



# Covid-19 Social Study

## Results Release 16

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## Executive summary

### Background

This report provides data from the last 16 weeks of the UK COVID-19 Social Study run by University College London: a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this SIXTEENTH report, we focus on psychological responses to the first sixteen weeks of government measures requiring people to stay at home (21/03-12/07). We present simple descriptive results on the experiences of adults in the UK. Measures include:

1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction, loneliness and happiness
5. **\*\*\*New in this report\*\*\*** Changes in relationships and financial situation since lockdown

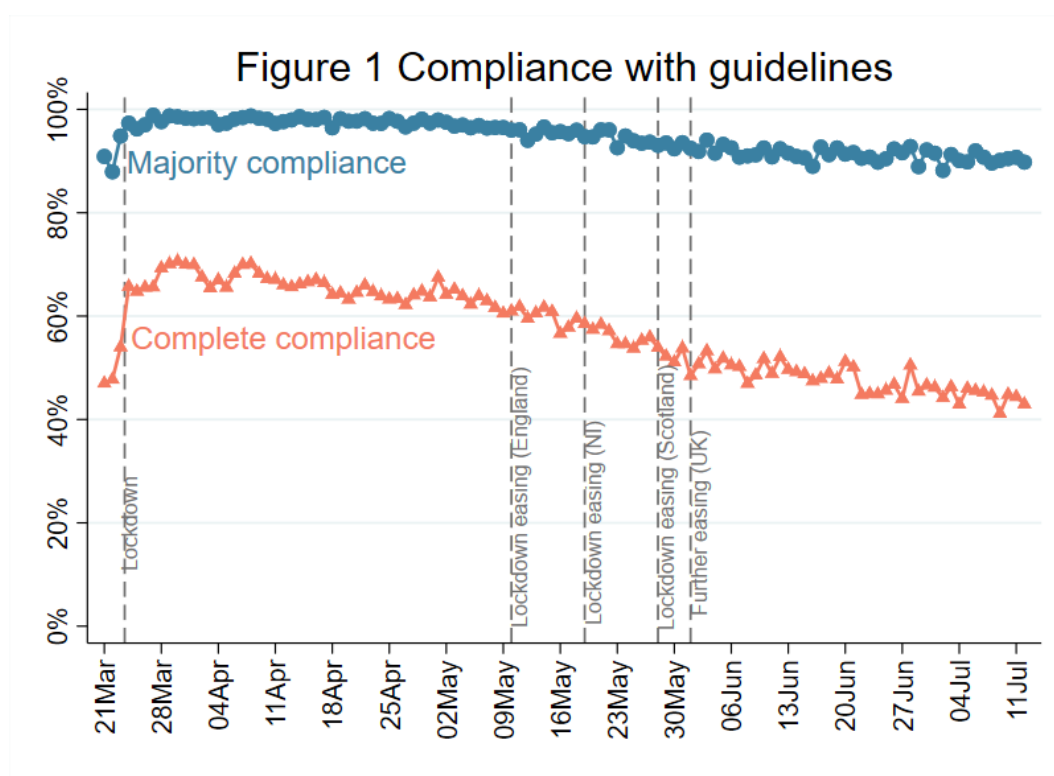
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary weights to the national census and Office for National Statistics (ONS) data. Full methods and demographics for the sample included in this report are reported in the Appendix. The study is still recruiting and people can take part by visiting [www.COVIDSocialStudy.org](http://www.COVIDSocialStudy.org)

### Findings

- 1 in 4 respondents have reported that their relationships with colleagues or co-workers got worse over lockdown, along with more than 1 in 5 reporting that their friendships outside the household had also got worse. A worsening of relationships was also reported by some participants with their spouse/partner (18%), other adults they lived with (20%), and children they lived with (17%). For relationships outside of the household, 19% reported a worsening of relations with children, 16% with parents or other relatives, and just 8% with neighbours. Younger adults were most likely to report a worsening of relationships, while older adults were least likely to report a change.
- Conversely, 35% of adults living with children reported improvements in their relationships, 27% reported improvements with their partner/spouse, 25% with other adults in their household, 20% with parents outside the household, 15% with friends, 16% with children outside the household, 17% with colleagues, 16% with other relatives, and 26% with neighbours.
- 12% of people reported a breakdown of a relationship with any family member, friend, colleague or neighbour since lockdown came in. This figure was highest amongst adults under 30 (21%) compared to adults over 60 (5%), and amongst people with a diagnosed mental illness (22% vs 10%). It was also slightly higher amongst people living alone (14% vs 11%), people with lower household income (14% vs 10%), keyworkers (14% vs 11%), people living with children (15% vs 11%), and people in urban areas (13% vs 10%).
- Nearly half of respondents (45%) reported that they are about the same financially to before lockdown, with 27% reporting improvements in their financial situation and 29% reporting that things had got worse.
- Amongst people living comfortably before lockdown came in, just 21% reported that things had got worse (6% “much worse”). But amongst people finding it very difficult before lockdown came in, nearly 3 times as many people (57%) reported that things had got worse (38% - more than 6 times as many - reporting things were “much worse”). Conversely, amongst people living comfortably before lockdown came in, 33% reported that things had improved financially for them during lockdown compared to 18% of people finding things very difficult before lockdown came in.
- “Complete” compliance has dropped further over the last fortnight but “majority” compliance remains around 90% overall in adults over 30 and 80% in adults under 30. Levels of confidence in the central government to handle the Covid-19 epidemic have risen slightly more in devolved nations, but remain lower and unchanged in England.
- In the past fortnight, depression levels, life satisfaction, happiness, and loneliness levels have shown some further improvements, while anxiety levels remain stable. Depression and anxiety are still highest in young adults, but depression levels have been falling most in this age group, as well as amongst people with a diagnosed mental illness.

# 1. Compliance and confidence

## 1.1 Compliance with guidelines



### FINDINGS

Respondents were asked to what extent they are following the recommendations from government such as social distancing and staying at home, ranging from 1 (not at all) to 7 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. Figure 1 shows the percentage of people who followed the recommendations “completely” (with a score of 7) or to a large extent (with a score of 5-7; described below as “majority” compliance).

“Complete” compliance has dropped further over the last fortnight, especially amongst younger adults (where it has reached just 20% at some points, although levels remain variable). It is now just over 40% in adults aged 30-50 and under 60% in adults over the age of 60. “Complete” compliance is lower in higher income households, in England, in urban areas, and has recently fallen lower in adults living with children compared to adults not living with children. “Majority” compliance remains around 90% overall, but is lower (under 80%) in adults under 30.

Figures 2a-2h show “complete” compliance by demographic factors, while Figures 2i-2p show “majority” compliance by demographic factors.

Figure 2a Complete compliance by age groups

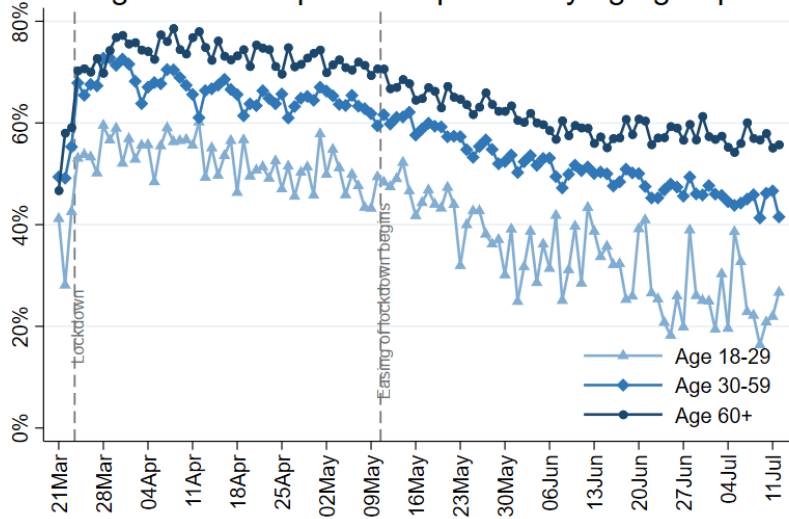


Figure 2b Complete compliance by living arrangement

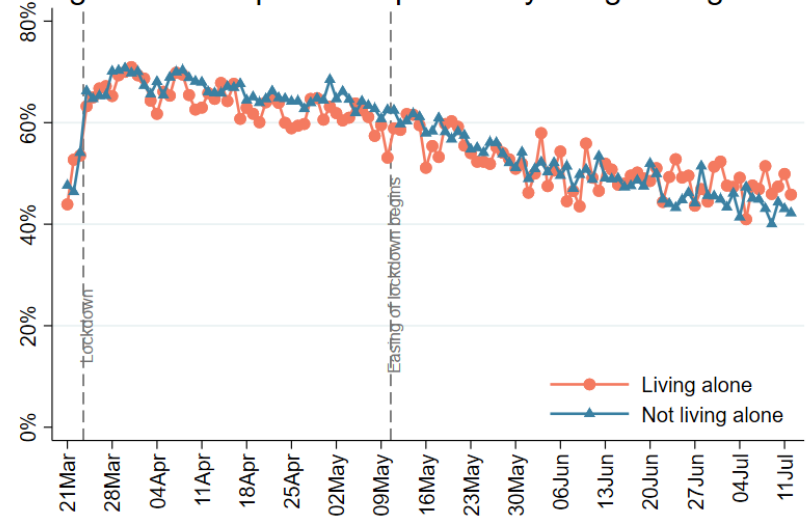


Figure 2c Complete compliance by household income

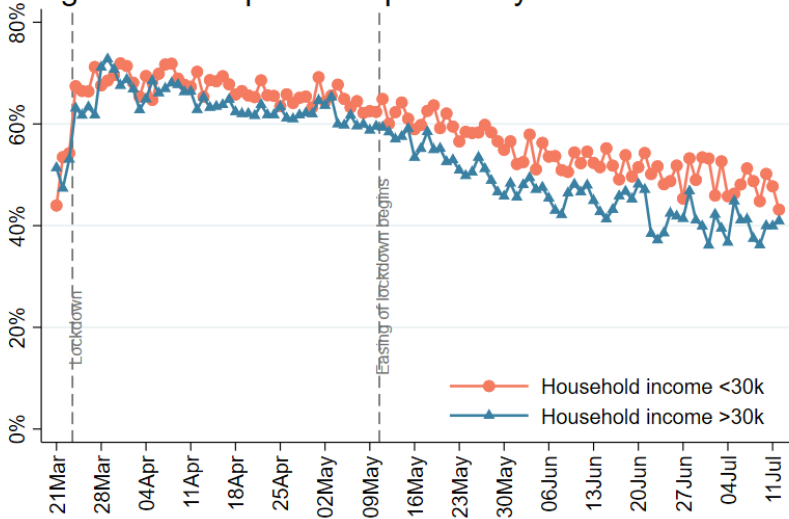


Figure 2d Complete compliance by mental health

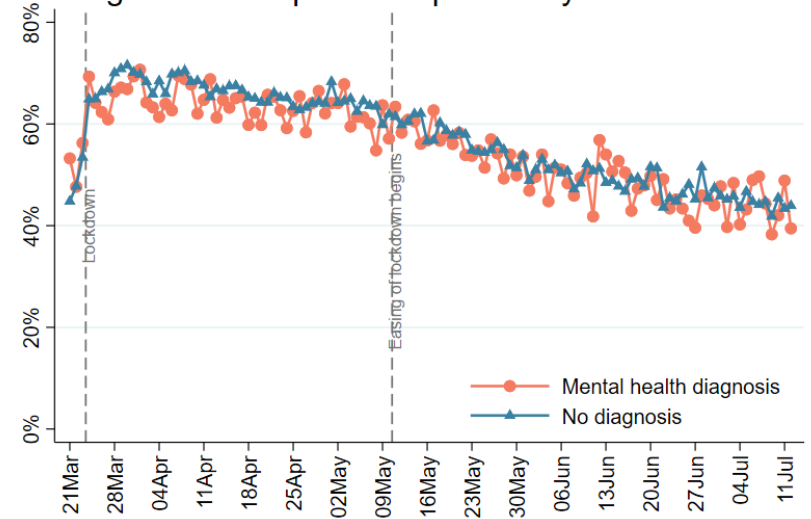


Figure 2e Complete compliance by nations

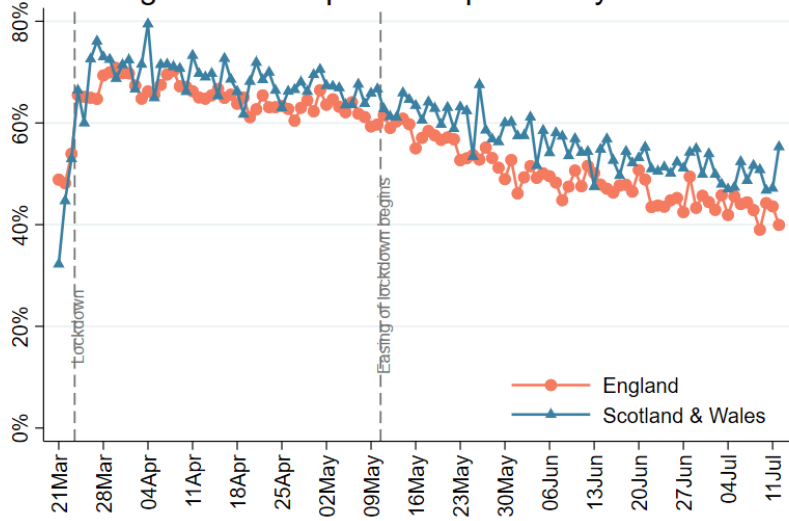


Figure 2f Complete compliance by keyworker status

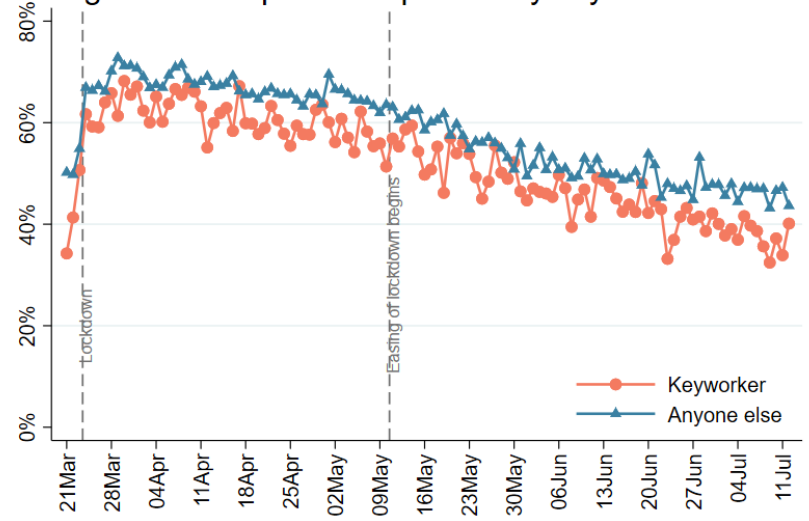


Figure 2g Complete compliance by living with children

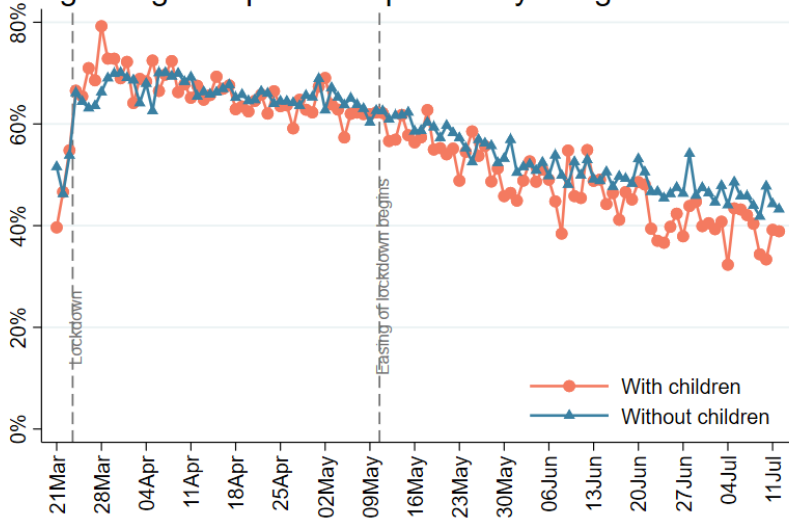
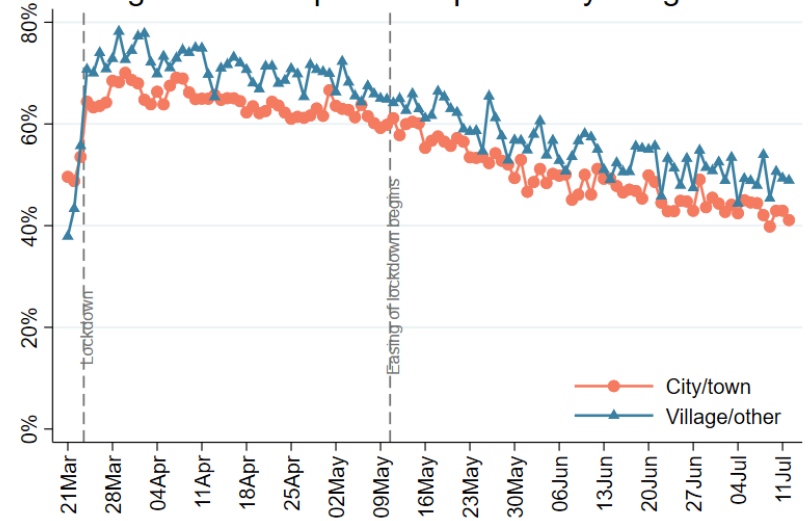


Figure 2h Complete compliance by living area



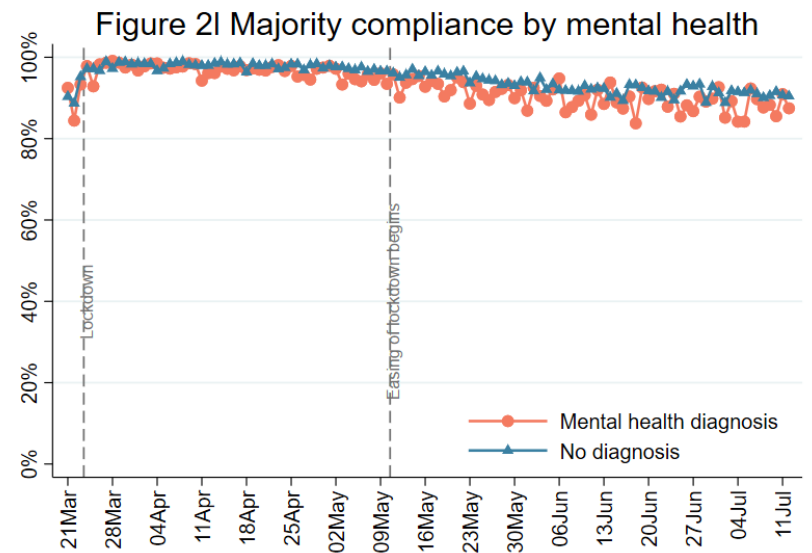
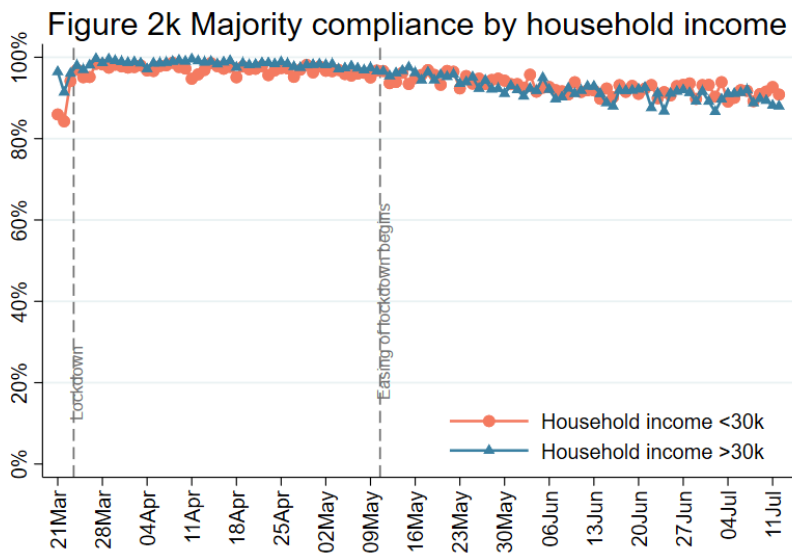
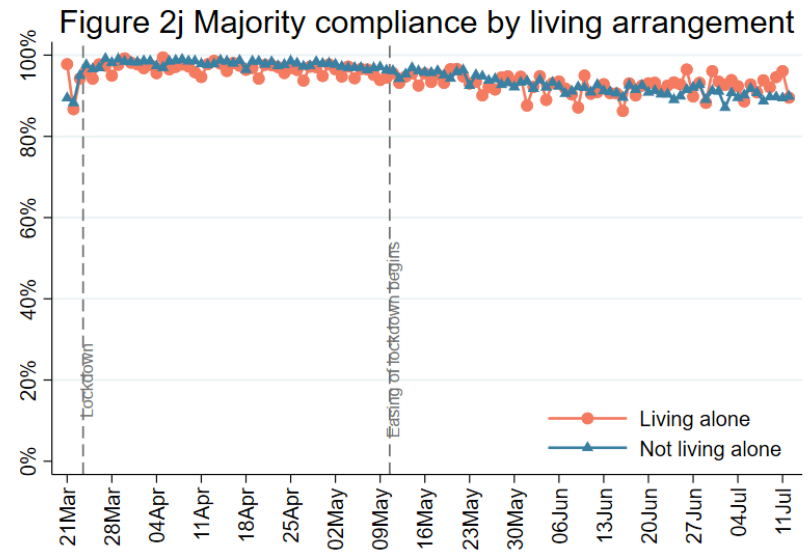
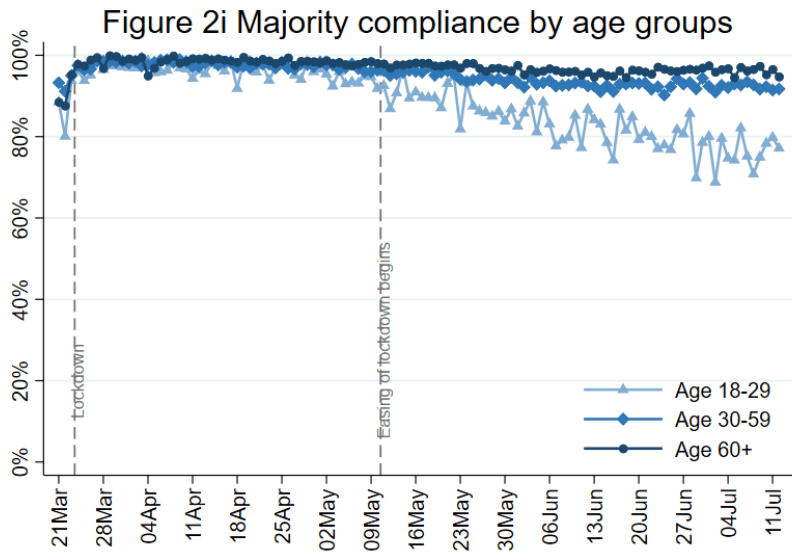


Figure 2m Majority compliance by nations

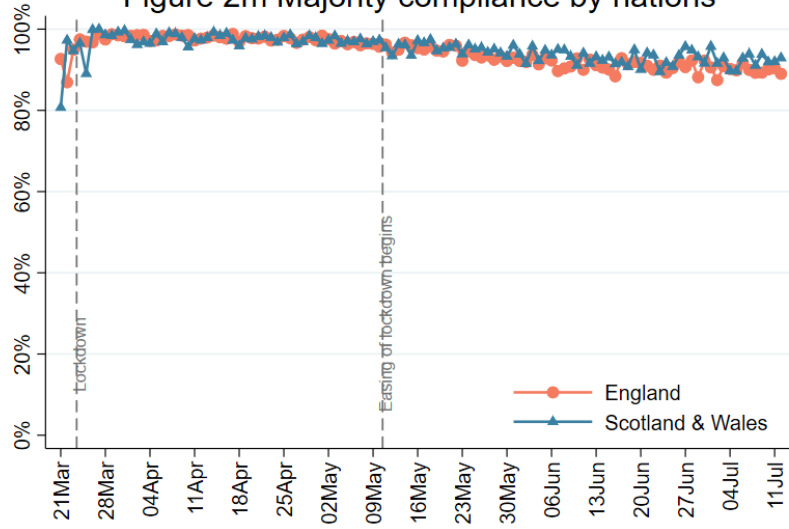


Figure 2n Majority compliance by keyworker status

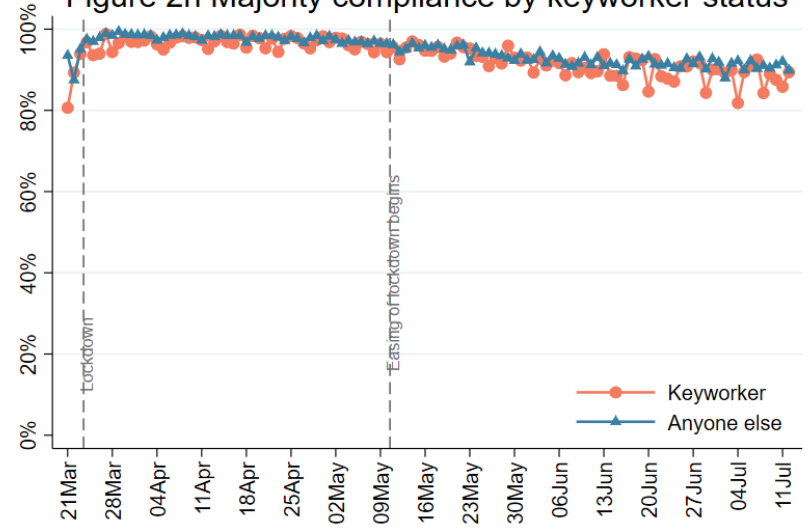


Figure 2o Majority compliance by living with children

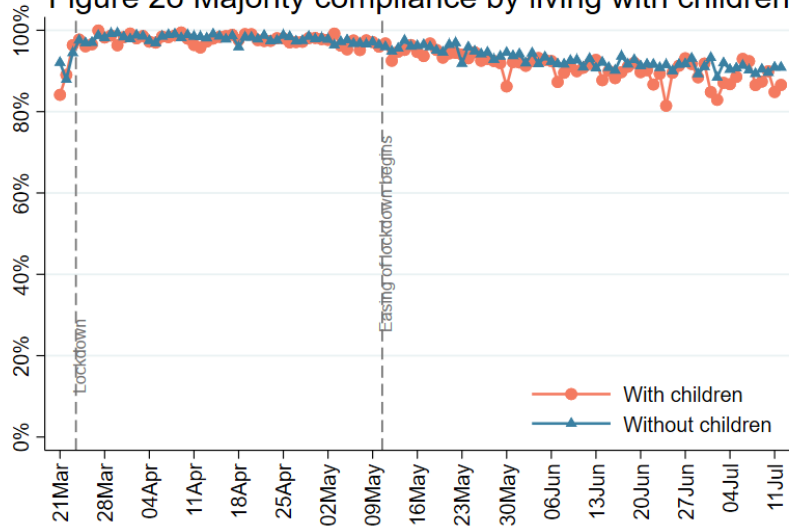
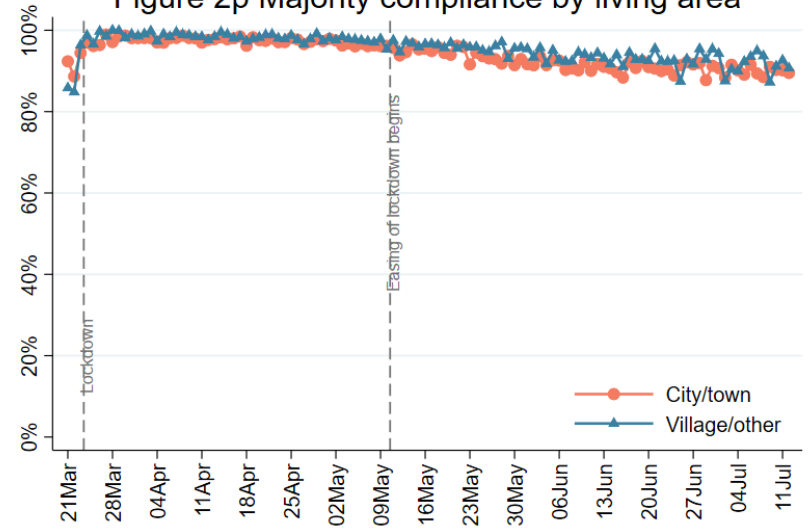
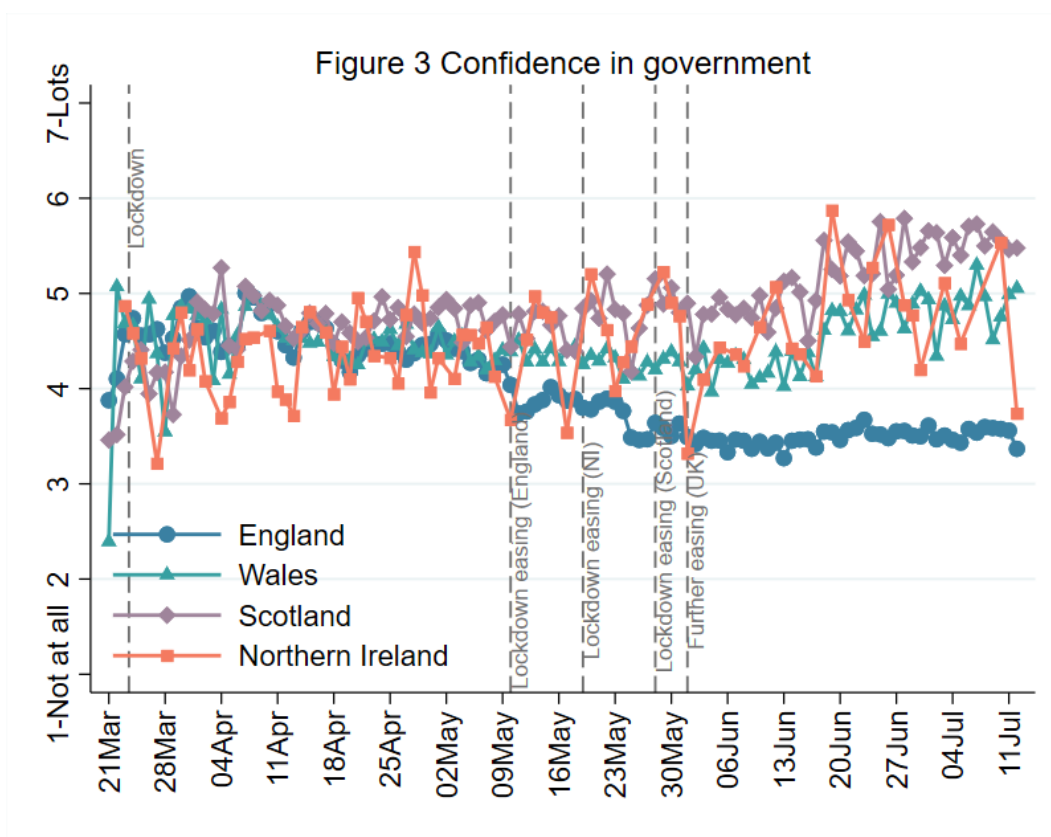


