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Covid-19 Social Study

Results Release 34

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Executive summary

Background

This report provides data from the last 60 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-FOURTH report, we focus on psychological responses to the first sixty weeks since just before the first UK lockdown was announced (21/03/2020 to 16/05/2021). 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***** Understanding of the rules and reasons for leaving home

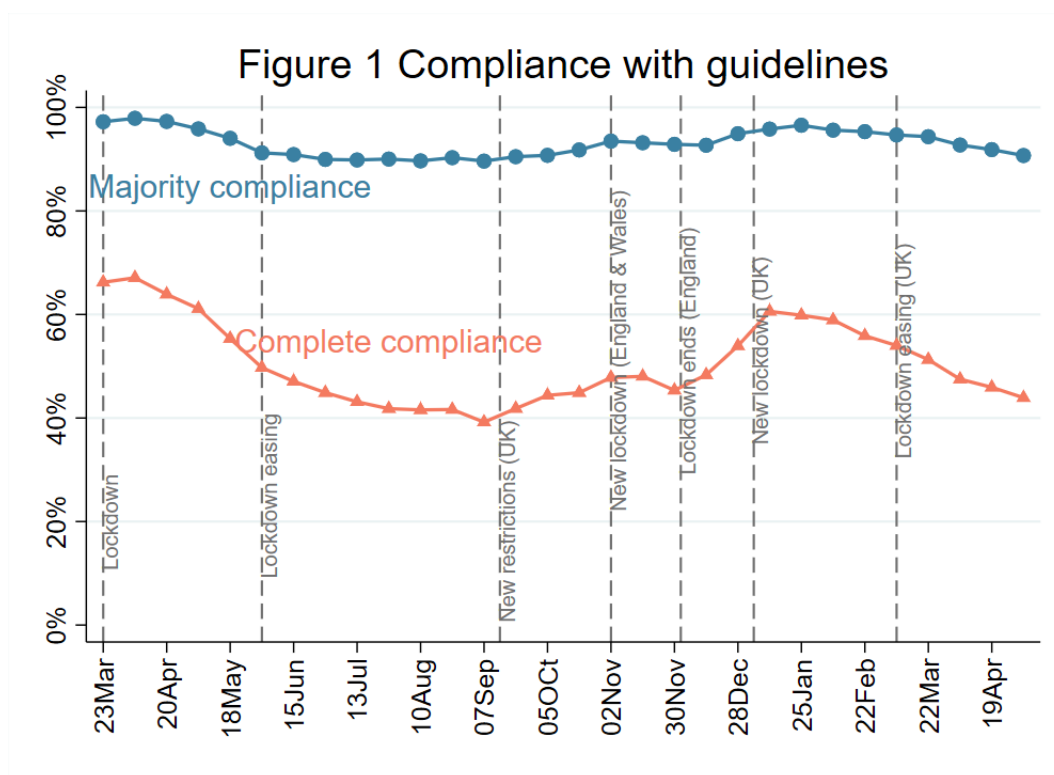
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary 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

- Fewer than 1 in 3 people (29.1%) say that they completely understand the rules set by the government to control the spread of the virus. Complete rule understanding was at its lowest in November 2020, when just 1 in 5 said they completely understood the rules. Majority understanding (a rating that understanding was 5 or more on a 7-point scale). was also lower in November, with around 70% reporting mostly understanding the rules throughout the month. Some demographic groups have consistently reported poorer rule comprehension since autumn of last year. In England, a smaller proportion of young adults (18%) and people from ethnic minority groups (22%) currently report complete understanding of the rules, compared to older adults (ages 30-59: 32% and age 60+: 35%) and people of white ethnicity (31%). People with lower education levels have consistently reported a better understanding of the rules.
- Majority understanding, however, is high (79.2%), and although there have been slight decreases as the roadmap out of lockdown continues, majority understanding has been relatively stable since the beginning of the year. There were few demographic differences in understanding, but a smaller proportion of young adults and people from ethnic minority groups reported mostly understanding the rules. More people in Wales and England than in Scotland say they have mostly understood the rules over the past few months.
- Despite low levels of complete rule understanding, majority compliance with guidelines remains high, with 91.0% of people in our study saying they are mostly following the rules. Complete and majority compliance have, however, decreased since the easing of the latest lockdown restrictions, with complete compliance showing larger decreases over the past few months. Demographic differences in majority compliance remain minimal, with the exception that a lower proportion of young adults saying they are mostly following the rules.
- There have been clear increases in the proportion of people in our study who have left home for work, to meet people, for meals or other entertainment, and to do other shopping (aside from shopping for food and essentials) since the easing of restrictions for the latest lockdown. Half (52.1%) had left the home to meet up with friends and family, compared with 1 in 3 (34.9%) at the end of December 2020. Just over 2 in 5 (42.9%) had left the home to do shopping other than for food or essentials, 1 in 3 (35.1%) had left home to work, and nearly 1 in 5 (17.4%) had gone out for meals and entertainment.
- Differences between demographic groups in reasons for leaving home were minimal, with some exceptions. Women (57%), young adults (66%), and people with higher household incomes (59%) were more likely to have left home to meet with others. The latter two groups were more likely to have gone out for meals or entertainment (young adults: (33%), higher income households: (23%).
- The easing of lockdown restrictions has coincided with increases in life satisfaction and happiness, and decreases in depression and anxiety symptoms.

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 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 remained consistently high since the start of the year as new lockdowns were introduced across the UK and is now as high as it was at the end of the first strict lockdown in May 2020.

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) has decreased since the start of the new year, and is now what it was in the summer of 2020. Across demographic groups, 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, amongst those in ethnic minority groups¹, and amongst people in good physical health.

Majority compliance has been reported by around 91% of people in the last month, with consistent patterns across the latest lockdown present in all major demographic groups (Figures 2m-2x).

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

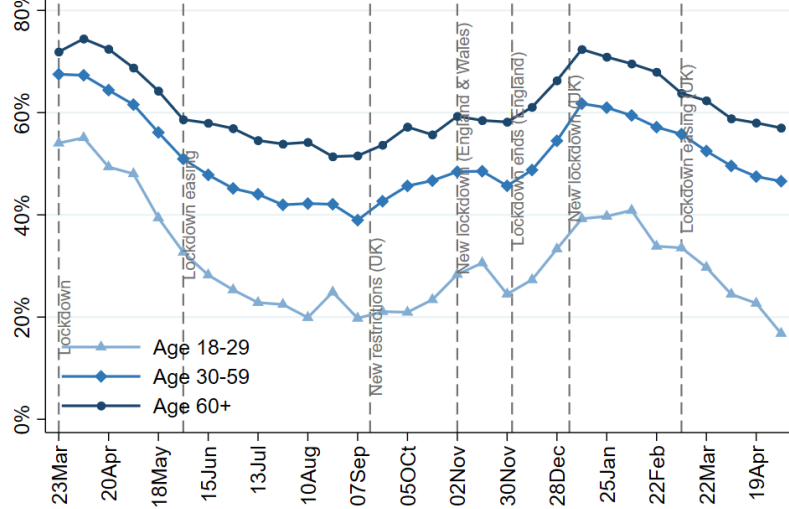


Figure 2b Complete compliance by living arrangement

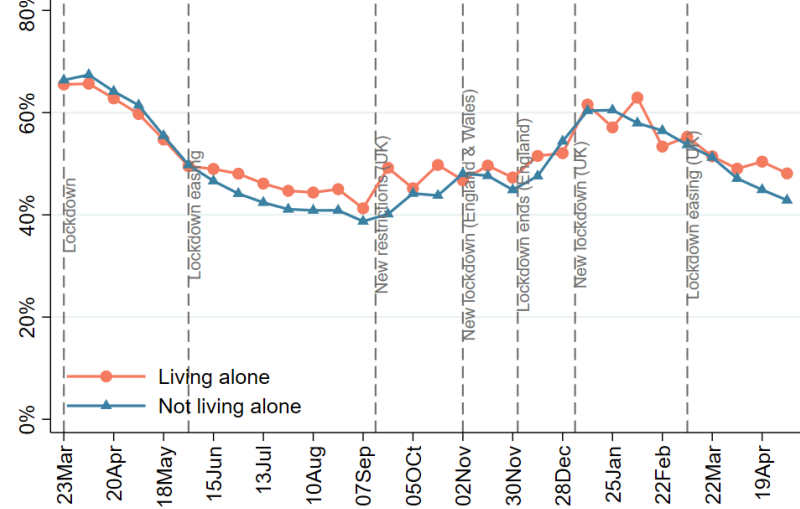


Figure 2c Complete compliance by household income

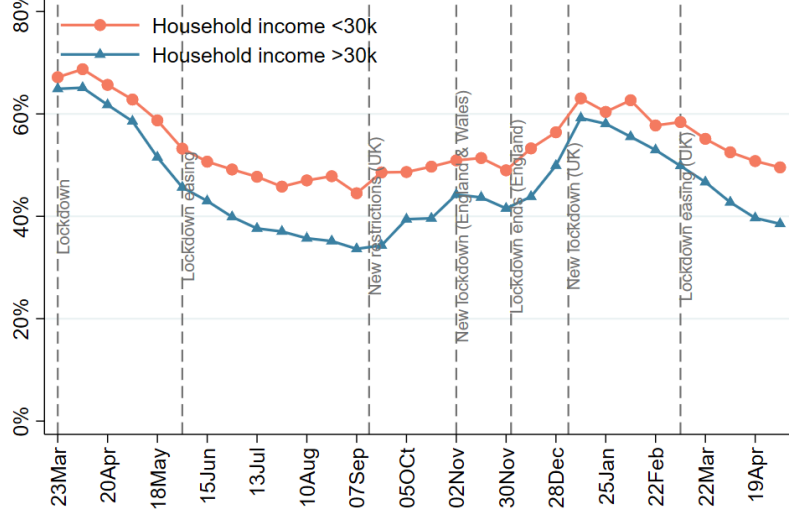


Figure 2d Complete compliance by mental health

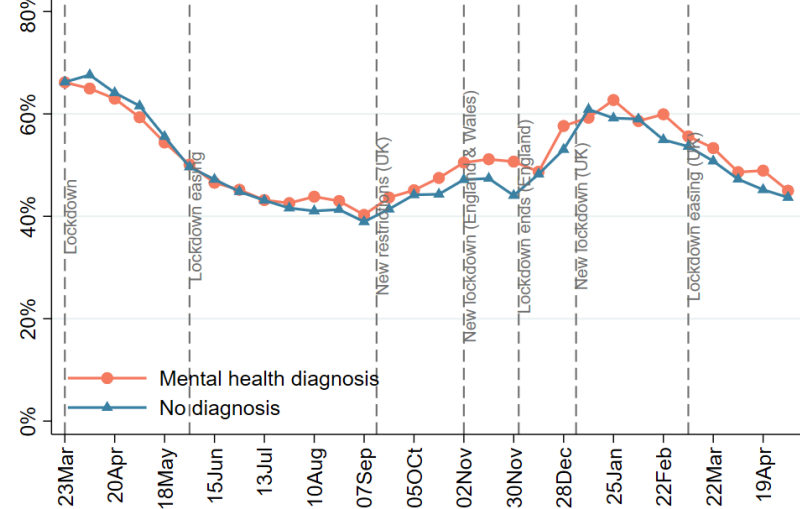


Figure 2e Complete compliance by nations

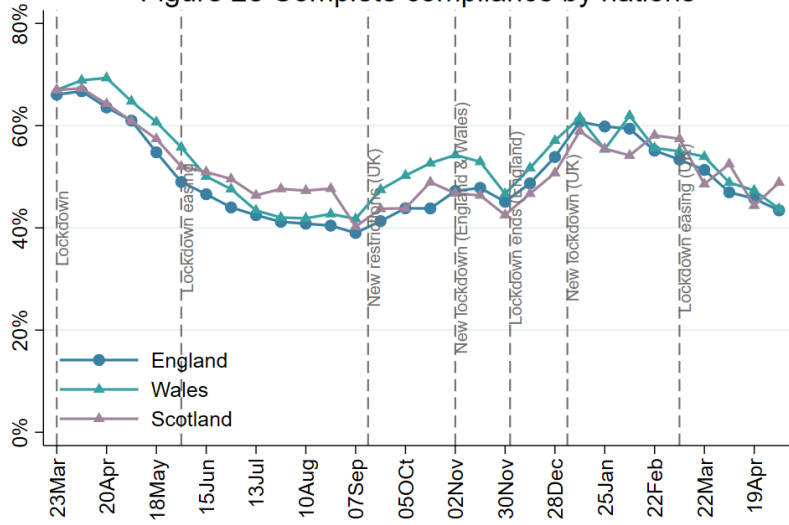


Figure 2f Complete compliance by keyworker status

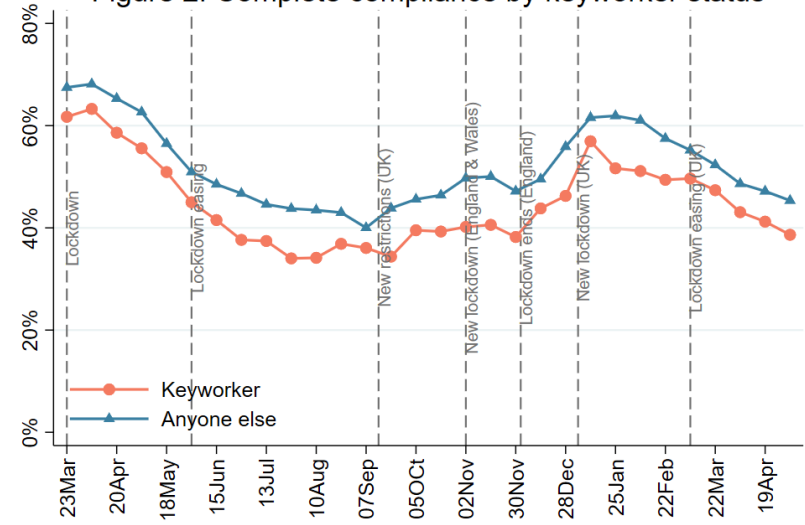


Figure 2g Complete compliance by living with children

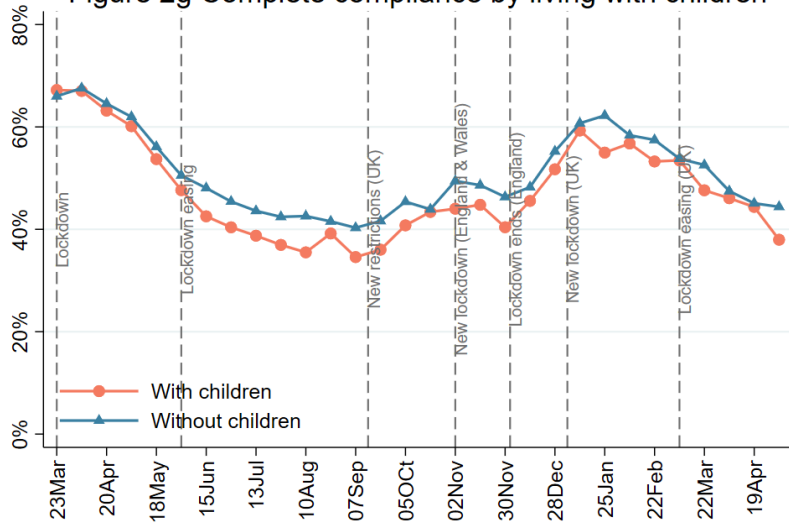


Figure 2h Complete compliance by living area

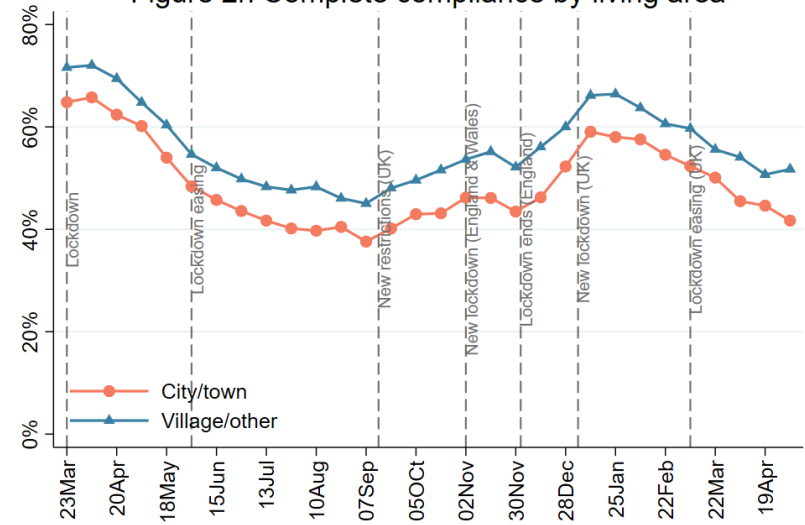


Figure 2i Complete compliance by gender

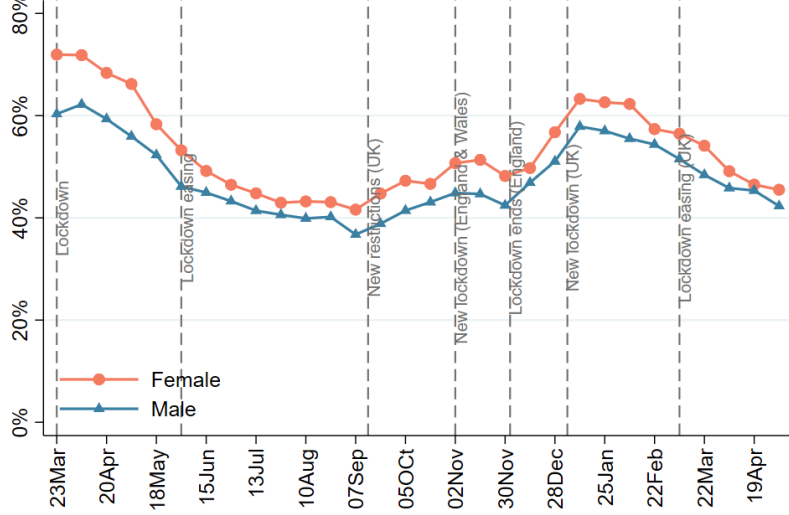


Figure 2j Complete compliance by ethnicity

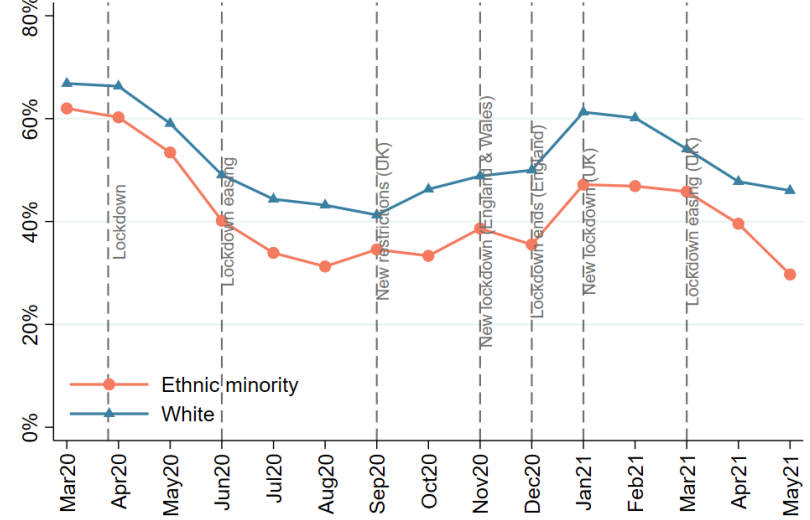


Figure 2k Complete compliance by educational levels

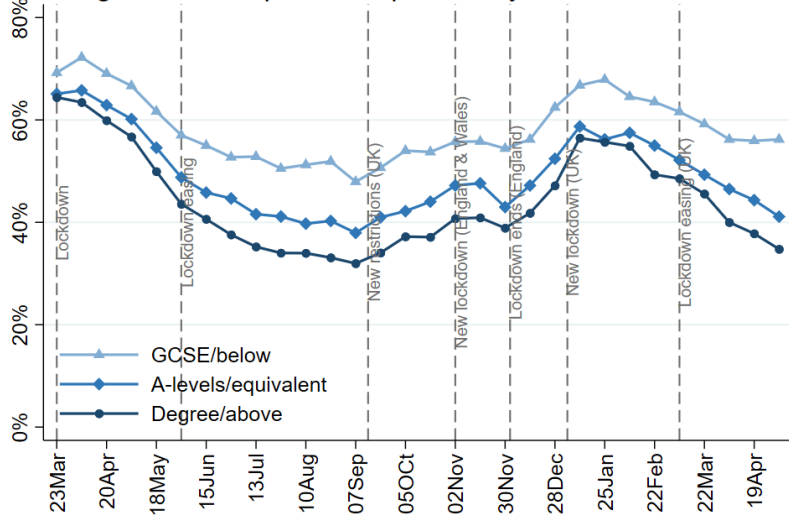
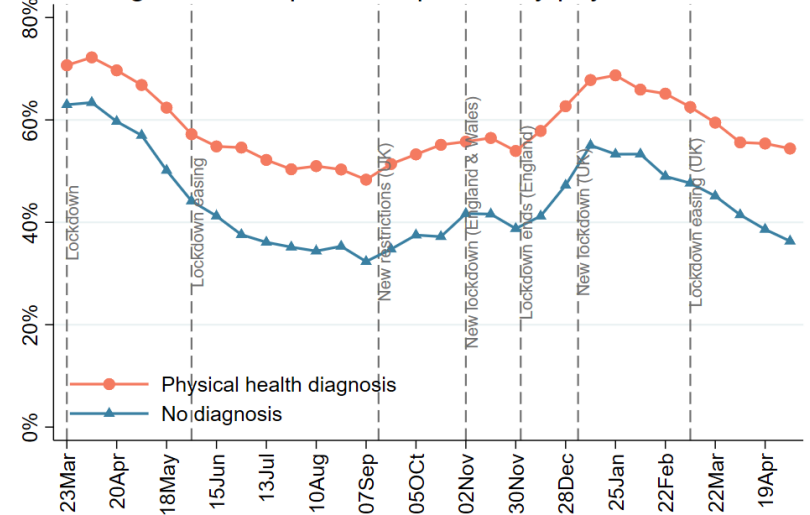
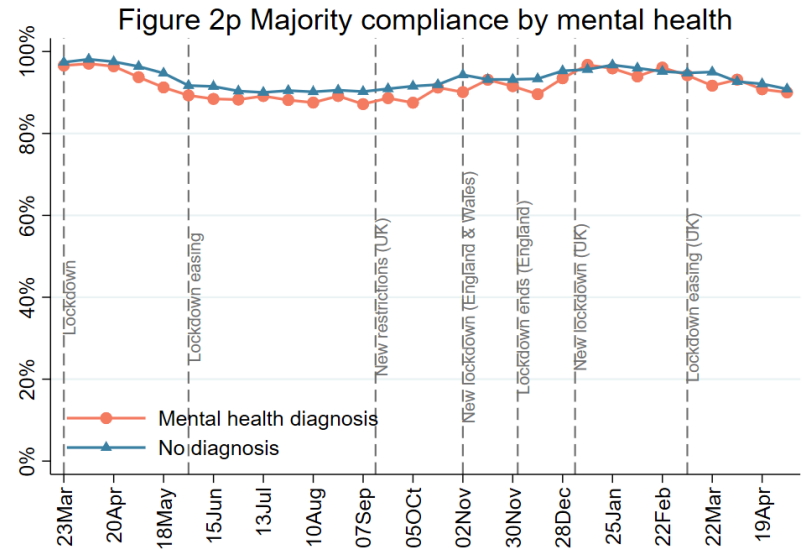
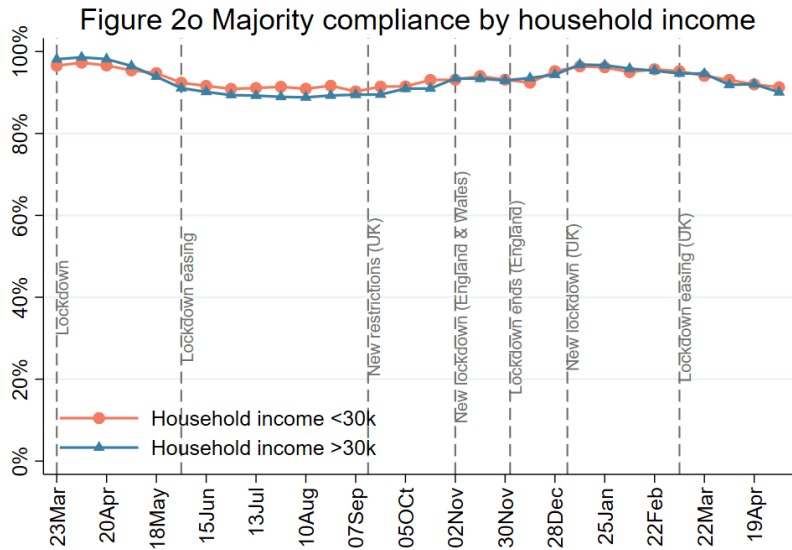
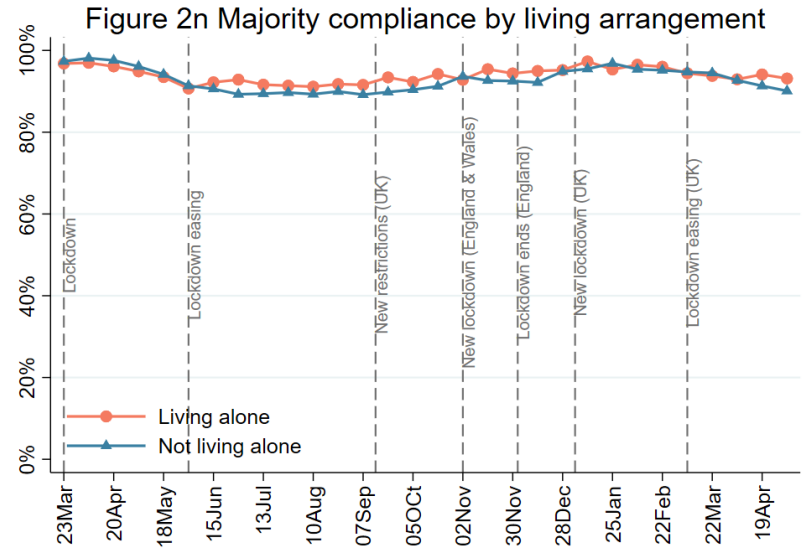
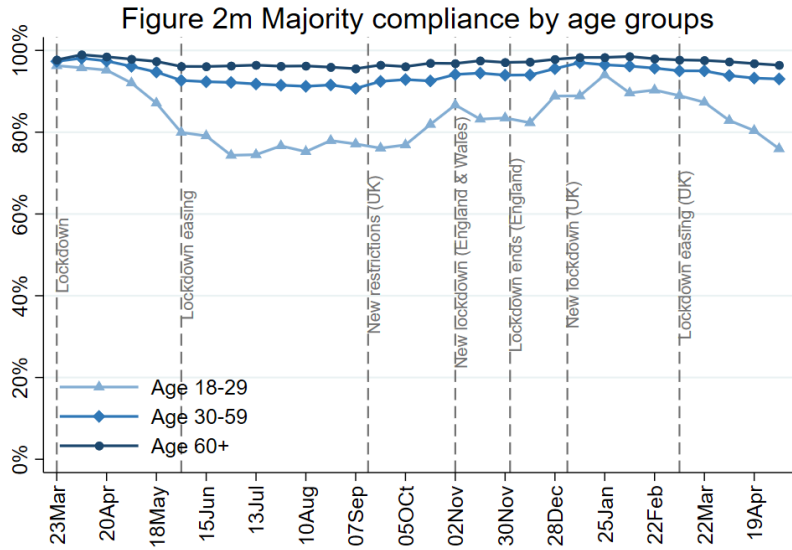
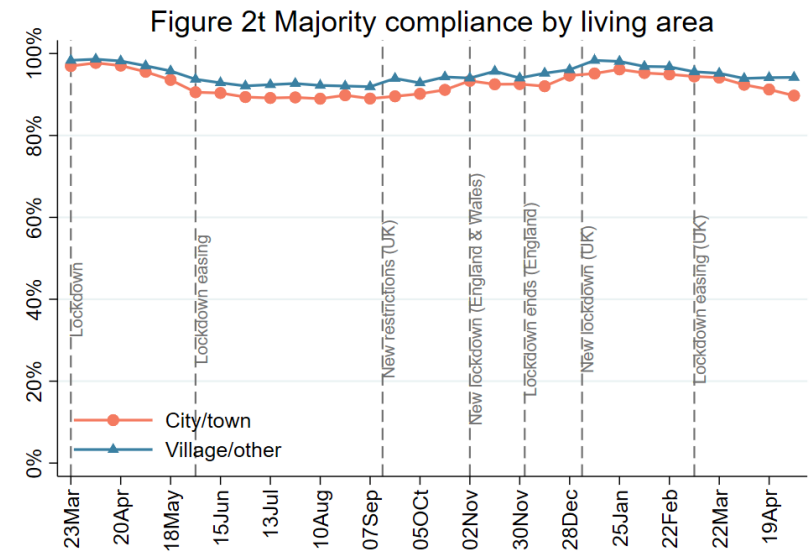
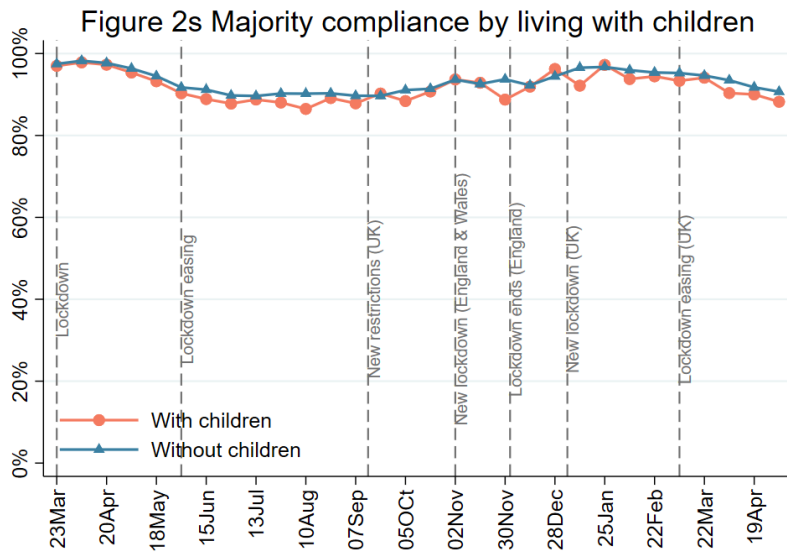
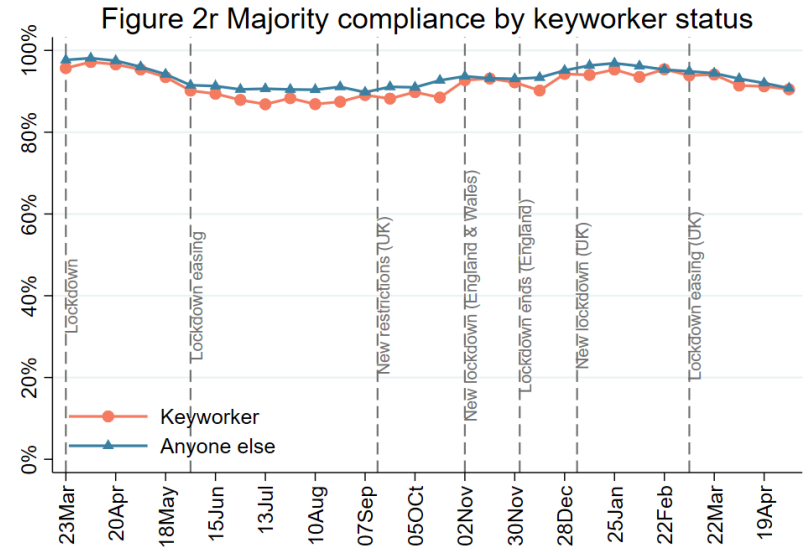
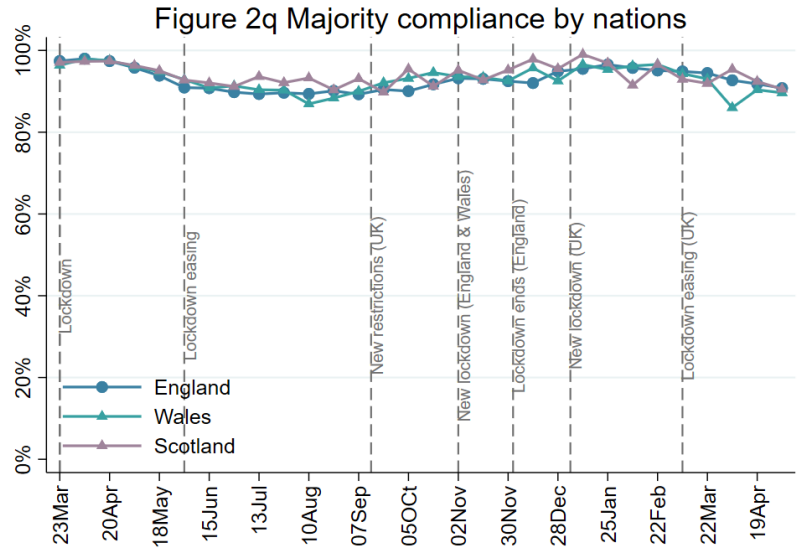
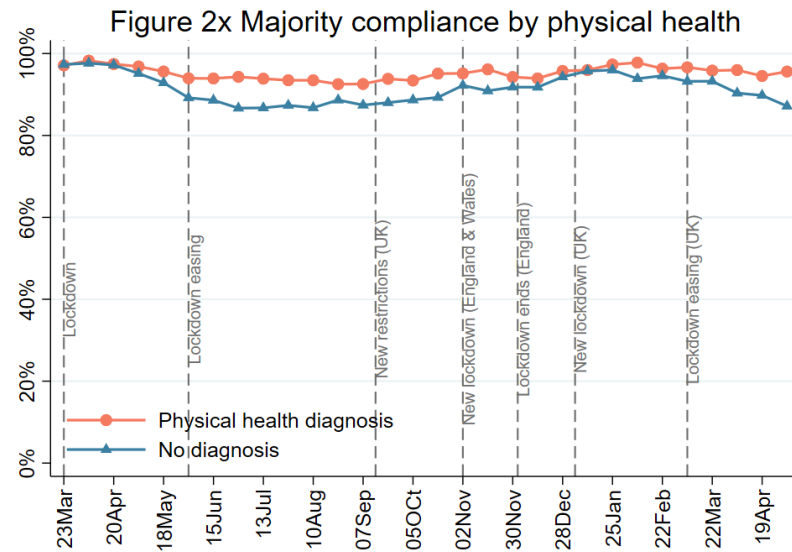
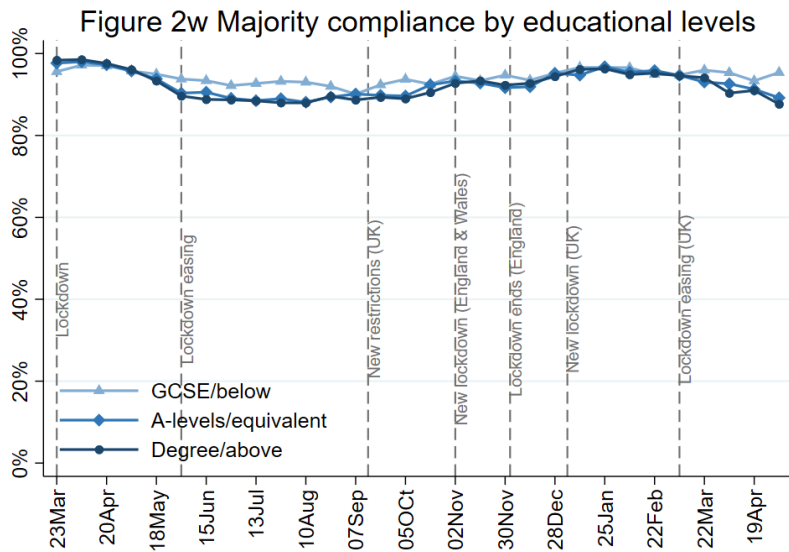
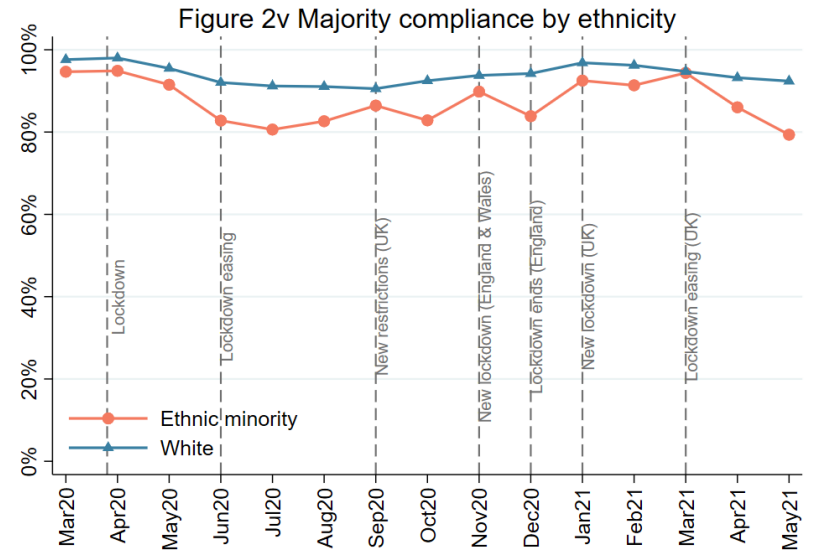
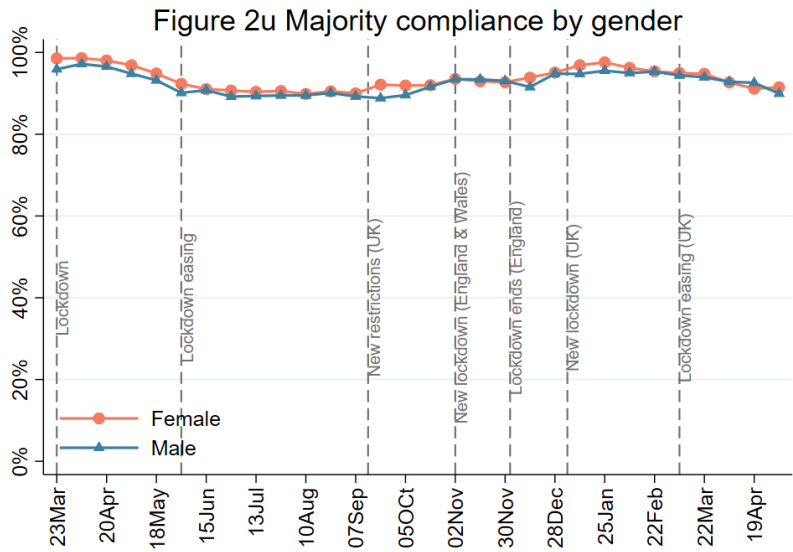


Figure 2l Complete compliance by physical health

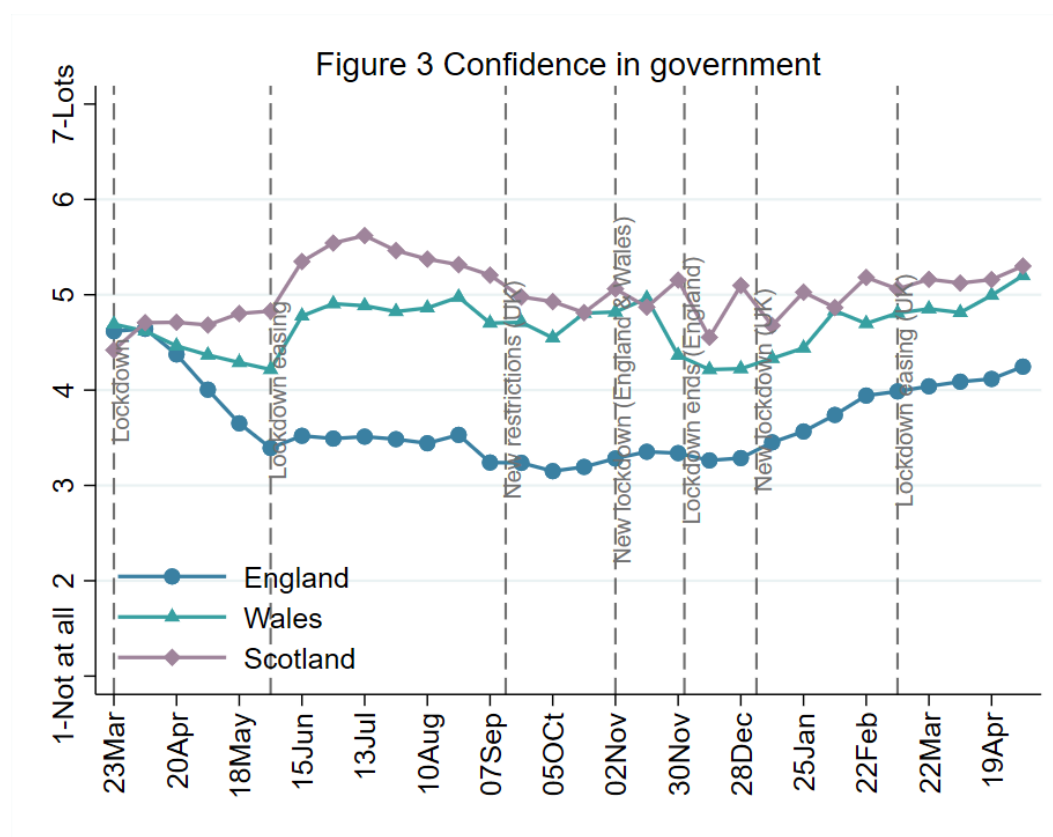








1.2 Confidence in government



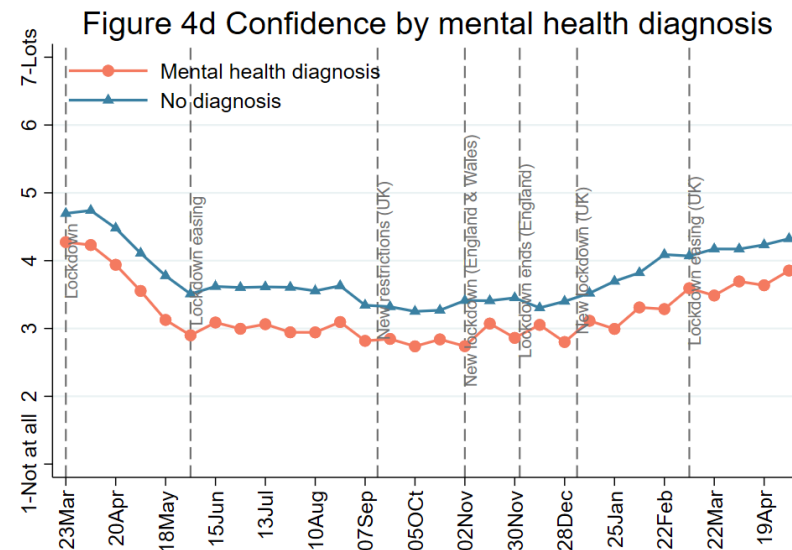
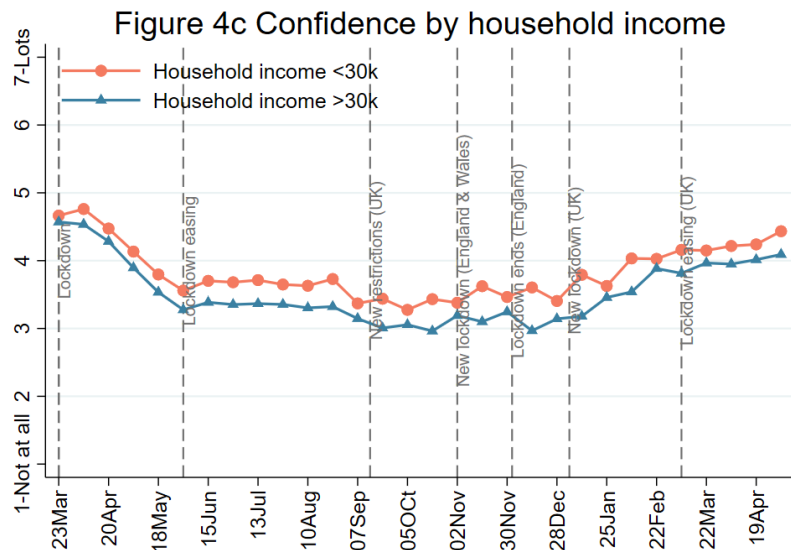
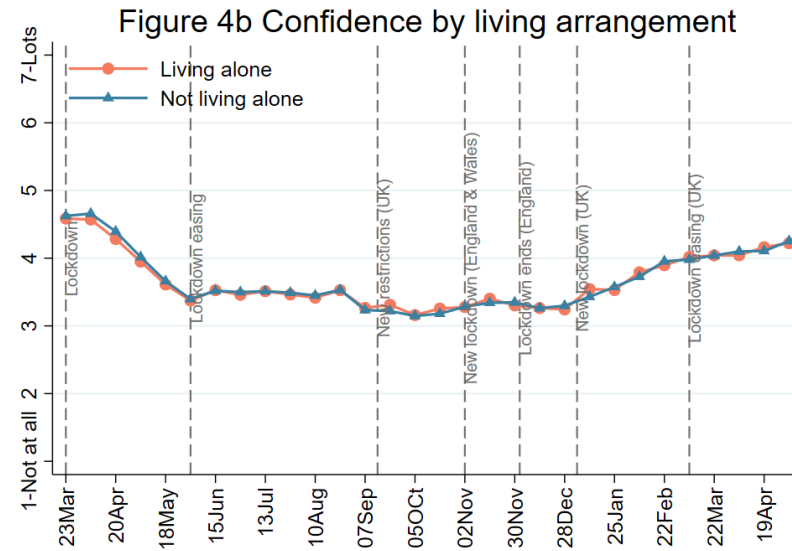
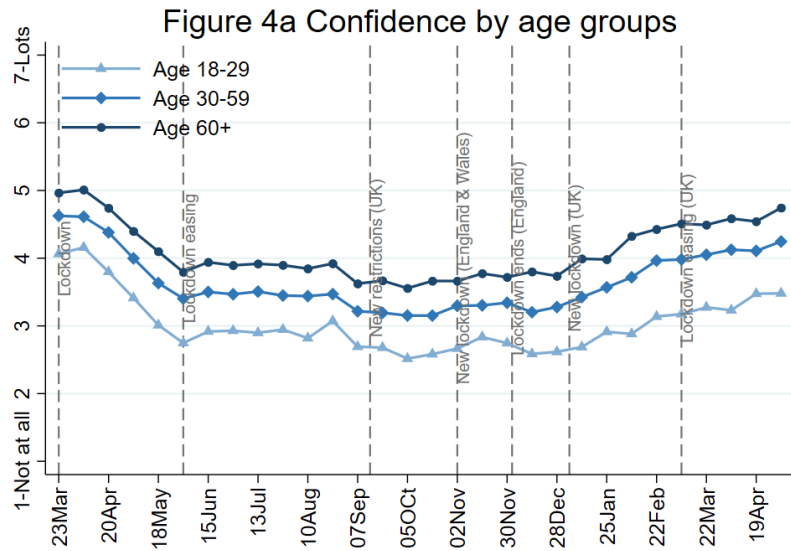
FINDINGS

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 the central government to handle the Covid-19 pandemic has been steadily increasing over the past three months in England, Wales, and Scotland. Whilst levels remain lower in England than devolved nations, they are now back to levels recorded at the end of April 2020².

