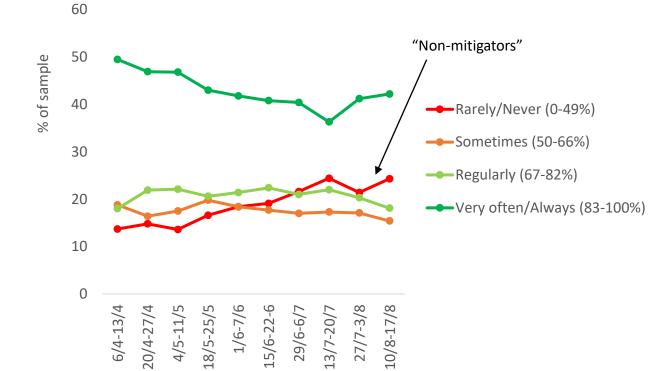


96 ESRI





Trends in levels of risk mitigation over time

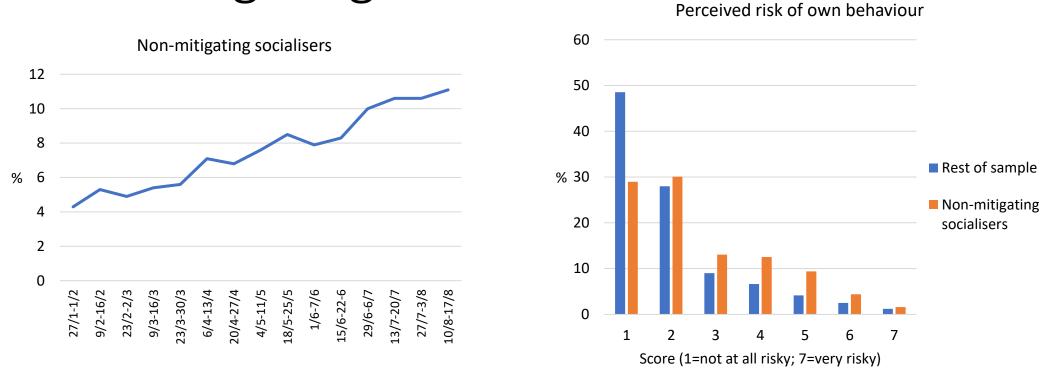


This chart shows how much people mitigated risk when they visited locations outside their home. The four groups are defined based on how often people reported keeping 2m distance, wearing a mask, and cleaning their hands in each location they visited. The red line shows an increase in "nonmitigators" – those who undertake these behaviours less than 50% of the time. They now account for almost one quarter of the population.









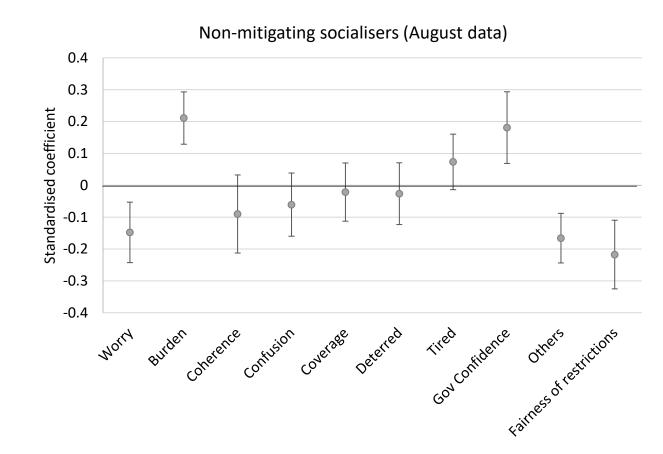
As described in Slides 10 and 11, socialisers visit more locations with more people and close contacts, while non-mitigators engage in behaviours that reduce risk (maintaining social distance, wearing a mask, cleaning their hands) less than half the time when outside their home. The left-hand chart concerns the overlap between those two minority groups, as it shows the proportion of people who classify both as a "socialiser" and a non-mitigator. The proportion of these "non-mitigating socialisers" has doubled since January and now stands at 11%. Vaccination rates are somewhat lower in this group. The right-hand chart shows how risky people in this group perceive their own behaviour to be, compared with the rest of the population. While they do, on average, perceive their behaviour to be riskier than that of others, people in this group nevertheless view their behaviour as not being very risky.







