# Covid-19 Social Study

## Results Release 39

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7 October 2021

Nuffield Foundation

wellcome

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# Executive summary

## Background

This report provides data from the last 80 weeks of the UK Covid-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this THIRTY-NINTH report, we focus on psychological responses to the first eighty weeks since just before the first UK lockdown was announced (21/03/2020 to 03/10/2021). 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\*\*\*** Neighbourhood relationships and feelings towards one's neighbourhood

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 and at www.COVIDSocialStudy.org.

## Findings

- Overall, there have been more fluctuations in neighbourhood relationships in 2021 than there were in the first few months of the pandemic, in comparison with pre-pandemic. The largest changes were for support: 35% of respondents in September 2021 said that neighbourhood support had improved (vs 28% in July 2020), whilst 15% said support had deteriorated (vs 5% in July 2020) compared with before the pandemic.
- Improvements were also seen for shared values, with 32% in September 2021 saying that these had improved compared to before the pandemic, whilst only 9% said this in July 2020. Similarly, 1 in 4 report greater trust in people living in their neighbourhood in 2021 (7% in July 2020), 32% report that their neighbourhood had become closer (18% in July 2020), and 25% felt it has become more cohesive (9% in July 2020).
- Most respondents reported no change in their feelings towards their neighbourhood in the past year compared with the first few months of the pandemic. Respondents rated the extent to which they feel a sense of belonging, how strongly they feel attached to, how much they feel they belong, and how satisfied they have been with their neighbourhood. Twice as many people (30%) reported poorer levels of overall neighbourhood satisfaction in 2021 in comparison to the first few months of the pandemic, compared to just 14% who felt more satisfied.
- Worries about being able to access sufficient food have been increasing over the past two months and are now similar to what they were at the end of 2020, affecting around 1 in 8 people. These concerns are higher in people with a mental or physical health diagnosis and people with lower household incomes.
- Depression and anxiety symptoms generally decreased from the end of February 2021 but appear to have levelled off. Levels are now similar to what they were in early autumn 2020. Symptoms of both depression and anxiety are still highest in young adults, people living alone, people with lower household income, people living with children, those living in urban areas, women, people from ethnic minority groups, and those with a physical health diagnosis.
- The proportion of people concerned about catching or becoming seriously ill from Covid-19 increased during the month of July 2021 but then levelled off. Worries about Covid-19 are currently being reported by around 1 in 3 people.
- Compliance with guidelines continues to decline as it has since the end of February 2021. Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) is also now as low as it ever has been around 33%.
- Confidence in government to handle the pandemic remains lower in England than in Wales and Scotland, as it has been since the end of April 2020. Levels of confidence increased somewhat in England over the month of July 2021 but have since levelled off.

# 1. Compliance and confidence

## 1.1 Compliance with guidelines

## Figure 1 Compliance with guidelines
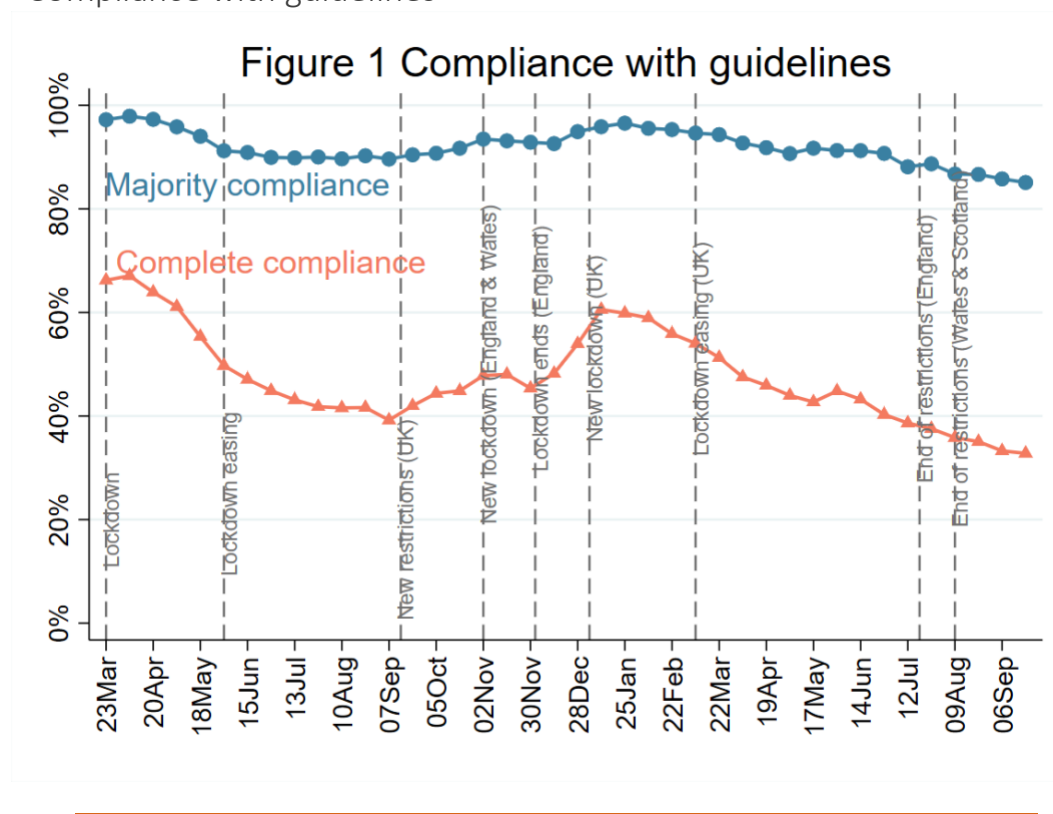


FINDINGS

Respondents were asked to what extent they are following the recommendations from government to prevent spread of Covid-19, 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 across the whole of the UK 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).

**Majority compliance has continued to decline since the easing of restrictions for the latest lockdown and is now lower than what it has been since the start of the pandemic.**

Majority compliance has been reported by just under 9 in 10 (85%) people in the last month, with consistent patterns since the beginning of the year present in all major demographic groups (Figures 2m-2x).

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) has been decreasing since the start of the new year and is also now as low as it ever has been, around 33%.

Nevertheless, this means that around one third of participants reported that they are still following the guidelines to the letter. Across demographic groups[1], patterns of complete compliance remain as they have been since the start of the year, with compliance lower in higher income households, amongst young adults, amongst keyworkers, in urban areas, amongst men, and amongst people in good physical health.

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[1] Figures for ethnicity sub-groups are analysed by month rather than by week for the duration of the study to maximise sample size.

Figure 2a Complete compliance by age groups



Figure 2b Complete compliance by living arrangement



Figure 2c Complete compliance by household income
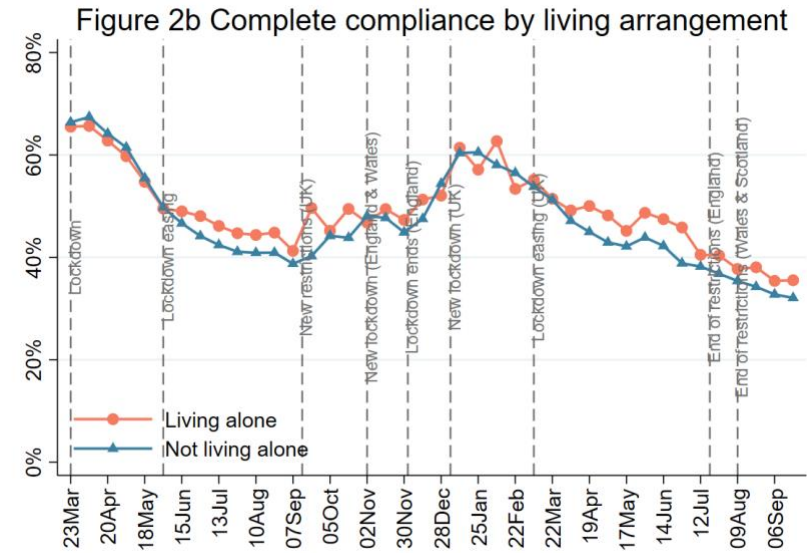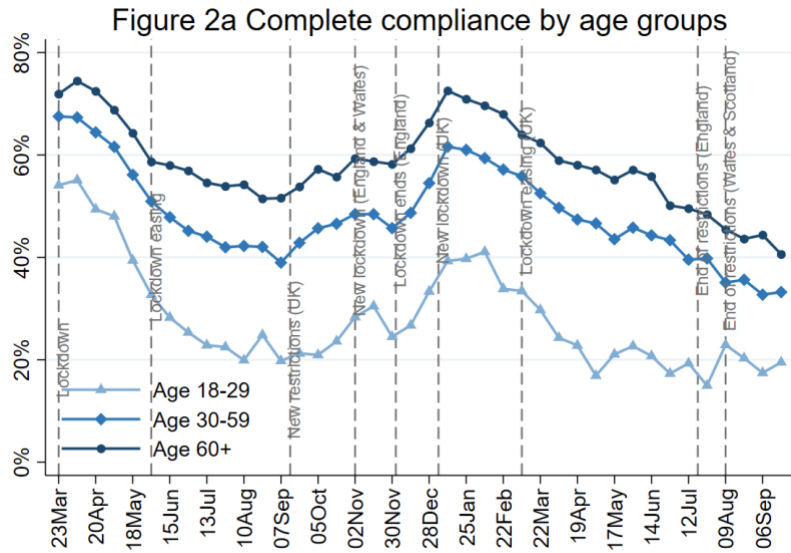


Figure 2d Complete compliance by mental health
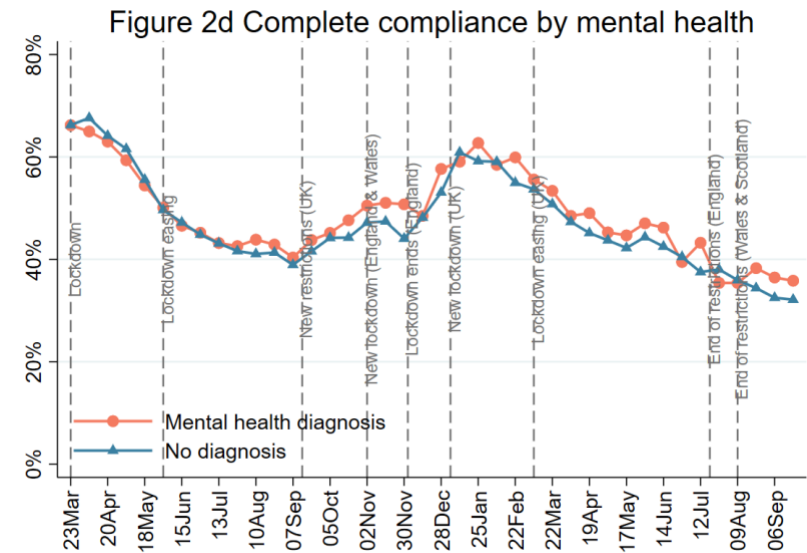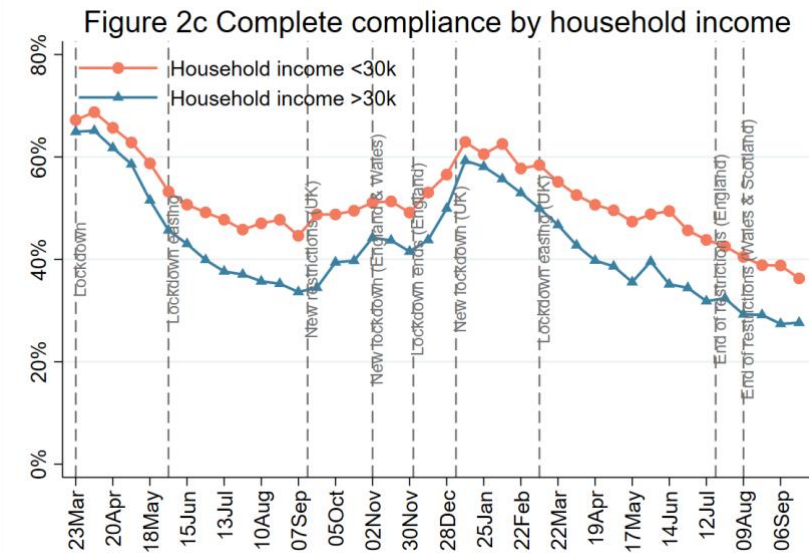
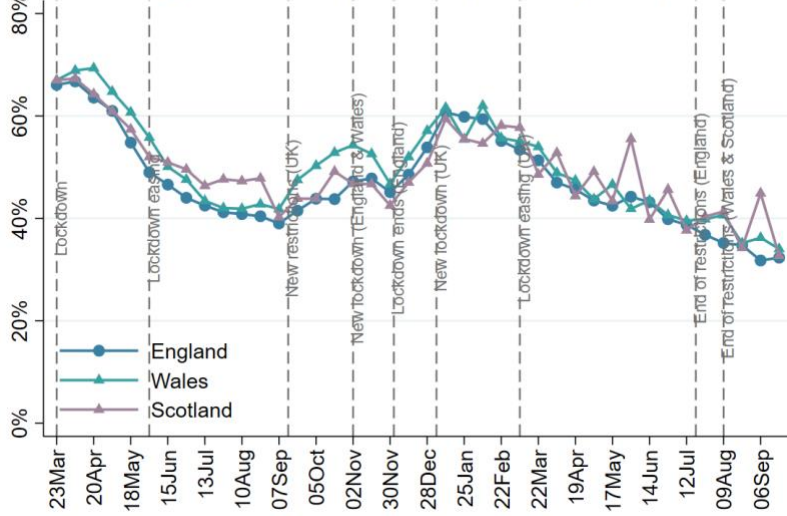Figure 2e Complete compliance by nations
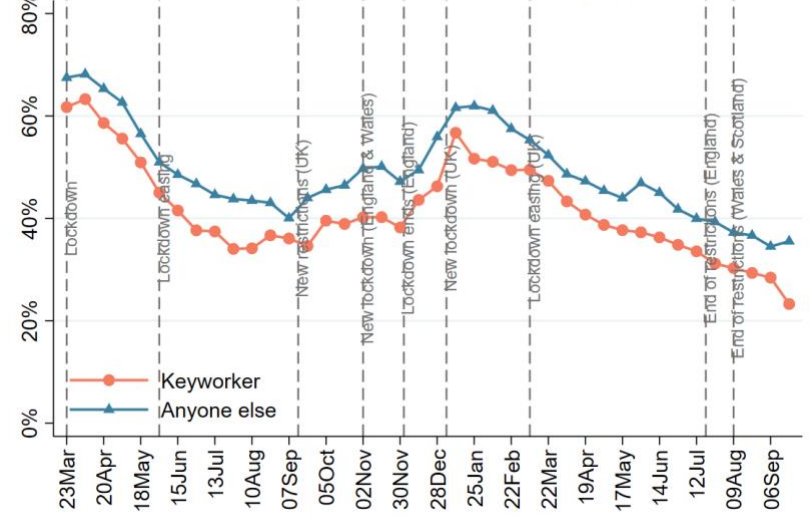

Figure 2f Complete compliance by keyworker status
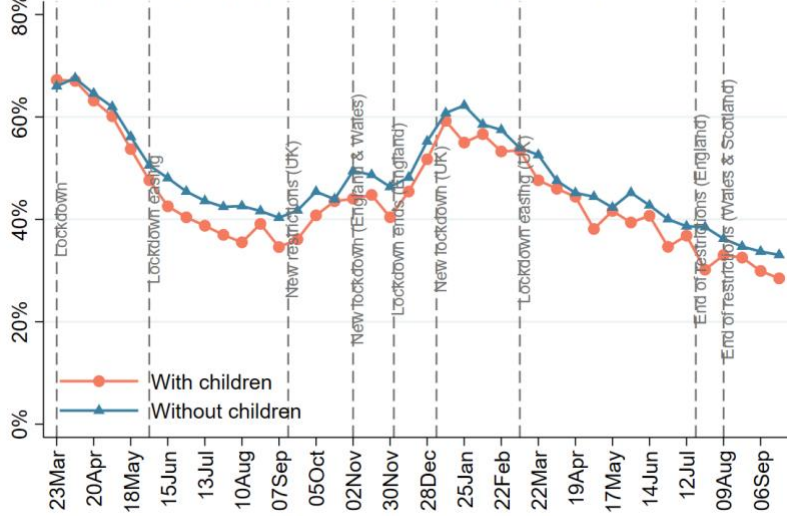

Figure 2g Complete compliance by living with children


Figure 2h Complete compliance by living area
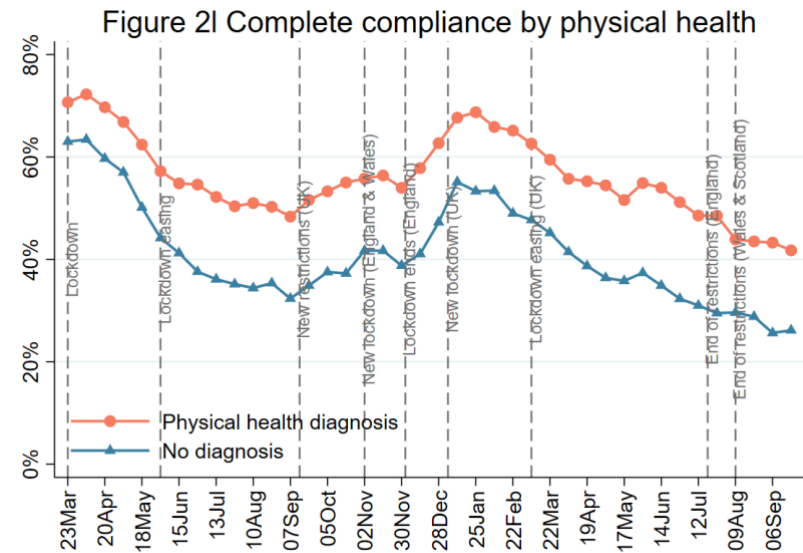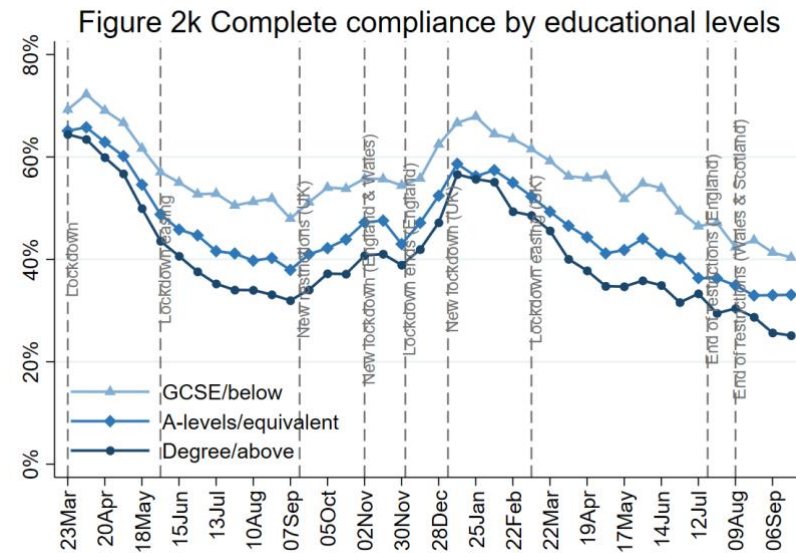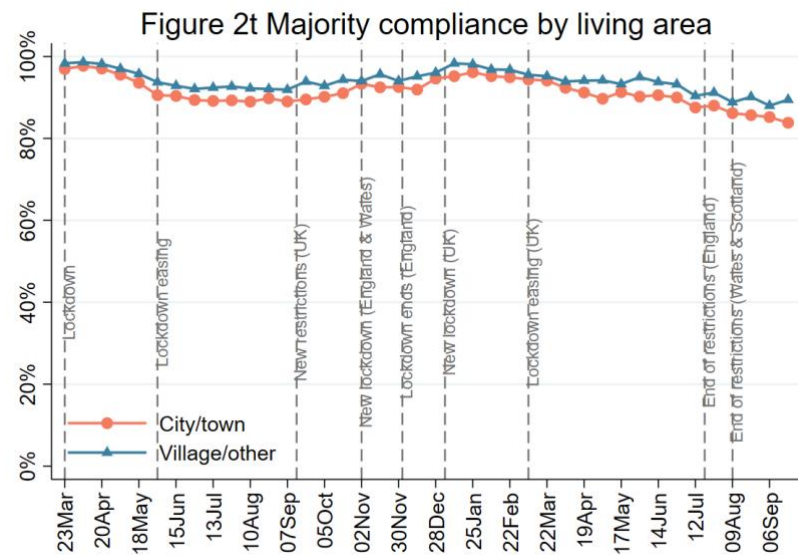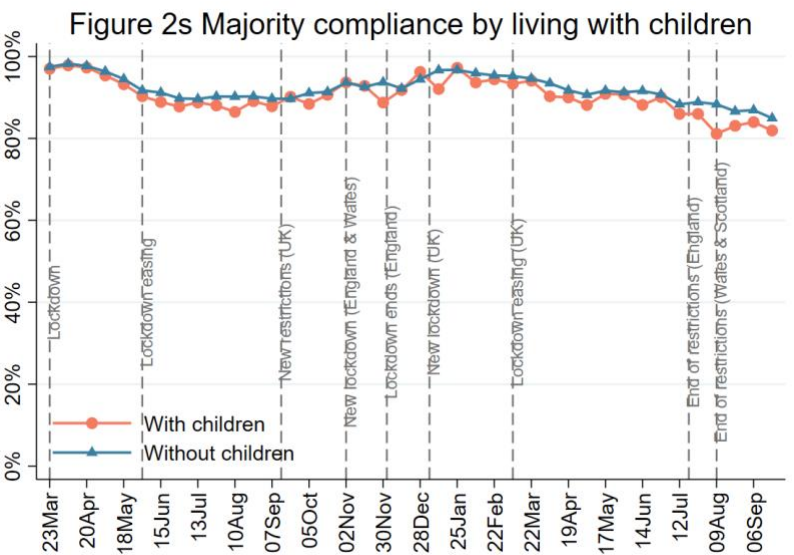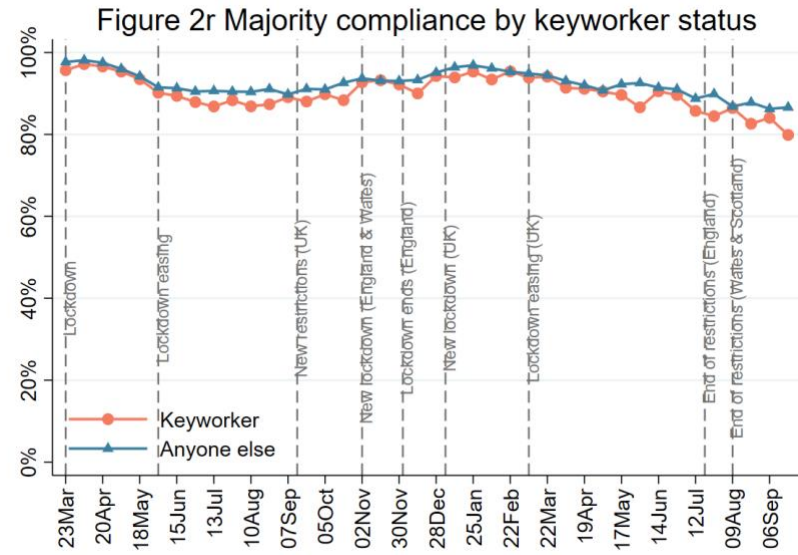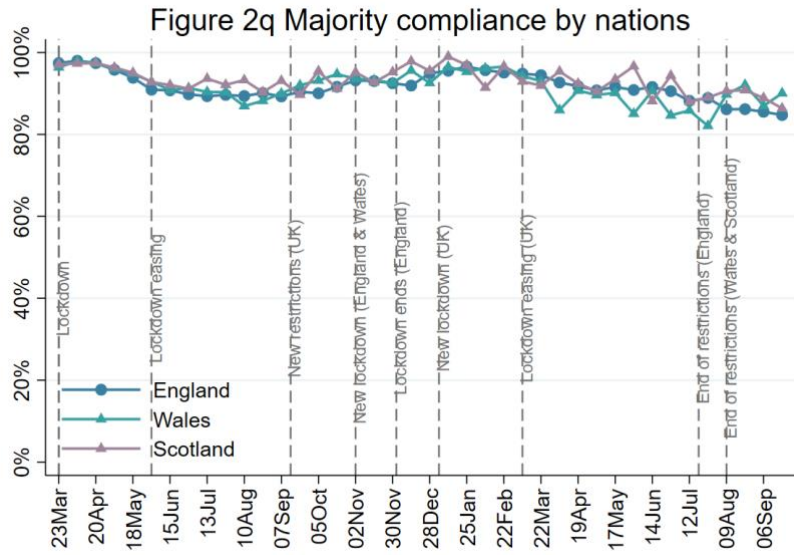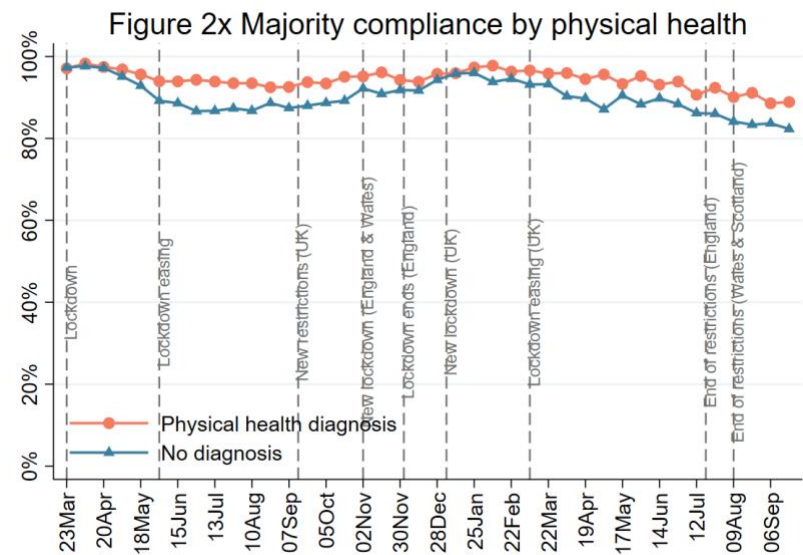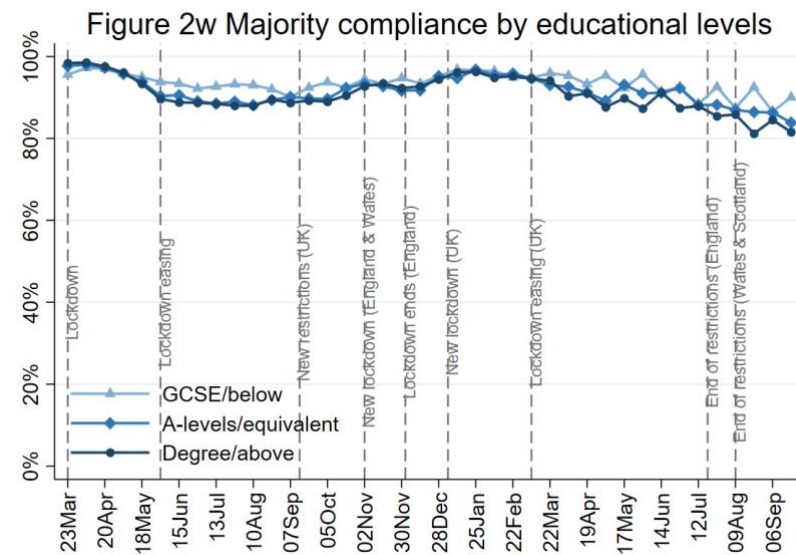
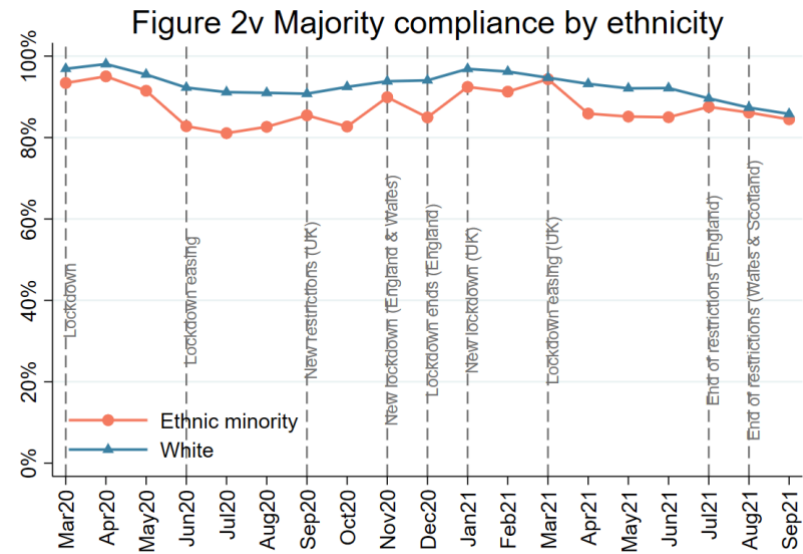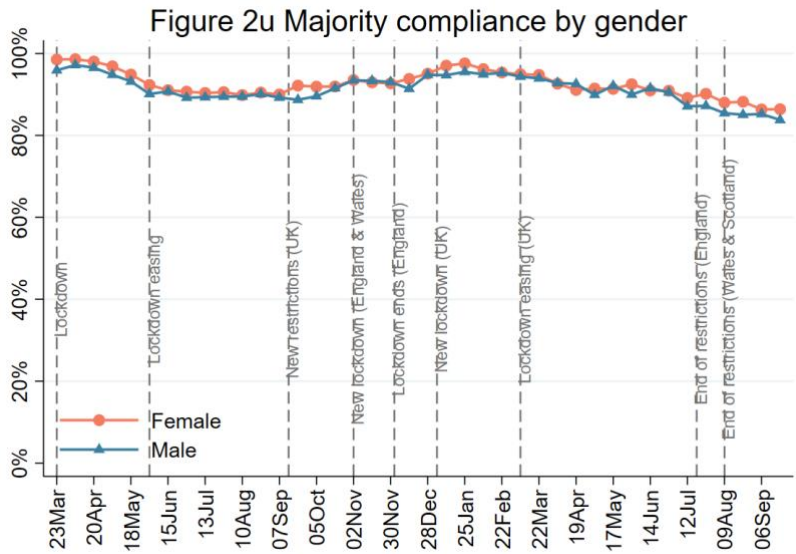Figure 2i Complete compliance by gender

Figure 2j Complete compliance by ethnicity

Figure 2k Complete compliance by educational levels

Figure 2l Complete compliance by physical health

1

Figure 2m Majority compliance by age groups



Figure 2n Majority compliance by living arrangement



Figure 2o Majority compliance by household income



Figure 2p Majority compliance by mental health

Figure 2q Majority compliance by nations



Figure 2r Majority compliance by keyworker status



Figure 2s Majority compliance by living with children



Figure 2t Majority compliance by living area

## Figure 2u Majority compliance by gender

Female
Male

## Figure 2v Majority compliance by ethnicity

Ethnic minority
White

## Figure 2w Majority compliance by educational levels

GCSE/below
A-levels/equivalent
Degree/above

## Figure 2x Majority compliance by physical health

Physical health diagnosis
No diagnosis

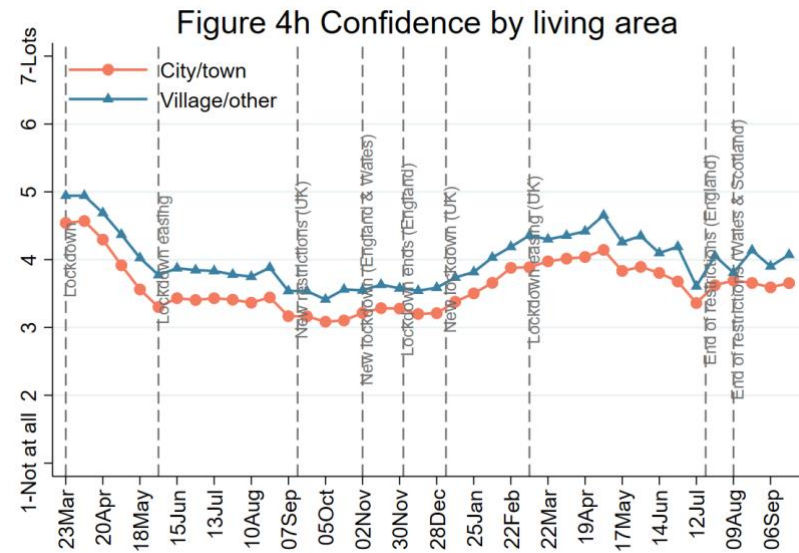## 1.2   Confidence in government
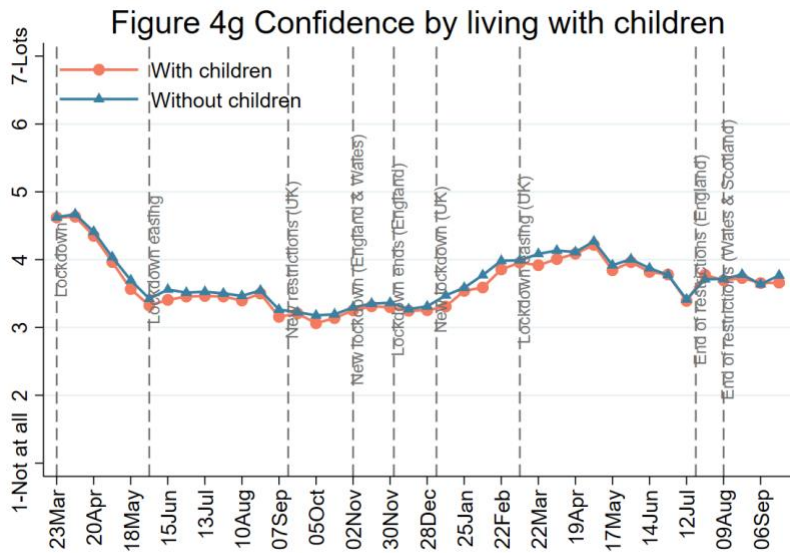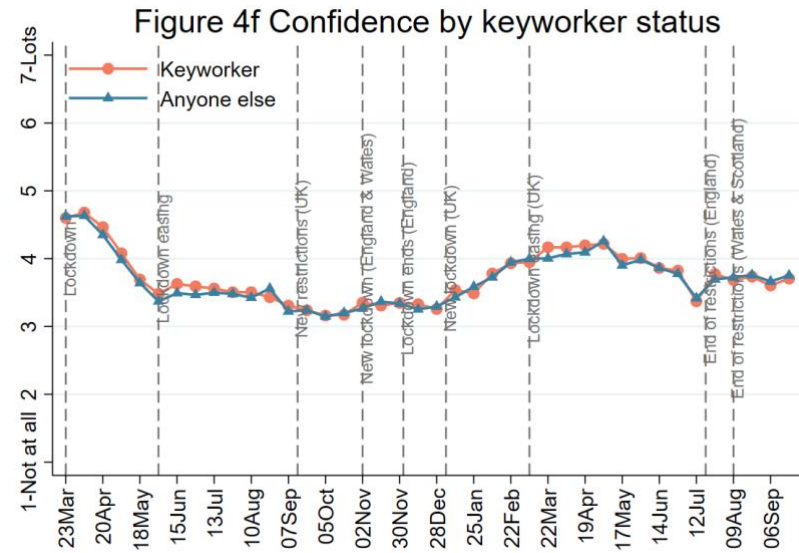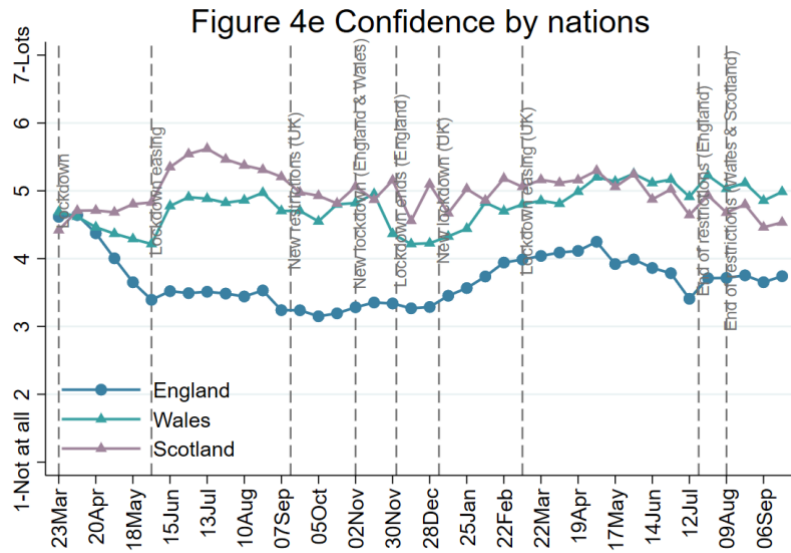