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 backgrounds, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

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.



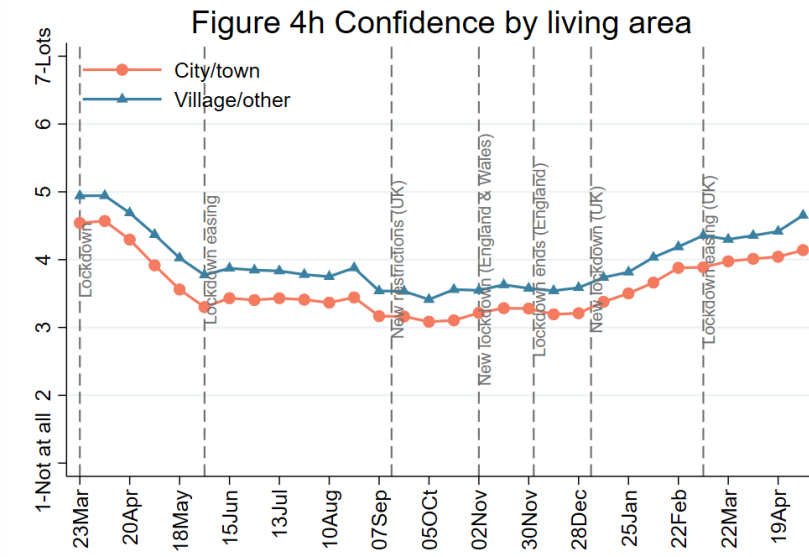
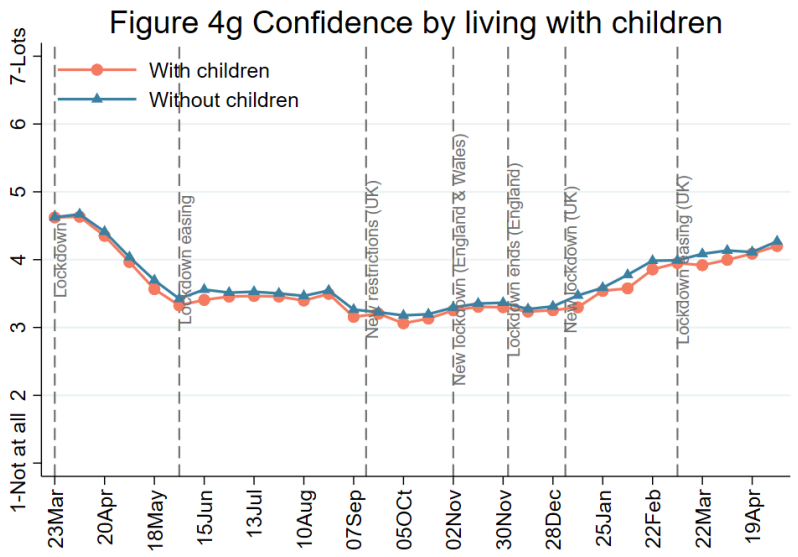
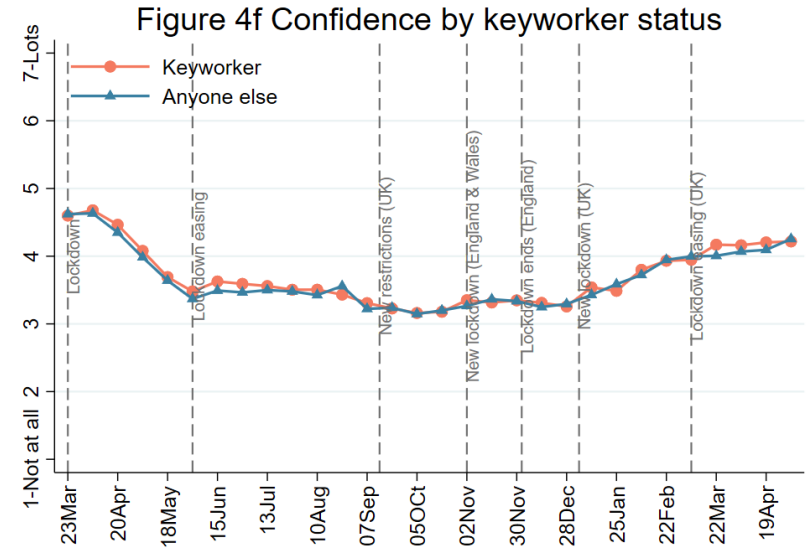
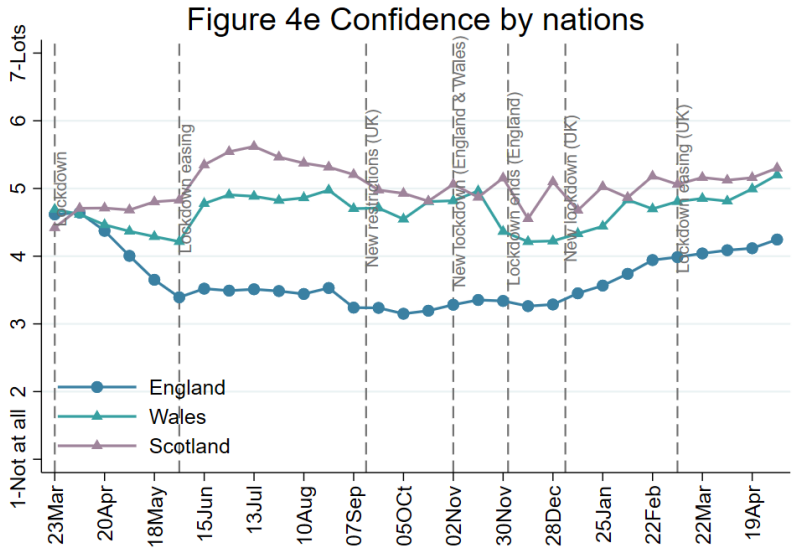


Figure 4i Confidence in government by gender

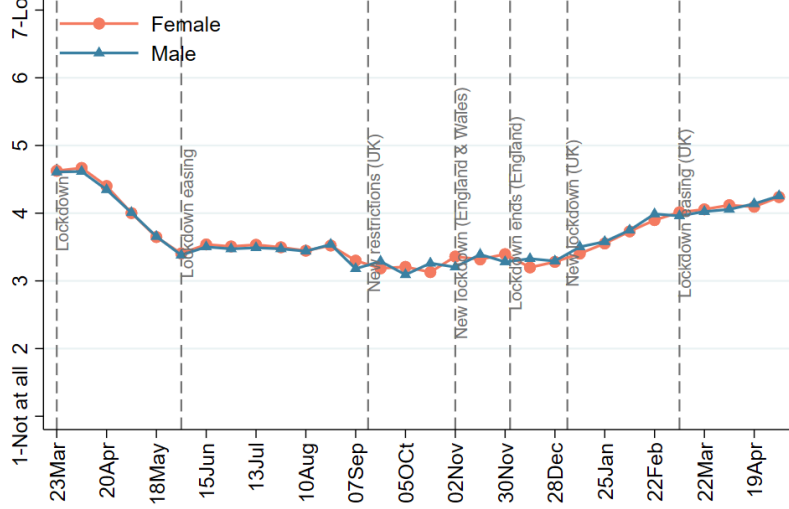


Figure 4j Confidence in government by ethnicity

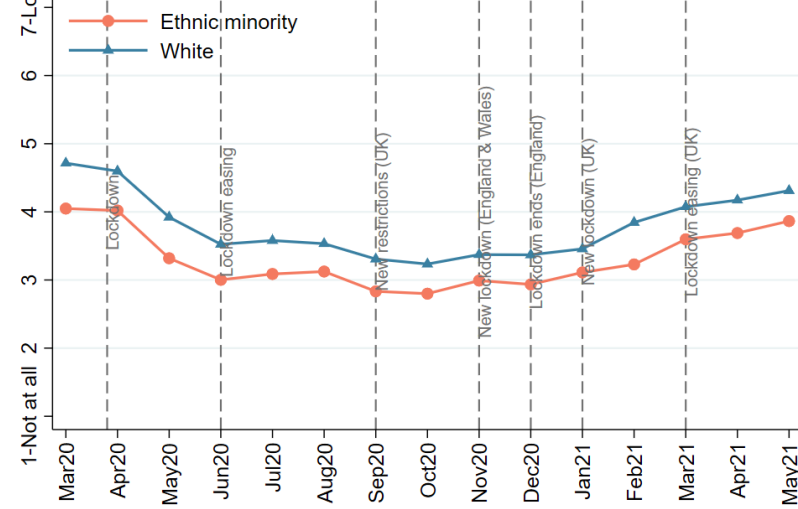


Figure 4k Confidence in government by educational levels

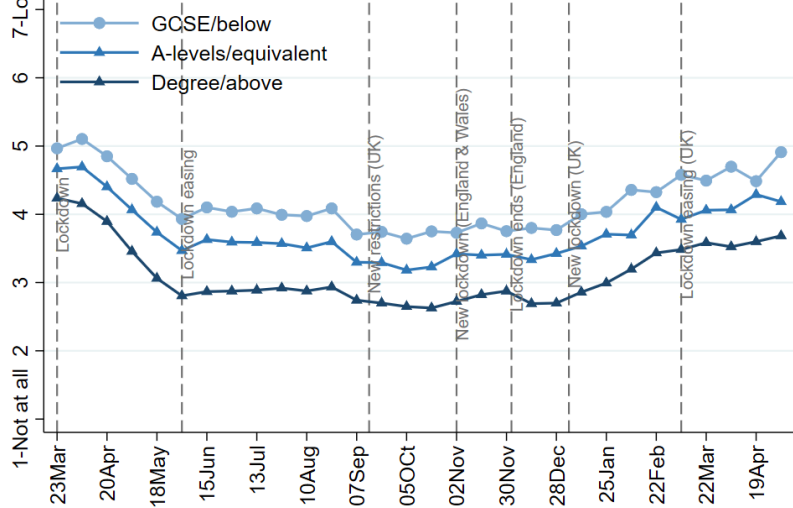
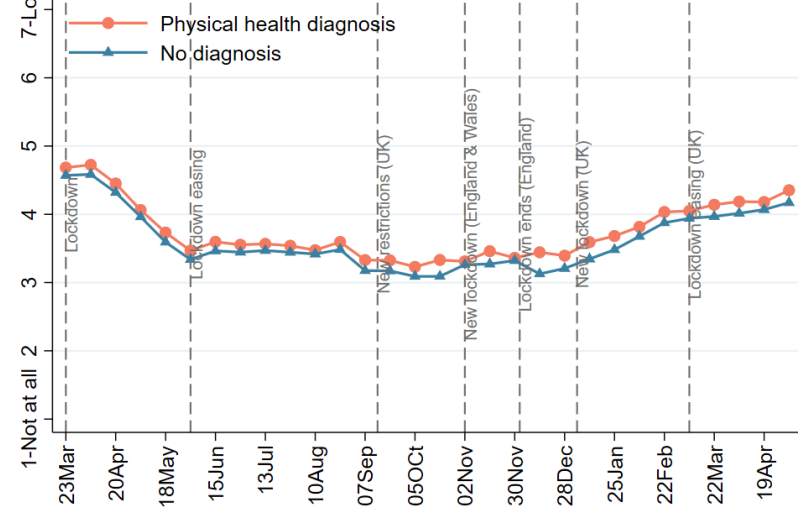
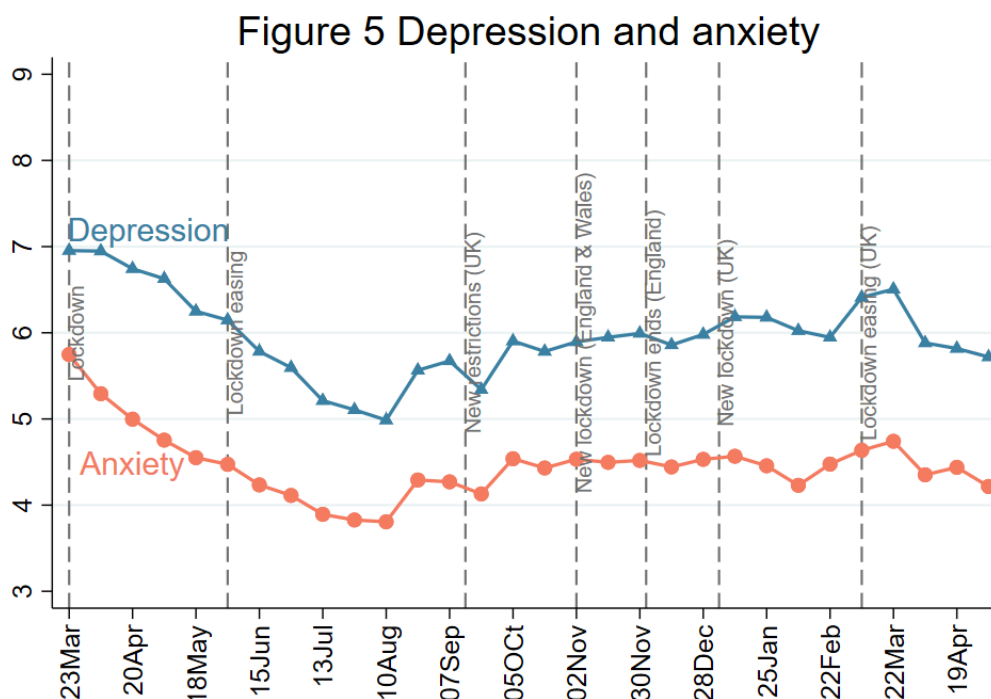


Figure 4l Confidence in government by physical health



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 higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety symptoms have been decreasing over the past three months, but are similar to what they were in the autumn of 2020.

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 depression³).

Depression and anxiety are still highest in young adults, women, people with lower household income, people from ethnic minority backgrounds, those with a physical health condition, and people living with children. People with a diagnosed mental illness are still reporting higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d).