Figure 2p Majority compliance by living area





## 1.2 Confidence in Government



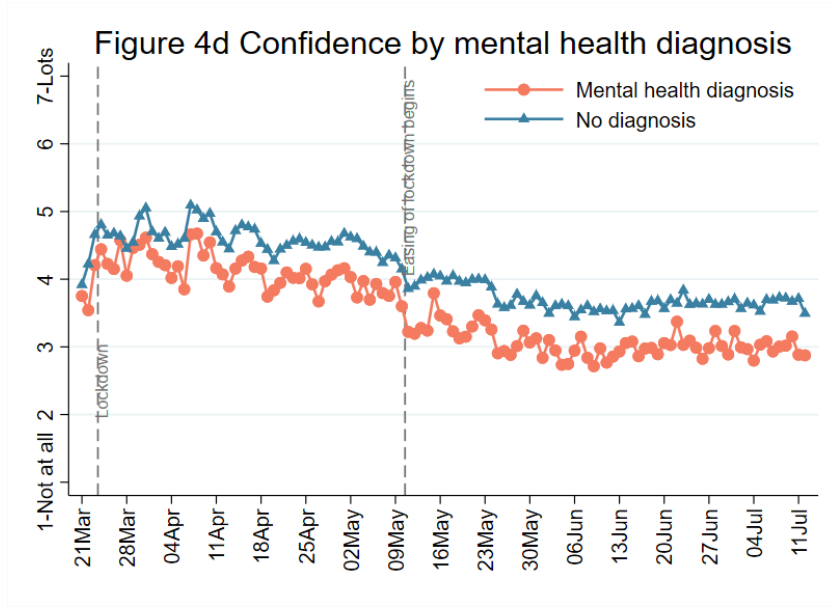
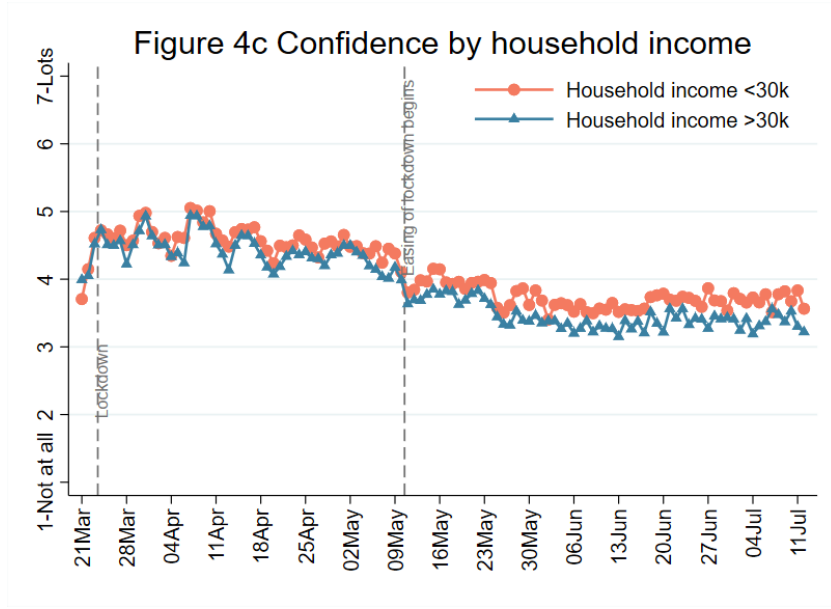
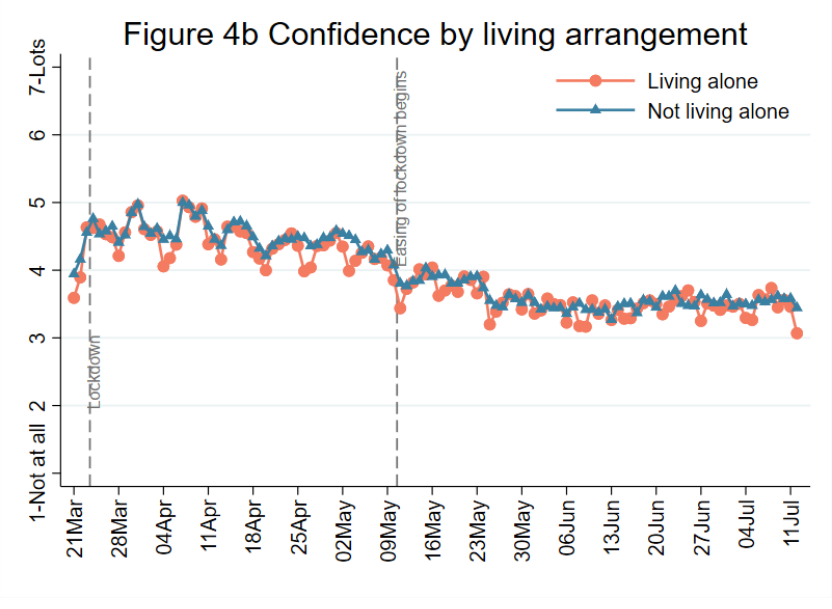
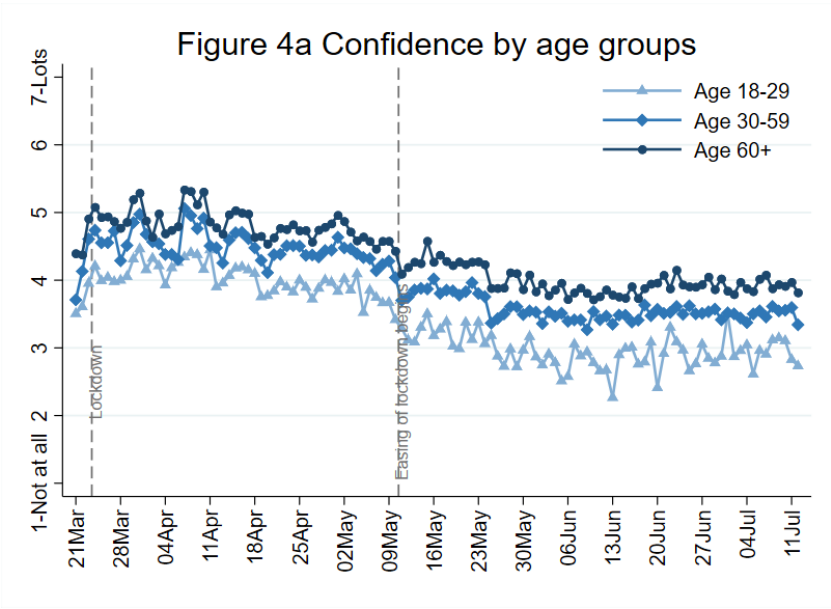
### FINDINGS

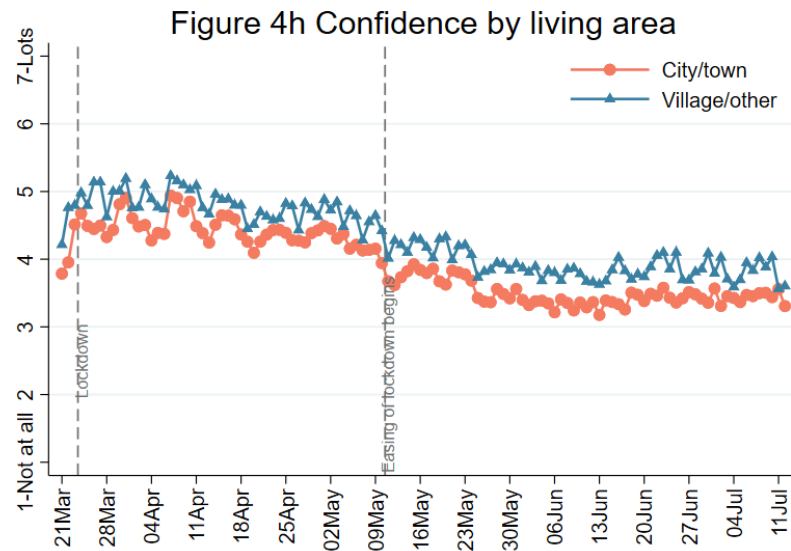
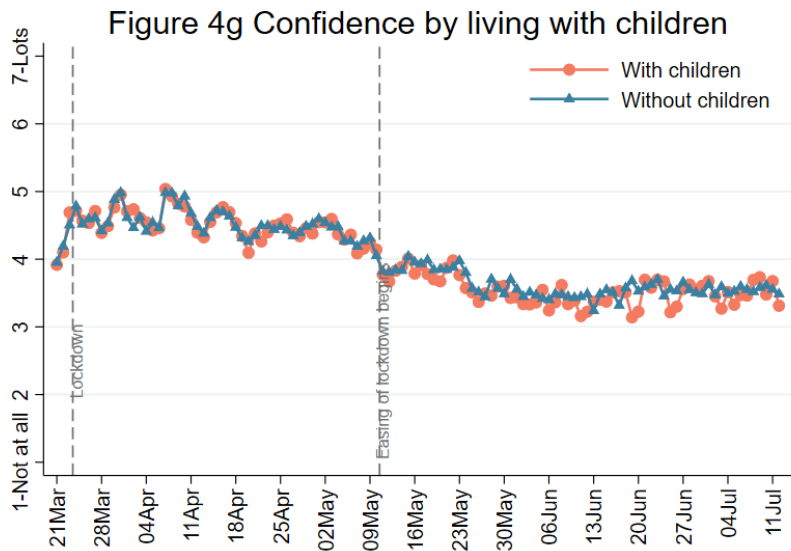
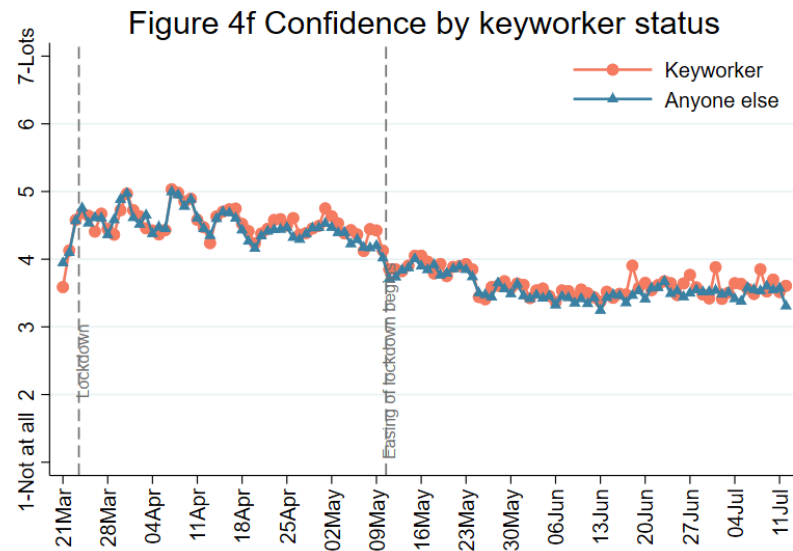
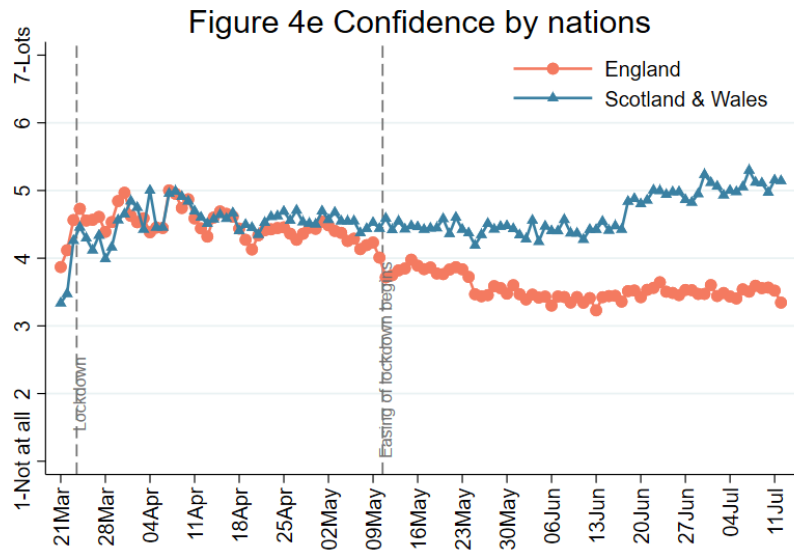
Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Levels of confidence in the central government to handle the Covid-19 epidemic have risen slightly more in devolved nations, but remain lower and unchanged in England.<sup>1</sup>

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (future analyses will look at subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30. Confidence is also lower in urban areas and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.

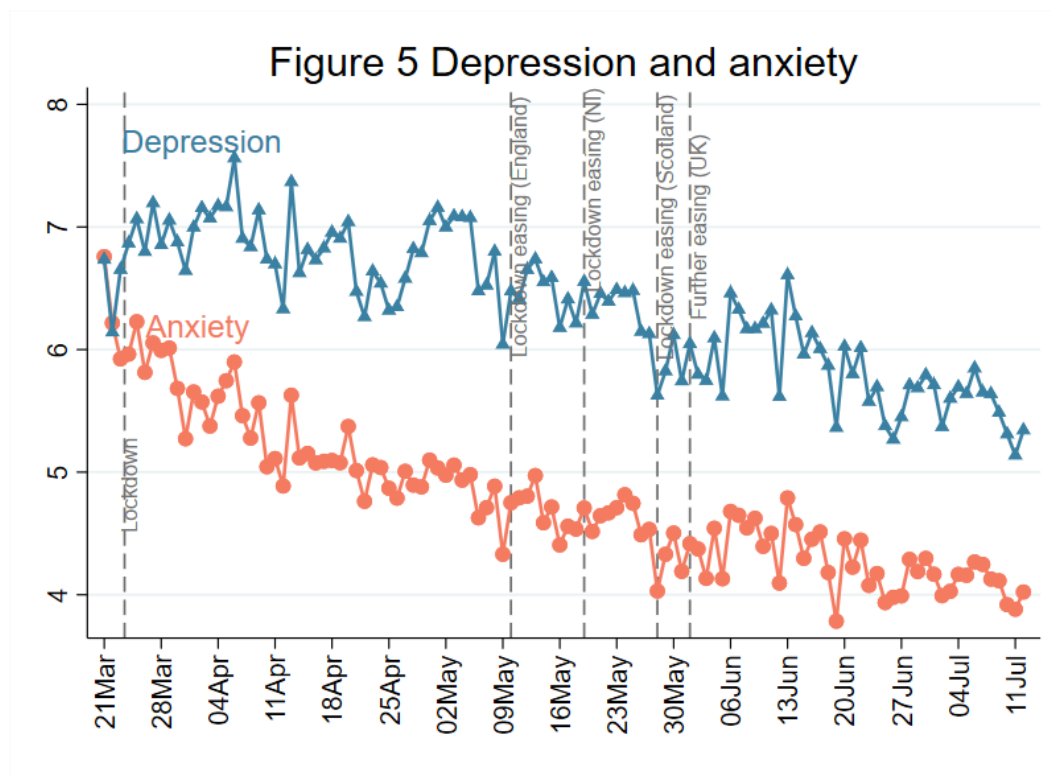
<sup>1</sup> Figures for Northern Ireland show greater volatility but this is likely a function of the sample size in Northern Ireland being smaller than for other countries.





## 2. Mental Health

### 2.1 Depression and anxiety



#### FINDINGS

Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for diagnosing depression and anxiety in primary care. These are 9 and 7 items respectively with 4-point responses ranging from “not at all” to “nearly every day”, with higher overall scores indicating more symptoms. Scores of higher than 10 can indicate major depression or moderate anxiety.

In the past week, depression levels have shown some further improvements, while anxiety levels remain stable. Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression<sup>2</sup>). Depression and anxiety are still highest in young adults, but depression levels have been falling most in this age group. They are also higher amongst people living alone, people with lower household income, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected), but they have on average experienced improvements in the past fortnight, starting to narrow the gap in experiences compared to individuals without a diagnosed mental illness.

<sup>2</sup> Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and Standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the General Population. *Medical Care*. 2008;46(3):266–74. | Tomitaka S, Kawasaki Y, Ide K, Akutagawa M, Ono Y, Furukawa TA. Stability of the Distribution of Patient Health Questionnaire-9 Scores Against Age in the General Population: Data From the National Health and Nutrition Examination Survey. *Front Psychiatry*. NB in the absence of identified directly comparable prevalence estimates in the UK, these studies look at prevalence in the US in the general population.