Figure 3 Confidence in government

FINDINGS

Respondents were asked how much confidence they had in the government to handle the Covid-19 pandemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.
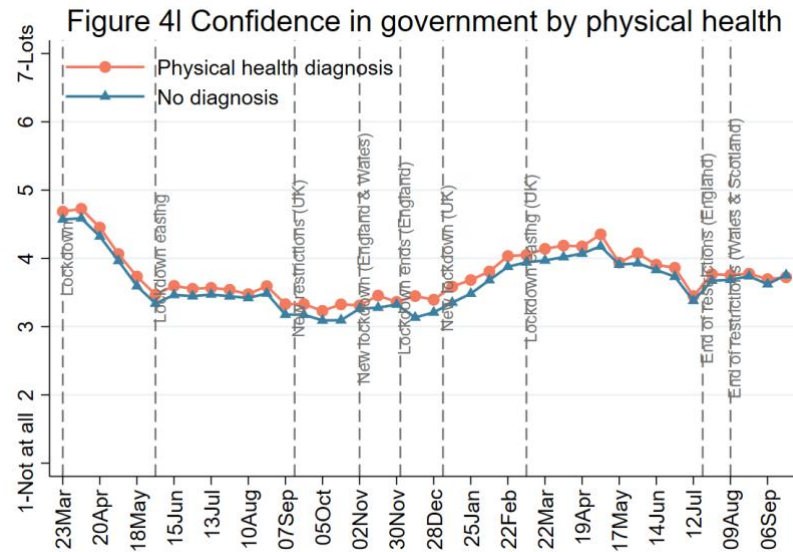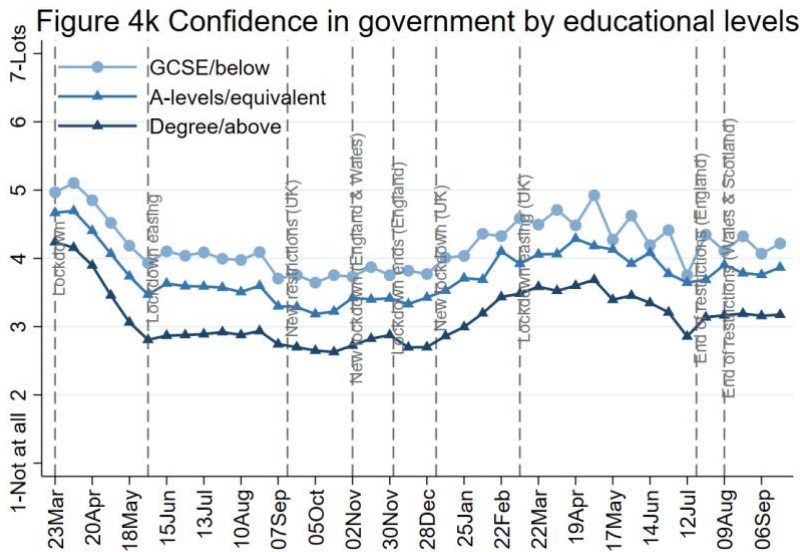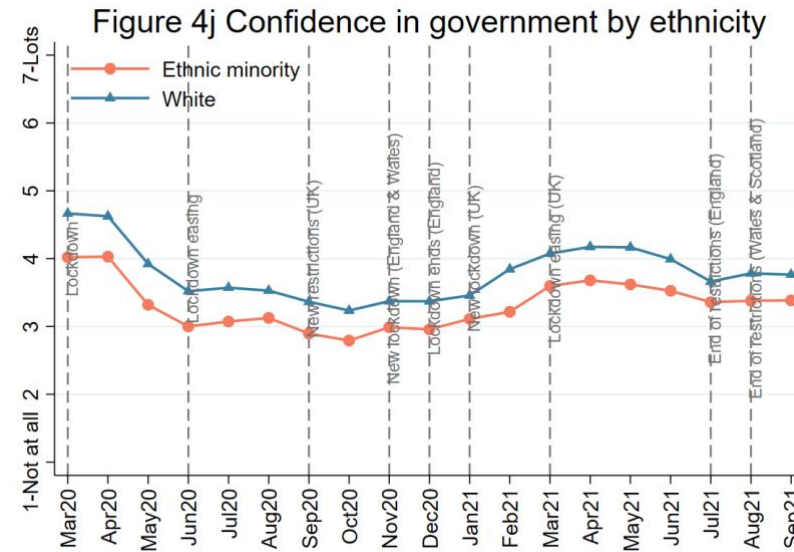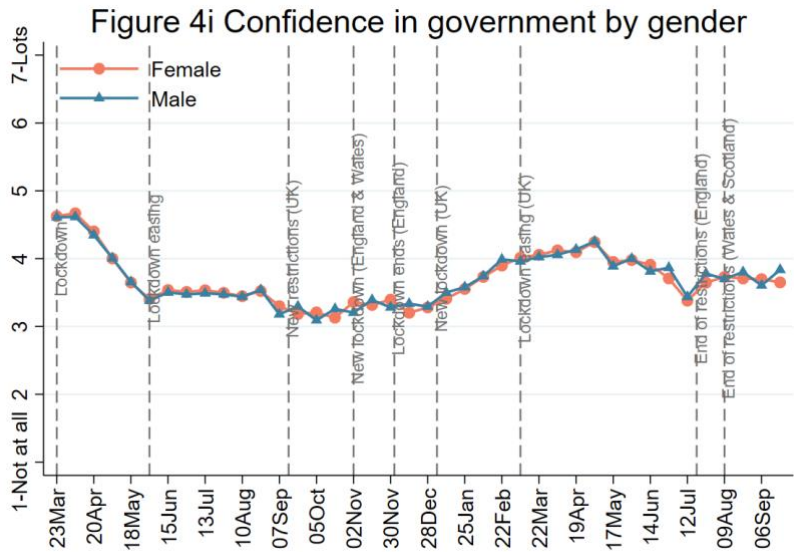
Confidence in government to handle the Covid-19 pandemic remains lower in England than devolved nations[2]. Levels of confidence increased somewhat in England over the month of July 2021 but have since levelled off.

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. In England, confidence in government is still lowest in those under the age of 30. Confidence also remains lower in urban areas, amongst people from ethnic minority groups, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

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[2] Figures for Northern Ireland have now been removed from our daily tracker graphs due to a small sample size that makes extrapolation even with statistical weighting unreliable. These data are being analysed in other papers and reports.

## Figure 4a Confidence by age groups

Legend:
- Age 18-29
- Age 30-59
- Age 60+

## Figure 4b Confidence by living arrangement

Legend:
- Living alone
- Not living alone

## Figure 4c Confidence by household income

Legend:
- Household income <30k
- Household income >30k

## Figure 4d Confidence by mental health diagnosis

Legend:
- Mental health diagnosis
- No diagnosis

Figure 4e Confidence by nations



Figure 4f Confidence by keyworker status



Figure 4g Confidence by living with children



Figure 4h Confidence by living area

## Figure 4i Confidence in government by gender

## Figure 4j Confidence in government by ethnicity

## Figure 4k Confidence in government by educational levels

## Figure 4l Confidence in government by physical health

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# 2. Mental Health

## 2.1 Depression and anxiety



**Figure 5 Depression and anxiety**
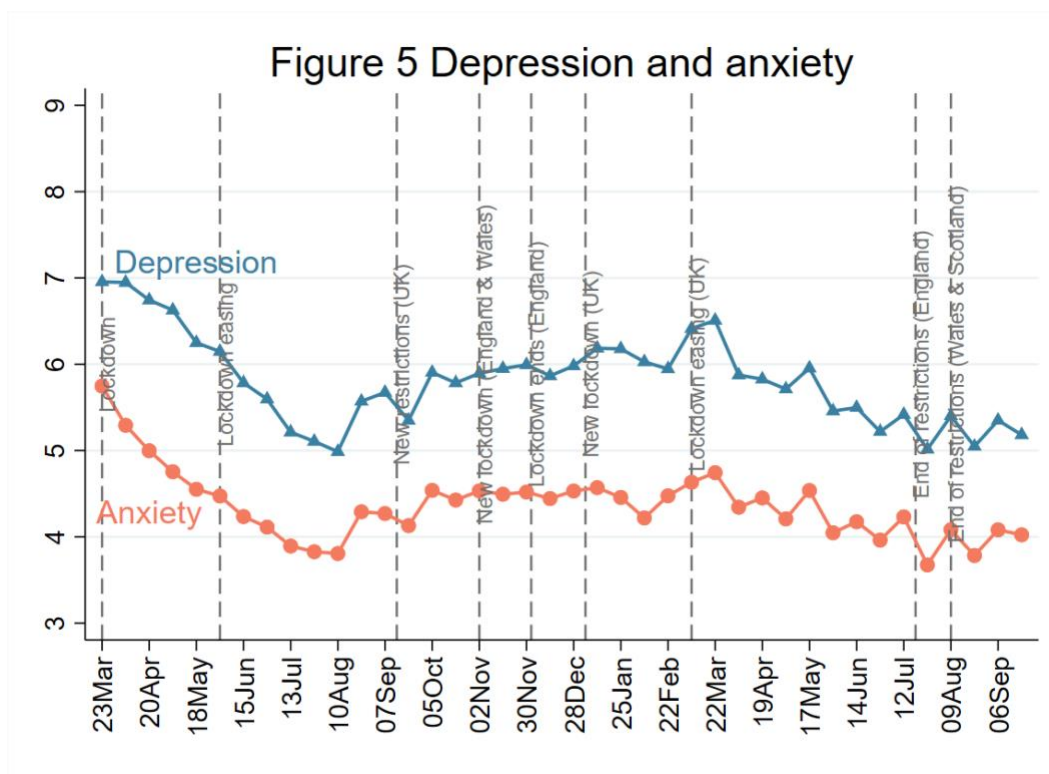
FINDINGS

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 screening for depression and anxiety in primary care. There 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 higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety symptoms generally decreased from the end of February 2021 but appear to have levelled off. Levels are now similar to what they were in late summer of 2020.

Although this study focuses on trajectories rather than prevalence, the levels overall remain higher than the averages usually reported with these same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression[3]).

Depression and anxiety are still highest in young adults, people living alone, people with lower household income, people living with children, those living in urban areas, women, people from ethnic minority groups, and those with a physical health diagnosis. People with a mental health diagnosis continue to report higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d). None of these differences appear to be narrowing as the pandemic continues.

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[3] 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.
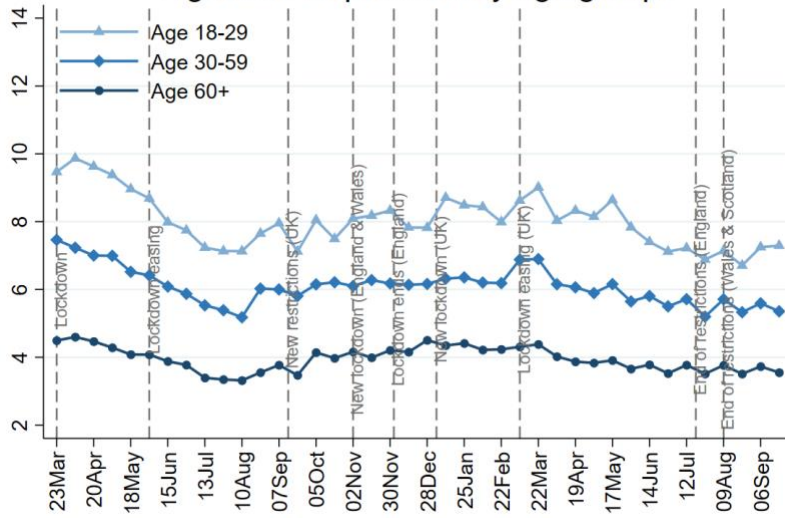
## Figure 6a Depression by age groups



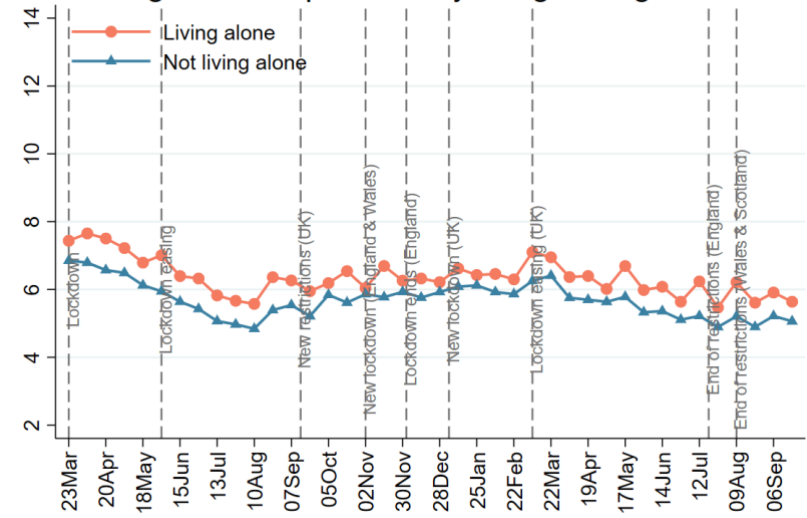## Figure 6b Depression by living arrangement

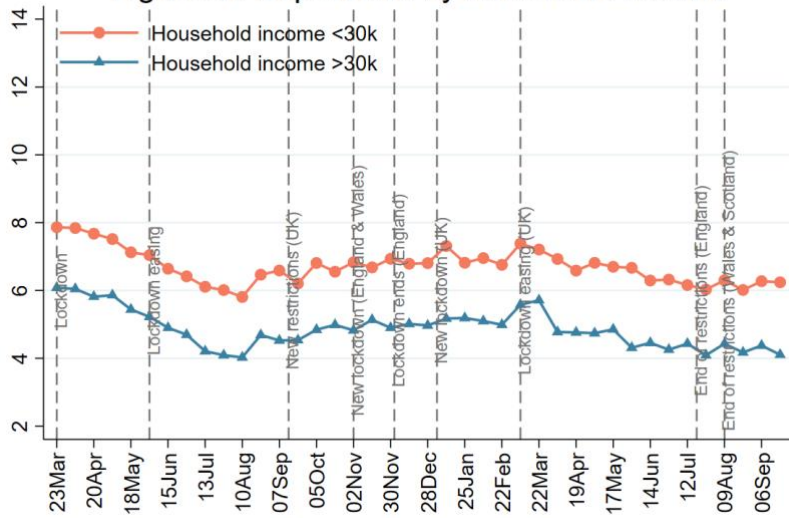

## Figure 6c Depression by household income



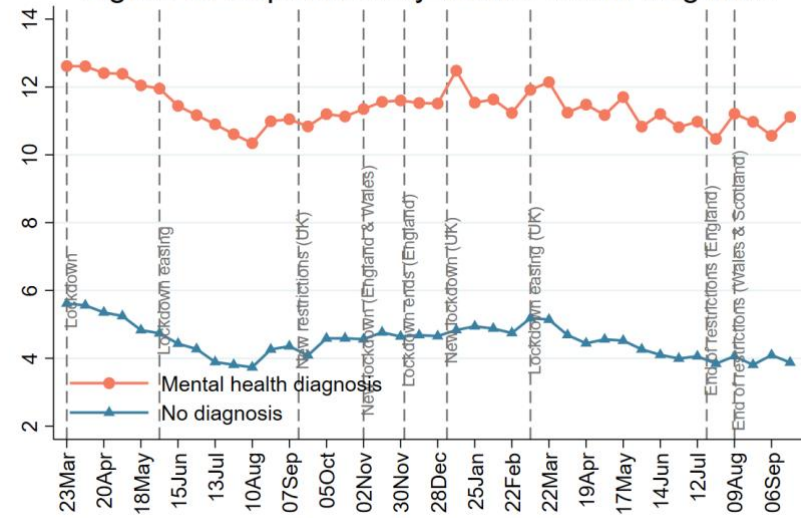## Figure 6d Depression by mental health diagnosis
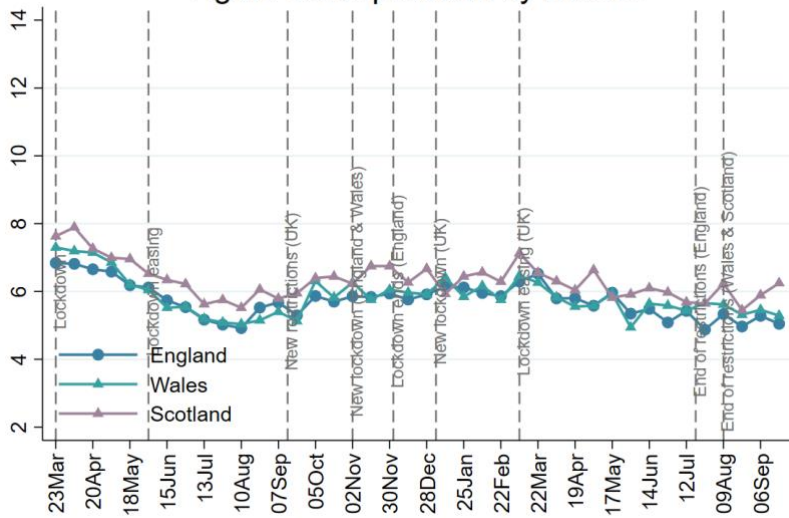
Figure 6e Depression by nations



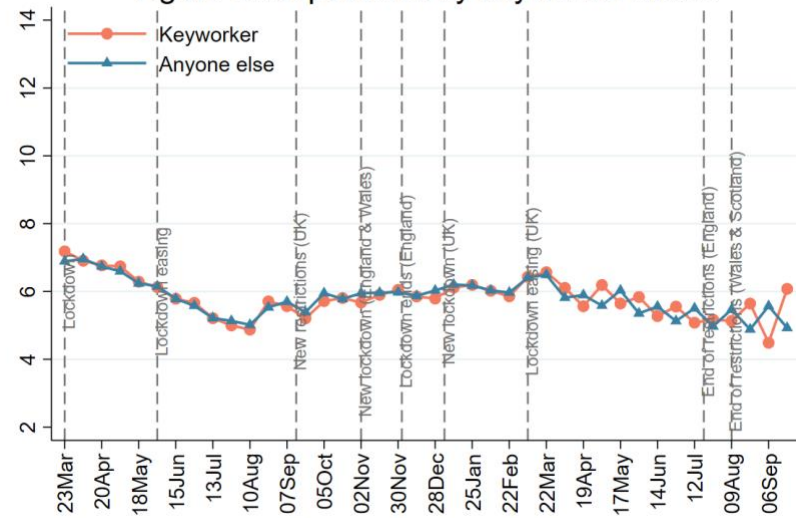Figure 6f Depression by keyworker status



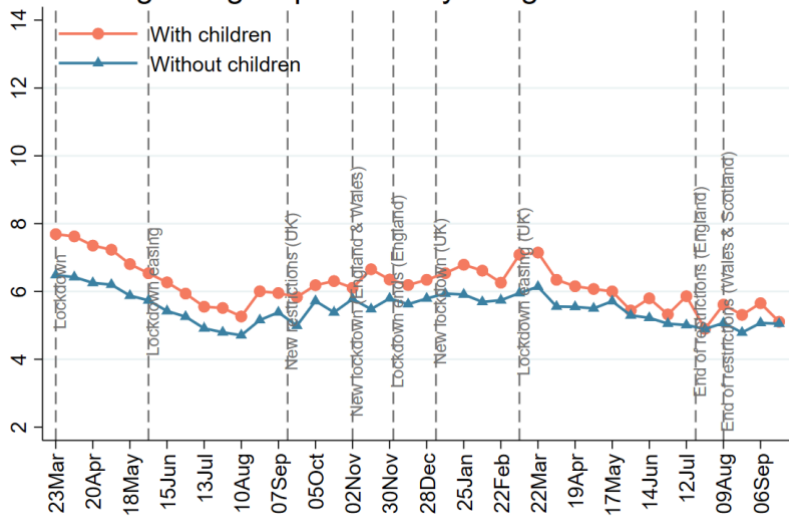Figure 6g Depression by living with children
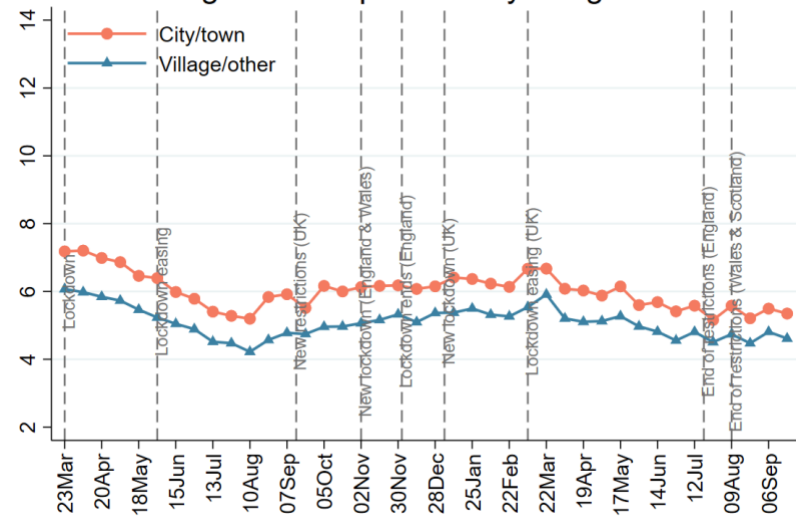


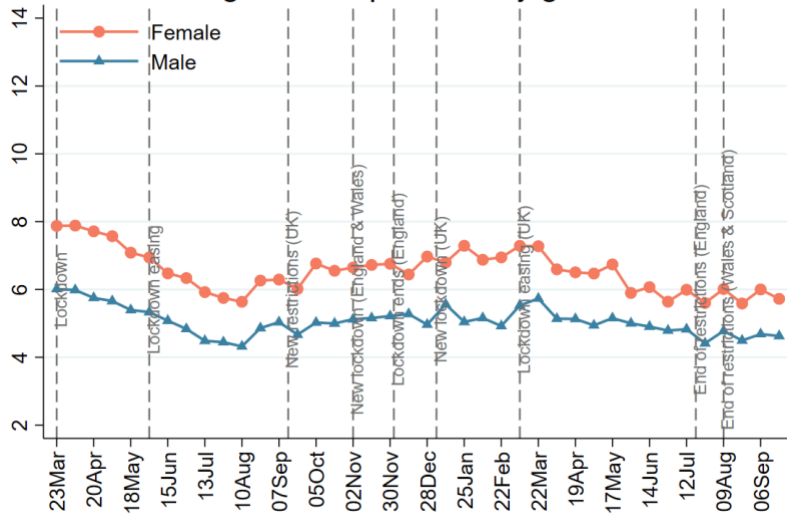Figure 6h Depression by living area

Figure 6i Depression by gender



Figure 6j Depression by ethnicity
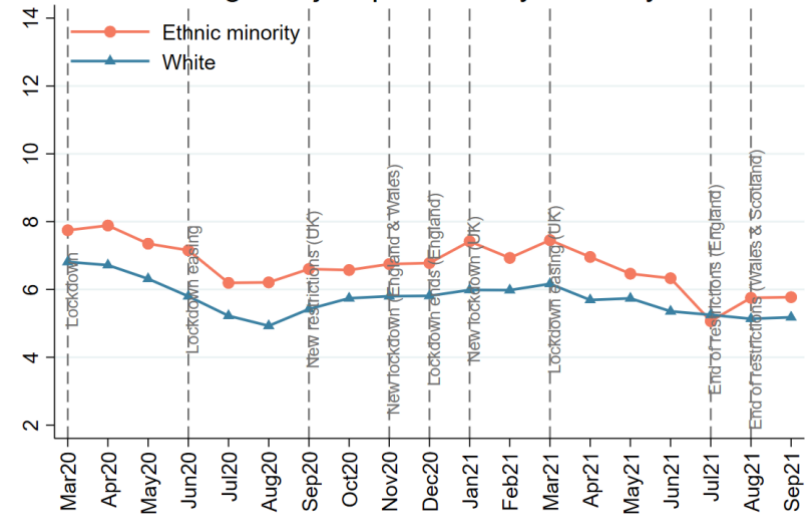


Figure 6k Depression by educational levels
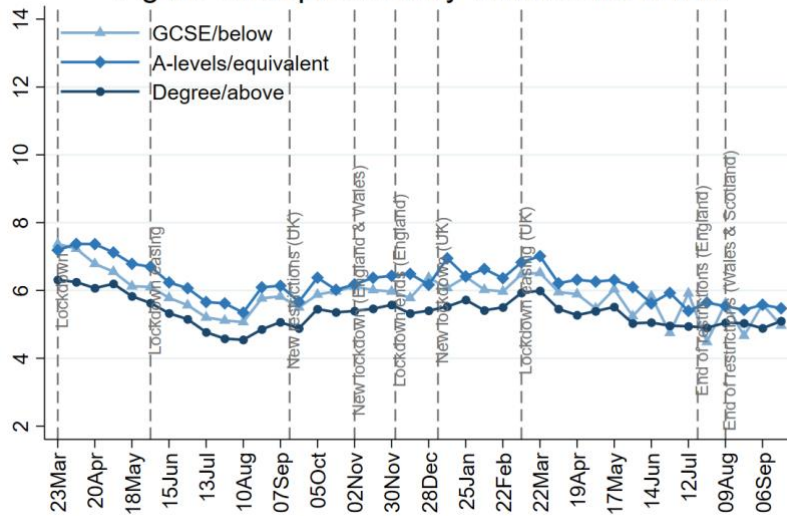


Figure 6l Depression by physical health diagnosis
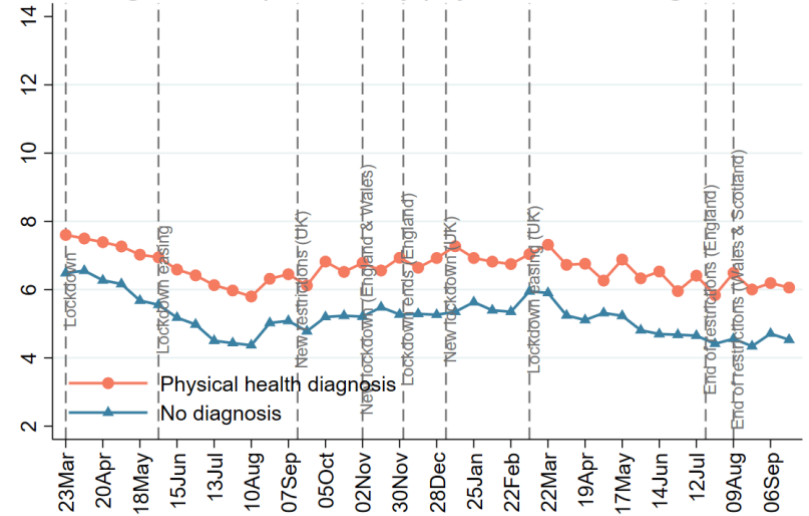
Figure 7a Anxiety by age groups
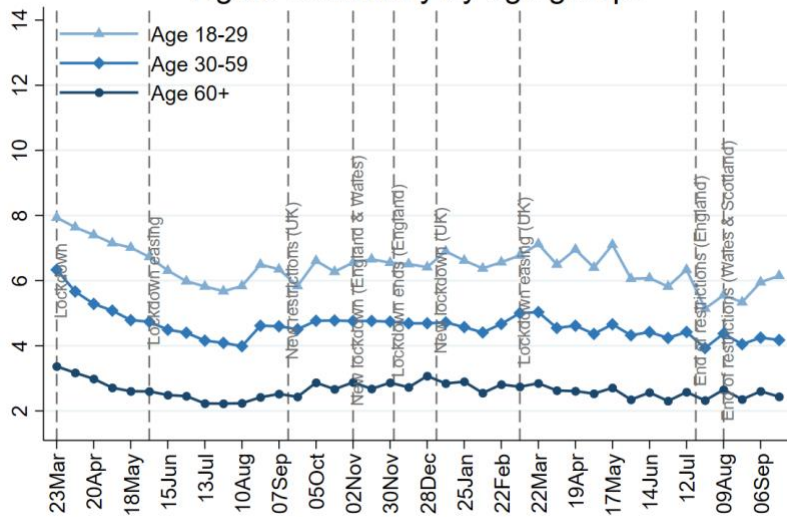


Figure 7b Anxiety by living arrangement
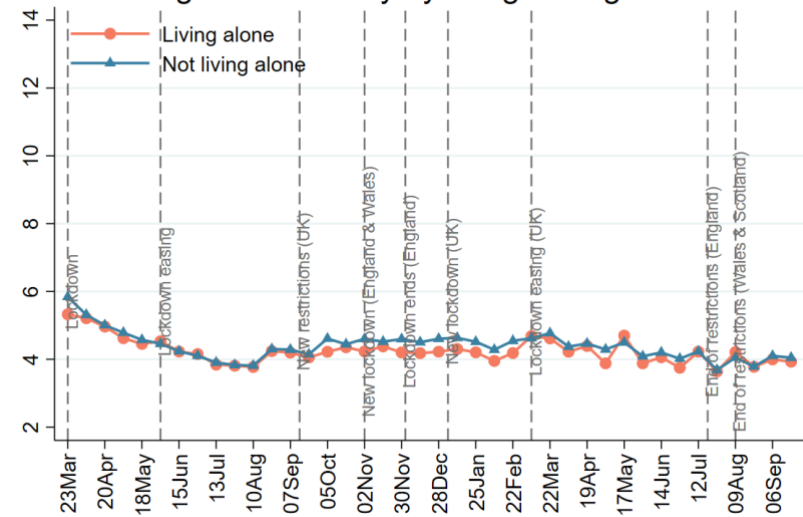


Figure 7c Anxiety by household income
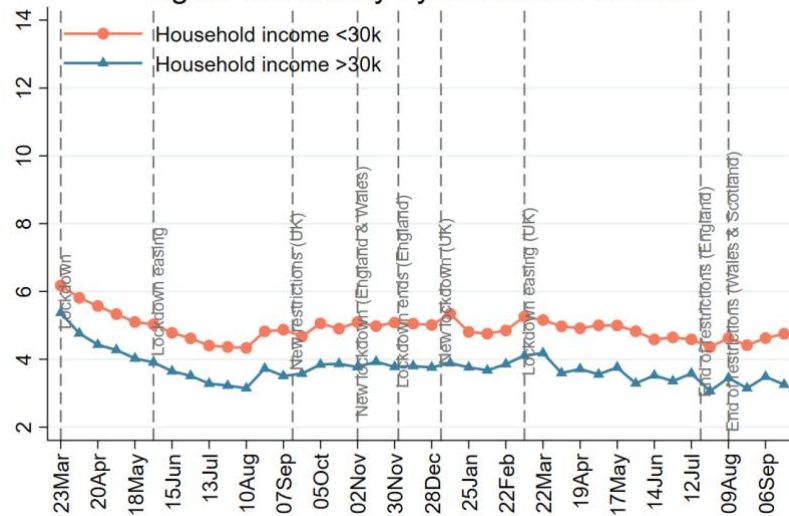


Figure 7d Anxiety by mental health diagnosis
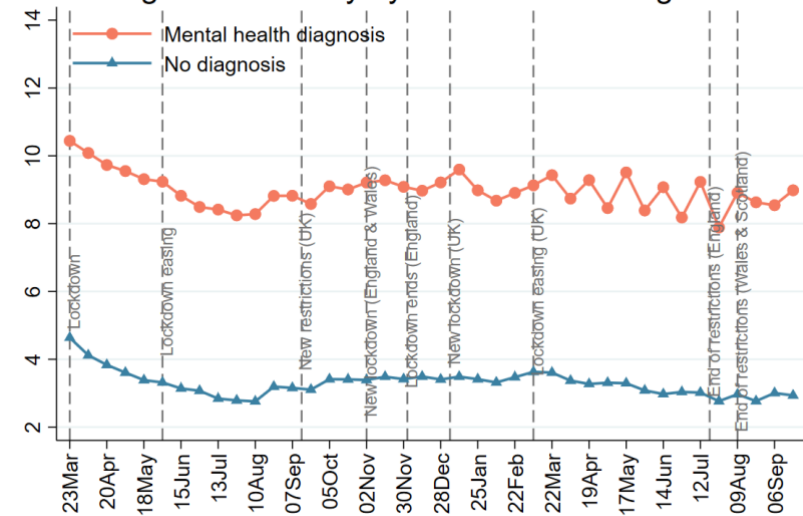
Figure 7e Anxiety by nations
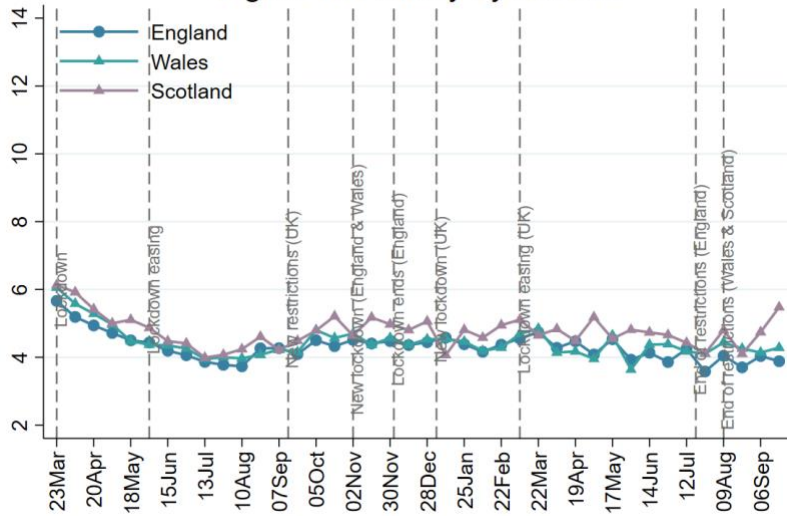