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

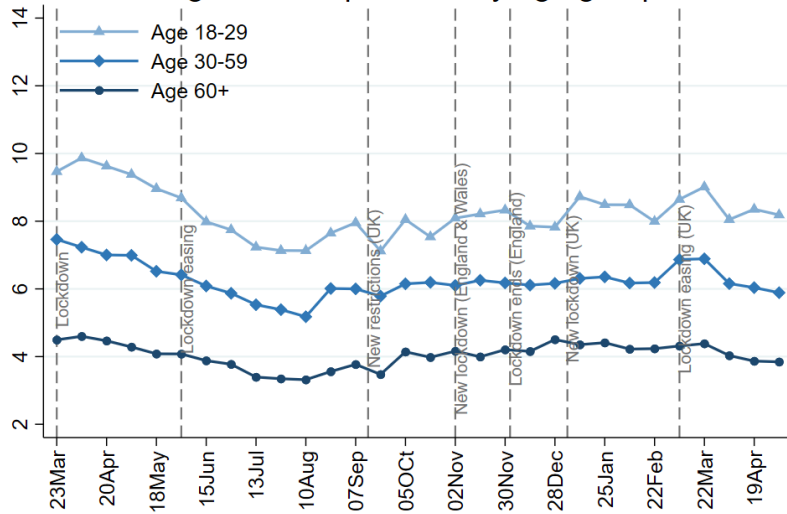


Figure 6b Depression by living arrangement

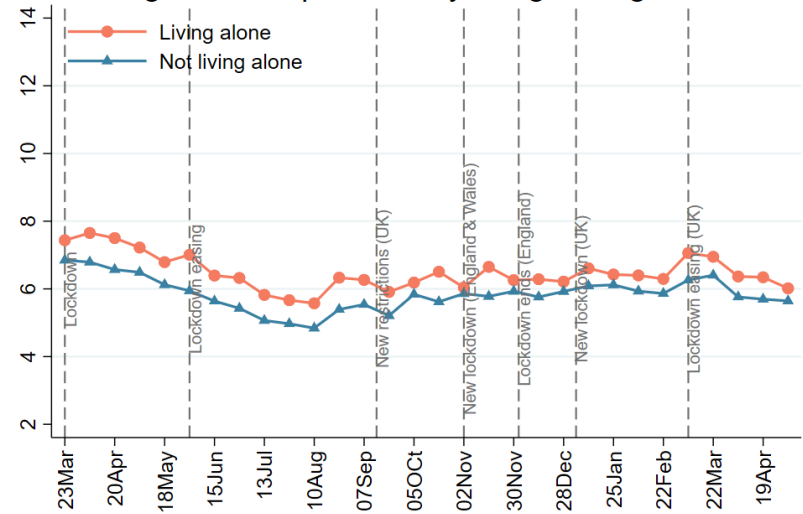


Figure 6c Depression by household income

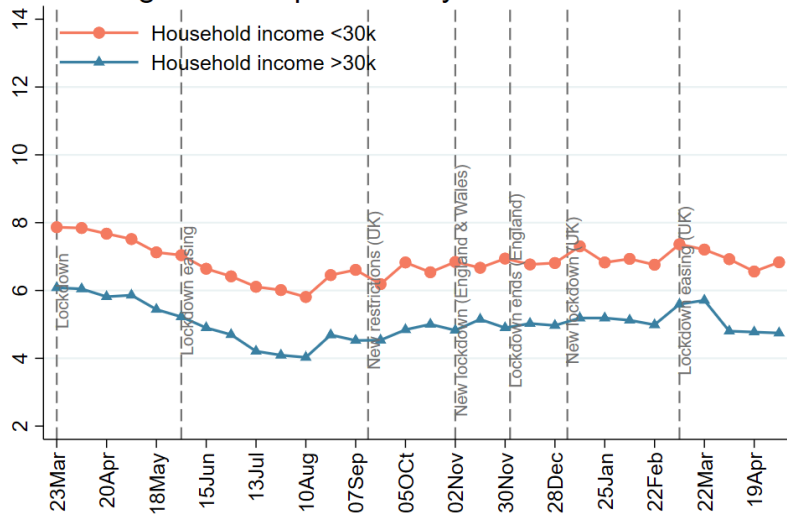


Figure 6d Depression by mental health diagnosis

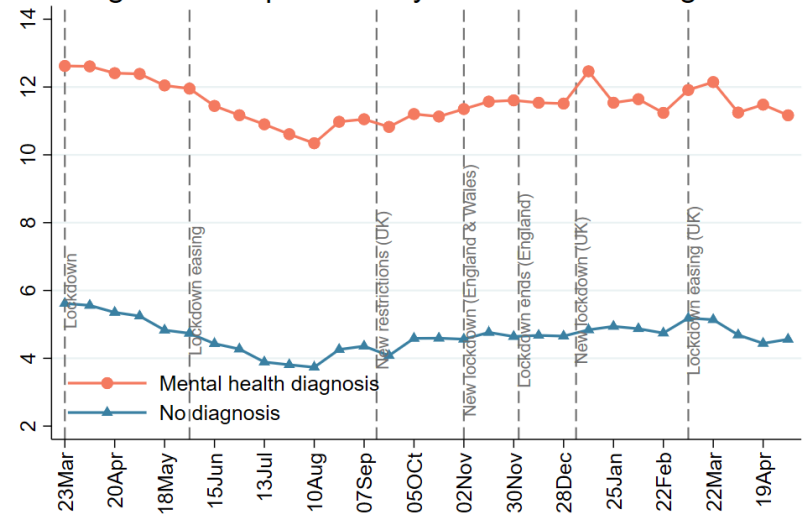


Figure 6e Depression by nations

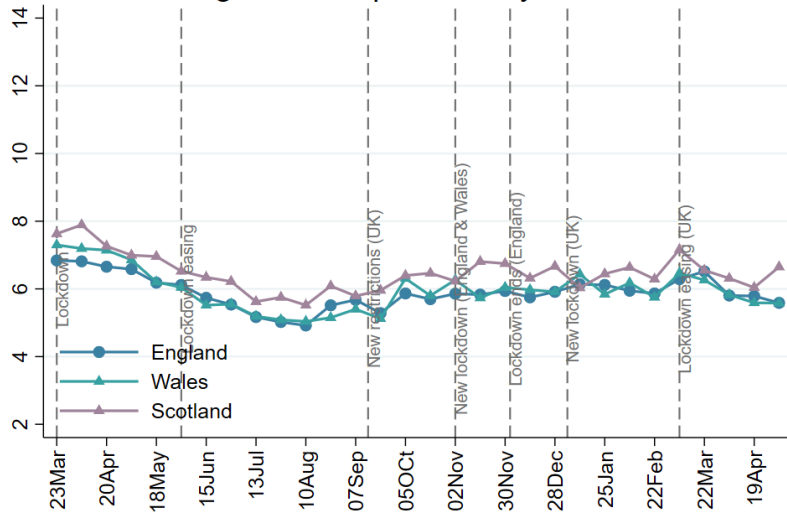


Figure 6f Depression by keyworker status

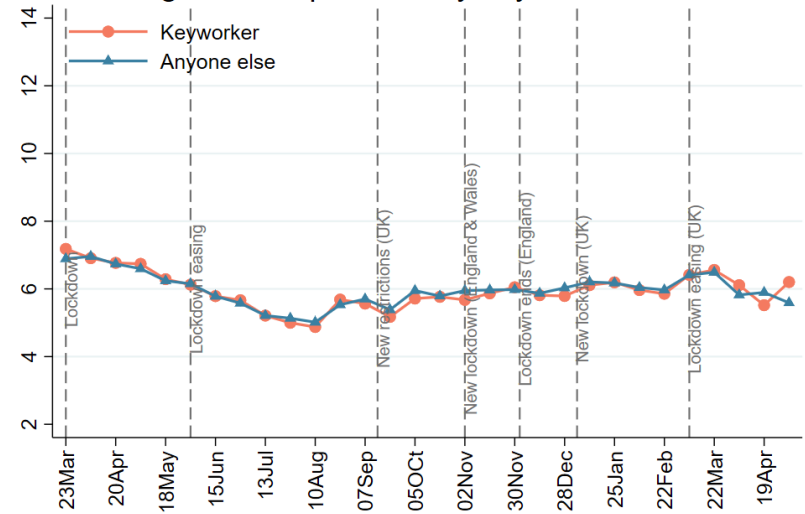


Figure 6g Depression by living with children

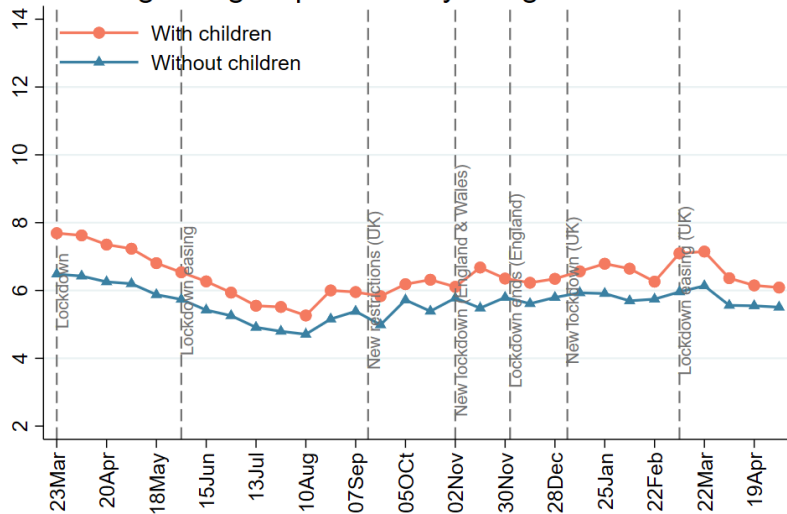


Figure 6h Depression by living area

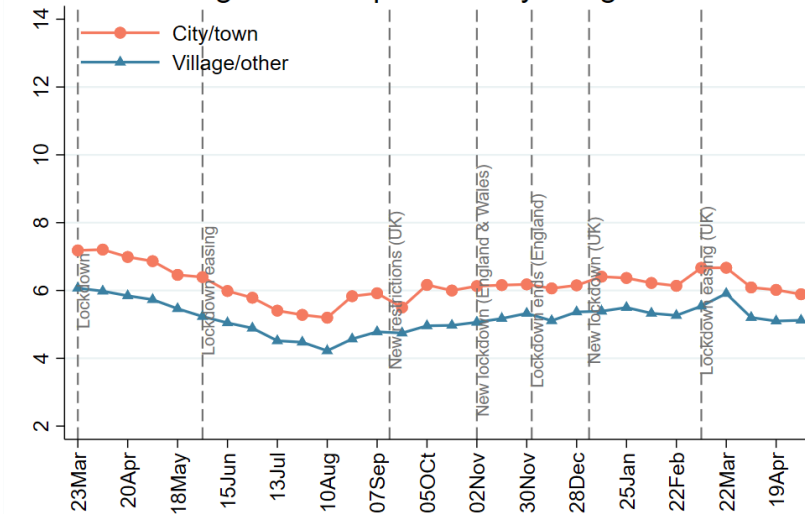


Figure 6i Depression by gender

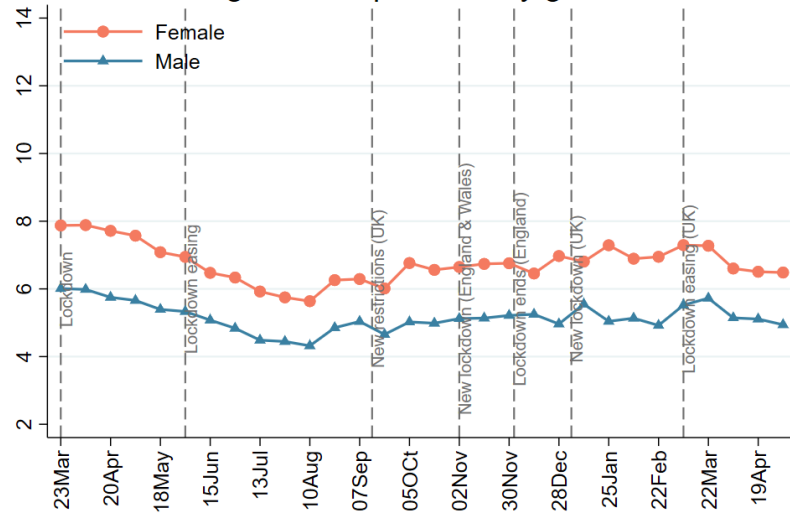


Figure 6j Depression by ethnicity

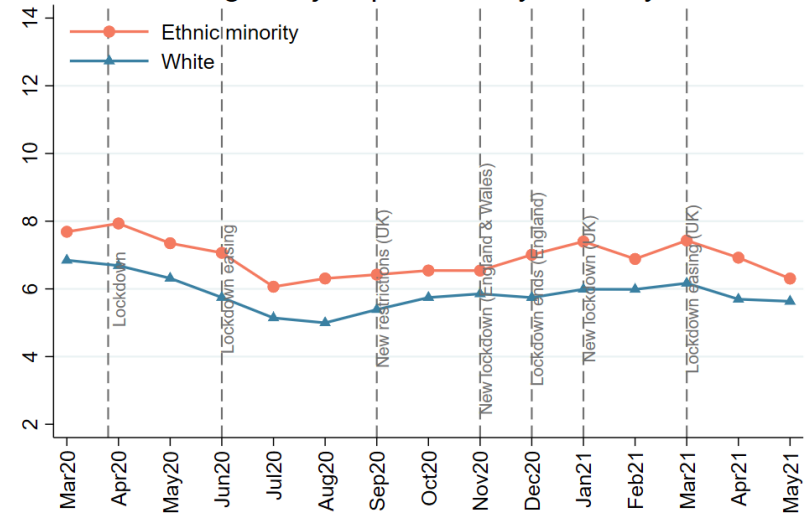


Figure 6k Depression by educational levels

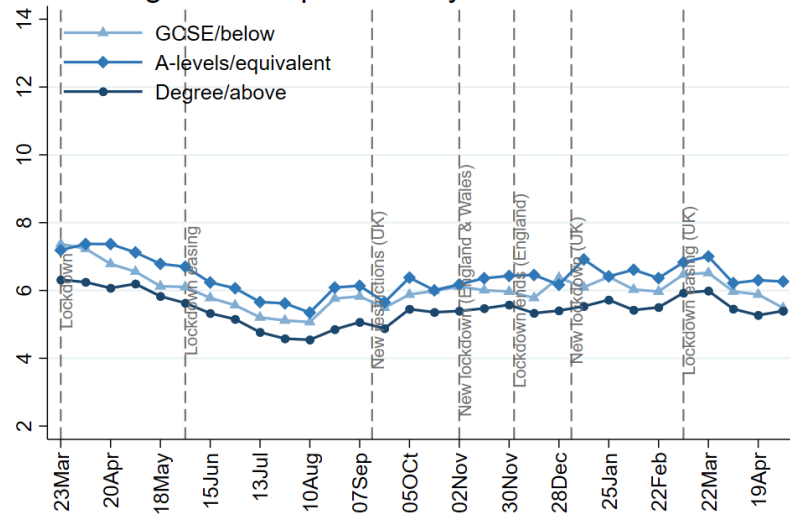


Figure 6l Depression by physical health diagnosis

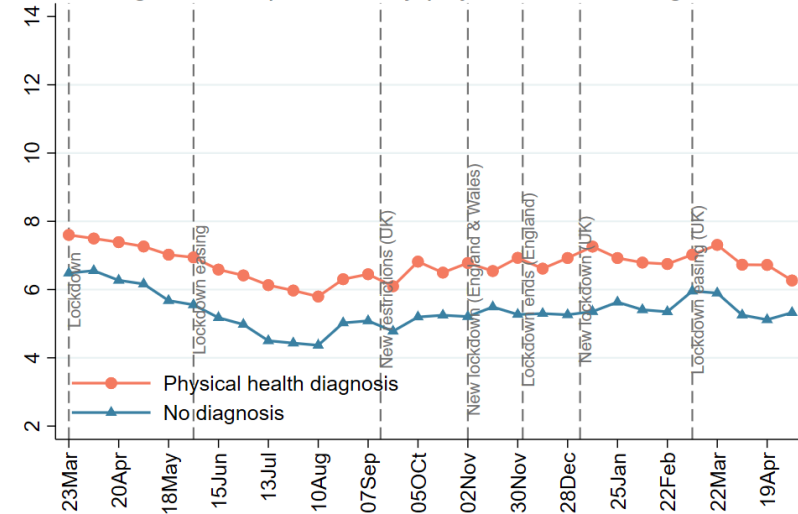


Figure 7a Anxiety by age groups

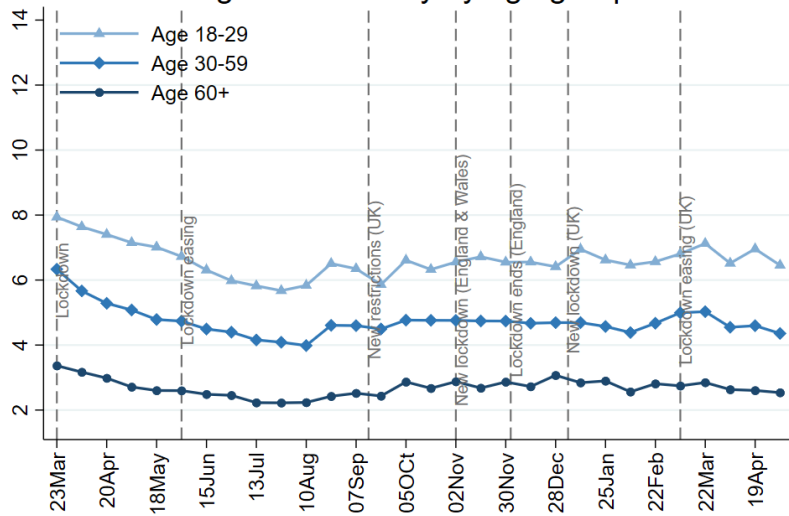


Figure 7b Anxiety by living arrangement

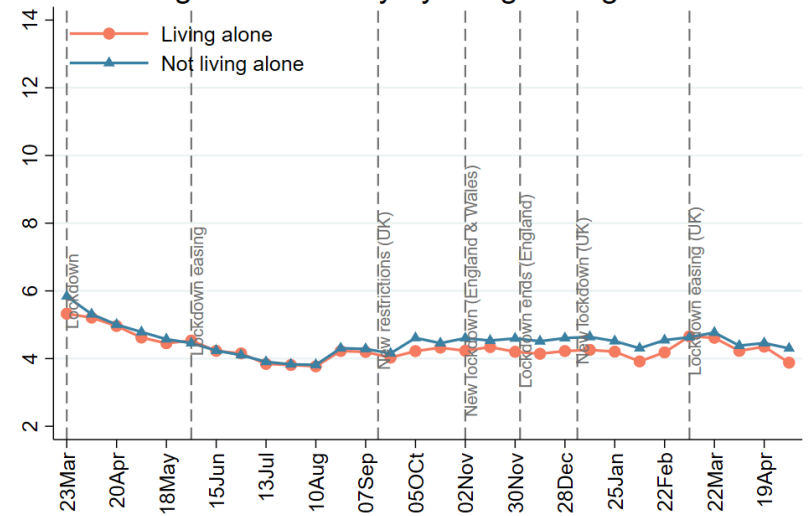


Figure 7c Anxiety by household income

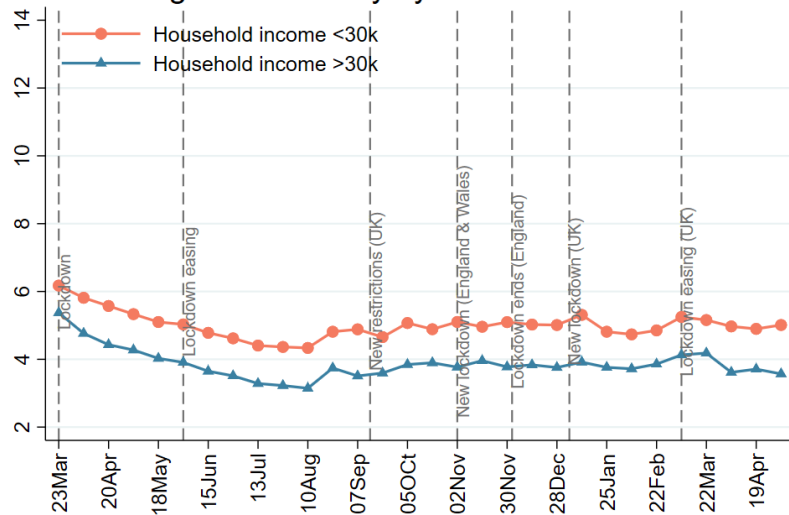


Figure 7d Anxiety by mental health diagnosis

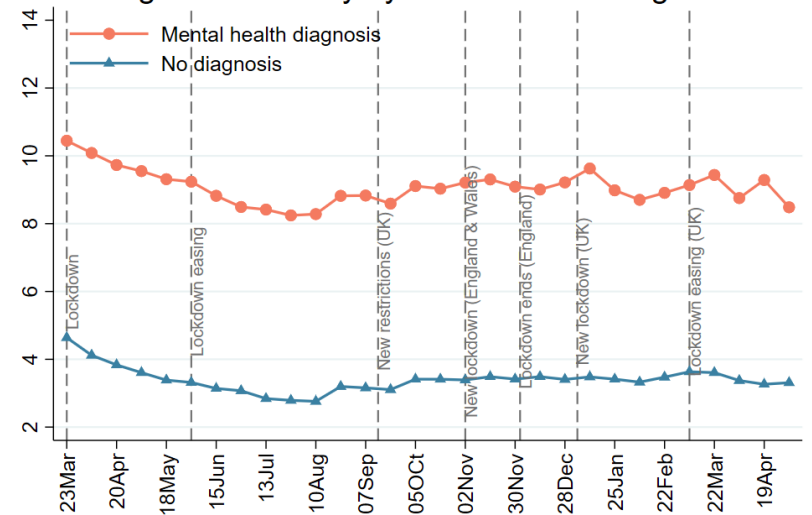


Figure 7e Anxiety by nations

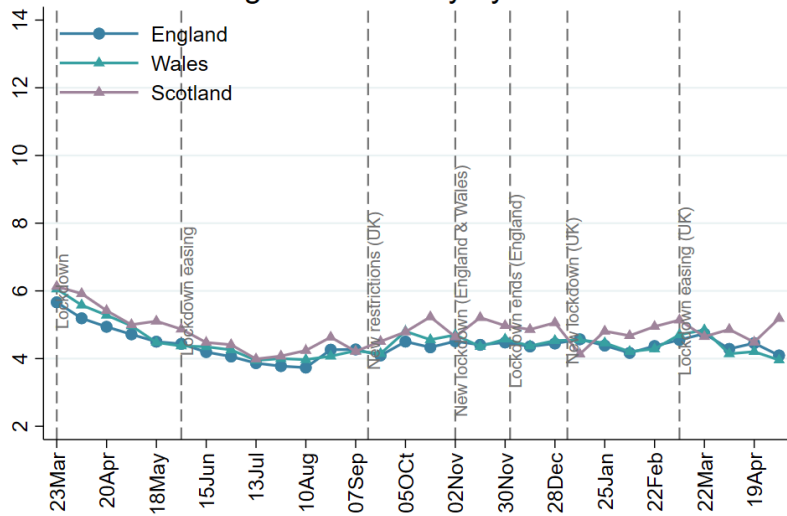


Figure 7f Anxiety by keyworker status

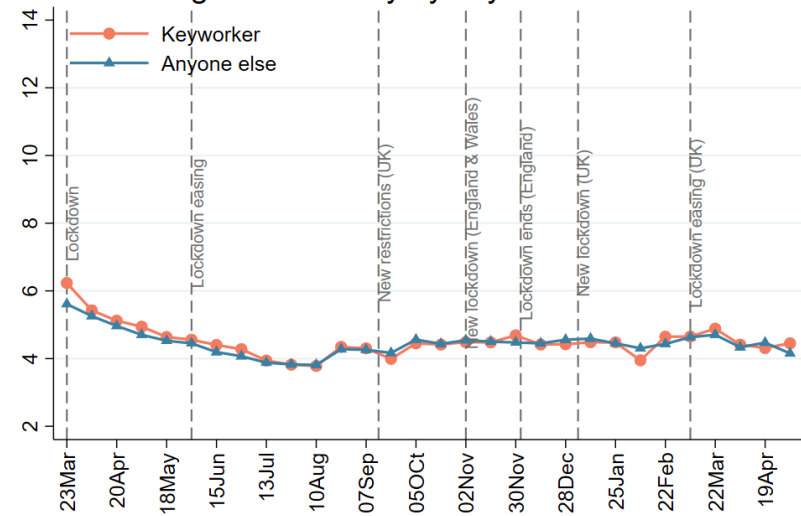


Figure 7g Anxiety by living with children

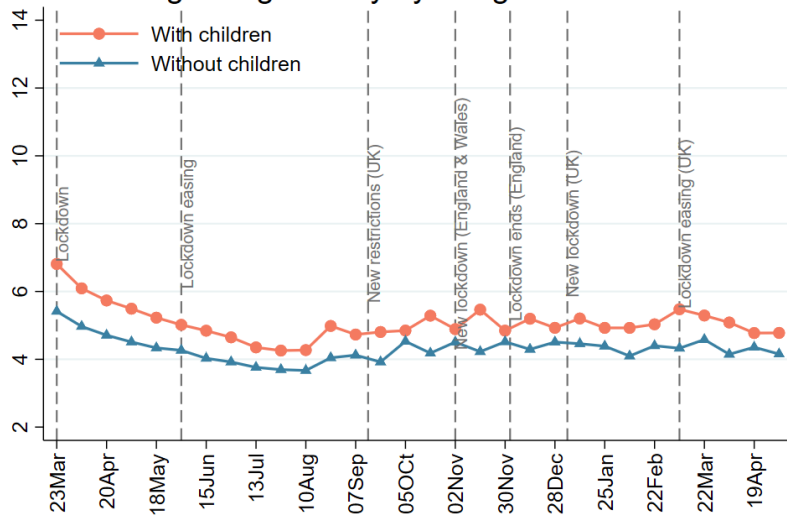


Figure 7h Anxiety by living area

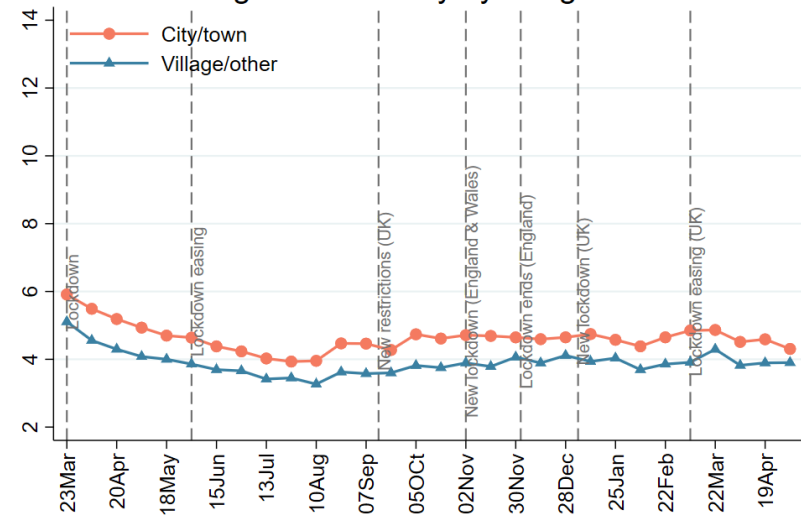


Figure 7i Anxiety by gender

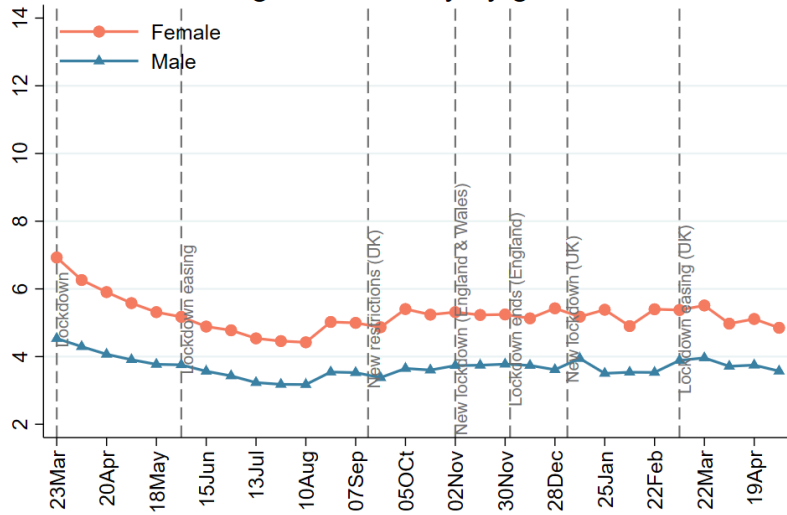


Figure 7j Anxiety by ethnicity

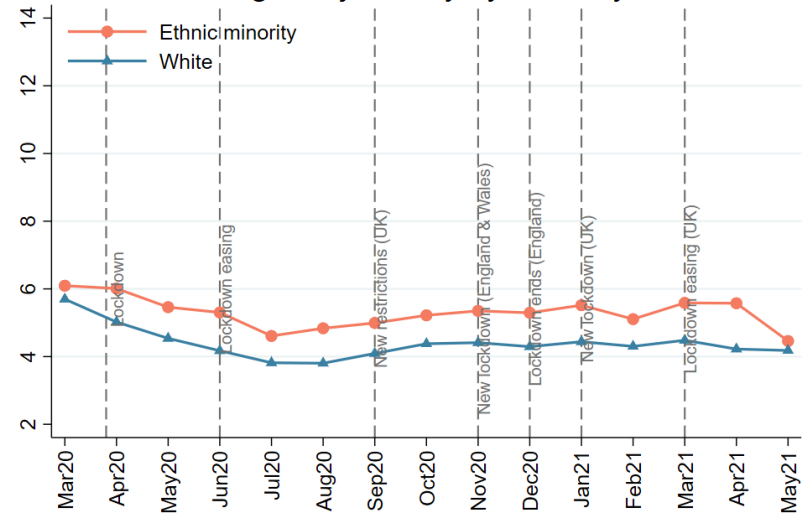


Figure 7k Anxiety by educational levels

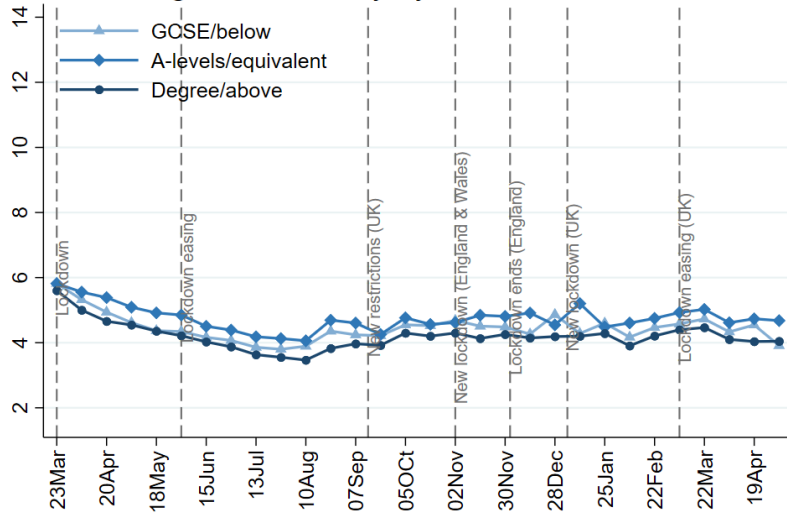
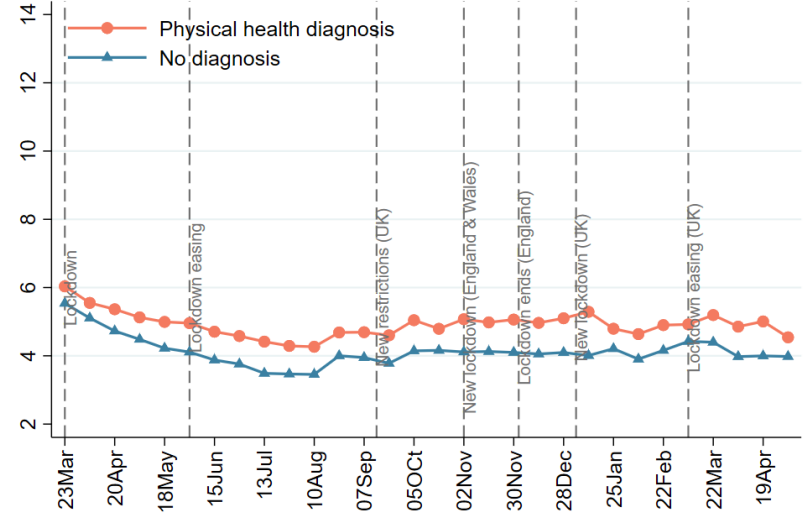
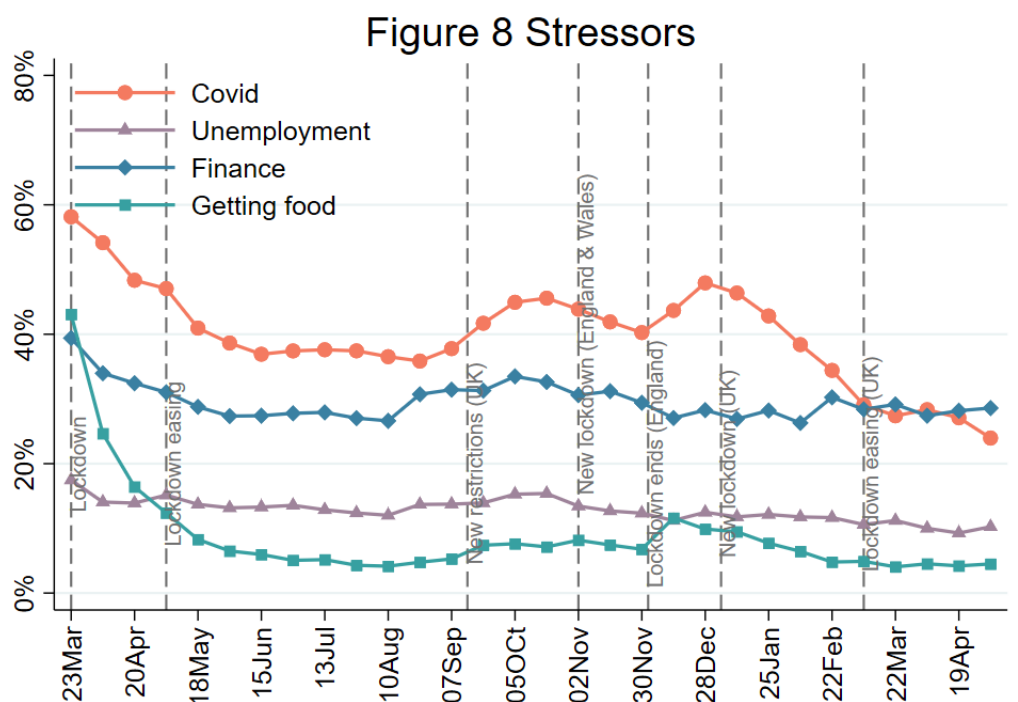


Figure 7l Anxiety by physical health diagnosis



2.2 Stress



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).

Stress about catching Covid-19 or becoming seriously ill from it has been decreasing substantially since the end of 2020 and is now lower than it has ever been, with around 1 in 4 people reporting being worried. When separated by age group, these decreases were seen more consistently in adults aged 30-59 years and 60 years and older since the start of the year, whilst there were more fluctuations in young adults. The former two groups are more likely to have already received the Covid-19 vaccine or are nearer to doing so.

Worries about finance have remained relatively stable since the latest lockdown started and are comparable to their lowest levels of around 1 in 4 people over the summer. Worries about unemployment remain relatively low, concerning just 1 in 10 people. Worries about accessing food have been stable since the end of 2020 and are affecting approximately 5% of people; comparable to when lockdown easing began in May 2020.

People with diagnosed mental illness have been more worried about all factors, and these differences are most pronounced for financial stress. In relation to worries about Covid-19, these levels are highest in people with diagnosed mental or physical health conditions, although this has been decreasing since the start of the year. Concerns about unemployment and finances remain highest amongst adults of working age (18-59 years), with just over 1 in 3 reporting concerns about finances. Financial stress is still higher in those living with children, people with lower incomes, and in people from ethnic minority groups.

Most groups are showing similar concern about accessing food, although these concerns are higher in people with a diagnosed mental health condition and people with lower household incomes. People with physical health conditions are also more concerned about accessing food, which may be due to greater concerns about going to supermarkets.

Figure 9a Covid-19 stress by age groups

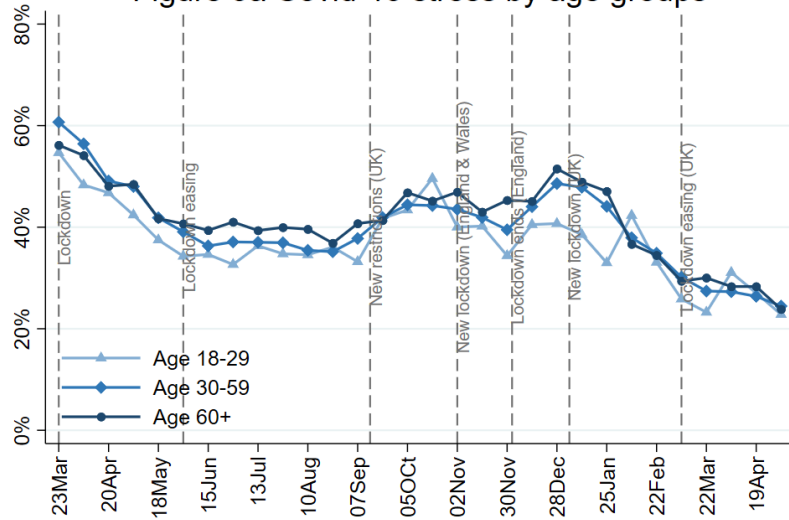


Figure 9b Covid-19 stress by living arrangement

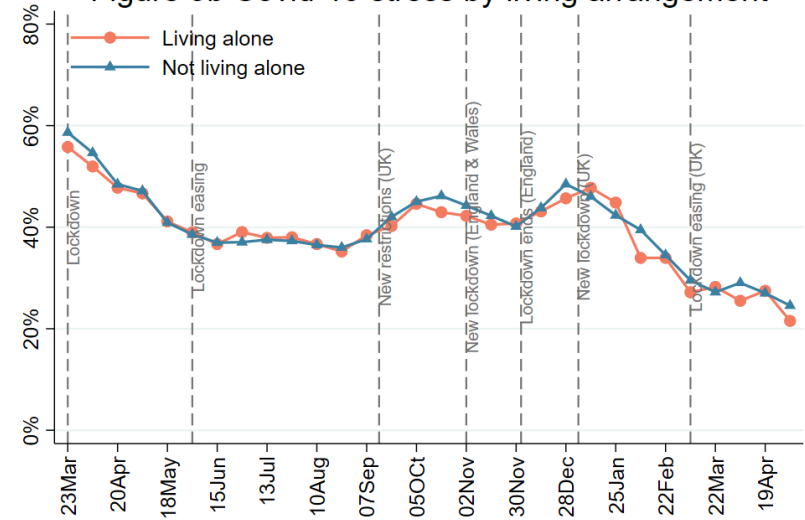


Figure 9c Covid-19 stress by household income

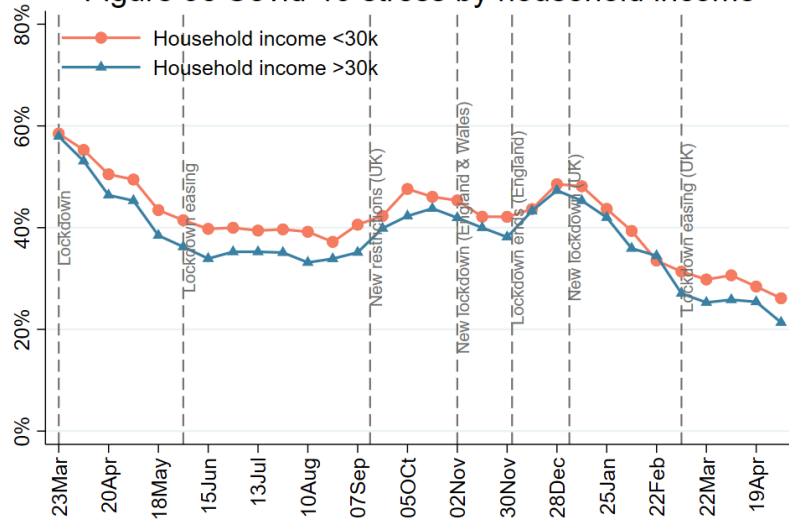


Figure 9d Covid-19 stress by mental health diagnosis

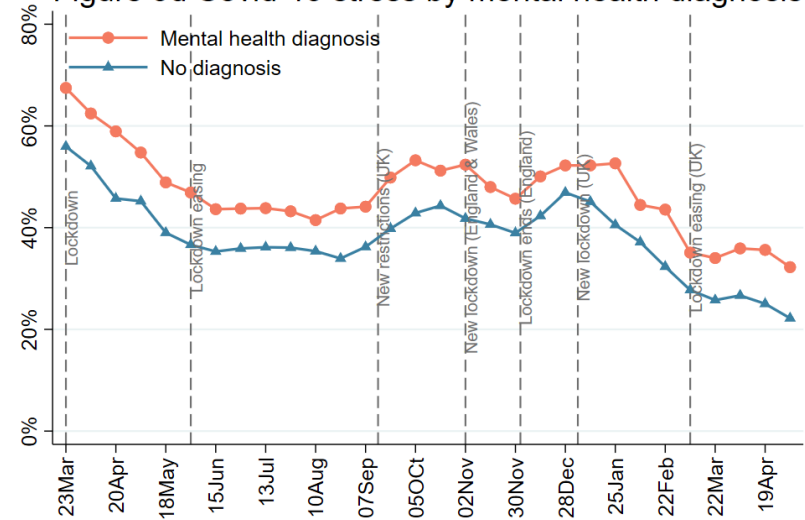


Figure 9e Covid-19 stress by nations

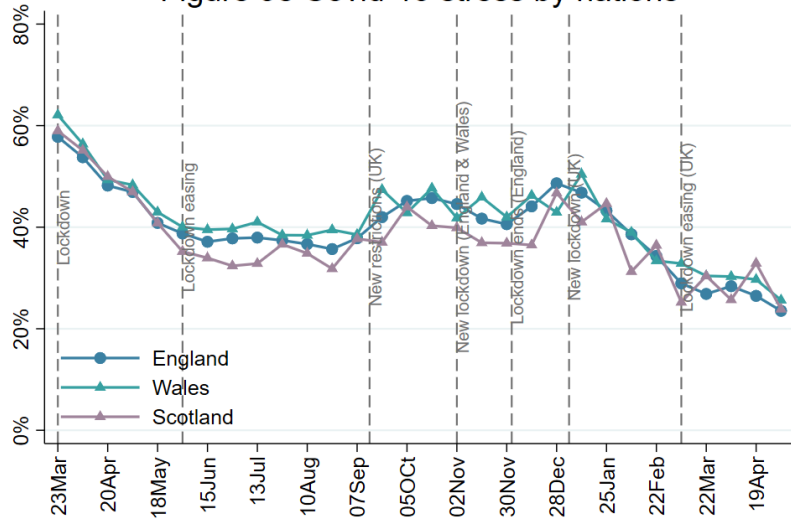


Figure 9f Covid-19 stress by keyworker status

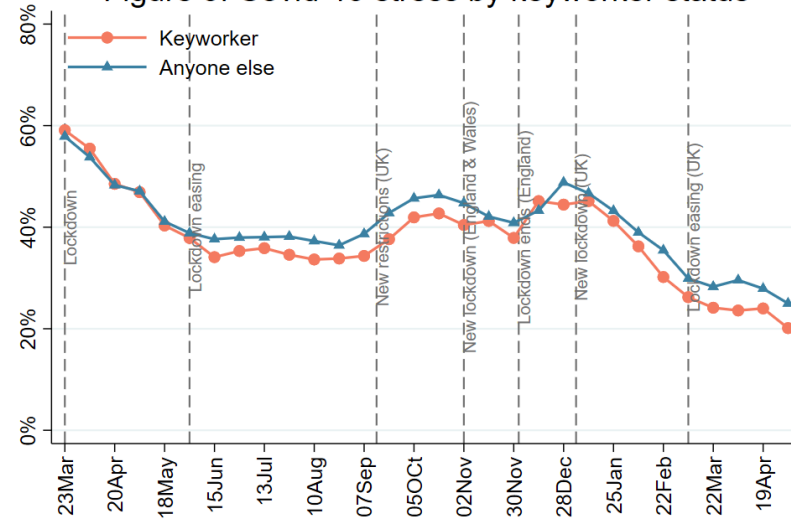


Figure 9g Covid-19 stress by living with children

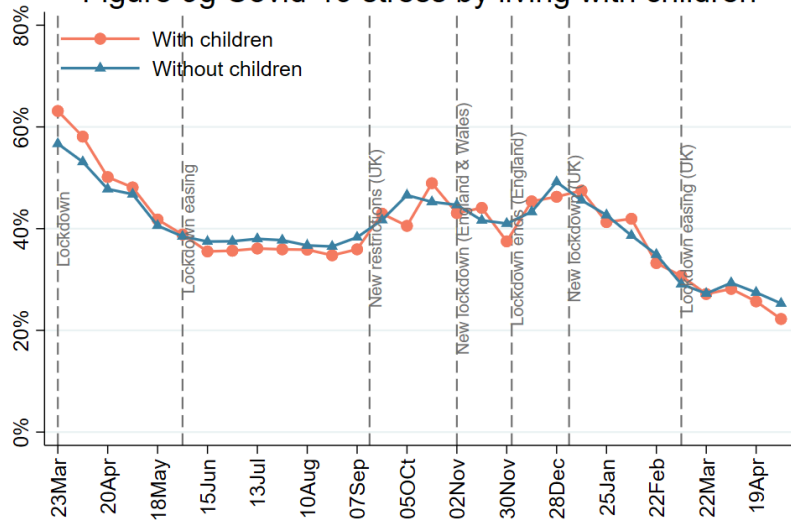
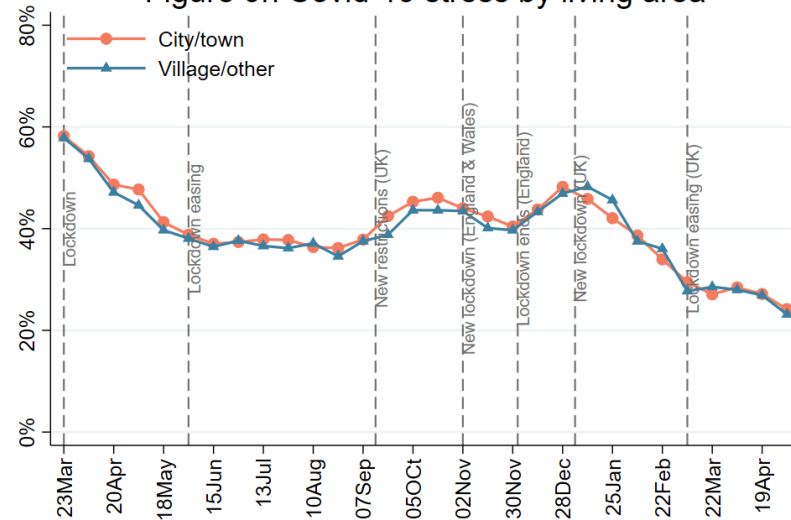


Figure 9h Covid-19 stress by living area



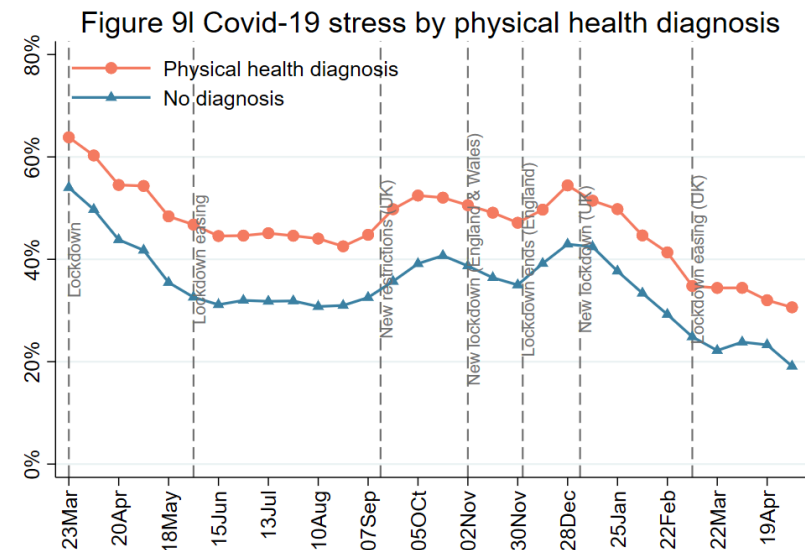
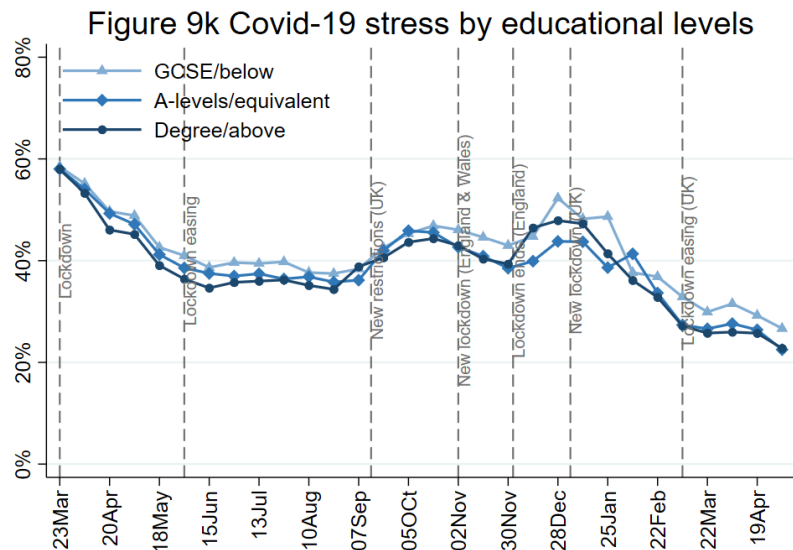
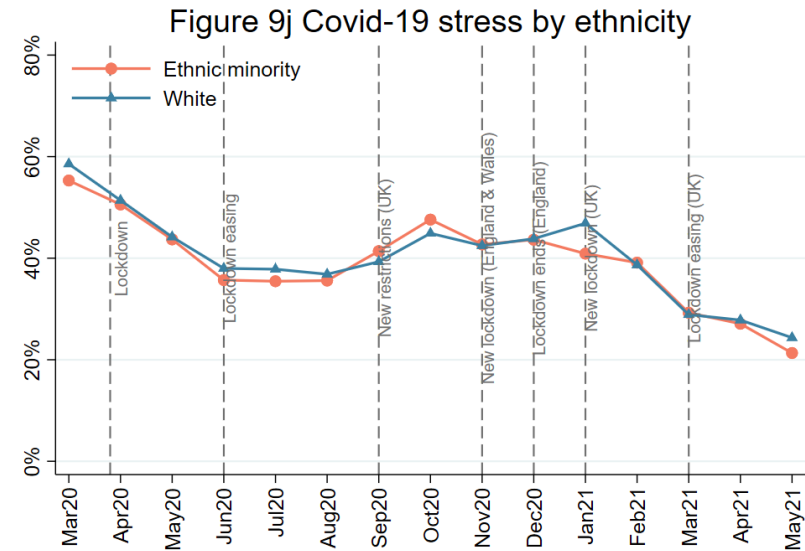
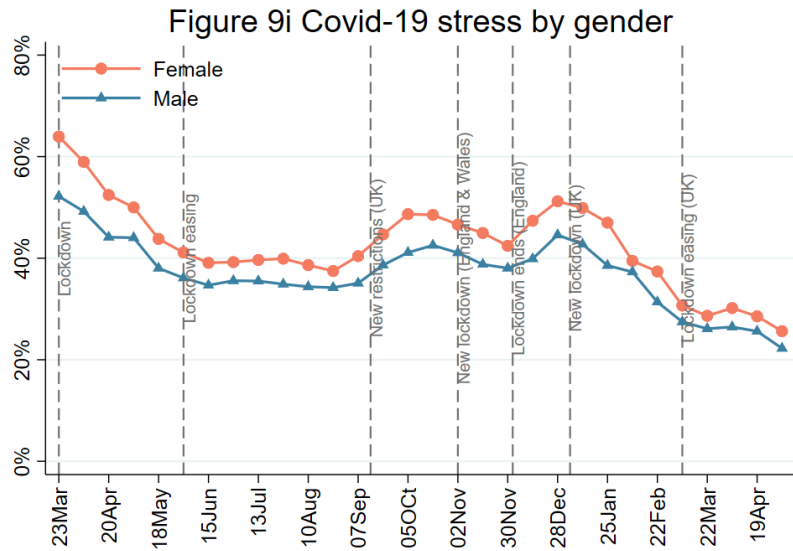