Figure 6a Depression by age groups

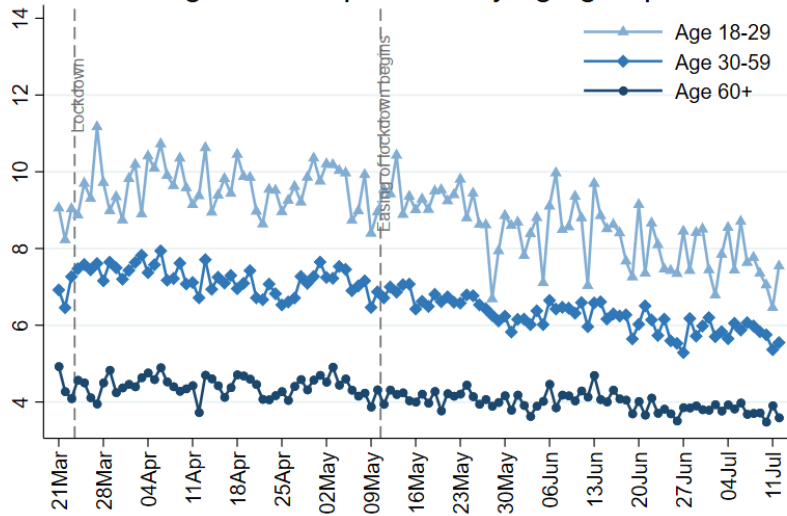


Figure 6b Depression by living arrangement

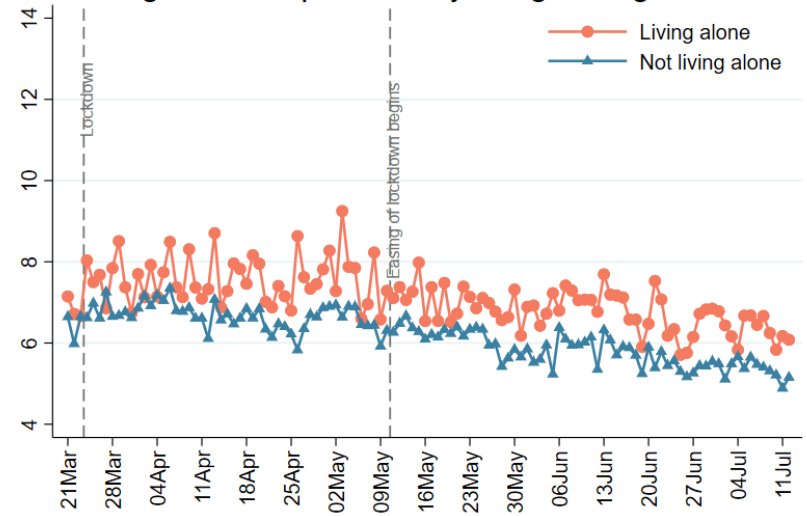


Figure 6c Depression by household income

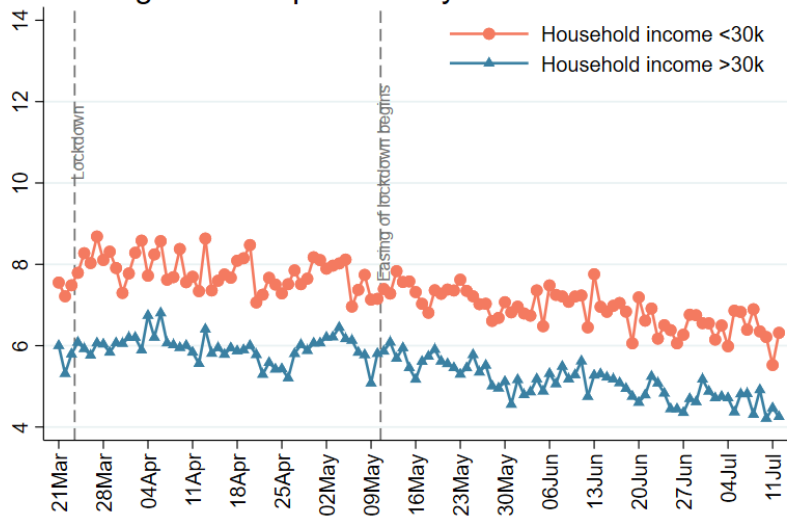


Figure 6d Depression by mental health diagnosis

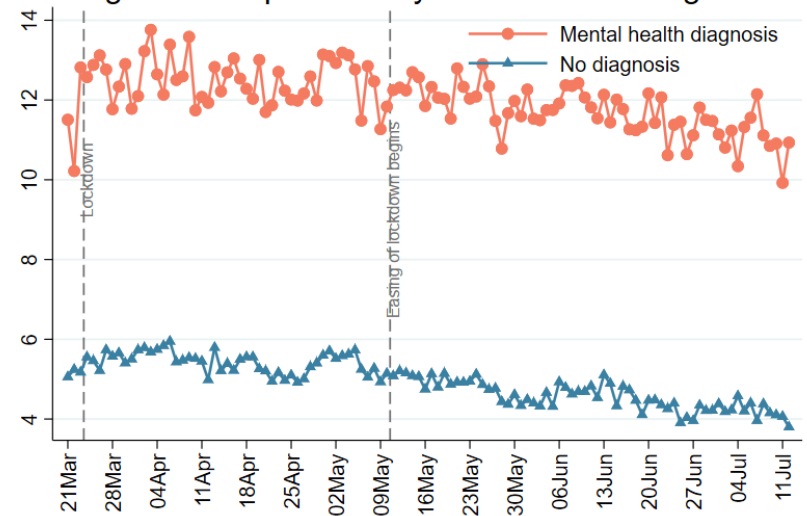


Figure 6e Depression by nations

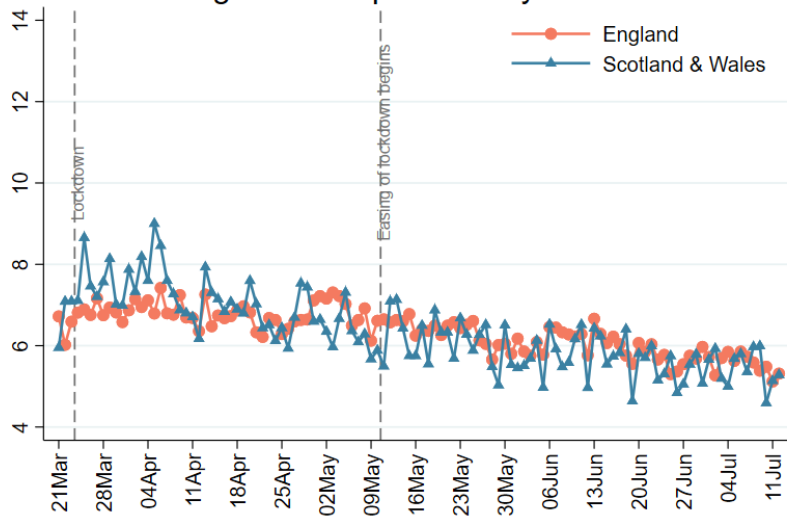


Figure 6f Depression by keyworker status

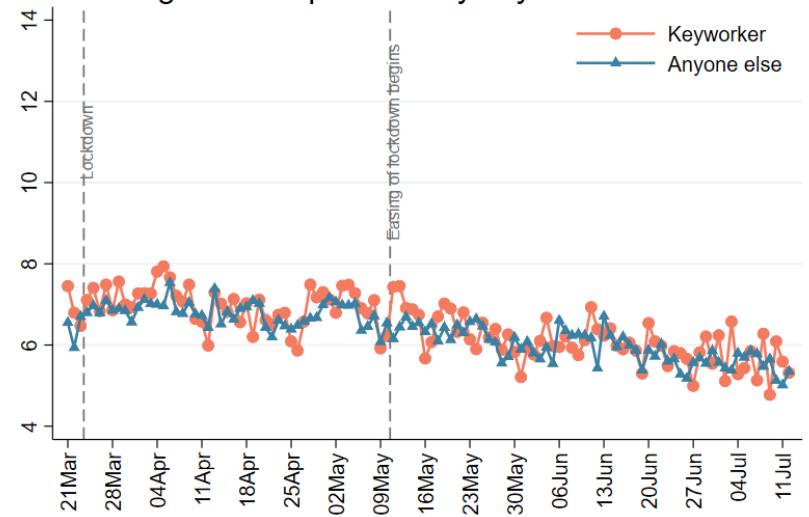


Figure 6g Depression by living with children

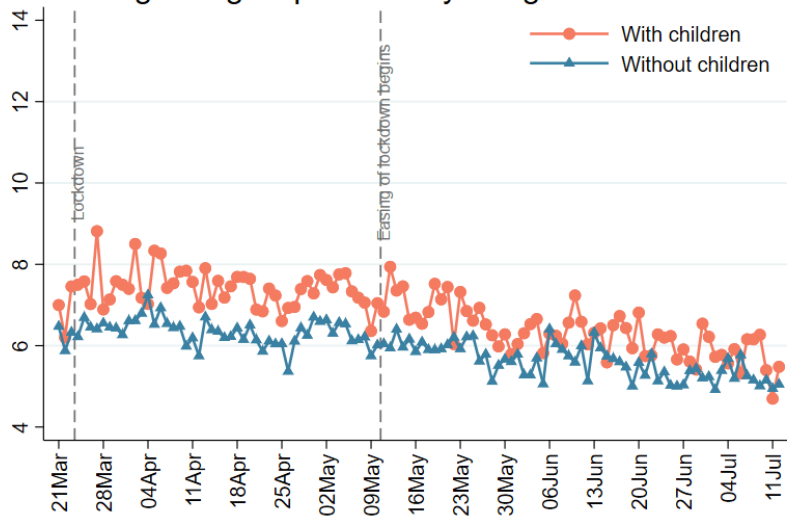


Figure 6h Depression by living area

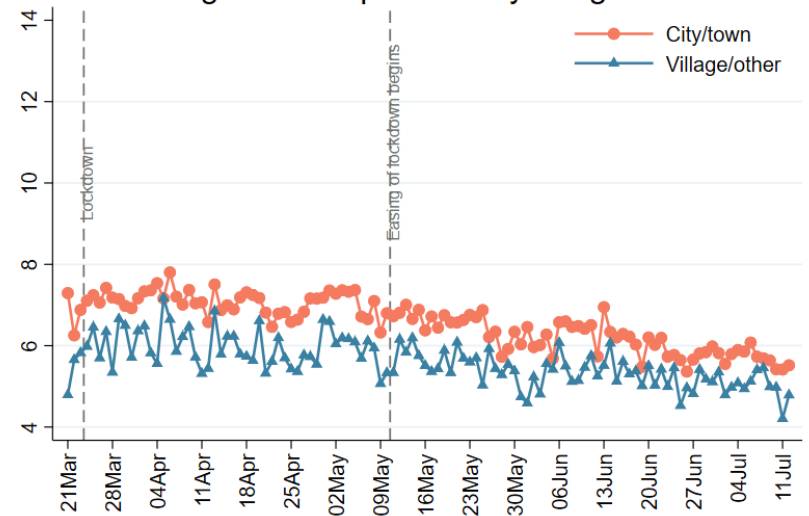


Figure 7a Anxiety by age groups

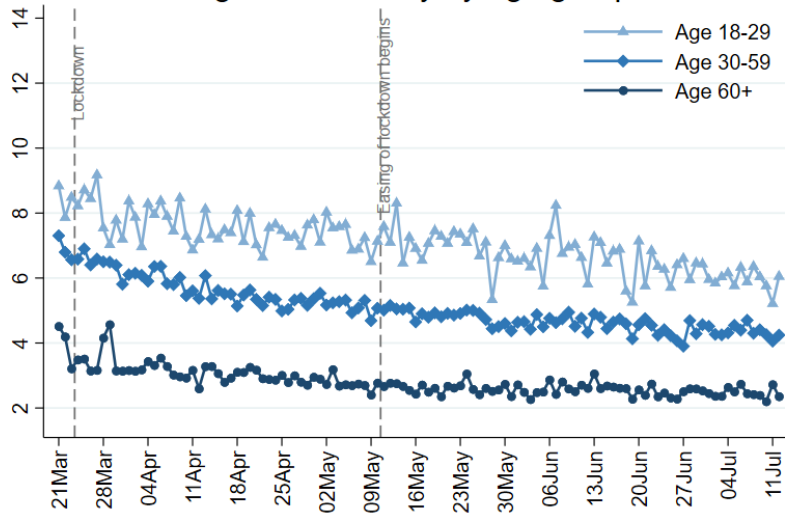


Figure 7b Anxiety by living arrangement

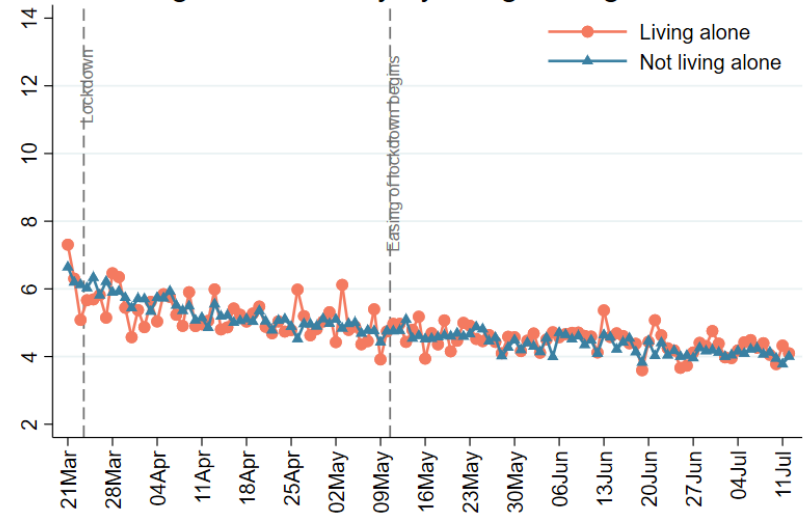


Figure 7c Anxiety by household income

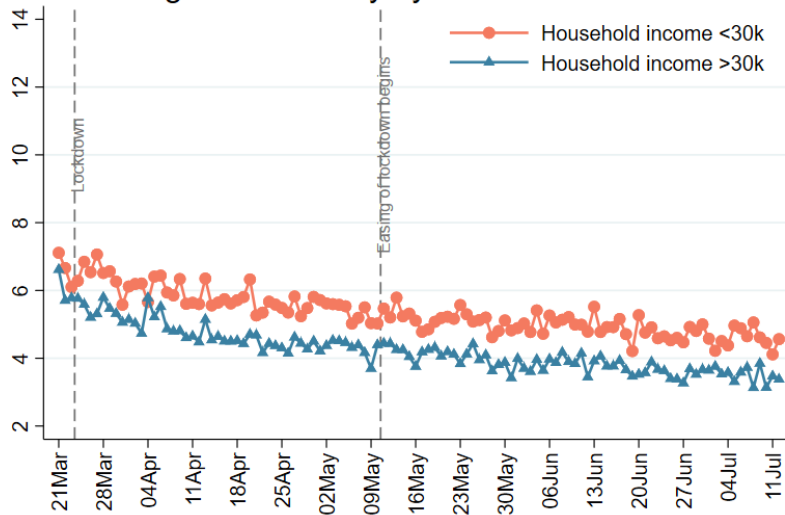


Figure 7d Anxiety by mental health diagnosis

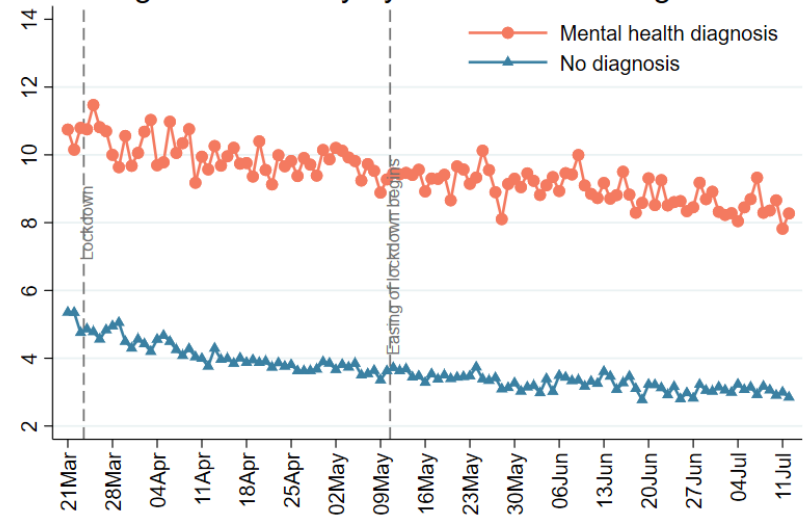


Figure 7e Anxiety by nations

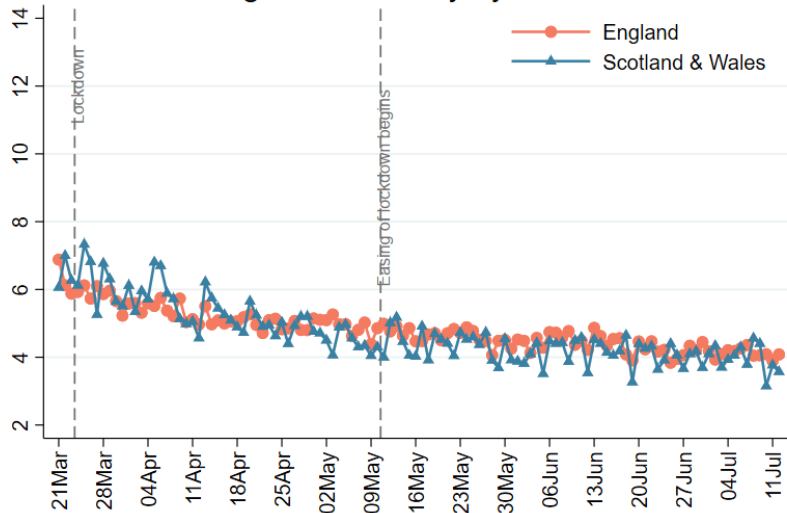


Figure 7f Anxiety by keyworker status

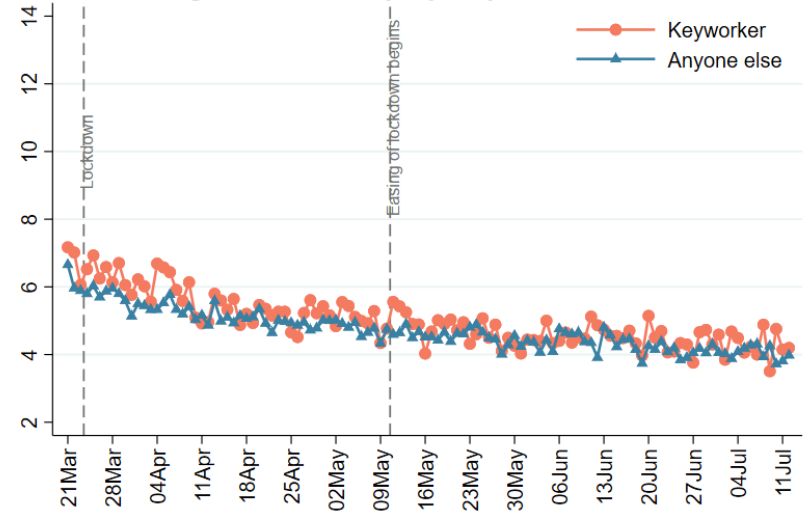


Figure 7g Anxiety by living with children

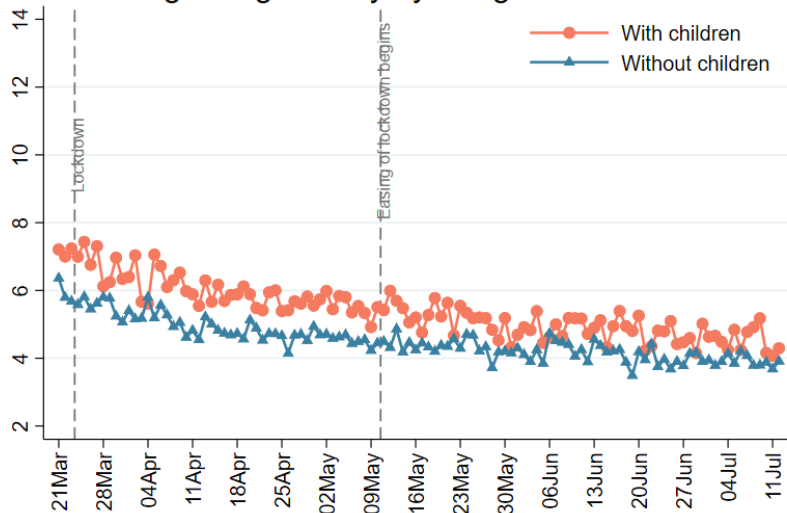
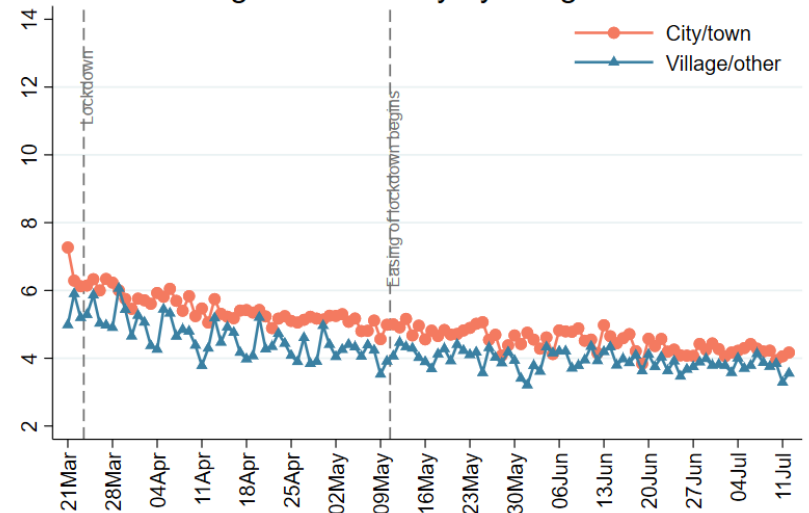
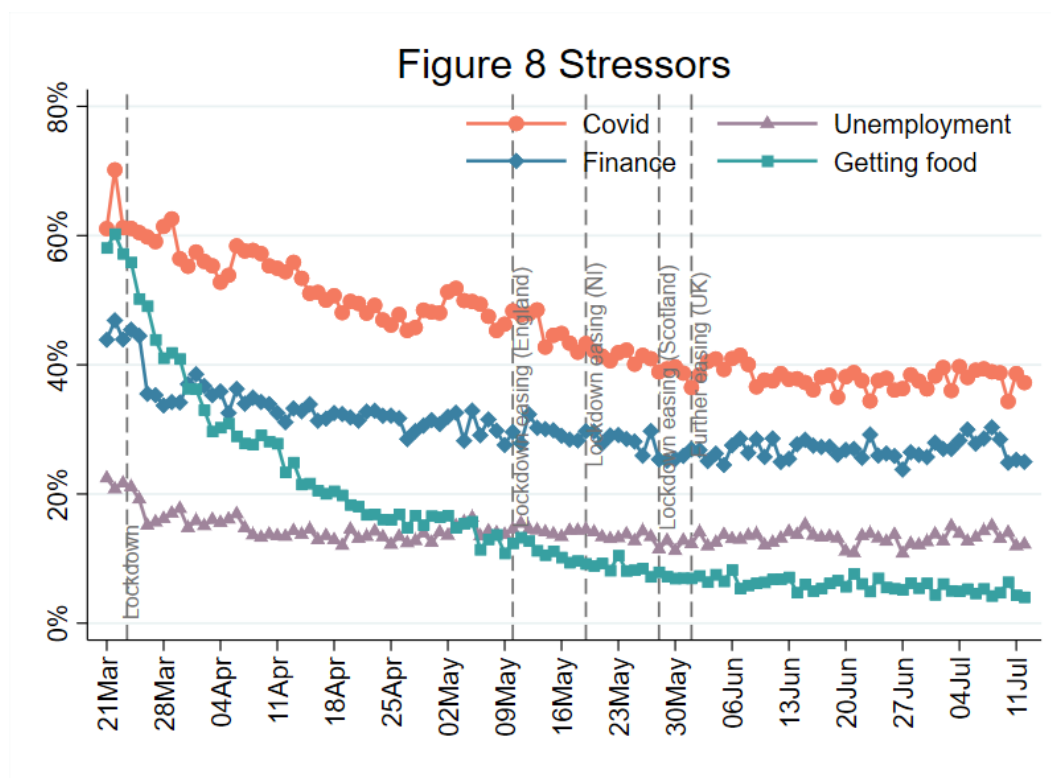


Figure 7h Anxiety by living area





## 2.2 Stress



### FINDINGS

We asked participants to report which factors were causing them stress in the last week, either minor stress or major stress (which was defined as stress that was constantly on their mind or kept them awake at night).

There has still been little change in people reporting major or minor stress due to catching COVID-19, unemployment, finance, or getting food in the past fortnight. Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) remains the most prevalent stressor, but is still not affecting the majority of people, with fewer than 40% reporting it. Notably, worries about finance and unemployment have not risen for individuals, despite the end of furlough schemes nearing and more companies discussing redundancy measures. Just 1 in 4 people report being worried about finance and 1 in 6 worried about unemployment. Worries about access to food are still only affecting around 1 in 20 people, but this residual worry is remaining.

People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. People with lower household income are becoming more worried about Covid-19 than people with higher household income, and they are more worried about finances, but less worried about unemployment. People living with children have worried more about all factors, but the differences on worries relating to Covid-19 and food access have diminished as lockdown has eased. Older adults have worried less about unemployment and food. Unemployment has worried people in England and in urban areas more.

Figure 9a Covid-19 stress by age groups

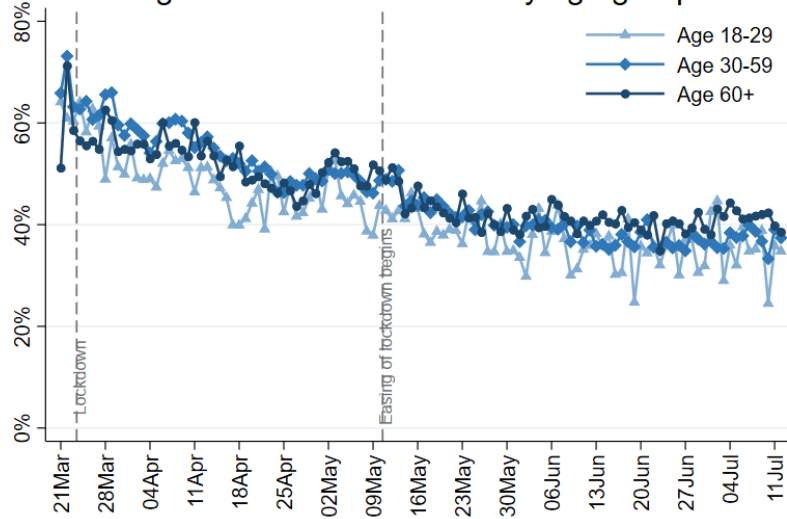


Figure 9b Covid-19 stress by living arrangement

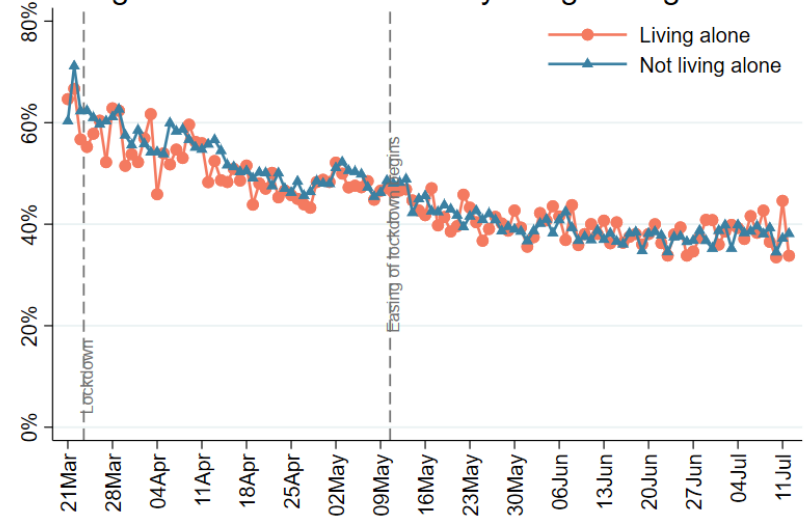


Figure 9c Covid-19 stress by household income

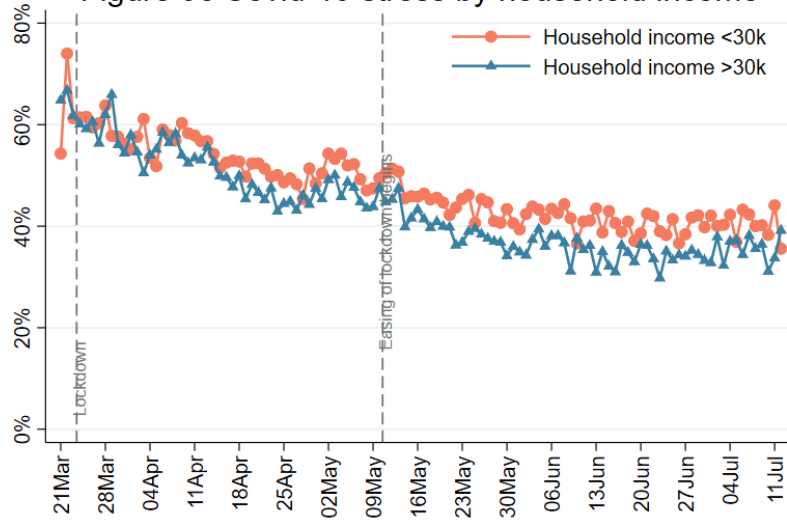
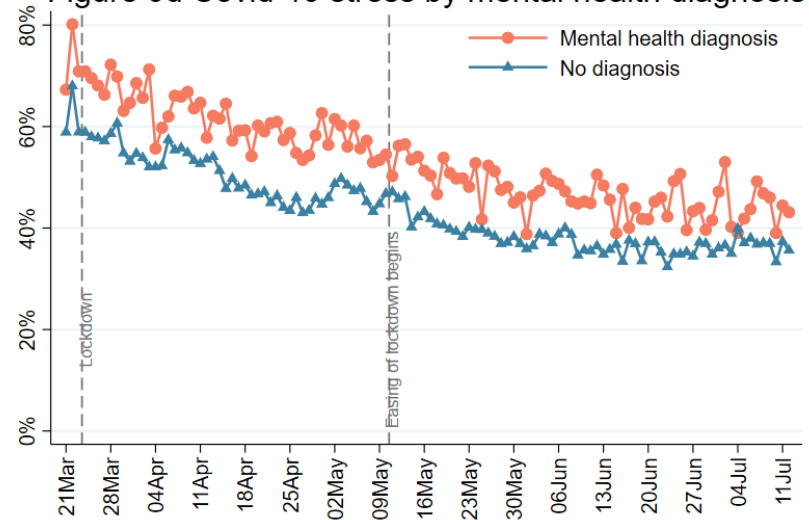


Figure 9d Covid-19 stress by mental health diagnosis



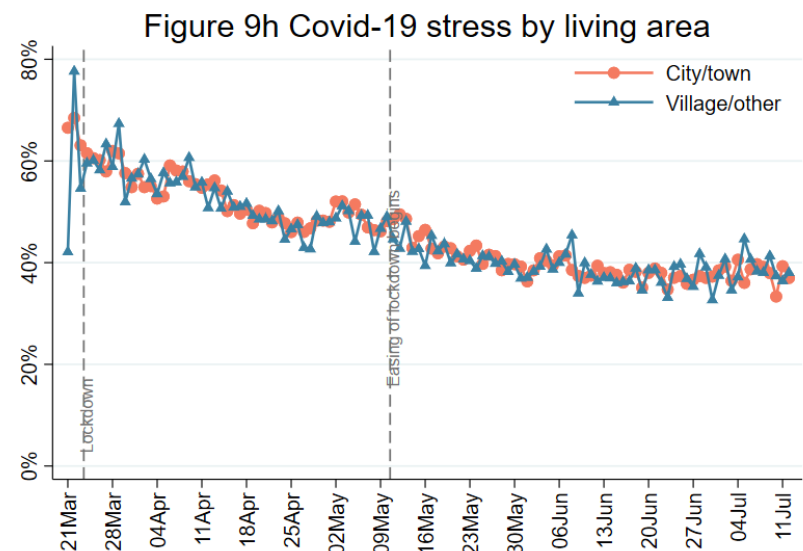
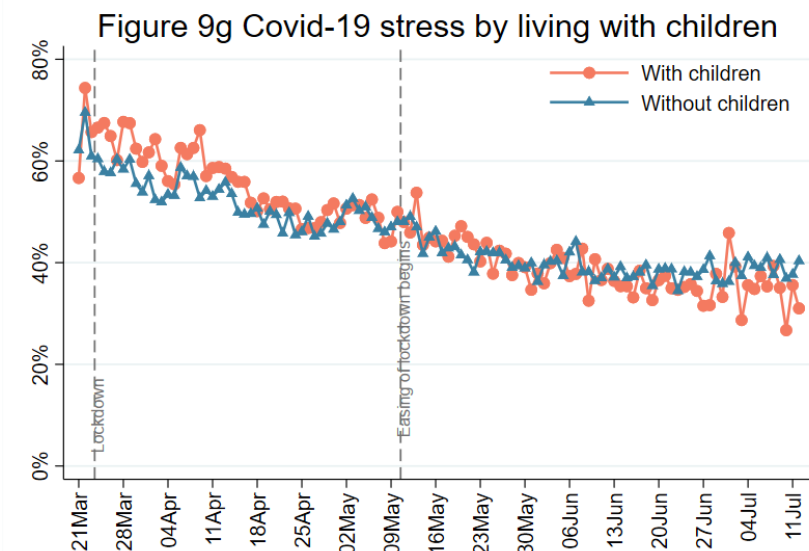
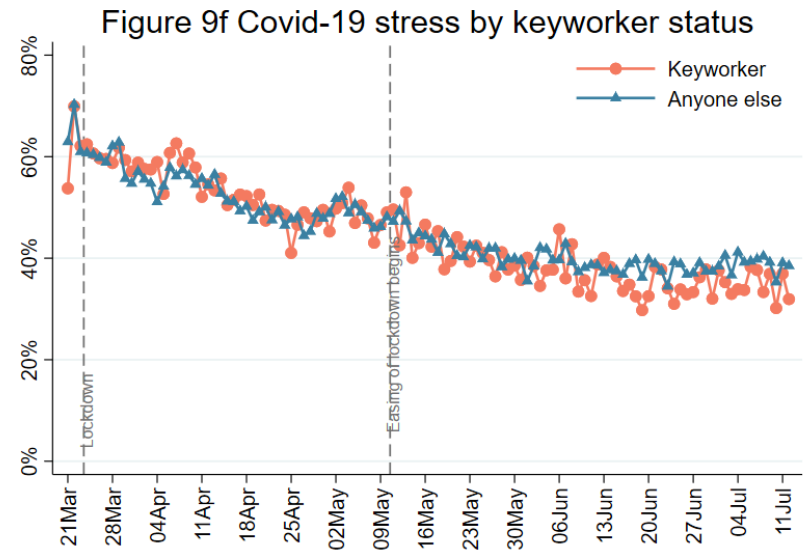
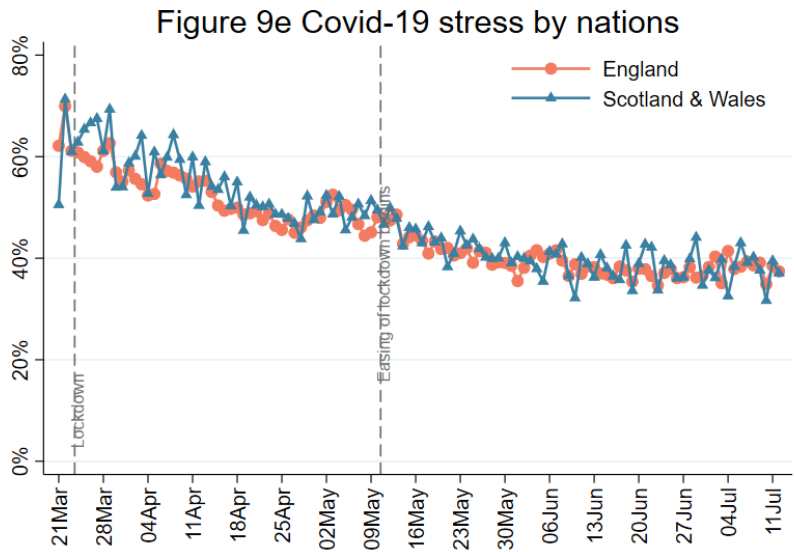