# Psychology of non-mitigating socialisers

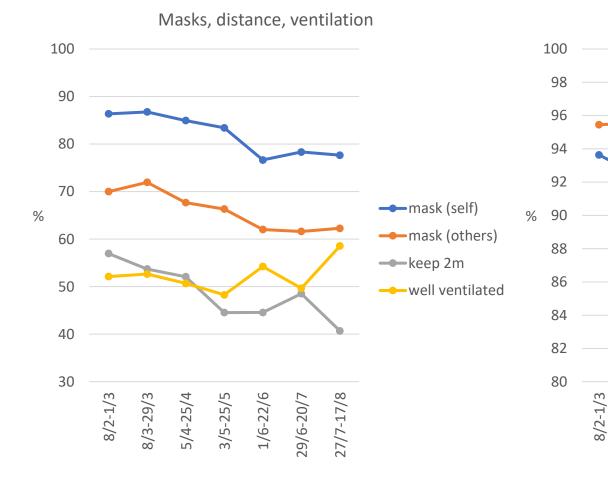


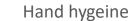
Being a non-mitigating socialiser is not strongly linked to socio-demographic background (e.g. age and gender), but is associated with certain beliefs and perceptions. The chart displays differences in the beliefs and perceptions of people in this high-risk group compared to the rest of the population, based on a statistical model. The points reflect the size of the differences: the further away from 0, the bigger the difference between non-mitigating socialisers and everyone else. The data show that members of this group are more likely to view the burden of restrictions as more important than preventing the spread of COVID-19, and less inclined to believe that others follow public health guidance. *However, the strongest factor is the belief that restrictions* are unfair. Perceived unfairness is measured by the average response to a series of questions about X specific restrictions (the full list was supplied in SAM Wave 14). For each respondents were asked to think about the purpose (to allow some things to go ahead while limiting the potential spread of the virus among people who could be infectious), before rating the fairness of the restriction on a 1-to-7 scale.





#### Workplace mitigation





8/3-29/3

5/4-25/4

3/5-25/5

1/6-22/6

27/7-17/8

29/6-20/7

The left-hand chart shows declining trends in workers wearing masks, reporting that other in the work place wear masks, and keeping 2m from others, but not in the proportion of workers reporting that their workplace is well ventilated. Although still high, the proportion of workplaces providing sanitiser and soap for hand hygiene also displays a downward trend, as does the proportion of workers who report cleaning their hands.