Figure 10a Unemployment stress by age groups

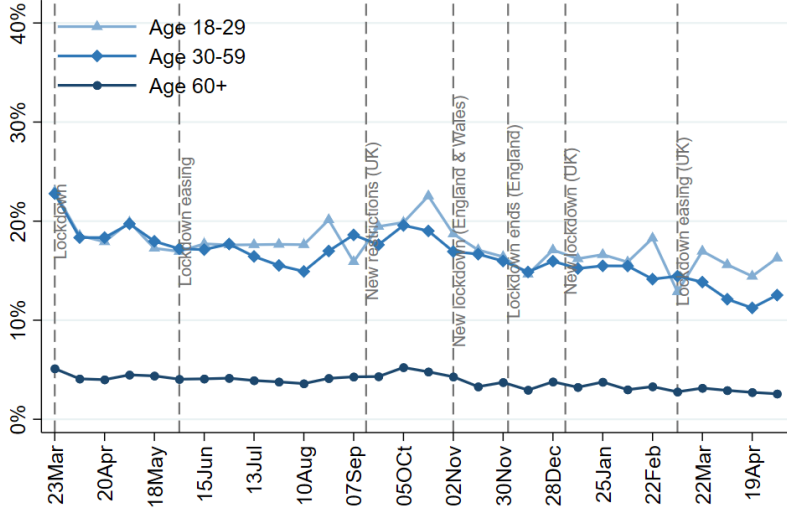


Figure 10b Unemployment stress by living arrangement

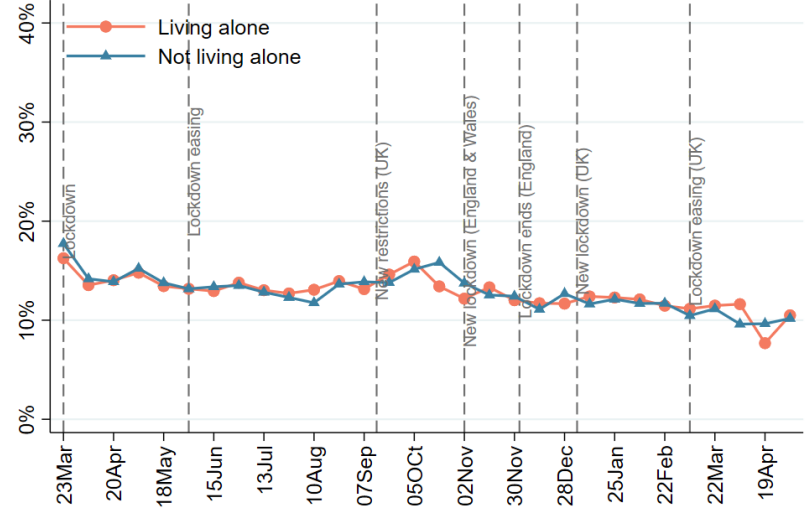


Figure 10c Unemployment stress by household income

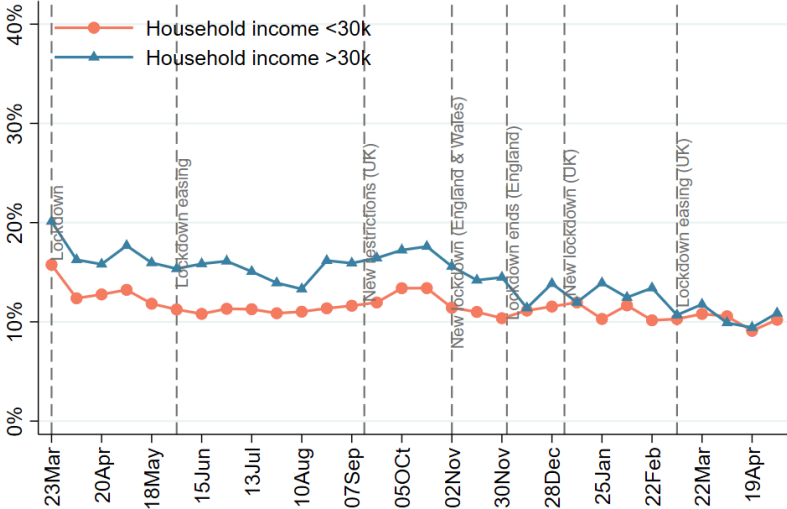


Figure 10d Unemployment stress by mental health

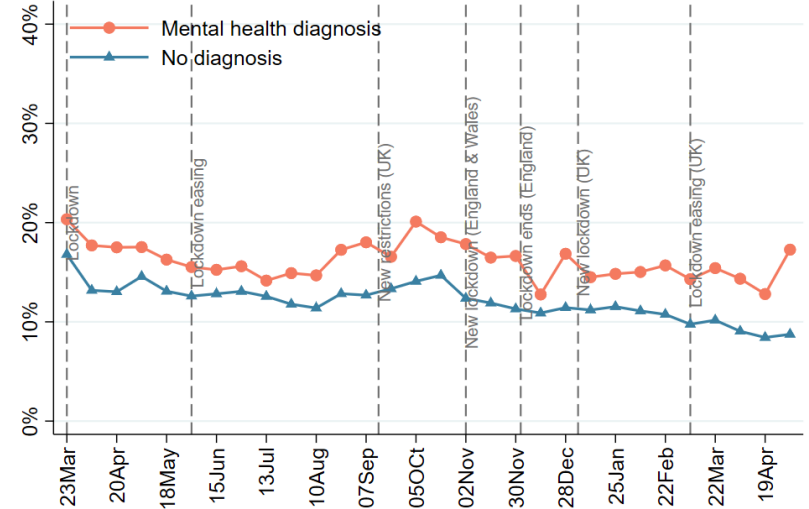


Figure 10e Unemployment stress by nations

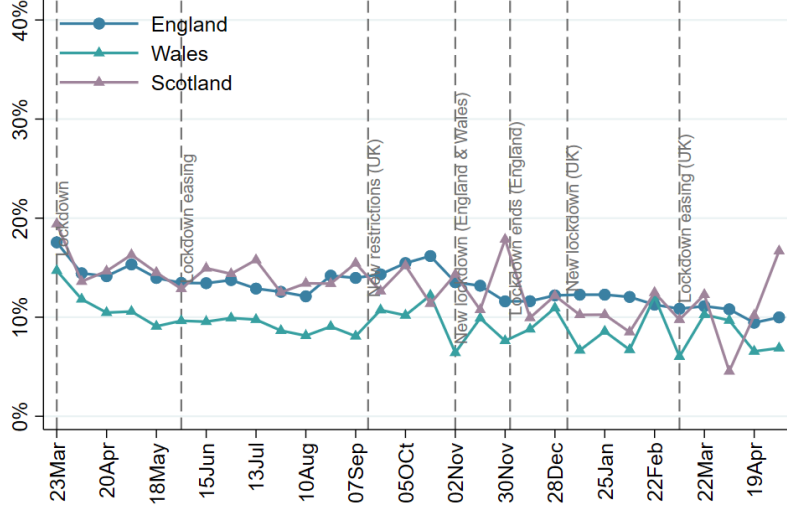


Figure 10f Unemployment stress by keyworker status

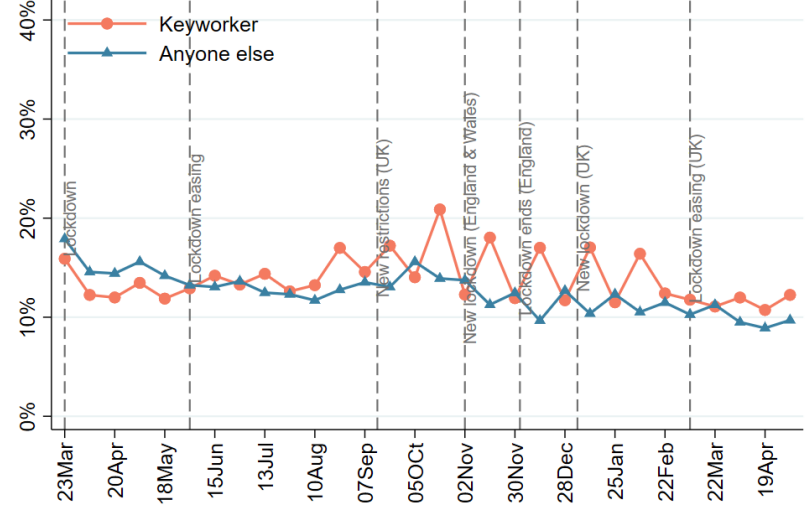


Figure 10g Unemployment stress by living with children

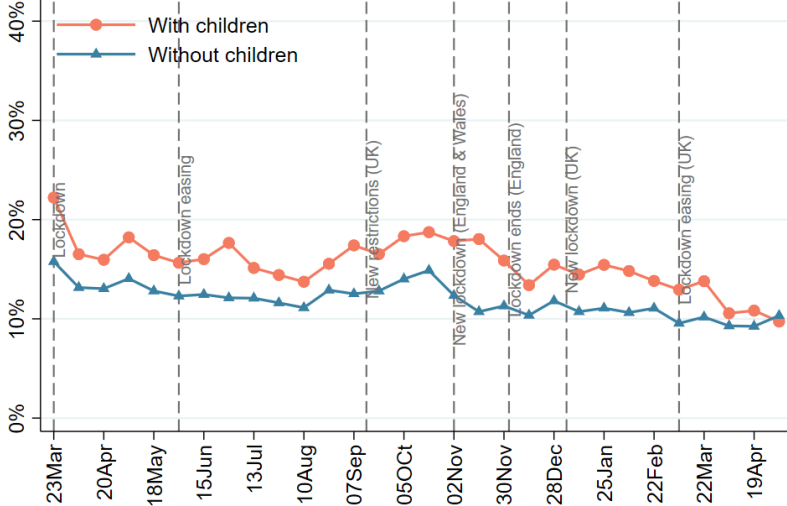


Figure 10h Unemployment stress by living area

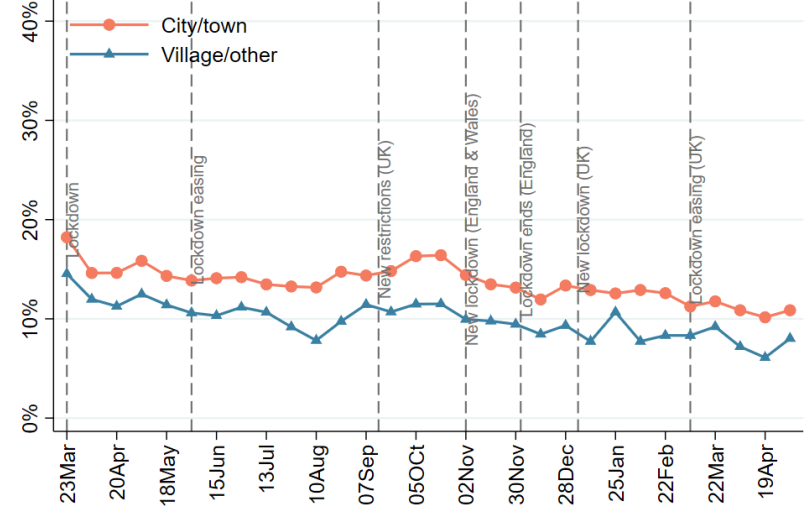


Figure 10i Unemployment stress by gender

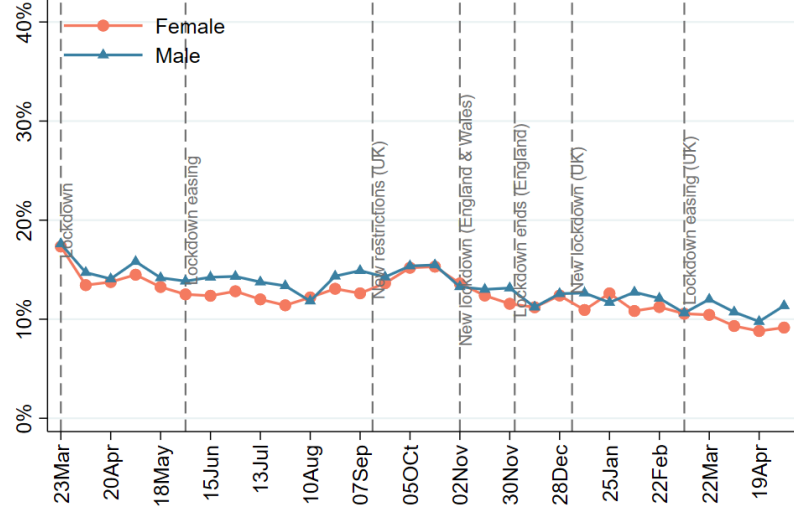


Figure 10j Unemployment stress by ethnicity

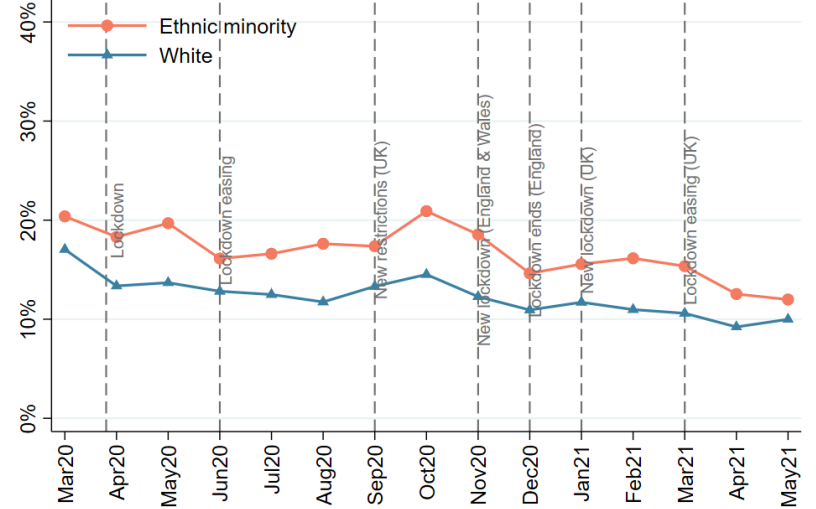


Figure 10k Unemployment stress by educational levels

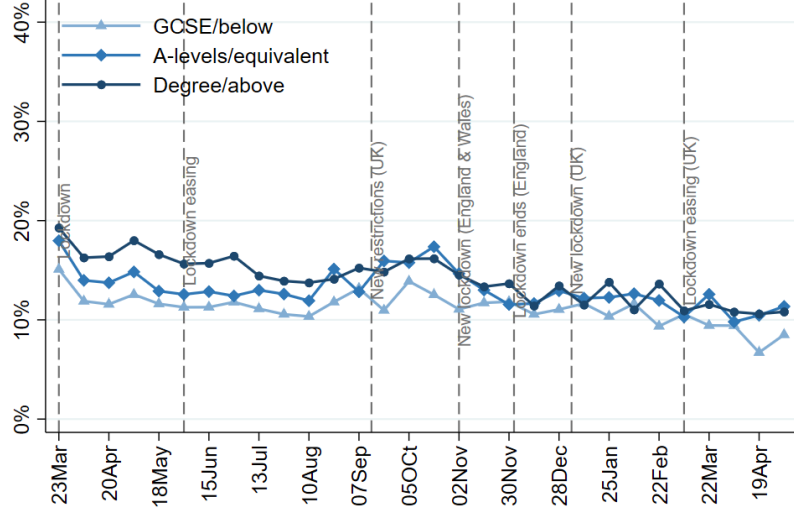


Figure 10l Unemployment stress by physical health diagnosis

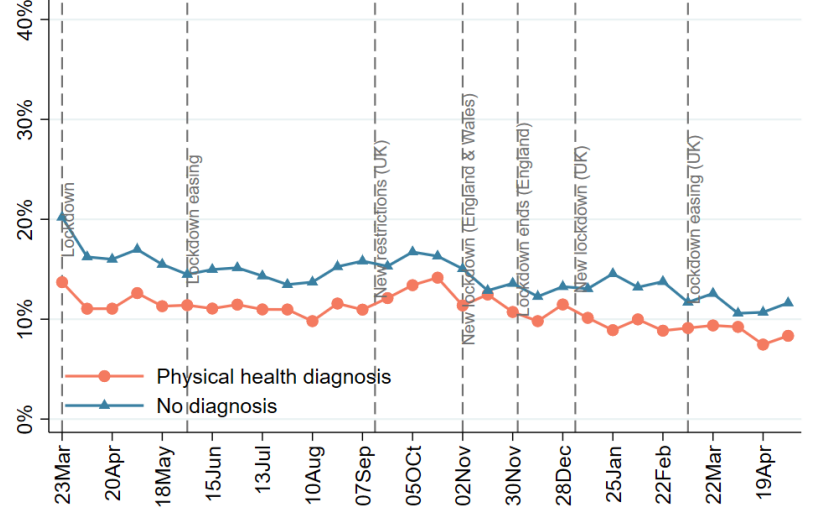


Figure 11a Financial stress by age groups

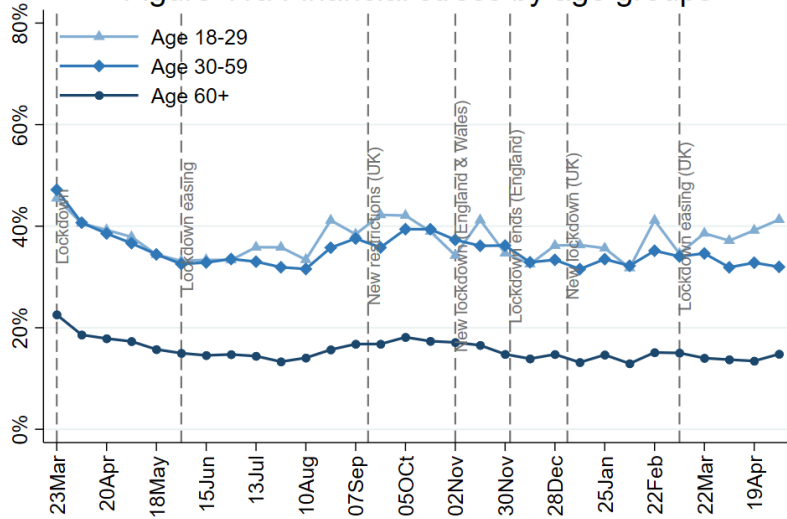


Figure 11b Financial stress by living arrangement

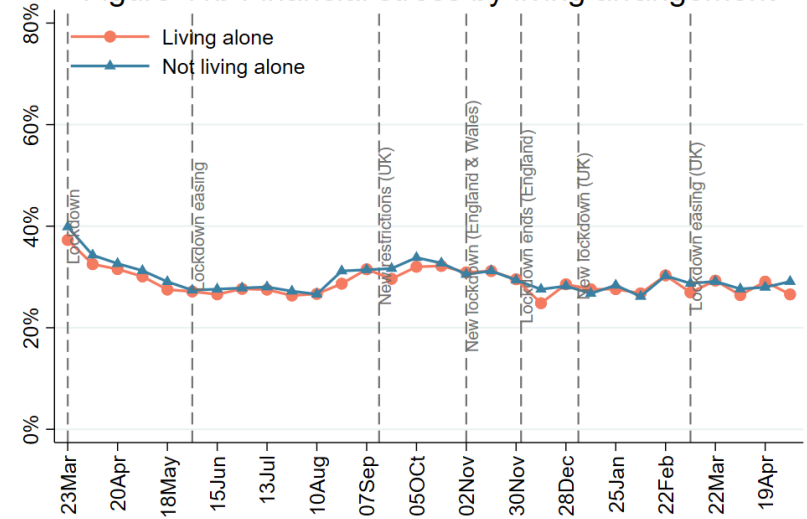


Figure 11c Financial stress by household income

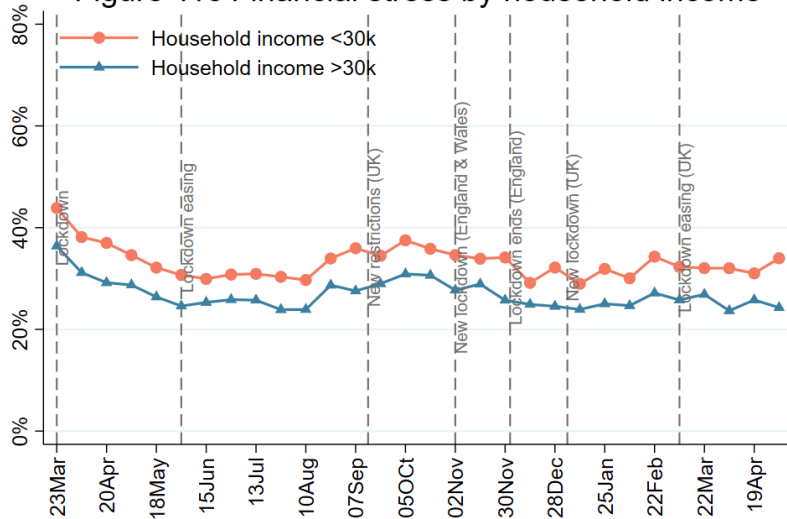


Figure 11d Financial stress by mental health diagnosis

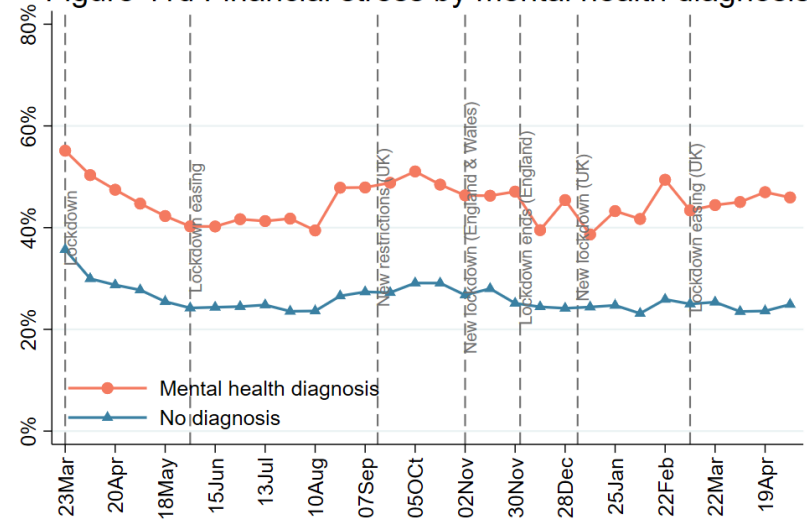


Figure 11e Financial stress by nations

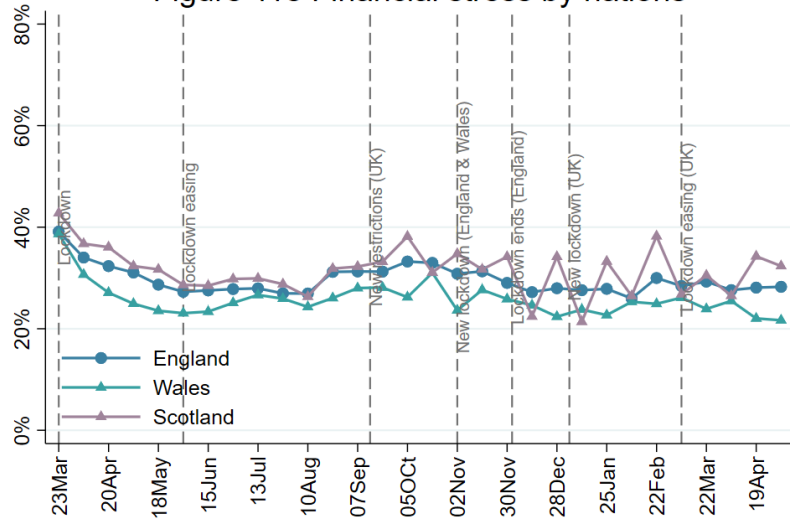


Figure 11f Financial stress by keyworker status

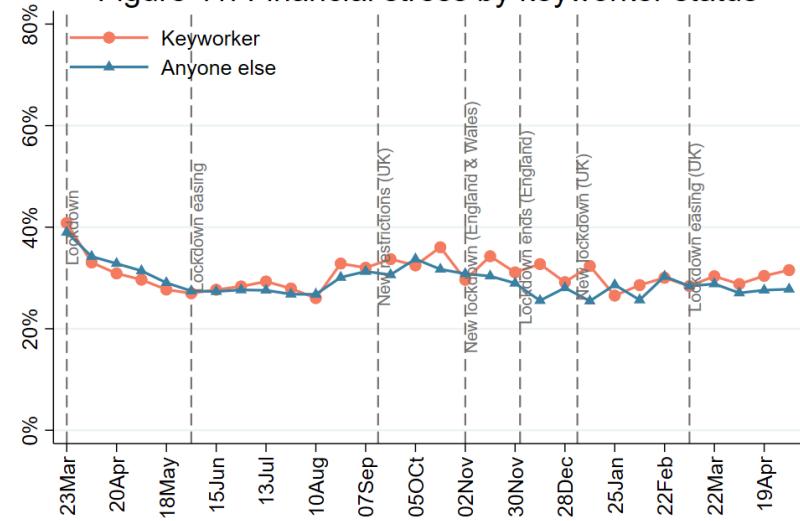


Figure 11g Financial stress by living with children

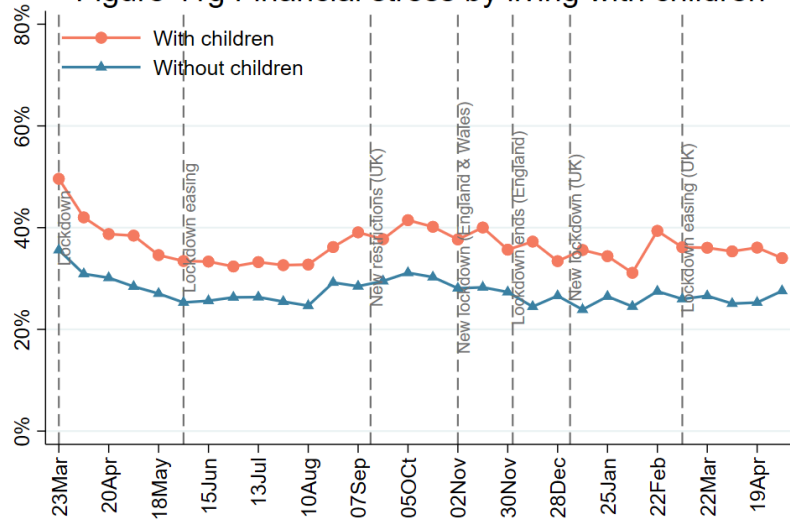


Figure 11h Financial stress by living area

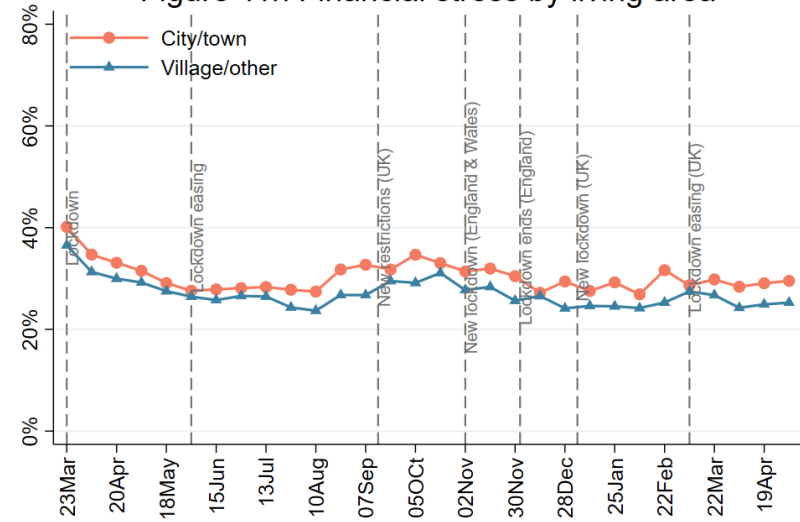


Figure 11i Financial stress by gender

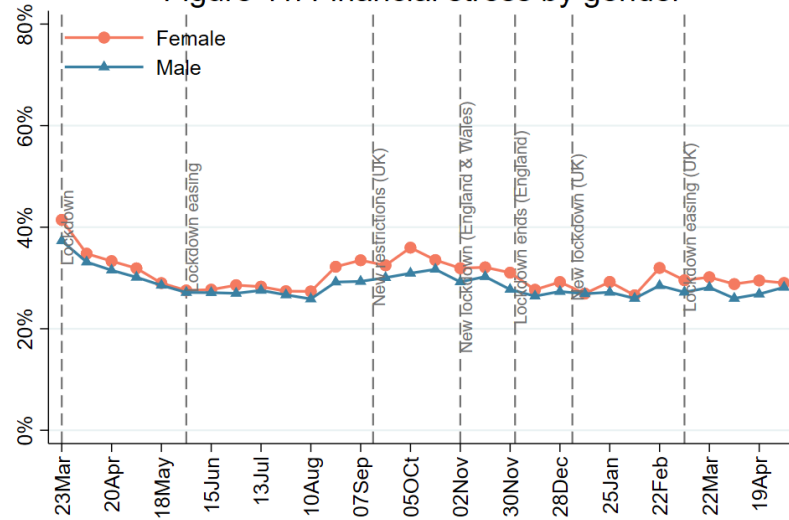


Figure 11j Financial stress by ethnicity

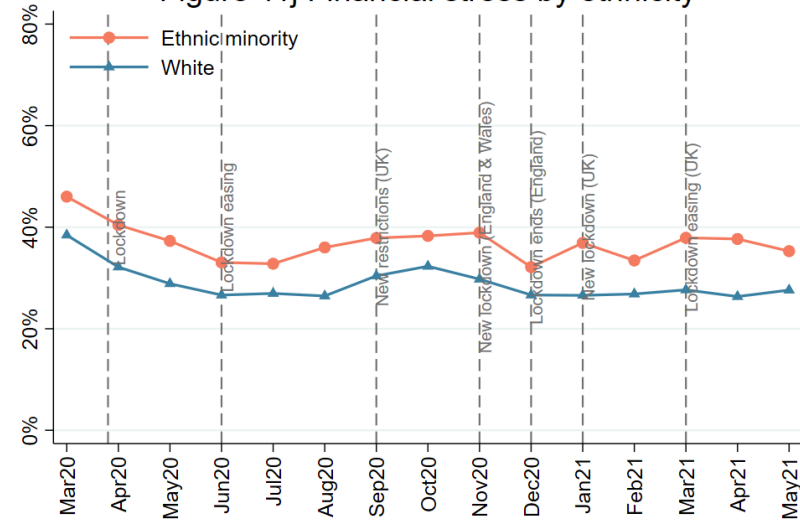


Figure 11k Financial stress by educational levels

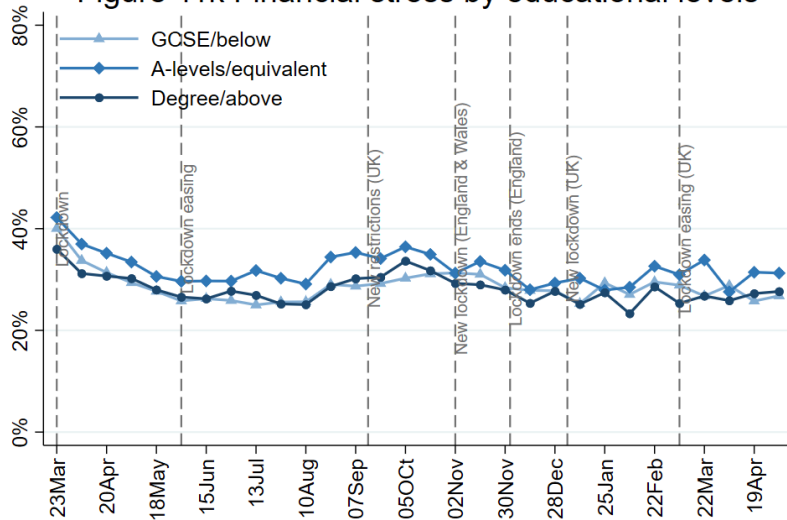


Figure 11l Financial stress by physical health diagnosis

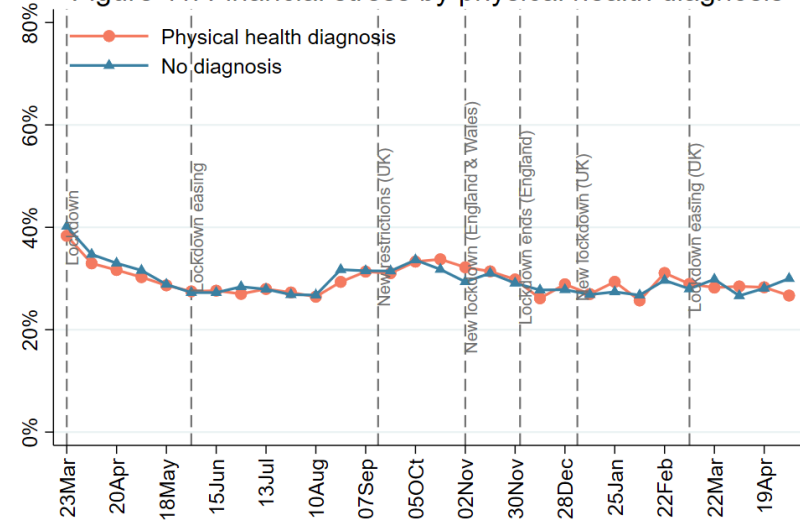


Figure 12a Food security stress by age groups

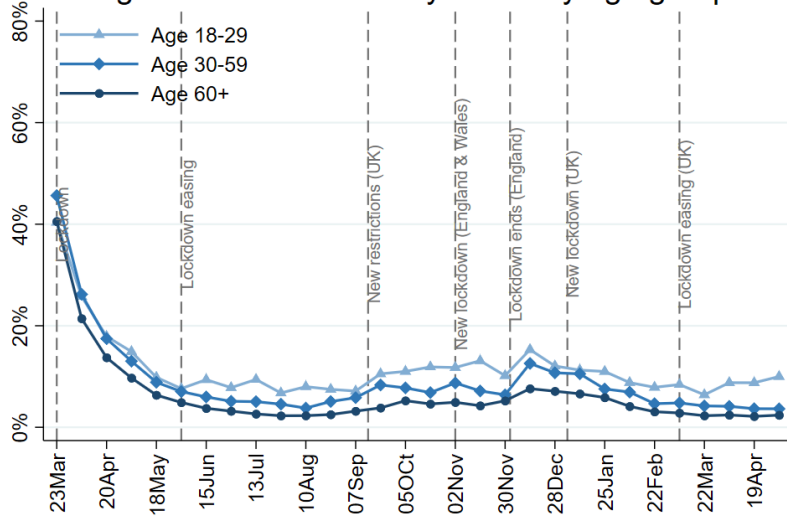


Figure 12b Food security stress by living arrangement

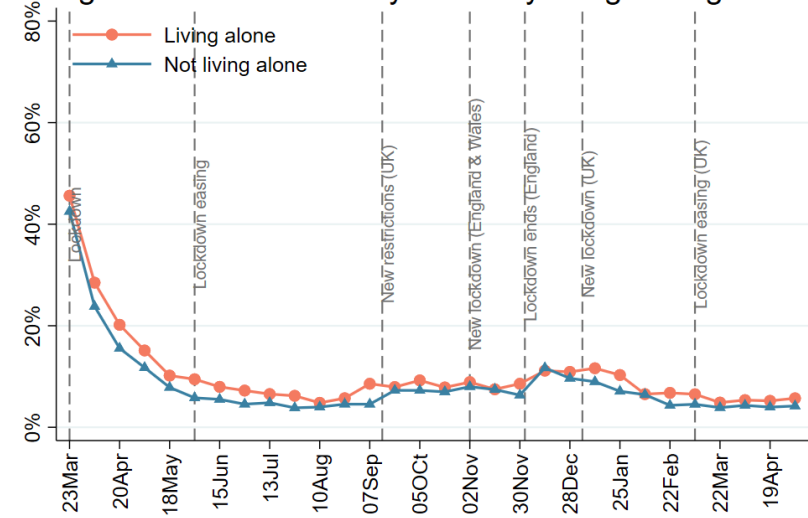


Figure 12c Food security stress by household income

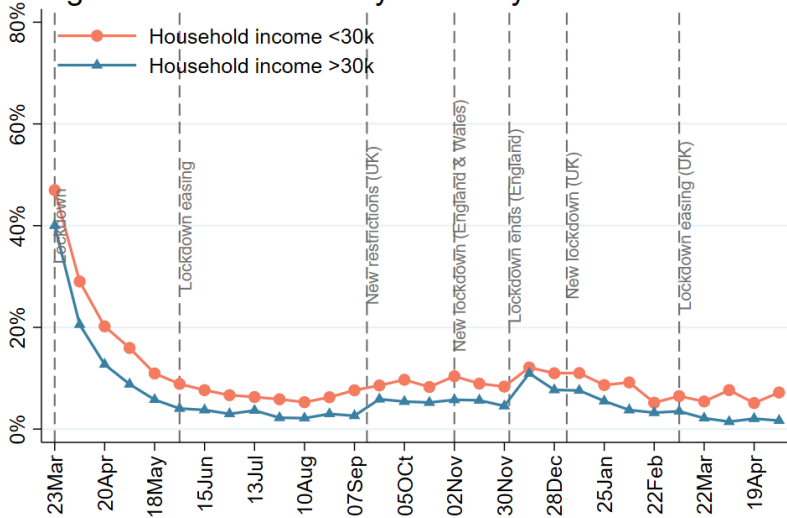


Figure 12d Food security stress by mental health

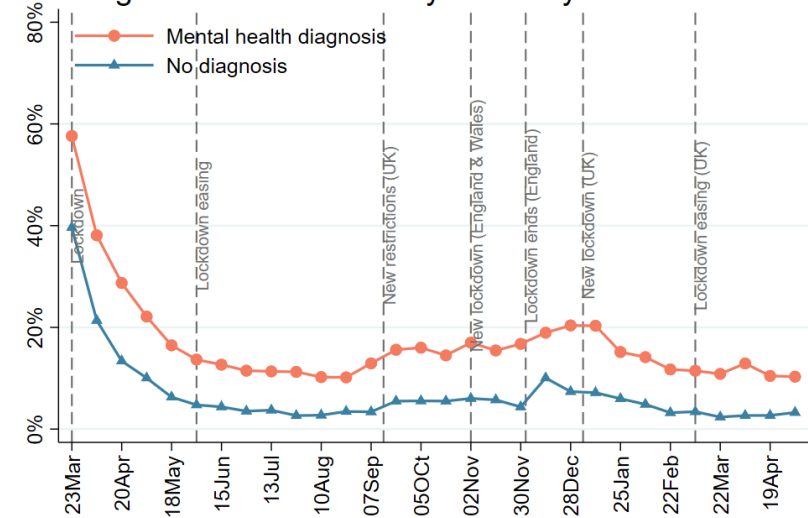


Figure 12e Food security stress by nations

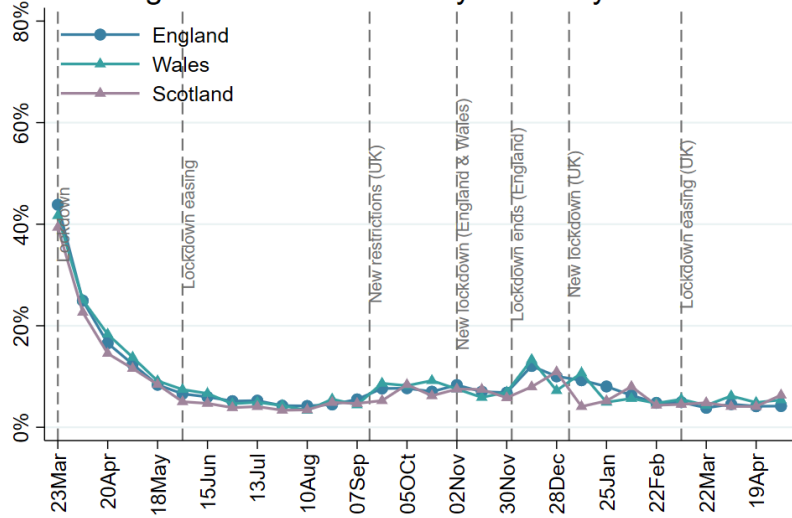


Figure 12f Food security stress by keyworker status

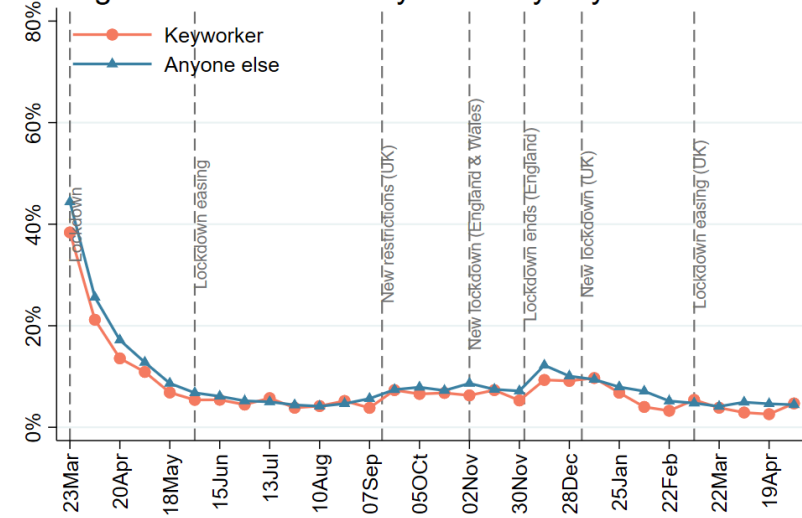


Figure 12g Food security stress by living with children

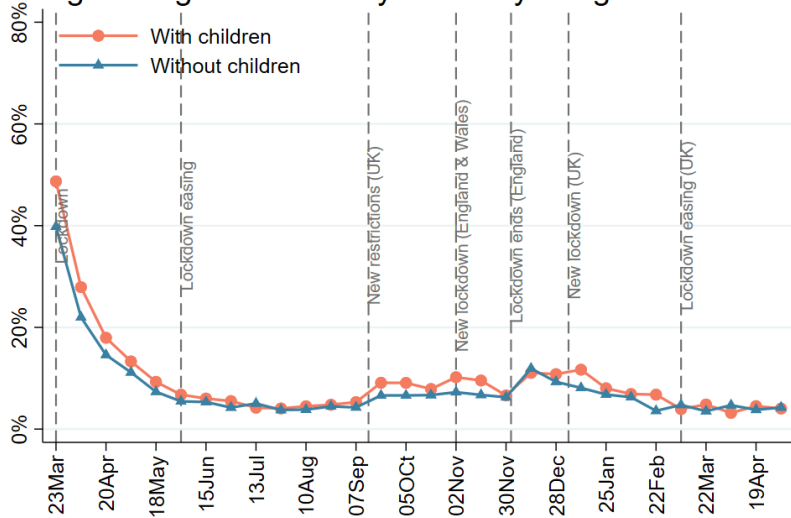


Figure 12h Food security stress by living area

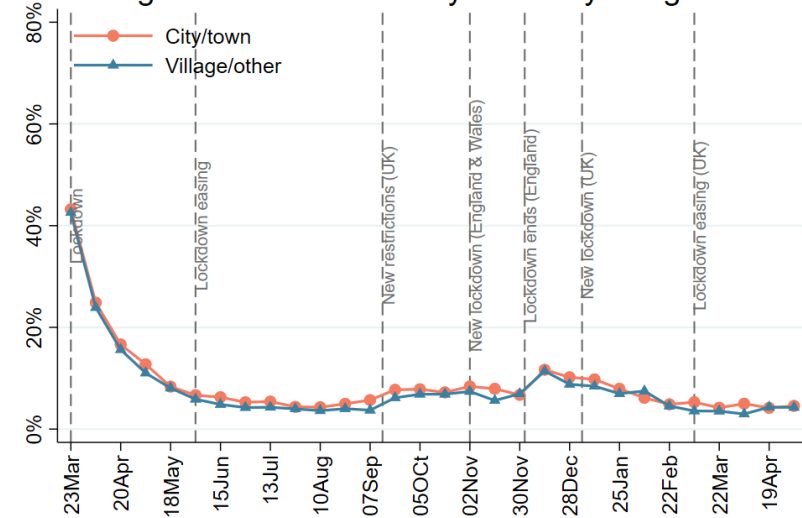


Figure 12i Food security stress by gender

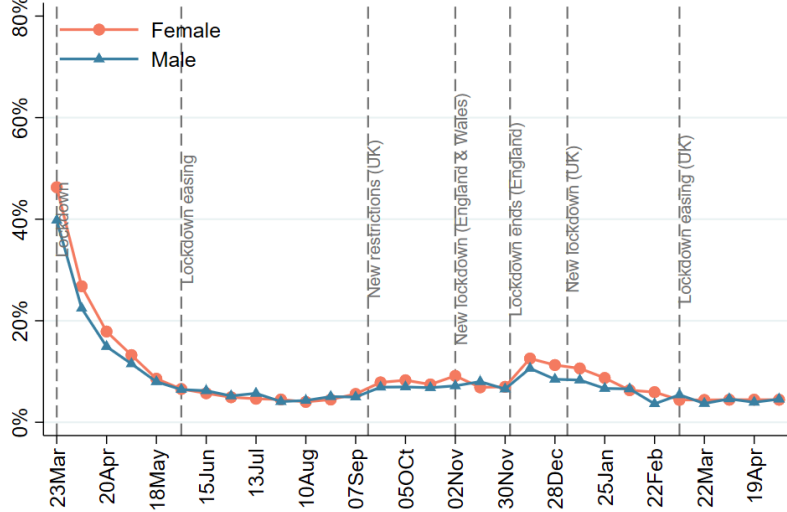


Figure 12j Food security stress by ethnicity

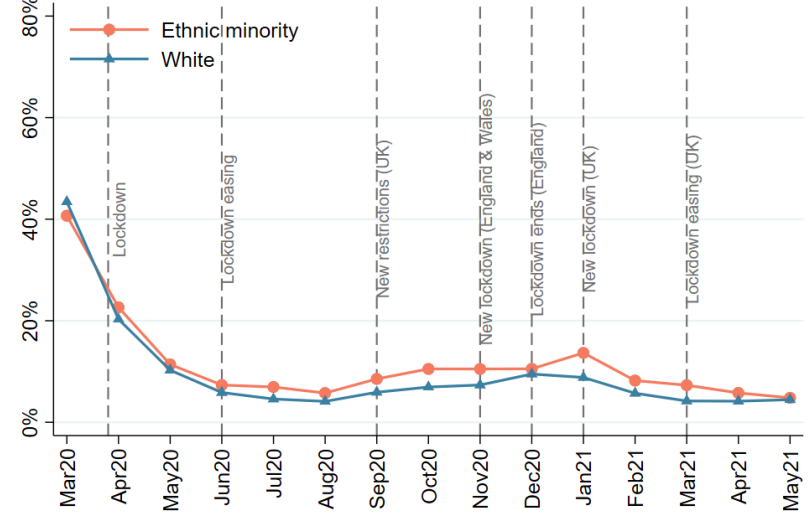


Figure 12k Food security stress by educational levels

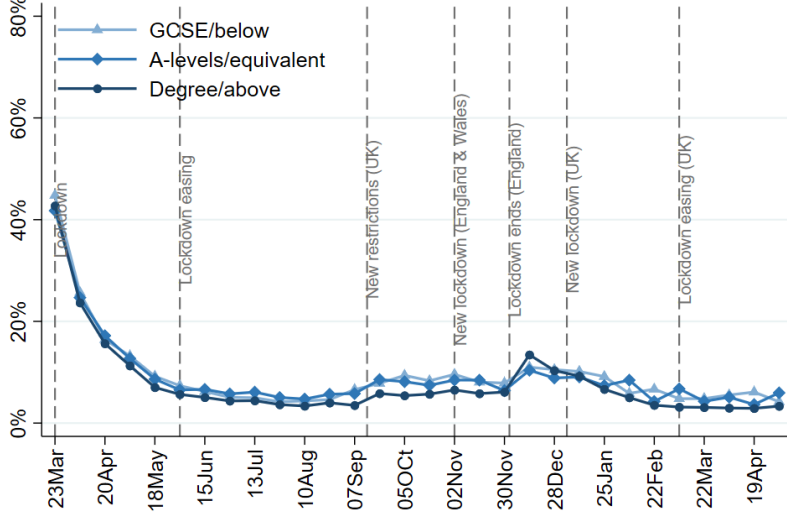
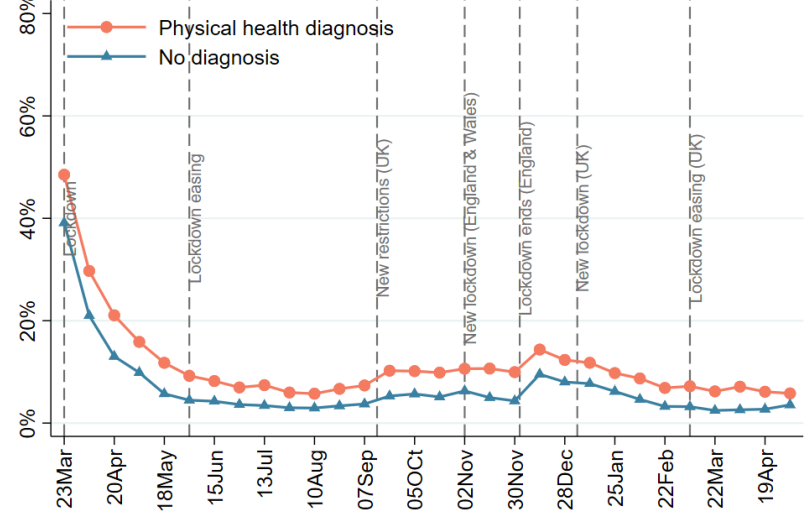
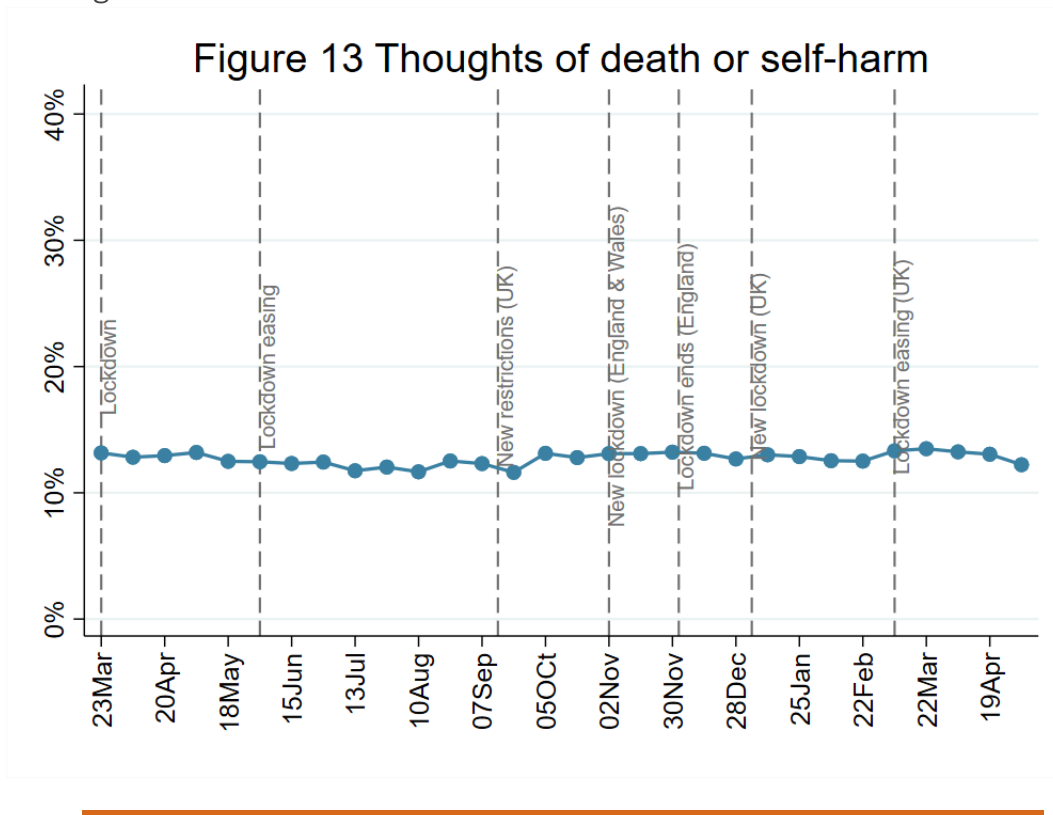


Figure 12l Food security stress by physical health diagnosis



3. Self-harm and abuse

3.1 Thoughts of death or self-harm



FINDINGS

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.

There continues to be no clear change in the proportion of people reporting thoughts of death or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the pandemic. They remain higher amongst younger adults, with around 1 in 5 reporting thoughts of death or self-harm. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, people with a physical health diagnosis, those with lower incomes, and in urban areas.