Figure 10a Unemployment stress by age groups

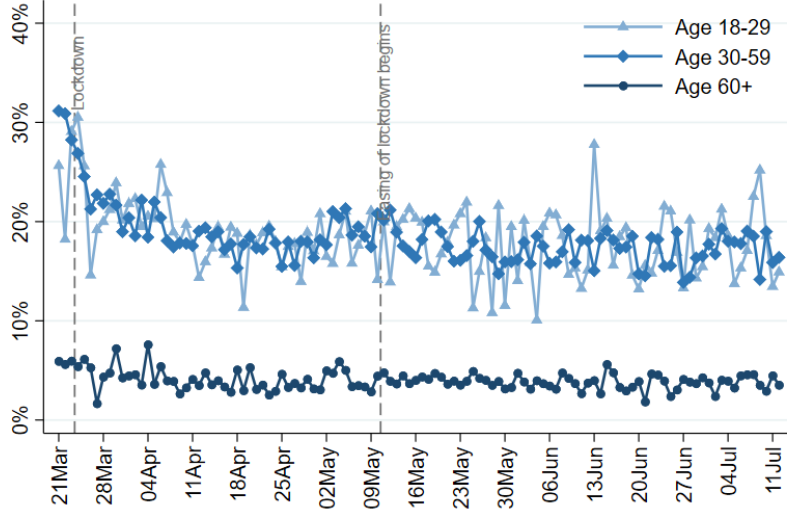


Figure 10b Unemployment stress by living arrangement

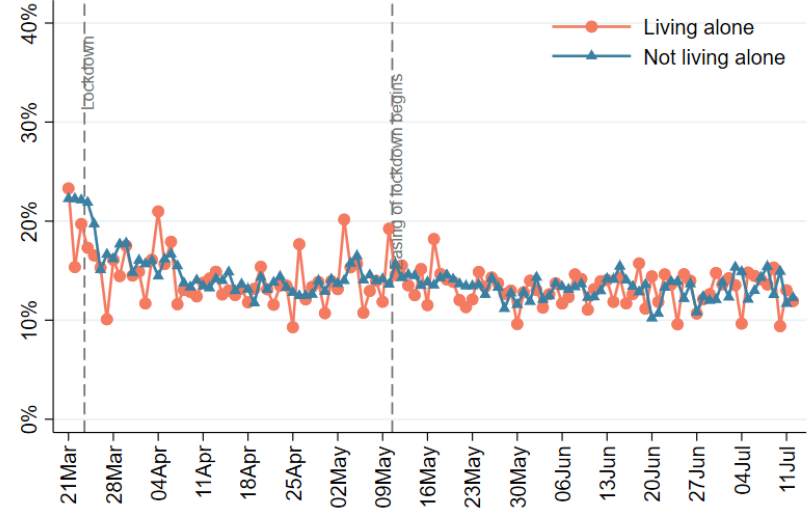


Figure 10c Unemployment stress by household income

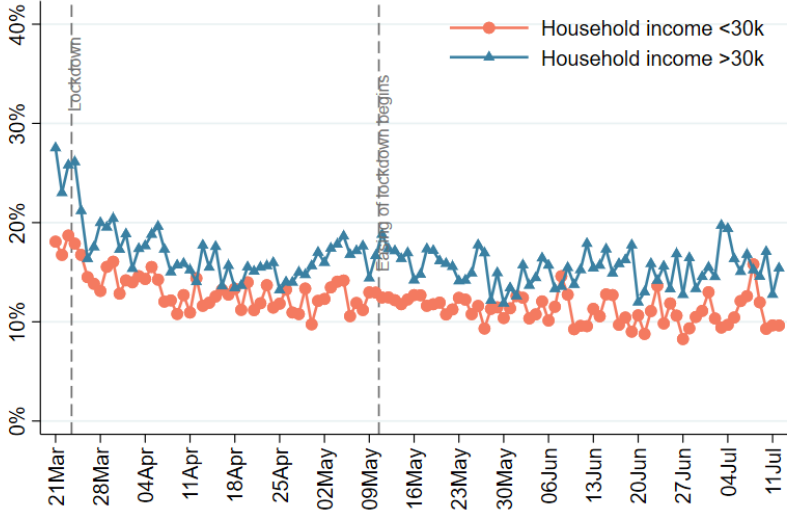


Figure 10d Unemployment stress by mental health

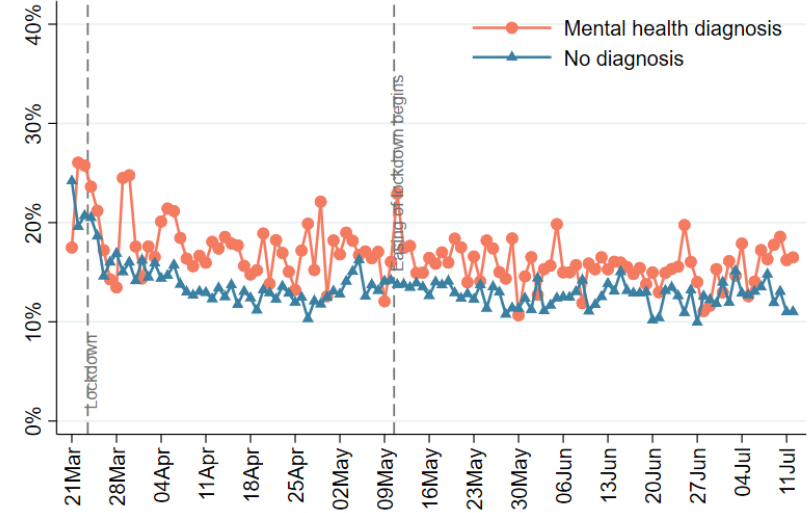


Figure 10e Unemployment stress by nations

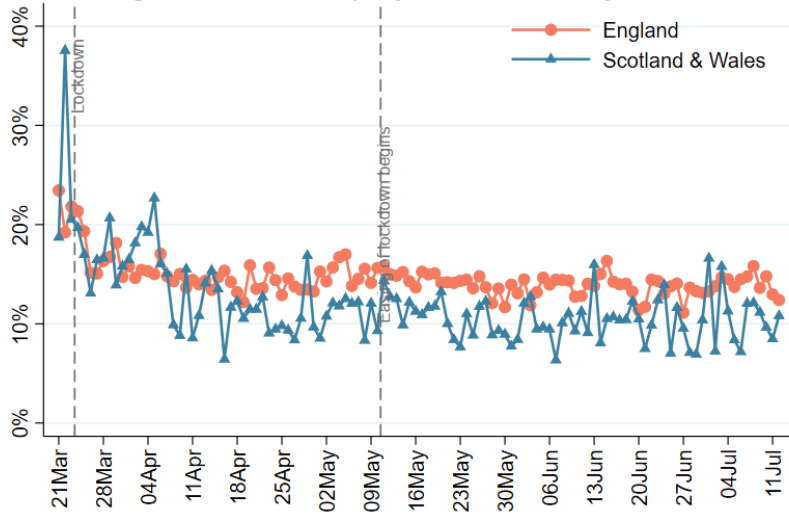


Figure 10f Unemployment stress by keyworker status

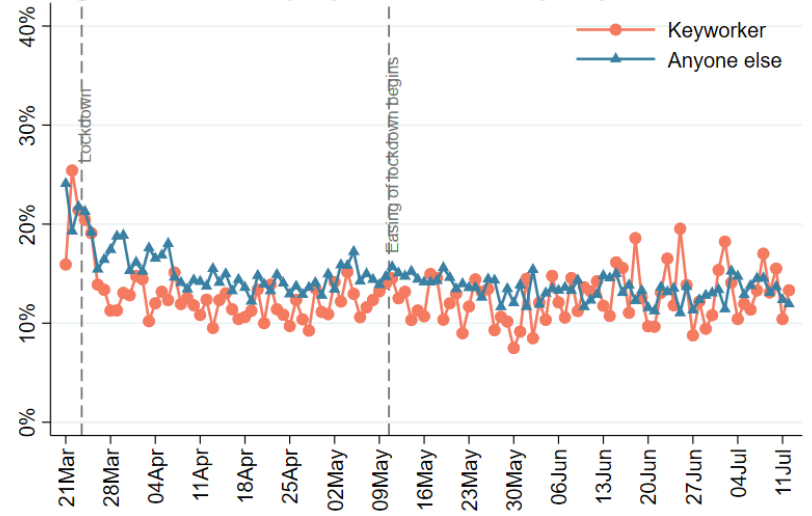


Figure 10g Unemployment stress by living with children

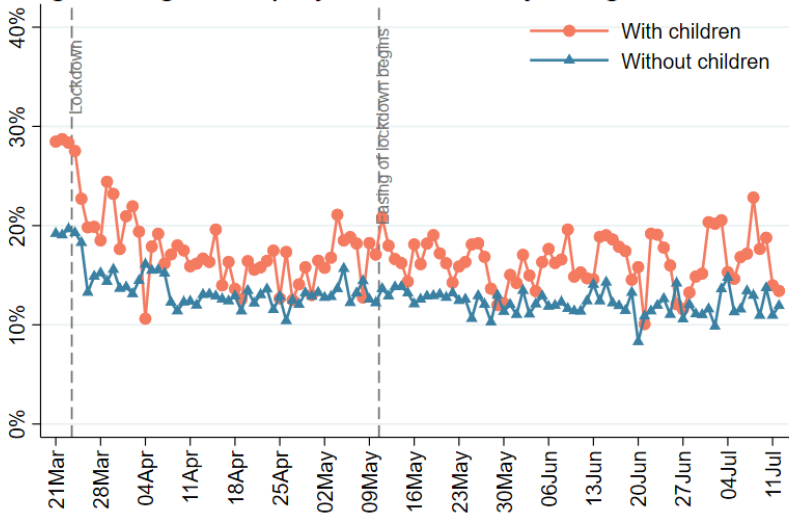


Figure 10h Unemployment stress by living area

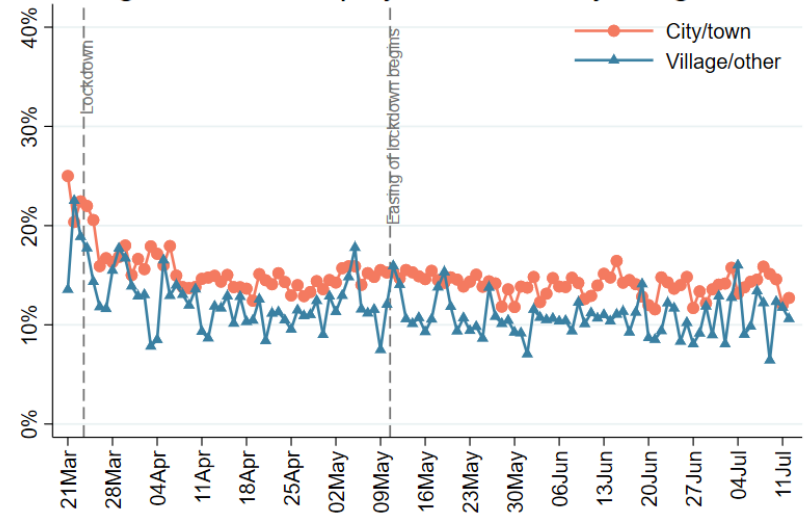


Figure 11a Financial stress by age groups

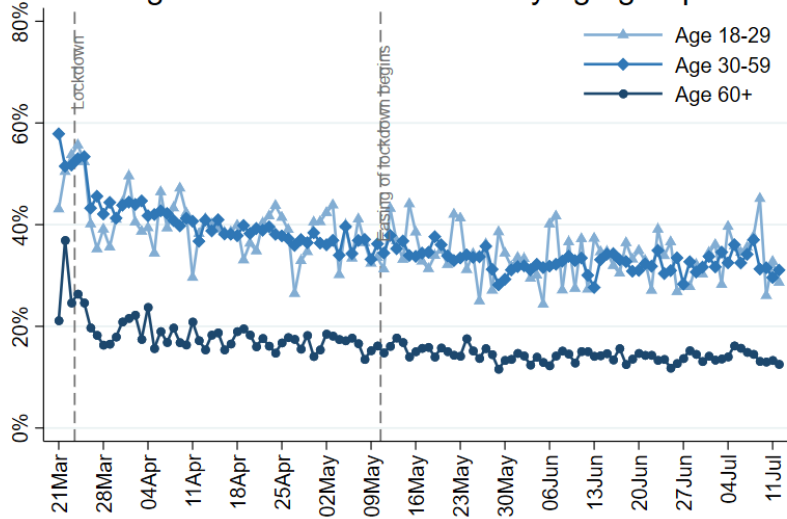


Figure 11b Financial stress by living arrangement

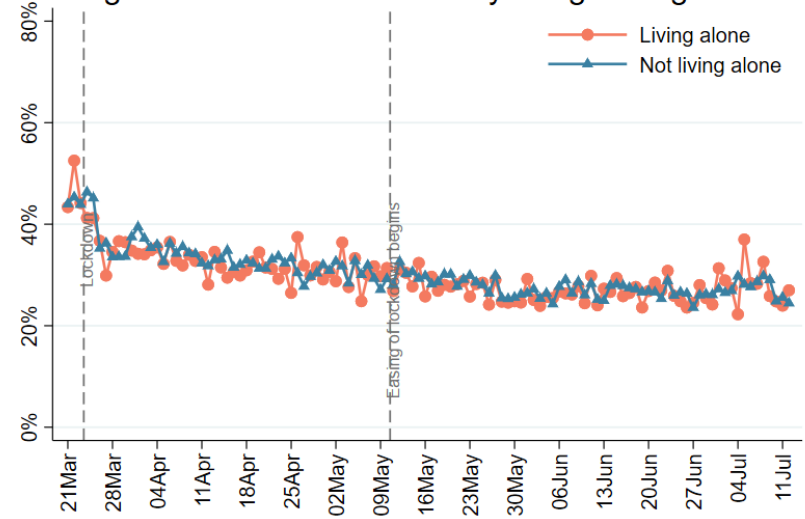


Figure 11c Financial stress by household income

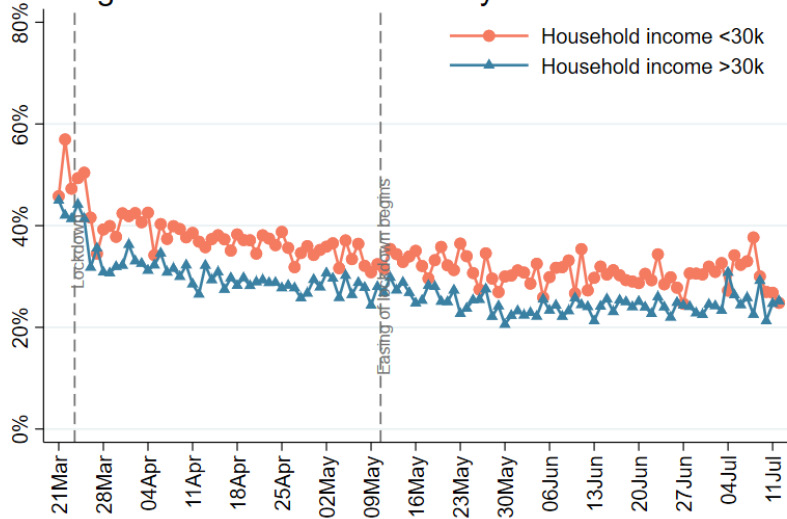


Figure 11d Financial stress by mental health diagnosis

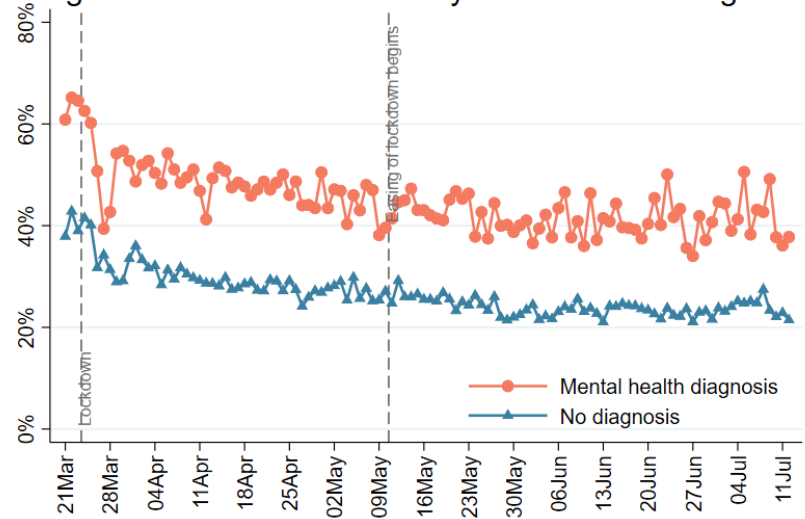


Figure 11e Financial stress by nations

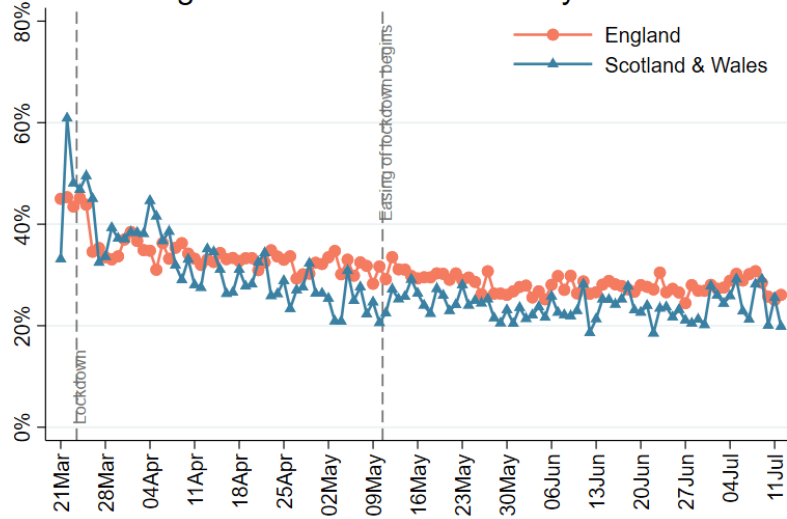


Figure 11f Financial stress by keyworker status

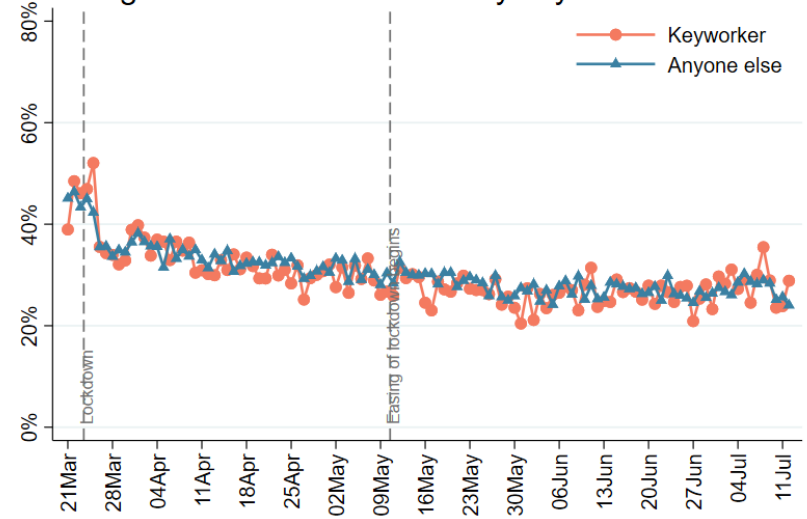


Figure 11g Financial stress by living with children

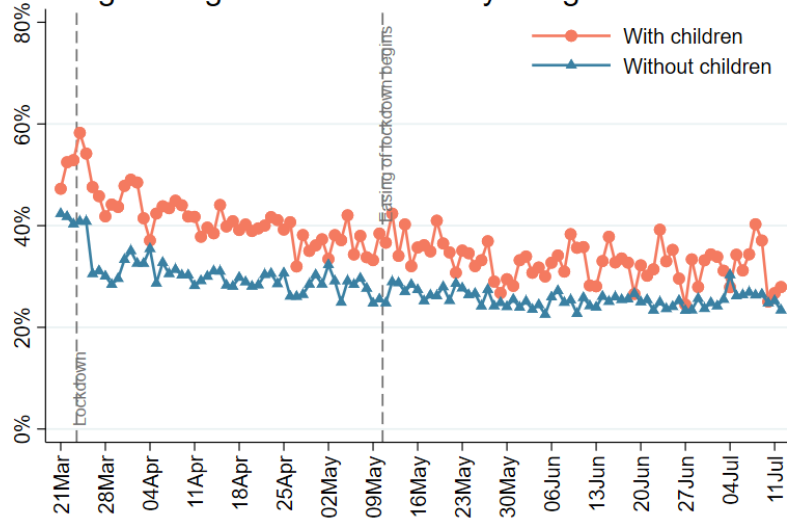


Figure 11h Financial stress by living area

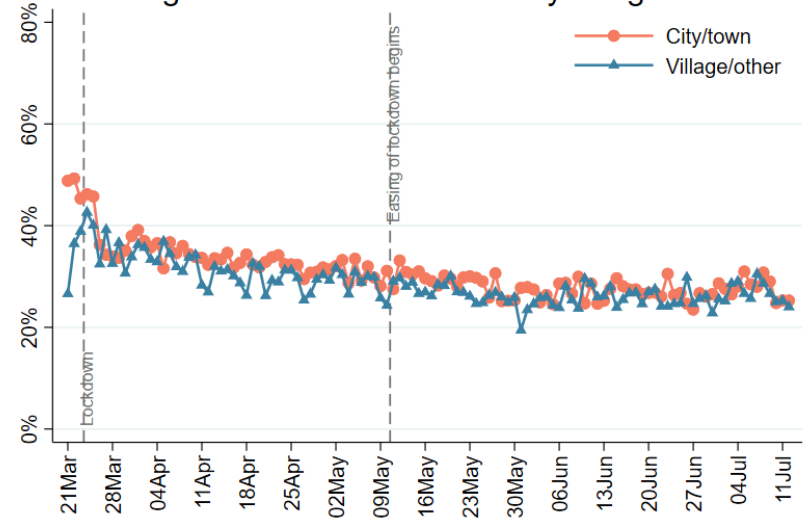


Figure 12a Food security stress by age groups

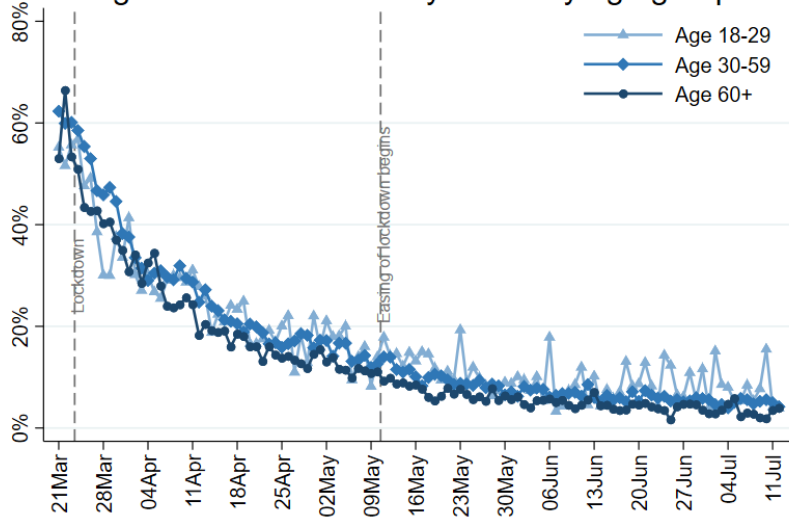


Figure 12b Food security stress by living arrangement

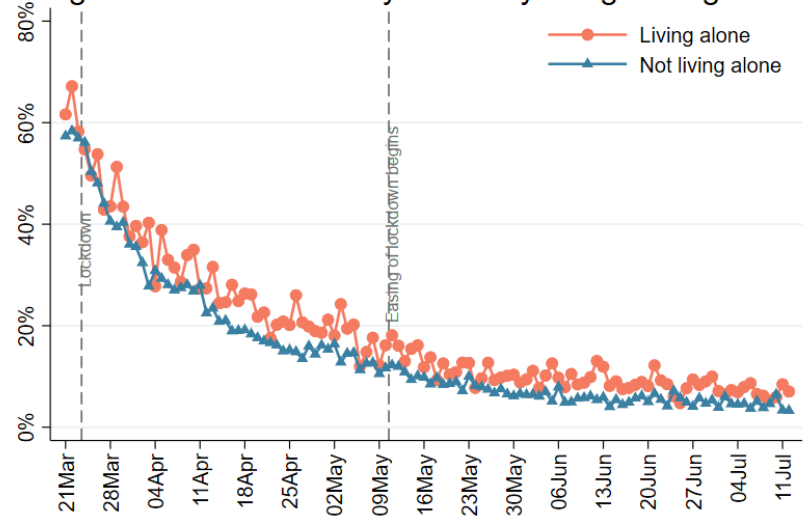


Figure 12c Food security stress by household income

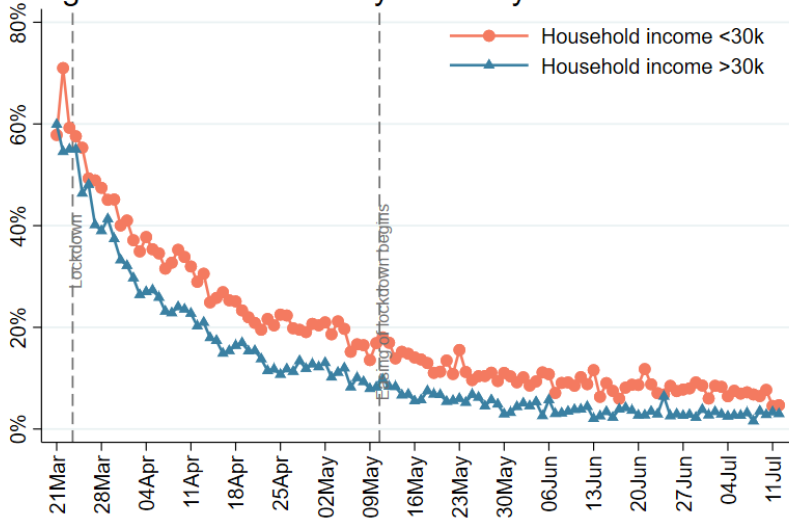


Figure 12d Food security stress by mental health

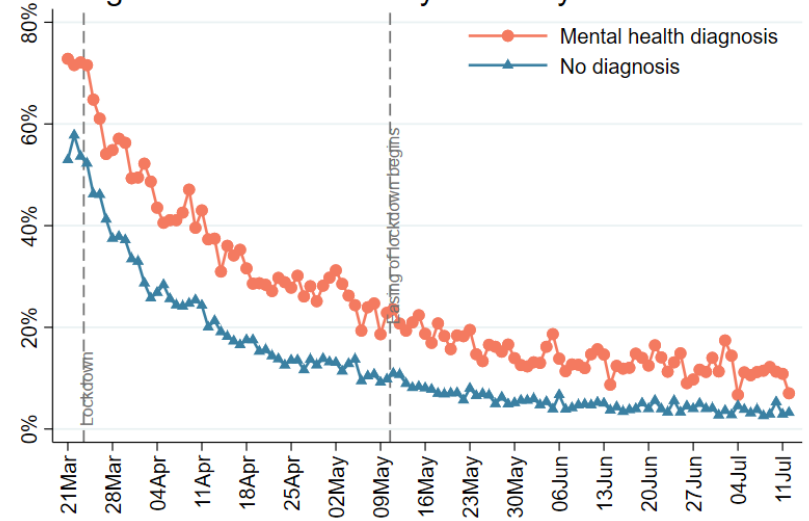




Figure 12e Food security stress by nations

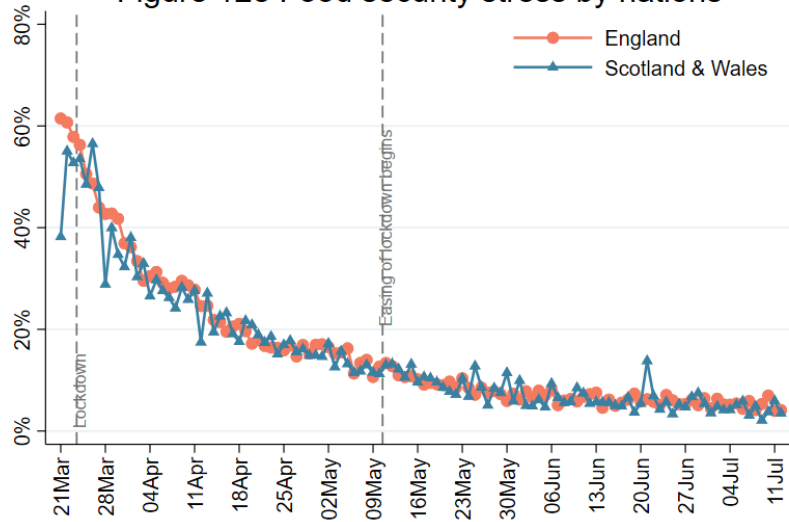


Figure 12f Food security stress by keyworker status

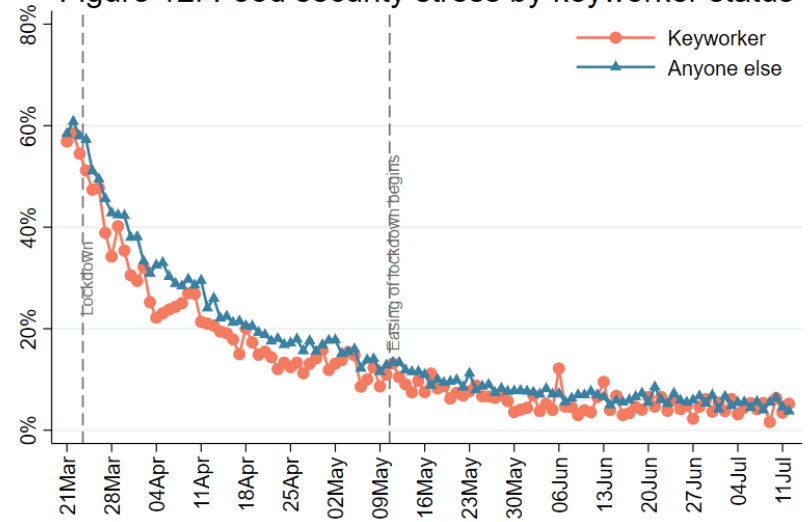


Figure 12g Food security stress by living with children

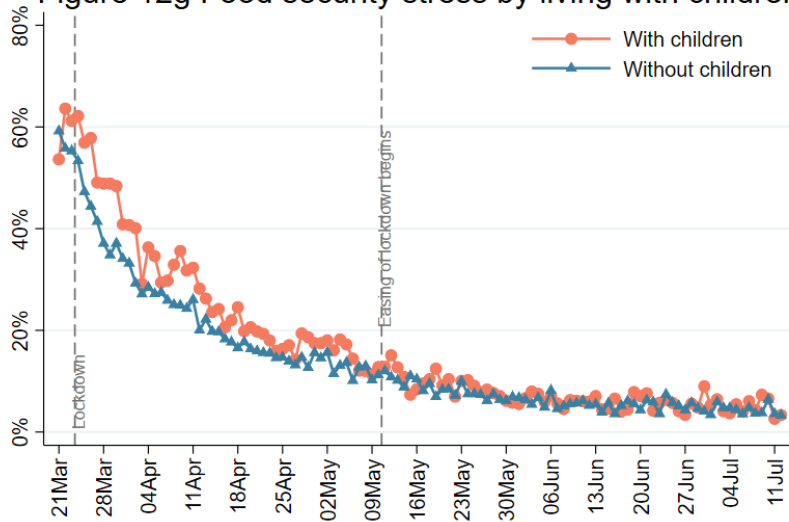
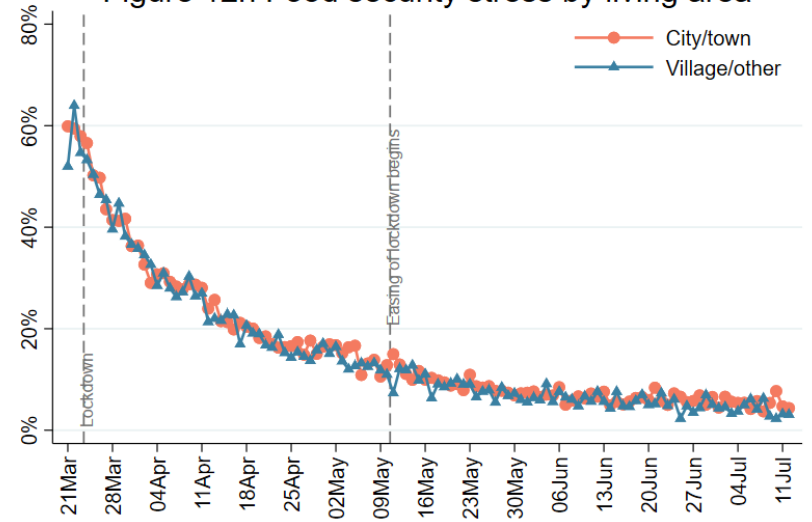
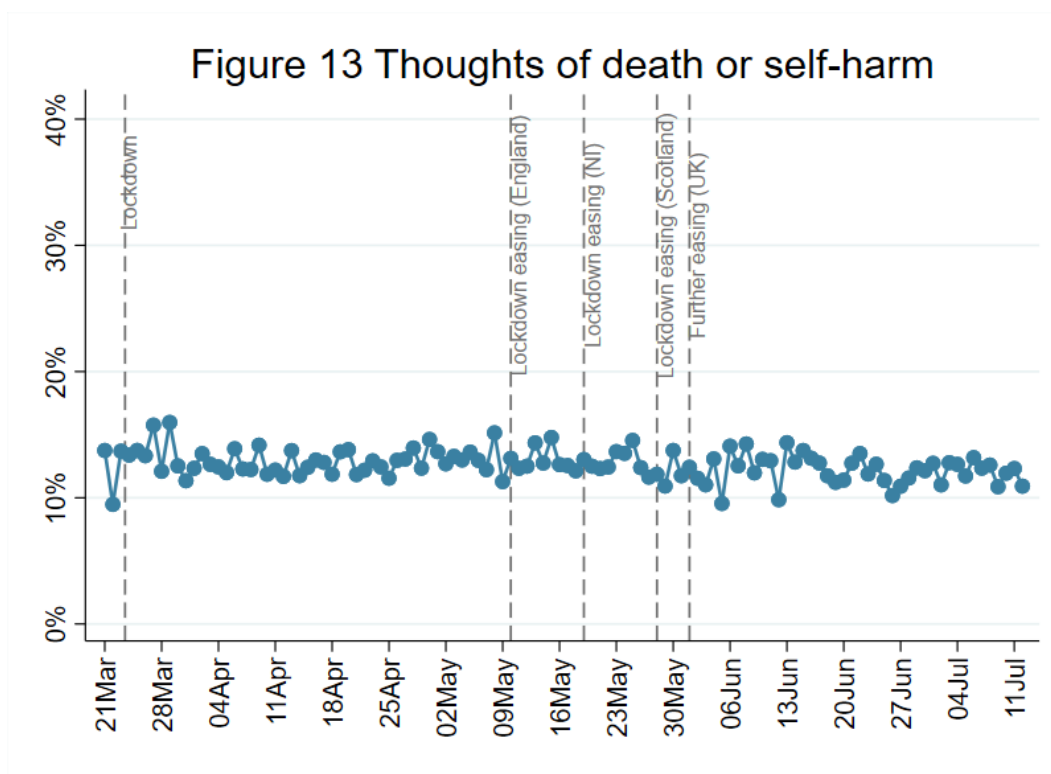


Figure 12h Food security stress by living area



### 3. Self-harm and abuse

#### 3.1 Thoughts of death or self-harm



#### FINDINGS

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, someone has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated having such thoughts.

There continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 16 weeks. They remain higher amongst younger adults, those with a lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.

Figure 14a Thoughts of death by age groups

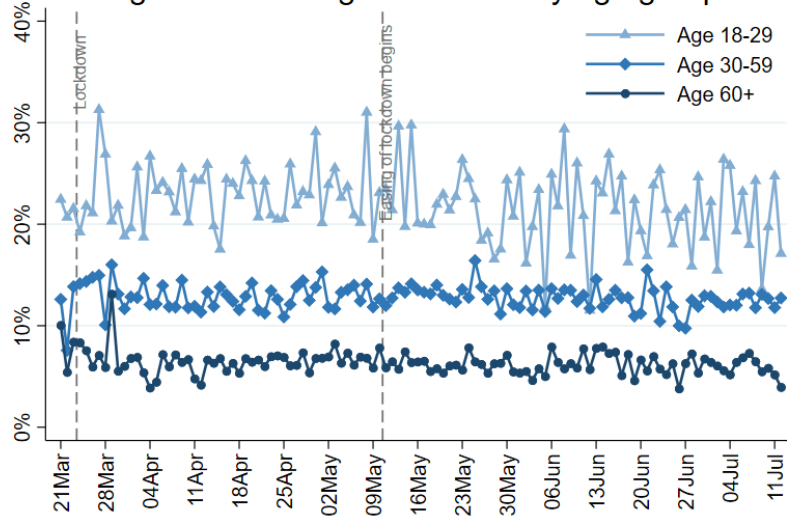


Figure 14b Thoughts of death by living arrangement

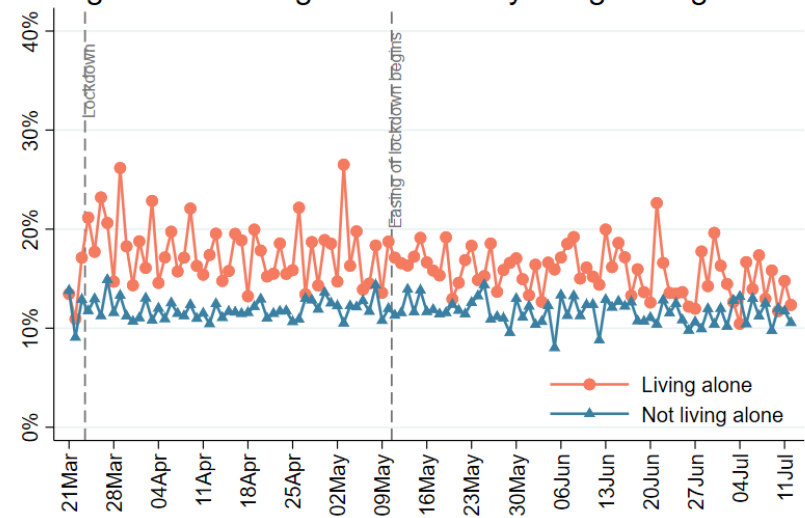


Figure 14c Thoughts of death by household income

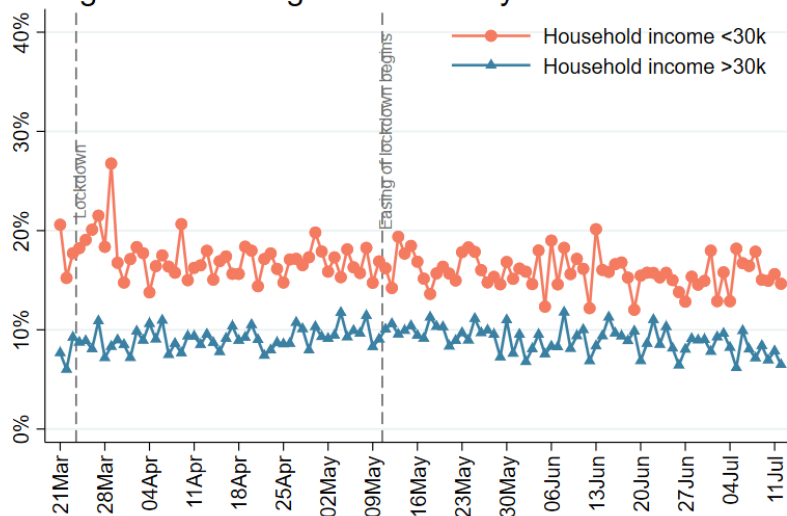


Figure 14d Thoughts of death by mental health diagnosis

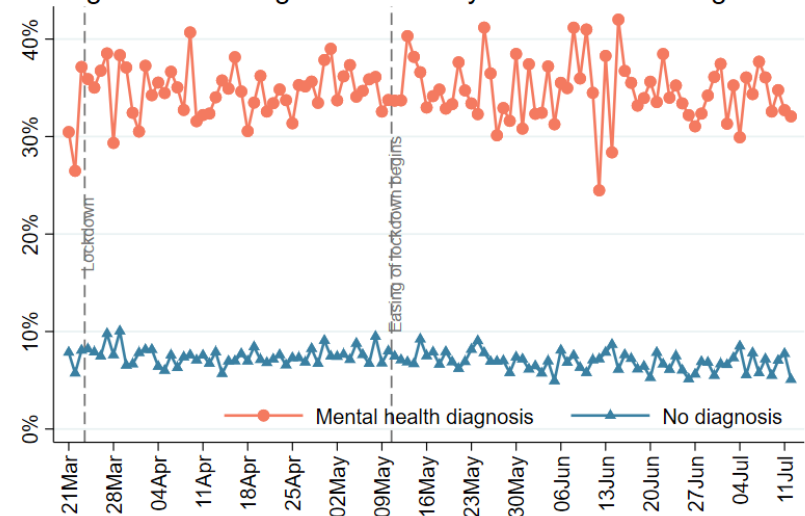


Figure 14e Thoughts of death by nations

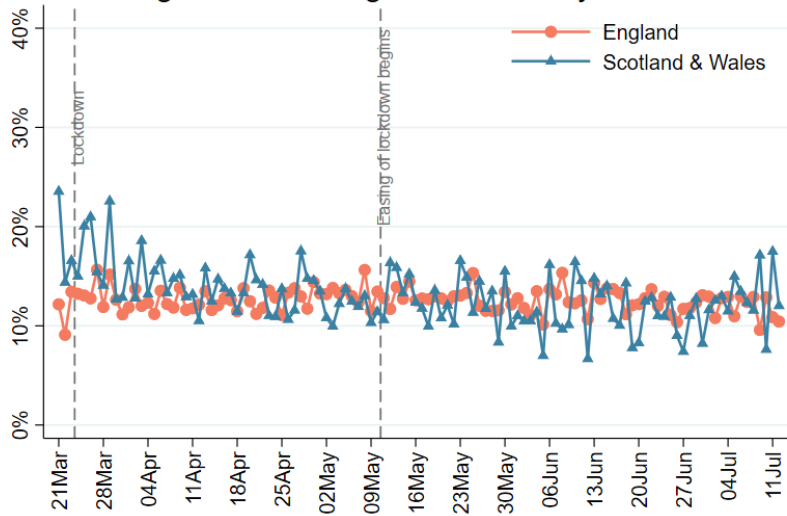


Figure 14f Thoughts of death by keyworker status

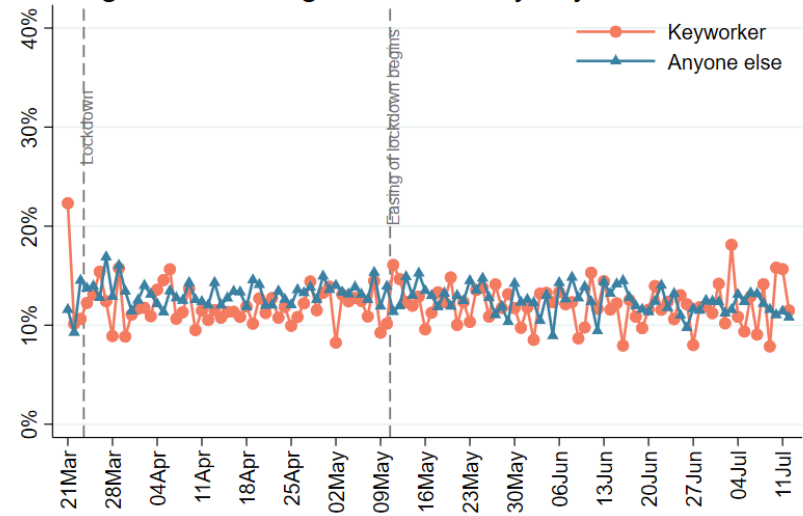


Figure 14g Thoughts of death by living with children

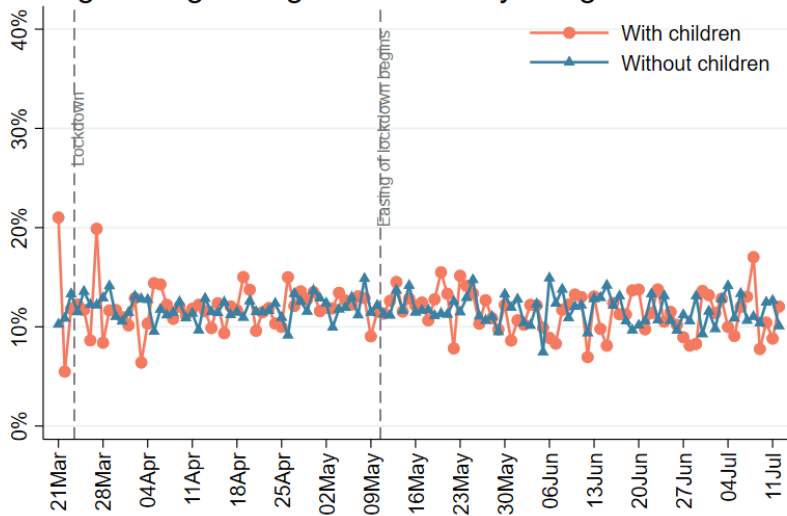
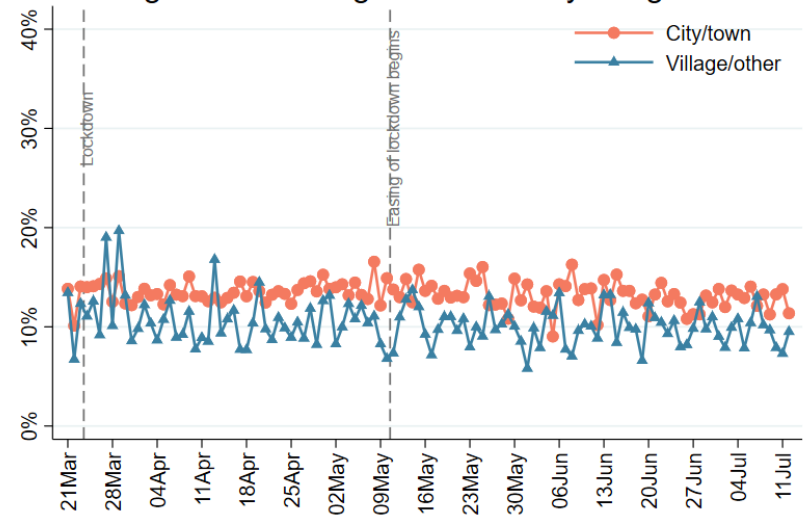
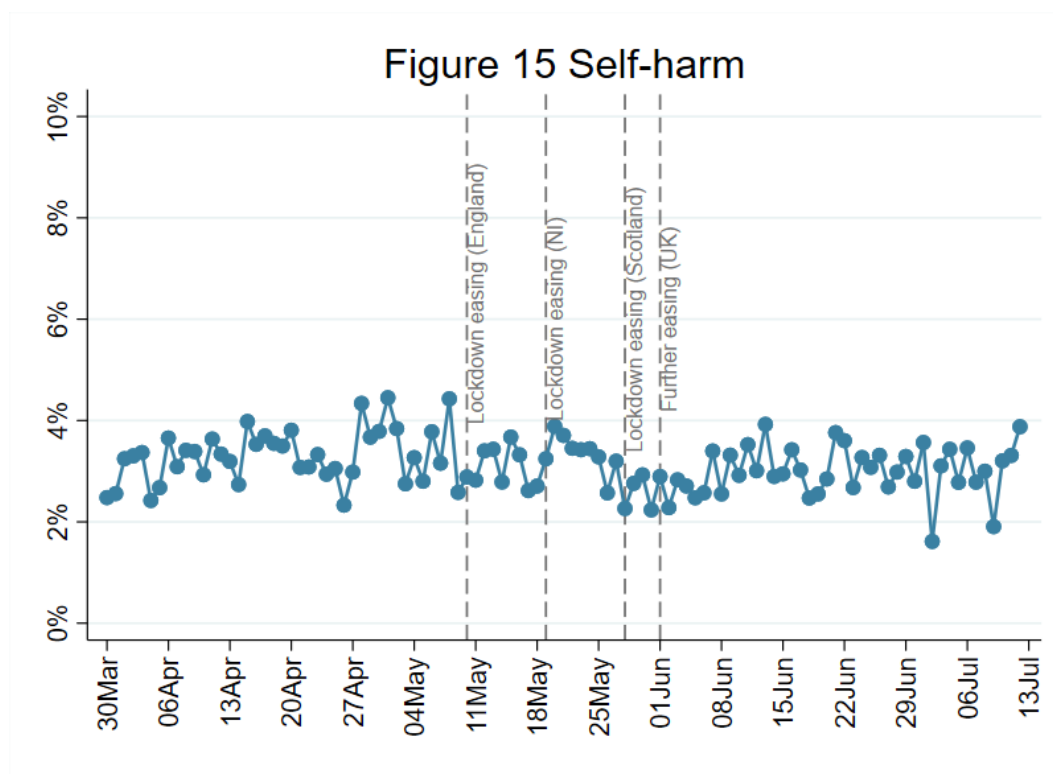


Figure 14h Thoughts of death by living area



## 3.2 Self-harm



### FINDINGS

Self-harm was assessed using a question that asks whether someone in the last week has been “self-harming or deliberately hurting yourself”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated any self-harming.

Self-harm has remained relatively stable since the easing of lockdown was announced. Consistently across lockdown, self-harm has been reported to be higher amongst younger adults, those with lower household income, and those with a diagnosed mental health condition. It is also slightly higher amongst people living in urban areas.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

Figure 16a Self-harm by age groups

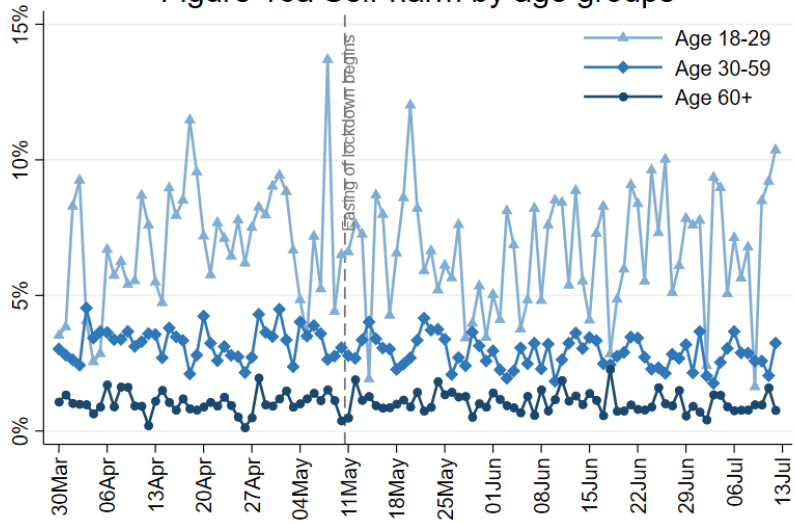


Figure 16b Self-harm by living arrangement

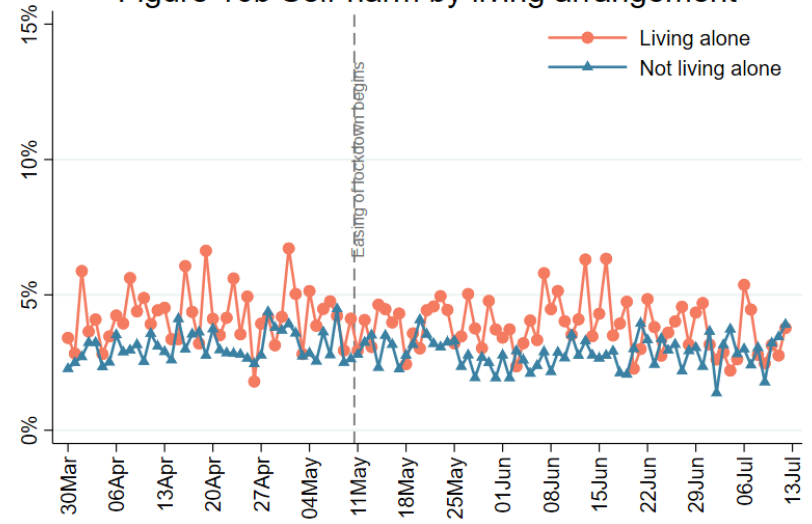


Figure 16c Self-harm by household income

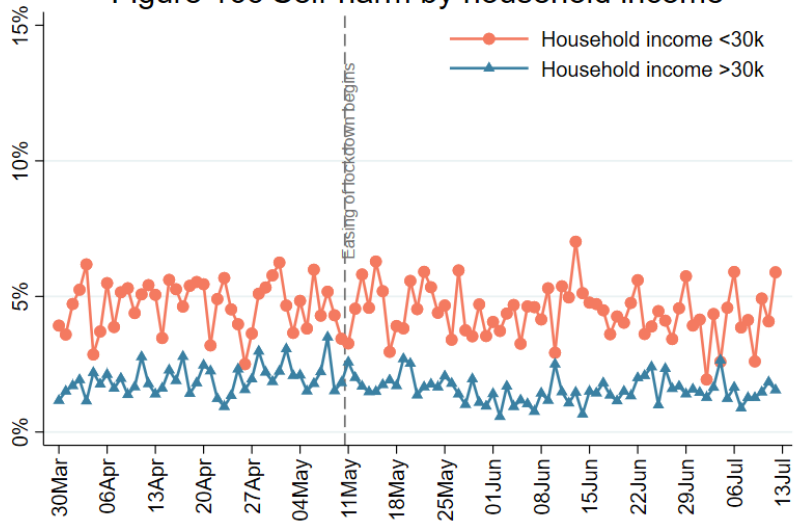


Figure 16d Self-harm by mental health diagnosis

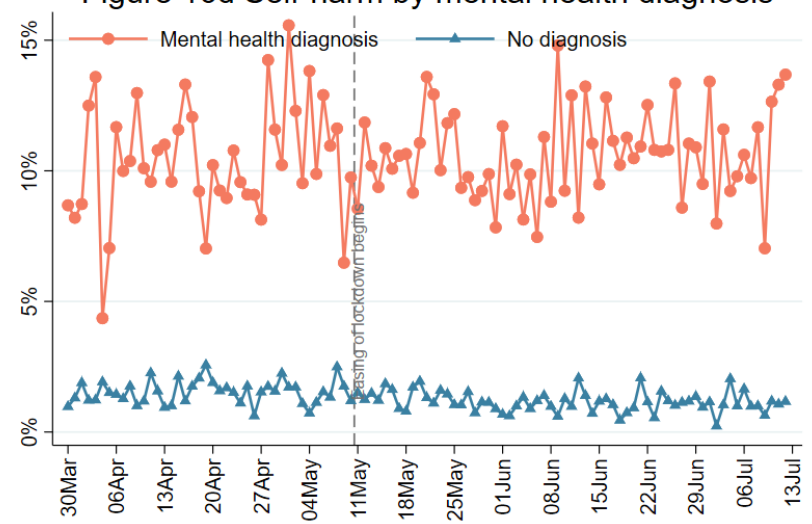


Figure 16e Self-harm by nations

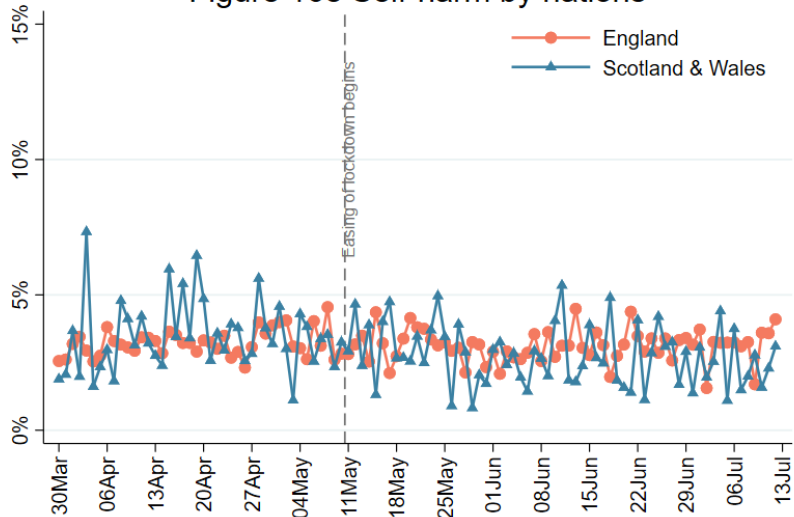


Figure 16f Self-harm by keyworker status

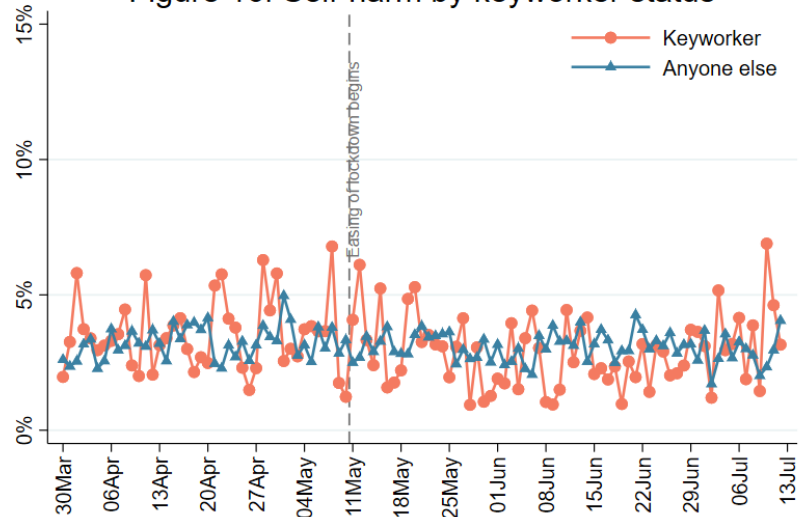


Figure 16g Self-harm by living with children

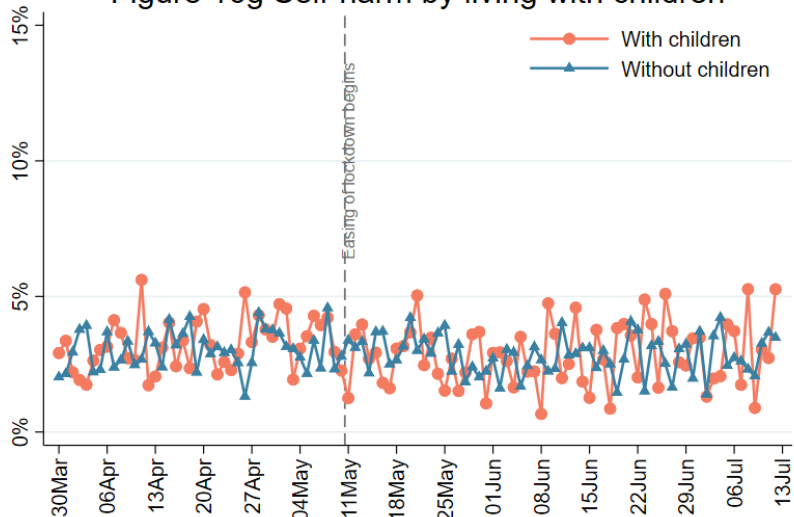
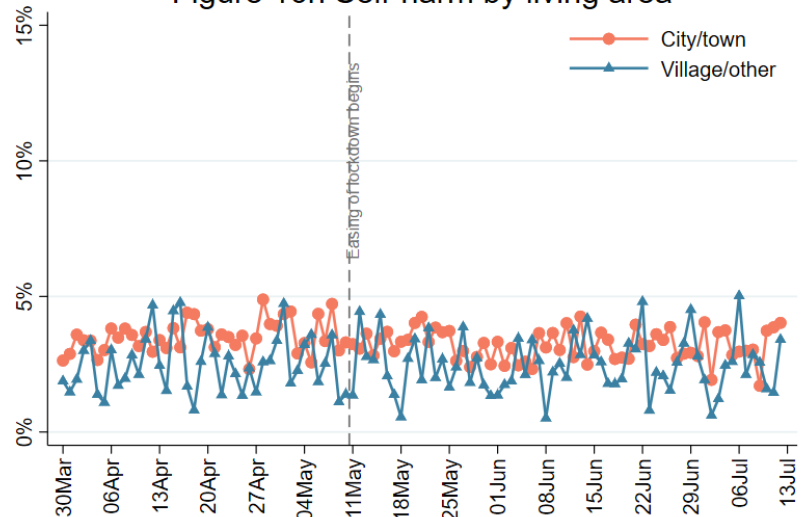
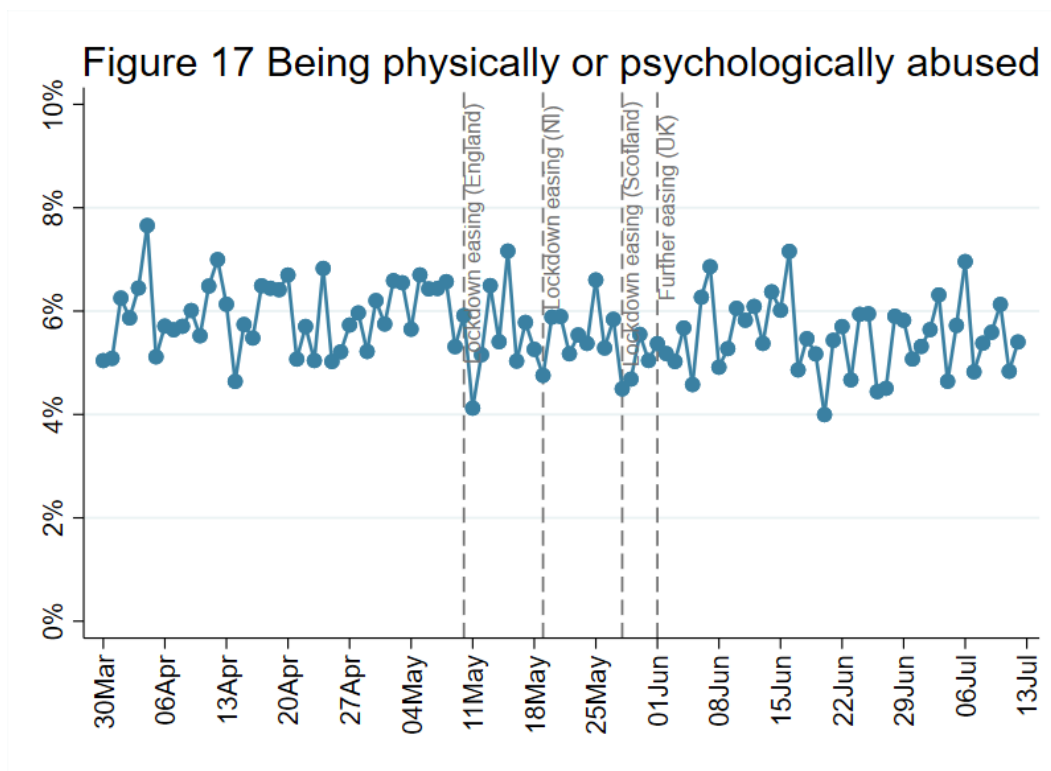


Figure 16h Self-harm by living area



### 3.3 Abuse



#### FINDINGS

Abuse was measured using two questions that ask if someone has experienced in the last week “being physically harmed or hurt by someone else” or “being bullied, controlled, intimidated, or psychologically hurt by someone else”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response on either item that indicated any experience of psychological or physical abuse.