Figure 7f Anxiety by keyworker status
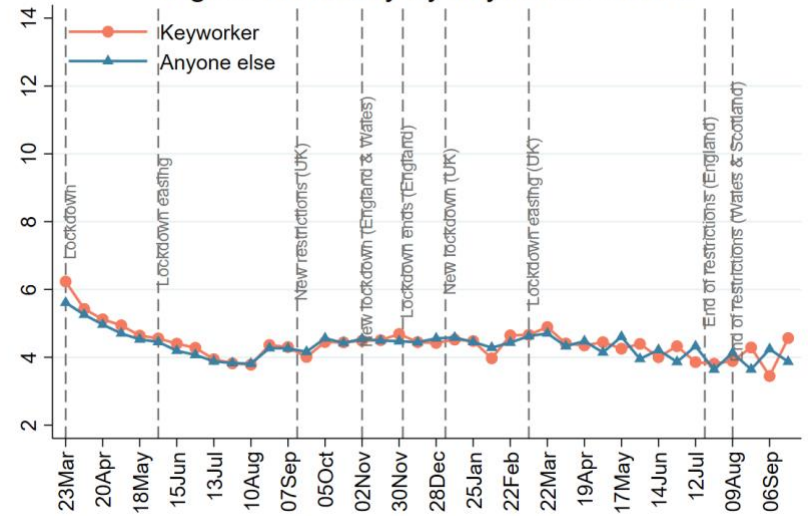


Figure 7g Anxiety by living with children
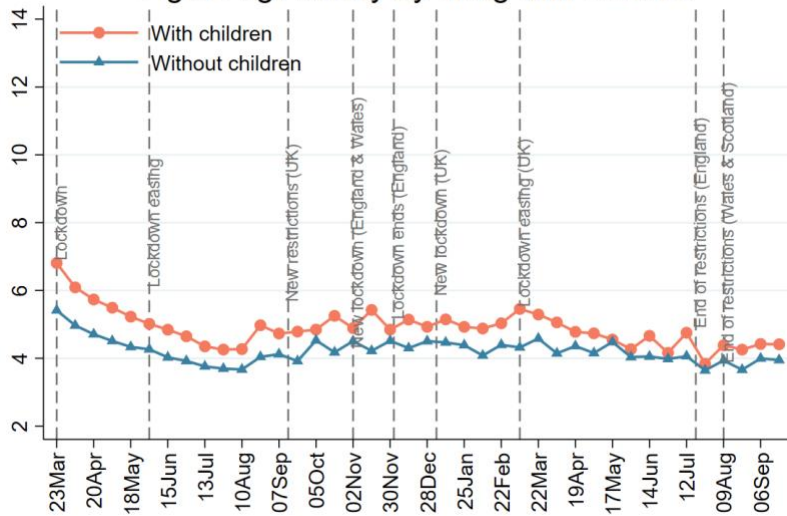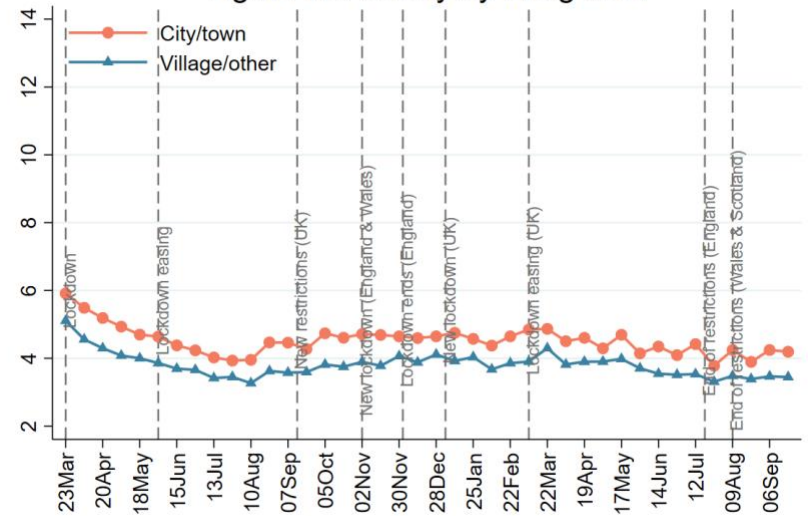


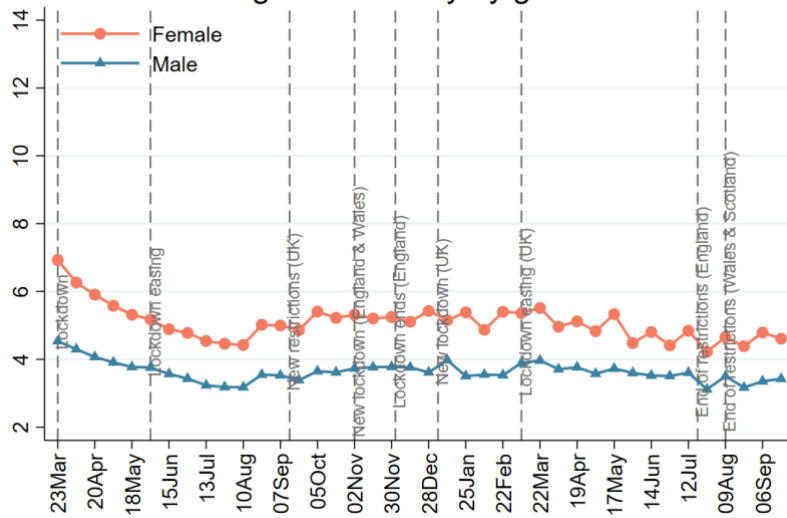Figure 7h Anxiety by living area

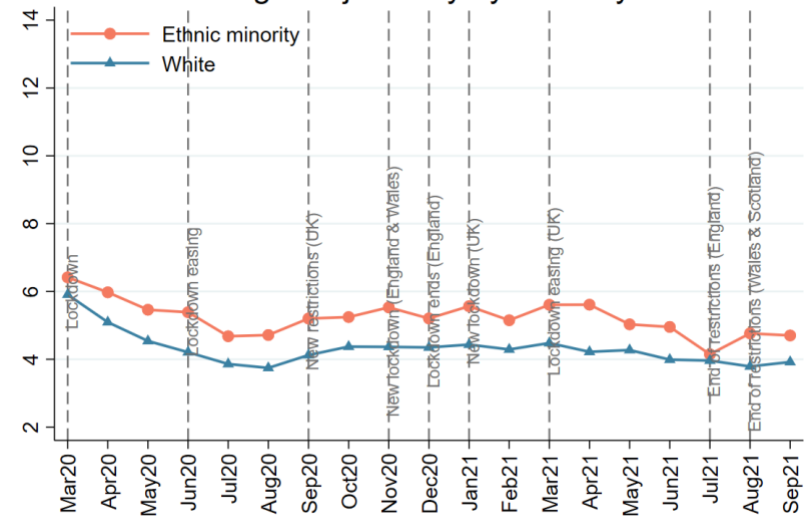Figure 7i Anxiety by gender



Figure 7j Anxiety by ethnicity



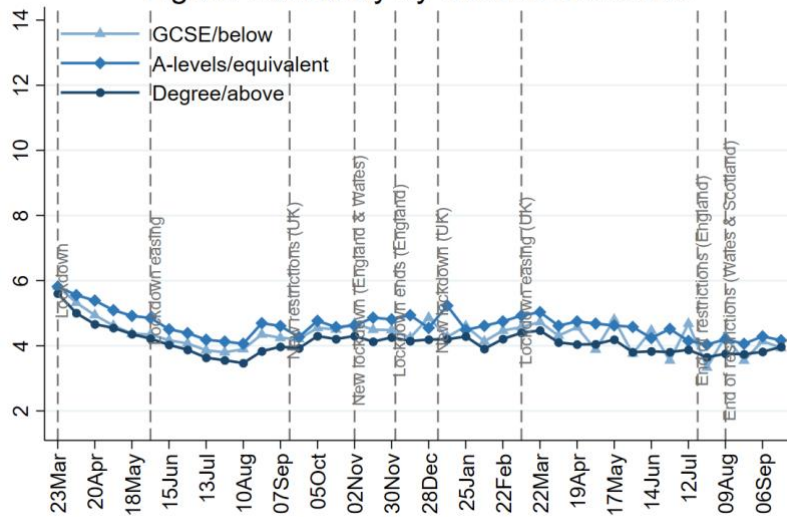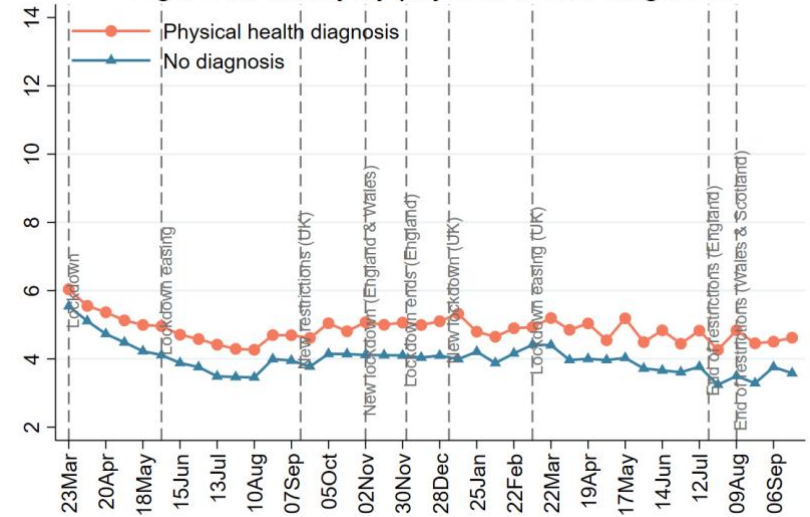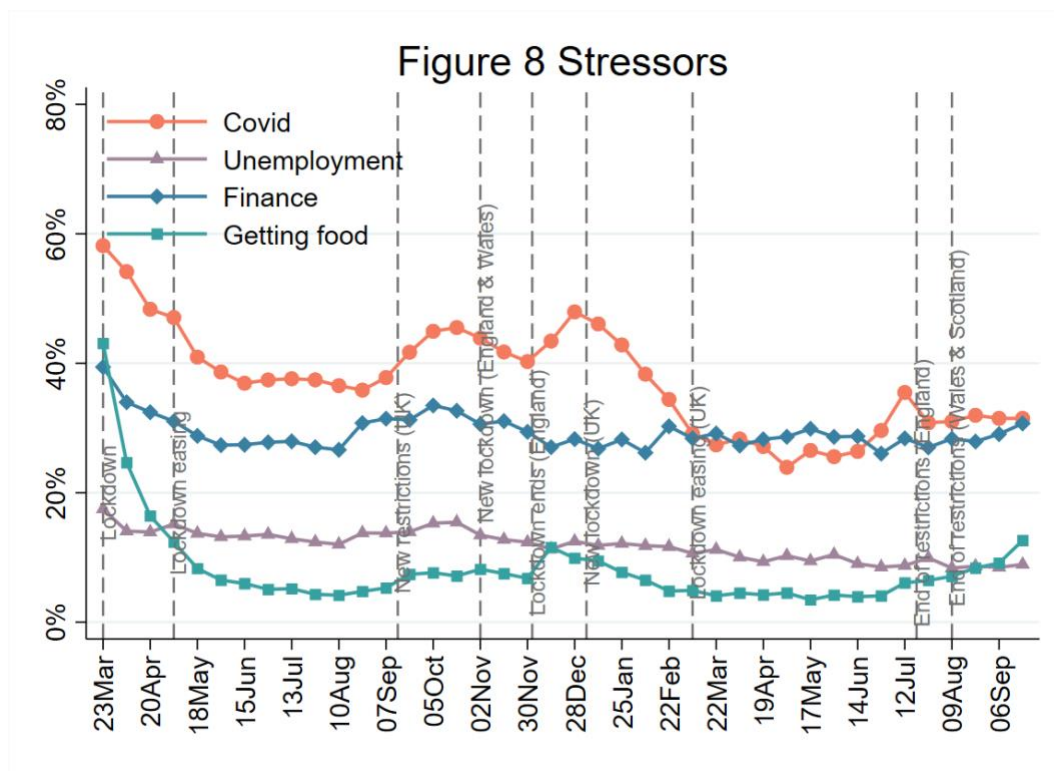Figure 7k Anxiety by educational levels



Figure 7l Anxiety by physical health diagnosis

## 2.2 Stress



Figure 8 Stressors

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).

The proportion of people concerned about catching or becoming seriously ill from Covid-19 increased during the month of July 2021 but then levelled off (32%). A greater proportion of women and people with a physical or mental health diagnosis continue to be more worried about catching or becoming seriously ill from Covid-19.

Worries about unemployment continue to concern around 1 in 12 people. Unemployment stress has been higher in people under the age of 60, people with a mental diagnosis, those living with children, keyworkers, in urban areas and amongst people from ethnic minority groups over the last several months.

Worries about finance have increased slightly over the past two months and are comparable to what they were in autumn 2020 (31%). Concerns about finances remain highest amongst adults of working age (18-59 years), in particular young adults (age 18-29). Financial stress has also been higher amongst people with low household incomes, keyworkers, those with a mental health diagnosis, people living with children, and people from ethnic minority groups.

Worries about being able to access sufficient food have been increasing over the past two months (in line with current problems with food supply) and are now similar to what they were at the end of 2020, affecting around 1 in 8 people. Most groups are reporting similar concern about accessing food, although these concerns are higher in people with a mental or physical health diagnosis and people with lower household incomes.
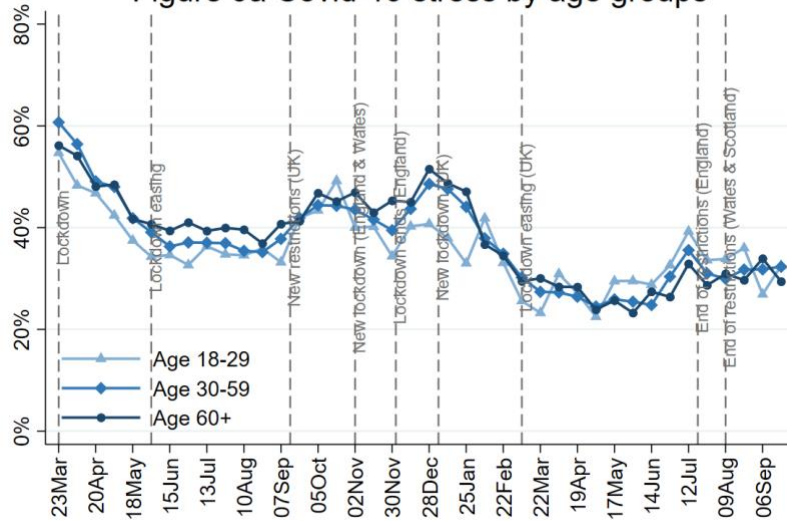
## Figure 9a Covid-19 stress by age groups

Age 18-29
Age 30-59
Age 60+

## Figure 9b Covid-19 stress by living arrangement

Living alone
Not living alone
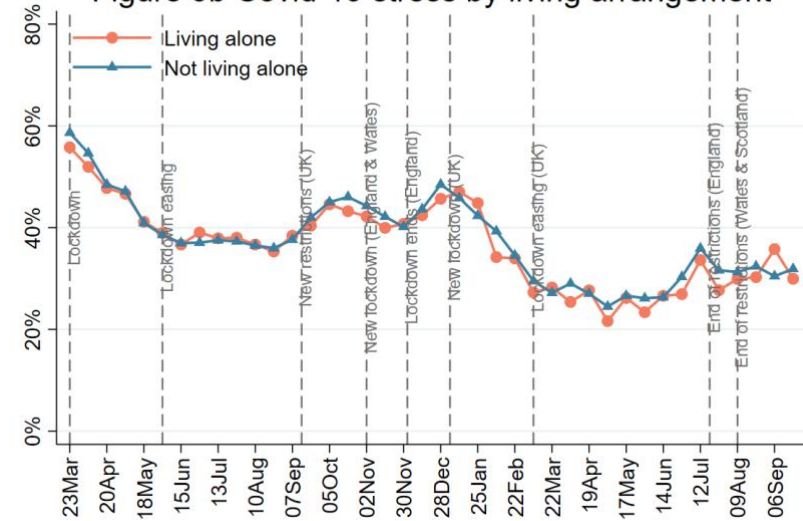
## Figure 9c Covid-19 stress by household income

Household income <30k
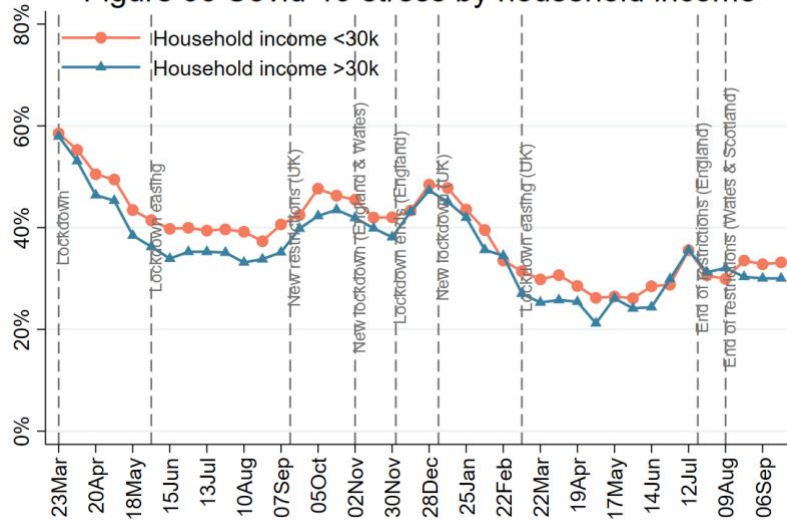Household income >30k

## Figure 9d Covid-19 stress by mental health diagnosis
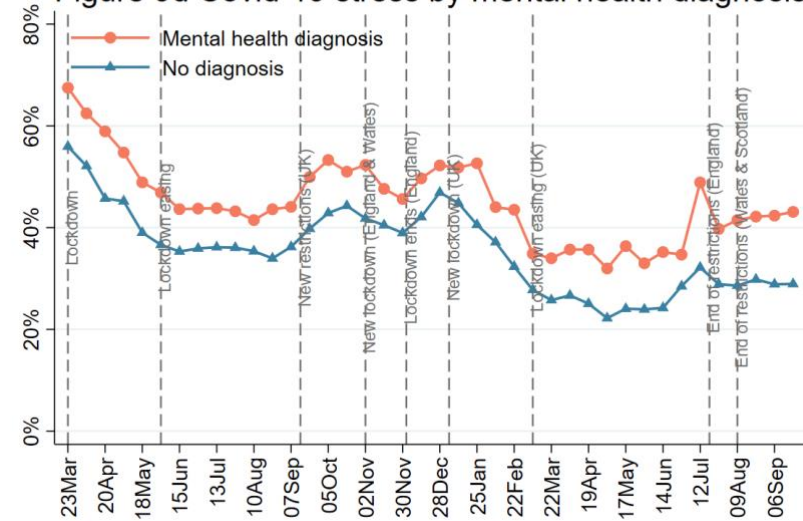
Mental health diagnosis
No diagnosis

Figure 9e Covid-19 stress by nations
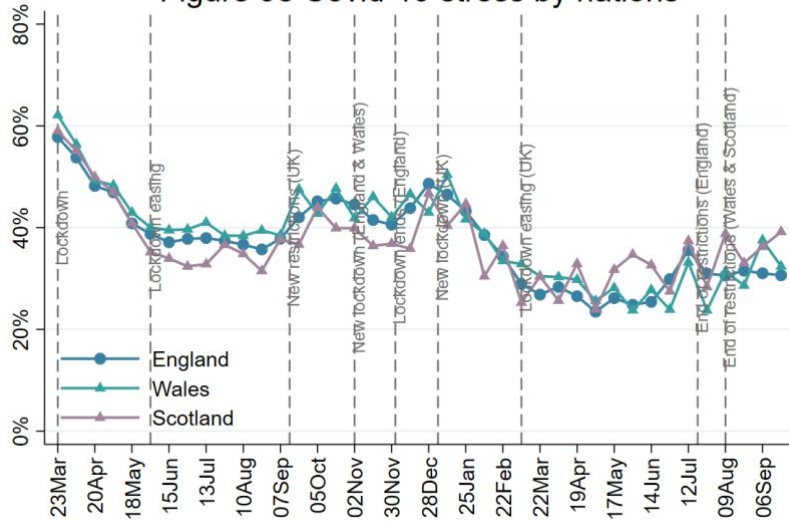


Figure 9f Covid-19 stress by keyworker status
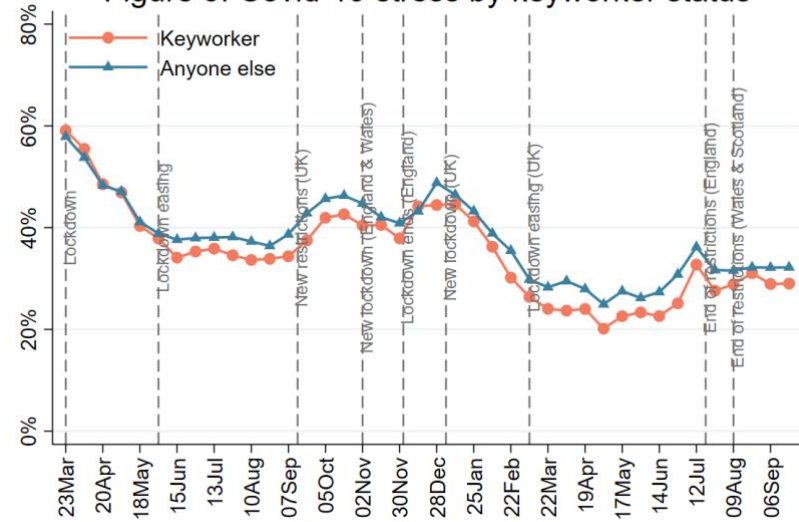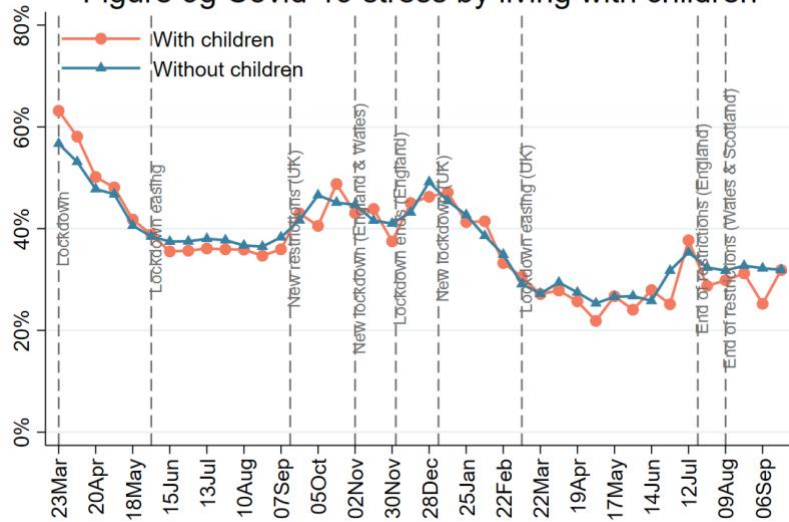


Figure 9g Covid-19 stress by living with children
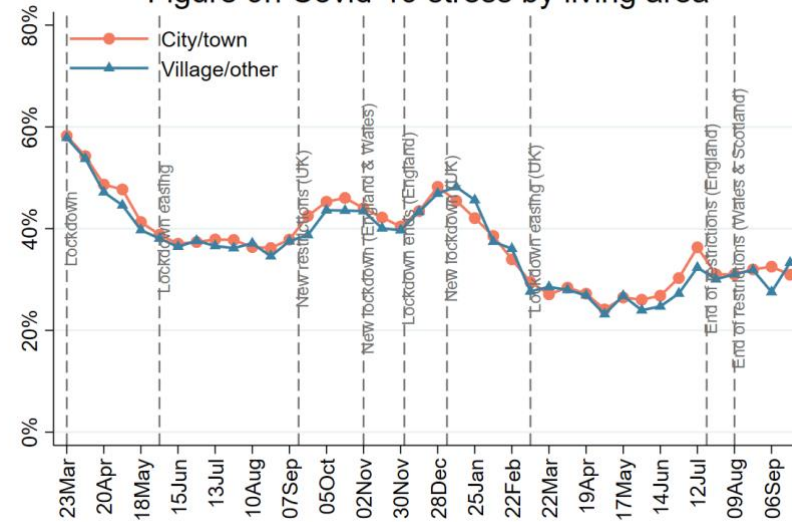


Figure 9h Covid-19 stress by living area

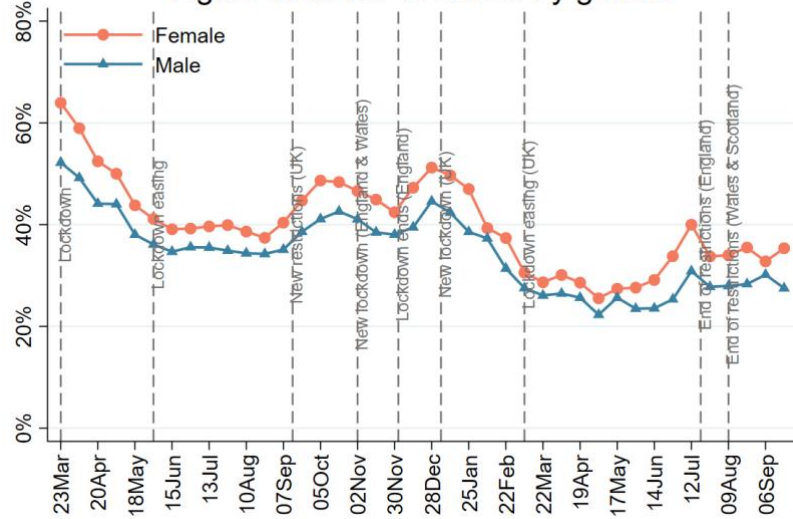## Figure 9i Covid-19 stress by gender



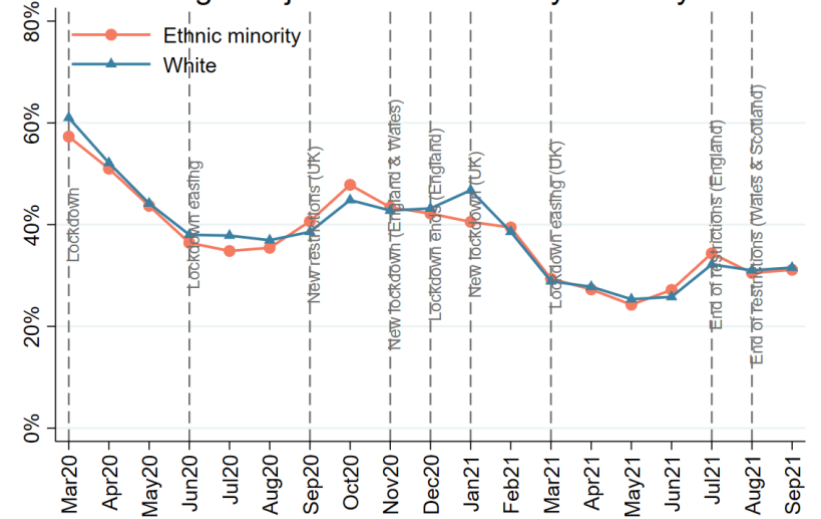## Figure 9j Covid-19 stress by ethnicity
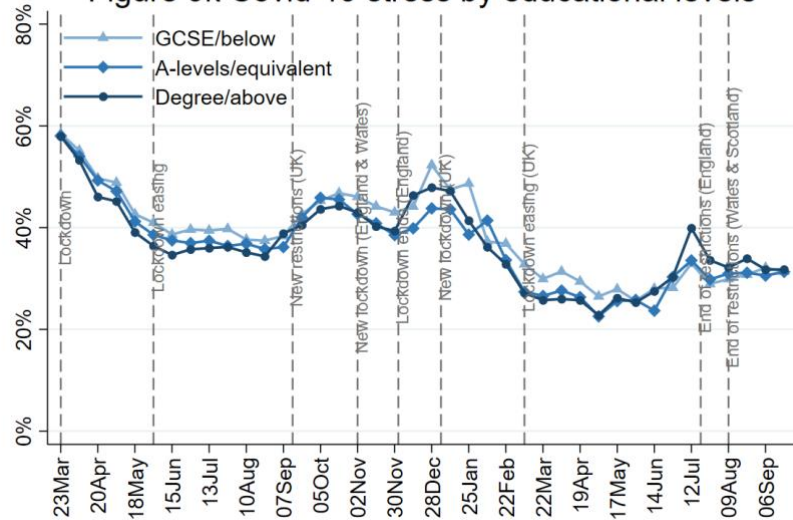


## Figure 9k Covid-19 stress by educational levels



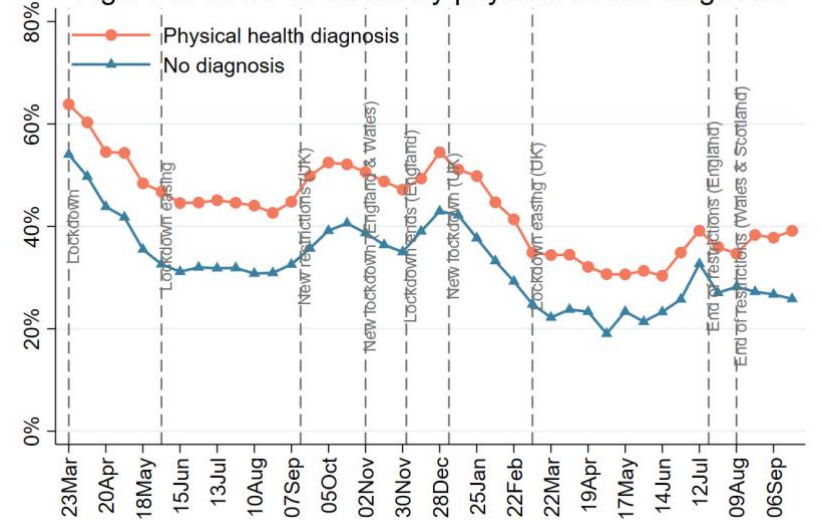## Figure 9l Covid-19 stress by physical health diagnosis


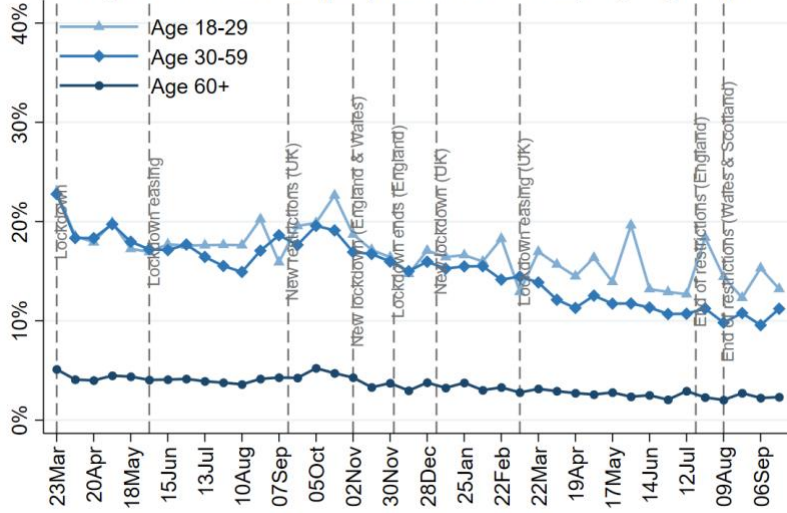
25

## Figure 10a Unemployment stress by age groups

Age 18-29
Age 30-59
Age 60+

## Figure 10b Unemployment stress by living arrangement

Living alone
Not living alone
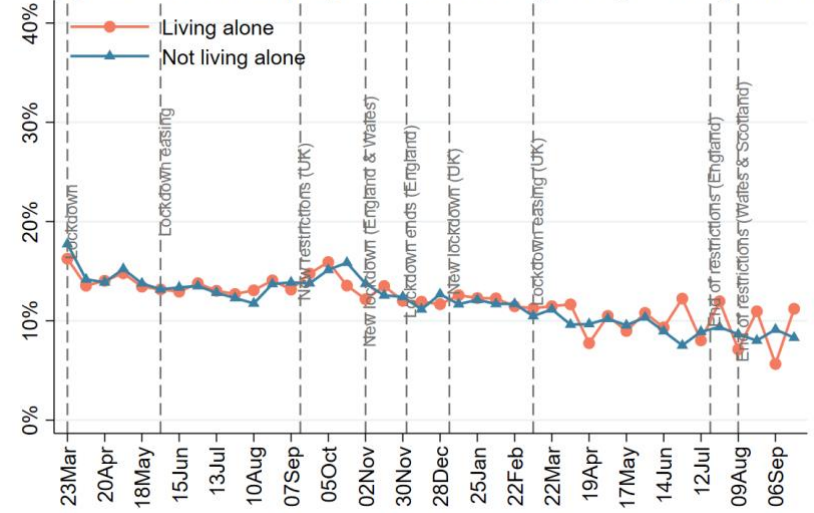
## Figure 10c Unemployment stress by household income

Household income <30k
Household income >30k
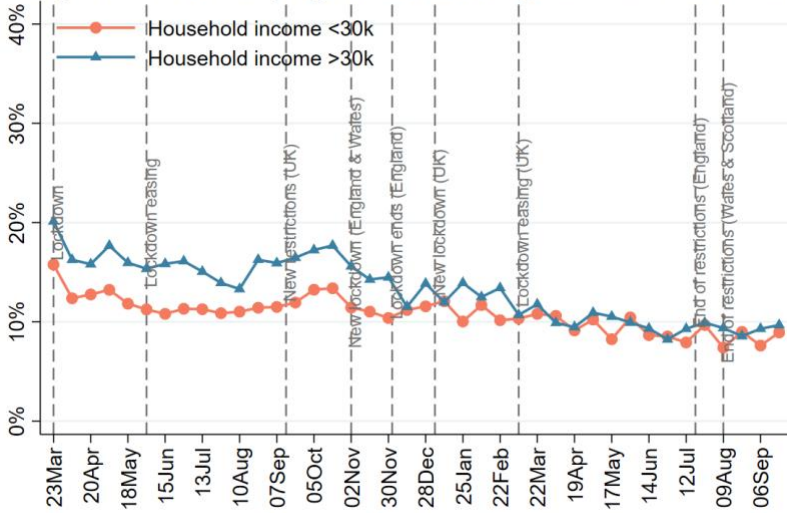
## Figure 10d Unemployment stress by mental health