Figure 14a Thoughts of death by age groups

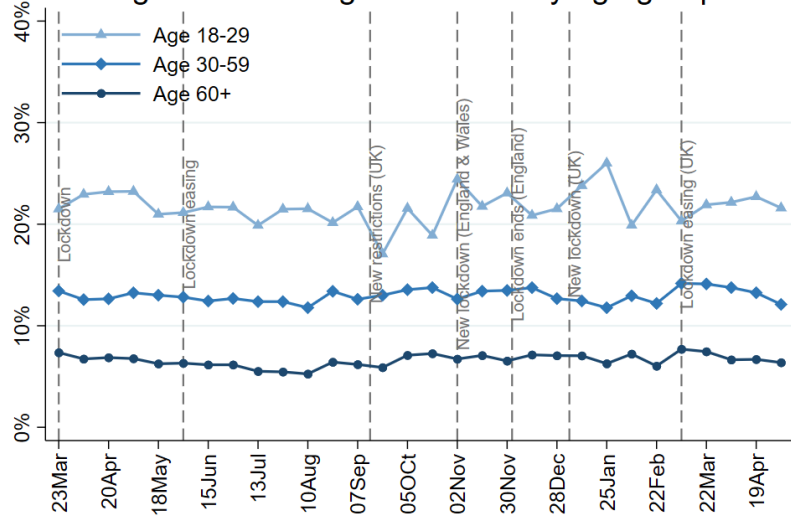


Figure 14b Thoughts of death by living arrangement

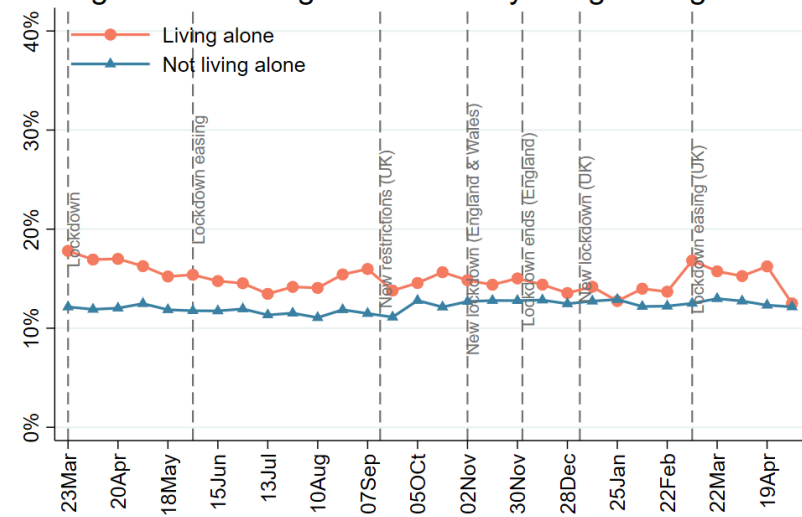


Figure 14c Thoughts of death by household income

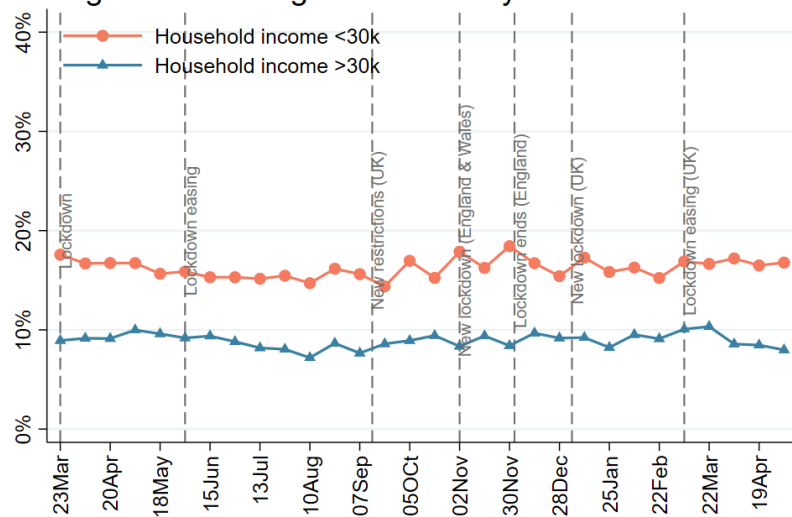


Figure 14d Thoughts of death by mental health diagnosis

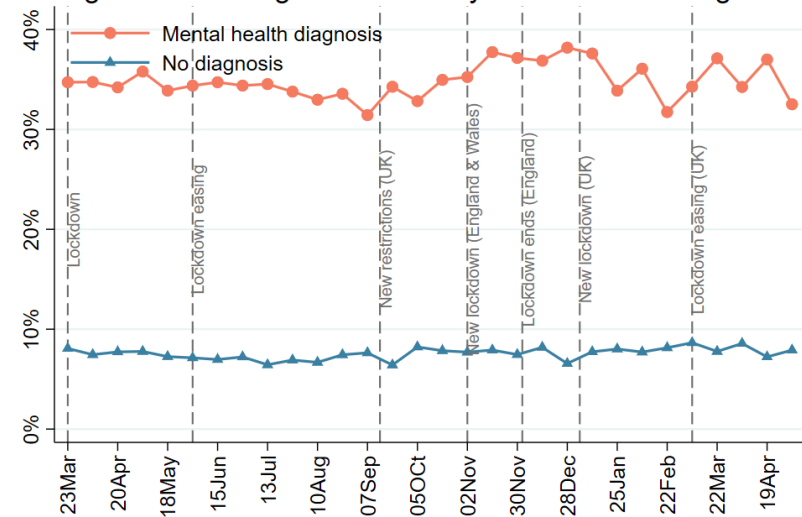


Figure 14e Thoughts of death by nations

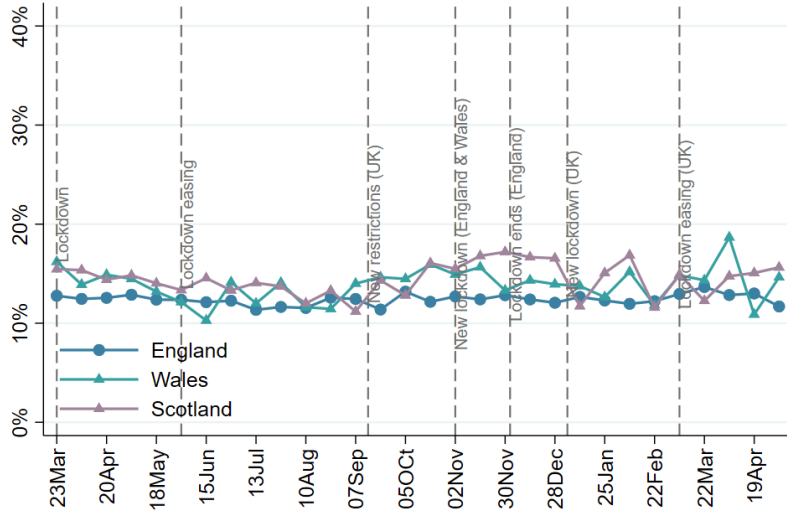


Figure 14f Thoughts of death by keyworker status

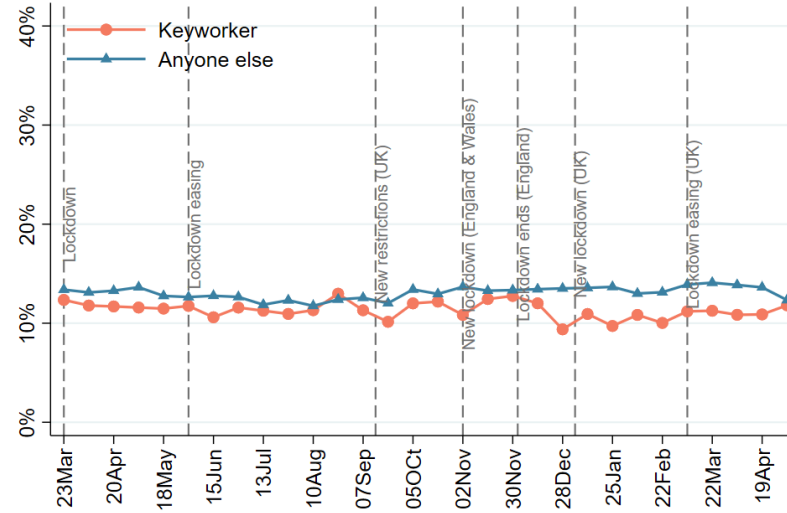


Figure 14g Thoughts of death by living with children

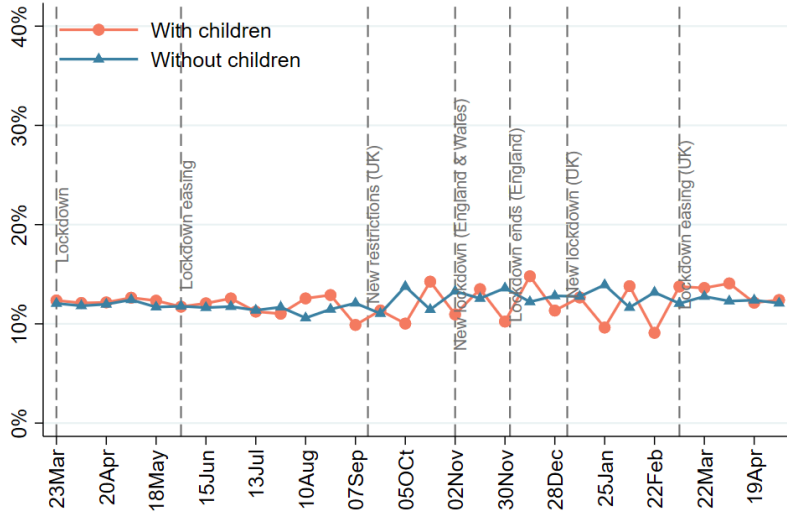


Figure 14h Thoughts of death by living area

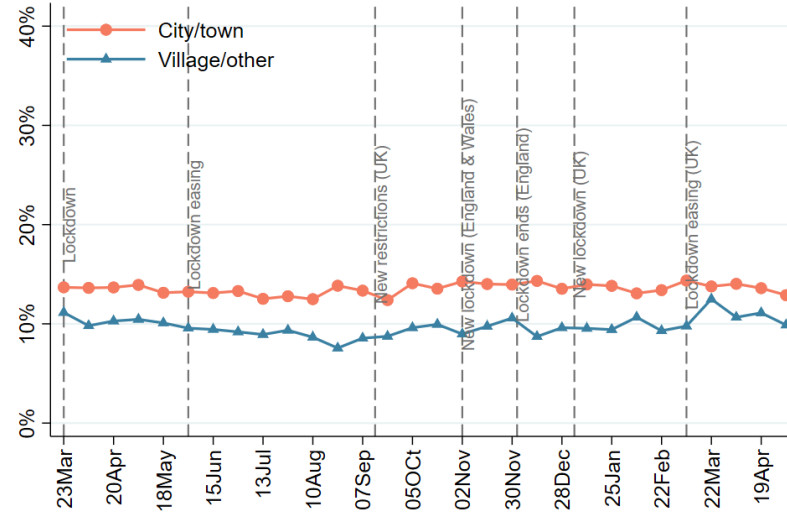


Figure 14i Thoughts of death by gender

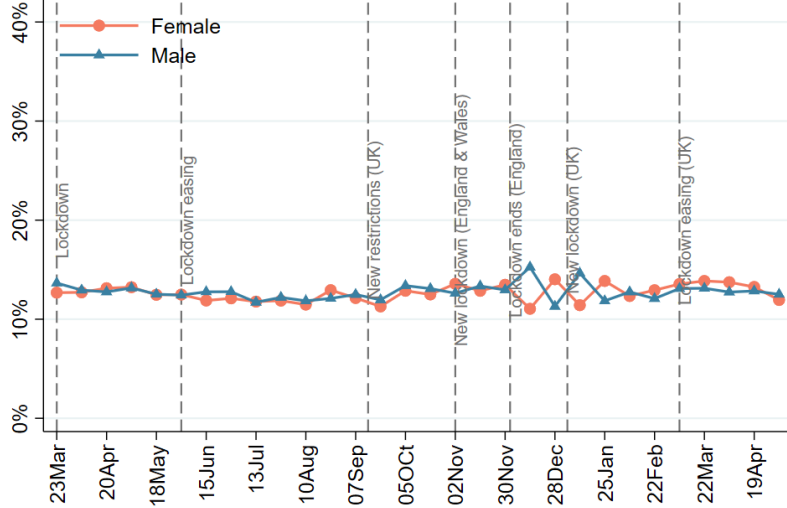


Figure 14j Thoughts of death by ethnicity

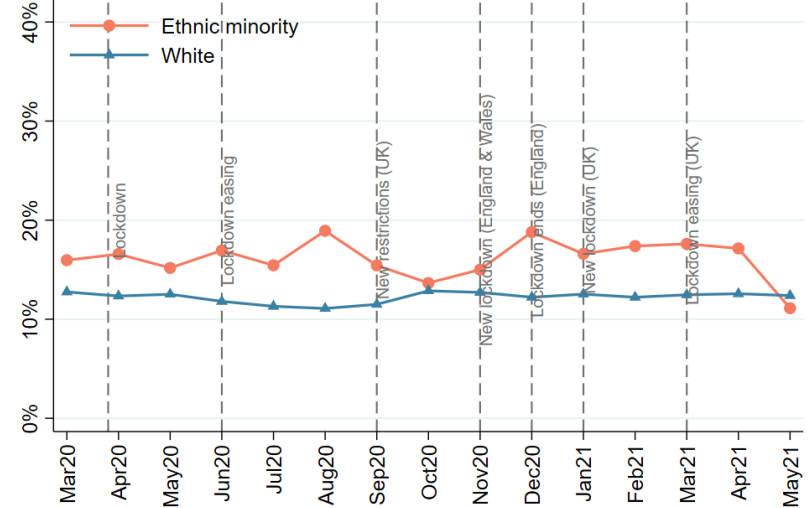


Figure 14k Thoughts of death by educational levels

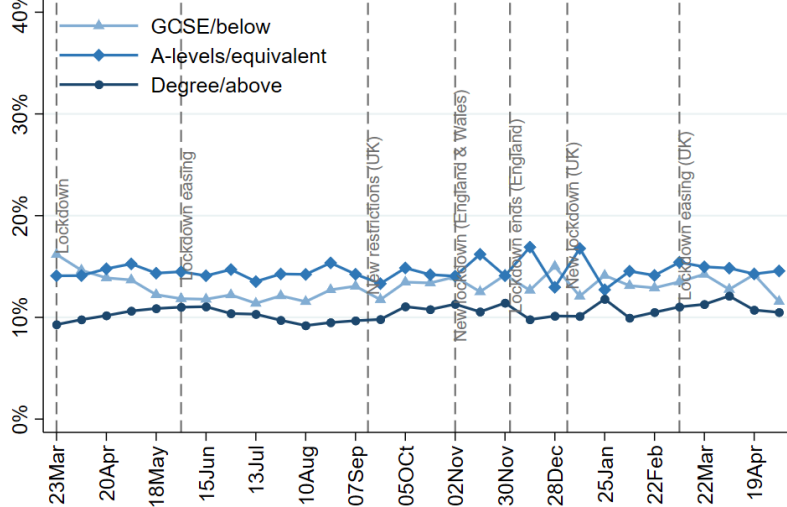
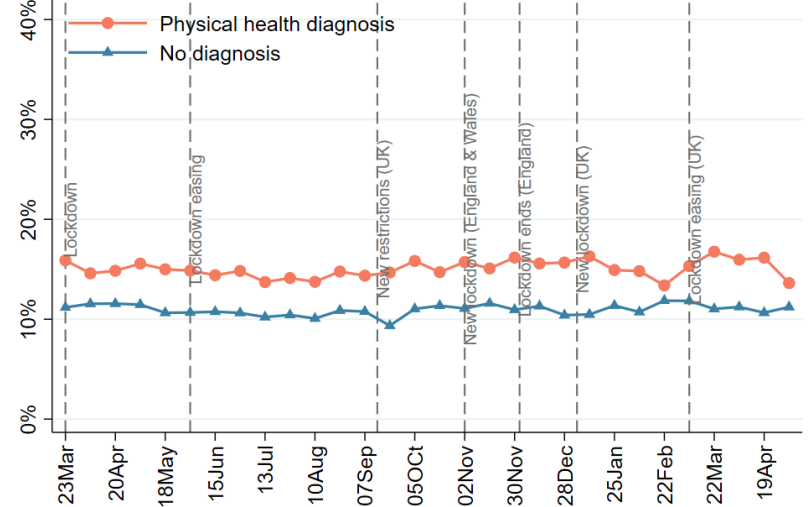
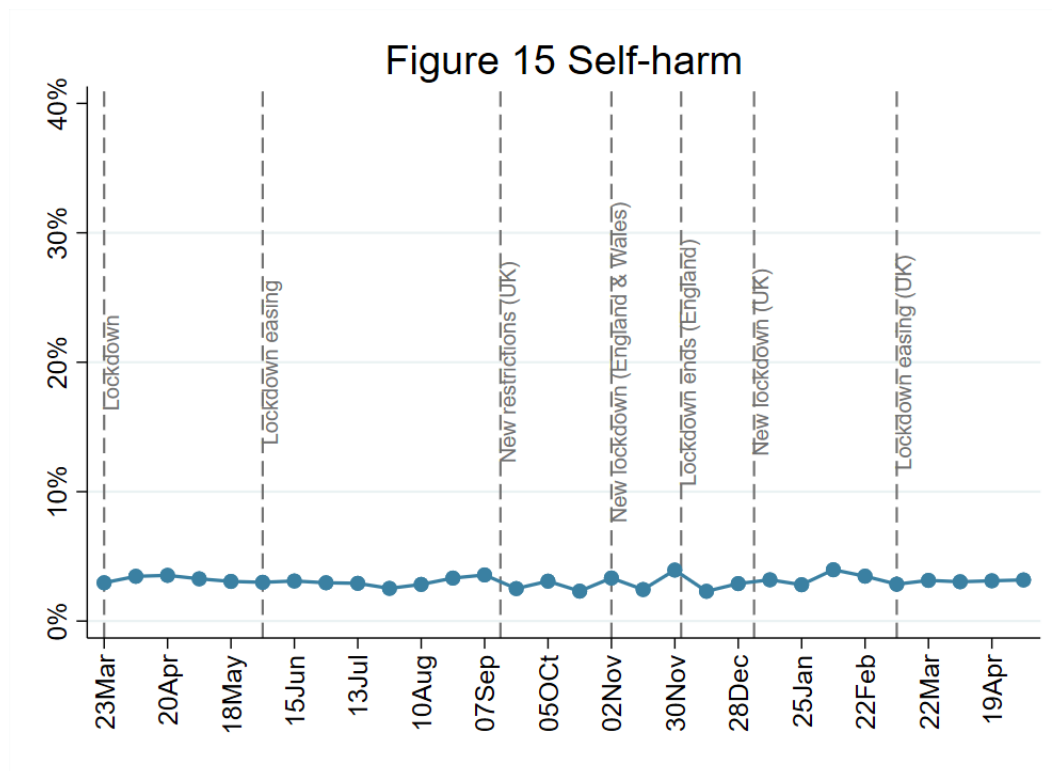


Figure 14l Thoughts of death by physical health diagnosis



3.2 Self-harm



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 from ethnic minority groups, and in those with a physical health condition.

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 levels⁴.

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

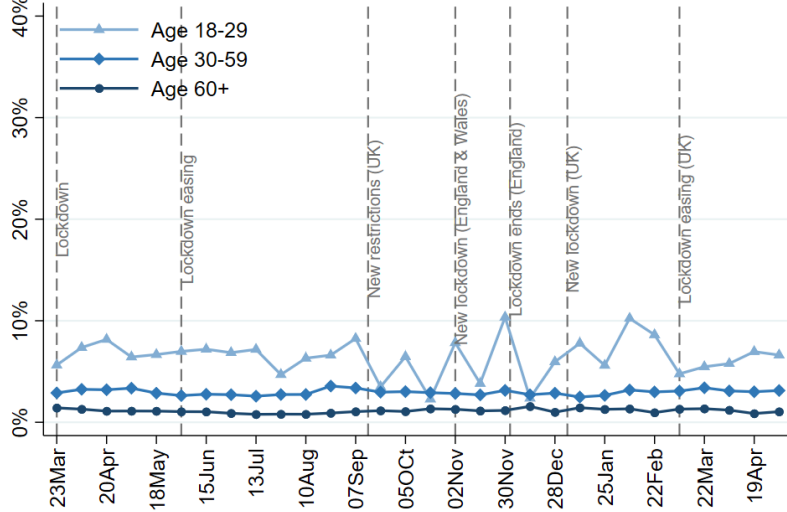


Figure 16b Self-harm by living arrangement

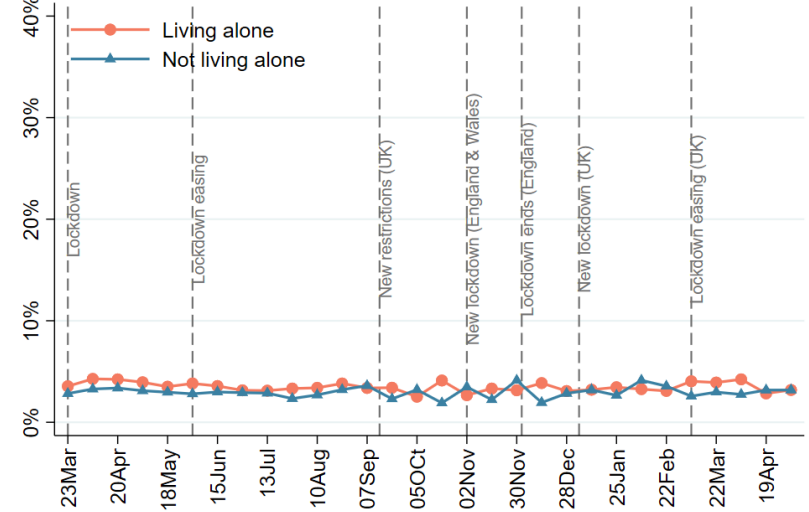


Figure 16c Self-harm by household income

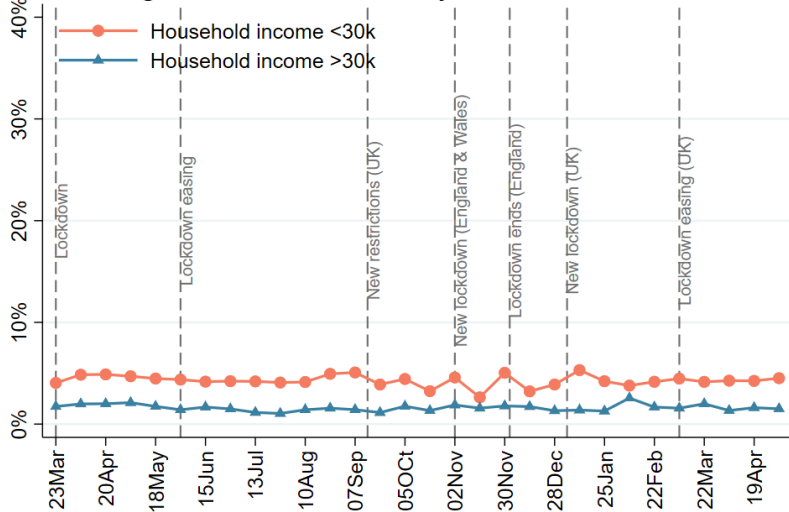


Figure 16d Self-harm by mental health diagnosis

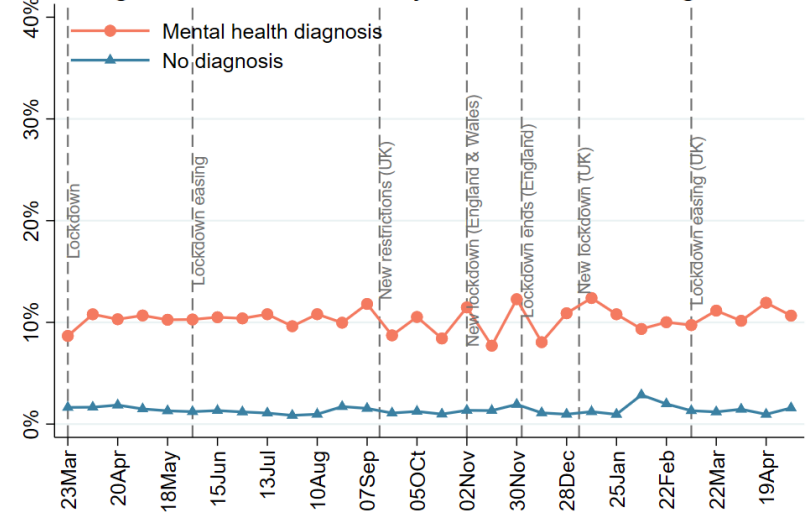


Figure 16e Self-harm by nations

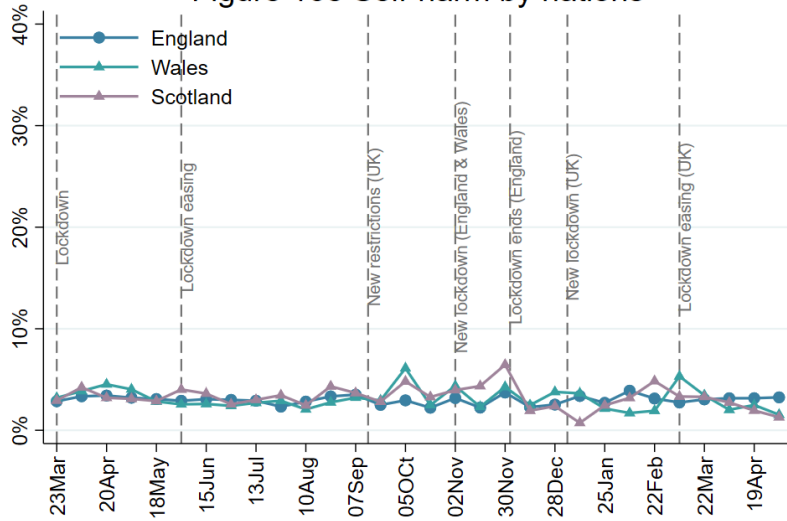


Figure 16f Self-harm by keyworker status

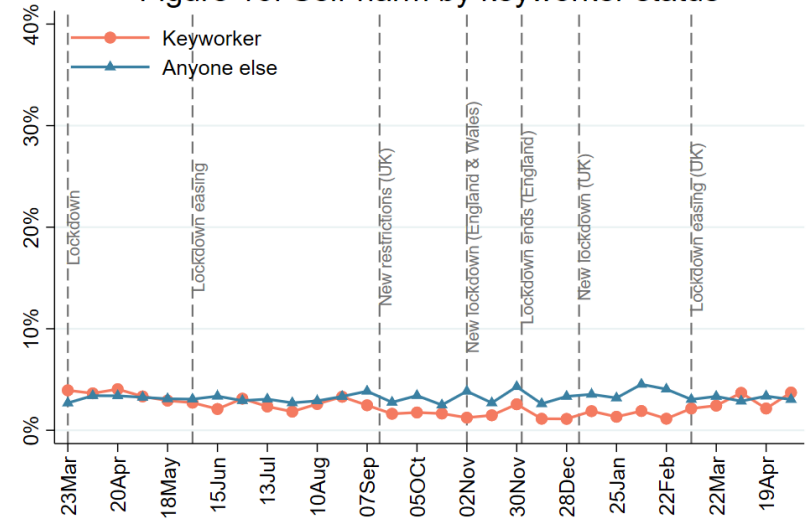


Figure 16g Self-harm by living with children

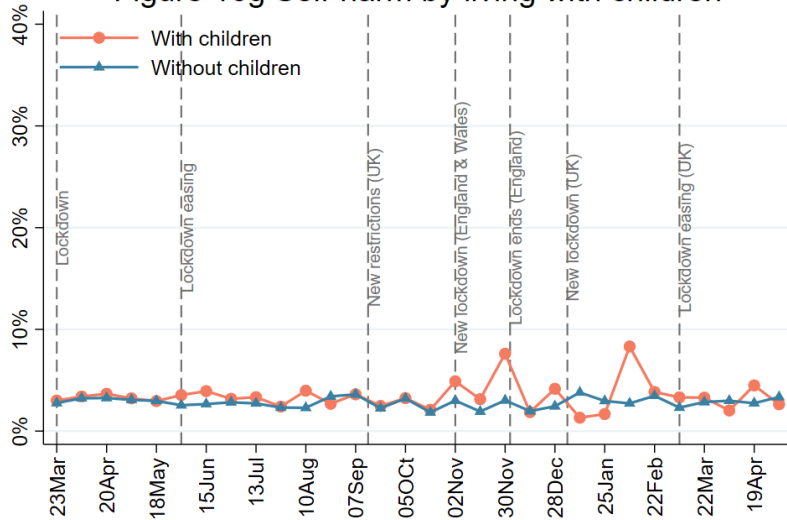


Figure 16h Self-harm by living area

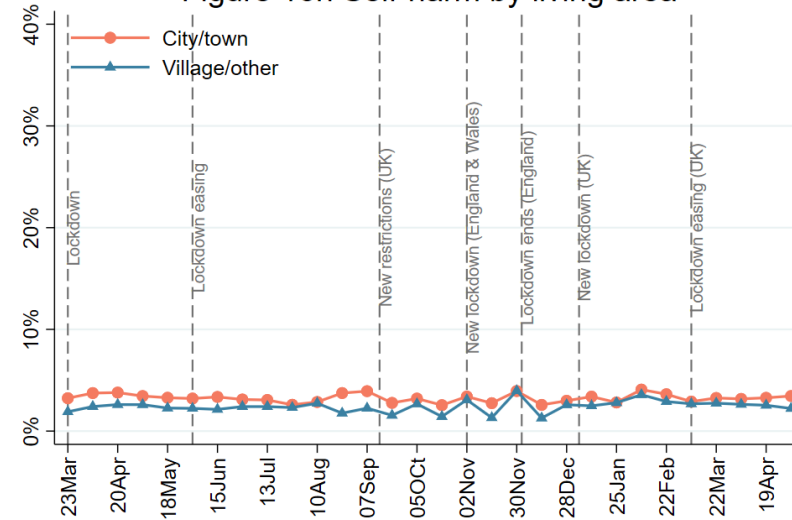


Figure 16i Self-harm by gender

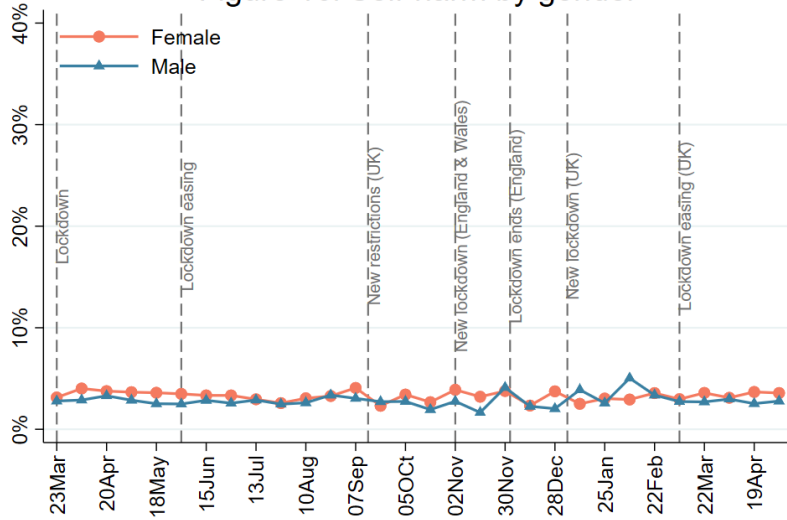


Figure 16j Self-harm by ethnicity

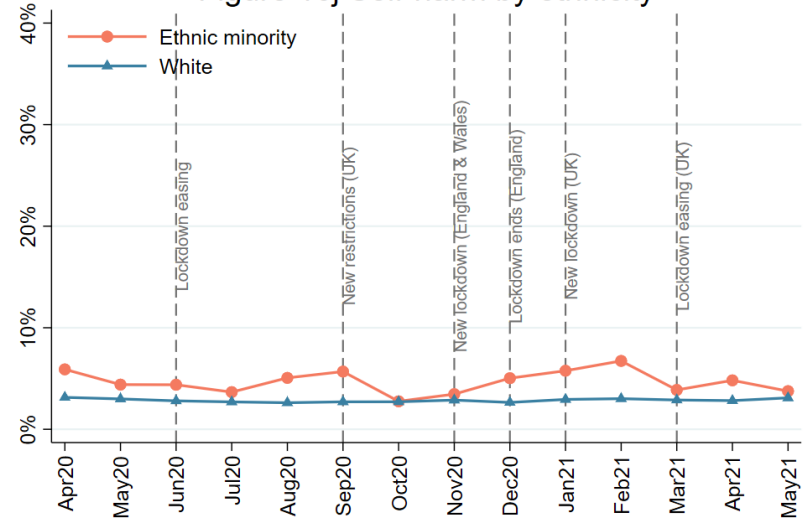


Figure 16k Self-harm by educational levels

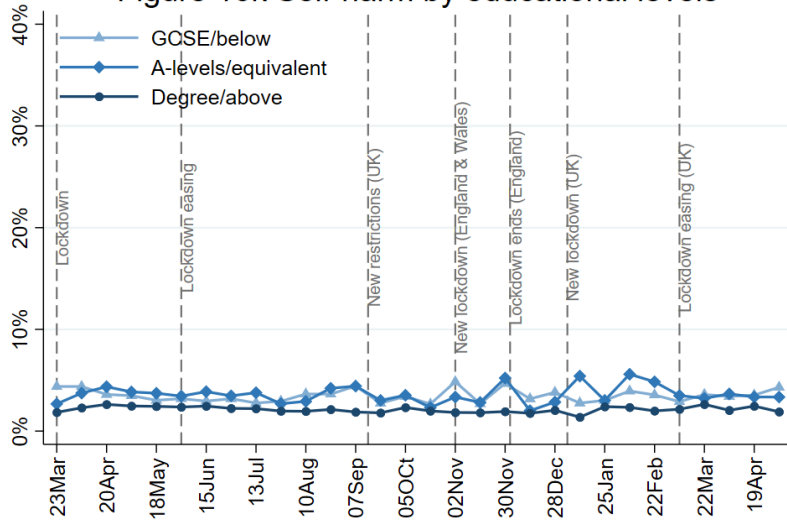
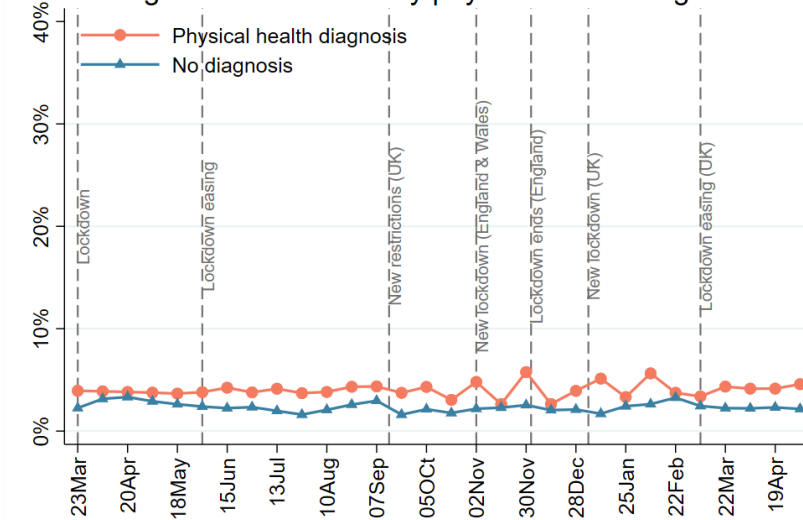
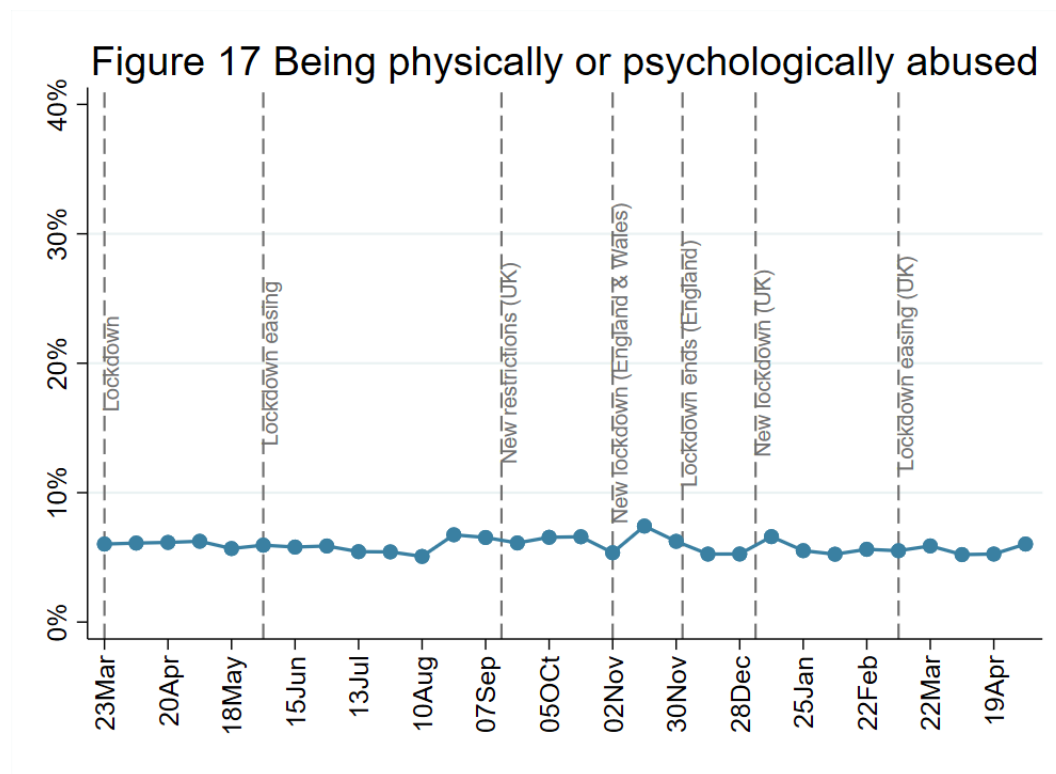


Figure 16l Self-harm by physical health diagnosis



3.3 Abuse



FINDINGS

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.

Abuse has remained relatively stable since the start of the new year. It remains higher amongst people with a diagnosed mental condition, amongst people with lower household income, and in those with a physical health condition. Although a greater proportion of people from ethnic minority backgrounds consistently reported abuse over the course of the pandemic, abuse in this group had been decreasing since the start of the third lockdown and now appears to be slightly lower than what it is amongst people of white ethnicity. More data will be needed to confirm this trend.

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 levels⁵.