Abuse has remained relatively stable since the easing of lockdown was announced. Abuse has been reported to be higher amongst adults under the age of 60, those with lower household income and those with existing mental health conditions. It is also slightly higher in people living with children compared to those living with just other adults.

It should be noted that not all people who are experiencing abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.



Figure 18a Abuse by age groups

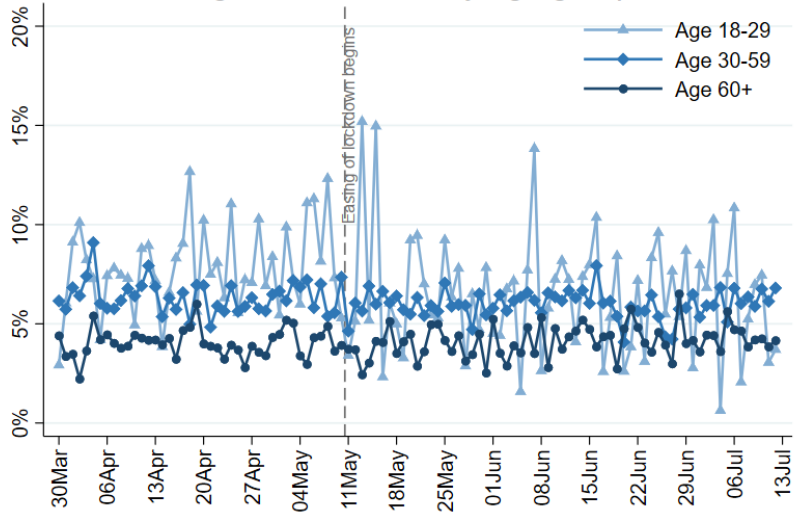


Figure 18b Abuse by living arrangement

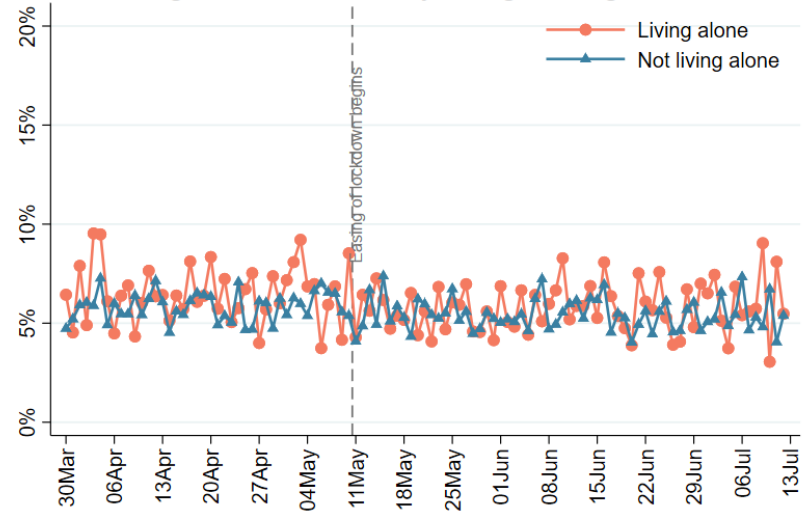


Figure 18c Abuse by household income

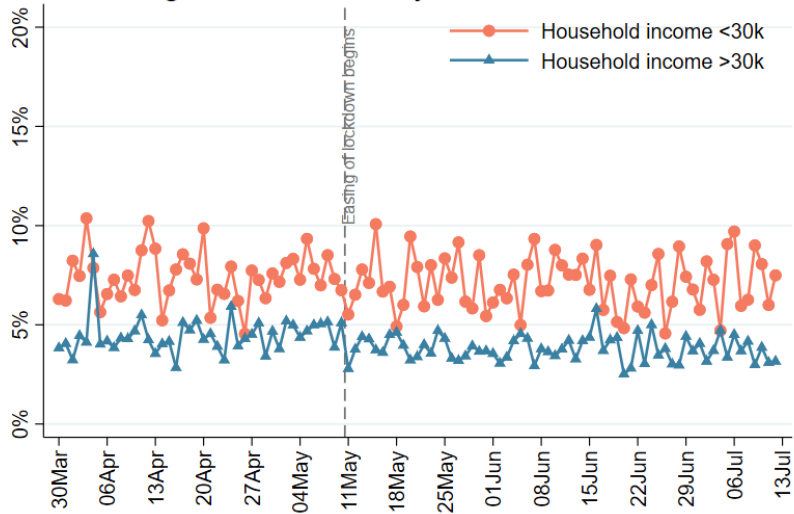


Figure 18d Abuse by mental health diagnosis

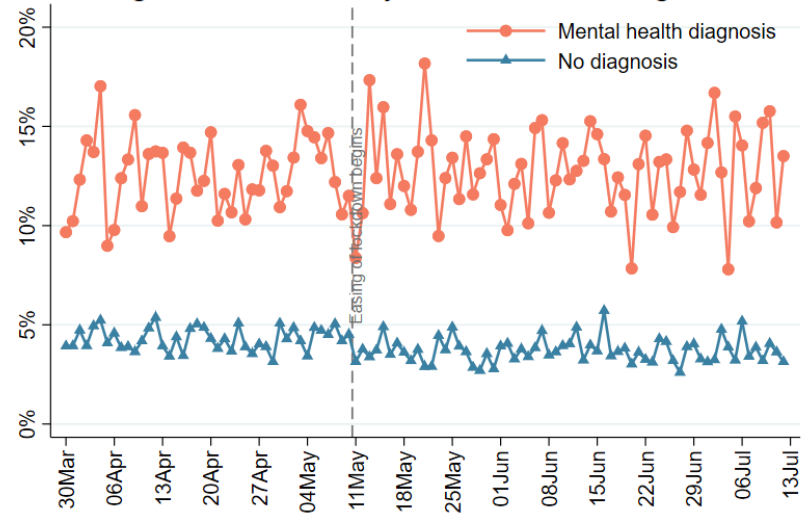


Figure 18e Abuse by nations

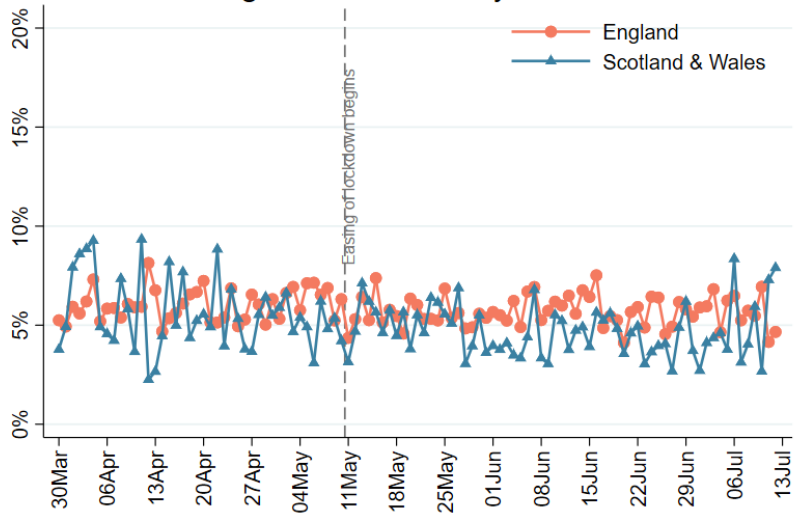


Figure 18f Abuse by keyworker status

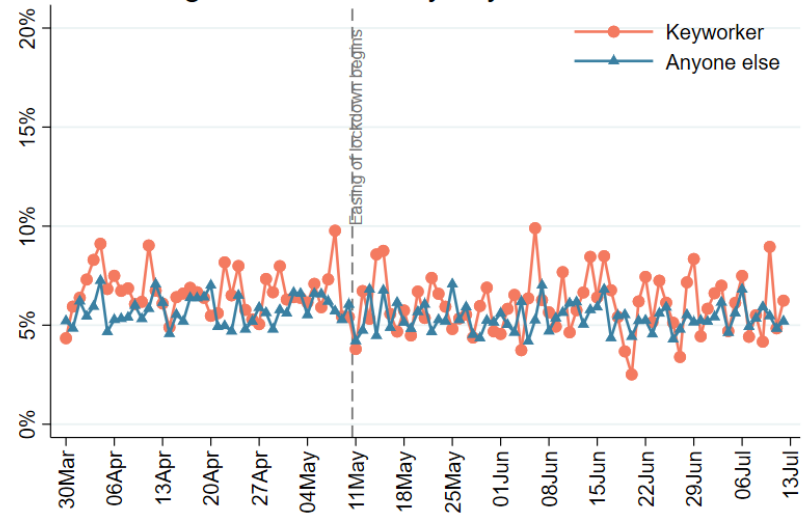


Figure 18g Abuse by living with children

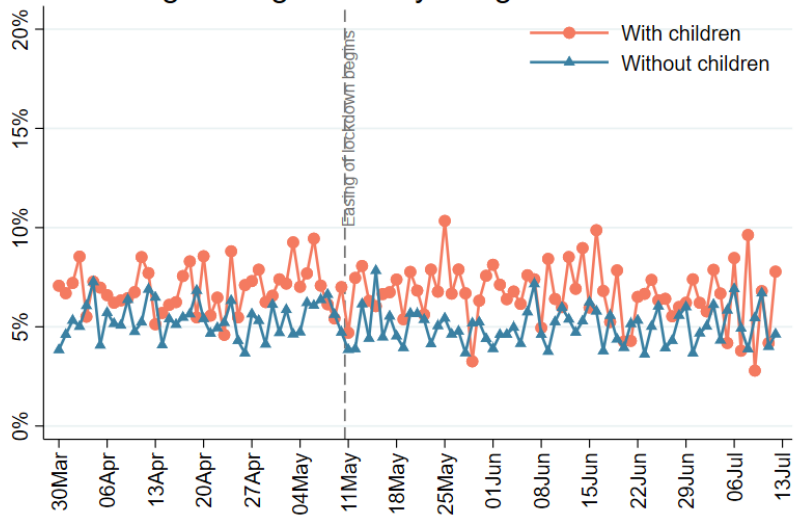
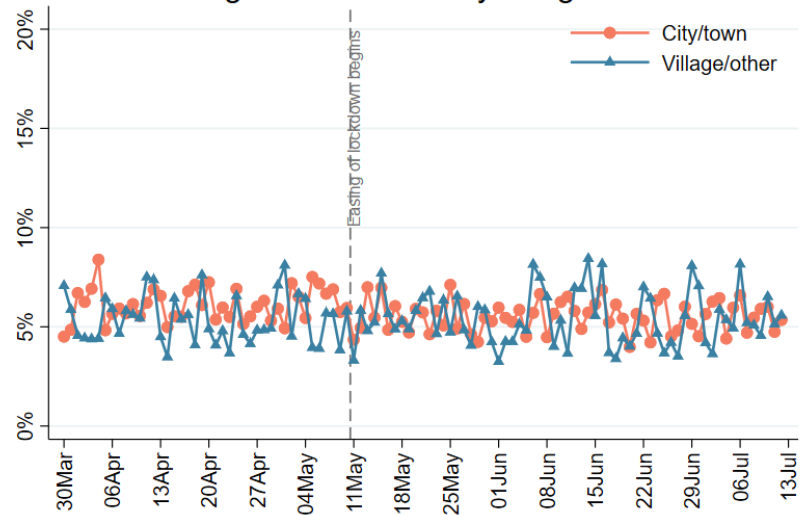
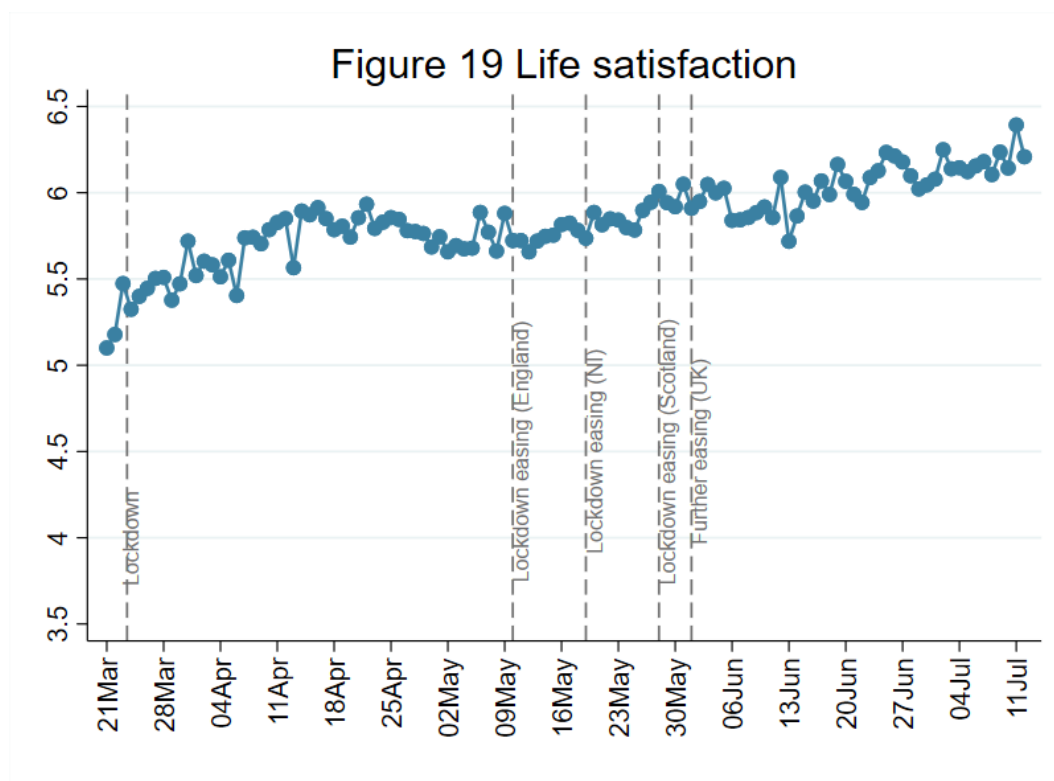


Figure 18h Abuse by living area



## 4. General well-being

### 4.1 Life satisfaction



#### FINDINGS

Respondents were asked to rate their life satisfaction during the past week using the ONS wellbeing scale, which asks respondents about how satisfied they are with their life, using a scale from 0 (not at all) to 10 (completely).

Life satisfaction has continued to improve further in the past two weeks. These rises are apparent amongst adults with and without a diagnosed mental illness and most notably in younger adults. Whilst it was lower amongst people with children during lockdown, this difference has disappeared as lockdown has eased. It remains lowest in younger adults, people living alone, people with lower household income, people with diagnosed mental health conditions, and people living in urban areas (although the gap in differences between urban and rural areas has narrowed as further lockdown easing has taken place). It is similar across UK nations and amongst key workers.

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown<sup>3</sup>.

<sup>3</sup> Layard R, Clark A, De Neve J-E, Krekel C, Fancourt D, Hey N, et al. When to release the lockdown: A wellbeing framework for analysing costs and benefits. Centre for Economic Performance, London School of Economics; 2020 Apr. Report No.: 49.

Figure 20a Life satisfaction by age groups

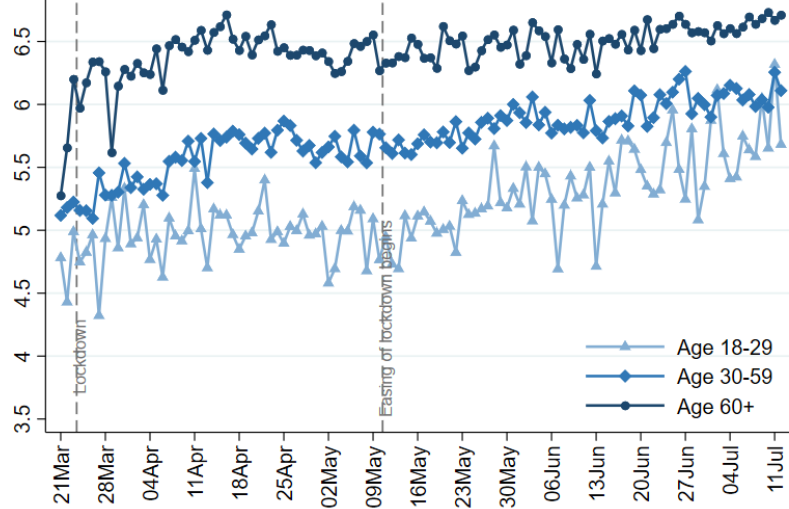


Figure 20b Life satisfaction by living arrangement

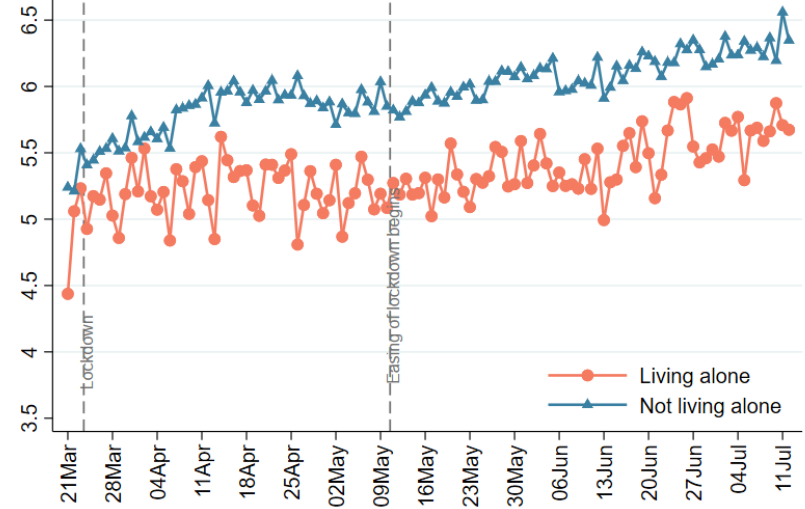


Figure 20c Life satisfaction by household income

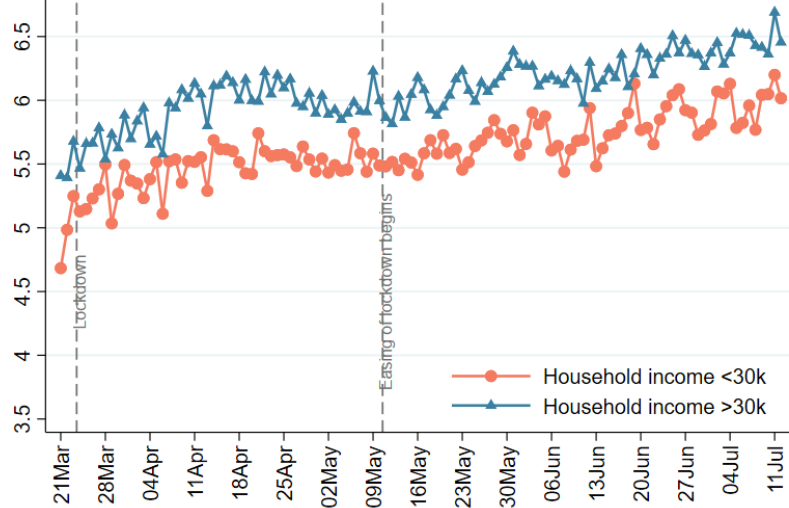


Figure 20d Life satisfaction by mental health diagnosis

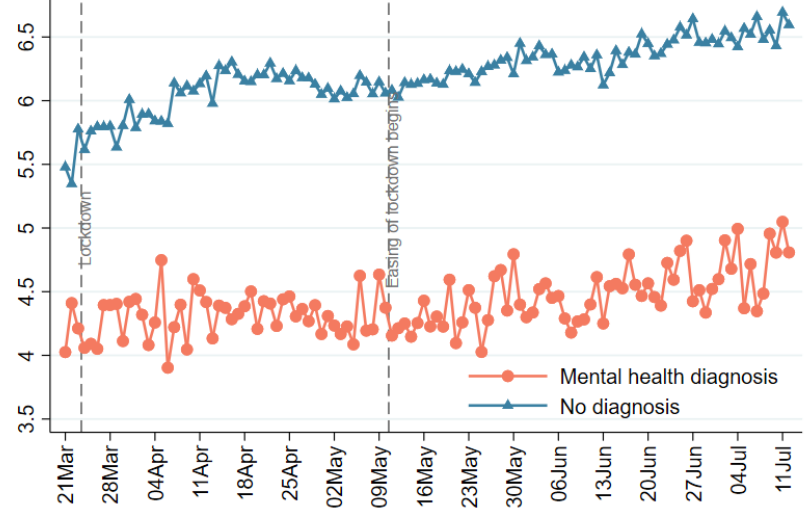


Figure 20e Life satisfaction by nations

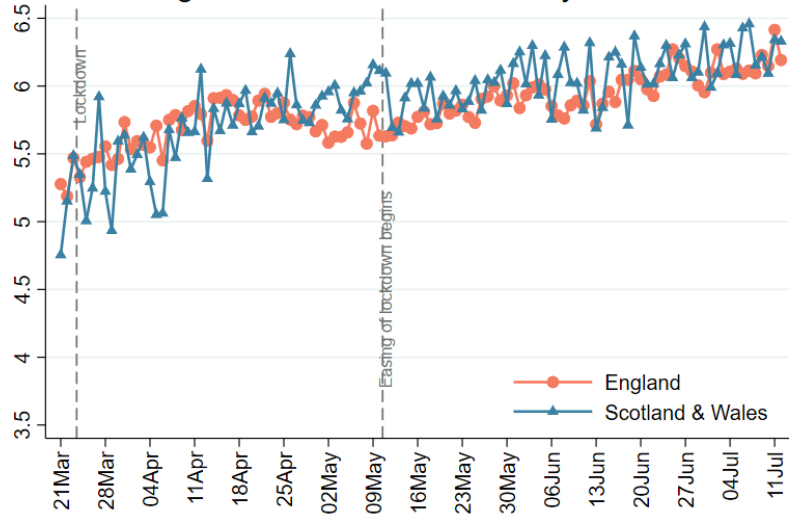


Figure 20f Life satisfaction by keyworker status

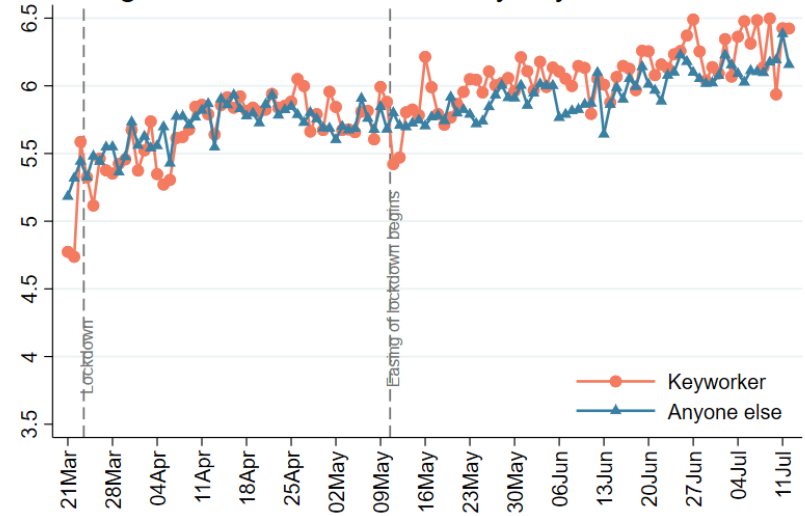


Figure 20g Life satisfaction by living with children

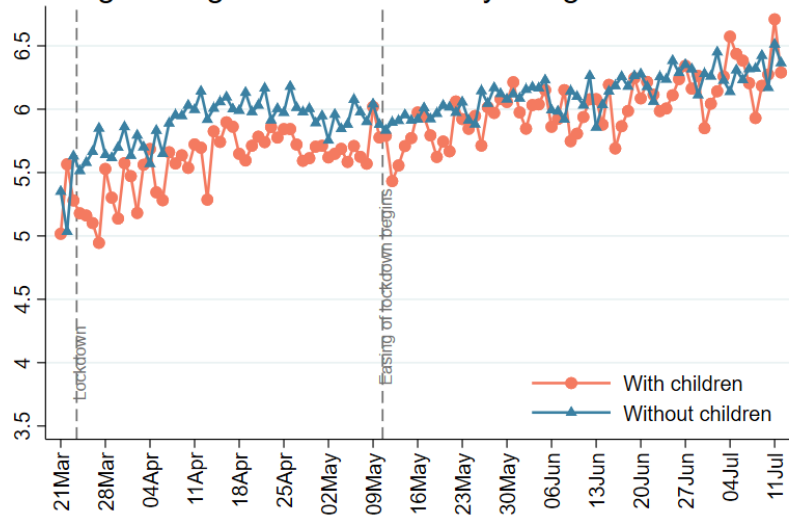
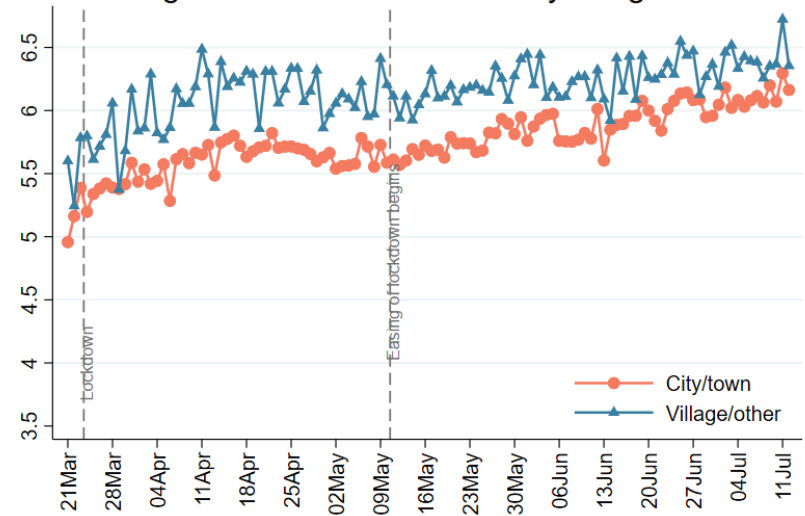
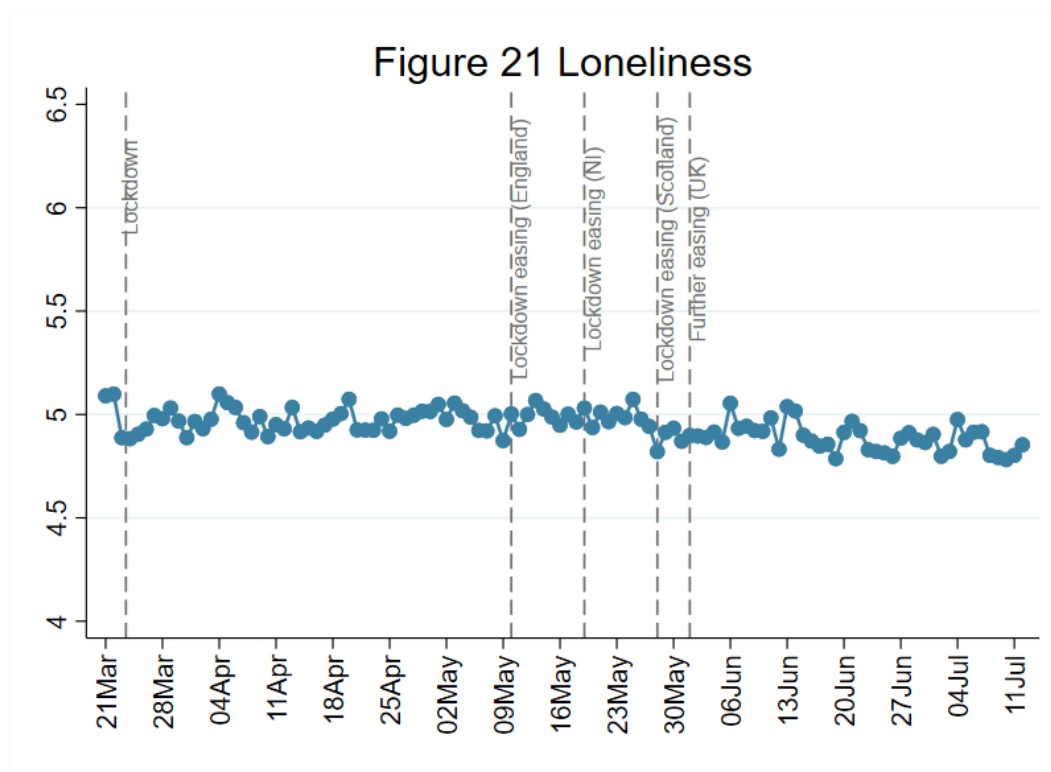


Figure 20h Life satisfaction by living area



## 4.2 Loneliness



### FINDINGS

Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point rating scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels have been decreasing since further lockdown easing came in around the end of May. Whilst this decrease is small, it is most clearly apparent amongst younger adults (under 30), older adults (over 60), and people living alone.