Mental health diagnosis
No diagnosis

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

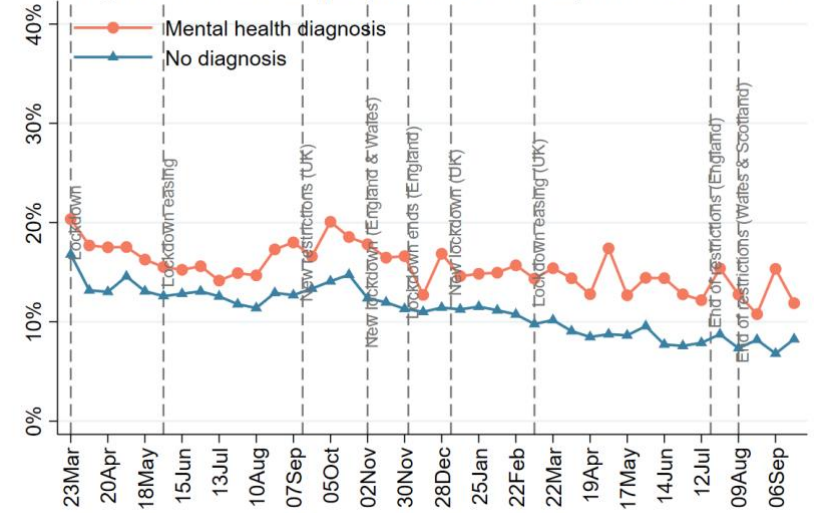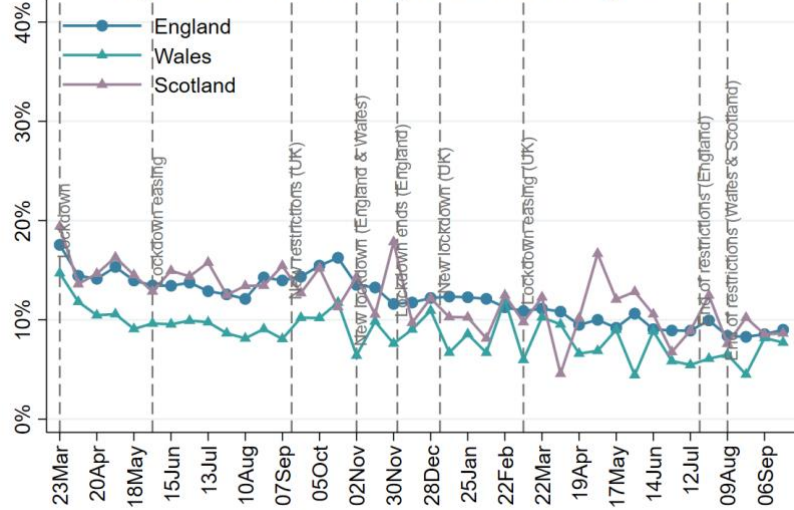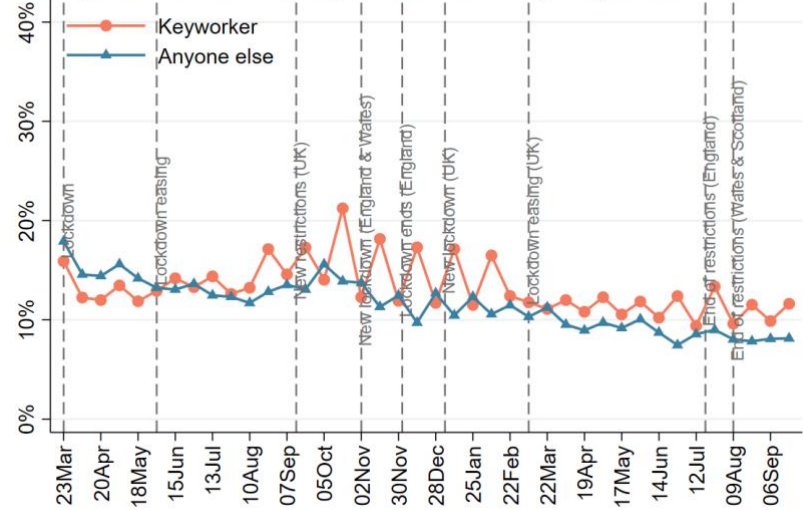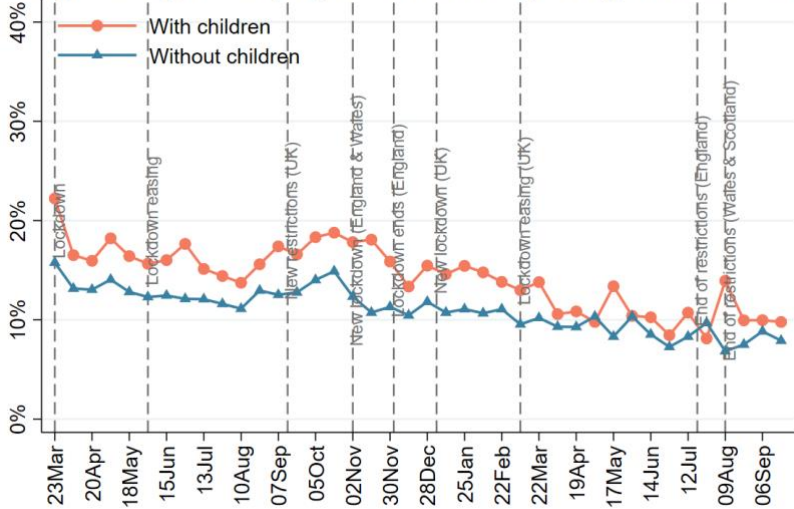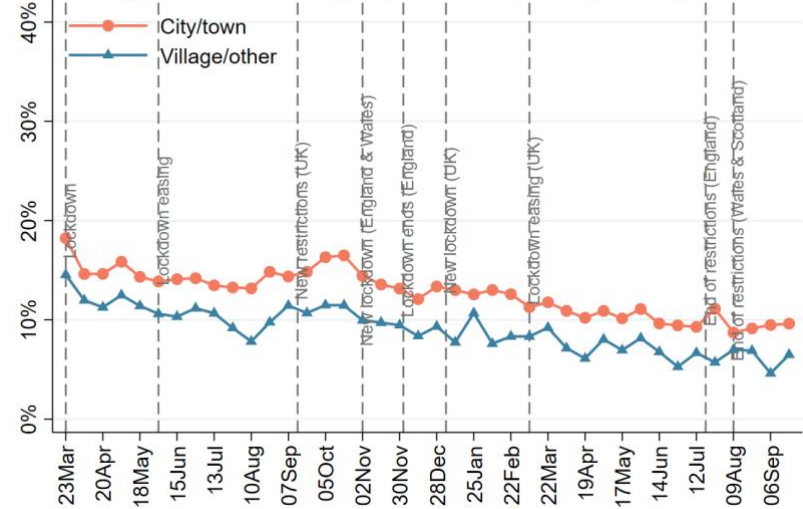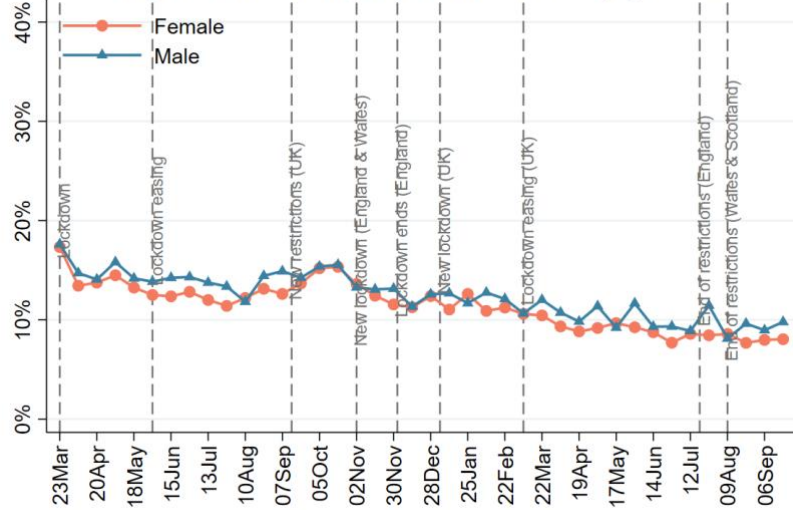Figure 10i Unemployment stress by gender



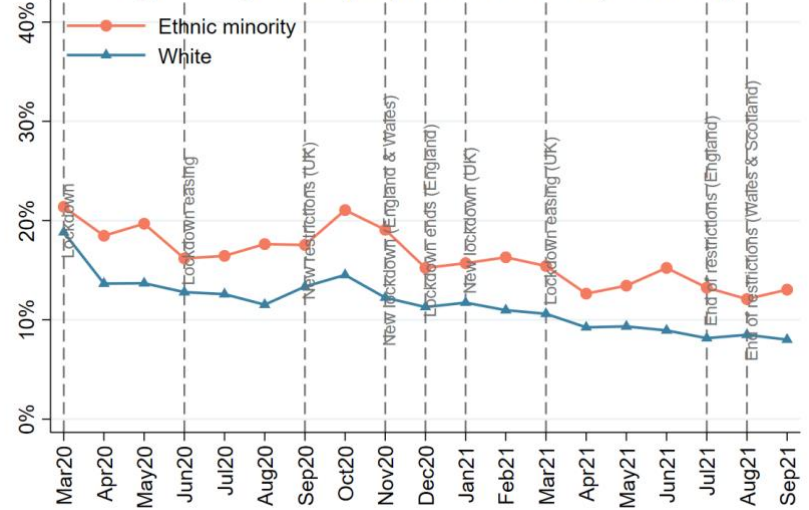Figure 10j Unemployment stress by ethnicity



Figure 10k Unemployment stress by educational levels
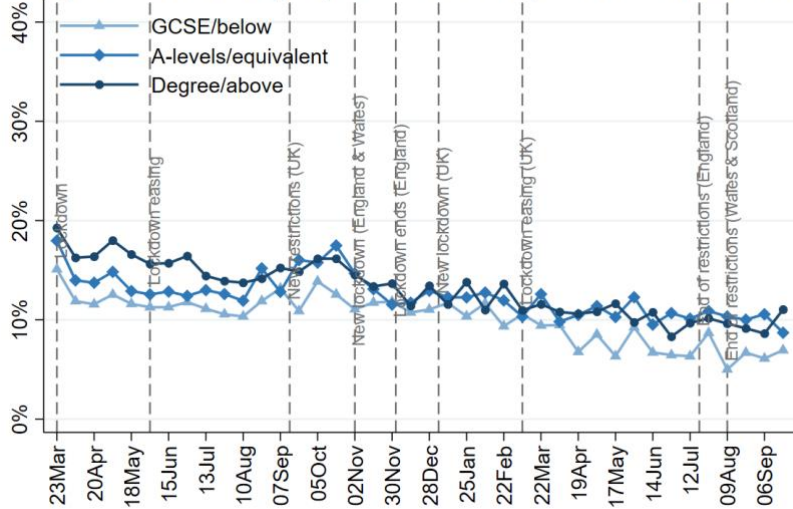


Figure 10l Unemployment stress by physical health diagnosis

Figure 11a Financial stress by age groups
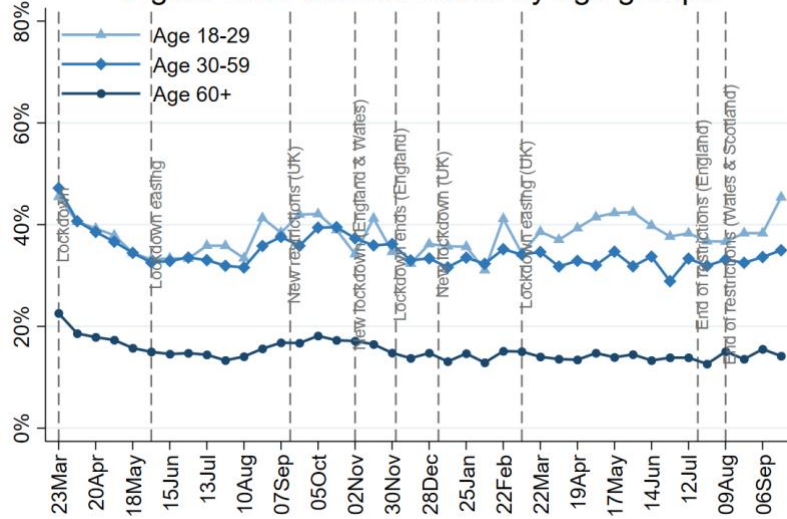


Figure 11b Financial stress by living arrangement
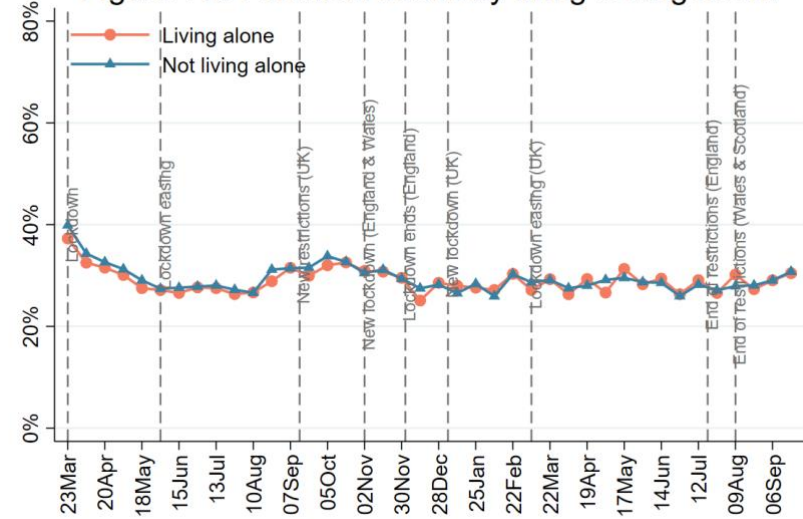


Figure 11c Financial stress by household income
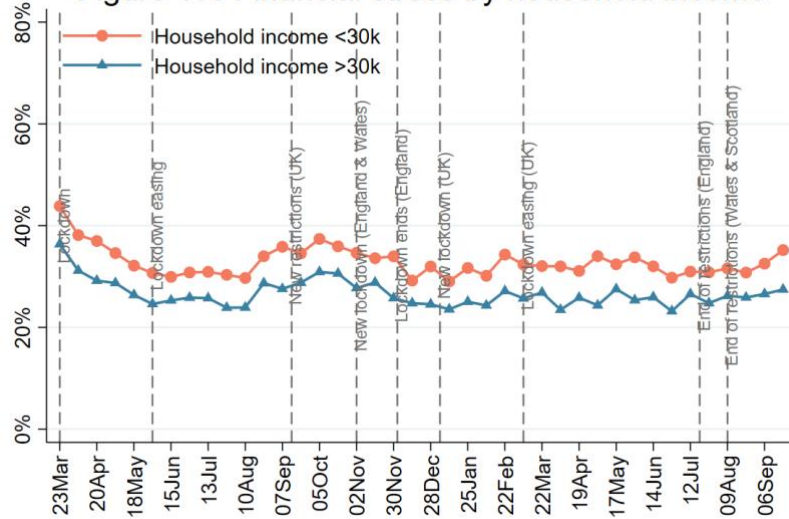


Figure 11d Financial stress by mental health diagnosis

29
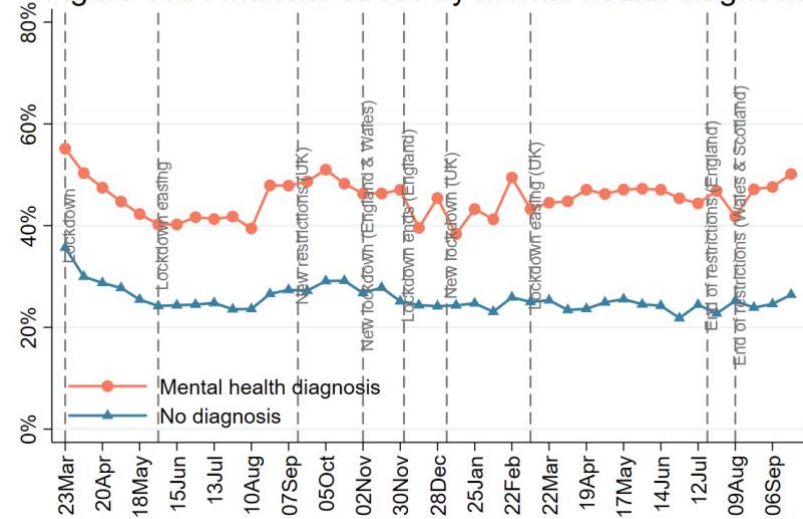
Figure 11e Financial stress by nations
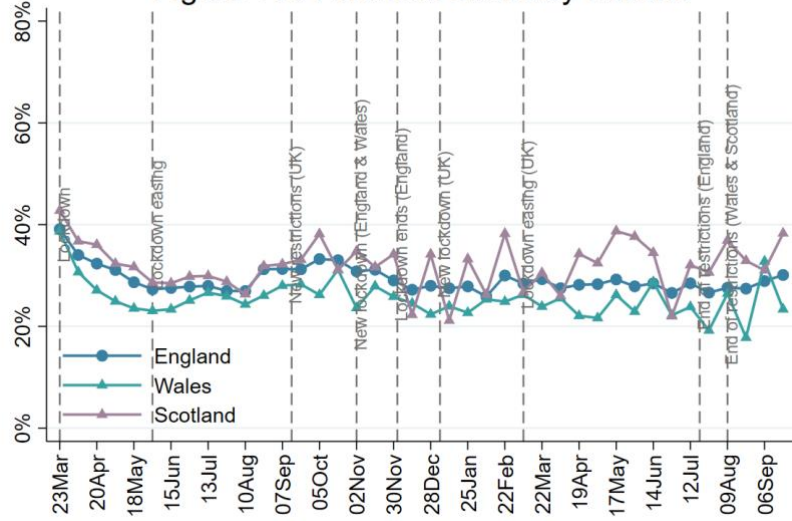


Figure 11f Financial stress by keyworker status
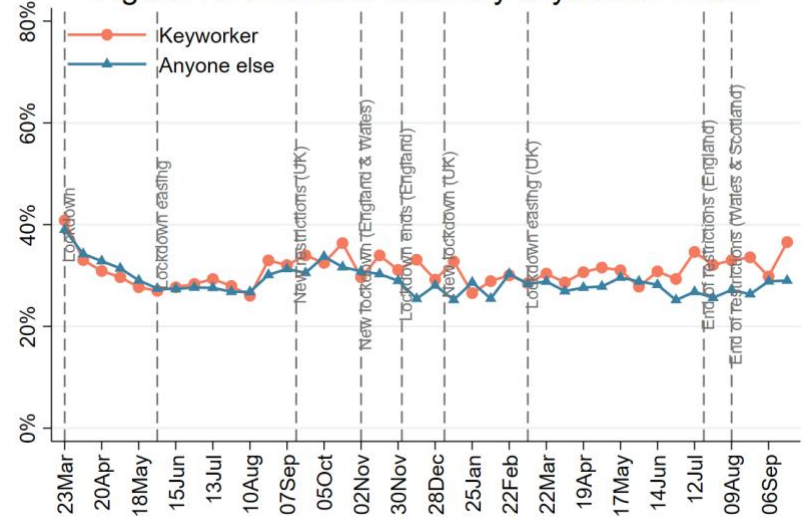


Figure 11g Financial stress by living with children
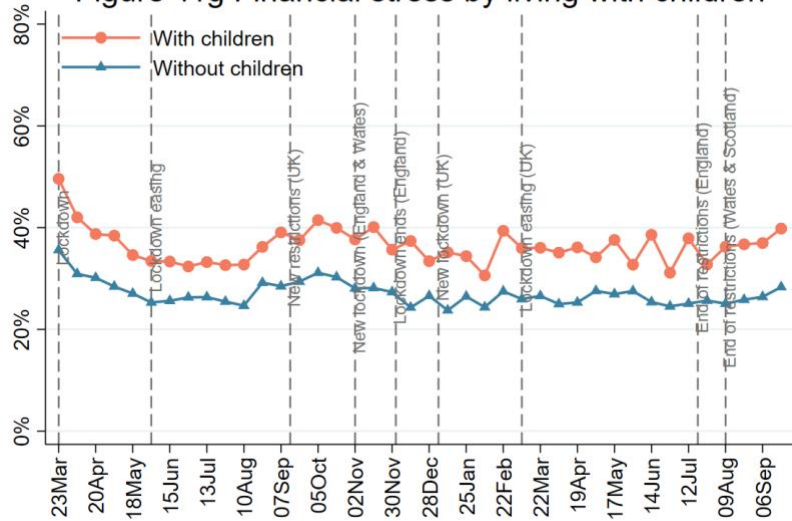


Figure 11h Financial stress by living area
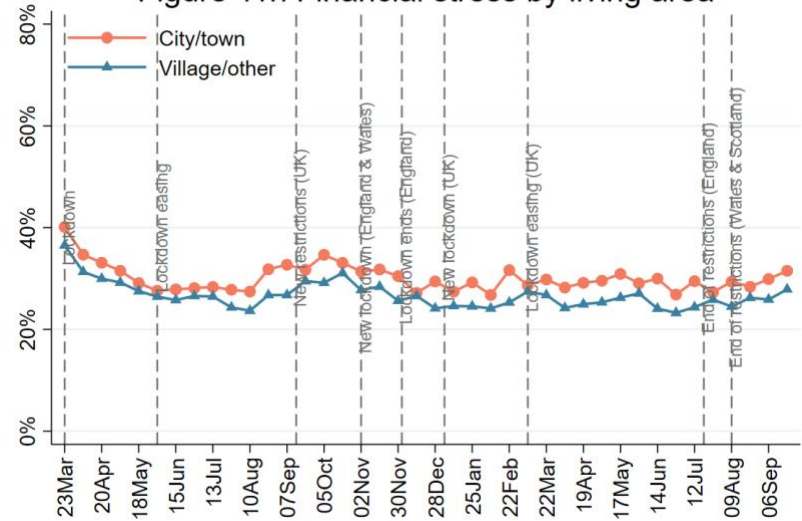
## Figure 11i Financial stress by gender
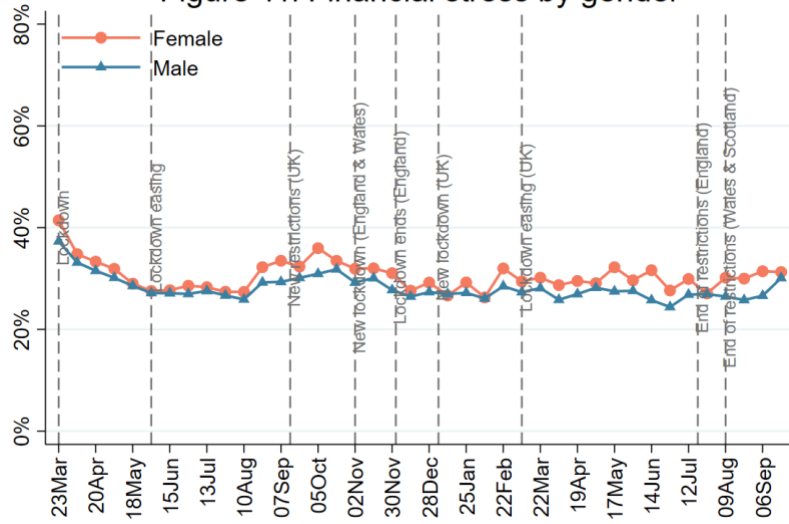


## Figure 11j Financial stress by ethnicity



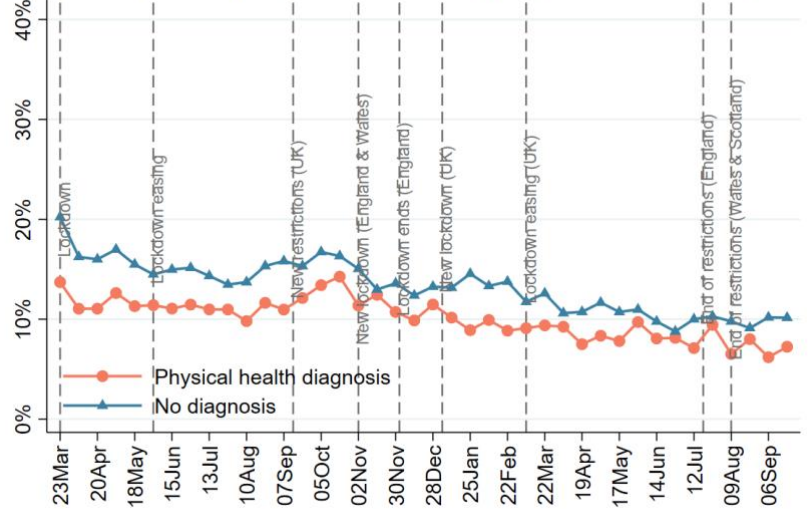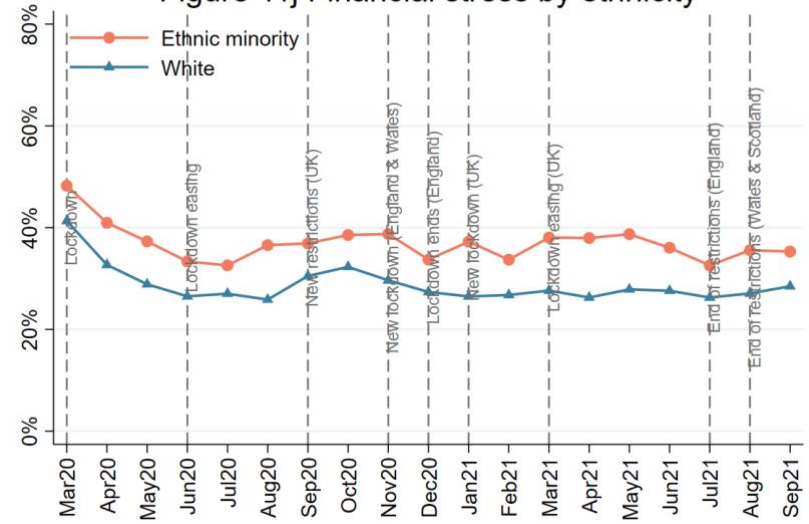## Figure 11k Financial stress by educational levels
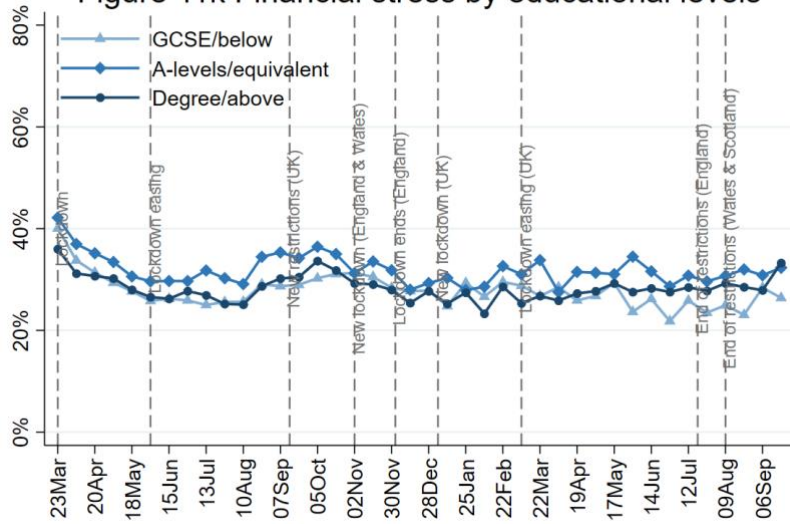


## Figure 11l Financial stress by physical health diagnosis
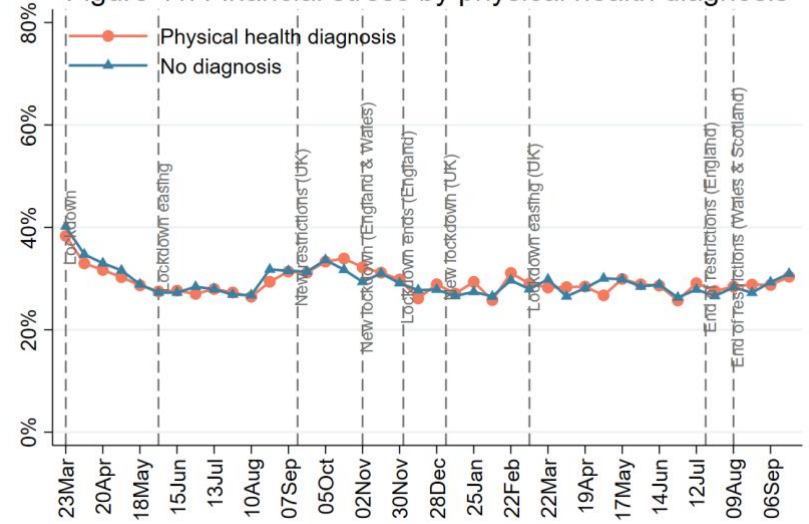
Figure 12a Food security stress by age groups



Figure 12b Food security stress by living arrangement
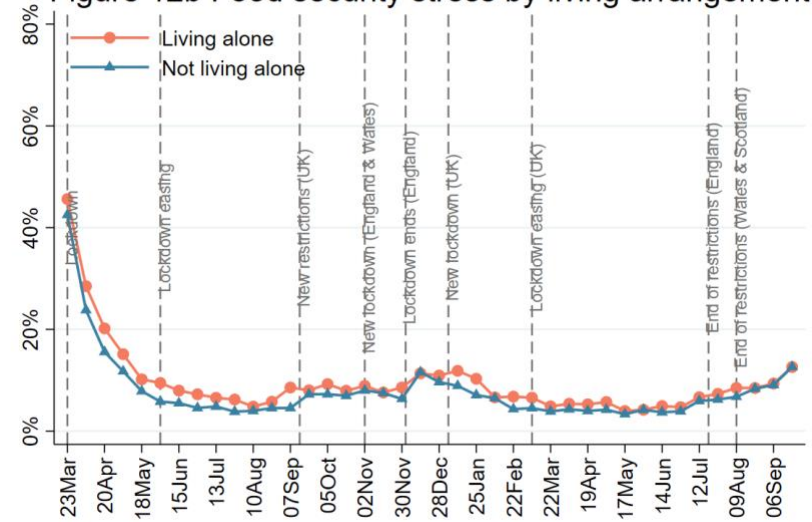


Figure 12c Food security stress by household income
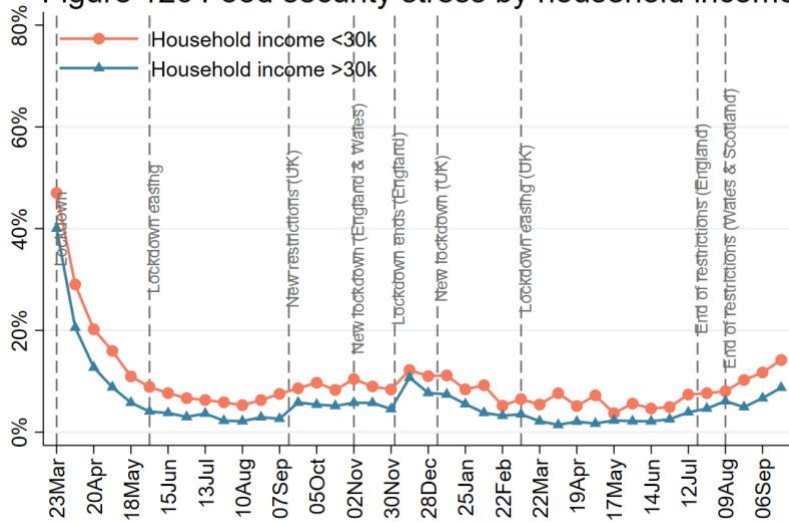


Figure 12d Food security stress by mental health

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
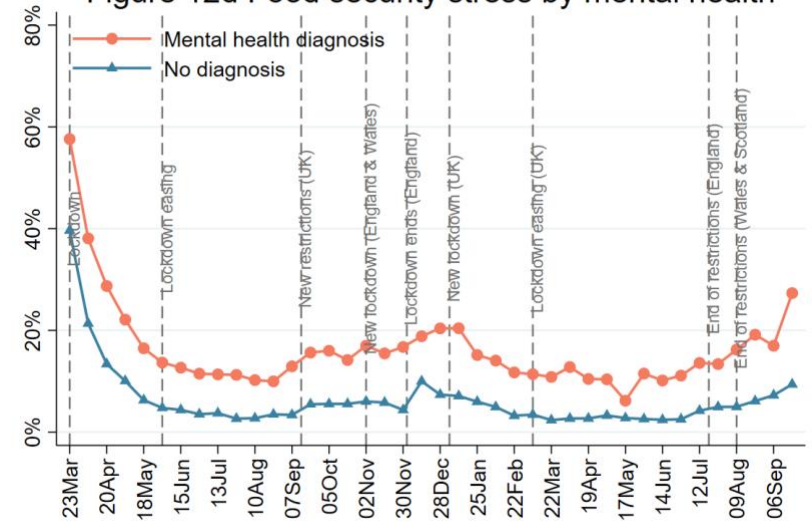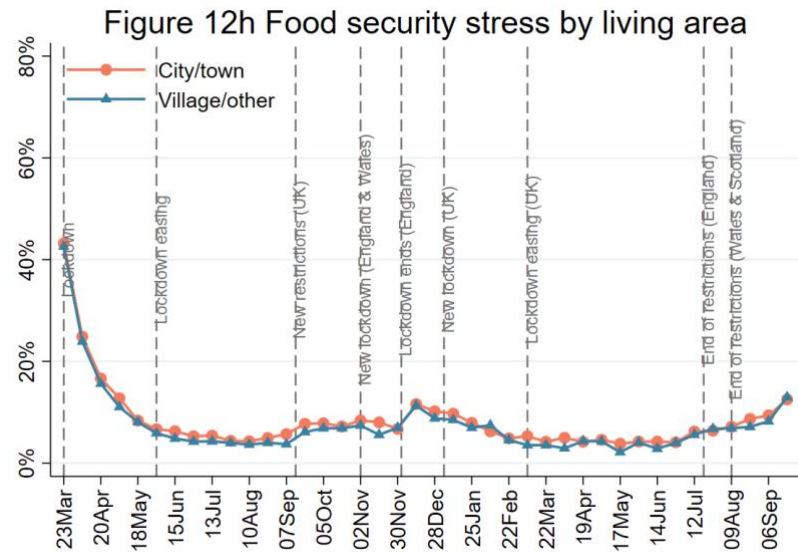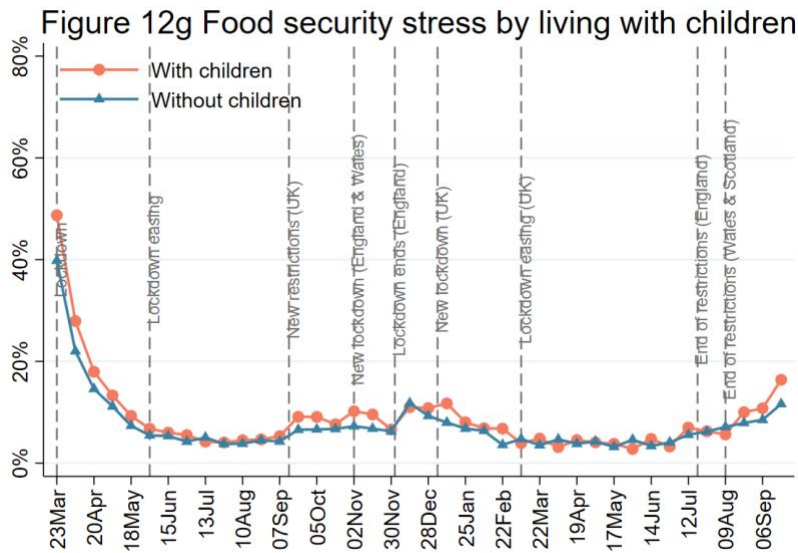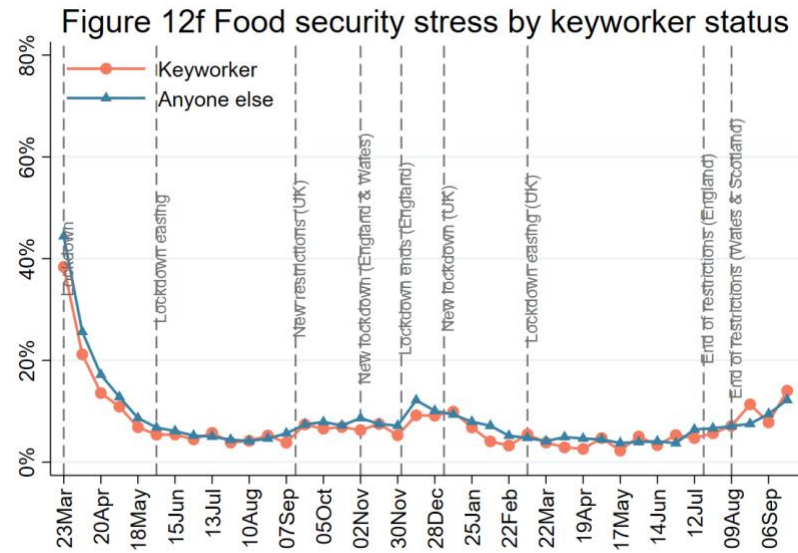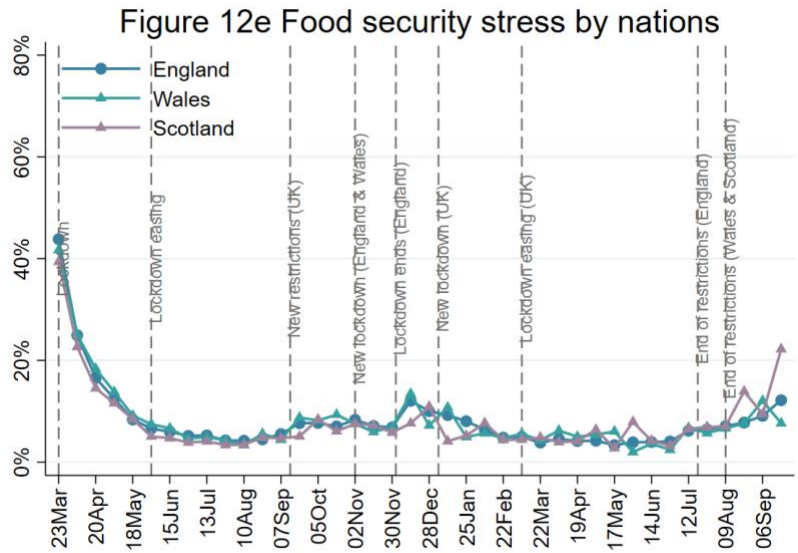
Figure 12i Food security stress by gender
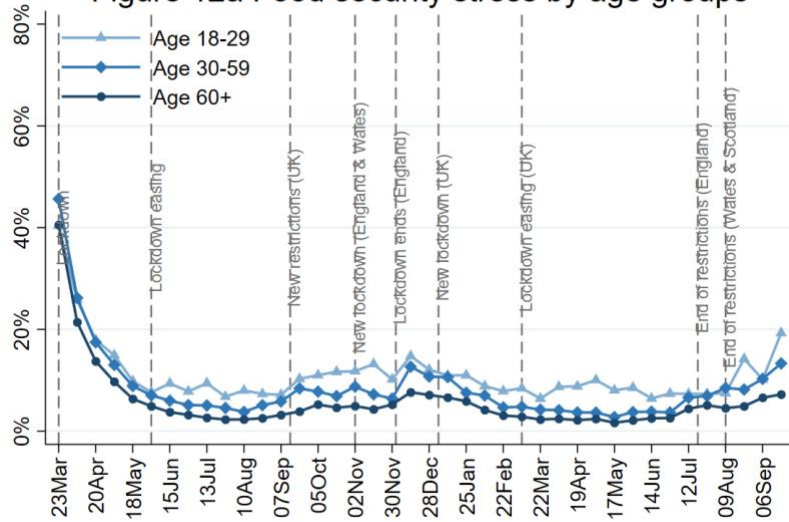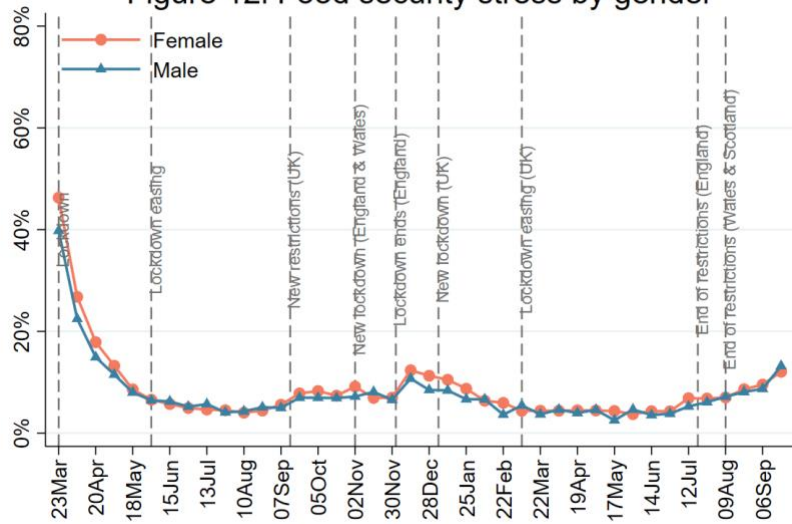