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

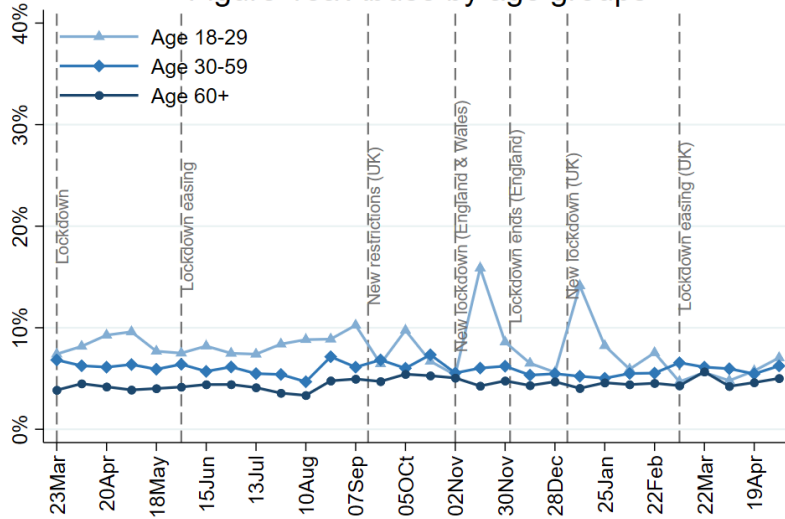


Figure 18b Abuse by living arrangement

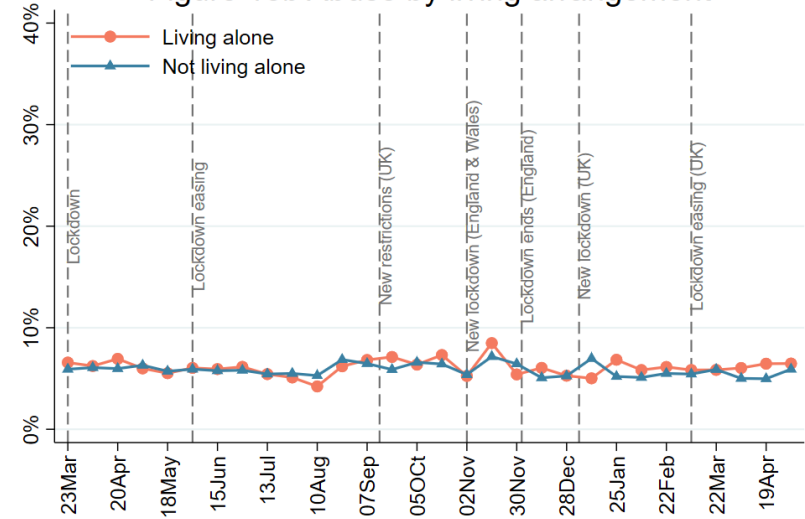


Figure 18c Abuse by household income

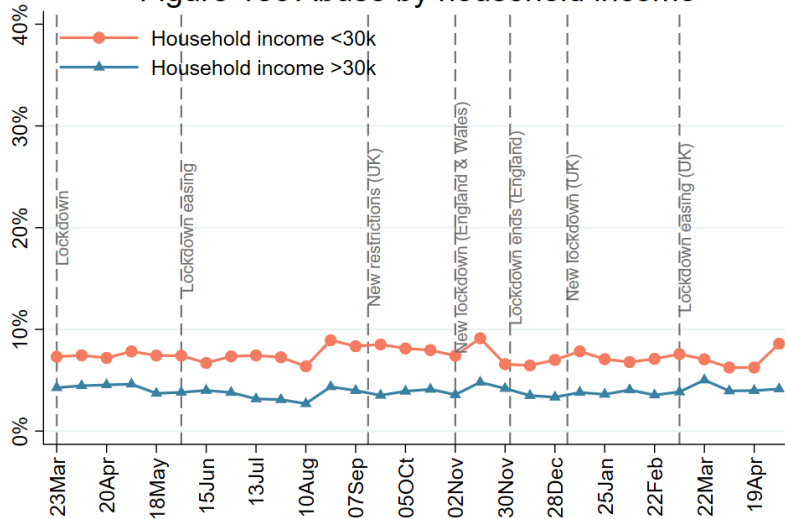


Figure 18d Abuse by mental health diagnosis

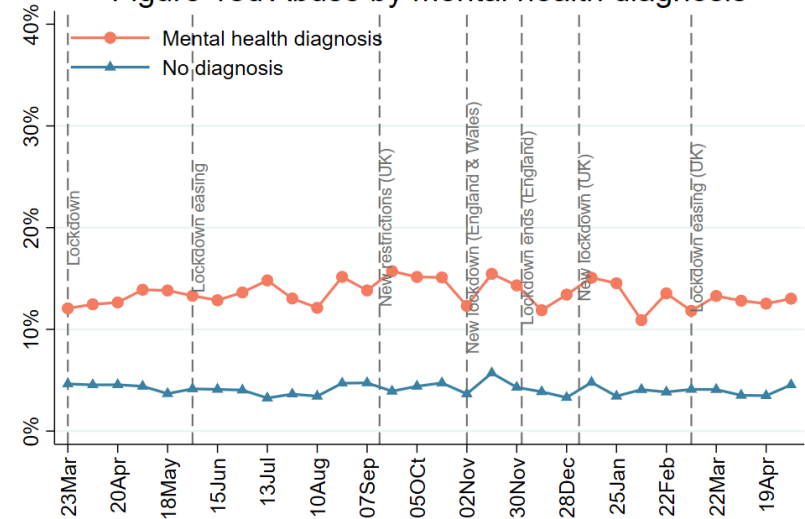


Figure 18e Abuse by nations

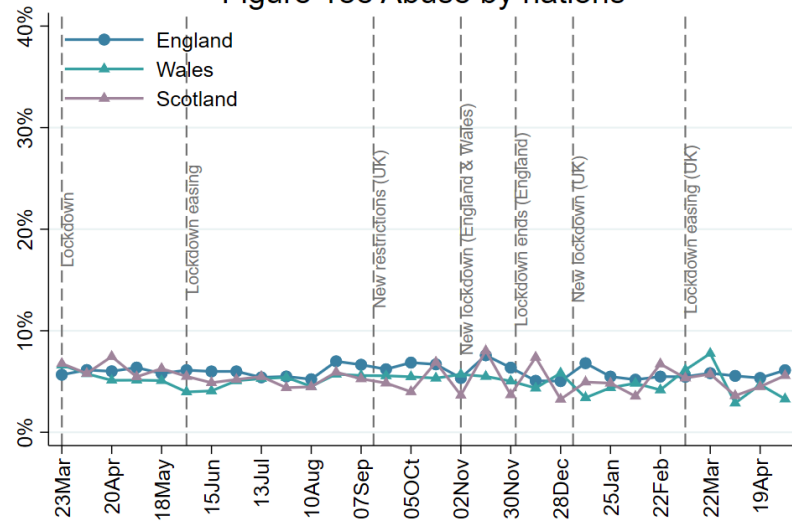


Figure 18f Abuse by keyworker status

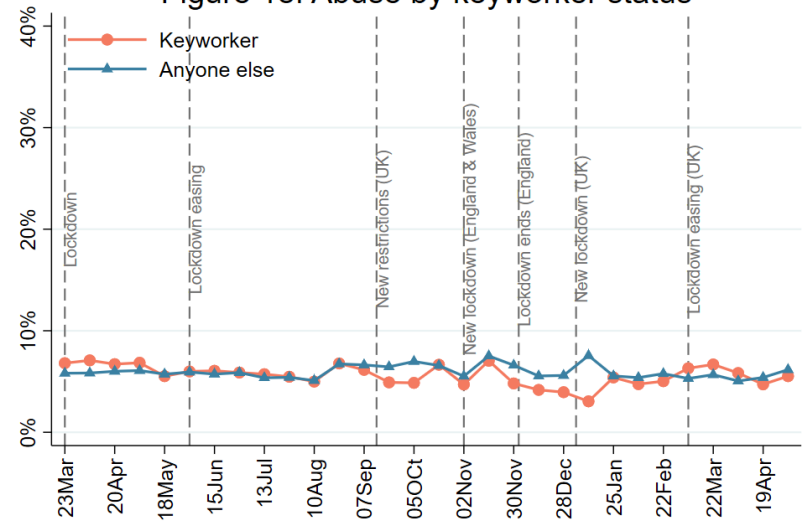


Figure 18g Abuse by living with children

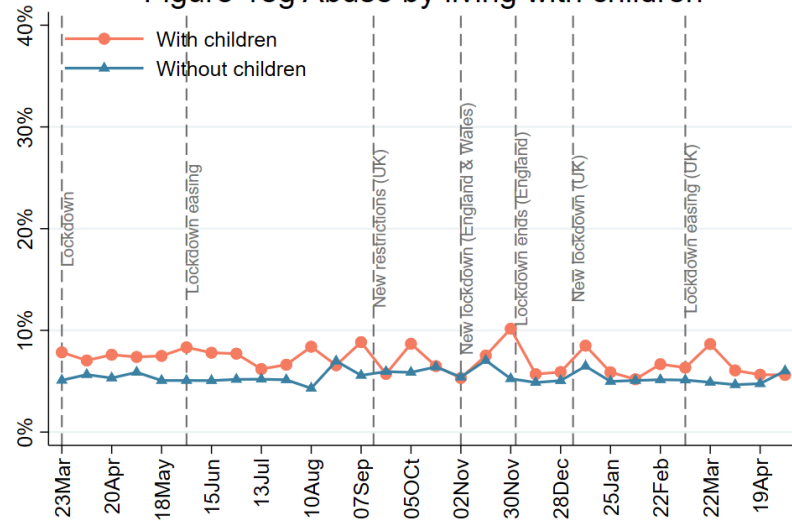


Figure 18h Abuse by living area

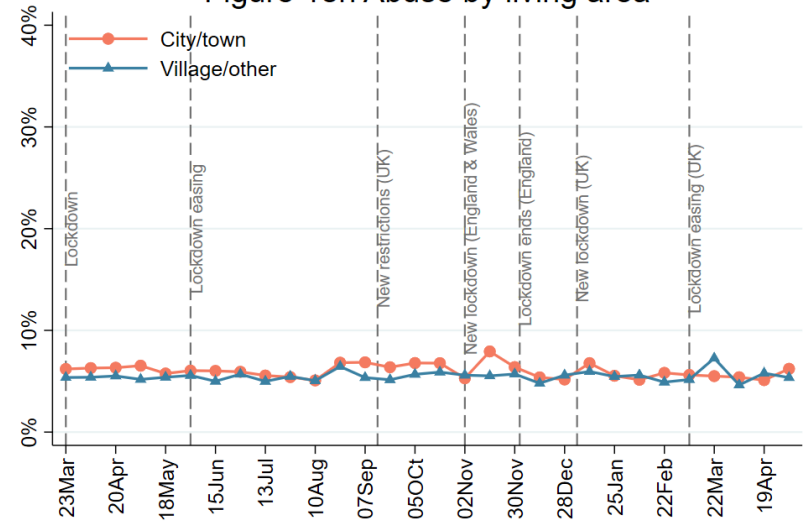


Figure 18i Abuse by gender

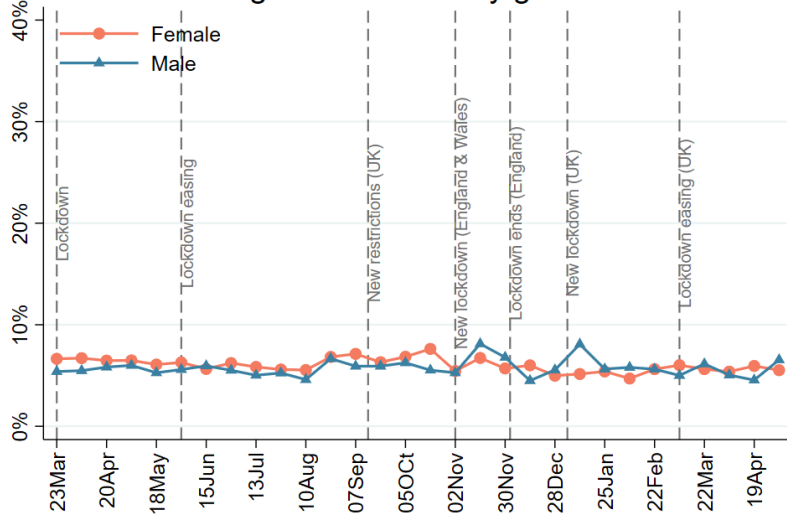


Figure 18j Abuse by ethnicity

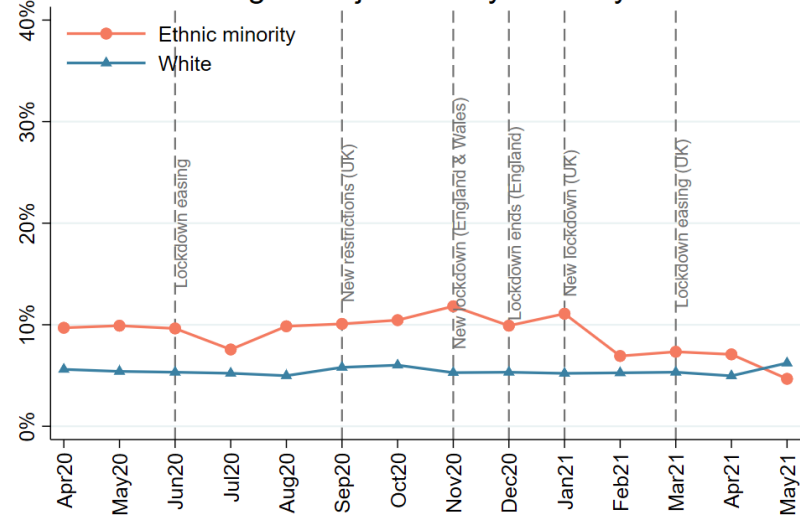


Figure 18k Abuse by educational levels

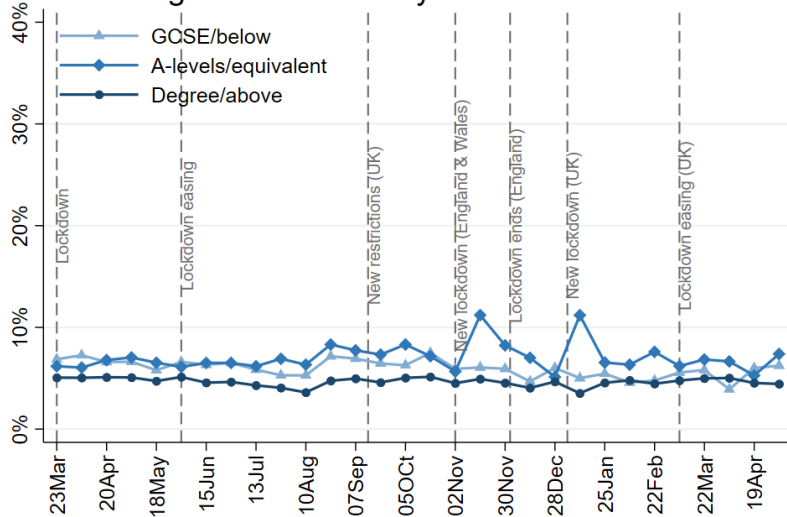
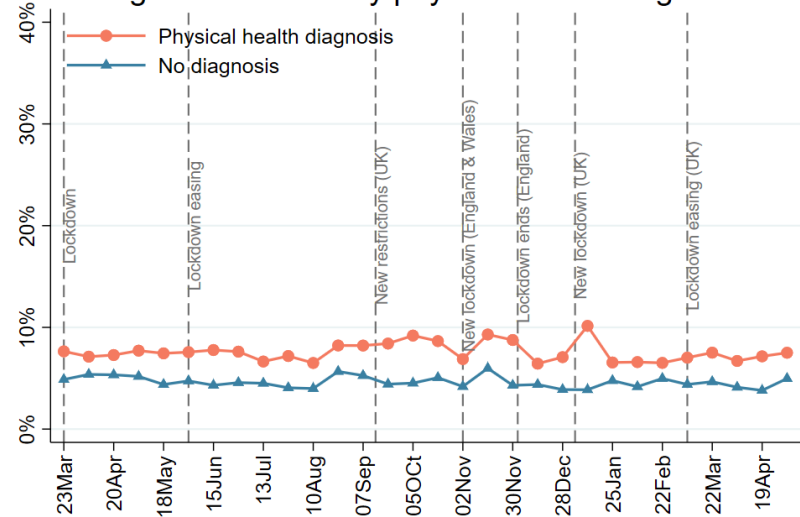
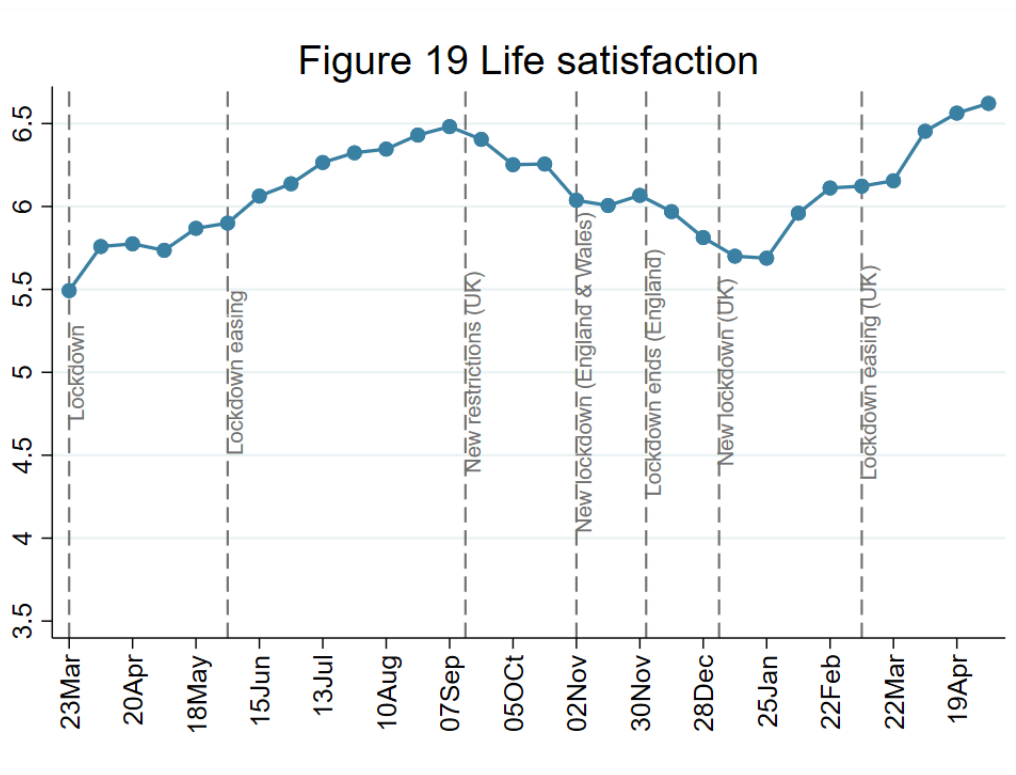


Figure 18l Abuse by physical health diagnosis



4. General well-being

4.1 Life satisfaction



FINDINGS

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).

Life satisfaction has been increasing since the start of the new year and is now higher than it was at the end of summer 2020. This increase in life satisfaction since the start of the new year has generally been seen across all demographic groups.

However, younger adults and women continue to have lower levels of life satisfaction, as are people living alone, those with a mental health condition, those with lower household incomes, people living in cities/towns, people with a long-term physical health condition, and people from ethnic minority backgrounds (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data).

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

⁶Layard R, Clark A, De Neve J-E, Kregel 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

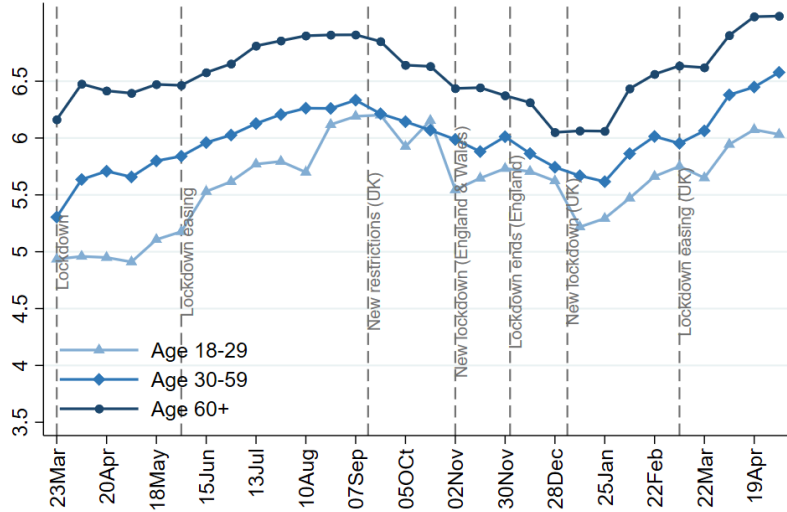


Figure 20b Life satisfaction by living arrangement

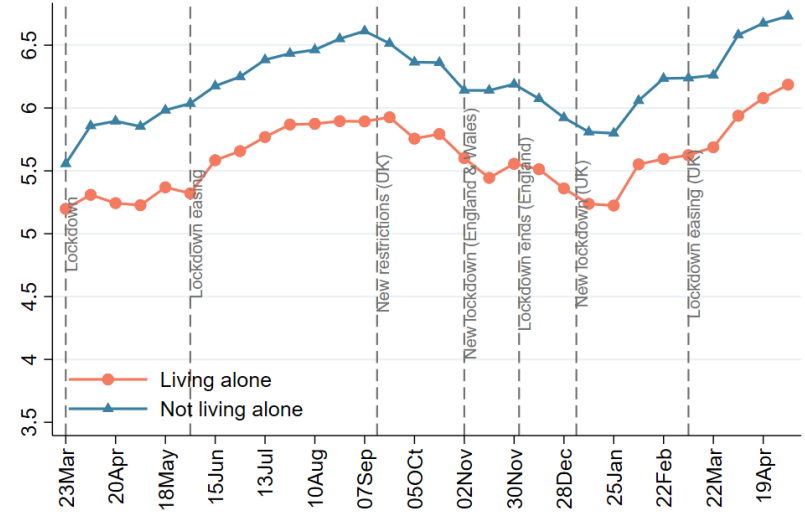


Figure 20c Life satisfaction by household income

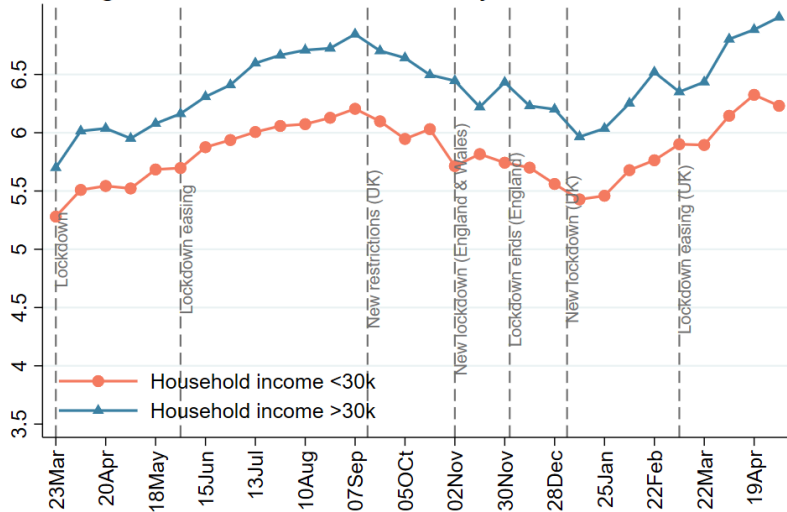


Figure 20d Life satisfaction by mental health diagnosis

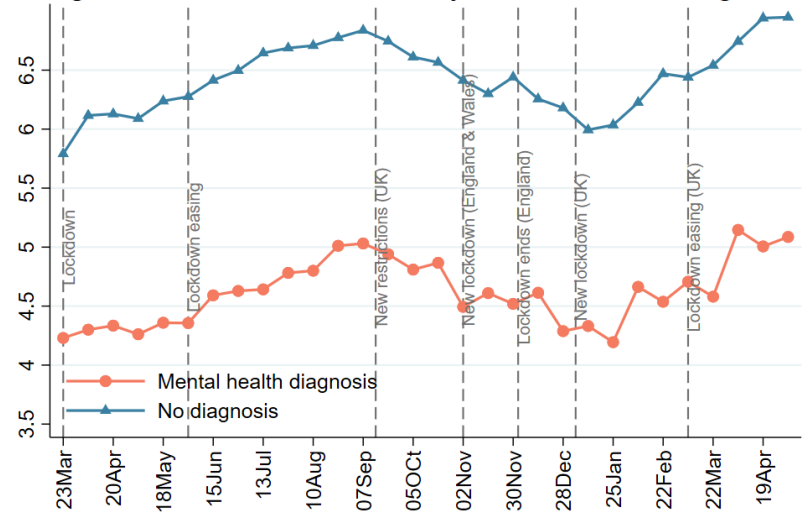


Figure 20e Life satisfaction by nations

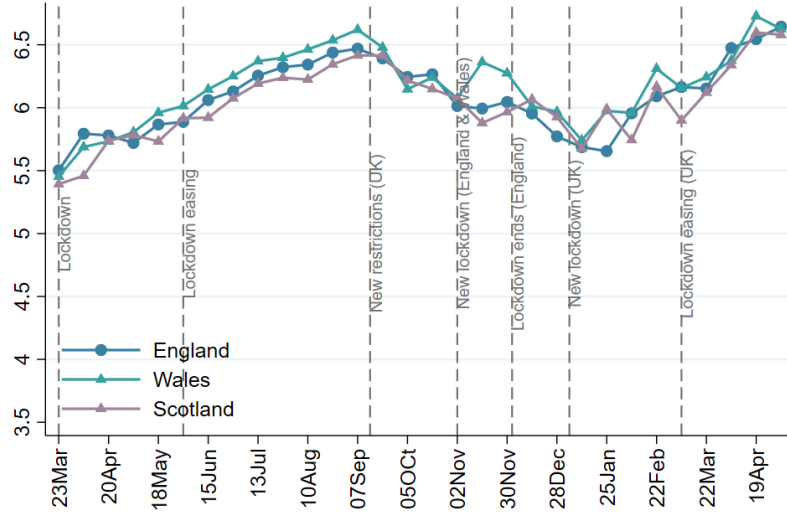


Figure 20f Life satisfaction by keyworker status

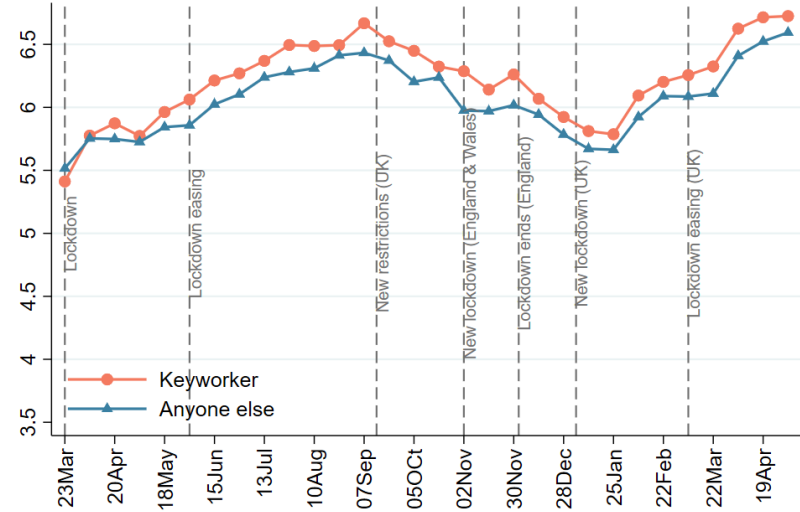


Figure 20g Life satisfaction by living with children

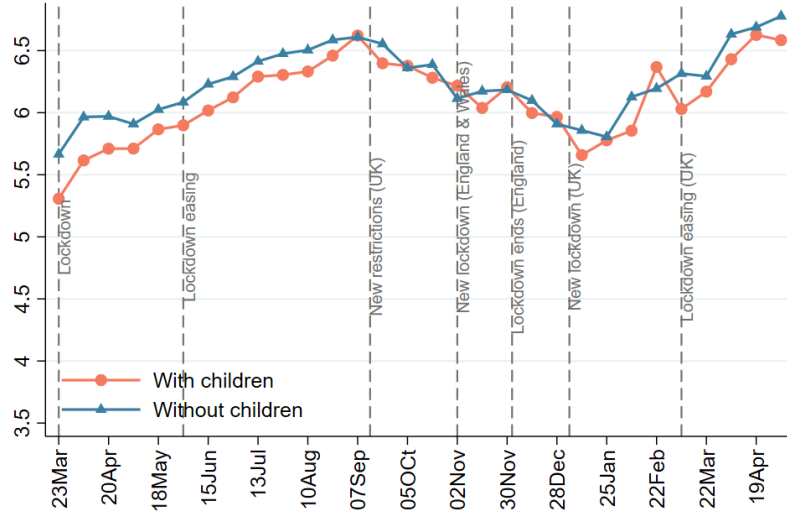


Figure 20h Life satisfaction by living area

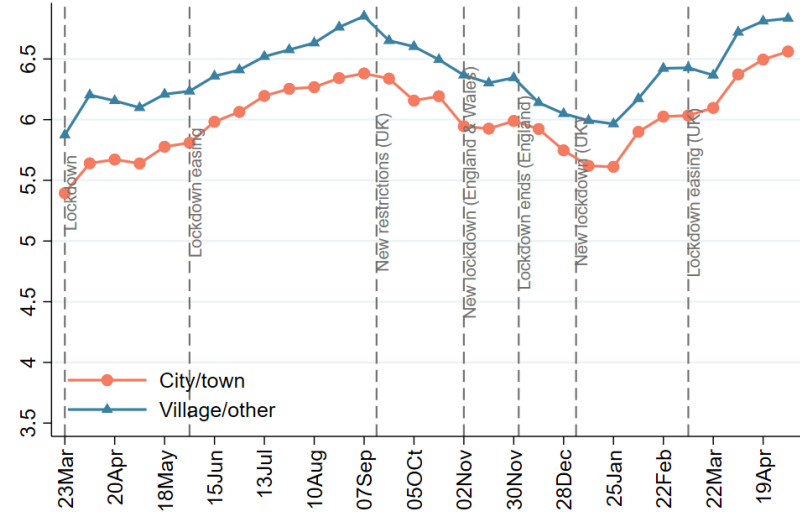


Figure 20i Life satisfaction by gender

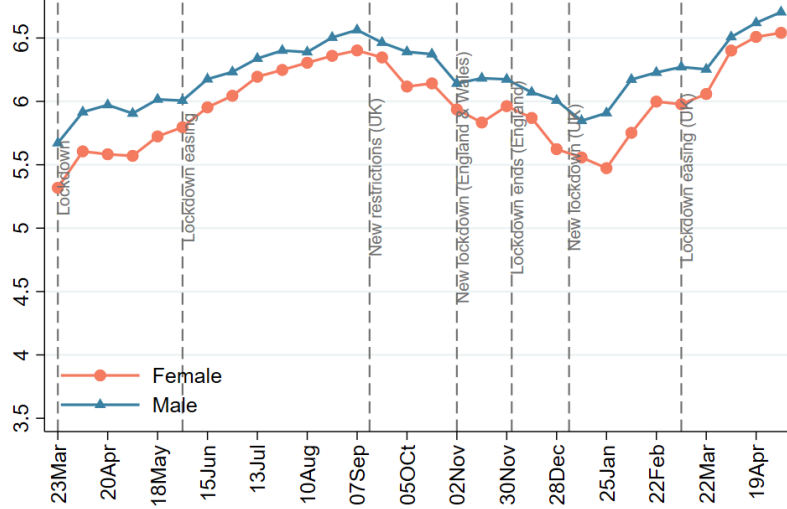


Figure 20j Life satisfaction by ethnicity

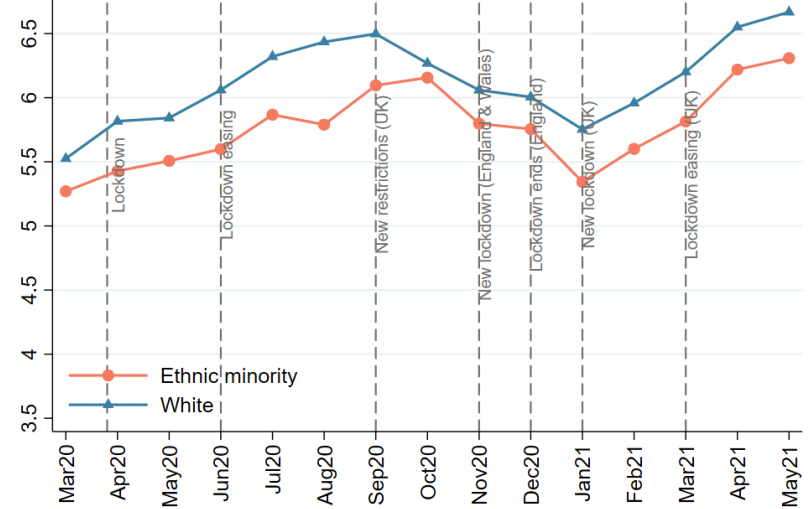


Figure 20k Life satisfaction by educational levels

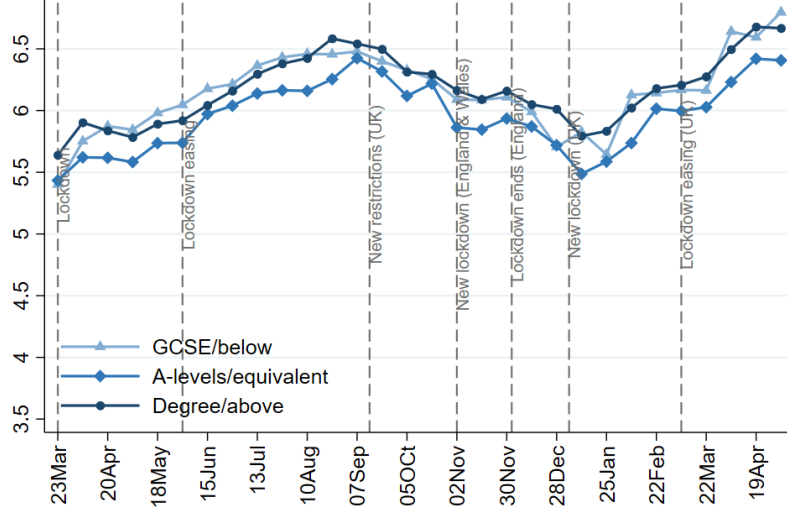
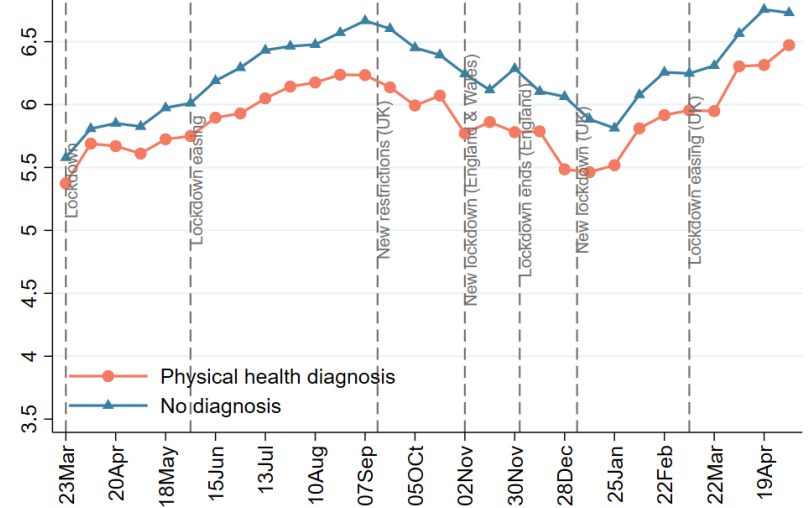
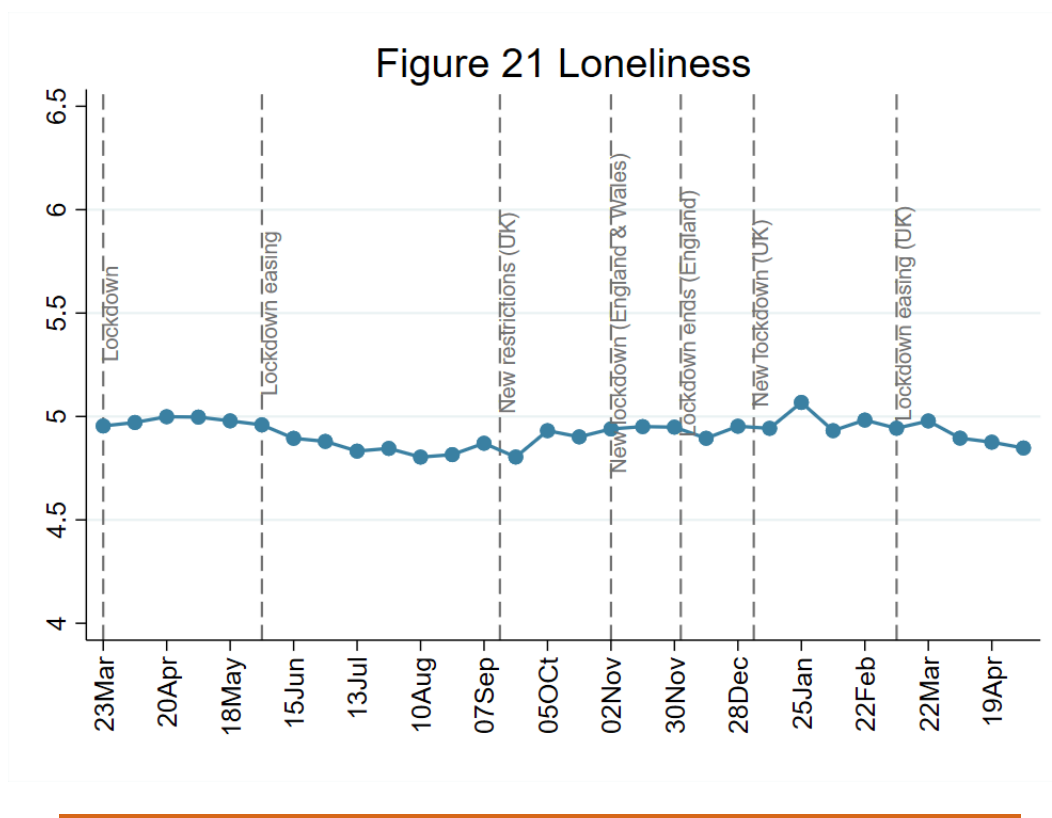


Figure 20l Life satisfaction by physical health diagnosis



4.2 Loneliness



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 have decreased slightly over the past two months but remain similar to what they were at the beginning of summer 2020. Loneliness remains highest in young adults, people living alone, those with a mental health condition, amongst those from ethnic minority backgrounds, people with lower household income, women, and those living in cities/towns.

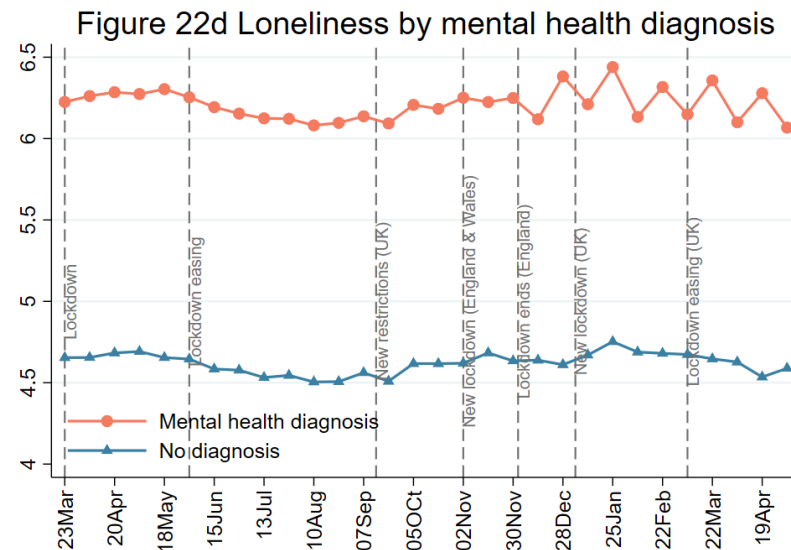
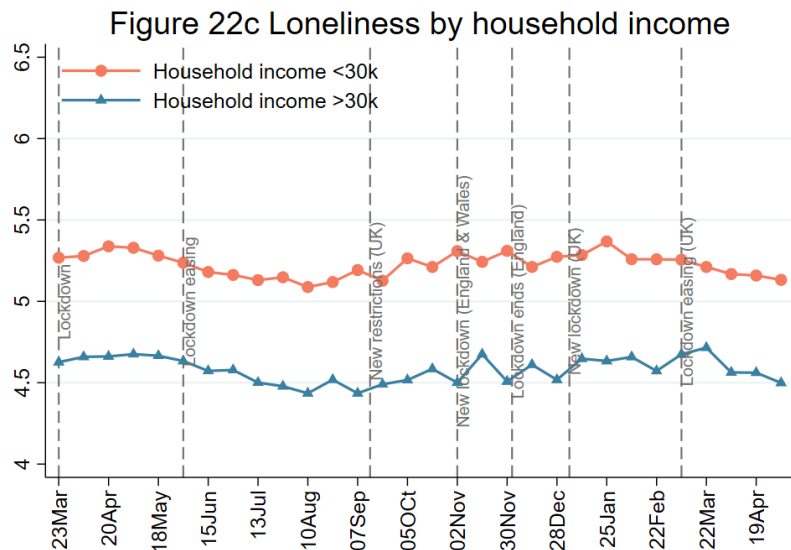
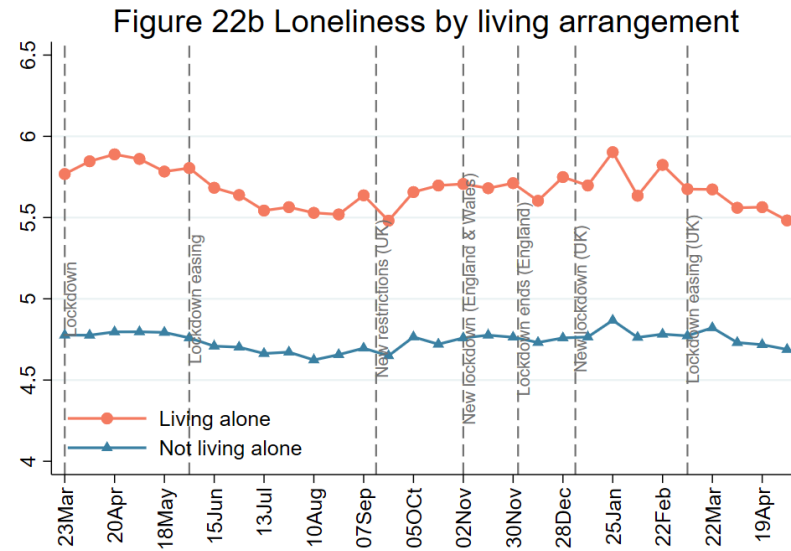
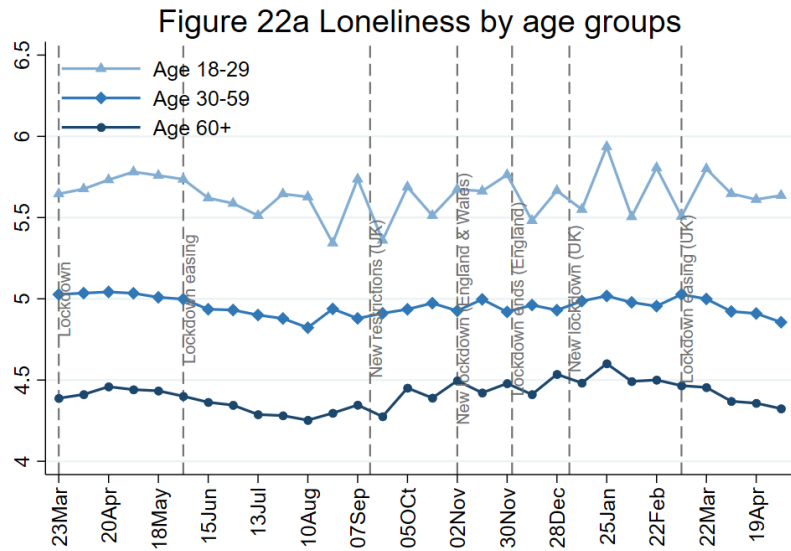