Figure 22a Loneliness by age groups

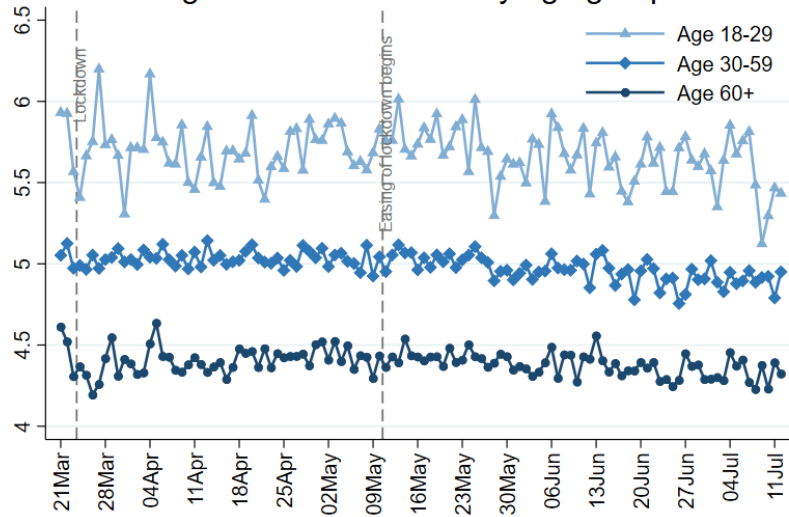


Figure 22b Loneliness by living arrangement

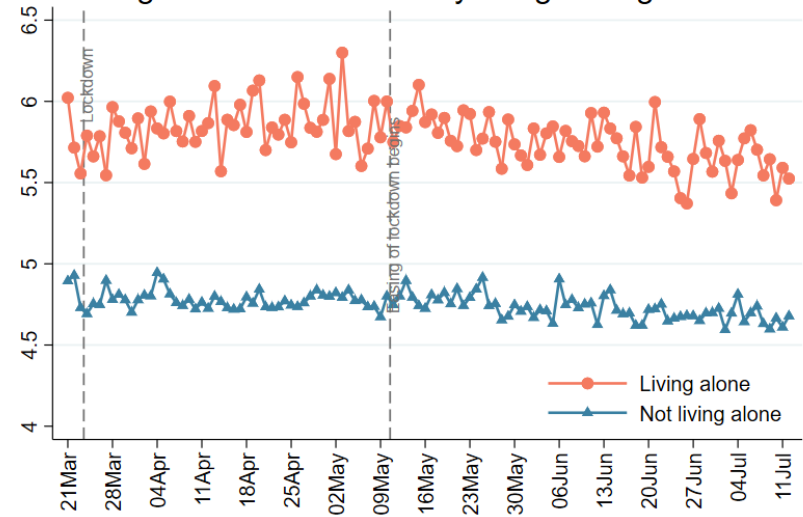


Figure 22c Loneliness by household income

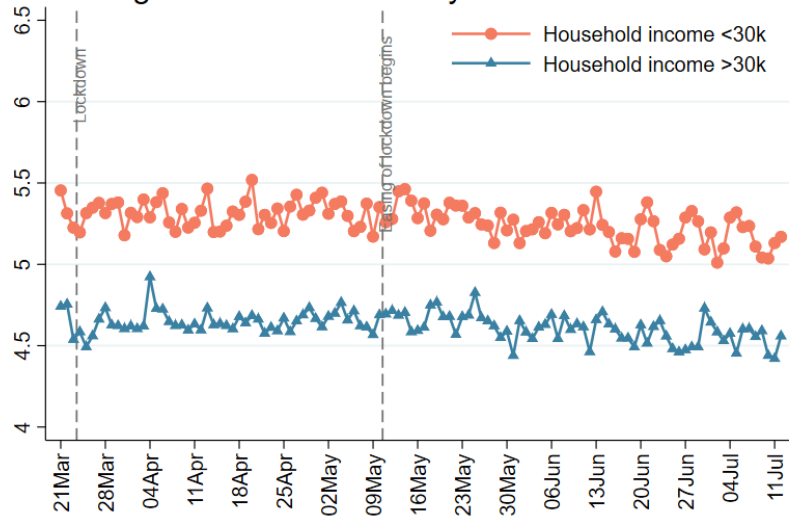


Figure 22d Loneliness by mental health diagnosis

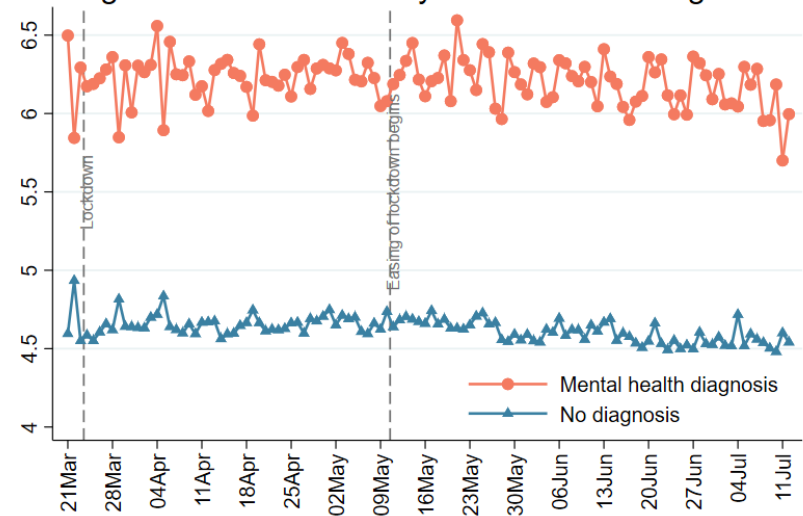


Figure 22e Loneliness by nations

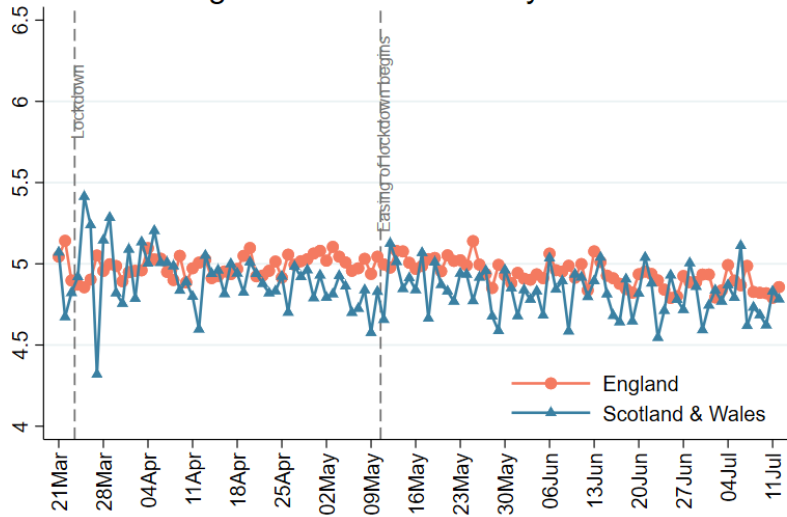


Figure 22f Loneliness by keyworker status

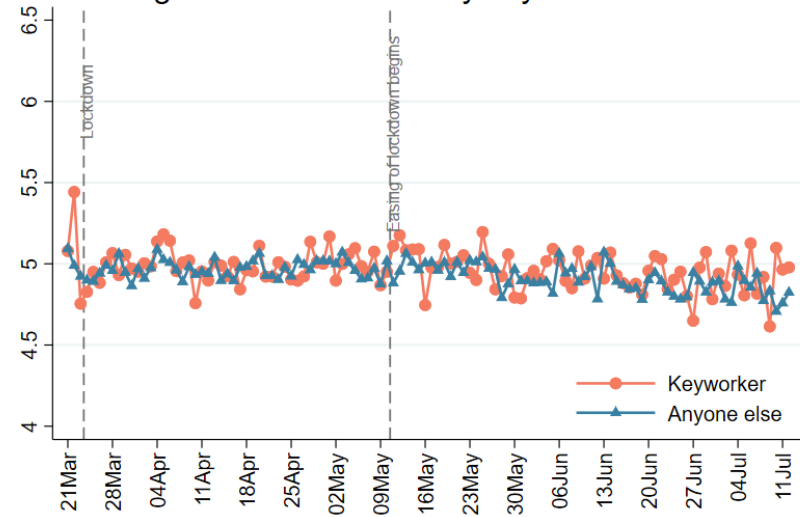


Figure 22g Loneliness by living with children

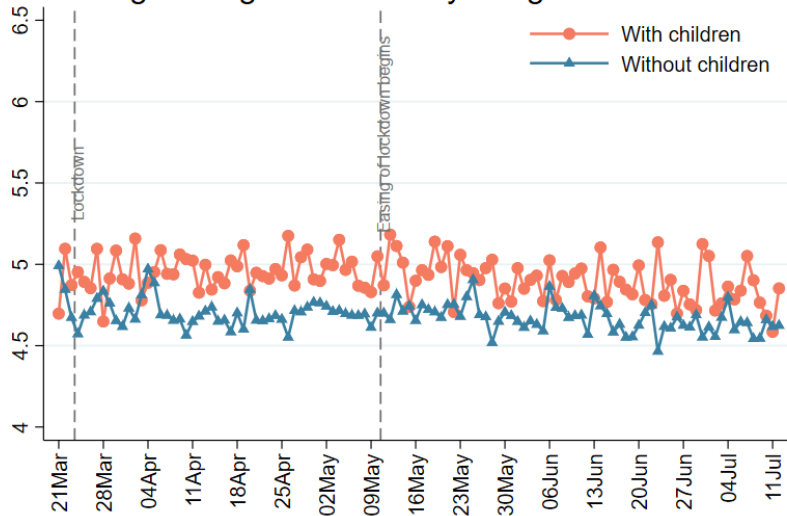
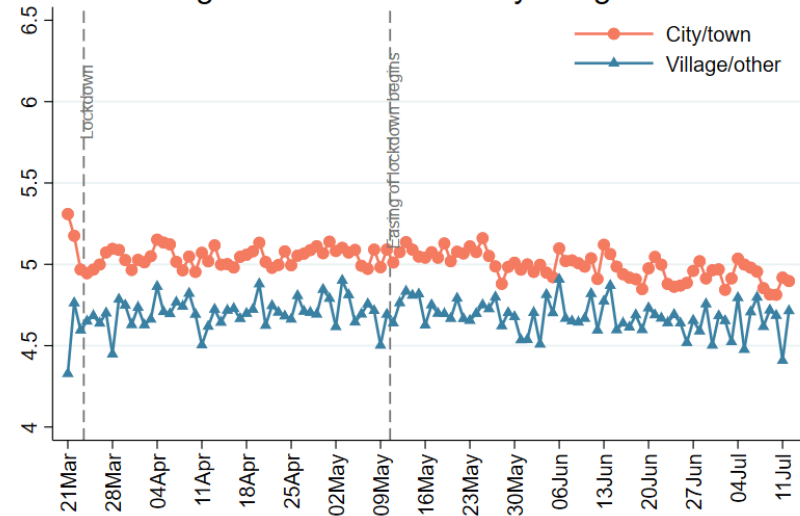
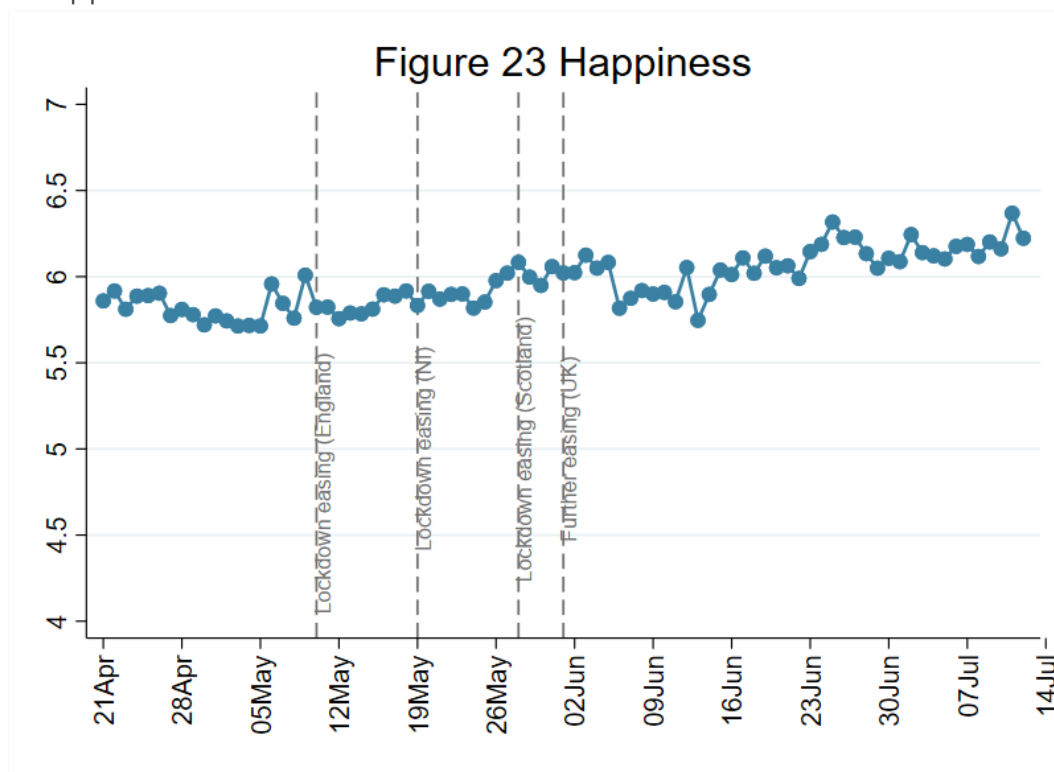


Figure 22h Loneliness by living area





### 4.3 Happiness



#### FINDINGS

Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21<sup>st</sup> April onwards.

Happiness levels have increased further in the past week, most obviously in adults aged 18-29. Nevertheless, happiness levels have been lowest across lockdown amongst younger adults, those living alone, those with lower household income, people with diagnosed mental health conditions, and people living in urban areas.

Figure 24a Happiness by age groups

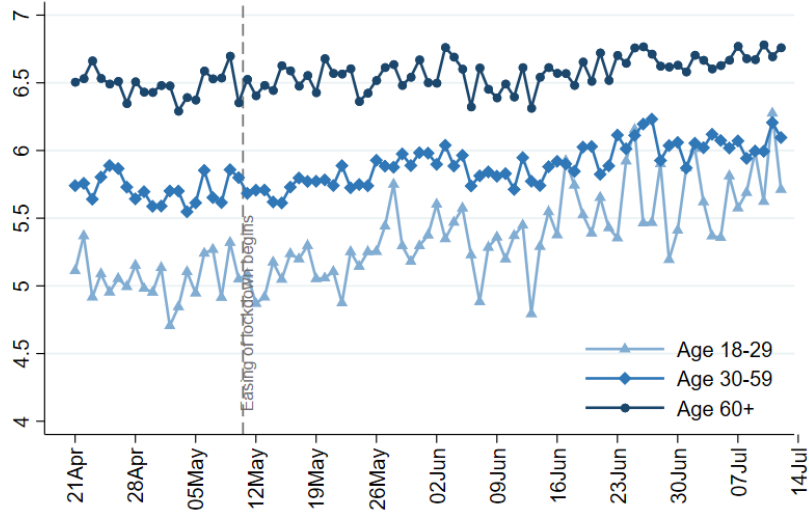


Figure 24b Happiness by living arrangement

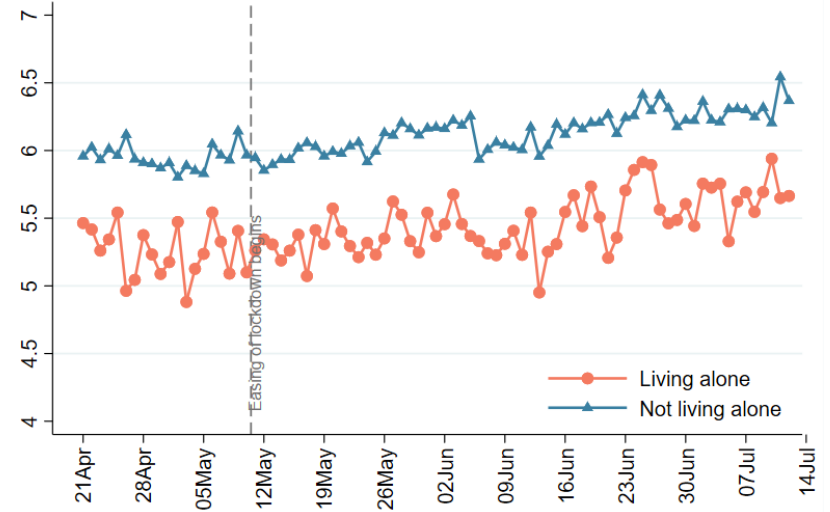


Figure 24c Happiness by household income

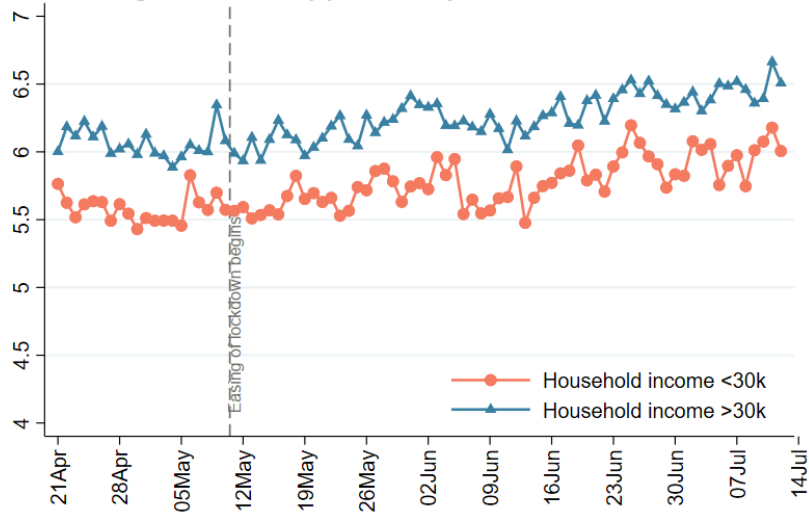


Figure 24d Happiness by mental health

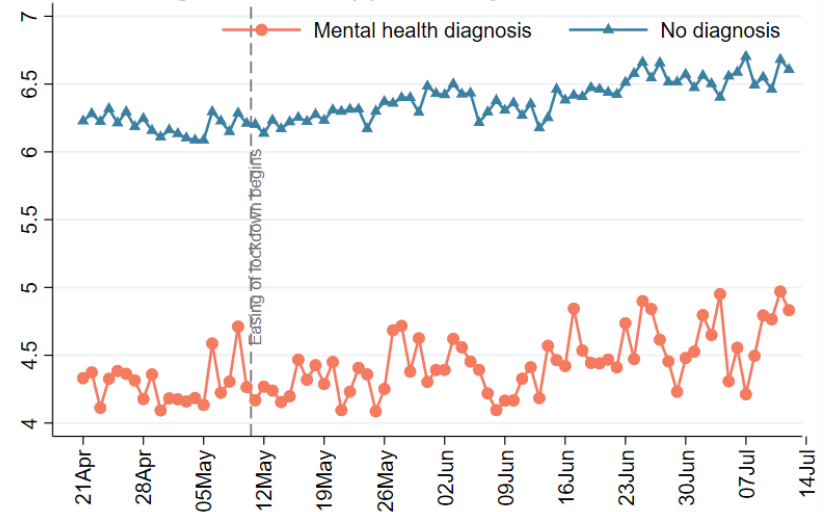


Figure 24e Happiness by nations

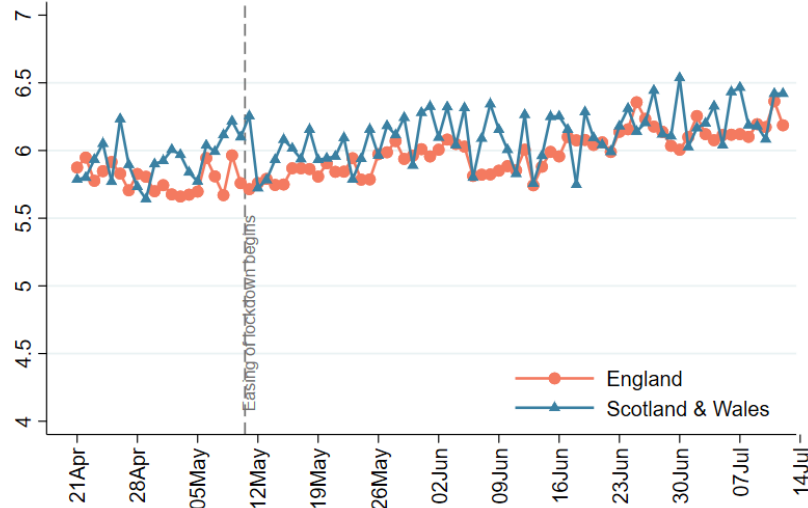


Figure 24f Happiness by keyworker status

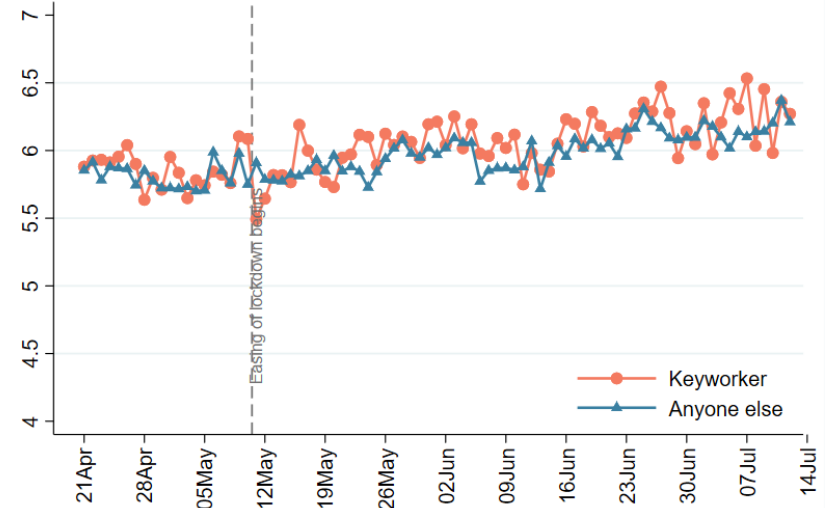


Figure 24g Happiness by living with children

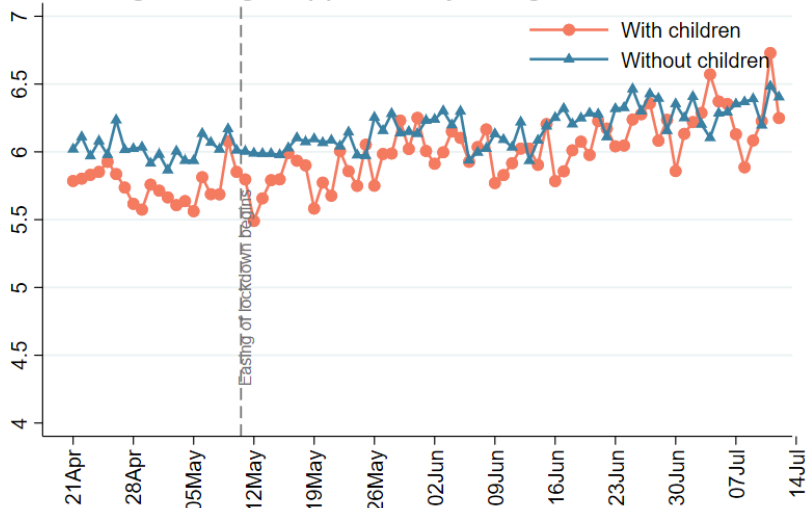
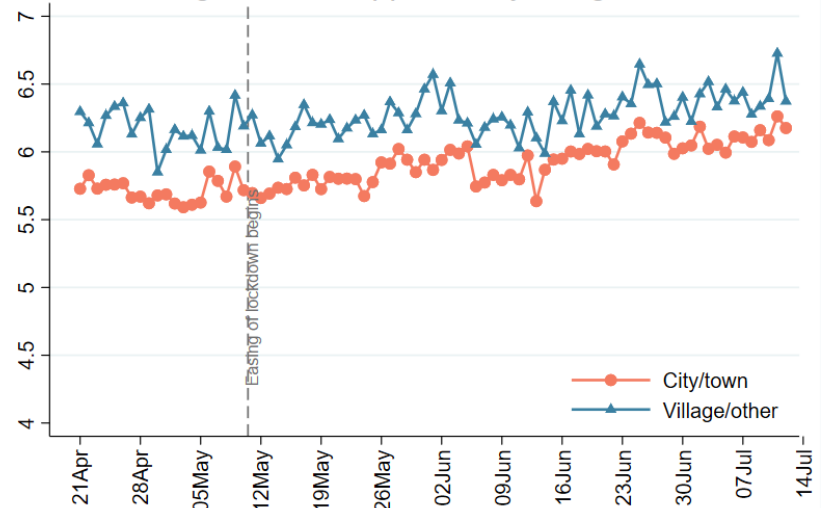


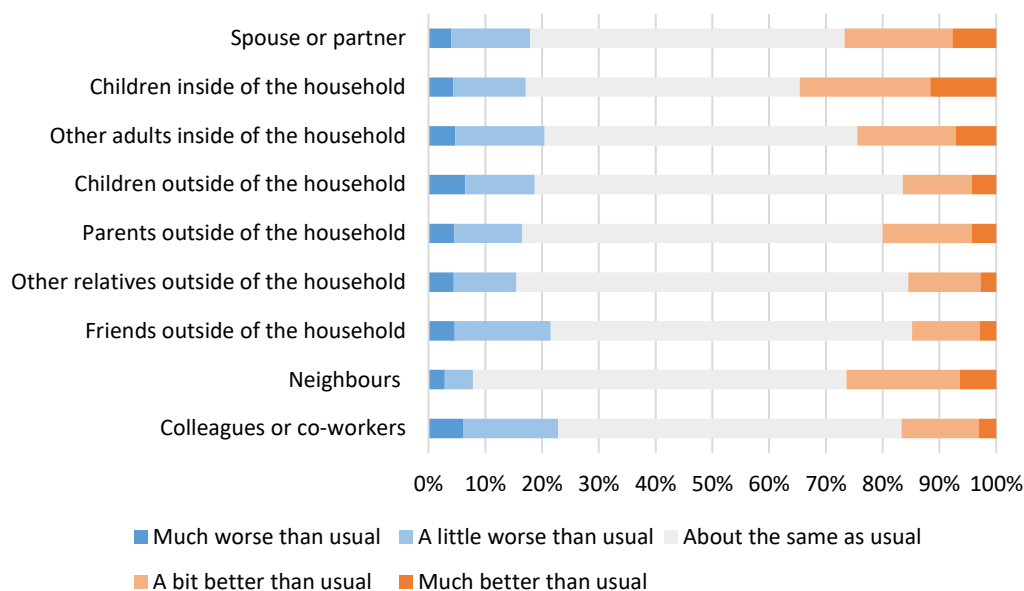
Figure 24h Happiness by living area



## 5. Relationships

### 5.1 Quality of relationship

Figure 25 Changes in relationships since lockdown



#### FINDINGS

Respondents were asked how their relationships with others had changed since lockdown began in March, with ratings on a five point scale from “much worse than usual” to “much better than usual”. Participants were given the option of also selecting if a category was either not relevant (e.g. they did not have any children in the household) or too hard to assign a number to (e.g. if they felt that a relationship with one child was much better whilst with another child was much worse), and participants who responded in this way were excluded from analyses.