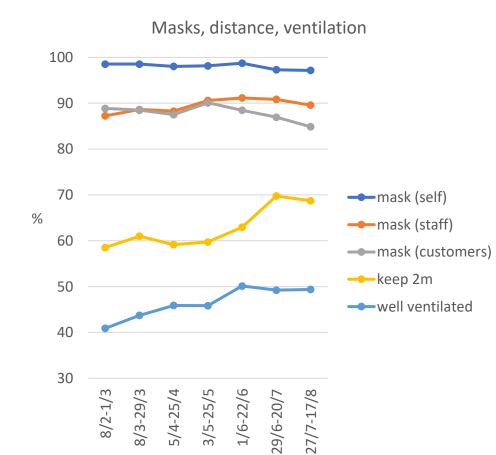
------sanitiser/soap

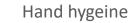
cleaned hands











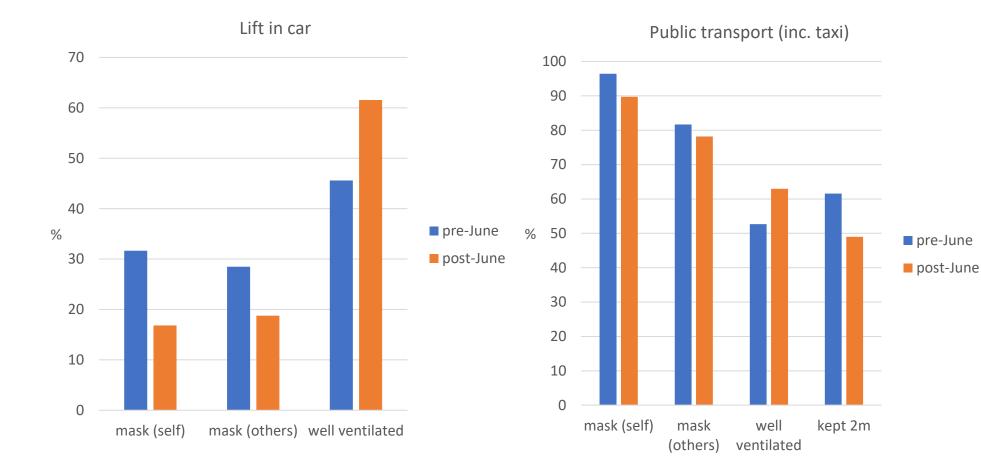


The left-hand chart shows a slight fall in mask wearing in shops, although this remains very high. The proportion of people going to shops who report appropriate social distancing and ventilation has gone up, which may partly reflect the opening up of non-essential (and so likely less busy) retail. The right-hand chart shows a slight decrease in levels of hand sanitation, but this too remains high.







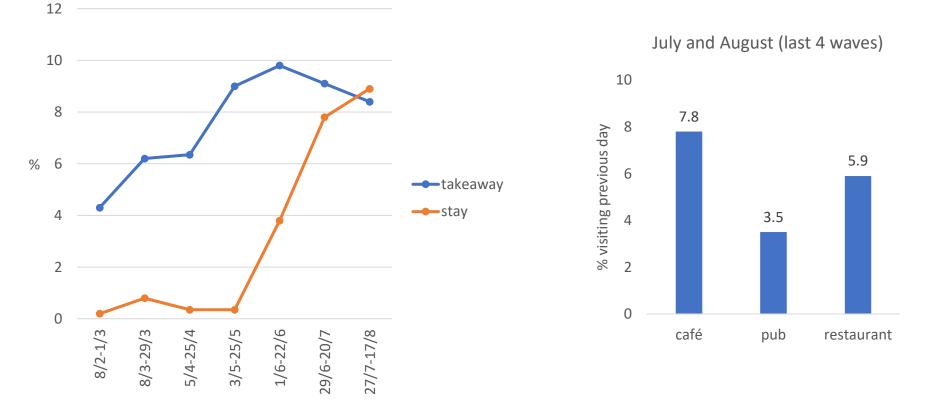


The left-hand chart shows a slight fall in mask wearing in private cars, but an increase in people reporting good ventilation. Similar, but less sharp, trends are apparent for public transport, where mask wearing is generally much higher.







