



# Covid-19 Social Study

## Results Release 13

Dr Daisy Fancourt, Dr Feifei Bu, Dr Hei Wan Mak, Prof Andrew Steptoe

Department of Behavioural Science & Health

17<sup>th</sup> June 2020



# Table of Contents

---

Executive summary .....	3
Background .....	3
Findings .....	3
1. Compliance and confidence.....	4
1.1 Compliance with guidelines .....	4
1.2 Confidence in Government.....	9
2. Mental Health .....	12
2.1 Depression and anxiety.....	12
2.2 Stress.....	17
3. Self-harm and abuse .....	26
3.1 Thought of death or self-harm.....	26
3.2 Self-harm.....	29
3.3 Abuse .....	32
4. General well-being.....	35
4.1 Life satisfaction .....	35
4.2 Loneliness.....	38
4.3 Happiness.....	41
5. Behaviours & further worries .....	44
5.1 Days of getting fresh air and not leaving the property .....	44
5.2 Worries about family/friends .....	49
Appendix.....	54
Methods.....	54
Demographics of respondents included in this report .....	54

*The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics and the Ada Lovelace Institute. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org).*

*The project has also benefitted from funding from UK Research and Innovation and the Wellcome Trust. The researchers are grateful for the support of a number of organisations with their recruitment efforts including: the UKRI Mental Health Networks, Find Out Now, UCL BioResource, HealthWise Wales, SEO Works, FieldworkHub, and Optimal Workshop.*

# Executive summary

---

## Background

This report provides data from Week 13 of the UK COVID-19 Social Study run by University College London: a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this THIRTEENTH report, we focus on psychological responses to the first twelve weeks of government measures requiring people to stay at home (21/03-14/06). 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\*\*\* Worries about family/friends and number of days leaving the home

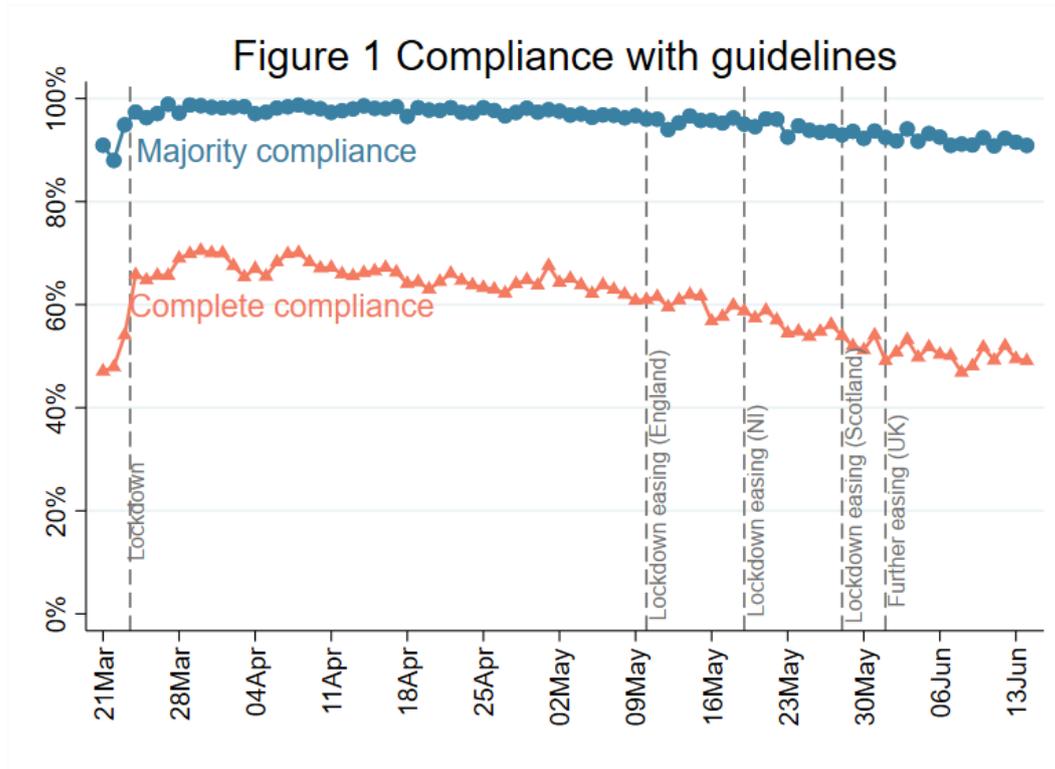
This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary 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. The study is still recruiting and people can take part by visiting [www.COVIDSocialStudy.org](http://www.COVIDSocialStudy.org)