Figure 12j Food security stress by ethnicity
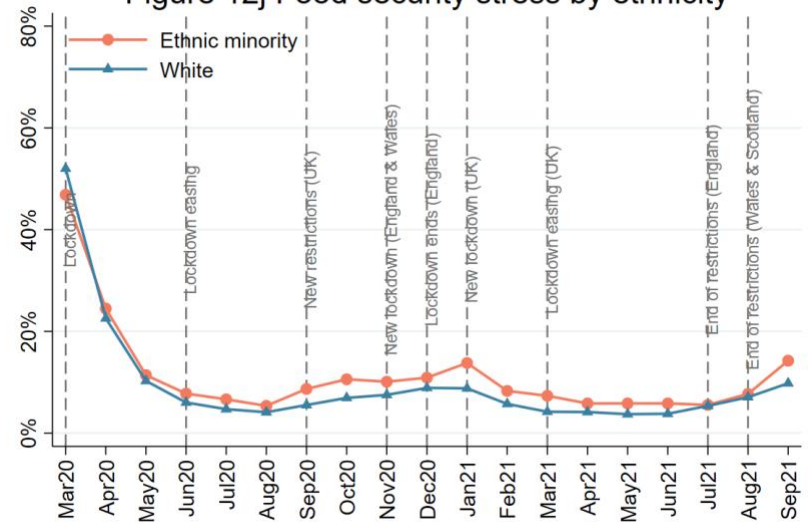


Figure 12k Food security stress by educational levels
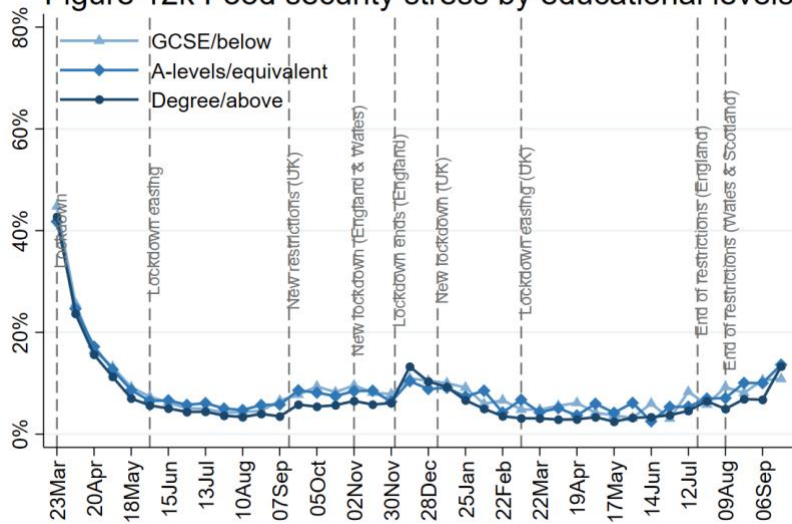


Figure 12l Food security stress by physical health diagnosis
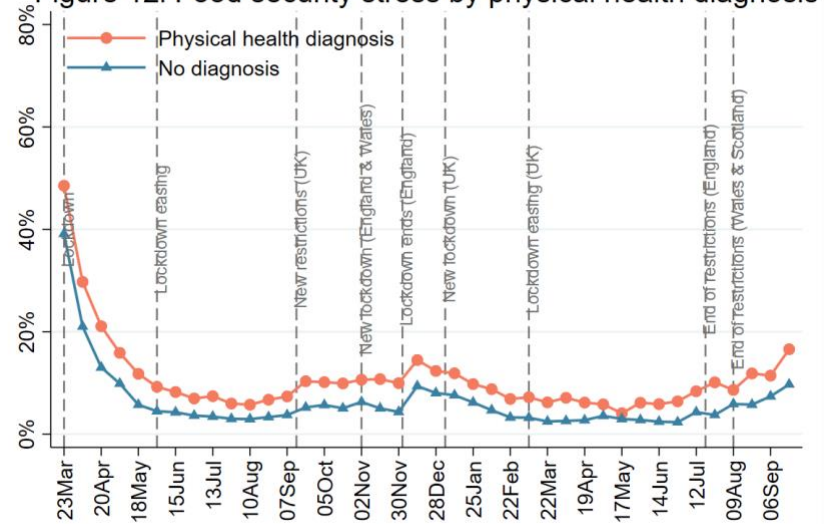
# 3. Self-harm and abuse

## 3.1 Thoughts of death or self-harm



Figure 13 Thoughts of death or self-harm
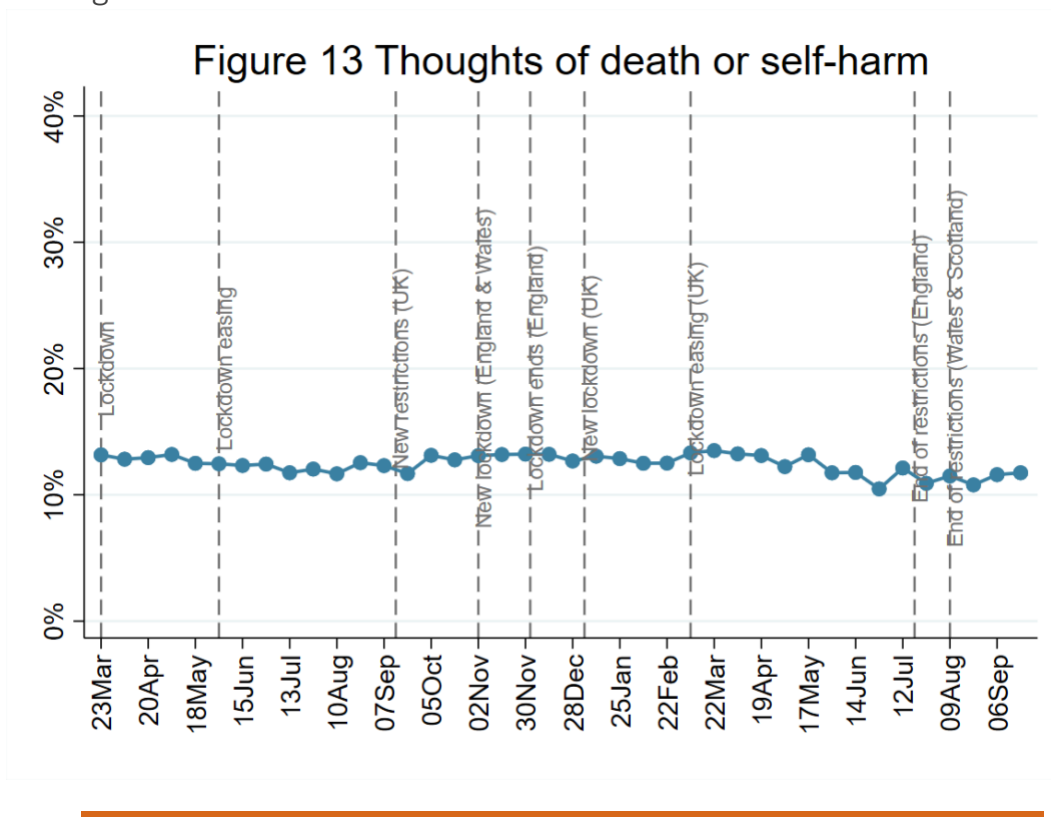
Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, the respondent has had "thoughts that you would be better off dead or of hurting yourself in some way". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response that indicated having such thoughts.

The proportion of people reporting thoughts of death or self-harm was relatively stable throughout the pandemic and then decreased slightly throughout the months of May and June. However, this proportion appears to have levelled off.

Thoughts of death or self-harm remain higher than in adults under the age of 30. People with a mental or physical health diagnosis, people living alone, and those with lower incomes continue to report thoughts of death or self-harm in greater proportions.

## Figure 14a Thoughts of death by age groups
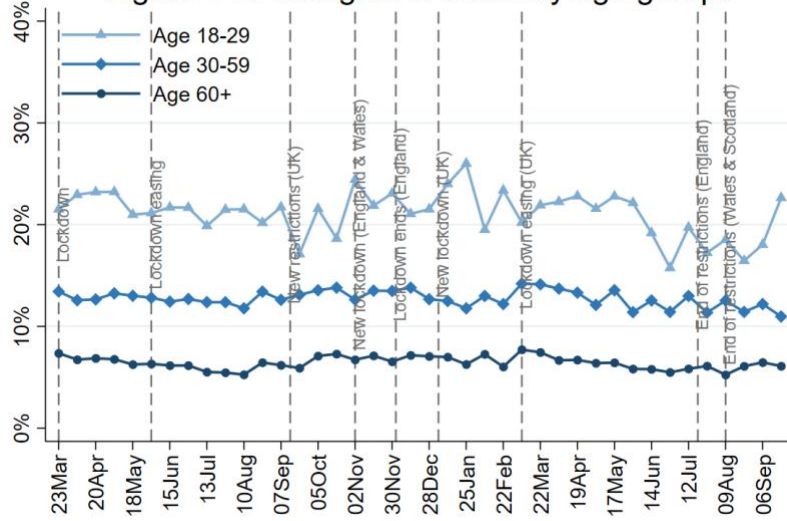


## Figure 14b Thoughts of death by living arrangement
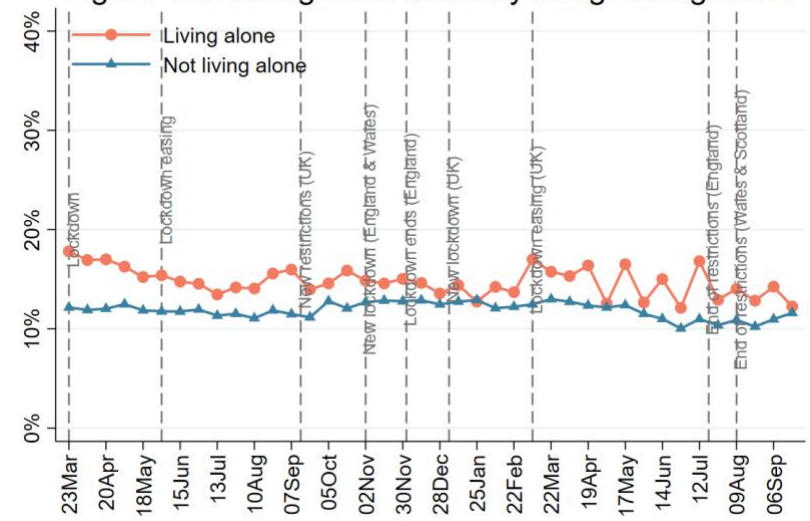


## Figure 14c Thoughts of death by household income
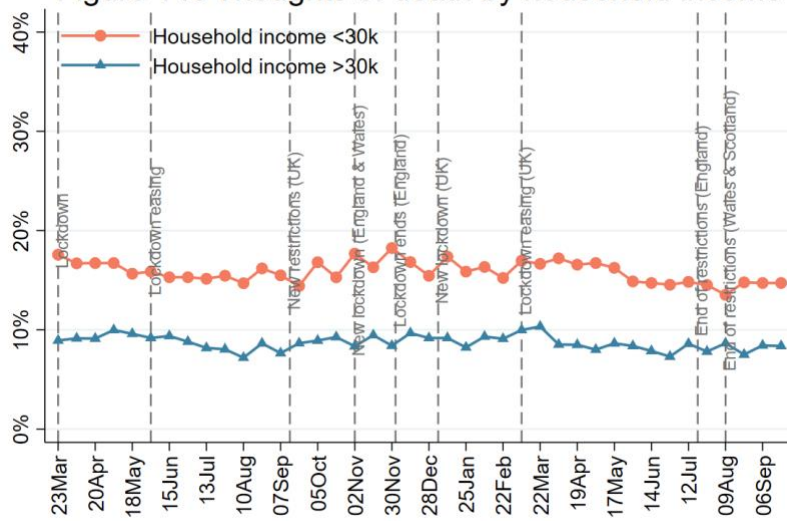


## Figure 14d Thoughts of death by mental health diagnosis
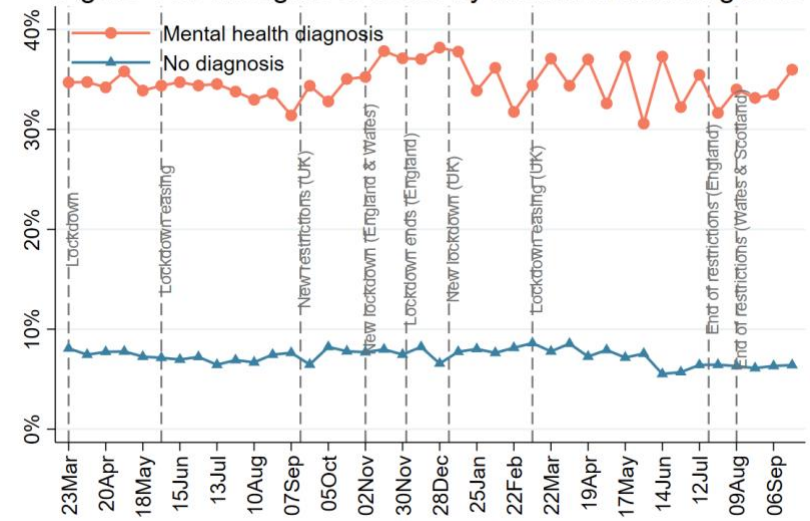
## Figure 14e Thoughts of death by nations
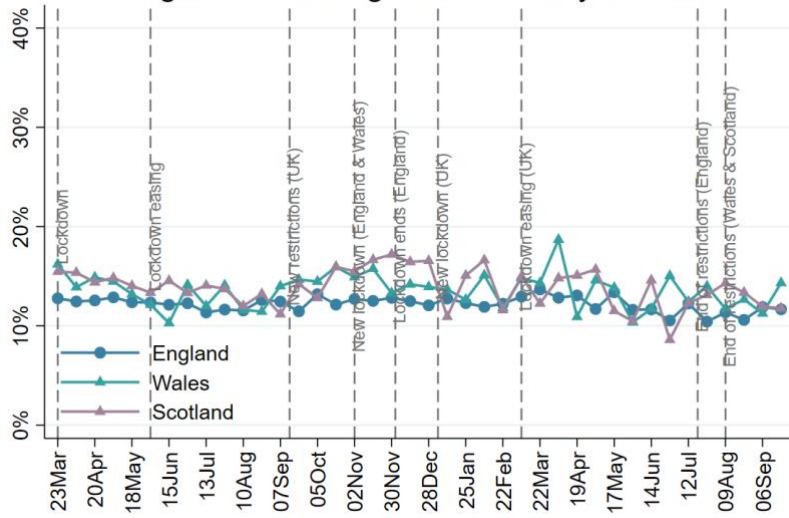


## Figure 14f Thoughts of death by keyworker status
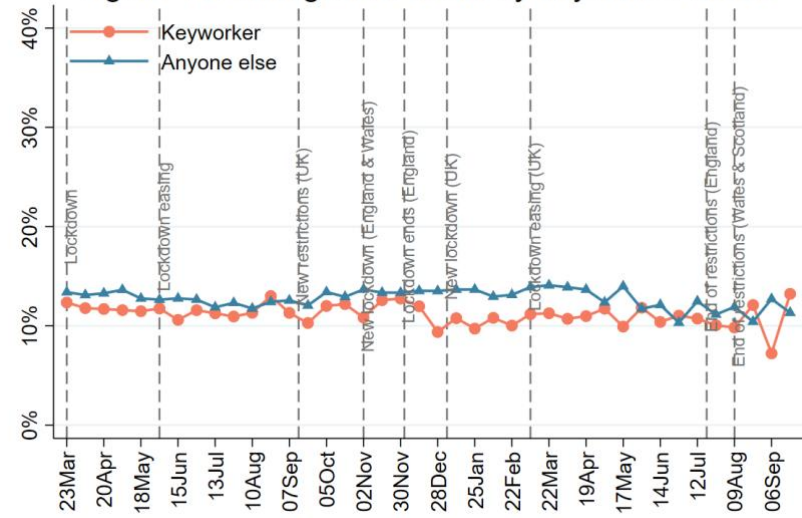


## Figure 14g Thoughts of death by living with children
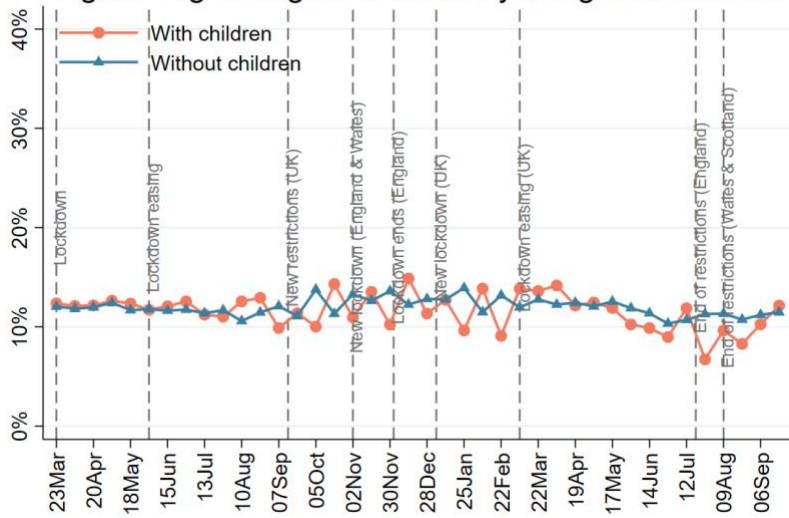


## Figure 14h Thoughts of death by living area
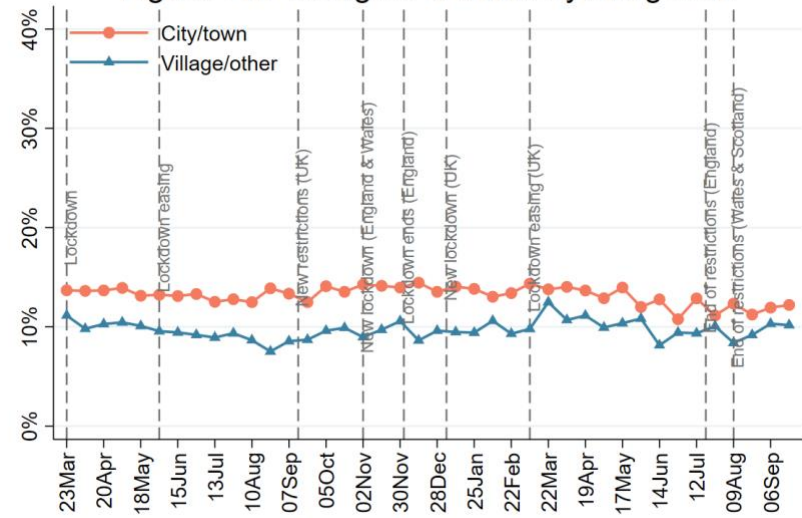
Figure 14i Thoughts of death by gender
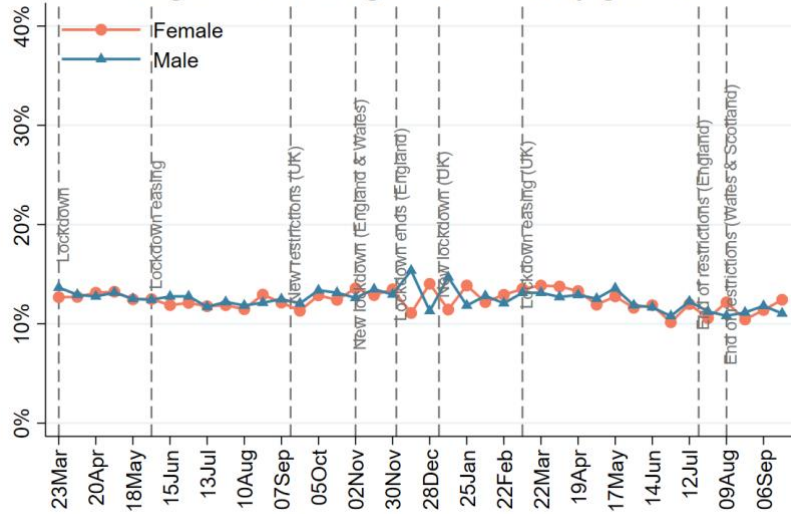
Figure 14j Thoughts of death by ethnicity
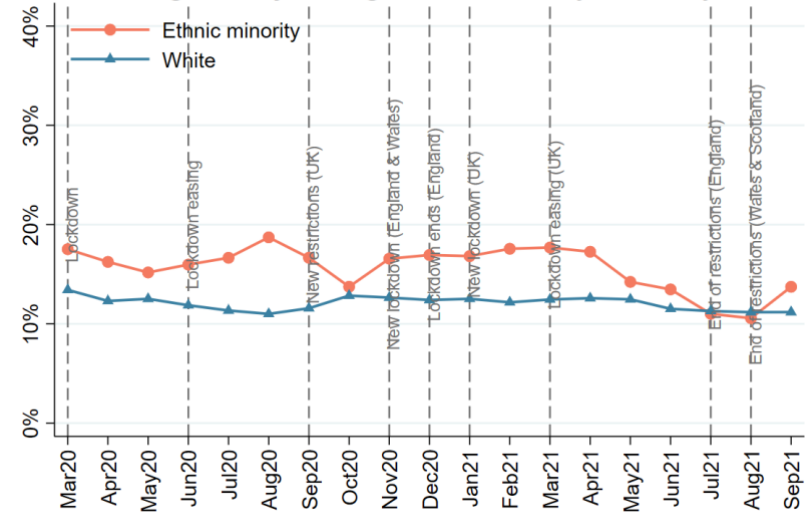
Figure 14k Thoughts of death by educational levels
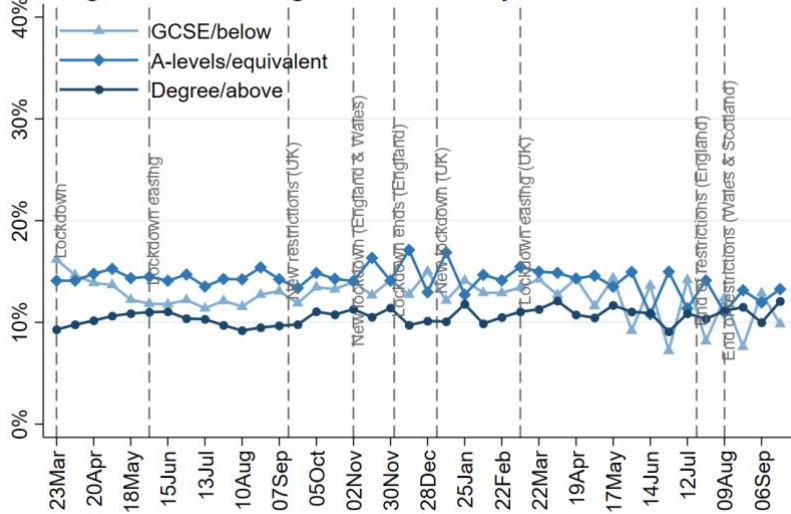
Figure 14l Thoughts of death by physical health diagnosis
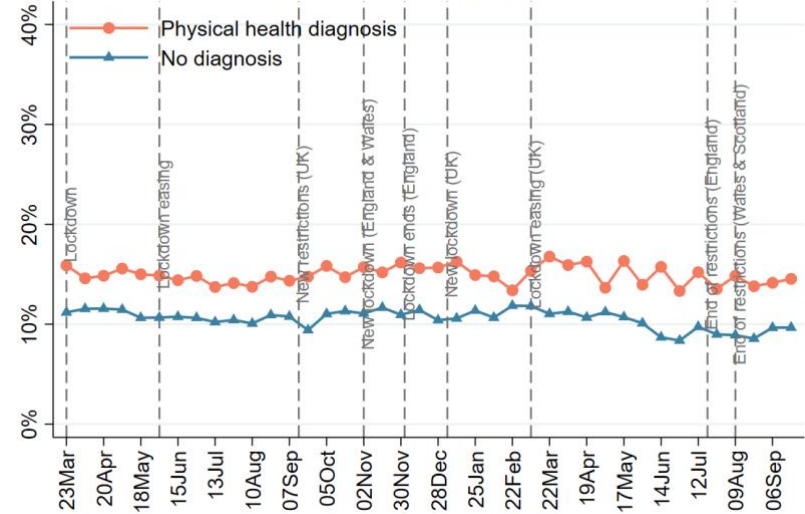
## 3.2 Self-harm



Figure 15 Self-harm
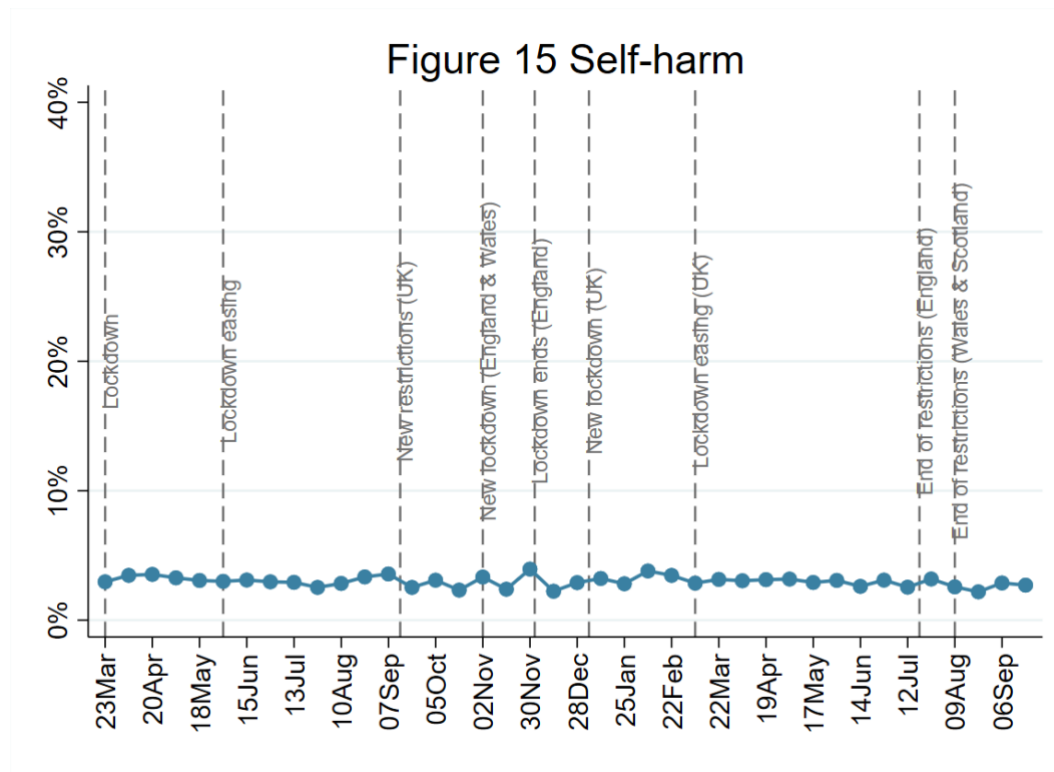
FINDINGS

Self-harm was assessed using a question that asks whether in the last week the respondent 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 continues to remain relatively stable over the course of the pandemic. Throughout most of the pandemic, self-harm has been higher amongst younger adults, people with lower household incomes, those with a mental health diagnosis, and in those with a physical health diagnosis.

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[4].

---

[4] Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.

## Figure 16a Self-harm by age groups

Age 18-29
Age 30-59
Age 60+
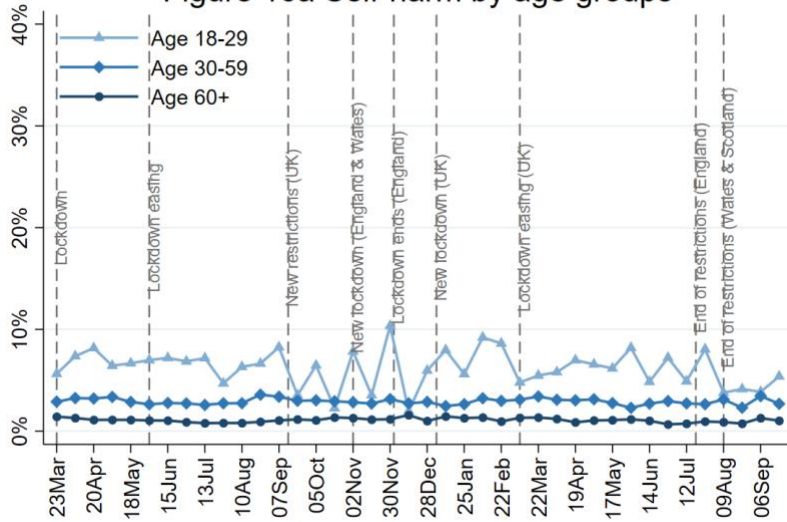
## Figure 16b Self-harm by living arrangement

Living alone
Not living alone
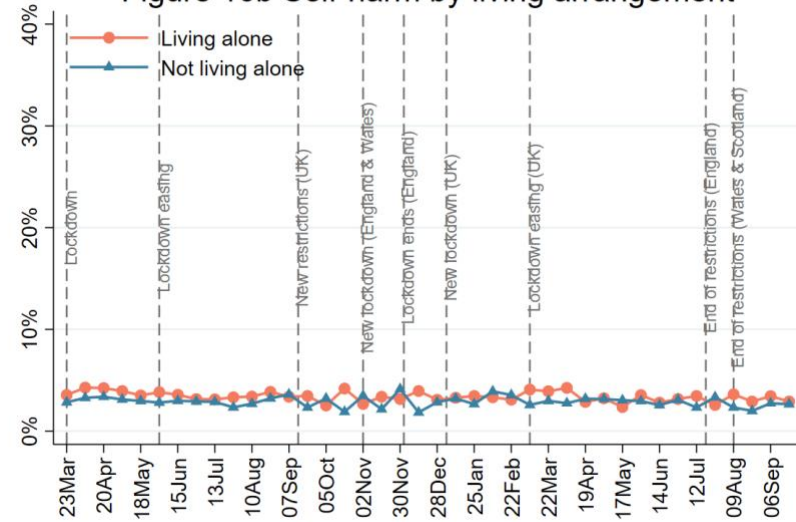
## Figure 16c Self-harm by household income

Household income <30k
Household income >30k
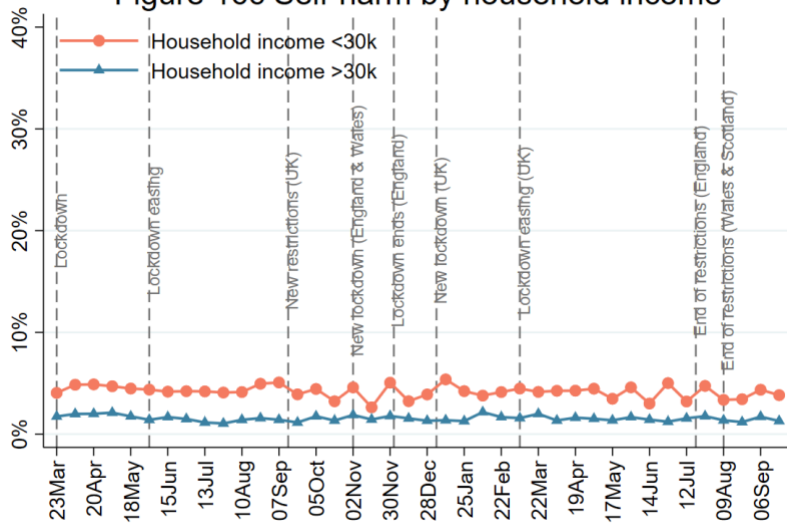
## Figure 16d Self-harm by mental health diagnosis

Mental health diagnosis
No diagnosis
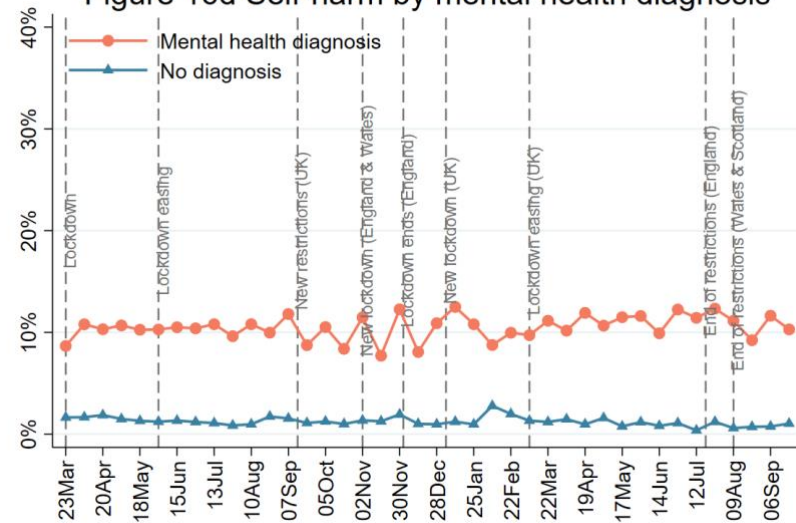
Figure 16e Self-harm by nations
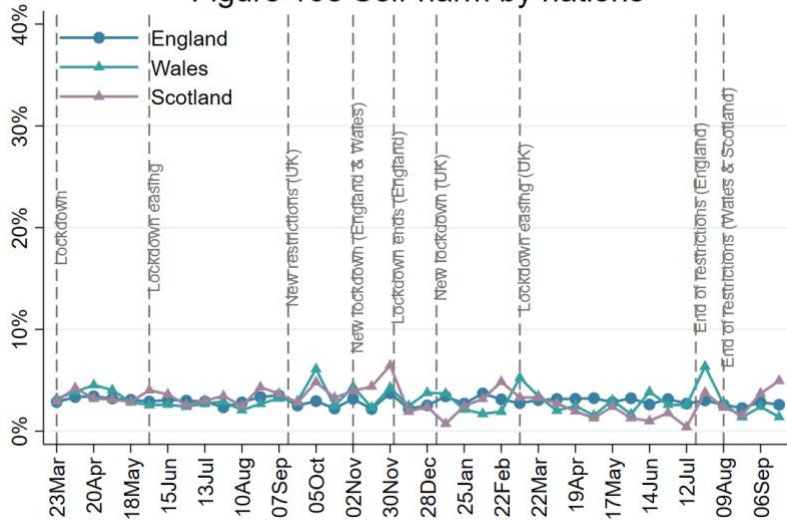