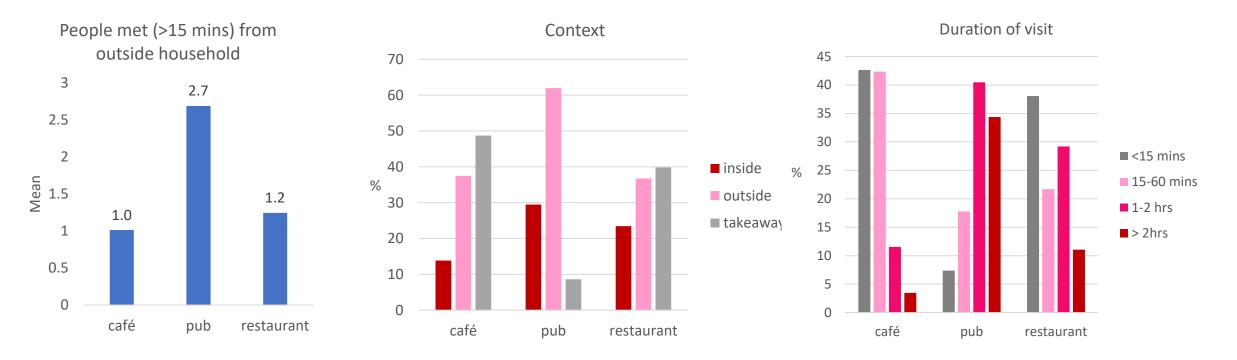


The left-hand chart shows the percentages of the sample that visited a café, restaurant or pub the previous day to get takeaway and the percentage that stayed to eat or drink. More people now stay (outdoors or indoors) than get takeaway. The right-hand chart shows that during July and August, cafés and restaurants were more popular locations than pubs.







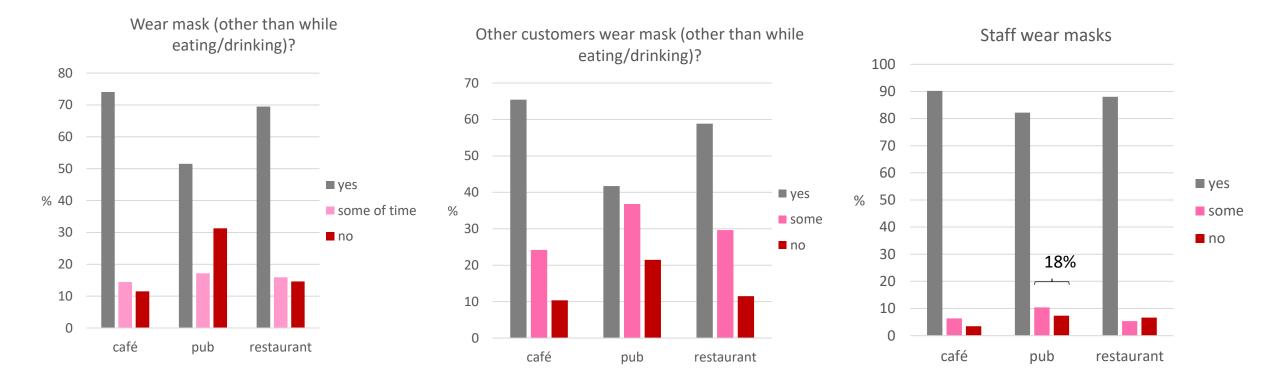


Compared to customers going to cafés and restaurants, pubgoers met more people from outside their household, and were more likely to stay, to be indoors and to stay for longer.









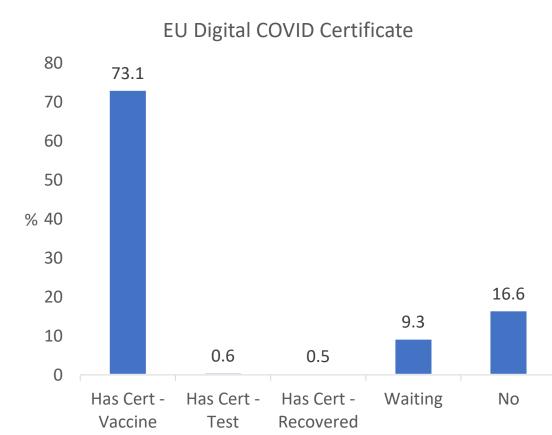
Compared to customers going to cafés and restaurants, pubgoers were less likely to wear masks and more likely to report that at least some staff were not wearing masks.



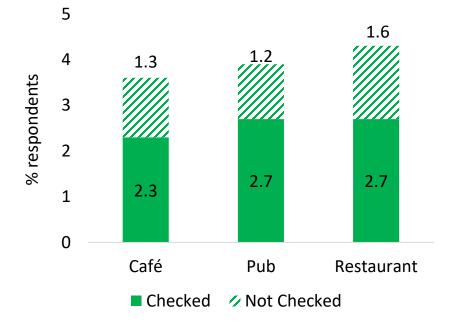


Almost three-quarters of adults have received their EU Digital Covid Certificate (DCC). In approximately one-third of cases, individuals who ate or drank at an inside table reported that their DCC was not checked.