Figure 22e Loneliness by nations

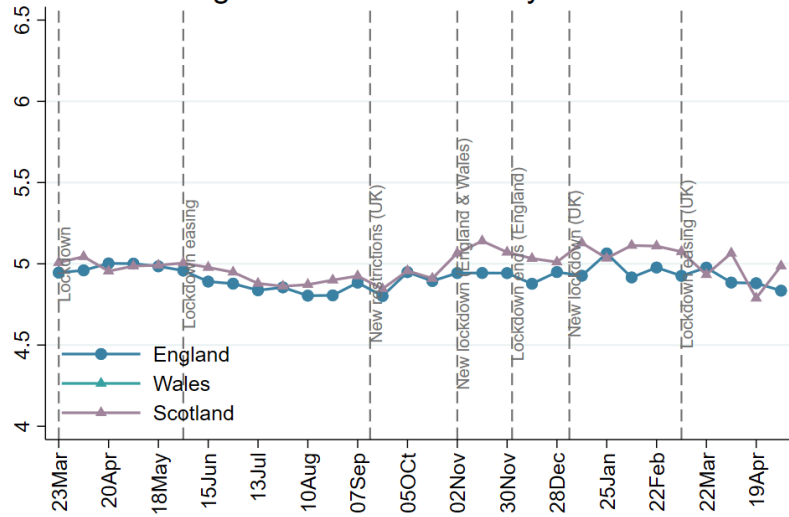


Figure 22f Loneliness by keyworker status

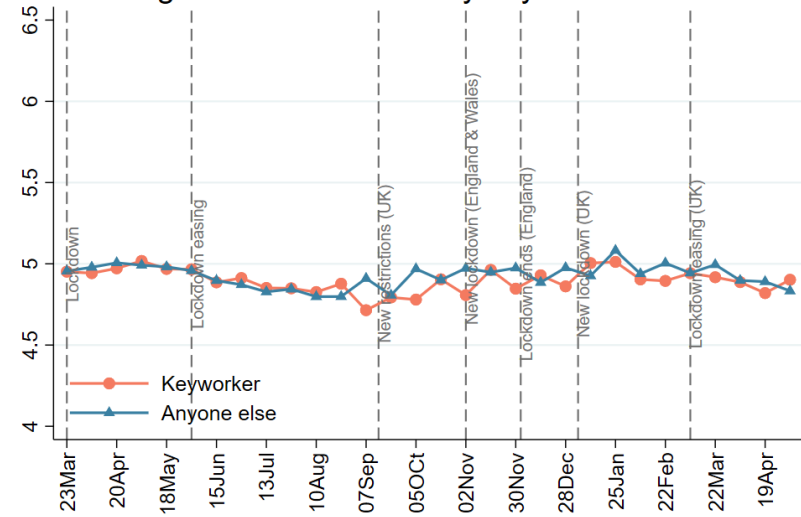


Figure 22g Loneliness by living with children

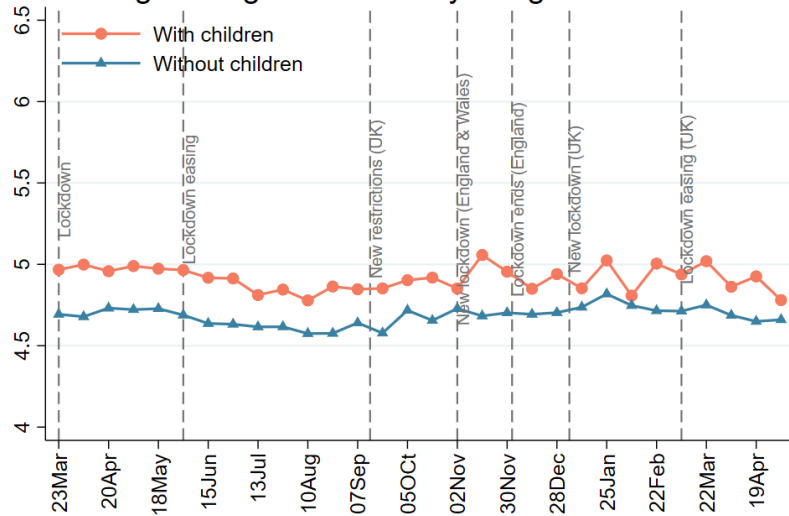


Figure 22h Loneliness by living area

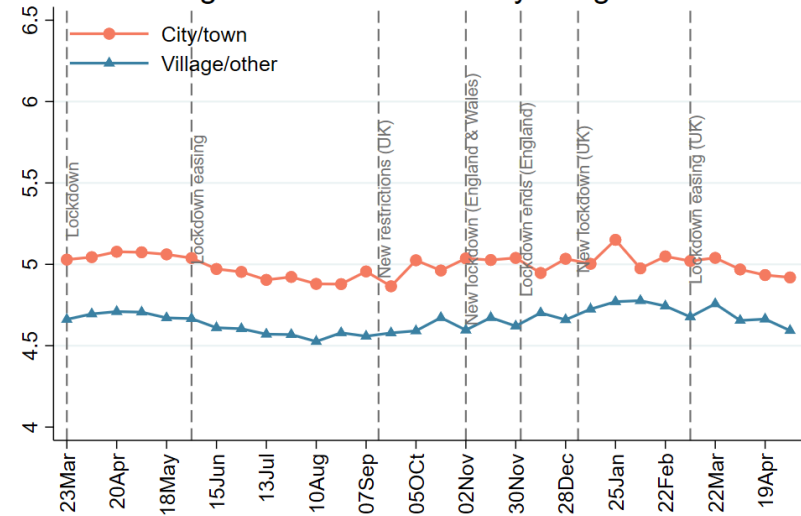


Figure 22i Loneliness by gender

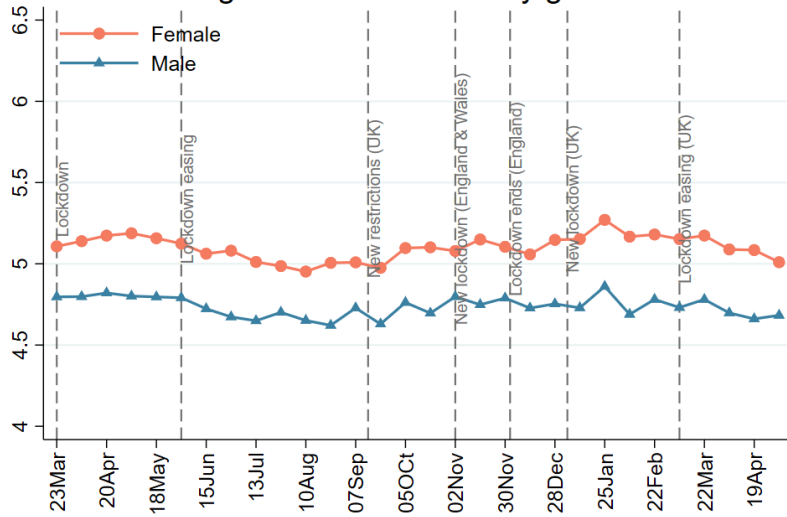


Figure 22j Loneliness by ethnicity

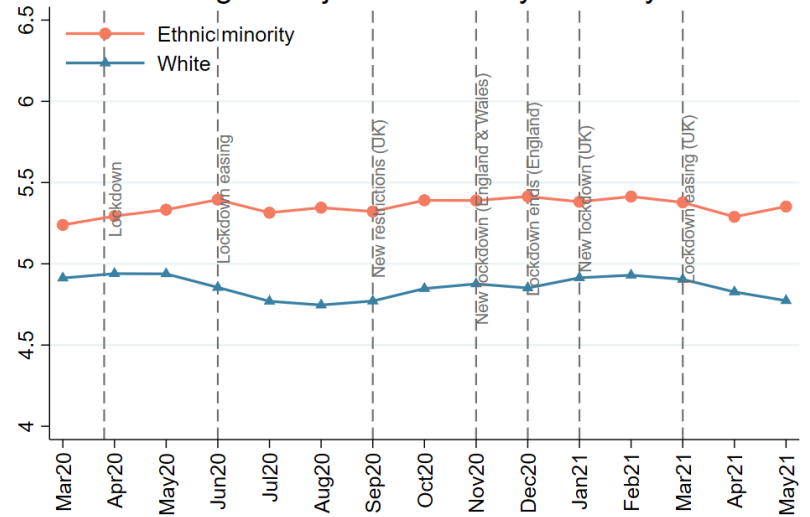


Figure 22k Loneliness by educational levels

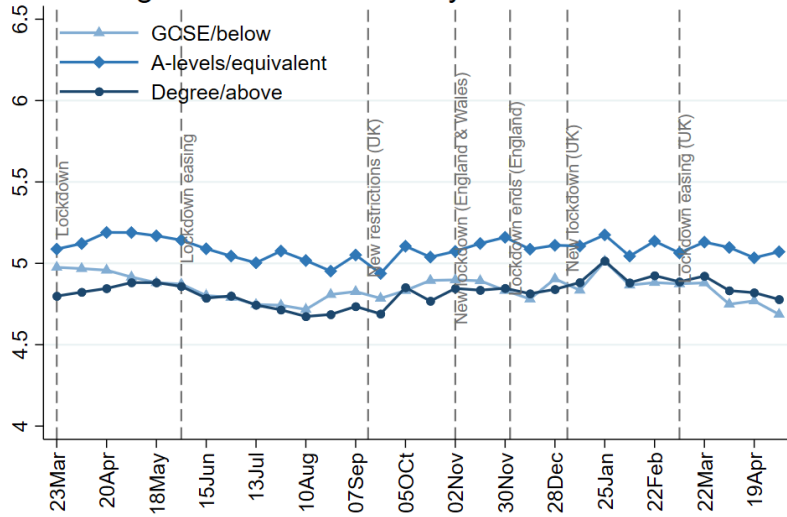
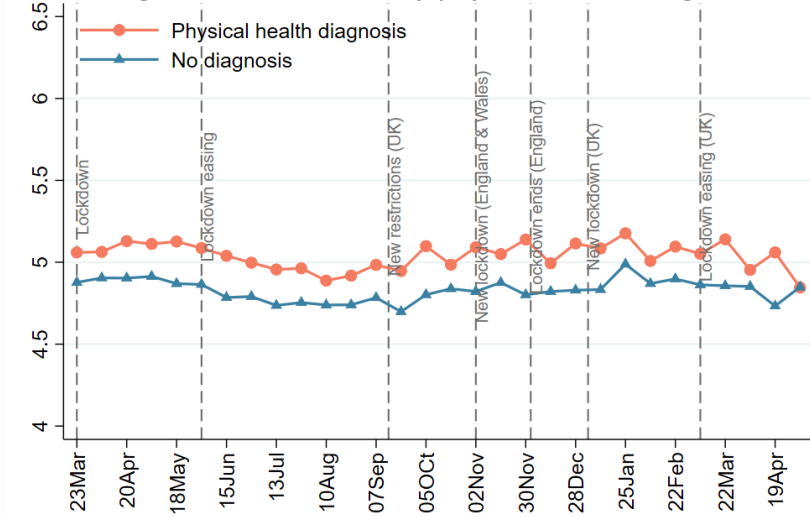
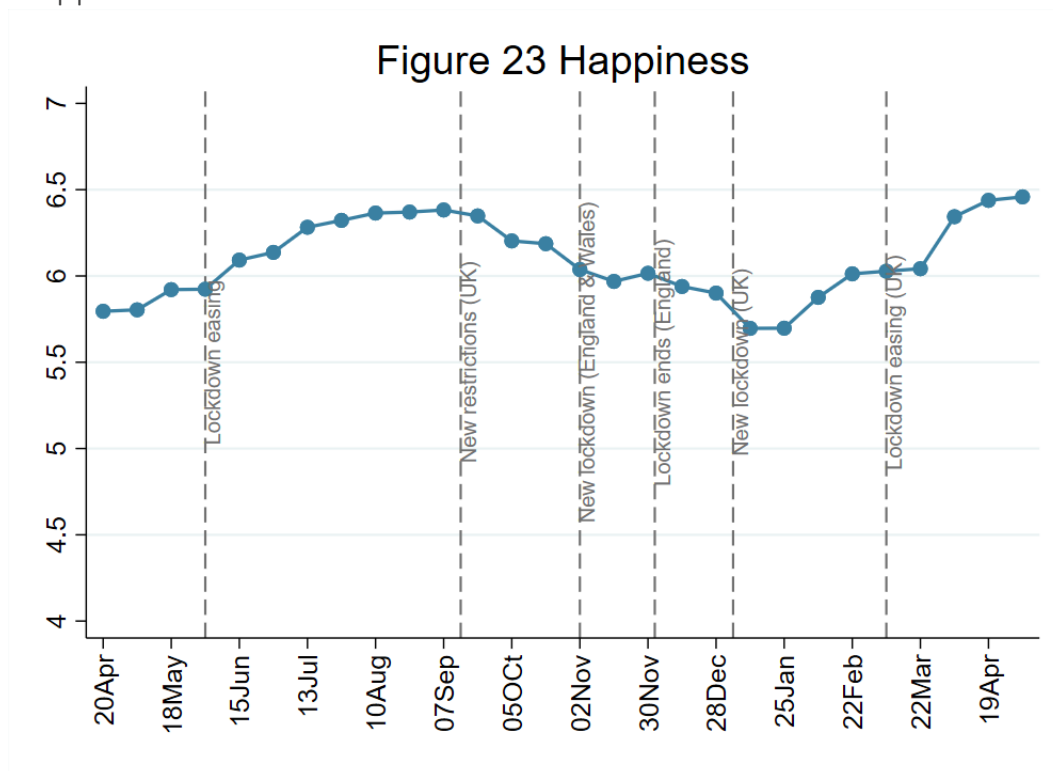


Figure 22l Loneliness by physical health diagnosis



4.3 Happiness



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 have been increasing over the past three months and are now slightly higher than they were last summer.

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 lower household incomes, people with a diagnosed mental or physical health condition, in urban areas, in women, and people from ethnic minority backgrounds.

Figure 24a Happiness by age groups

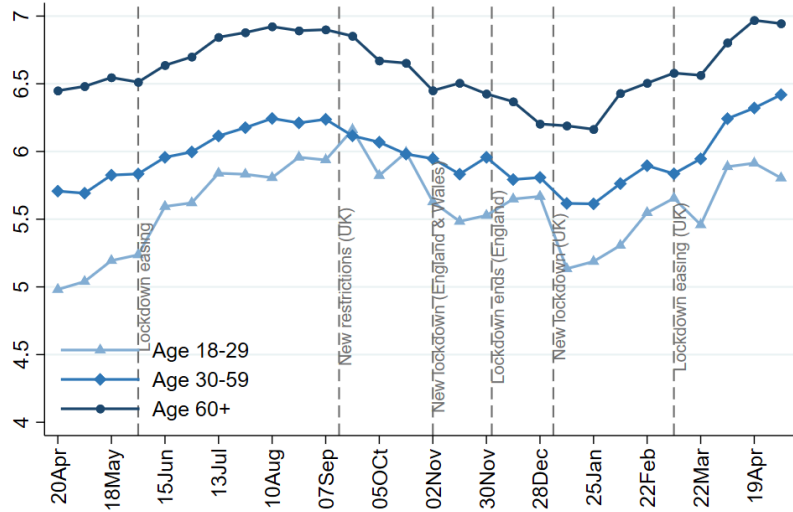


Figure 24b Happiness by living arrangement

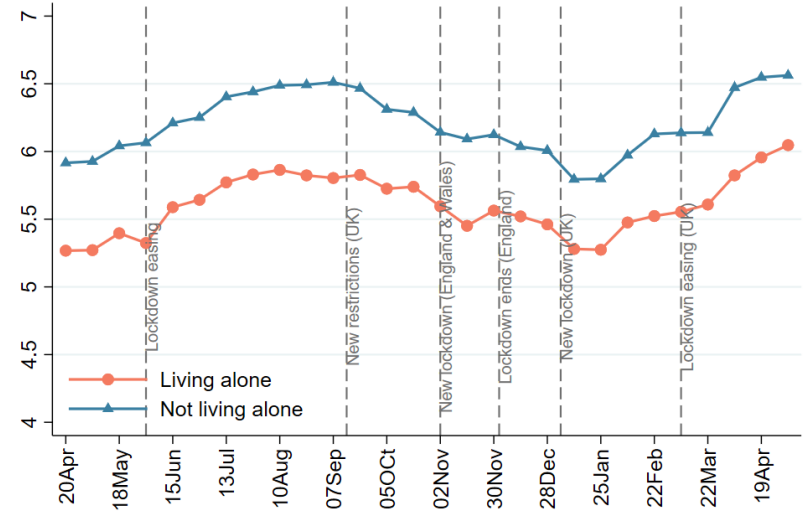


Figure 24c Happiness by household income

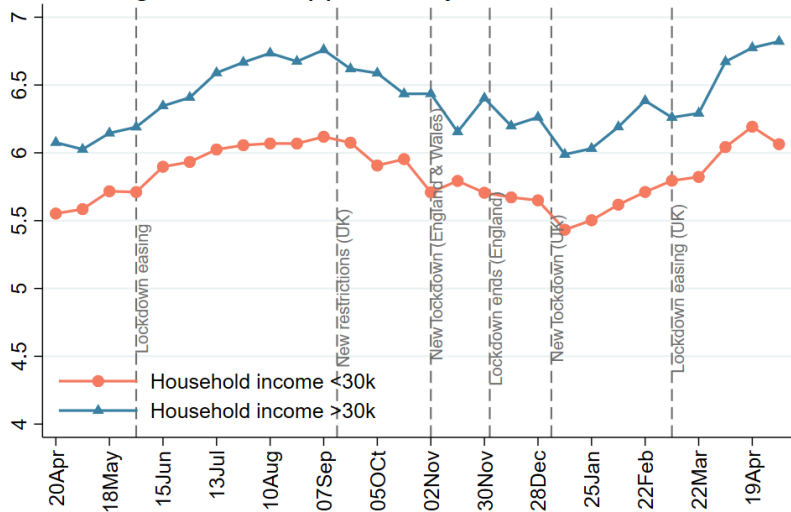


Figure 24d Happiness by mental health

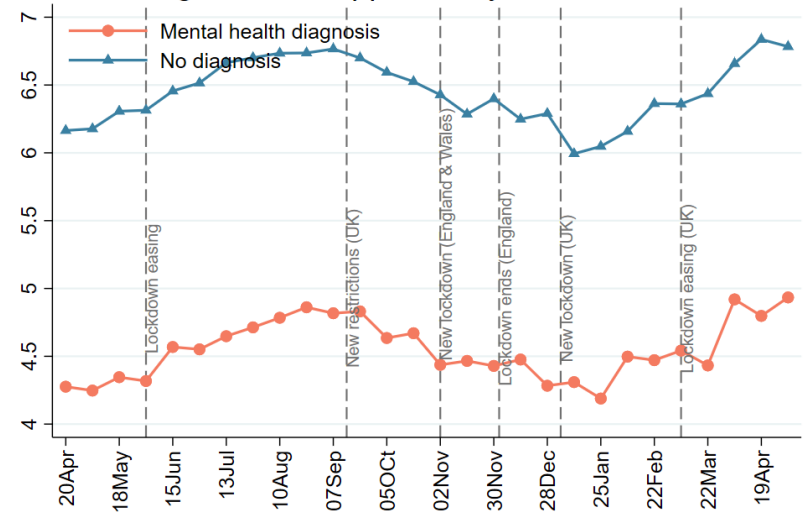


Figure 24e Happiness by nations

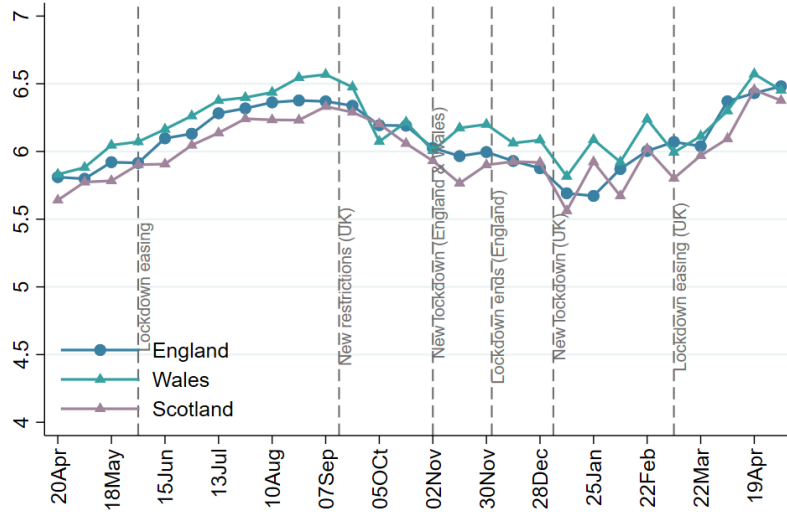


Figure 24f Happiness by keyworker status

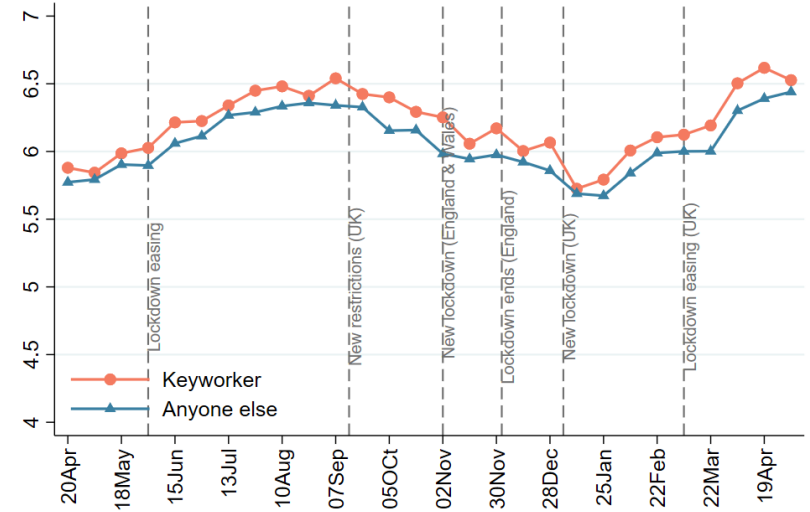


Figure 24g Happiness by living with children

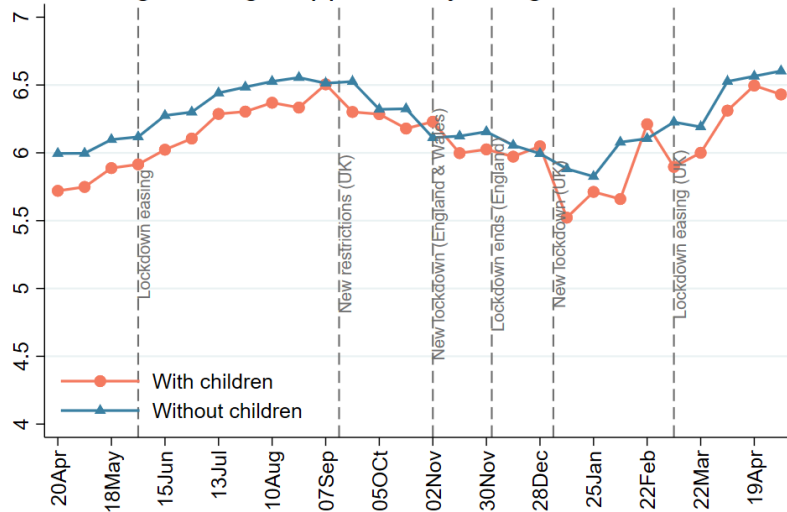
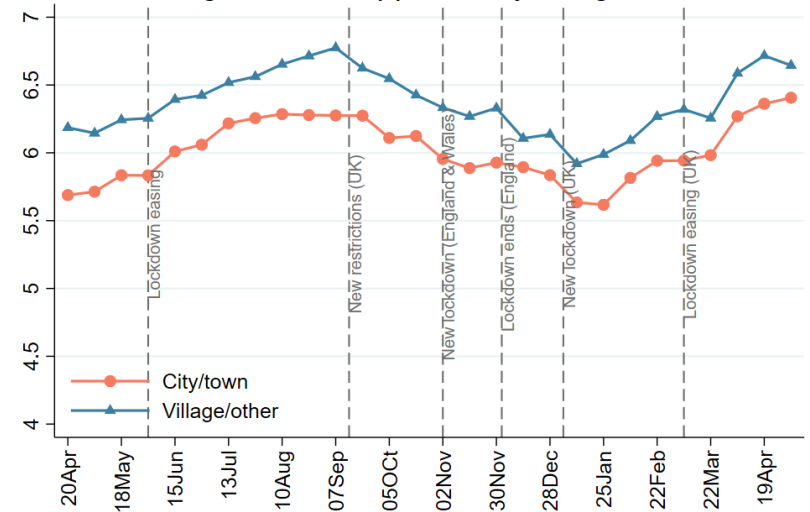


Figure 24h Happiness by living area



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Figure 24i Happiness by gender

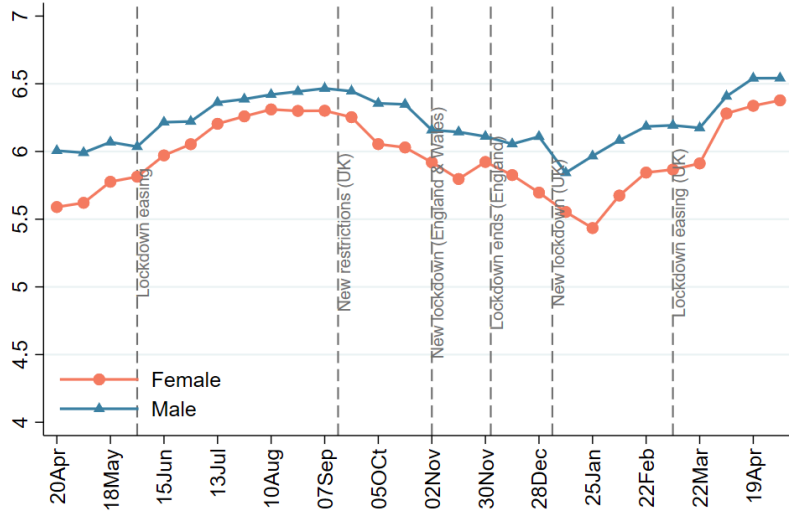


Figure 24j Happiness by ethnicity

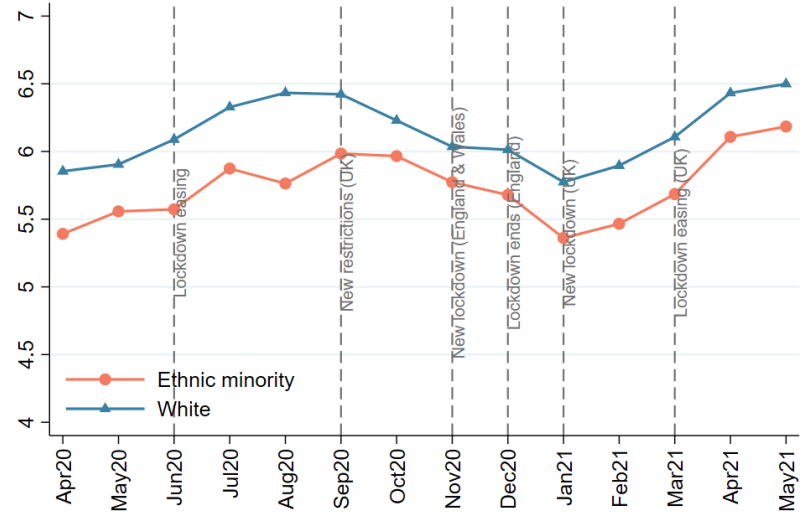


Figure 24k Happiness by educational levels

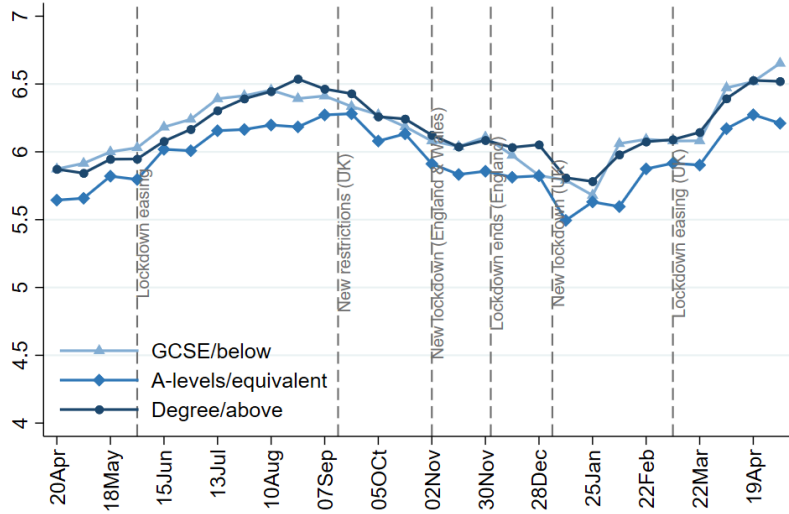
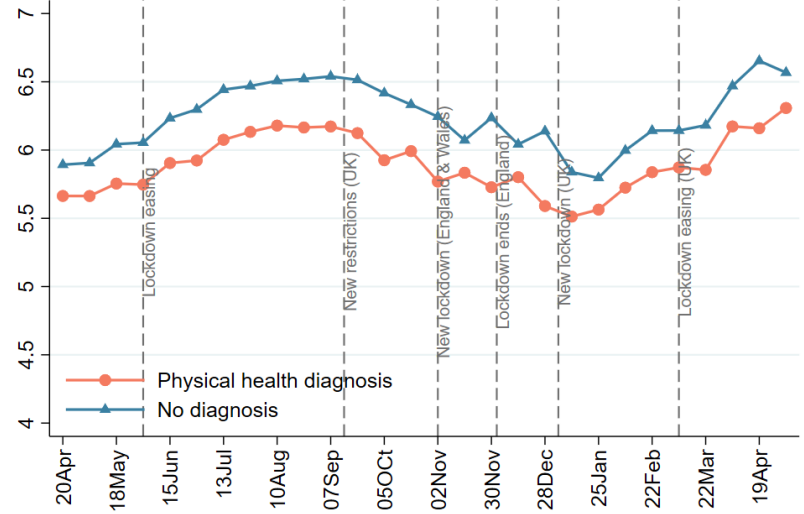
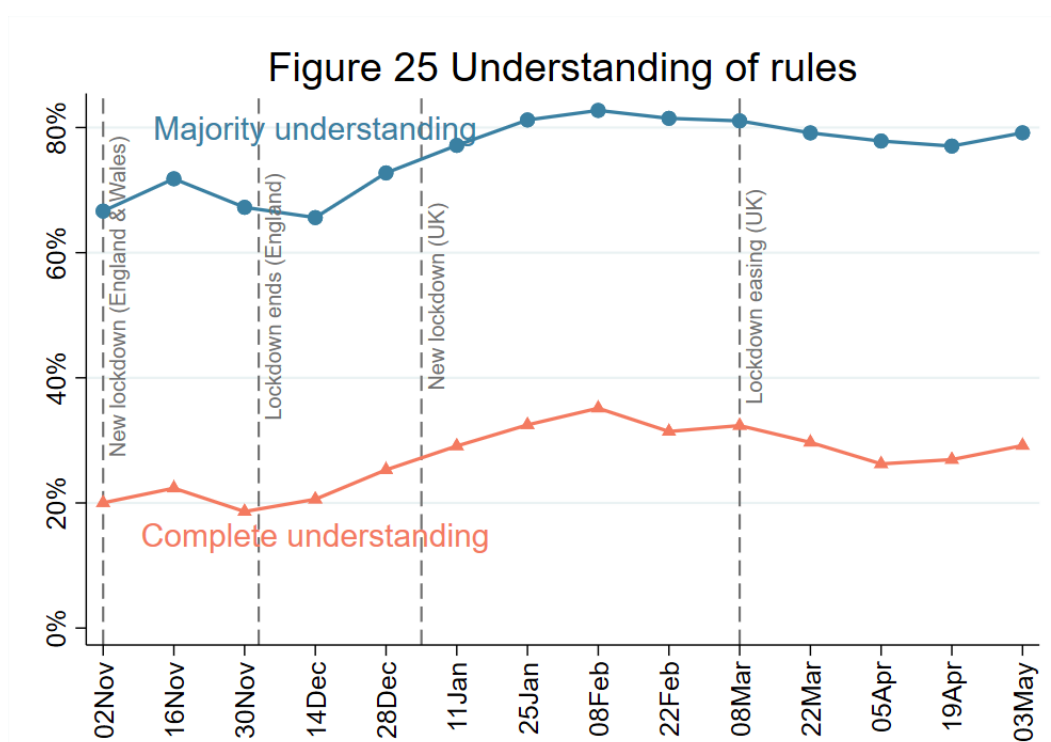


Figure 24l Happiness by physical health diagnosis



5. Understanding of rules



FINDINGS

Respondents were asked how much they feel they understood the rules from the government to prevent the spread of the virus in the past week. Responses ranged from 1 (not at all) to 7 (very much so), with a response of 7 indicating complete understanding and 5-7 implying majority understanding. Participants were asked to respond about the government rules in their own country (so if they live in a devolved nation, they were asked to answer on their devolved government).

Fewer than 1 in 3 people (29.1%) say that they completely understand the rules set by the government to control the spread of the virus. Complete understanding was at its highest in February 2021 (35.2%) and was at its lowest when the second lockdown was introduced (November 2020 in England and Wales), when just 1 in 5 (20.0%) said they completely understood the rules.

For subgroup analyses in Figures 26 a-e, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses. Figures 26f and 26l show complete and majority rule understanding by nations. Complete understanding was higher in Scotland than in Wales or England from mid-November through January 2021, and for the last two months, a greater proportion of our respondents in England have reported complete understanding.

In England, young adults and people from ethnic minority groups have been consistently less likely to say they completely understand the rules. People with lower education levels have consistently reported a better understanding of the rules.

Majority understanding of the rules increased from the middle of December to its highest at the beginning of February (82.8%), and is now at 79.2%. A greater proportion of people in England and Wales than in Scotland have reported majority understanding over the past few months. Young adults and those from ethnic minority groups have reported poorer comprehension of the rules since the beginning of November. Although there have not been differences in majority understanding of the rules between people with lower and higher household incomes, complete rule understanding is slightly higher in people with lower incomes.