Figure 16f Self-harm by keyworker status
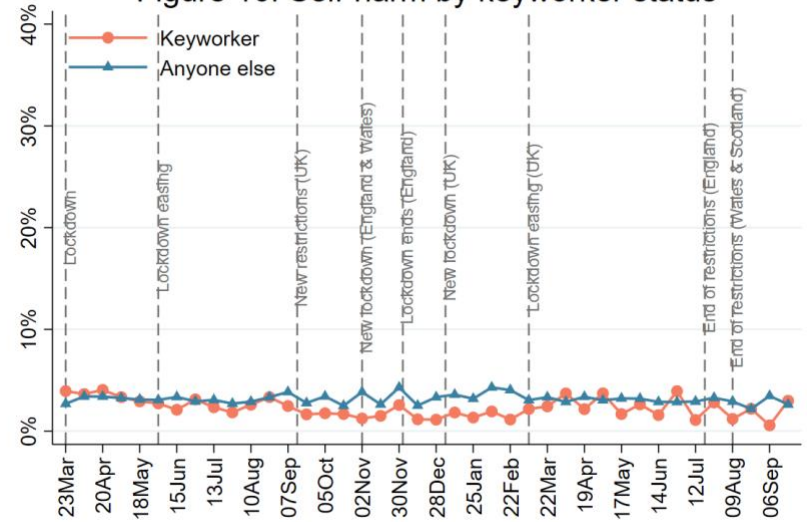


Figure 16g Self-harm by living with children
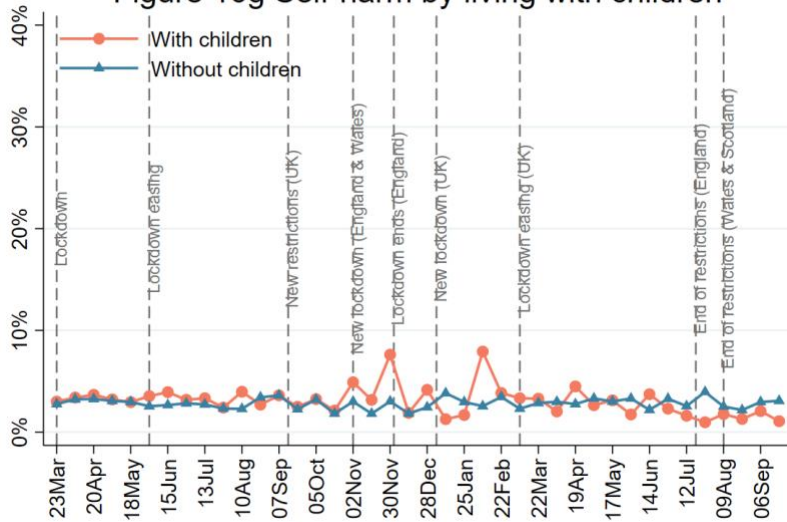


Figure 16h Self-harm by living area
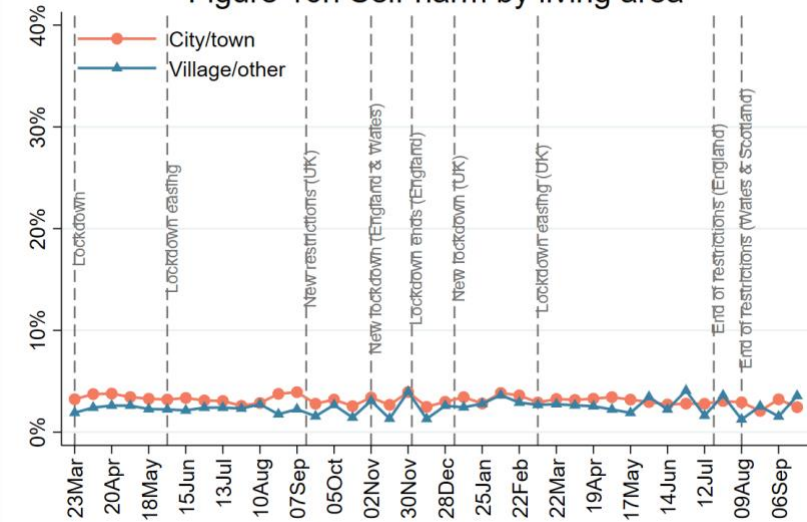
Figure 16i Self-harm by gender
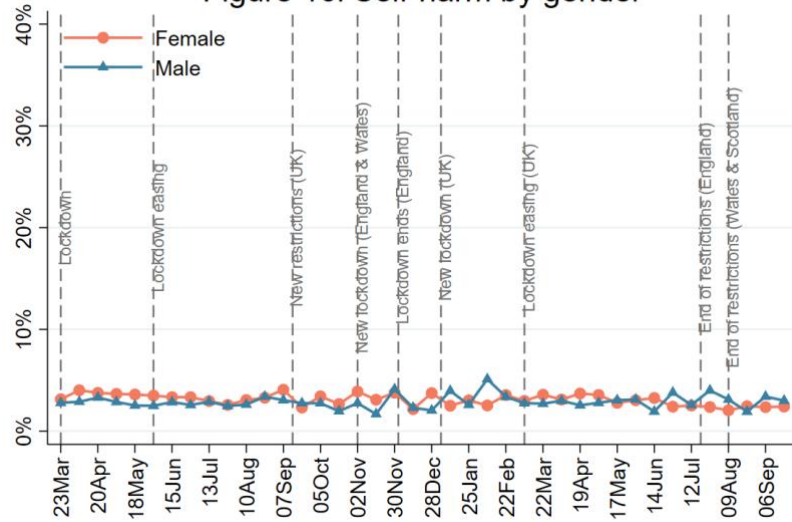


Figure 16j Self-harm by ethnicity
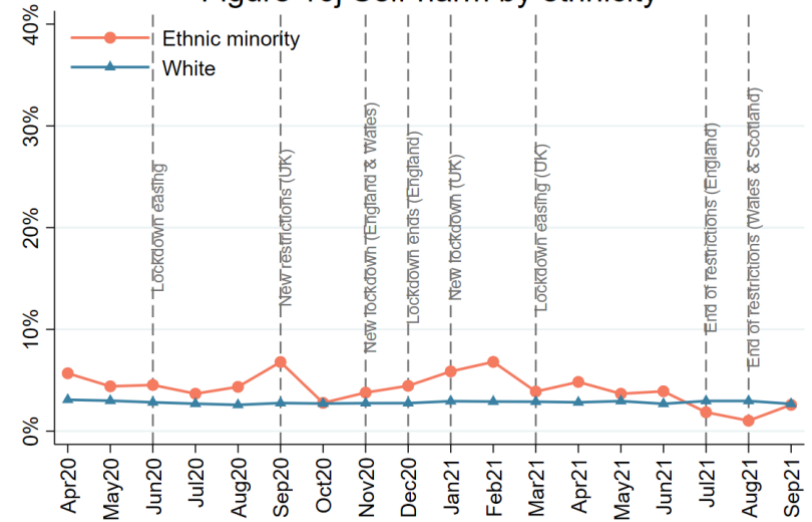


Figure 16k Self-harm by educational levels
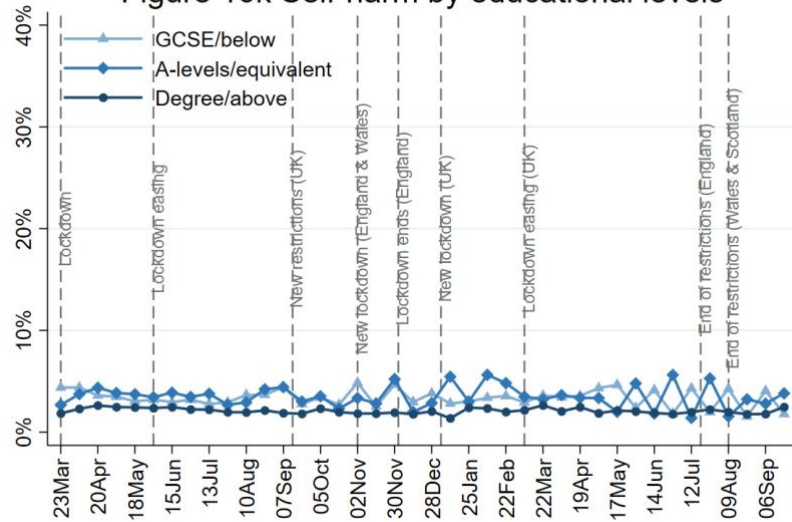


Figure 16l Self-harm by physical health diagnosis

## 3.3 Abuse



Figure 17 Being physically or psychologically abused
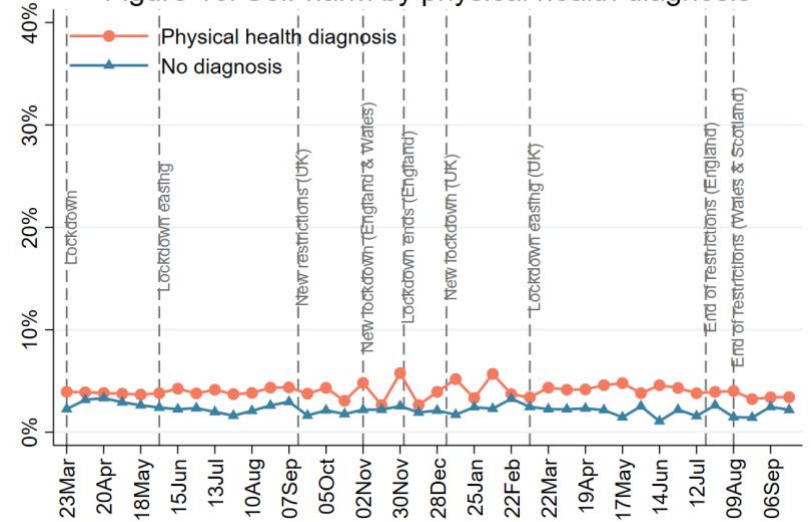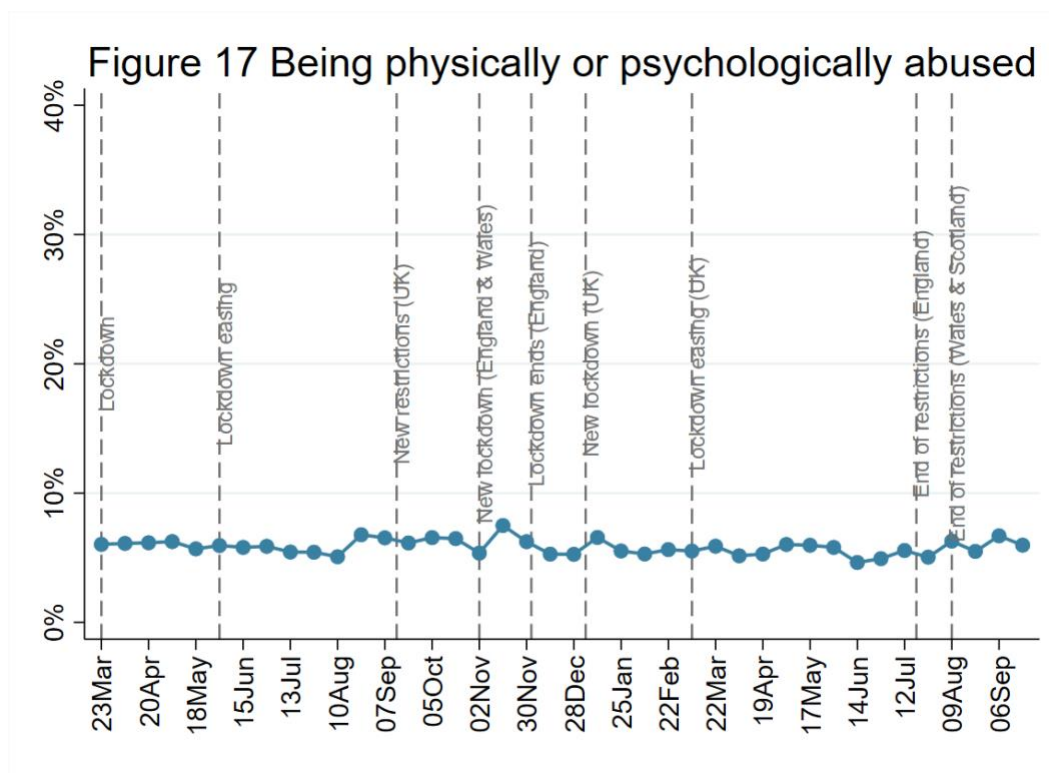
Abuse was measured using two questions that ask if the respondent has experienced in the last week "being physically harmed or hurt by someone else" or "being bullied, controlled, intimidated, or psychologically hurt by someone else". Responses are on a 4-point scale ranging from "not at all" to "nearly every day". We focused on any response on either item that indicated any experience of psychological or physical abuse.

Reports of abuse have continued to remain relatively stable over the course of the pandemic, although there have been small fluctuations over the past four months. They are more common amongst people with lower household income, and in people with a mental or physical health diagnosis.

It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels[5].

---

[5] Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.

## Figure 18a Abuse by age groups

Legend: Age 18-29, Age 30-59, Age 60+
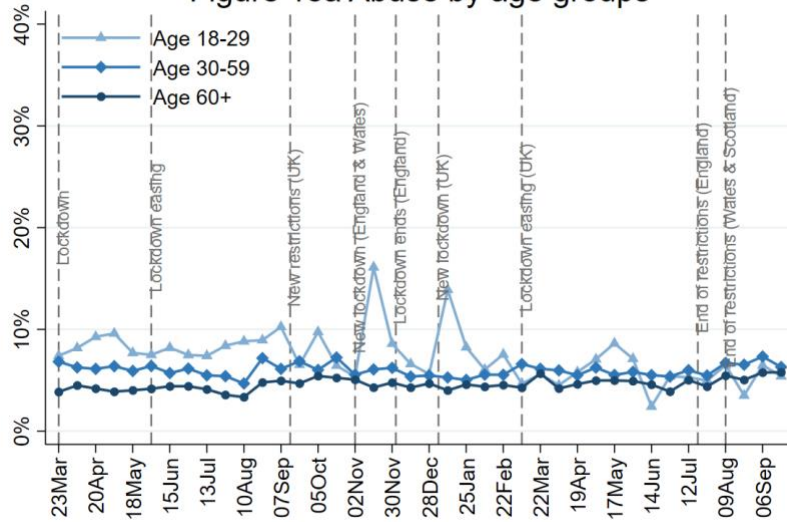
## Figure 18b Abuse by living arrangement

Legend: Living alone, Not living alone
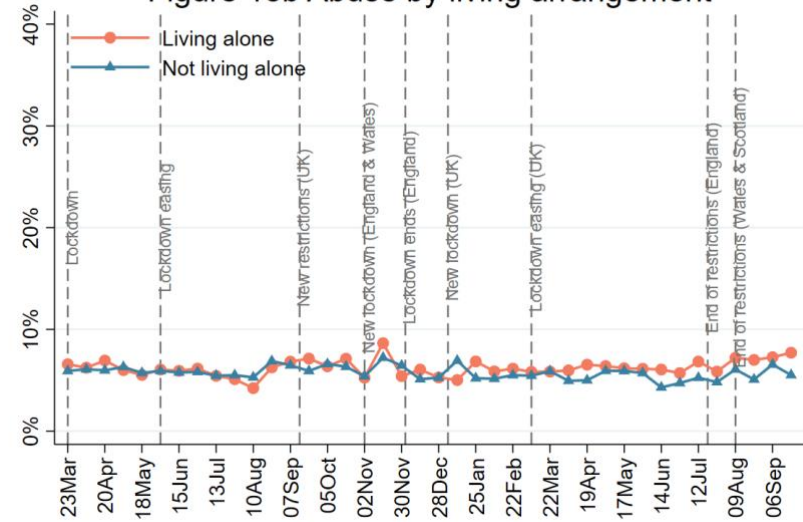
## Figure 18c Abuse by household income

Legend: Household income <30k, Household income >30k
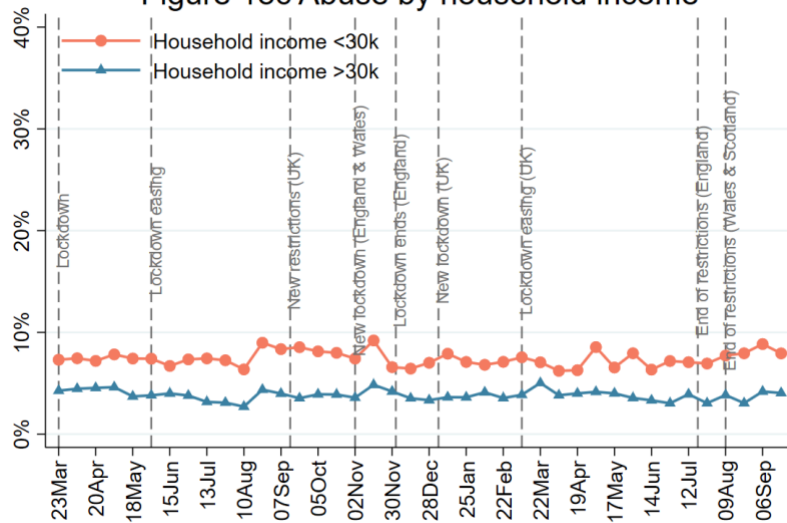
## Figure 18d Abuse by mental health diagnosis

Legend: Mental health diagnosis, No diagnosis
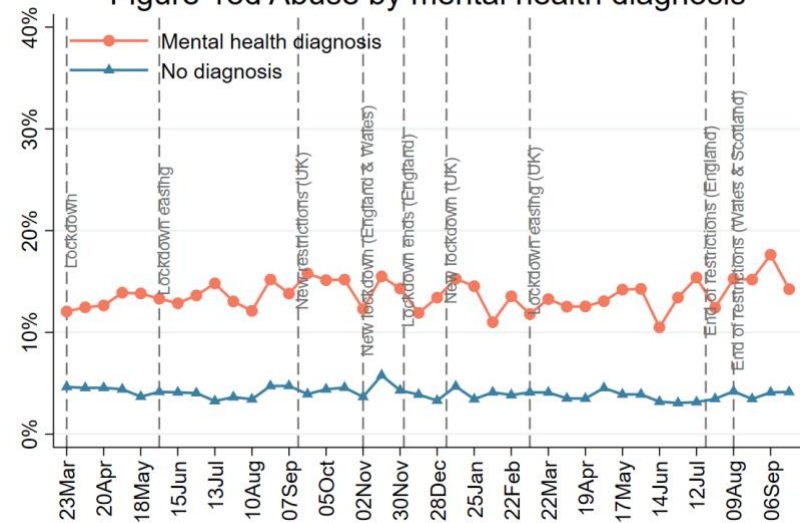
Figure 18e Abuse by nations
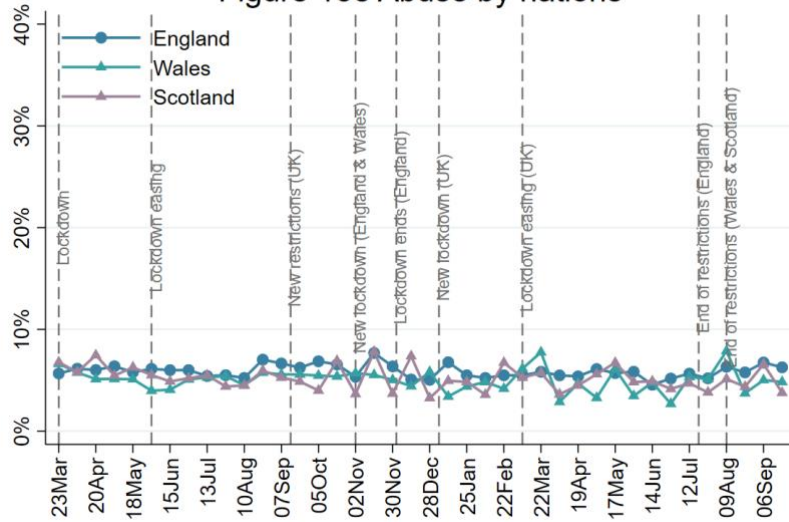


Figure 18f Abuse by keyworker status
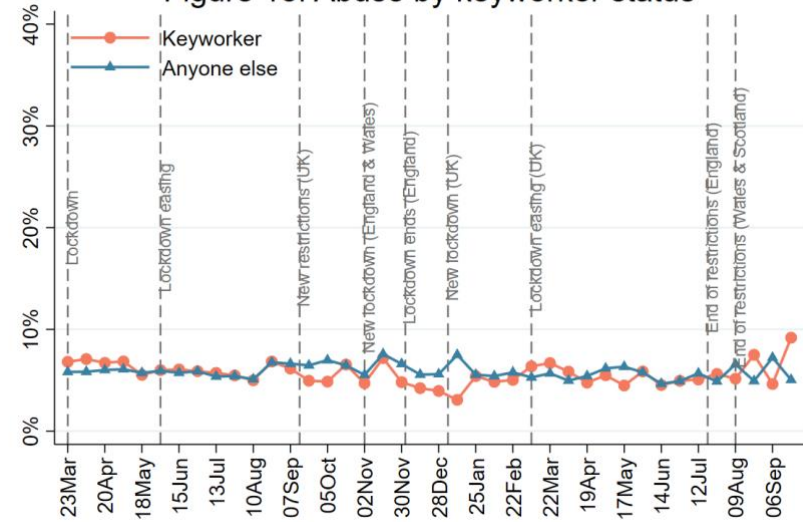


Figure 18g Abuse by living with children
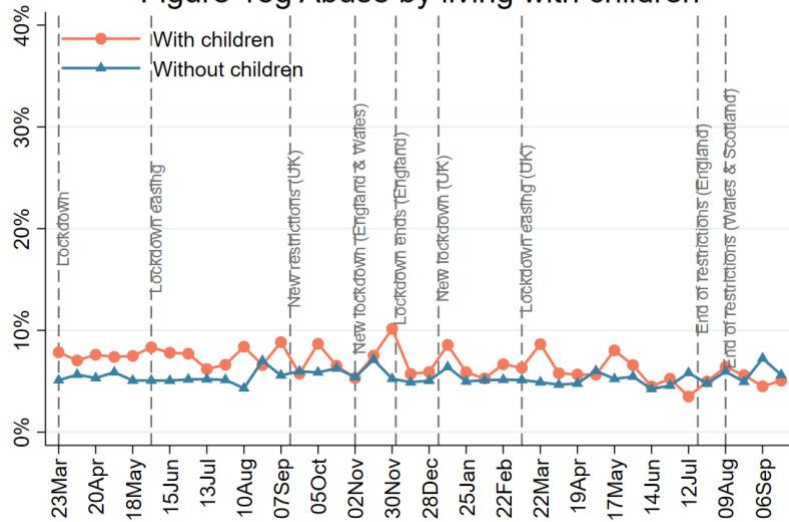


Figure 18h Abuse by living area
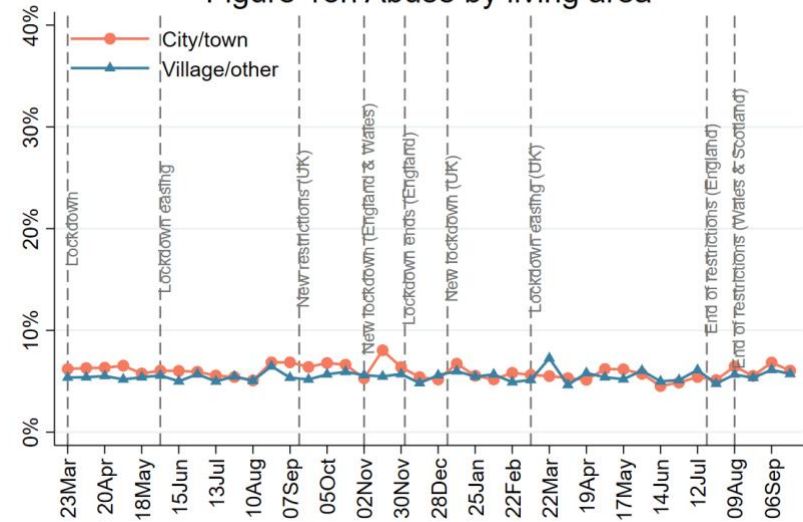
## Figure 18i Abuse by gender
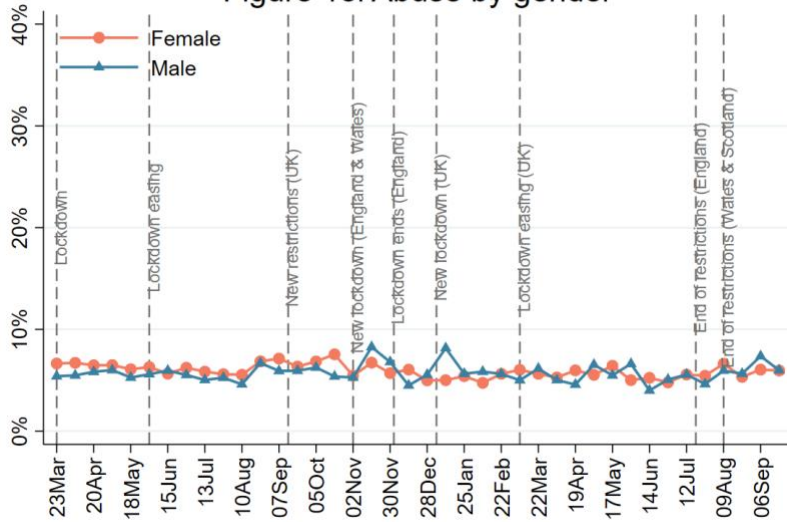
## Figure 18j Abuse by ethnicity
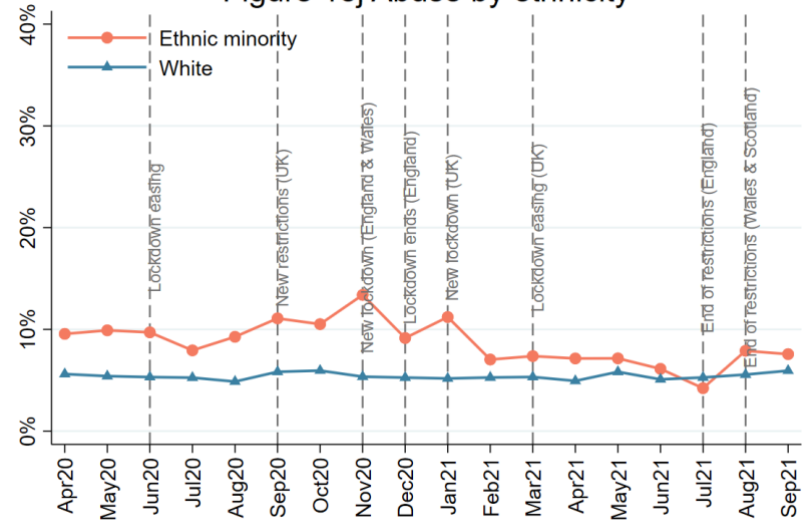
## Figure 18k Abuse by educational levels
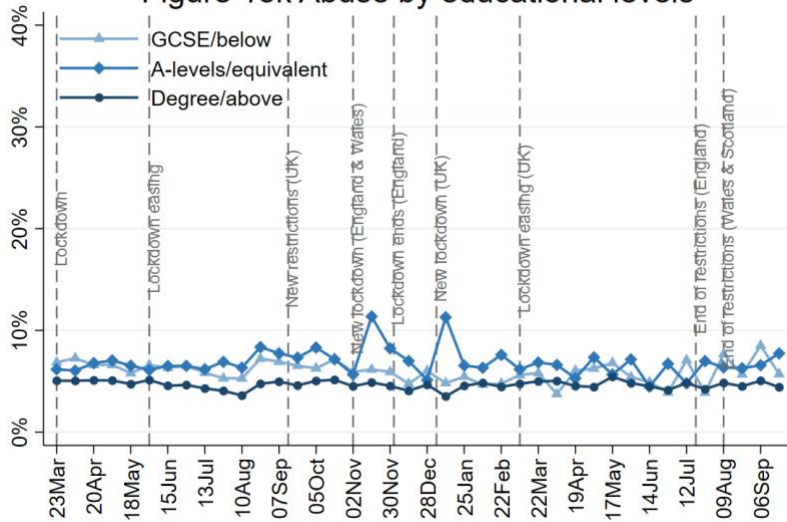
## Figure 18l Abuse by physical health diagnosis

46
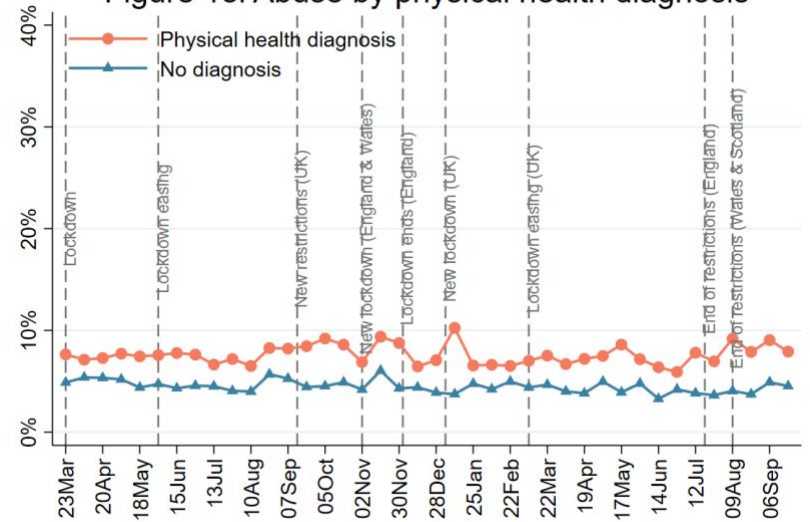
# 4. General well-being

## 4.1 Life satisfaction
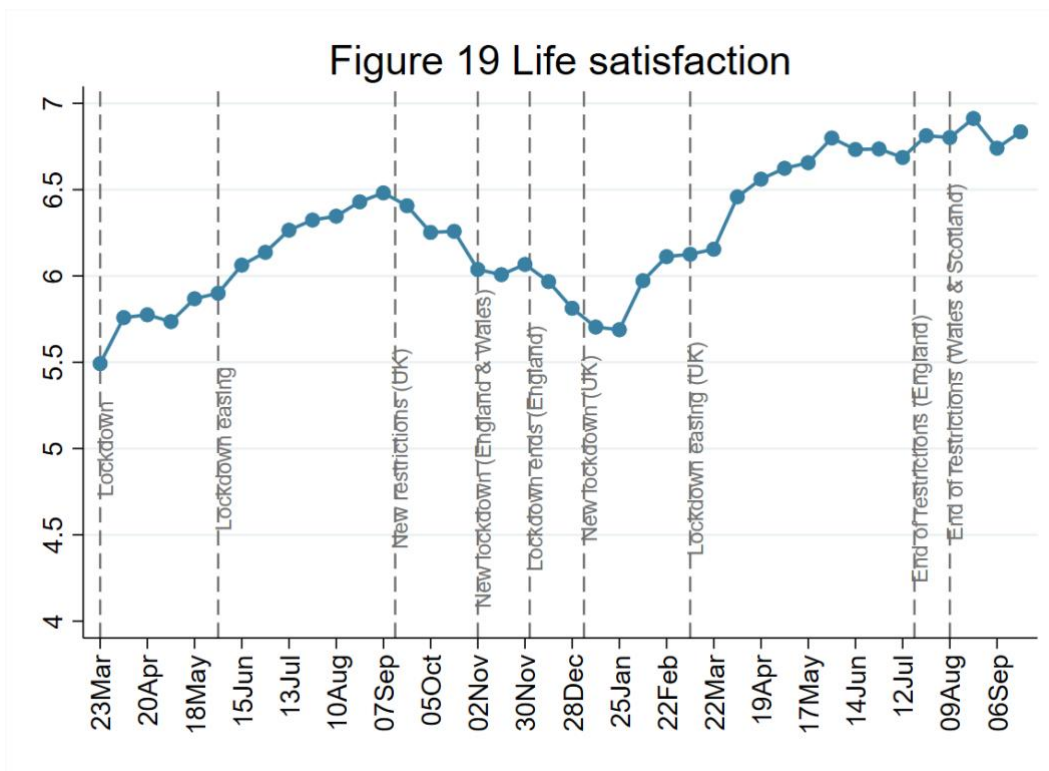


Figure 19 Life satisfaction

Respondents were asked to rate their life satisfaction during the past week using the Office of National Statistics (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).

Levels of life satisfaction increased from the ending of restrictions in July of 2021 through August but now appear to have levelled off. However, levels remain higher than they have been during this study.

People living alone, young adults, those with a mental health diagnosis, those with lower household incomes, people living in urban areas, people with a physical health diagnosis, and those from ethnic minority groups (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data) continue to report lower levels of life satisfaction.

Although this study focuses on trajectories rather than prevalence, the levels of life satisfaction remain slightly lower than usual reported averages using the same scale (7.7)[6].