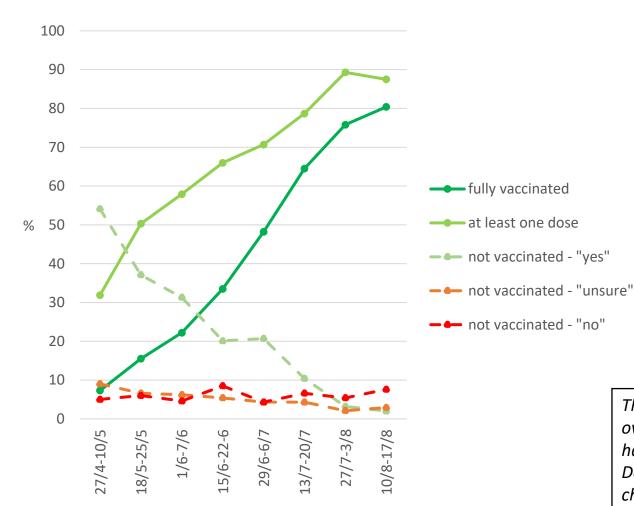
Indoor Dining/Drinking - DCC Checked?

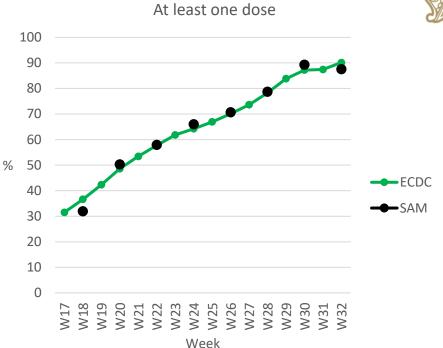






#### Vaccine uptake and intention

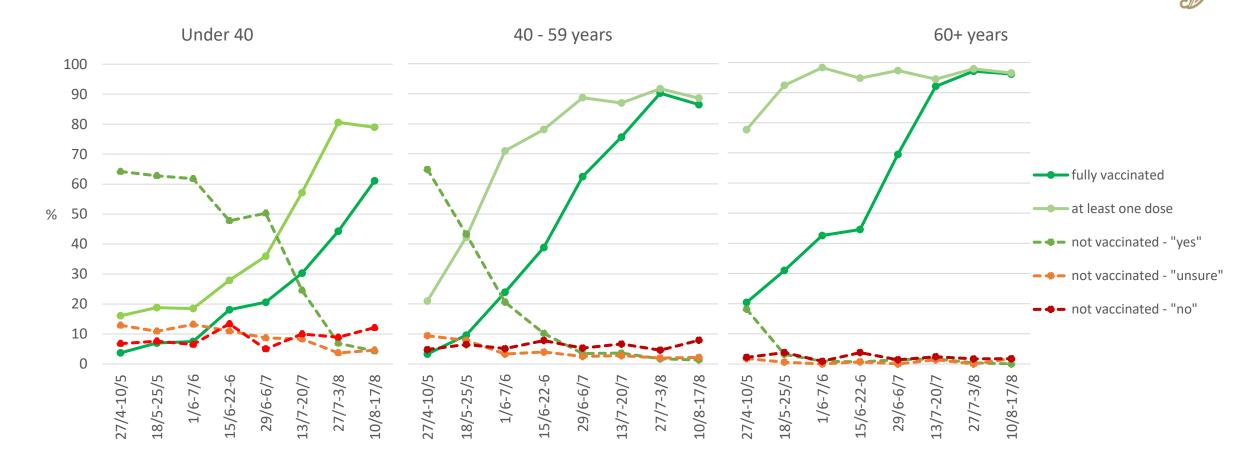




The left-hand chart shows trends in vaccine status and intention over the last 16 weeks. The solid green lines show those who have been fully vaccinated or have received at least one dose. Dashed lines show intention of those not yet vaccinated. The chart on the upper right compares the measure of vaccine uptake in SAM with figures reported to the European Centres of Disease Control, with which it is in close alignment.