Figure 26a Complete understanding by age groups

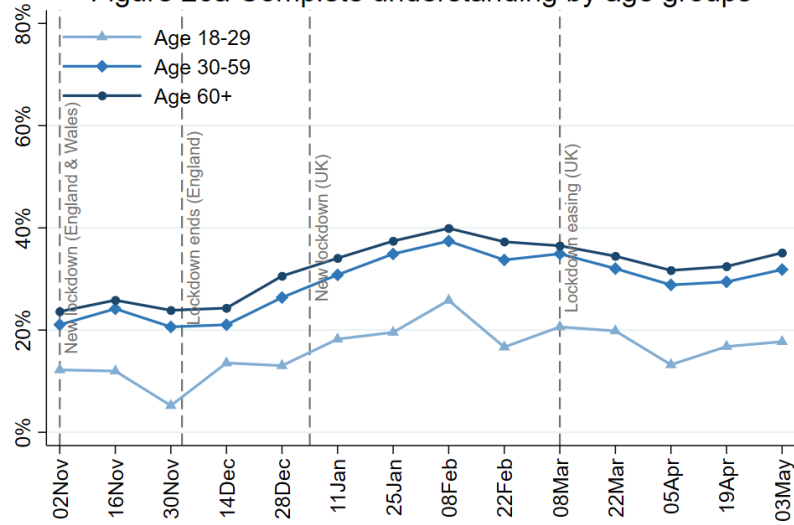


Figure 26b Complete understanding by gender

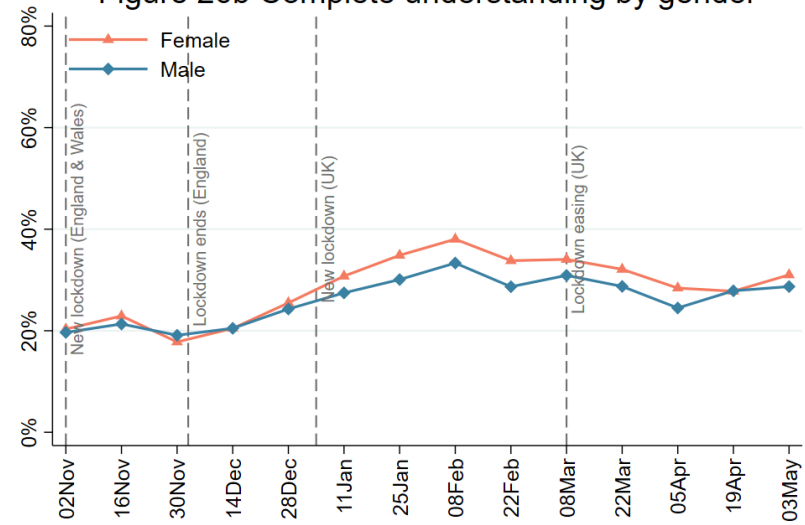


Figure 26c Complete understanding by household income

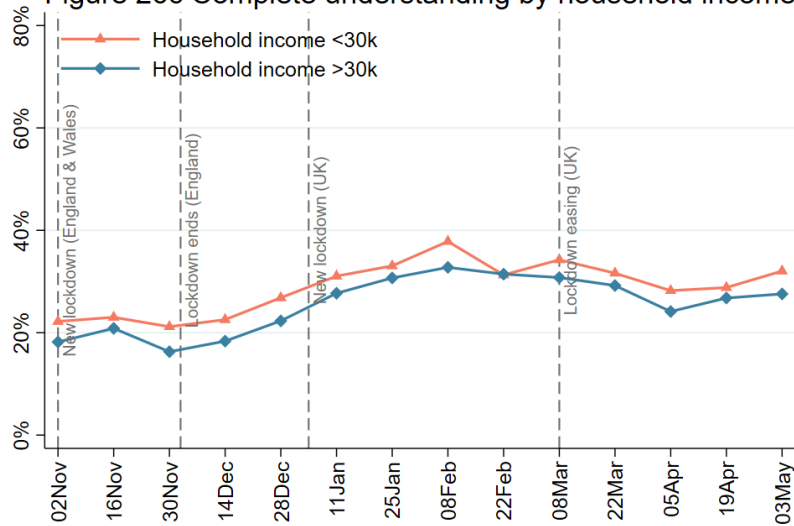


Figure 26d Complete understanding by ethnicity

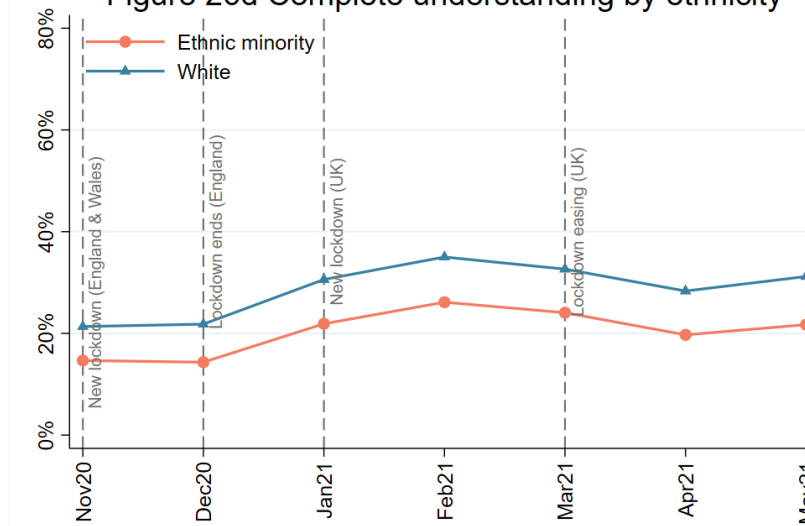


Figure 26e Complete understanding by educational levels

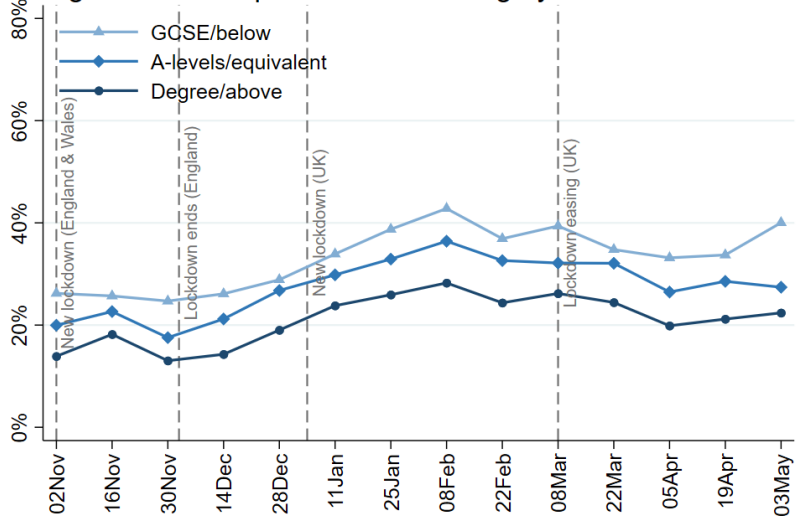


Figure 26f Complete understanding by nations



Figure 26g Majority understanding by age groups

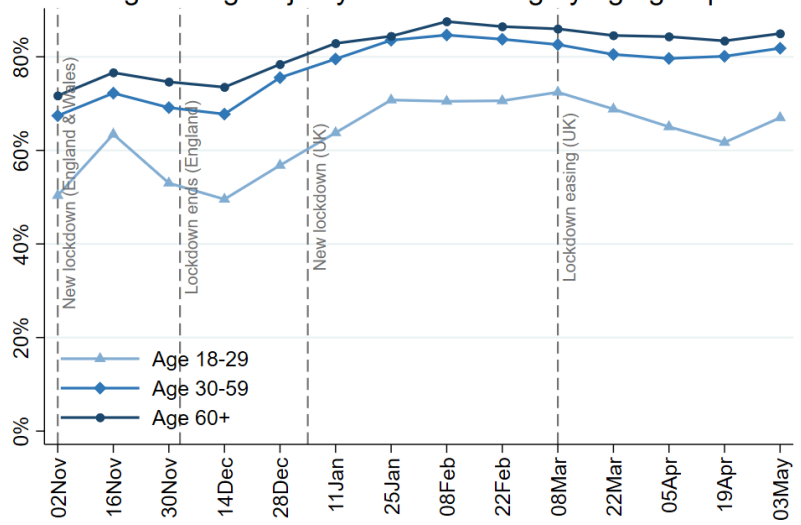
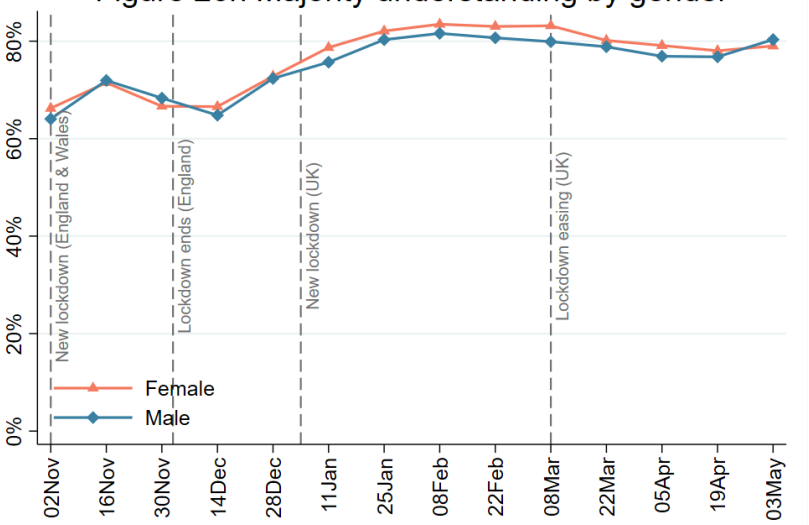
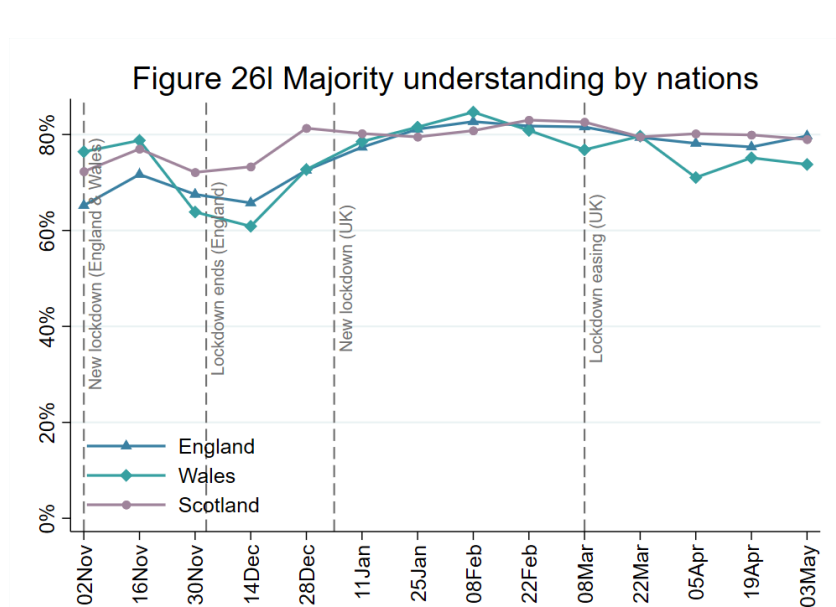
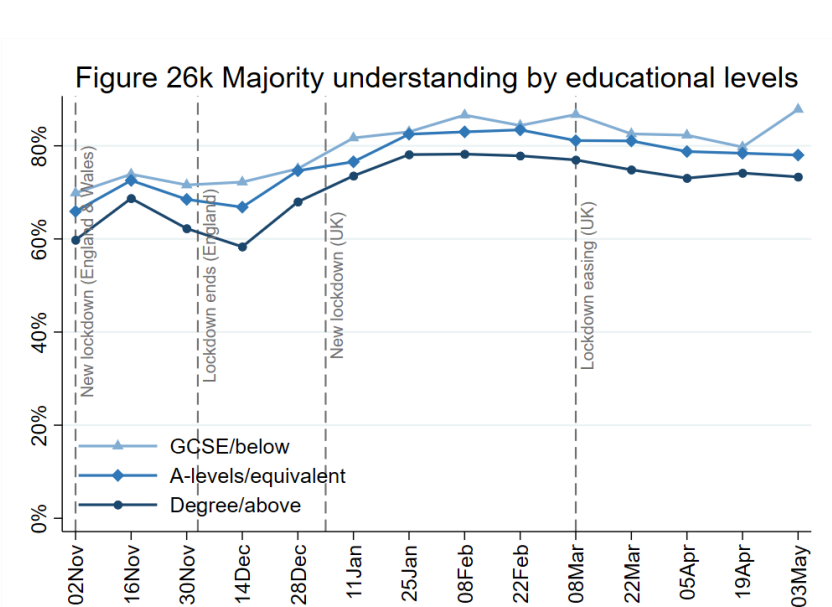
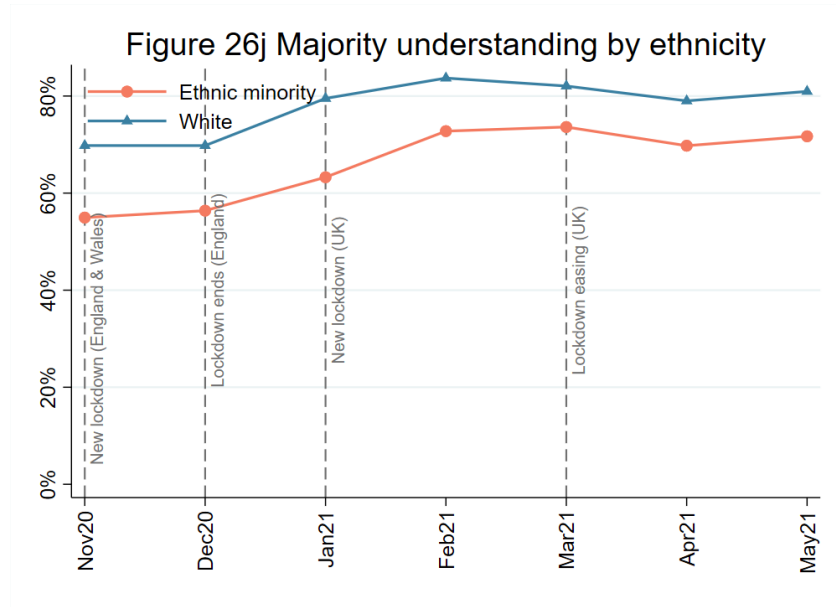
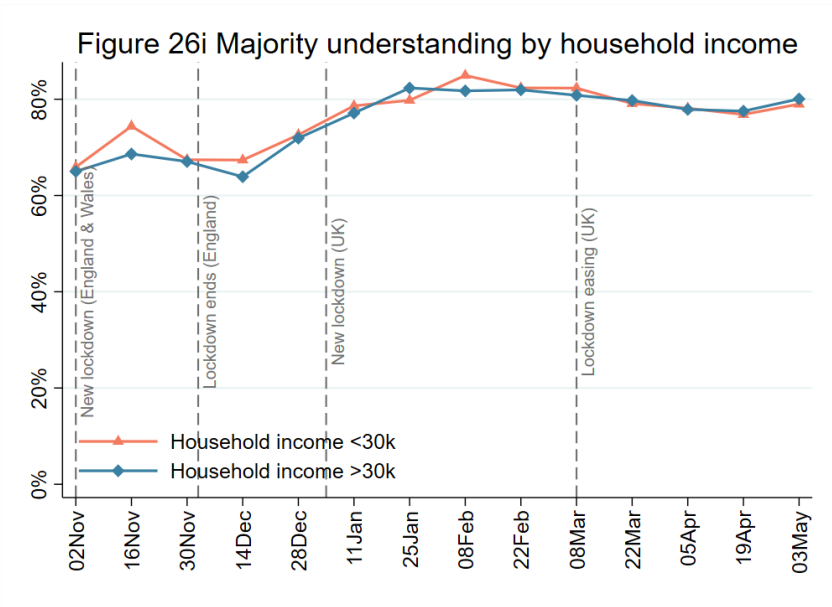
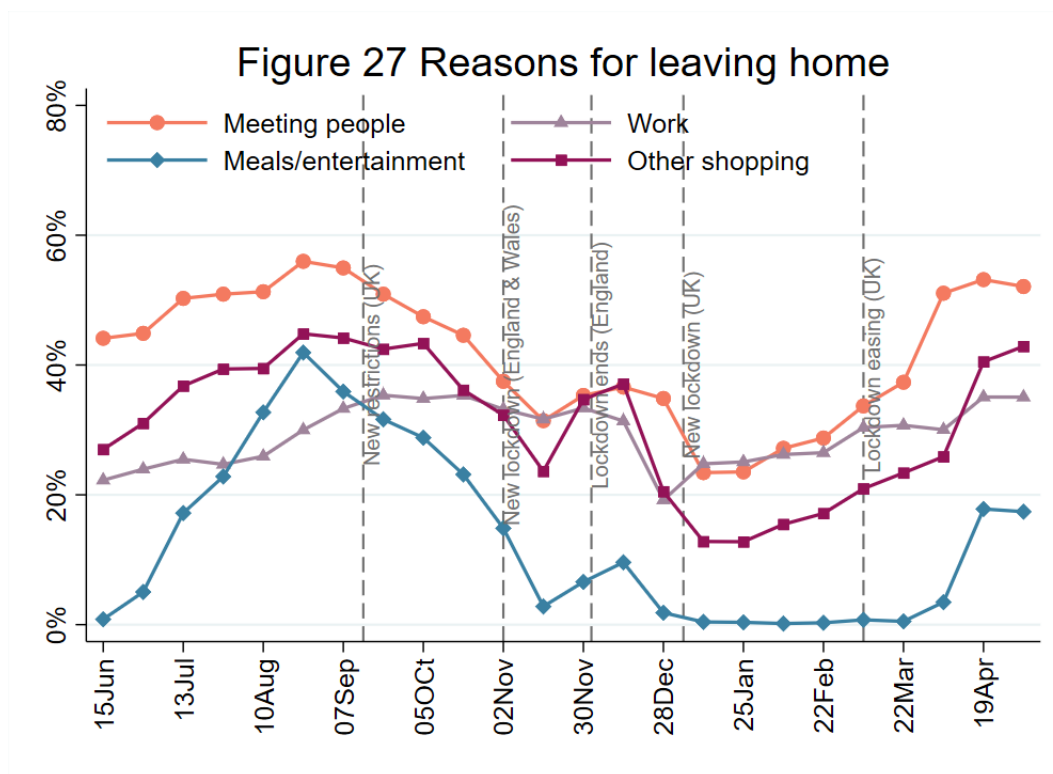


Figure 26h Majority understanding by gender





6. Reasons for leaving home



FINDINGS

Starting in June 2020, participants were asked if they had left their home in the past week to meet up with friends and family, for meals or entertainment, to work, or to do other shopping (aside from food or essentials shopping).

Since the easing of restrictions for the latest lockdown, there have been clear increases in the proportion of people in our study who have left their home for work, to meet people, for meals or other entertainment, and to do other shopping. In the past two weeks, 1 in 2 (52.1%) had left the house to meet up with family and friends, just over 40% (42.9%) had left the home to do other shopping, 1 in 3 (35.1%) had left home to work, and nearly 1 in 5 (17.4%) had gone out for meals and entertainment.

Increases in leaving home for all four of these reasons since restrictions have eased was seen in all demographic groups, although there were some differences. Women (57%), young adults (66%), and people with higher household incomes (59%) were more likely to have left home to meet with others. People with higher household incomes and adults of working age were more likely to have left home for work, and young adults (33%) and those with higher incomes (23%) were more likely to have gone out for meals or entertainment.

Differences in leaving the home to do shopping other than for food were minimal between demographic groups.

Figure 28a Leaving home to meet others by age groups

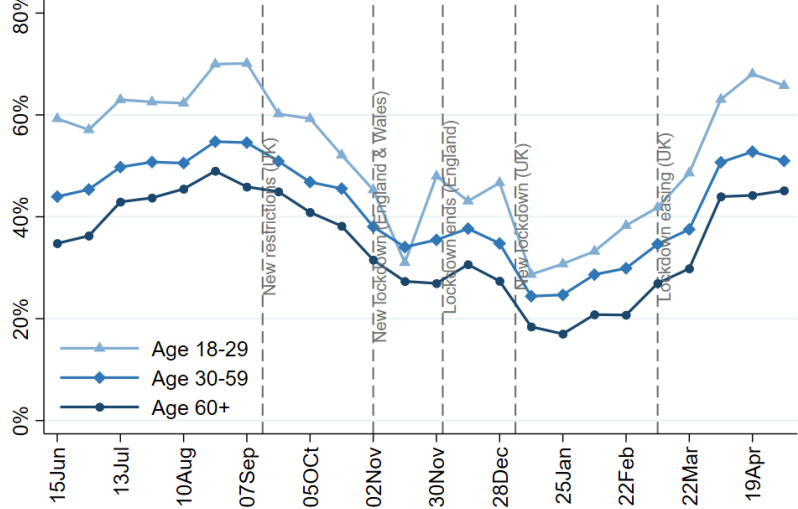


Figure 28b Leaving home to meet others by gender

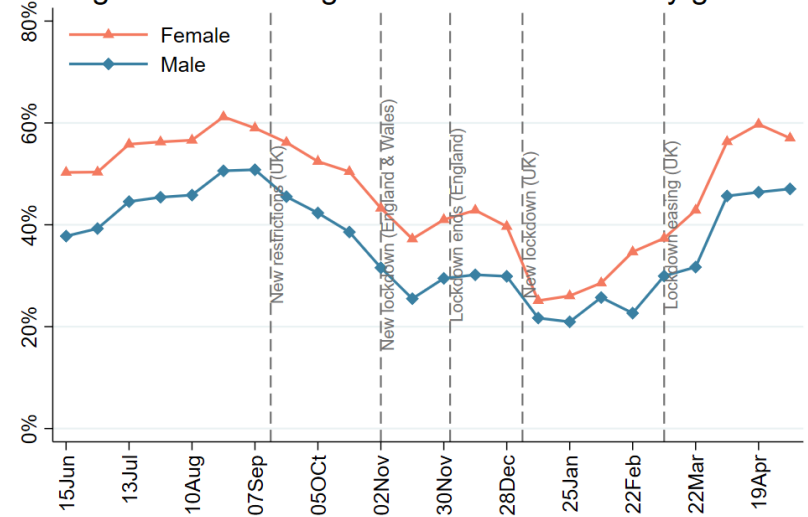


Figure 28c Leaving home to meet others by household income

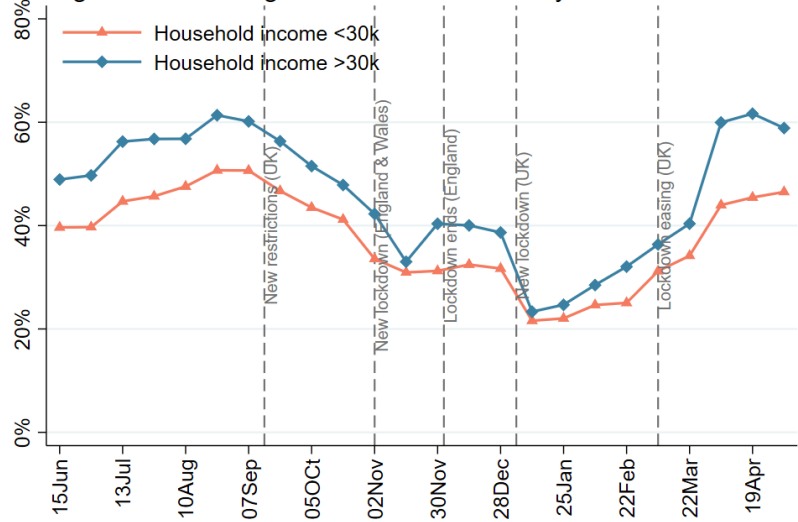


Figure 28d Leaving home to meet others by ethnicity

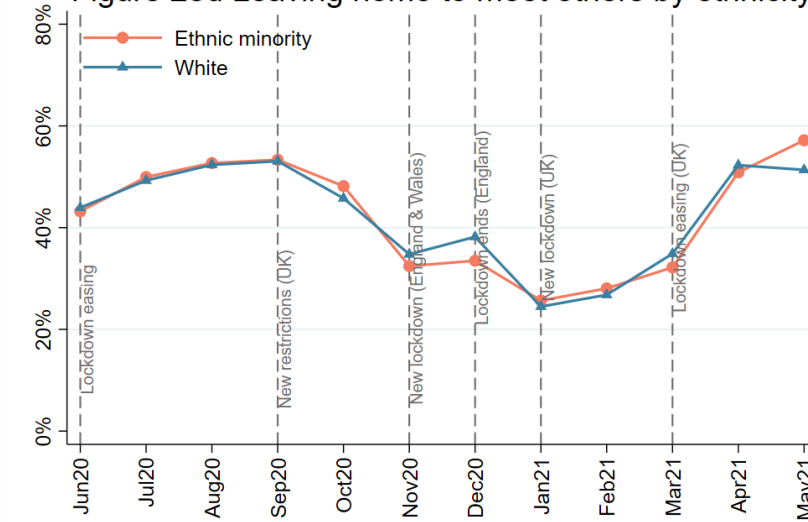


Figure 28e Leaving home to meet others by educational levels

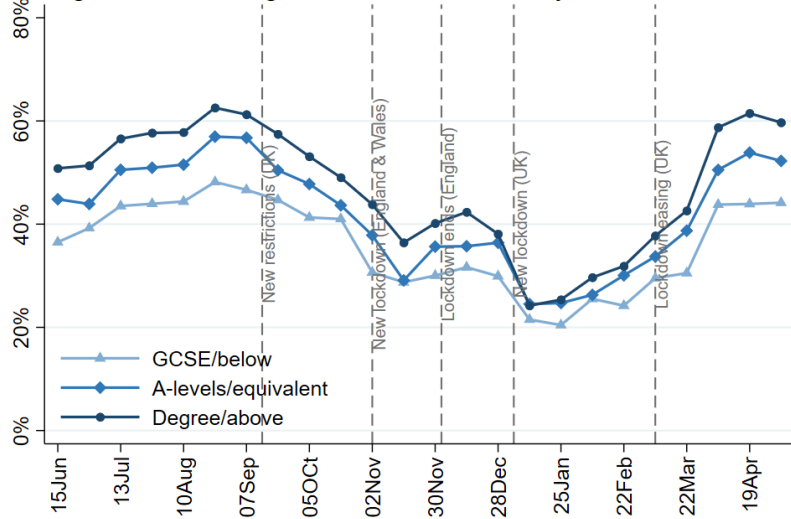


Figure 28f Leaving home to meet others by nations

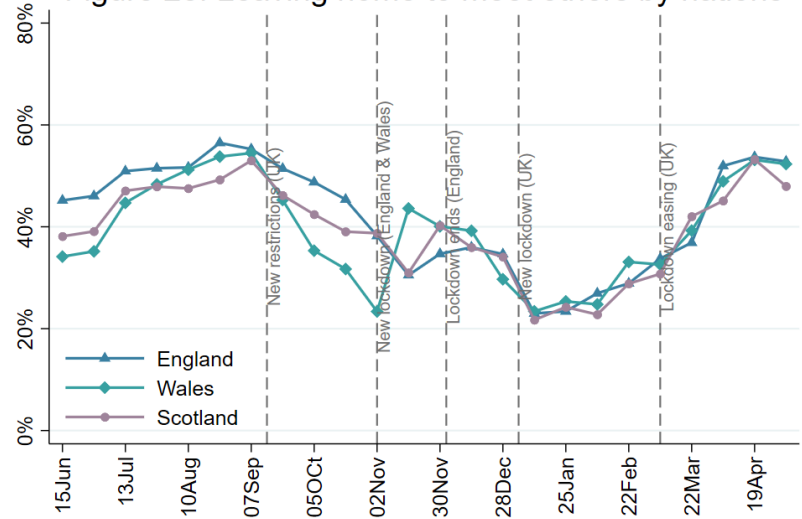


Figure 29a Leaving home for work by age groups

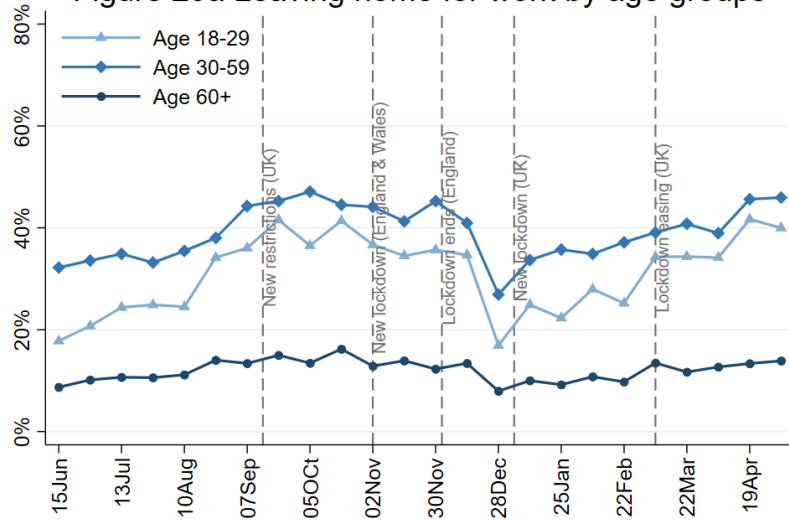


Figure 29b Leaving home for work by gender

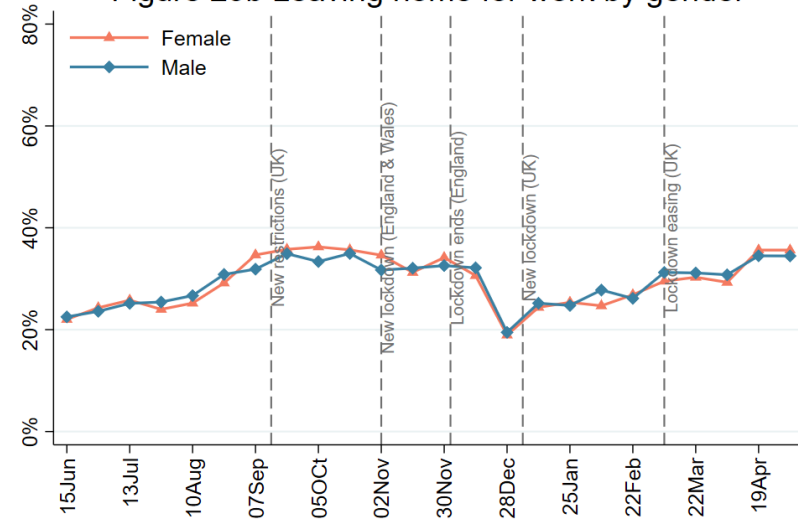


Figure 29c Leaving home for work by household income

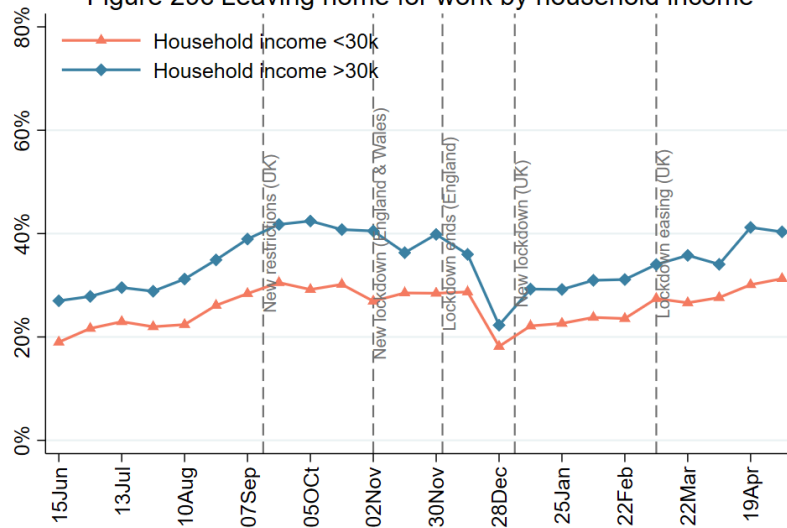


Figure 29d Leaving home for work by ethnicity

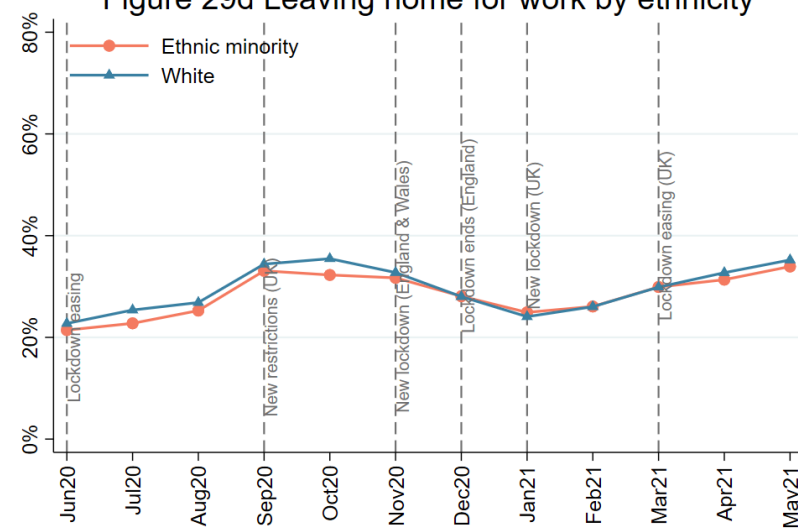


Figure 29e Leaving home for work by educational levels

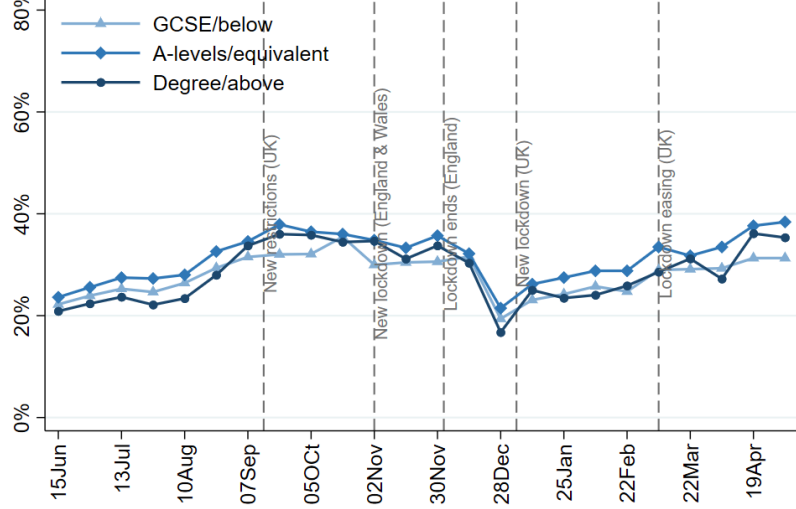


Figure 29f Leaving home for work by nations

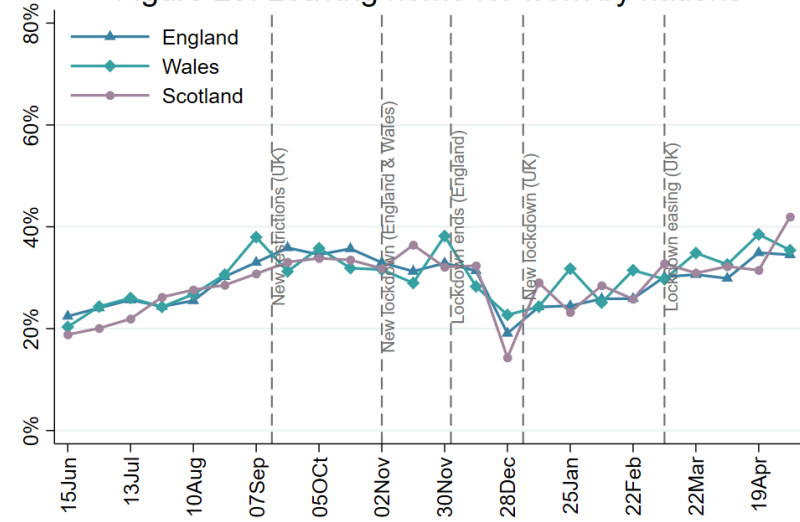


Figure 30a Leaving home for meals/entertainment by age groups

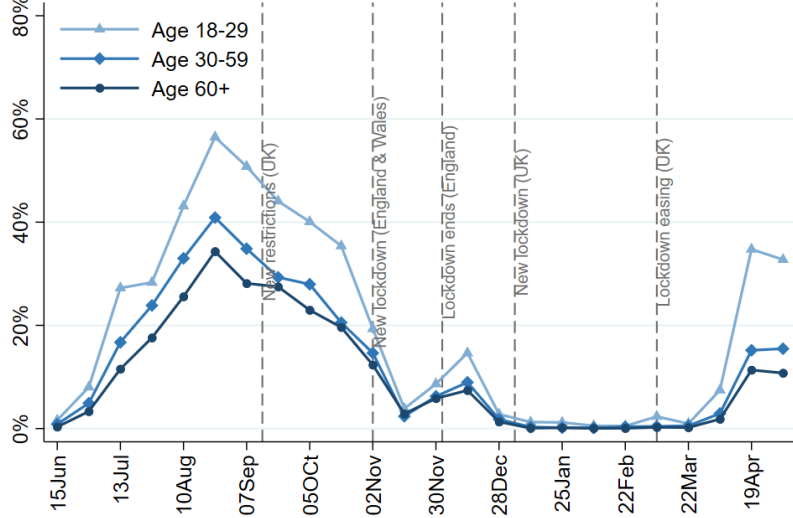


Figure 30b Leaving home for meals/entertainment by gender

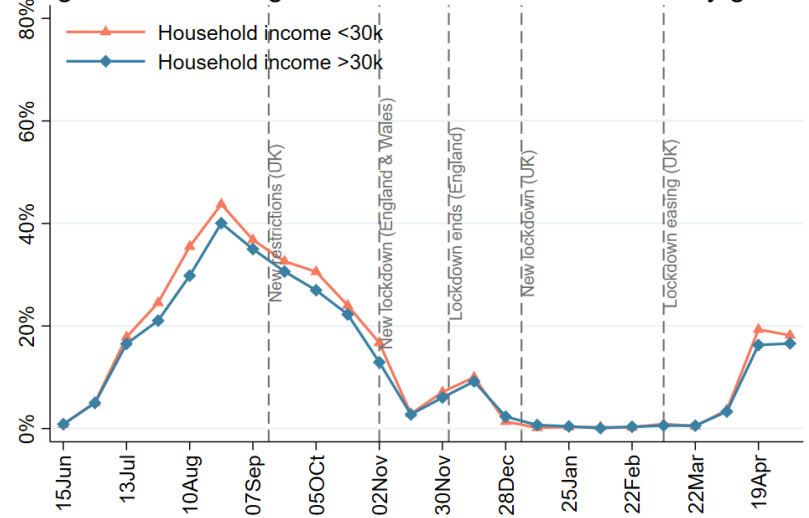


Figure 30c Leaving home for meals/entertainment by income

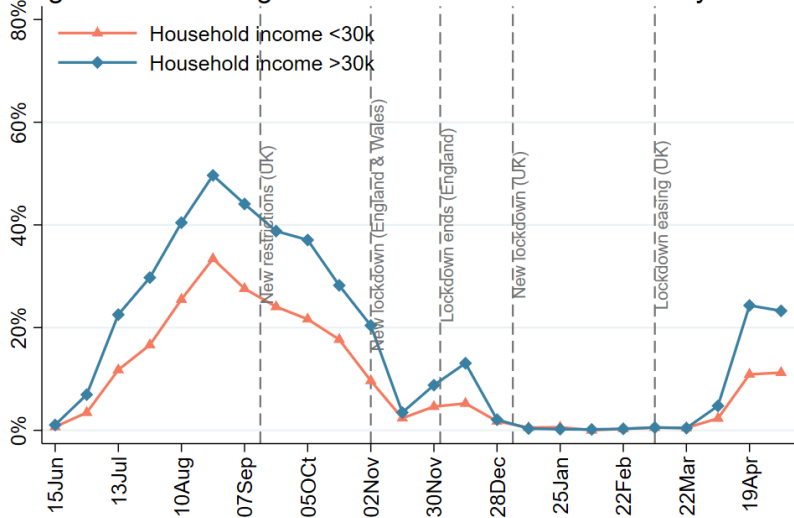


Figure 30d Leaving home for meals/entertainment by ethnicity

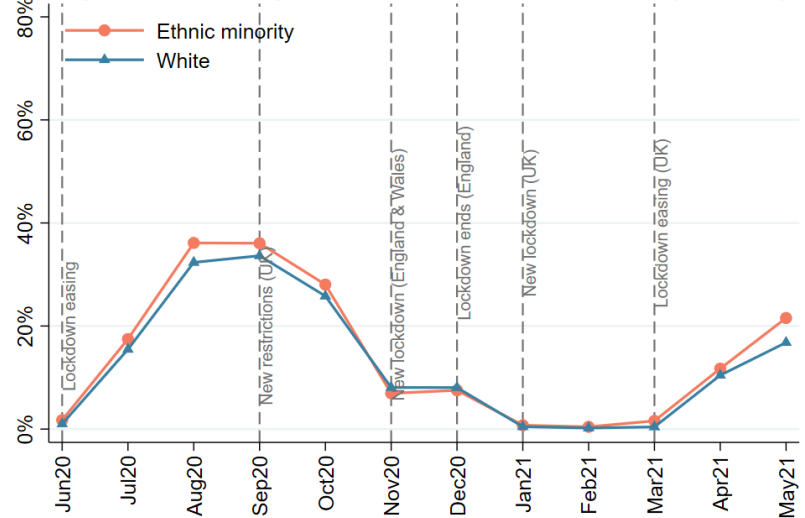


Figure 30e Leaving home for meals/entertainment by educational levels

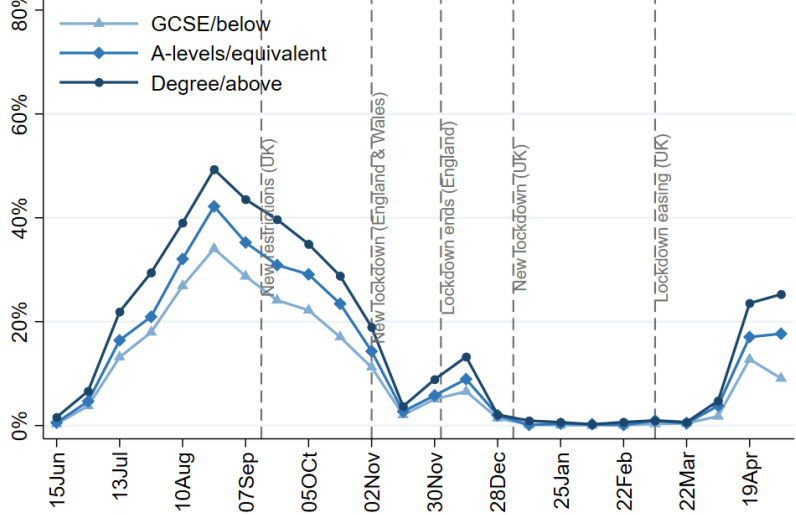


Figure 30f Leaving home for meals/entertainment by nations

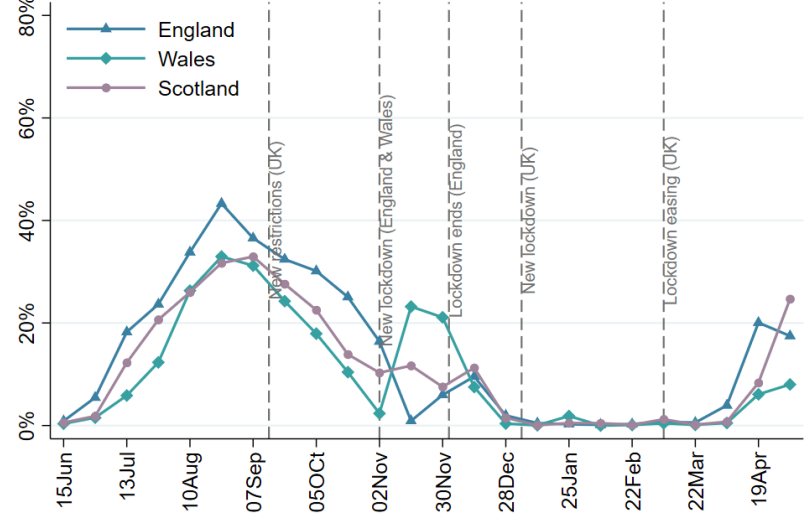


Figure 31a Leaving home for other shopping by age groups

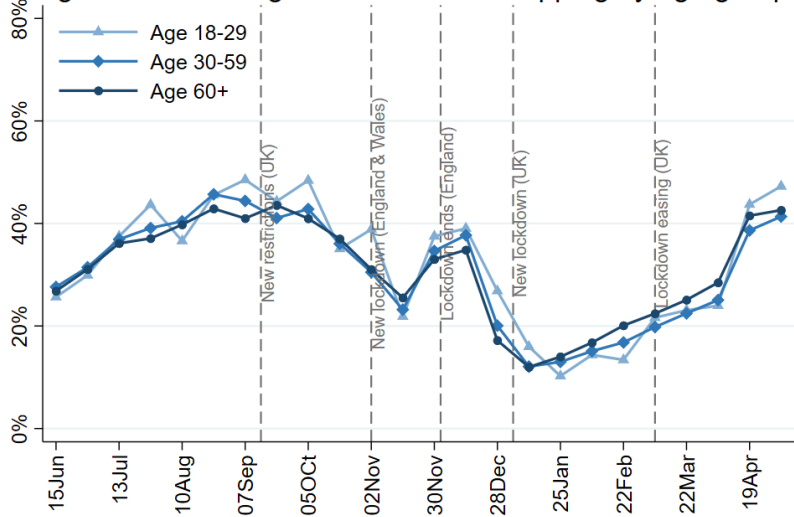


Figure 31b Leaving home for other shopping by gender

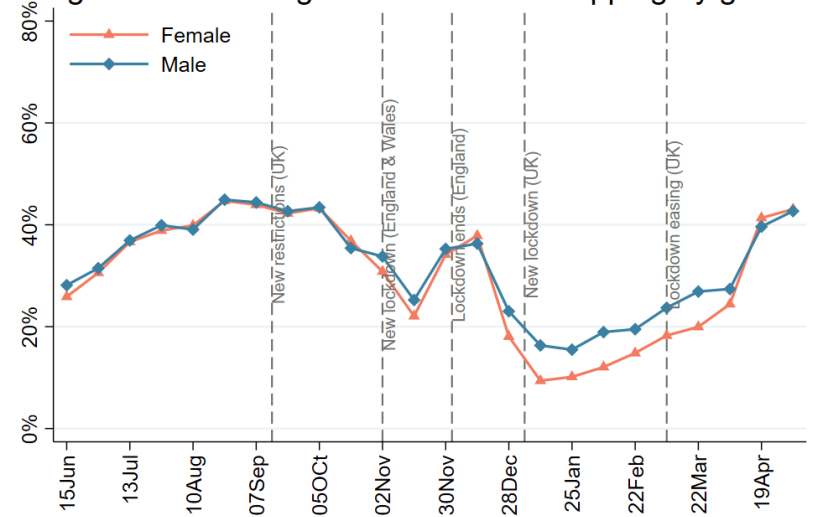


Figure 31c Leaving home for other shopping by household income

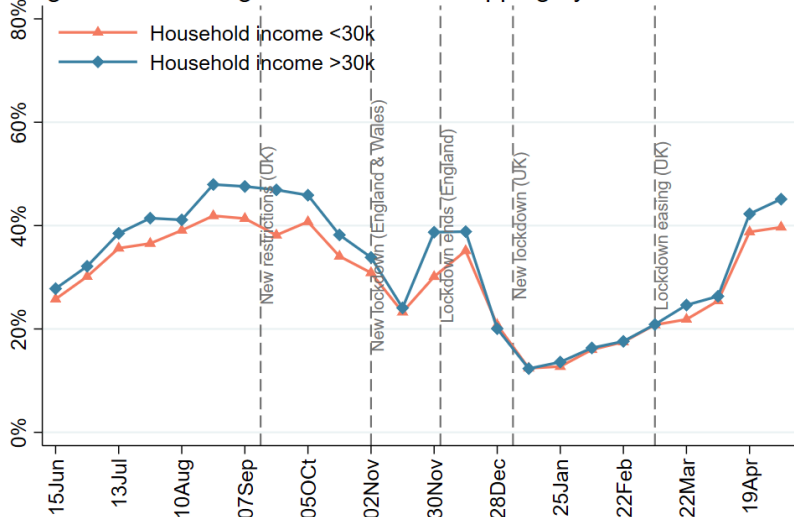


Figure 31d Leaving home for other shopping by ethnicity

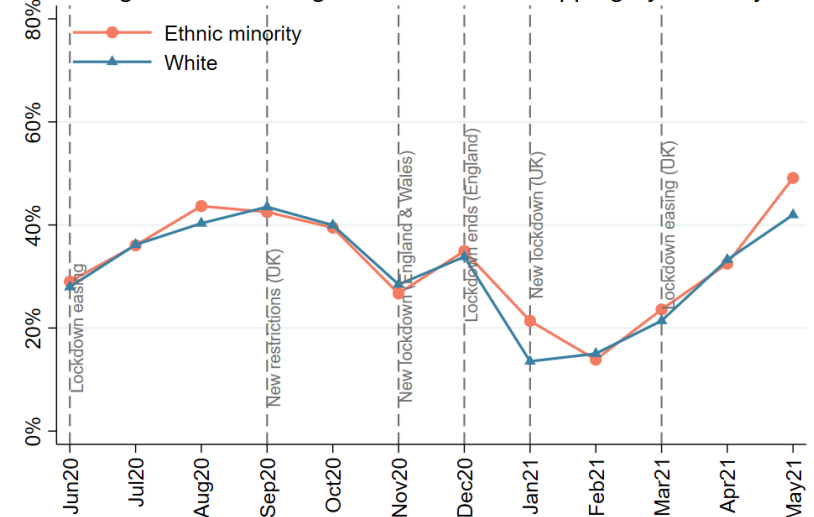


Figure 31e Leaving home for other shopping by educational levels

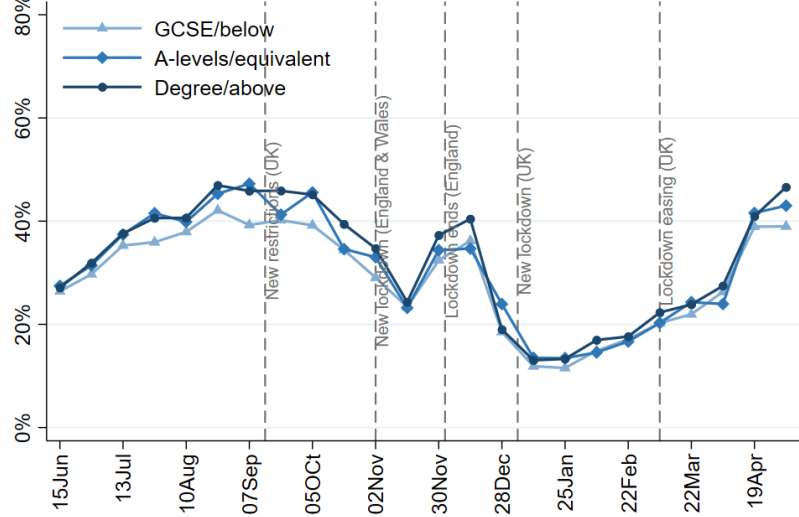
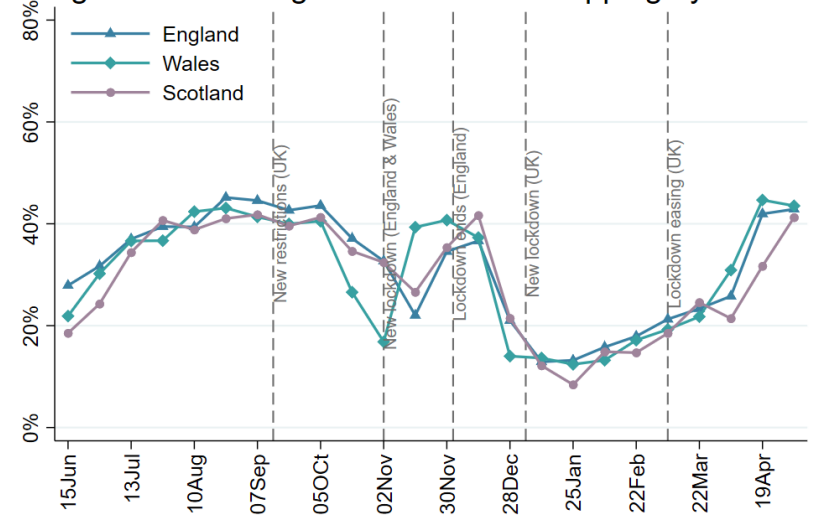


Figure 31f Leaving home for other shopping by nations



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 March 2020 to the 16th May 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	54,693	5.70	GCSE or below	135,276	14.1
30-59	525,678	54.8	A-levels or equivalent	165,554	17.3
60+	379,571	39.5	Degree or above	659,112	68.7
Gender			Any diagnosed mental health conditions		
Male	241,151	25.2	No	800,016	83.3
Female	714,974	74.8	Yes	159,926	16.7
Ethnicity			Any diagnosed physical health conditions		
White	919,184	96.1	No	551,556	57.5
Ethnic minority	37,734	3.94	Yes	408,386	42.5
UK nations			Keyworker		
England	775,074	81.5	No	760,216	79.2
Wales	116,498	12.3	Yes	199,726	20.8
Scotland	59,069	6.21	Living with children		
Living arrangement			No (excluding those who live alone)	546,011	72.1
Not living alone	757,384	78.9	Yes	211,373	27.9
Living alone	202,558	21.1	Living area		
Annual household income			Village/hamlet/isolated dwelling	240,924	25.1
>30k	514,708	59.5	City/large town/small town	719,018	74.9
<30k	349,944	40.5			