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[6] 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
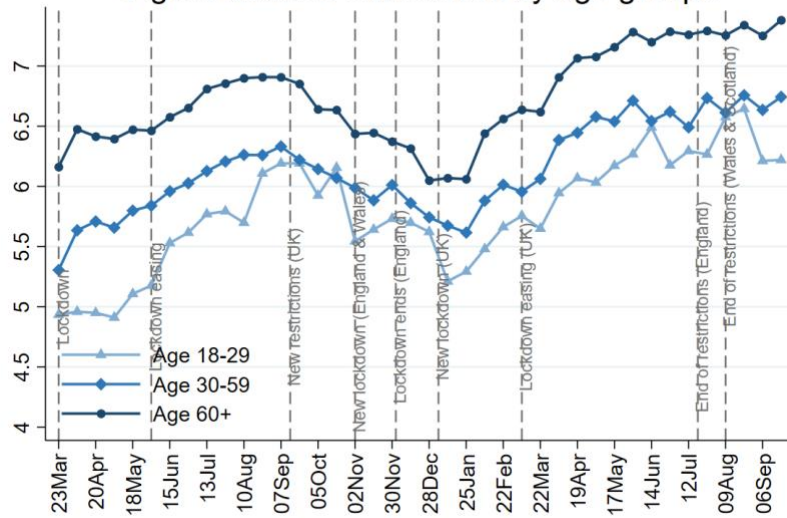


Figure 20b Life satisfaction by living arrangement
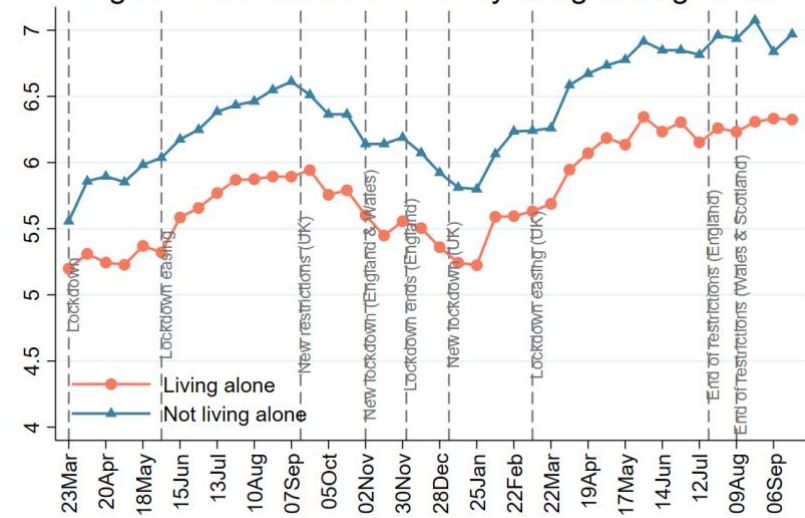


Figure 20c Life satisfaction by household income
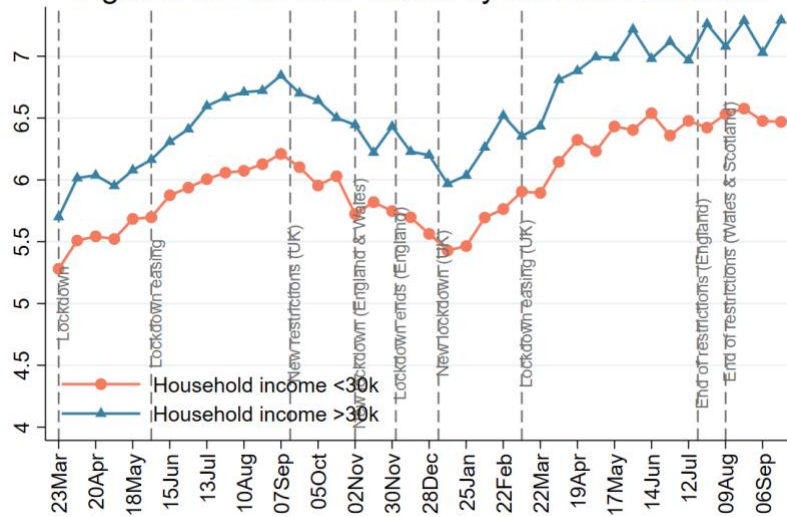


Figure 20d Life satisfaction by mental health diagnosis
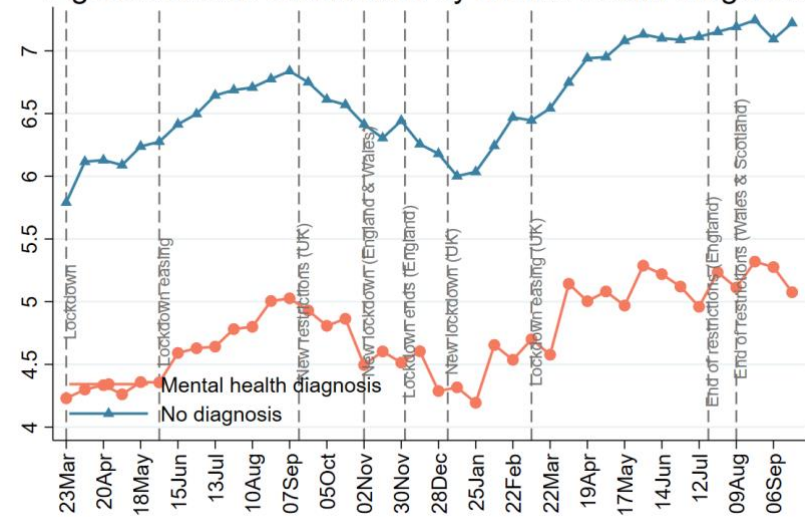
Figure 20e Life satisfaction by nations
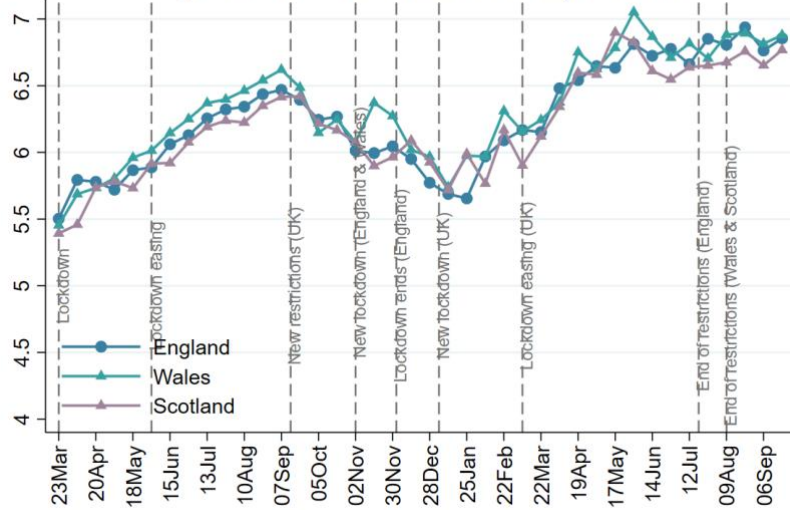


Figure 20f Life satisfaction by keyworker status
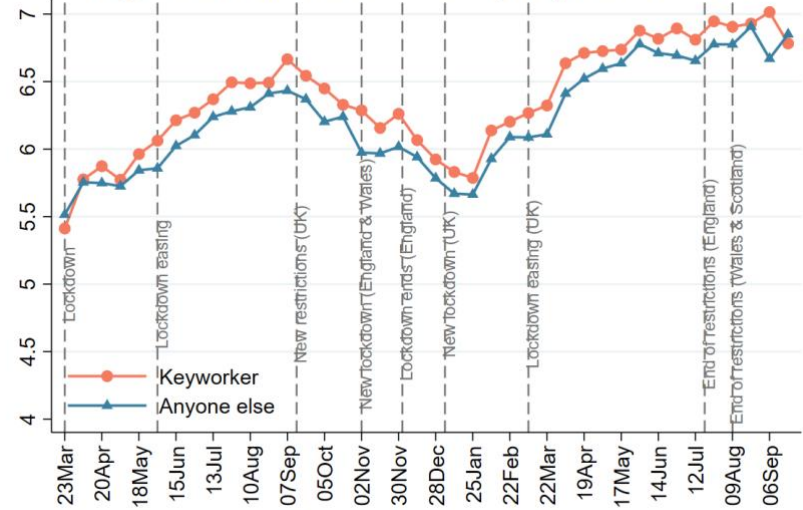


Figure 20g Life satisfaction by living with children
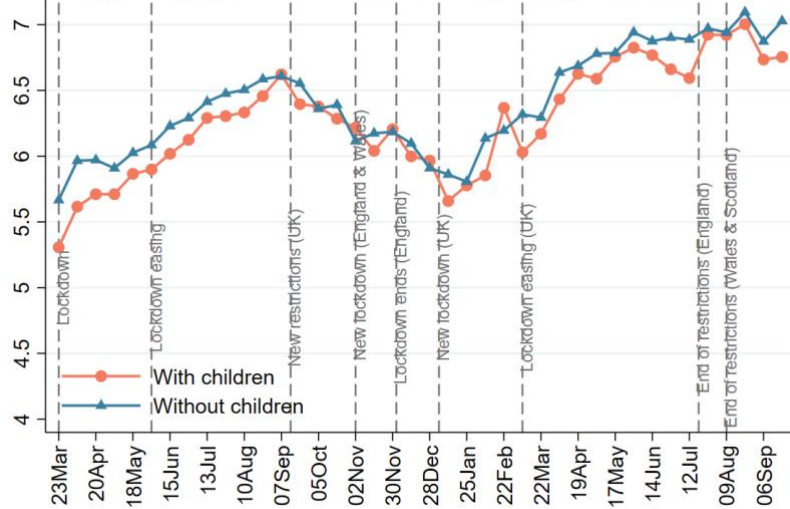


Figure 20h Life satisfaction by living area
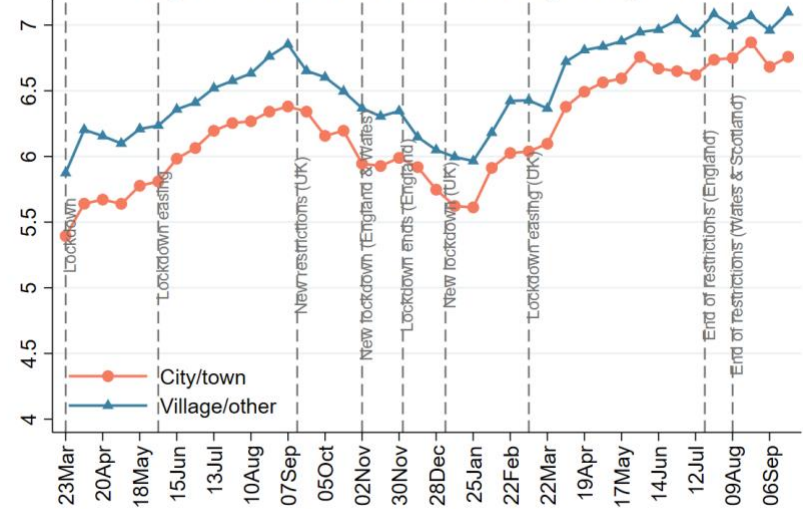
Figure 20i Life satisfaction by gender
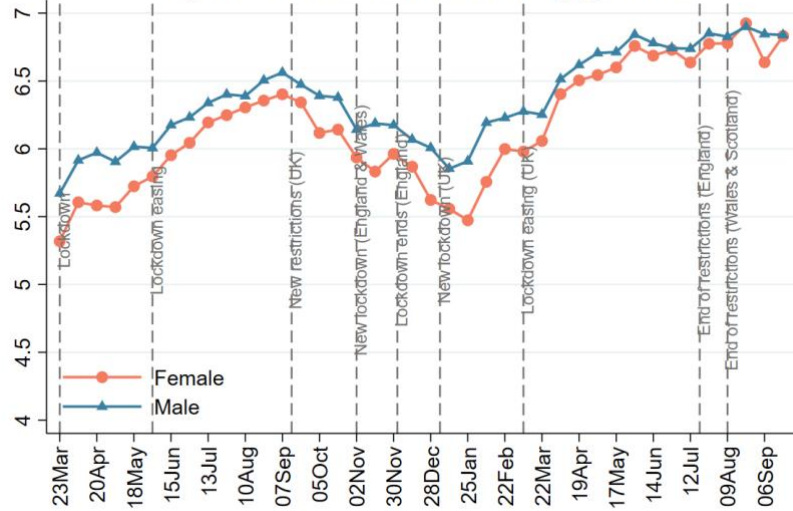
Figure 20j Life satisfaction by ethnicity
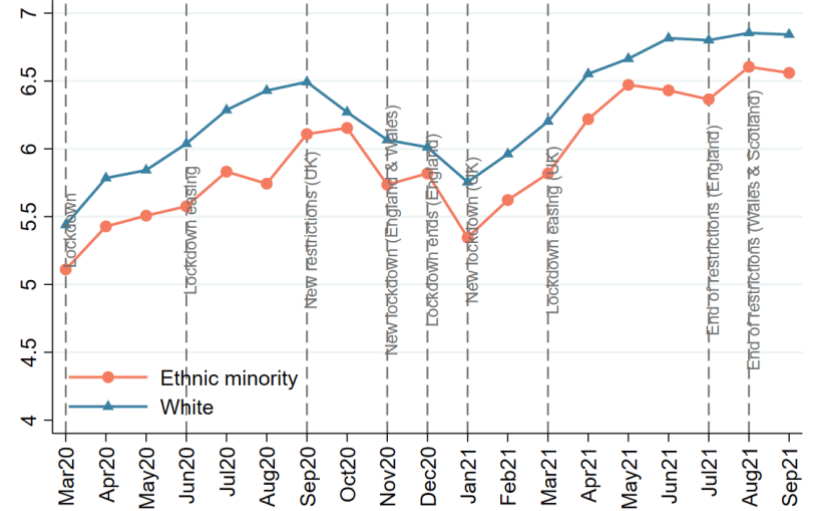
Figure 20k Life satisfaction by educational levels
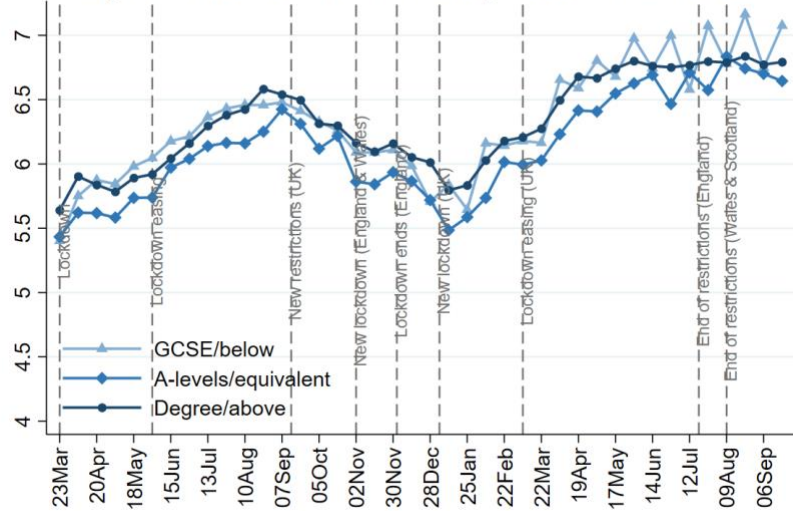
Figure 20l Life satisfaction by physical health diagnosis

## 4.2 Loneliness
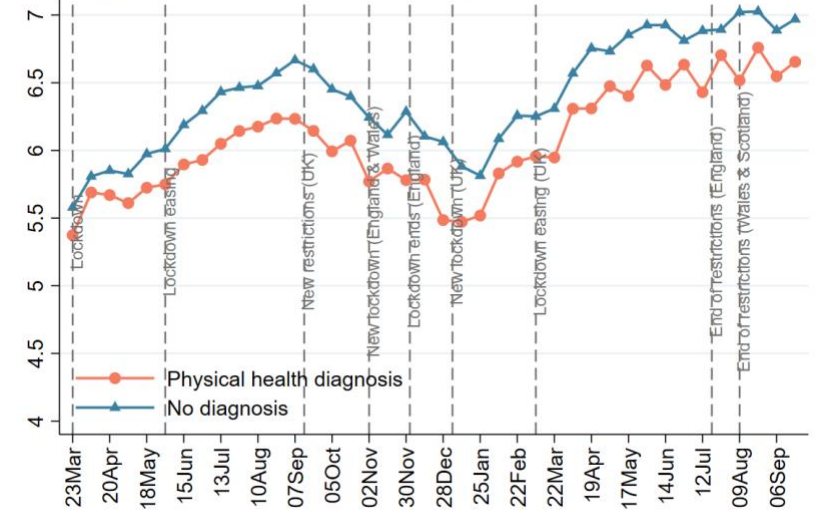


Figure 21 Loneliness
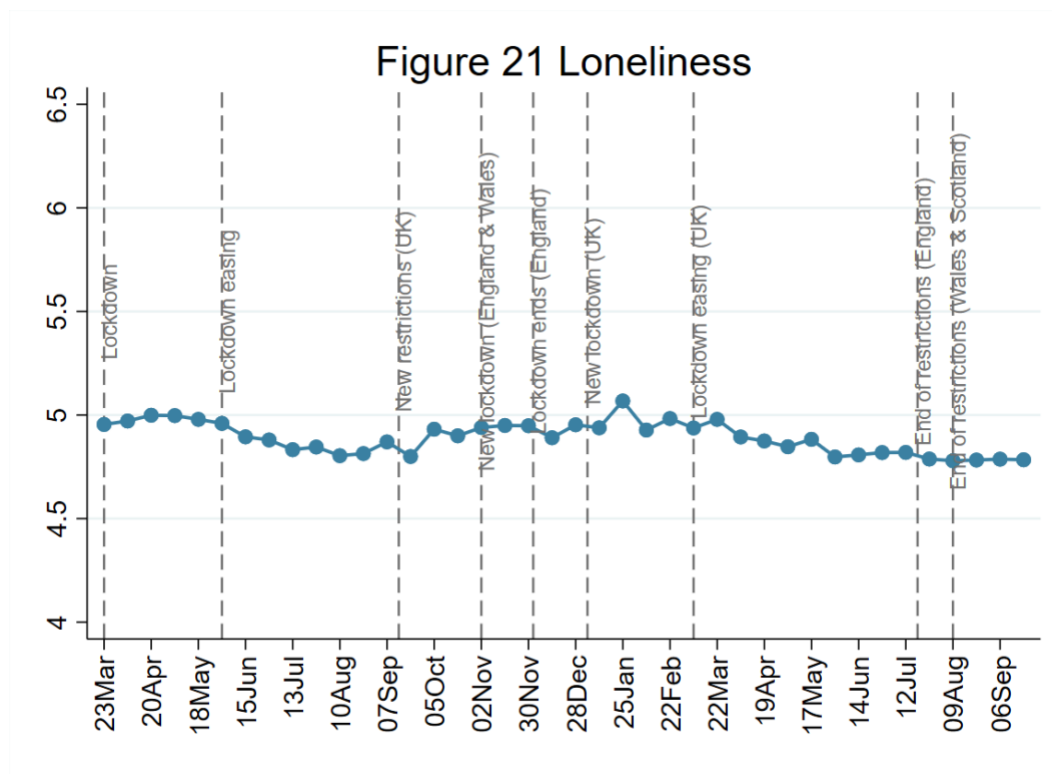
FINDINGS

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 scale, ranging from "never" to "always", with higher scores indicating greater loneliness.

Loneliness levels had been decreasing slightly since the beginning of March 2021 but this trend appears to have levelled off. Levels are now slightly lower than what they were in the summer of 2020. Loneliness remains highest in young adults, people living alone, those with a mental health diagnosis, people with lower household income, those living with children, amongst those from ethnic minority groups, women, and those living in urban areas.

Figure 22a Loneliness by age groups
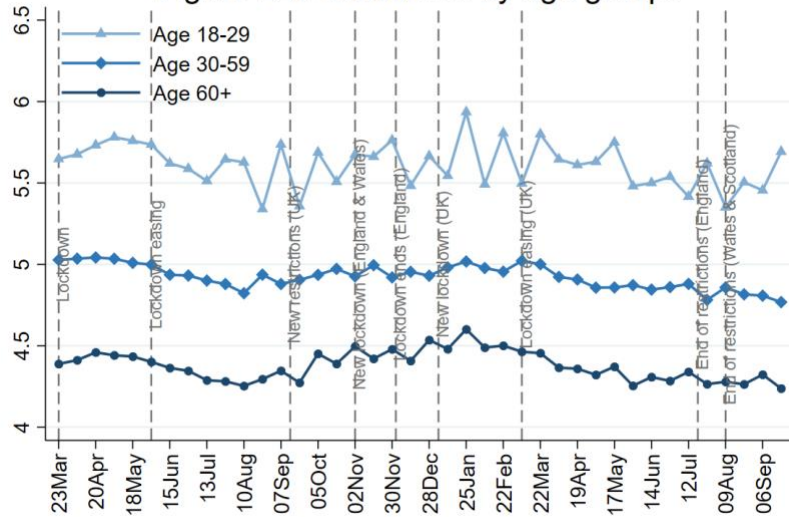


Figure 22b Loneliness by living arrangement
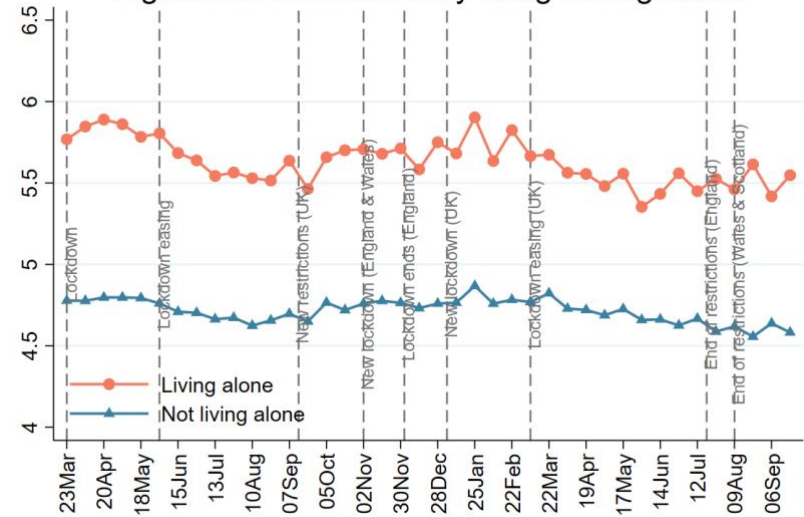


Figure 22c Loneliness by household income
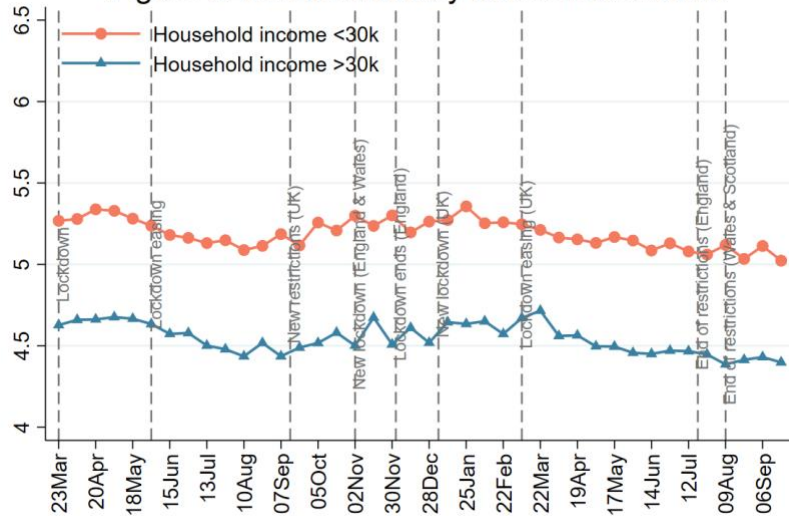


Figure 22d Loneliness by mental health diagnosis
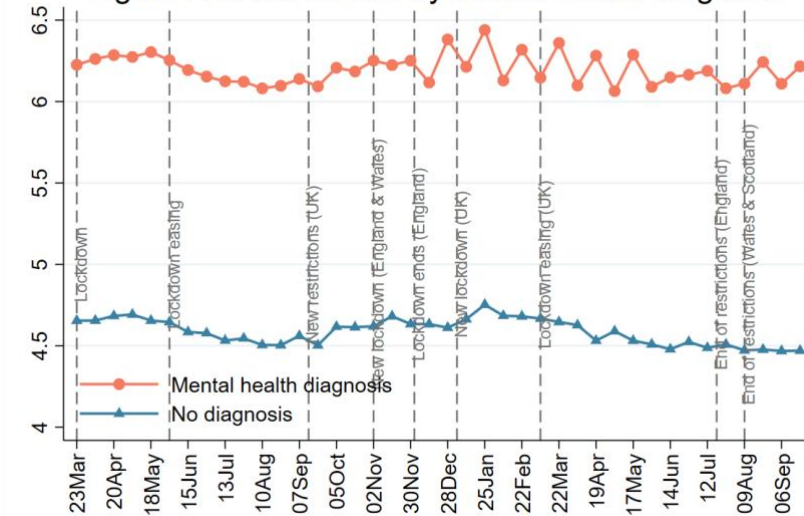
Figure 22e Loneliness by nations
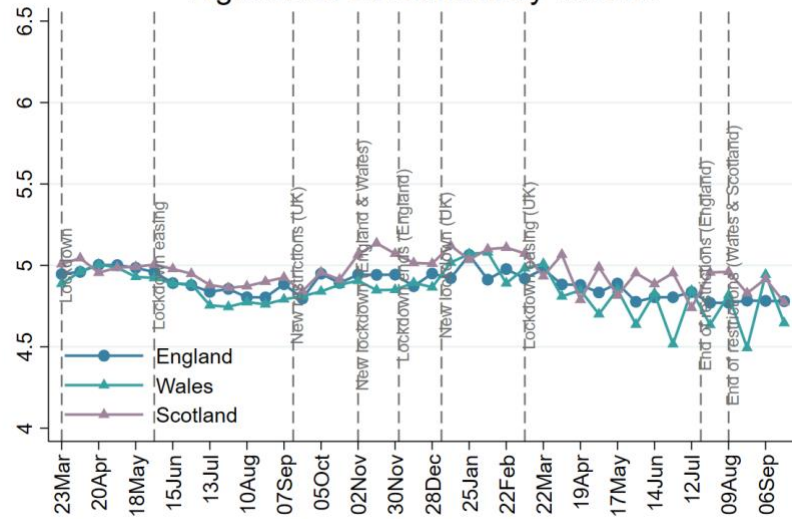

Figure 22f Loneliness by keyworker status
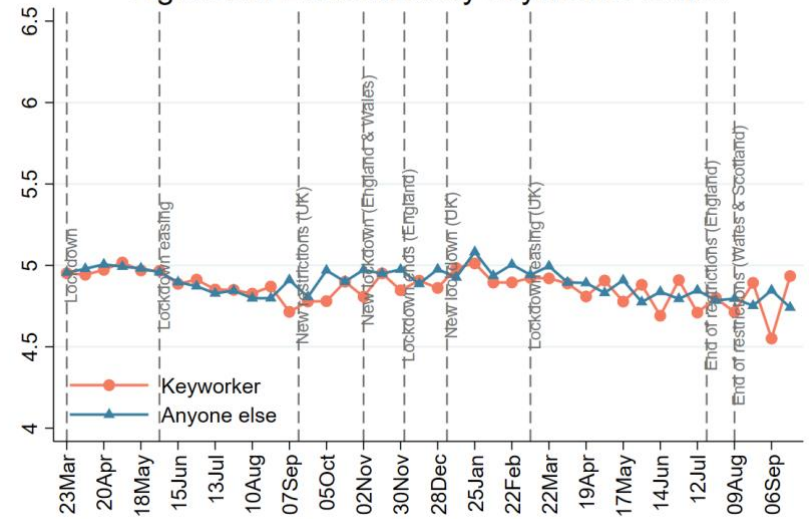

Figure 22g Loneliness by living with children
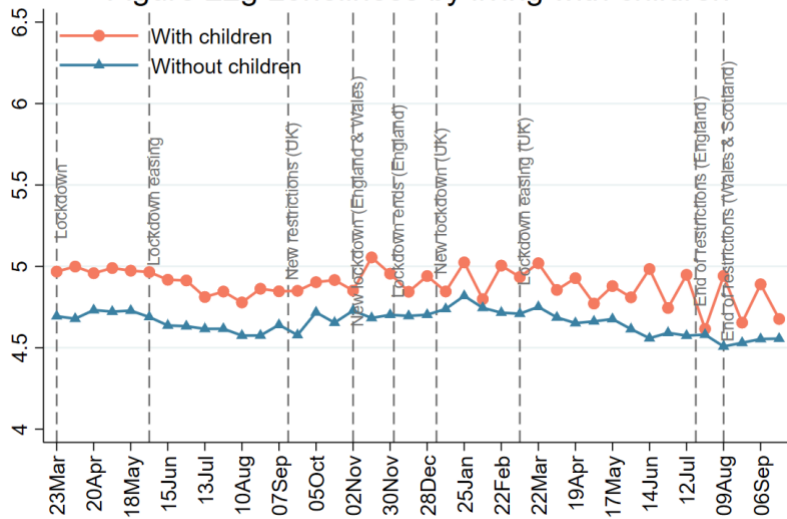

Figure 22h Loneliness by living area
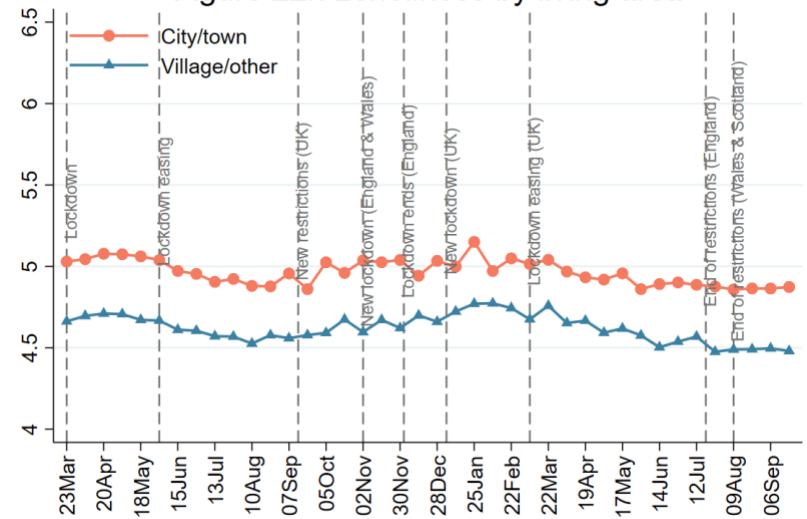
Figure 22i Loneliness by gender
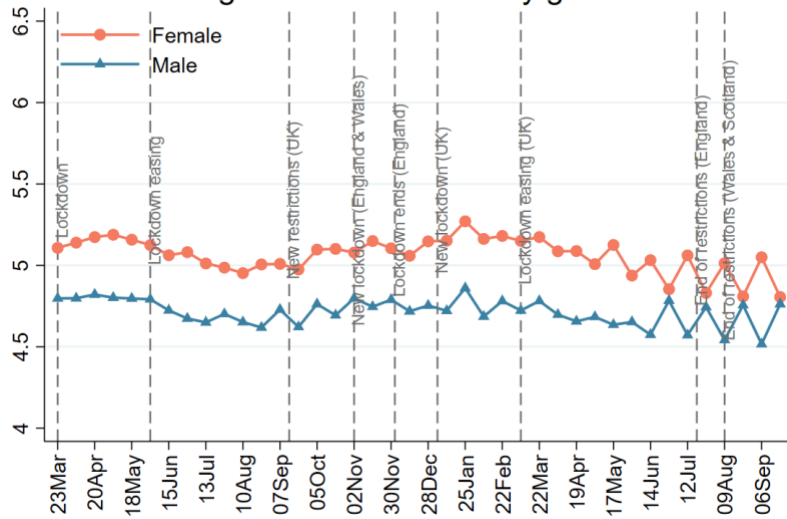

Figure 22j Loneliness by ethnicity
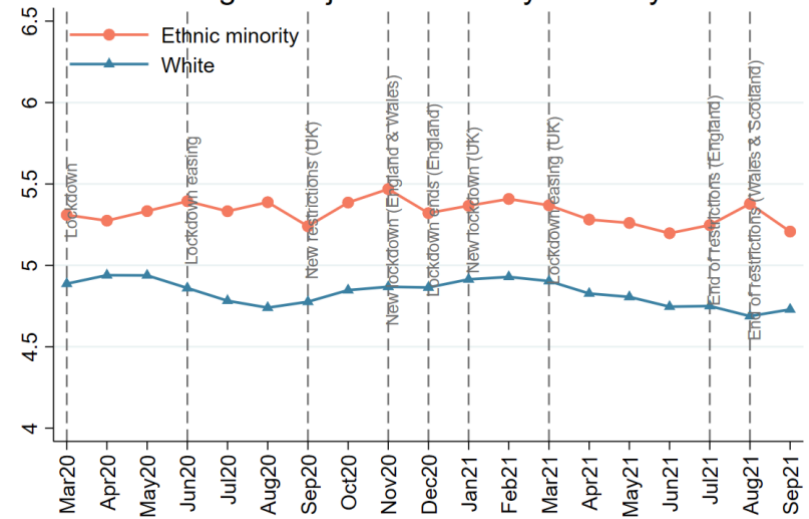

Figure 22k Loneliness by educational levels
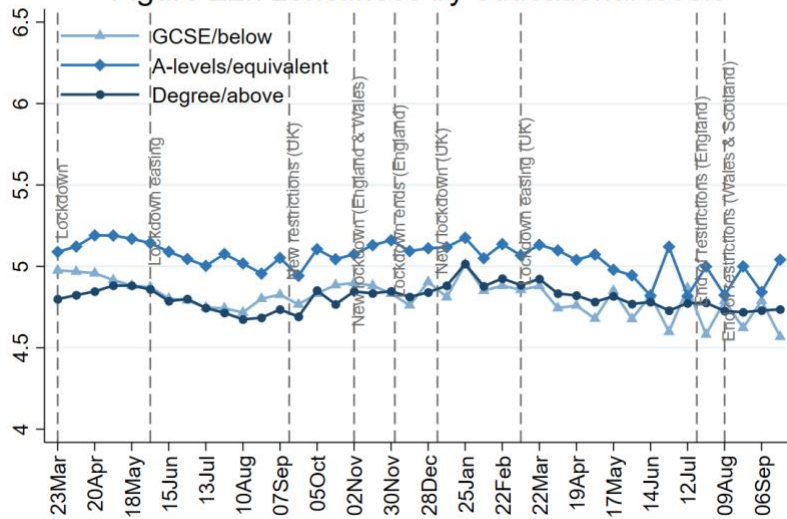

Figure 22l Loneliness by physical health diagnosis

## 4.3 Happiness
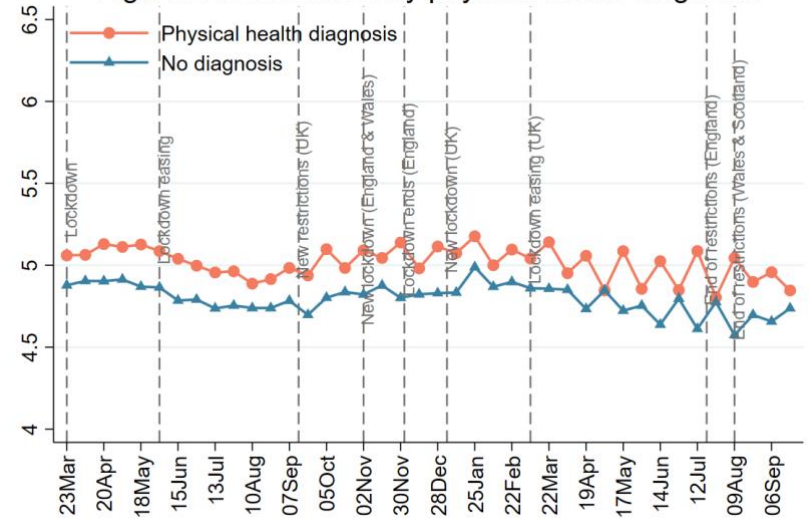


Figure 23 Happiness
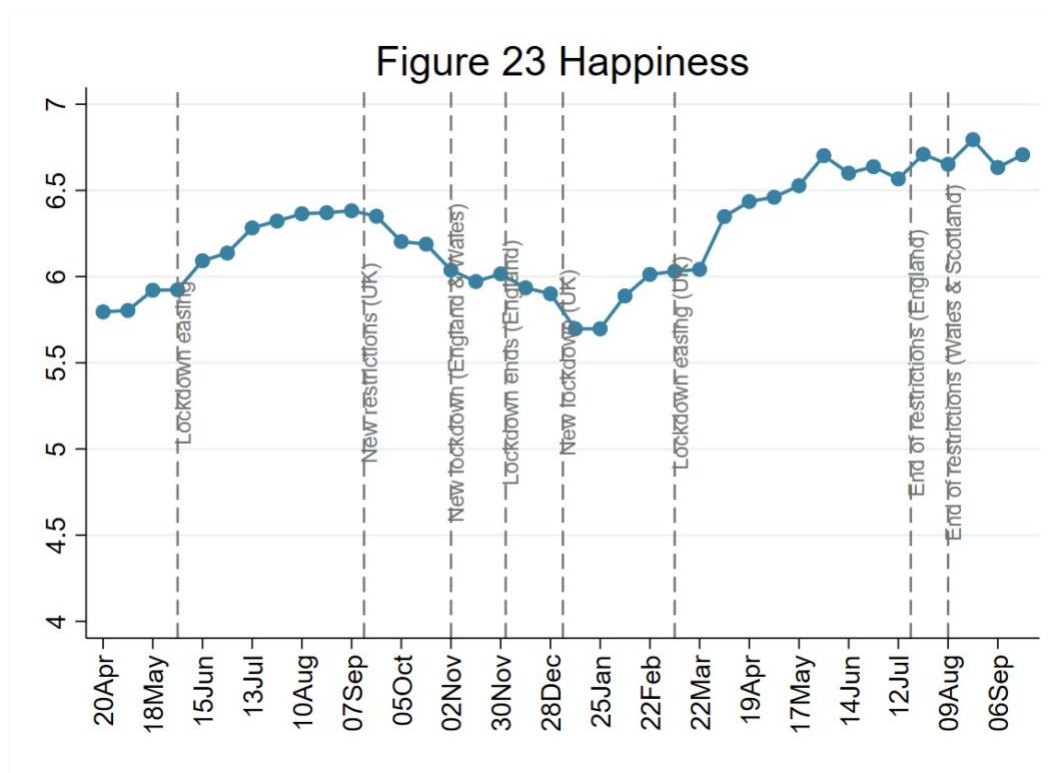
FINDINGS

Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics (ONS) wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April 2020 onwards.