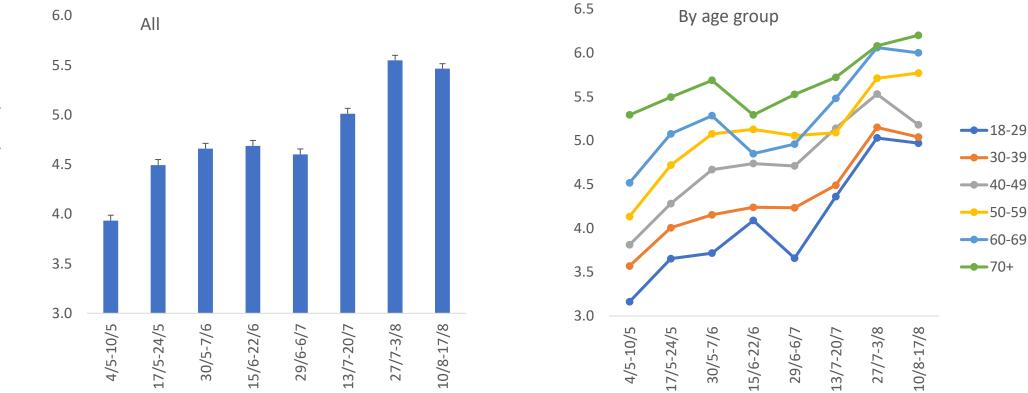
The charts show uptake of the vaccine and intention by age group. Among those aged over 40, very high proportions of those who received a first dose also received their second one.









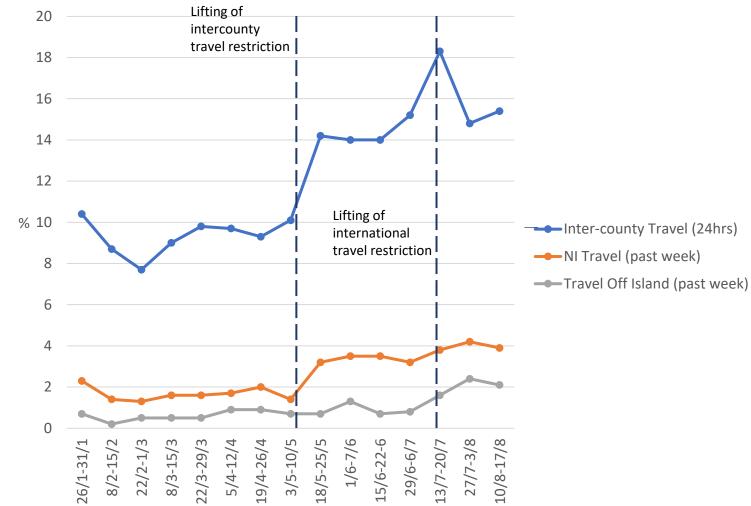


The increase in satisfaction with the vaccine roll-out evident in the previous round has been sustained.