23% of respondents reported that their relationships with colleagues or co-workers had got worse over lockdown, along with 22% reporting that their friendships outside the household had also got worse. A worsening of relationships was also reported by some participants with their spouse/partner (18%), other adults they lived with (20%), and children they lived with (17%). For relationships outside of the household, 19% reported worsening of relations with children, 16% with parents or other relatives, and just 8% with neighbours.

Conversely, 35% of adults living with children reported improvements in their relationships, 27% reported improvements with their partner/spouse, 25% with other adults in their household, 20% with parents outside the household, 15% with friends, 16% with children outside the household, 17% with colleagues, 16% with other relatives, and 26% with neighbours.

Younger adults were most likely to report a worsening of relationships, while older adults were least likely to report a change. Adults aged 30-59 were most likely to have got closer to neighbours.

Figure 26a Changes in relationship for younger adults (ages 18-29)

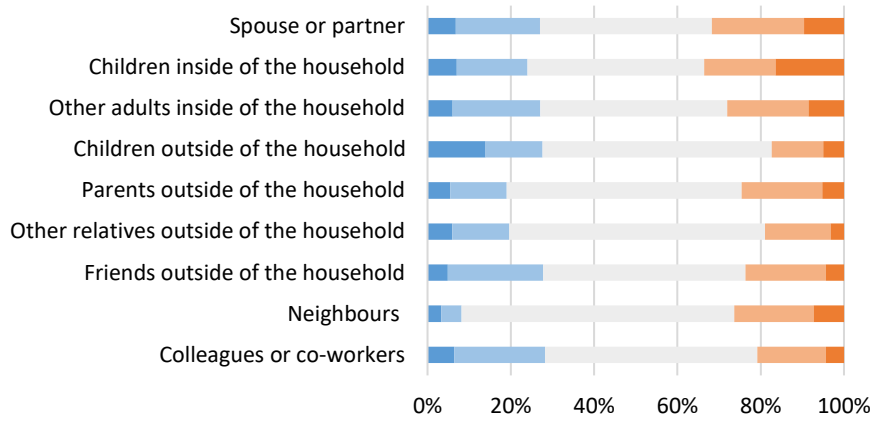


Figure 26b Changes in relationship for adults (ages 30-59)

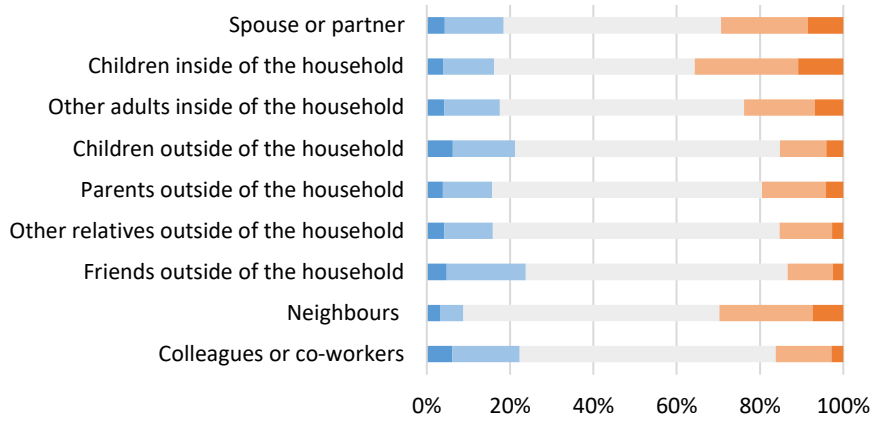
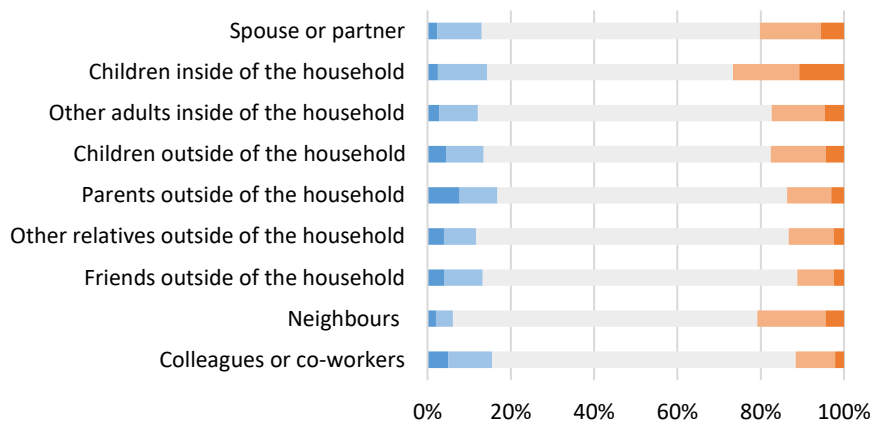
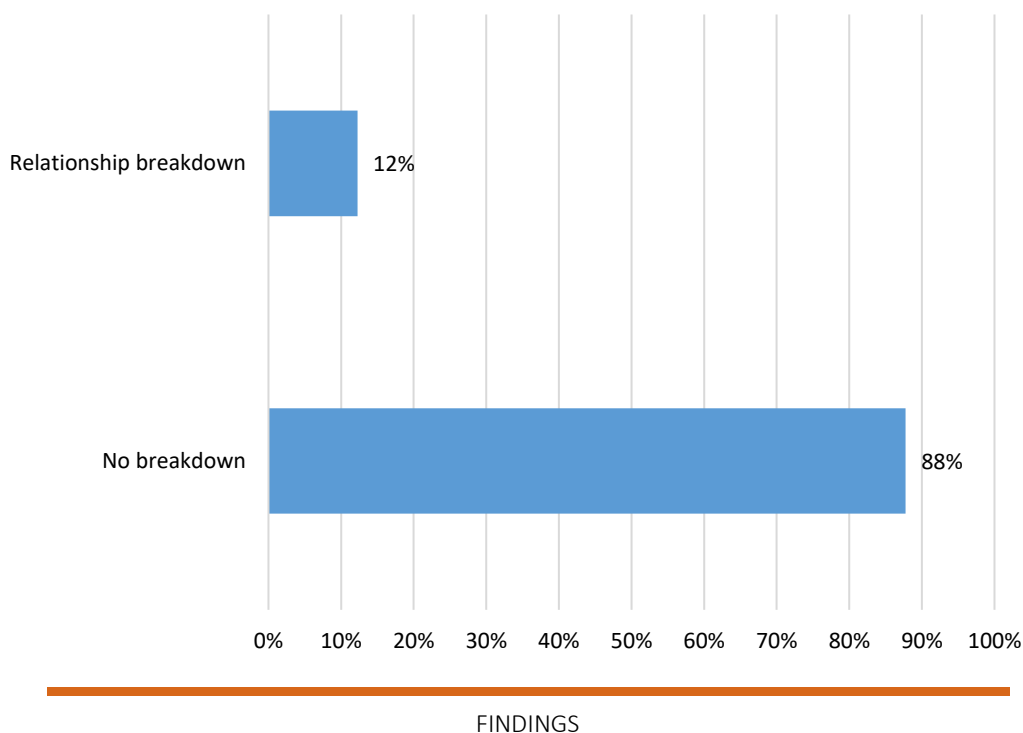


Figure 26c Changes in relationship for adults (ages 60+)



## 5.2 Breakdown of relationship

Figure 27 Relationship breakdown since lockdown



Respondents were asked whether they had experienced a breakdown in their relationship with any family, friends, colleagues or neighbours since lockdown had come in. Participants were asked for each group of people listed in section 5.1, but due to small percentages in each category, responses were combined to form a binary of 'any relationship breakdown(s)' vs 'no relationship breakdown'.

12% of people reported a breakdown of a relationship since lockdown came in. This figure was highest amongst adults under 30 (21%) compared to adults over 60 (5%), and amongst people with a diagnosed mental illness (22% vs 10%). It was also slightly higher amongst people living alone (14% vs 11%), people with lower household income (14% vs 10%), ethnic minorities (19% vs 10%), keyworkers (14% vs 11%), people living with children (15% vs 11%), and people in urban areas (13% vs 10%).

Figure 28a Relationship breakdown by age groups

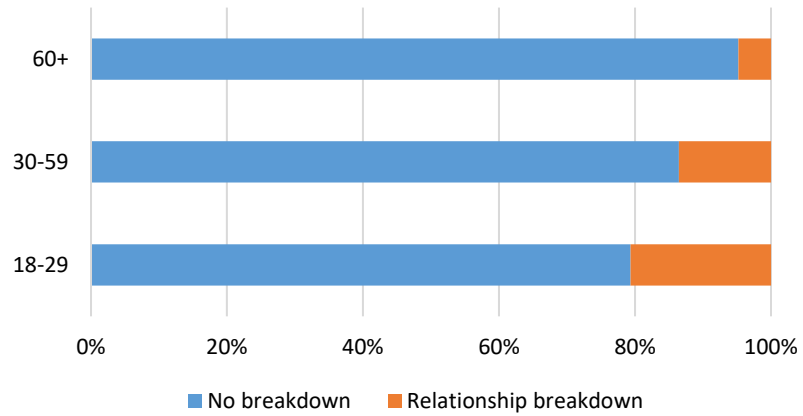


Figure 28b Relationship breakdown by living arrangement

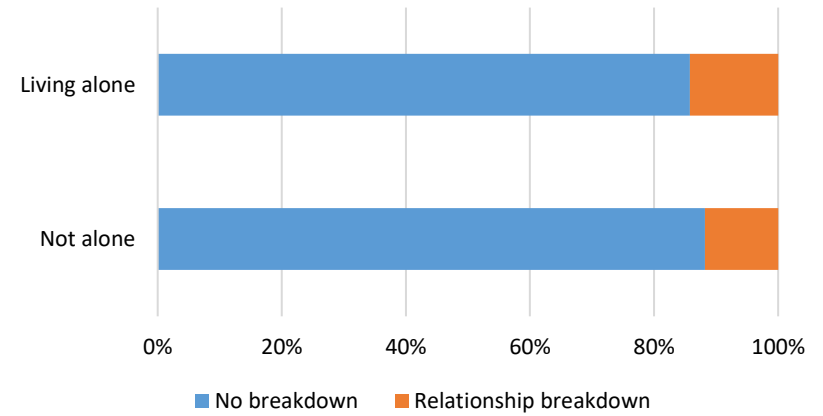


Figure 28c Relationship breakdown by household income

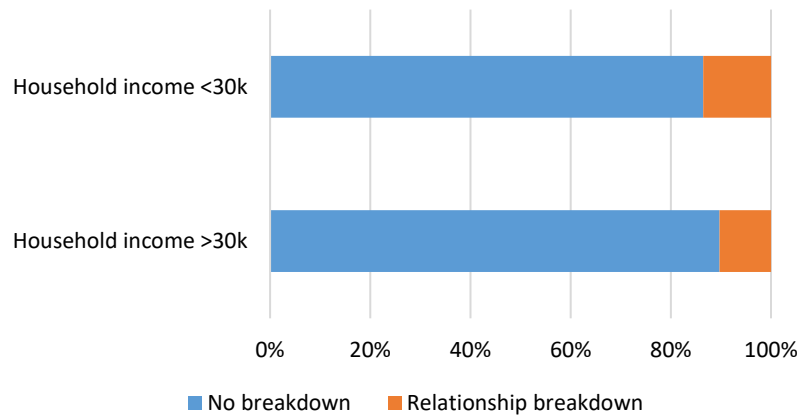


Figure 28d Relationship breakdown by mental health diagnosis

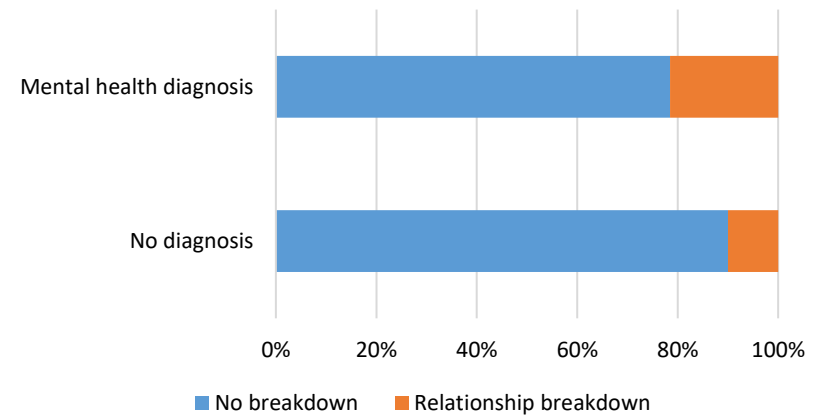


Figure 28e Relationship breakdown by ethnicity

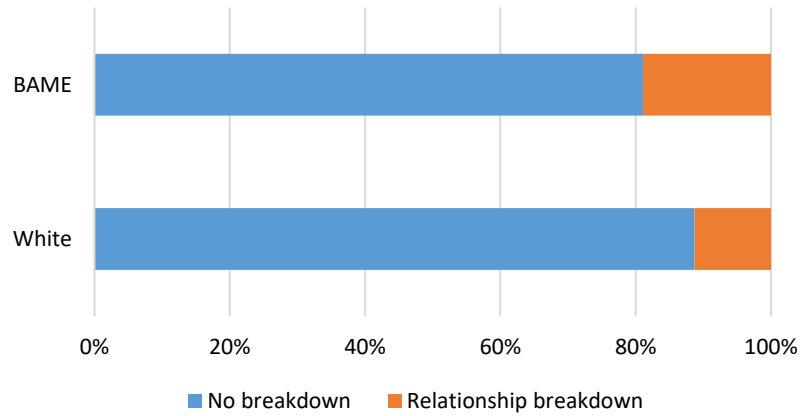


Figure 28f Relationship breakdown by keyworker status

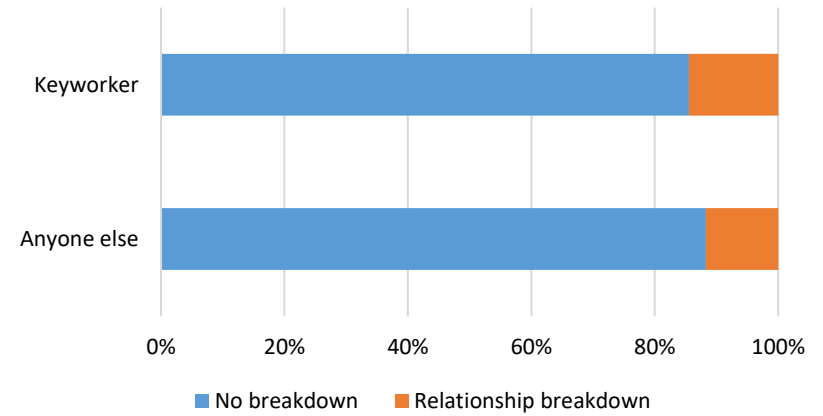


Figure 28g Relationship breakdown by living with children

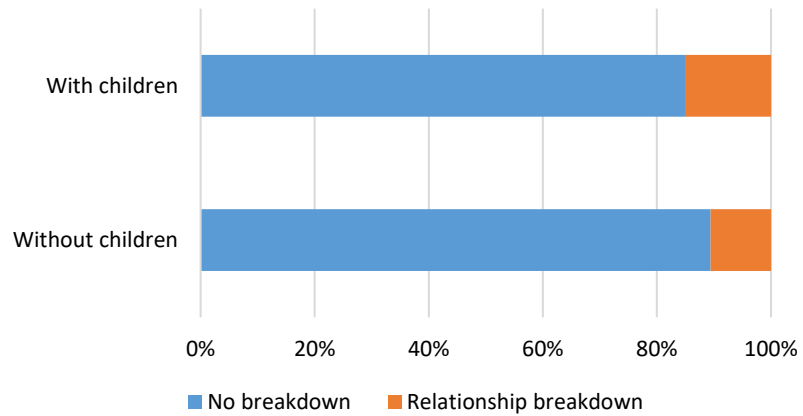
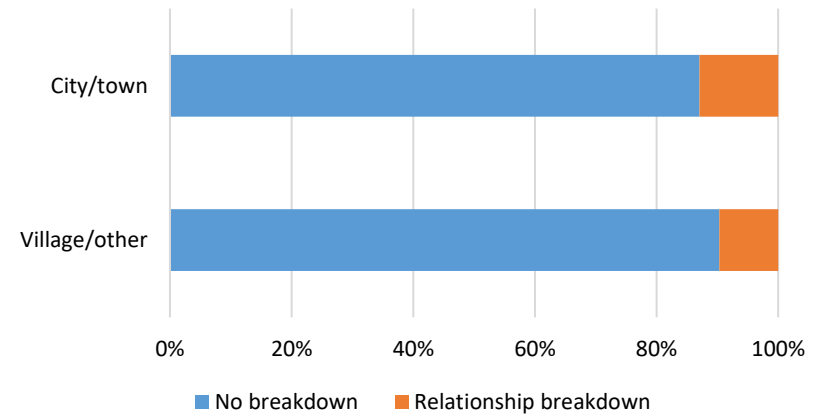


Figure 28h Relationship breakdown by living area

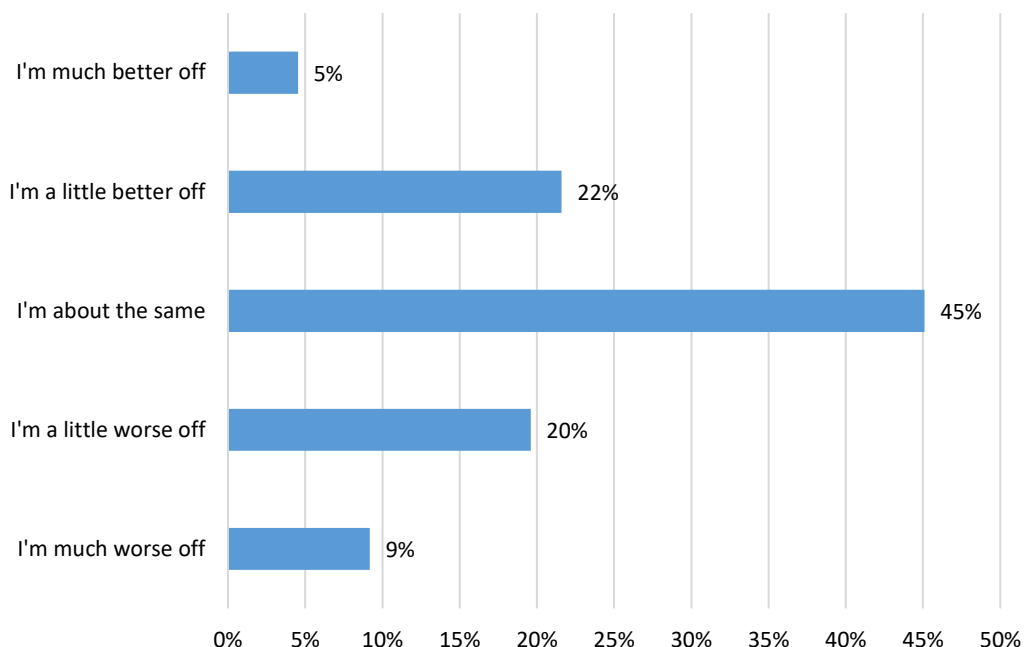




## 6. Financial situation

### 6.1 Financial situation

Figure 29 Changes in financial situation since lockdown



#### FINDINGS

Respondents were asked how their financial situation had changed since lockdown came in from “much worse off” to “much better off”. They were also asked to report on their financial situation before lockdown came in, from “living comfortably” to “finding it very difficult”.

Nearly half of respondents (45%) reported that they were about the same financially, with 27% reporting improvements in their financial situation and 29% reporting that things had got worse. However, when splitting responses by participants’ reported financial situation before lockdown, clear differences emerged. Amongst people living comfortably before lockdown came in, just 21% reported that things had got worse (6% reporting things were “much worse”). But amongst people finding it very difficult before lockdown came in, nearly 3 times as many people (57%) reported that things had got worse (with 38% - more than 6 times as many - reporting things were “much worse”). Conversely, amongst people living comfortably before lockdown came in, 33% reported that things had improved financially for them during lockdown; nearly twice as many as amongst people finding things very difficult before lockdown came in (18%). People living comfortably were also more likely to report that things had not changed for them financially (46% compared to 26% of people who had been finding things very difficult).

When looking at findings by region, people living in Wales, Northern Ireland, the East Midlands and West Midlands were least likely to have been affected financially by lockdown, while people in the East of England and South East reported the greatest changes, although with very similar numbers of people reporting improvements and deteriorations in their financial situation.

Figure 30a Changes in financial status by previous financial management before Covid-19 crisis

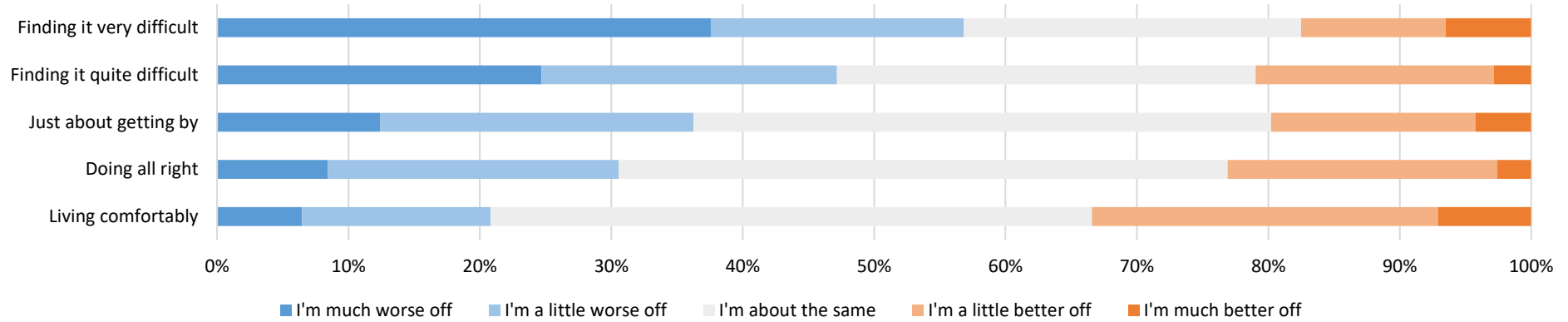
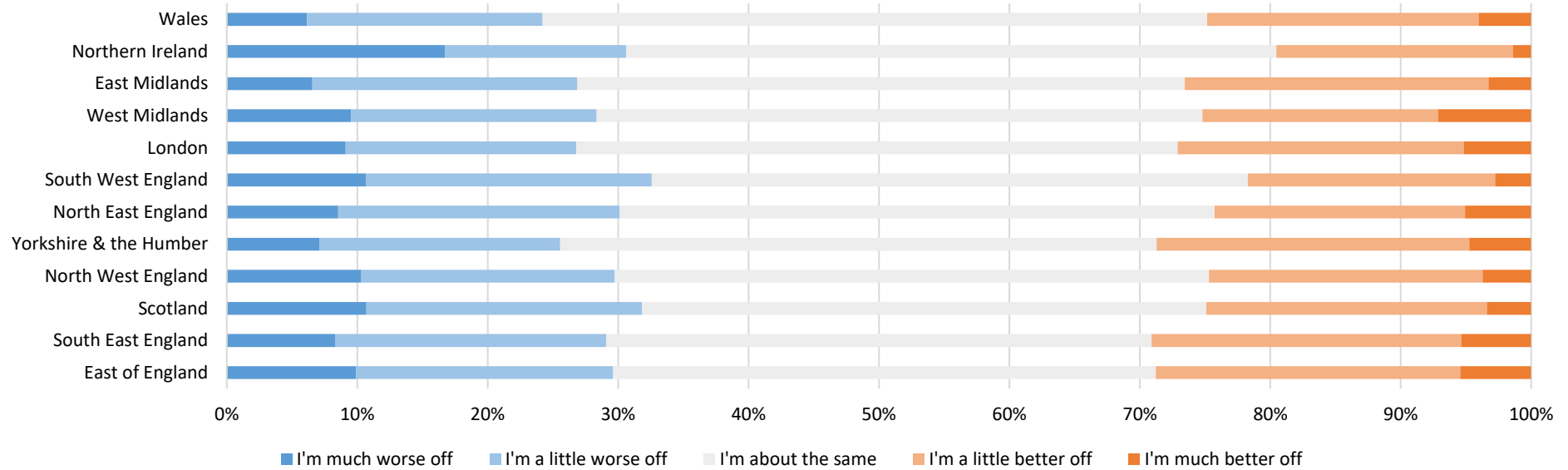


Figure 30b Changes in financial status by regional locations



## Appendix

### Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 90,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21<sup>st</sup> March to the 12<sup>th</sup> July (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:

1. What are the psychosocial experiences of people in isolation?
2. How do trajectories of mental health and loneliness change over time for people in isolation?
3. Which groups are at greater risk of experiencing adverse effects of isolation than others?
4. How are individuals' health behaviours being affected?
5. Which activities help to buffer against the potential adverse effects of isolation?

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt [d.fancourt@ucl.ac.uk](mailto:d.fancourt@ucl.ac.uk). To participate, visit [www.COVIDSocialStudy.org](http://www.COVIDSocialStudy.org)

### Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; data are weighted for analyses)

	Number of observations	%		Number of observations	%
<b>Age</b>			<b>Any diagnosed mental health conditions</b>		
<b>18-29</b>	35,984	6.76	<b>No</b>	439,656	82.6
<b>30-59</b>	303,998	57.1	<b>Yes</b>	92,620	17.4
<b>60+</b>	192,294	36.1	<b>Keyworker</b>		
<b>Gender</b>			<b>No</b>	417,122	78.4
<b>Male</b>	133,265	25.1	<b>Yes</b>	115,154	21.6
<b>Female</b>	396,774	74.9	<b>Living with children</b>		
<b>UK nations</b>			<b>No (excluding those who live alone)</b>	297,333	70.1
<b>England</b>	432,325	81.2	<b>Yes</b>	136,779	29.9
<b>Wales</b>	60,493	11.4	<b>Living area</b>		
<b>Scotland</b>	34,148	6.42	<b>Village/hamlet/isolated dwelling</b>	129,667	24.4
<b>Northern Ireland</b>	5,308	1.00	<b>City/large town/small town</b>	402,607	75.6
<b>Living arrangement</b>					
<b>Not living alone</b>	424,112	79.7			
<b>Living alone</b>	108,164	20.3			
<b>Annual household income</b>					
<b>&gt;30k</b>	291,402	60.6			
<b>&lt;30k</b>	189,720	39.4			

Descriptive statistics of geographical regions and financial situation (unweighted; data are weighed for analyses)

	Much worse %	Little worse %	About the same %	Little better %	Much better %	Total %	Total number of observations
<b>North East England</b>	9%	22%	46%	19%	5%	3.42	1,003
<b>North West England</b>	10%	19%	46%	21%	4%	7.85	2,301
<b>Yorkshire &amp; the Humber</b>	7%	18%	46%	24%	5%	6.40	1,877
<b>West Midlands</b>	10%	19%	46%	18%	7%	6.34	1,860
<b>East Midlands</b>	7%	20%	47%	23%	3%	5.55	1,626
<b>East of England</b>	10%	20%	42%	23%	5%	7.38	2,163
<b>London</b>	9%	18%	46%	22%	5%	15.8	4,639
<b>South East London</b>	8%	21%	42%	24%	5%	17.4	5,086
<b>South West London</b>	11%	22%	46%	19%	3%	10.3	3,031
<b>Wales</b>	6%	18%	51%	21%	4%	12.8	3,745
<b>Scotland</b>	11%	21%	43%	22%	3%	5.91	1,732
<b>Northern Ireland</b>	17%	14%	50%	18%	1%	0.88	258