Happiness levels generally increased from the end of March 2021 to the beginning of August, but this increase appears to have levelled off. However, levels of happiness remain higher than they ever have been during this study.

There continue to be differences in reported levels of happiness across demographic groups. Levels of happiness remain lower in adults under the age of 60, people living alone, people with low household incomes, people with a mental or physical health diagnosis, in urban areas, and people from ethnic minority groups.

Figure 24a Happiness by age groups
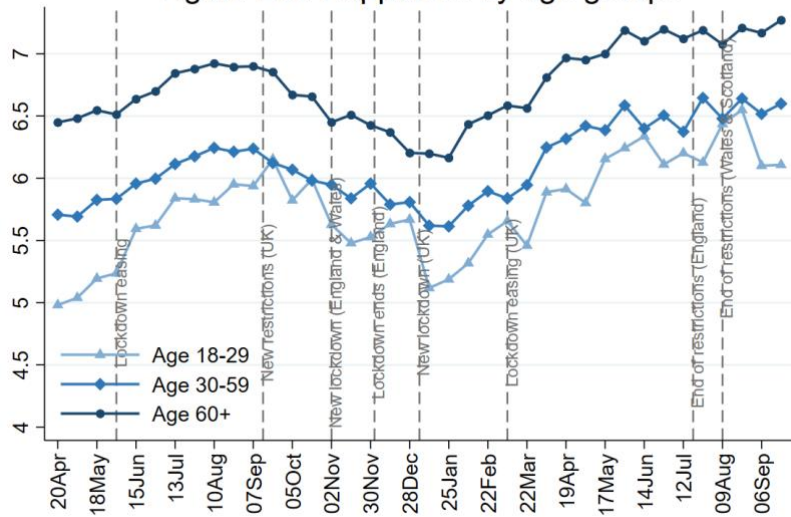


Figure 24b Happiness by living arrangement
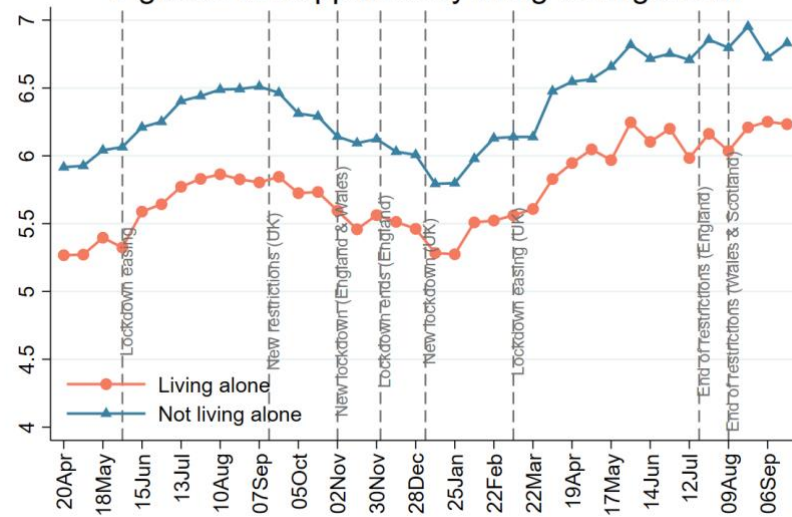


Figure 24c Happiness by household income
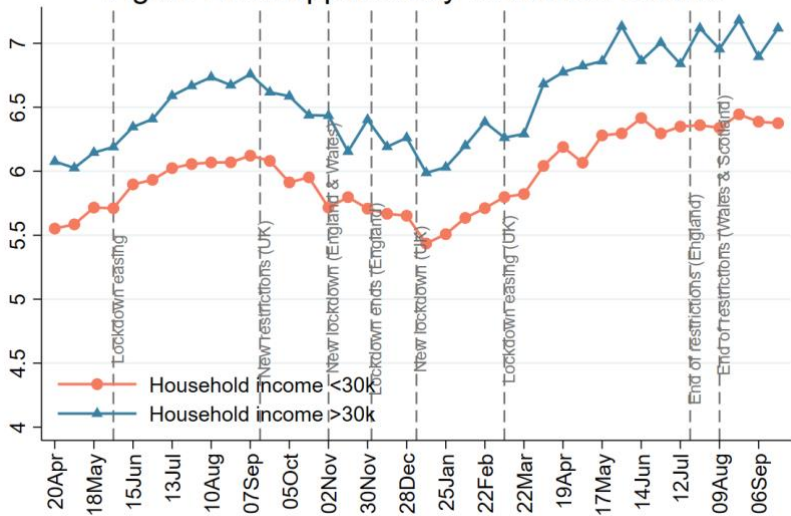


Figure 24d Happiness by mental health
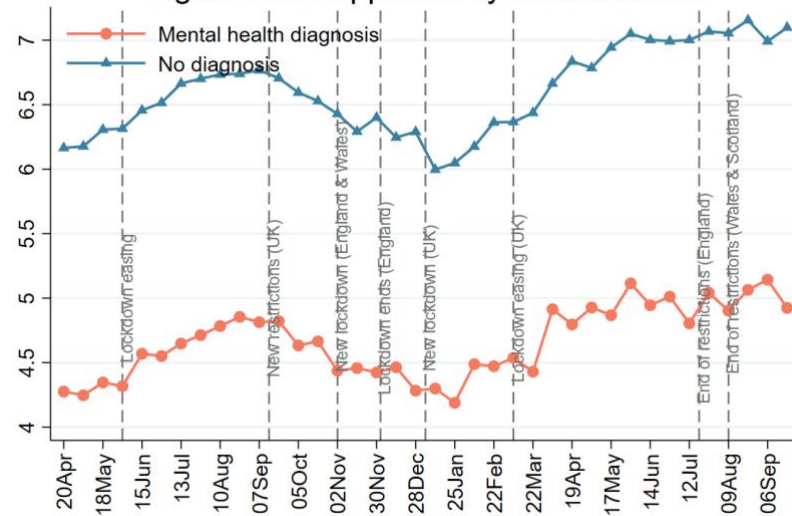
Figure 24e Happiness by nations
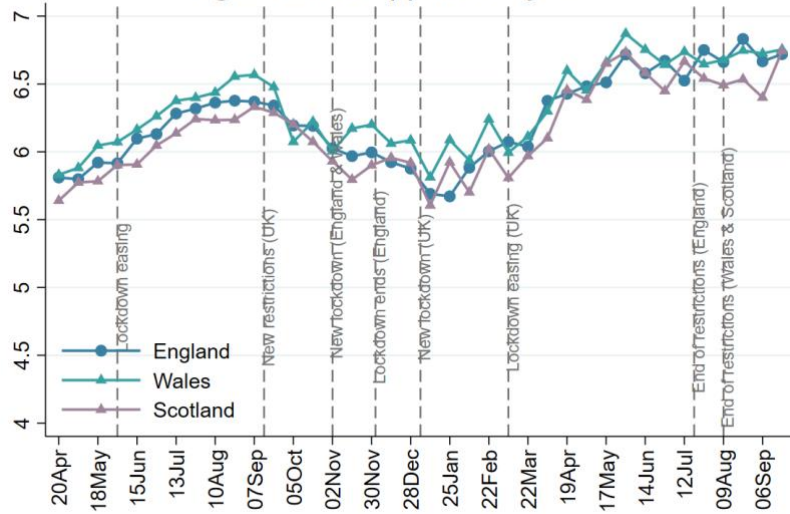


Figure 24f Happiness by keyworker status
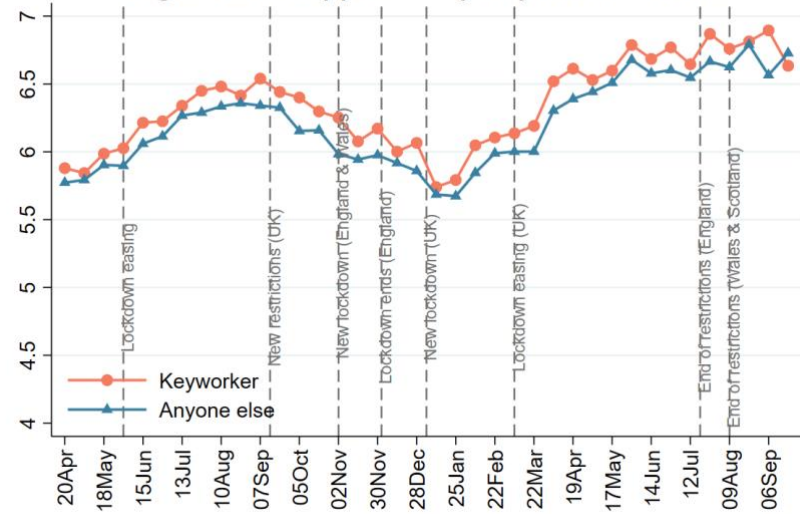


Figure 24g Happiness by living with children
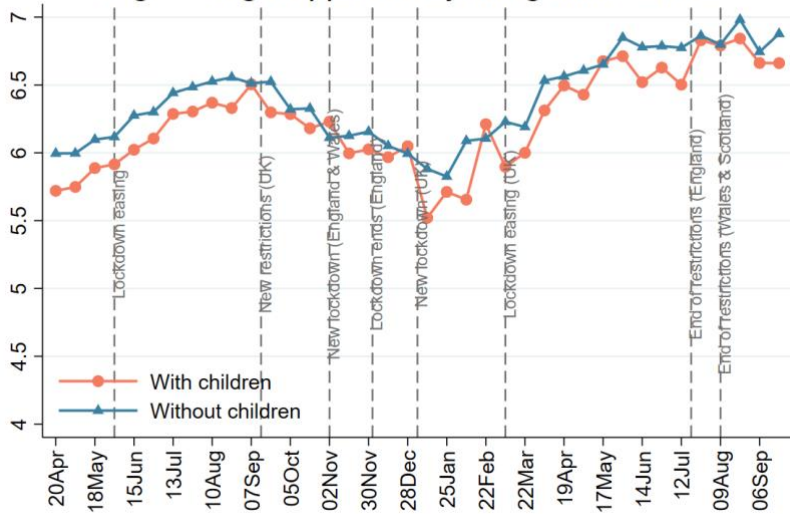


Figure 24h Happiness by living area
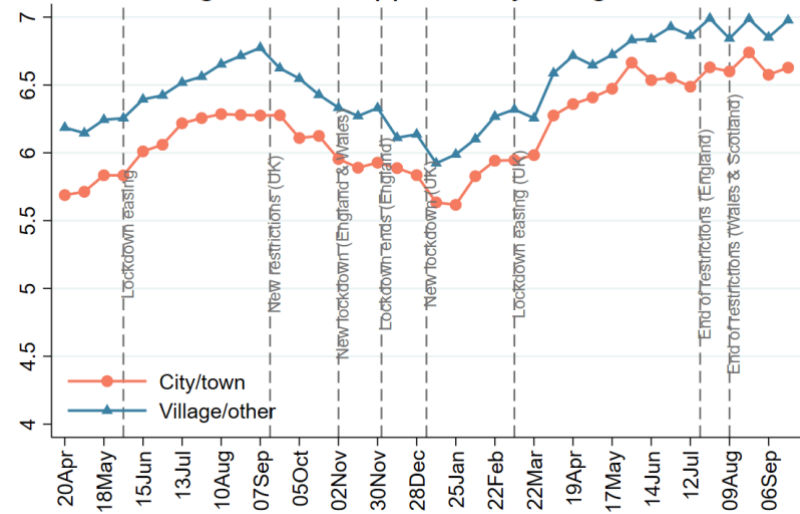
Figure 24i Happiness by gender
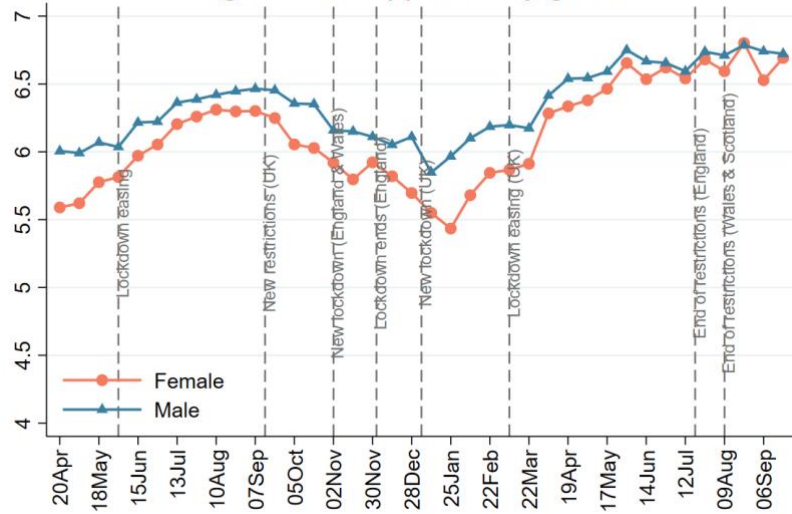


Figure 24j Happiness by ethnicity
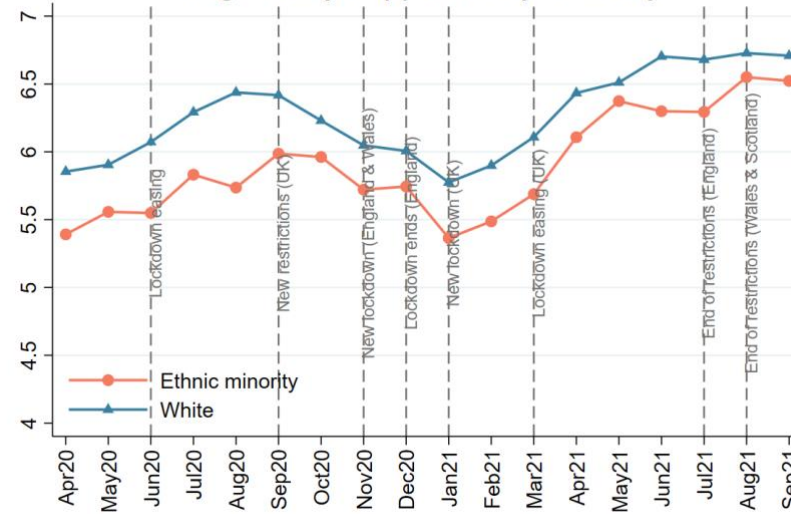


Figure 24k Happiness by educational levels
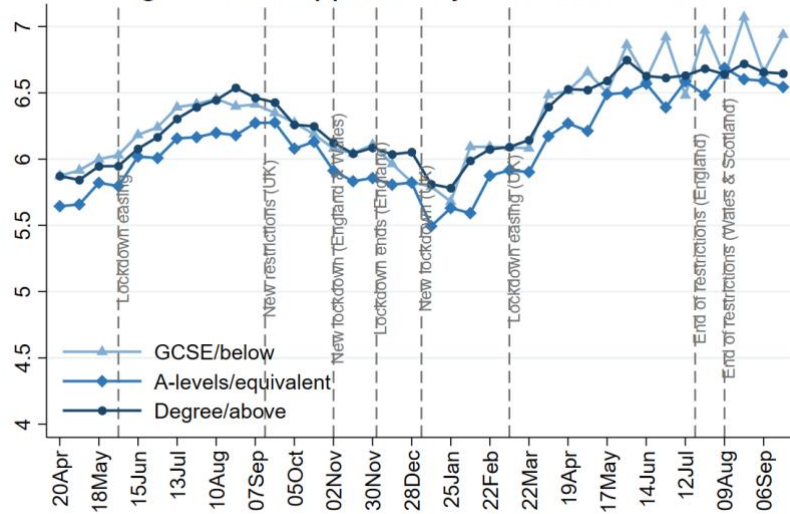


Figure 24l Happiness by physical health diagnosis
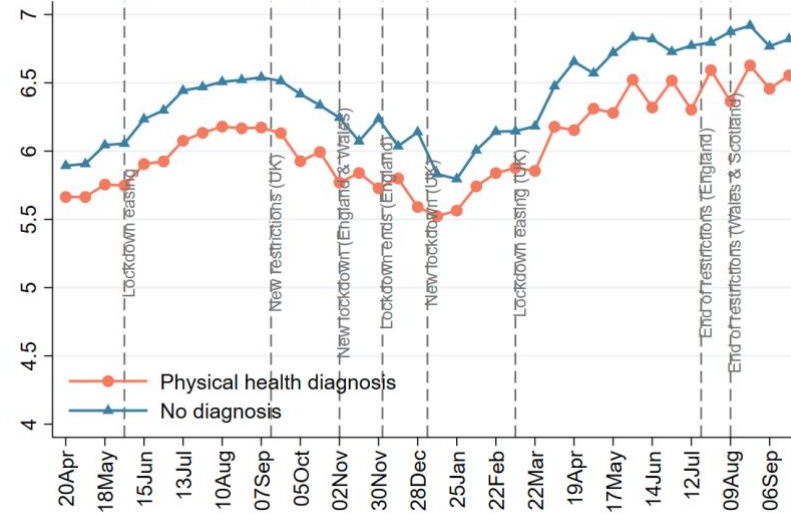
# 5. Neighbourhood

## 5.1 Changes in neighbourhood relationships

### Figure 25 Changes in neighbourhood relationships in 2020 & 2021 (vs pre-pandemic)



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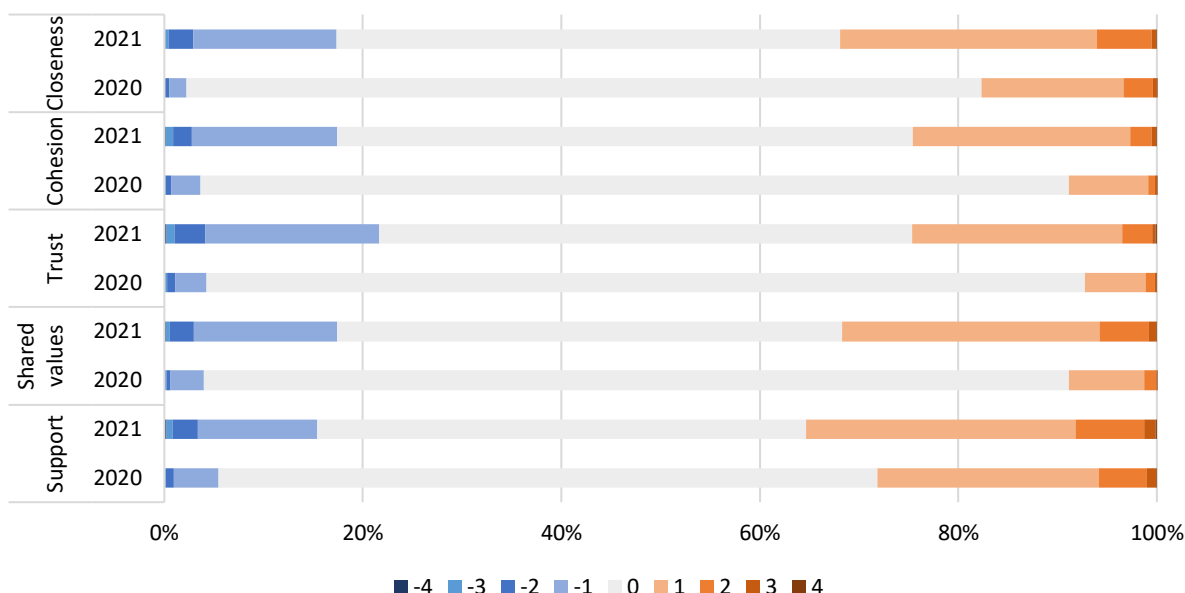
FINDINGS

Respondents were asked in July 2020 and again in September 2021 to rate how they found their neighbourhood prior to Covid-19 and since lockdown, and over the past year, respectively, on a scale from 1 (strongly disagree) to 5 (strongly agree). Five aspects of neighbourhood relationships were assessed: (i) whether the neighbourhood is close knit ("closeness"), (ii) whether people in the neighbourhood generally get on with each other ("cohesion"), (iii) whether people in the neighbourhood can be trusted ("trust"), (iv) whether people in the neighbourhood share the same values ("shared values"), and (v) whether people are willing to help their neighbours ("support"). Positive values on the horizontal axis indicate improvements compared to before the pandemic, whilst negative values represent deteriorations.

Overall, there have been more changes in neighbourhood relationships in September 2021 than there were in the first few months of the pandemic, in comparison with pre-pandemic. The largest changes were for support: 35% of respondents currently say that this had improved (vs 28% in July 2020), whilst 15% say it had deteriorated (vs 5% in July 2020) compared to before the pandemic.

The largest improvements reported were for shared values, with 32% currently saying it had improved compared to before the pandemic, whilst only 9% said this in July 2020. Similarly, 1 in 4 now report greater trust in people living in their neighbourhood (7% in July 2020), 32% report that their neighbourhood had become closer (18% in July 2020), and 25% feel it has become more cohesive (9% in July 2020). Under 1 in 5 of people felt their neighbourhoods had deteriorated across any of the categories over the past year, with the exception trust (22%).

Improvements in neighbourhood relations were similar across urban and rural areas in
support and cohesion. However, increases in shared values were slightly stronger in rural
areas, whilst people living in urban areas were more likely to report more neighbourhood
trust and closeness

### Fgure 26a Changes in neighbourhood relationships in urban areas in 2021 (vs pre-pandemic)
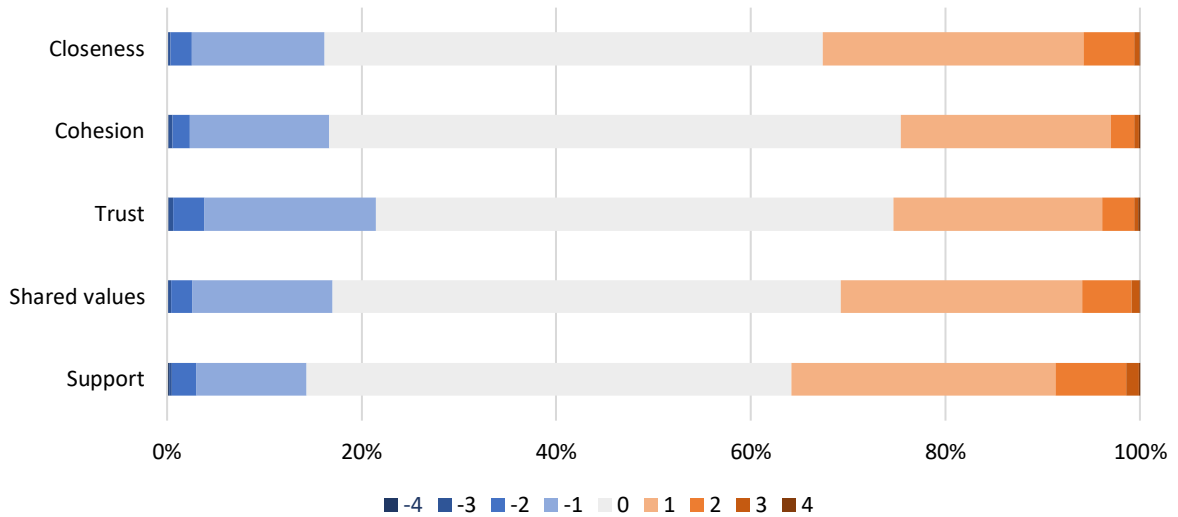


### Figure 26b Changes in neighbourhood relationships in rural areas in 2021 (vs pre-pandemic)
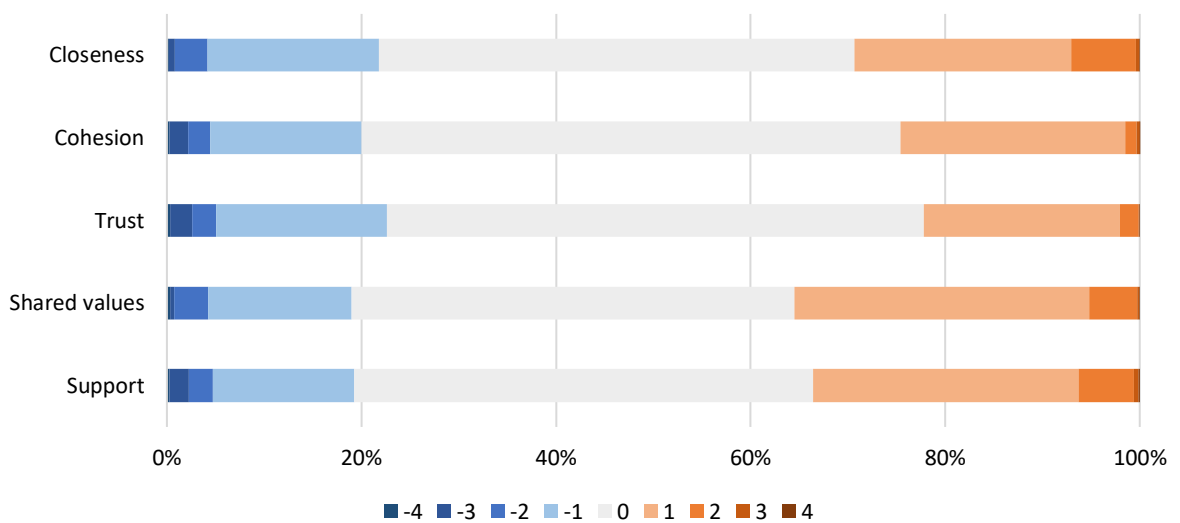
## 5.2 Changes in feelings towards one's neighbourhood

### Figure 27 Changes in feelings towards one's neighbourhood in 2021 (vs 2020)



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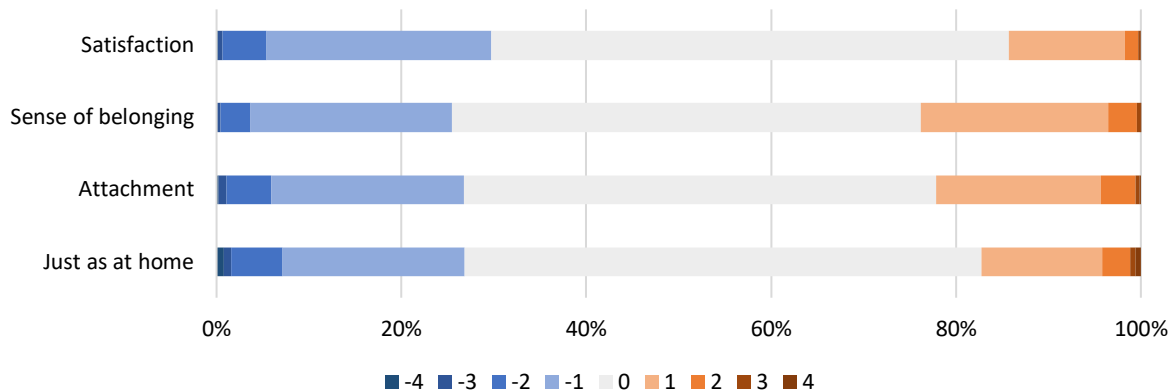
FINDINGS

Respondents were asked to rate how much they feel at home, how attached they are, how much they feel they belong, and overall, how satisfied they are with their neighbourhood on a scale from 1 to 5. In July 2020, participants were asked to respond generally, and were prompted to focus on the past year in September 2021. Data presented indicate differences in responses between 2021 and 2020.

Most respondents did not report feeling differently about their neighbourhoods on any of the four aspects. Generally, greater proportions of people reported feeling more negatively than positively about their neighbourhoods in 2021 in comparison to the first few months of the pandemic.

Around 30% reported poorer levels of satisfaction over the past year in comparison to the first few months of the pandemic, compared to just 14% who felt more satisfied.

The largest improvements in positive feelings towards one's neighbourhood were for a sense of belonging (24%) and a sense of attachment (22%). Nearly 1 in 5 (17%) reported an increase in feeling like their neighbourhood was a home, compared to 27% who said it now felt like less of a home.

Except for a sense of attachment, improvements were stronger in urban compared to rural areas.

Figure 28a Changes in feelings towards one's neighbourhood in urban areas in 2021 (vs 2020)
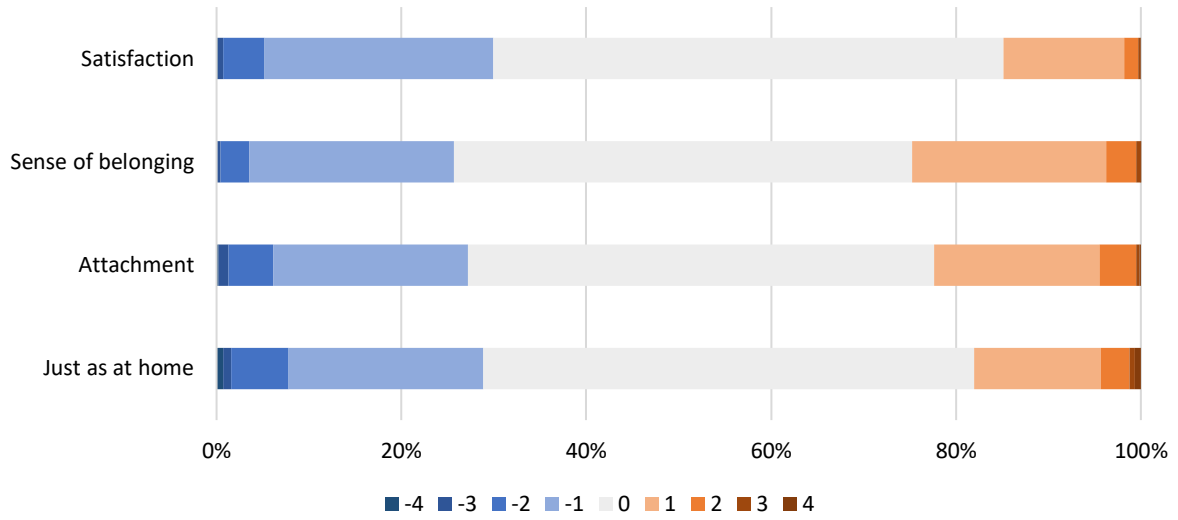


Figure 28b Changes in feelings towards one's neighbourhood in rural areas in 2021 (vs 2020)
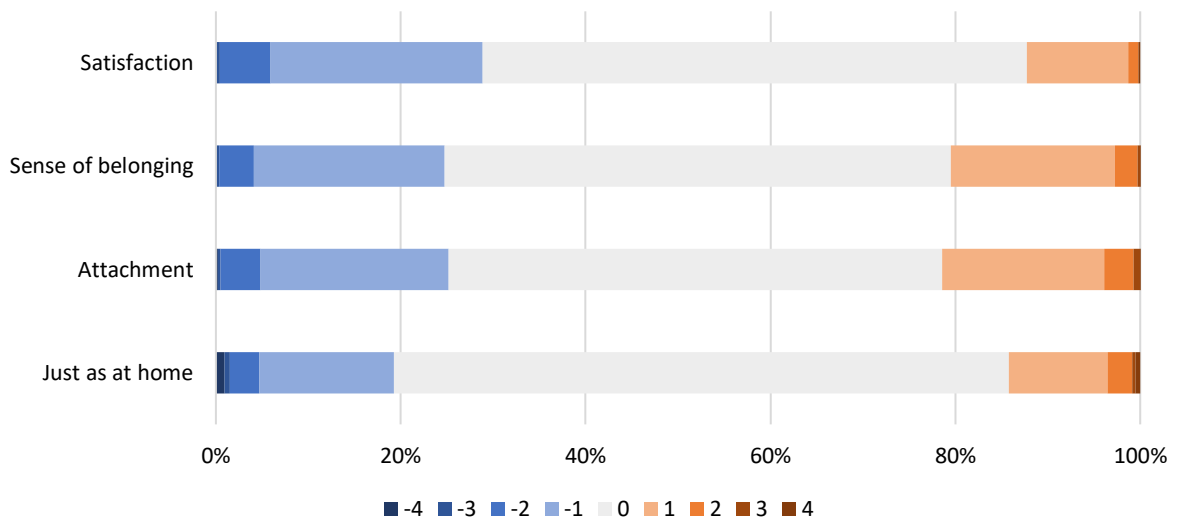
# Appendix

## 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 70,000 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 21st of March 2020 to the 3rd of October 2021 (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. To participate or to sign up for the newsletter and receive monthly updates on the study findings, visit 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**)
For full demographics weighted to population proportions, see the User Guide at www.covidsocialstudy.org/results

| | Number of observations | % | | Number of observations | % |
|---|---|---|---|---|---|
| **Age** | | | **Education levels** | | |
| **18-29** | 58,599 | 5.46 | **GCSE or below** | 151,937 | 14.2 |
| **30-59** | 580,944 | 54.2 | **A-levels of equivalent** | 185,050 | 17.3 |
| **60+** | 433,229 | 40.4 | **Degree or above** | 735,785 | 68.6 |
| **Gender** | | | **Any diagnosed mental health conditions** | | |
| **Male** | 270,298 | 25.3 | **No** | 895,957 | 83.5 |
| **Female** | 798,231 | 74.7 | **Yes** | 176,815 | 16.5 |
| **Ethnicity** | | | **Any diagnosed physical health conditions** | | |
| **White** | 1,028,046 | 96.1 | **No** | 613,684 | 57.2 |
| **Ethnic minority** | 41,357 | 3.87 | **Yes** | 459,088 | 42.8 |
| **UK nations** | | | **Keyworker** | | |
| **England** | 864,958 | 81.4 | **No** | 851,868 | 79.4 |
| **Wales** | 131,816 | 12.4 | **Yes** | 220,904 | 20.6 |
| **Scotland** | 65,674 | 6.18 | **Living with children** | | |
| **Living arrangement** | | | **No (excluding those who live alone)** | 612,797 | 72.6 |
| **Not living alone** | 843,950 | 78.7 | **Yes** | 231,153 | 27.4 |
| **Living alone** | 228,822 | 21.3 | **Living area** | | |
| **Annual household income** | | | **Village/hamlet/isolated dwelling** | 271,104 | 25.3 |
| **>30k** | 572,085 | 59.3 | **City/large town/small town** | 801,668 | 74.7 |
| **<30k** | 393,414 | 40.8 | | | |

# Peer reviewed publications

For readers of this report who are interested in following up some of the findings in more detail, a selected list of articles published in scientific journals that are based on the COVID-19 Social Study is listed below. Readers can access the full listing, including articles published as preprints, on our website www.COVIDSocialStudy.org/results.

Bu, F., Bone, J. K., Mitchell, J. J., Steptoe, A., & Fancourt, D. (2021). Longitudinal changes in physical activity during and after the first national lockdown due to the COVID-19 pandemic in England. *Scientific Reports*, *11*(1), 17723. https://doi.org/10.1038/s41598-021-97065-1

Bu, F., Mak, H. W., & Fancourt, D. (2021). Rates and predictors of uptake of mental health support during the COVID-19 pandemic: An analysis of 26,720 adults in the UK in lockdown. *Social Psychiatry and Psychiatric Epidemiology*. https://doi.org/10.1007/s00127-021-02105-w

Bu, F., Steptoe, A., & Fancourt, D. (2020). Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the COVID-19 pandemic. *Public Health*, *186*, 31–34. https://doi.org/10.1016/j.puhe.2020.06.036

Bu, F., Steptoe, A., Mak, H. W., & Fancourt, D. (2021). Time use and mental health in UK adults during an 11-week COVID-19 lockdown: A panel analysis. *The British Journal of Psychiatry*, 1–6. https://doi.org/10.1192/bjp.2021.44

Fancourt, D., Steptoe, A., & Bu, F. (2021). Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19 in England: A longitudinal observational study. *The Lancet Psychiatry*, *8*(2), 141–149. https://doi.org/10.1016/S2215-0366(20)30482-X

Fancourt, D., Steptoe, A., & Wright, L. (2020). The Cummings effect: Politics, trust, and behaviours during the COVID-19 pandemic. *The Lancet*, *396*(10249), 464–465. https://doi.org/10.1016/S0140-6736(20)31690-1

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