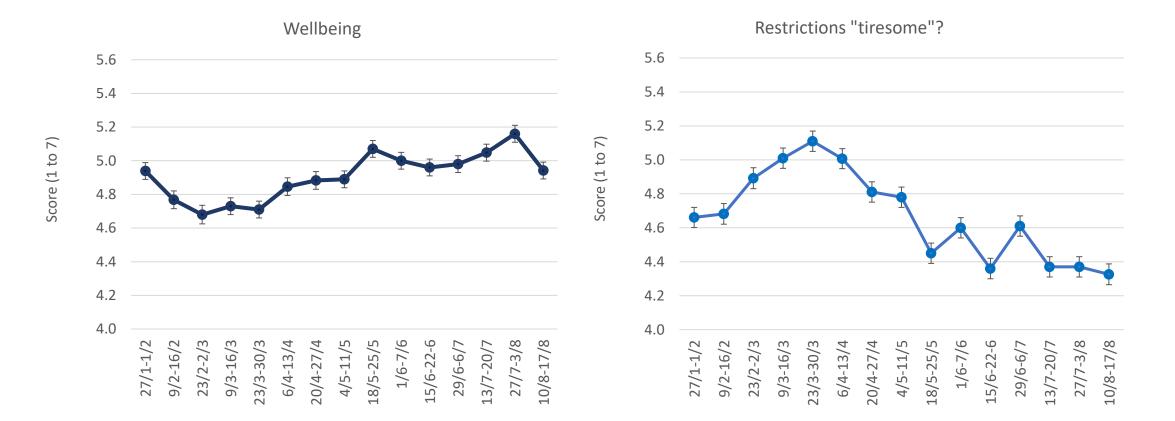
## National and international travel



There was no further increase in travel to Northern Ireland and overseas, following slight increases over recent rounds. International travel remains uncommon.







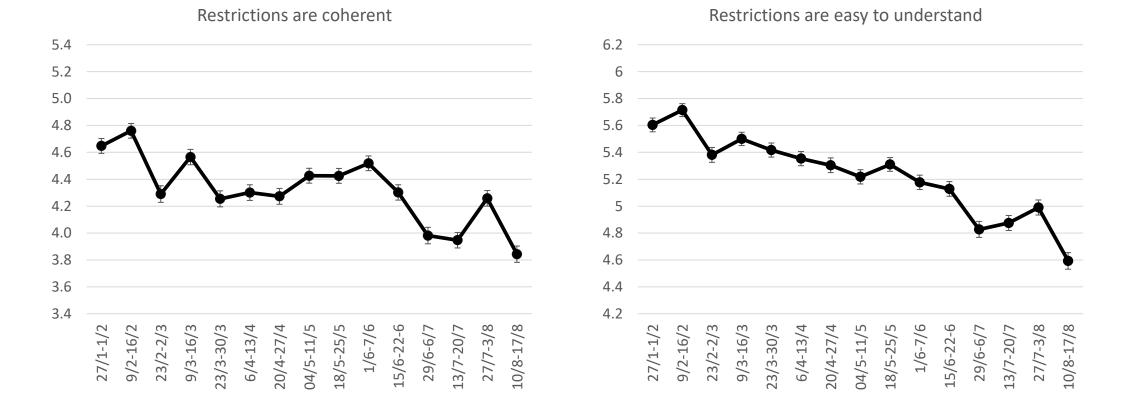
There was a drop in self-reported wellbeing, but no change in how tiresome people are finding it to stick to restrictions.





# Coherence and Simplicity of Restrictions





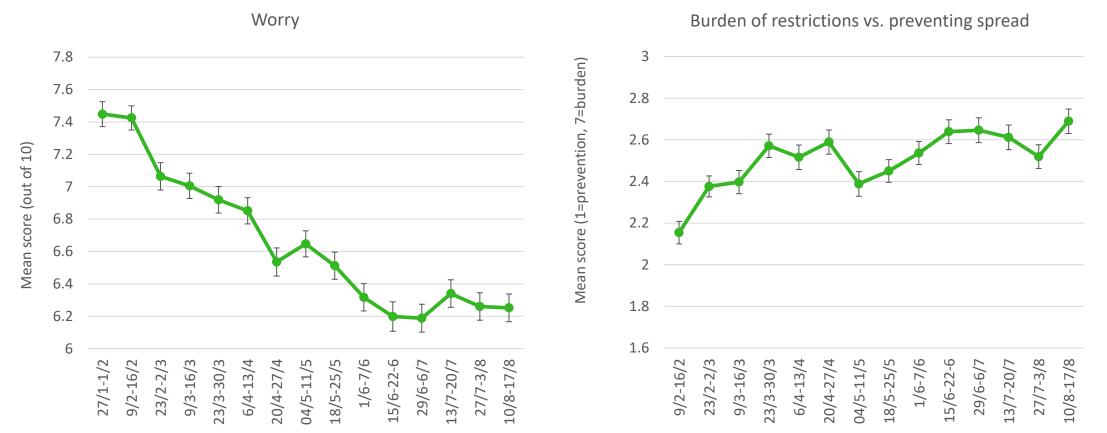
There were significant falls in both the perceived coherence of restrictions and how easy people say they are to understand.





#### Worry and Burden of Restrictions



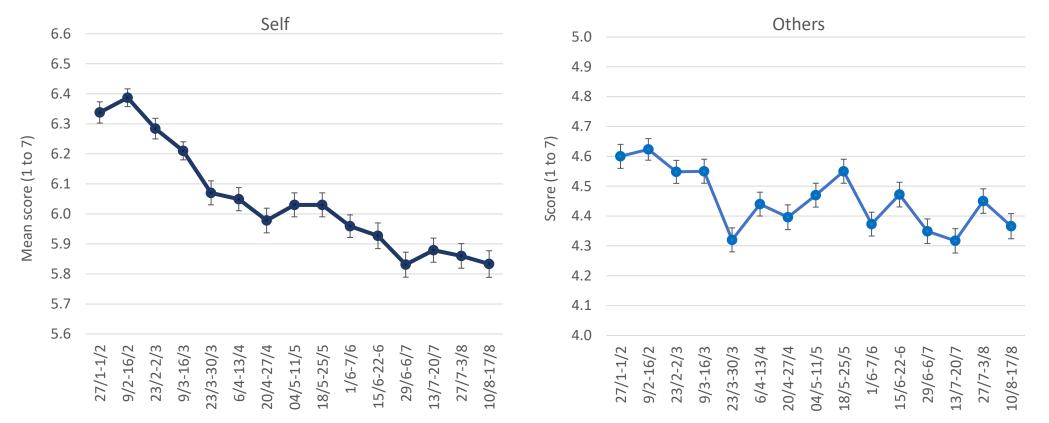


The declining trend in overall worry has ceased. The chart on the right shows answers to a question about which is more important, the burden of restrictions or preventing the spread of Covid-19, which increased in this latest round.









Self-reported compliance with restrictions and reports of the compliance of others both remained stable.

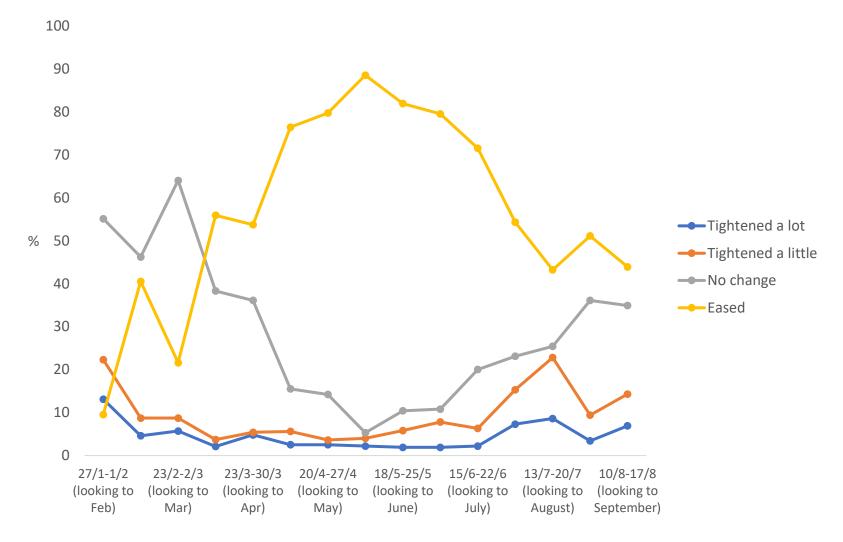








### Expectations for further easing





Expectations for further lifting of restrictions were relatively stable, having become more pessimistic during the previous round.