## Findings

- In the week following the announcement of lockdown, people spent noticeably more time in their homes without leaving, with adults on average reporting staying at home for 4 out of 7 days one week after lockdown was announced. People with lower household income spent the most time within their homes, as did people with a diagnosed mental illness.
- As lockdown continued, people gradually started going out more days each week (both into gardens/other outdoor space connected with one's home and out of the home completely). However, in the past two weeks this has plateaued, even as lockdown has been eased, with people on average still spending two or three days a week not leaving their property (potentially in response to poorer weather).
- At the start of lockdown, around 60% of adults were worried about family or friends outside of their household and 30% were worried about family or friends in their households. These numbers have since decreased to 40% and 20% respectively. Notably, however, there has been little further improvement in the past two weeks as further lockdown easing has taken place.
- "Complete" compliance continues to decrease amongst all ages, with lowest levels amongst young people, but "majority" compliance remains high and relatively stable at 90% amongst adults over the age of 30, although it is now around 80% and still decreasing in younger adults.
- Levels of confidence in the central government to handle the Covid-19 epidemic remain lower in England than in other nations, with this gap widening further in the past week.
- In England, confidence in government has fallen most notably in younger adults, and is lowest in those under the age of 30, with average scores of 2.6 out of 7. Scores amongst adults over the age of 30 are around 3.3-3.8.
- In the past two weeks, depression and anxiety levels have stopped decreasing and have plateaued. Similarly, life satisfaction and happiness levels have not shown any further improvements.
- There is also little change in thoughts of self-harm, self-harming, reports or abuse, or loneliness levels, despite the further easing of lockdown measures. Younger adults, people of lower household incomes, and people with a diagnosed mental illness remain most at risk.
- However, notably there has not been any increase in people reporting major or minor stress due to catching COVID-19, unemployment, finance, or getting food in the past week.

# 1. Compliance and confidence

## 1.1 Compliance with guidelines



### FINDINGS

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

“Complete” compliance continues to decrease amongst all ages, with lowest levels amongst young people, people with higher household incomes, people in England, and people living in urban areas. However, “majority” compliance remains high and relatively stable amongst adults over the age of 30, with more than 90% of these adults reporting they are still following the guidelines to a large extent. It is only in adults under the age of 30 that “majority” compliance continues to decline, with figures now around 80%. This suggests overall that whilst people may be bending the rules, they are not generally fully breaking them.

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

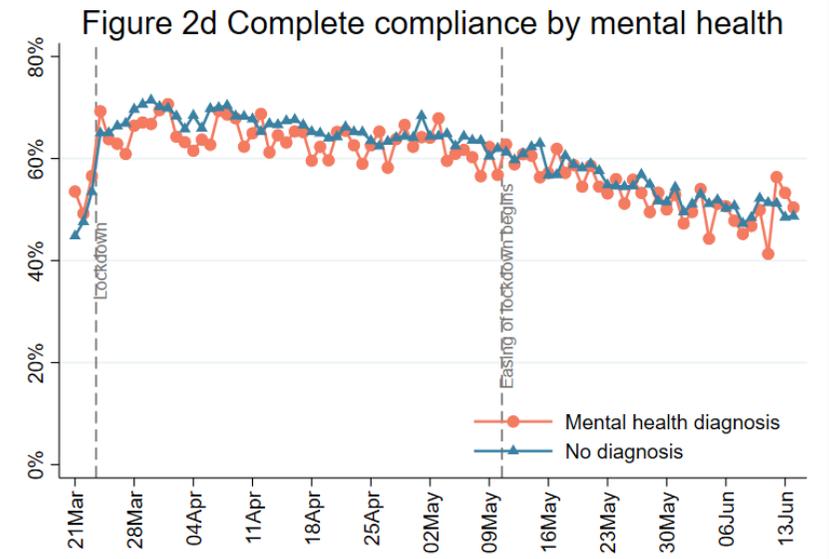
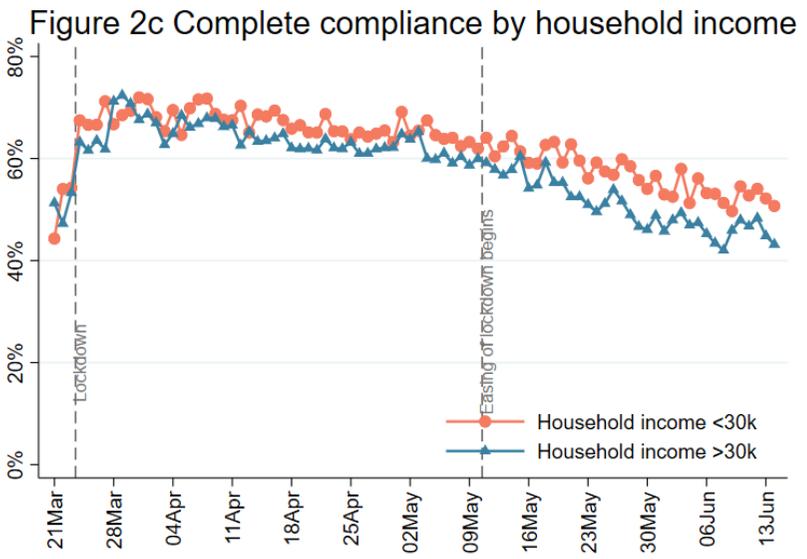
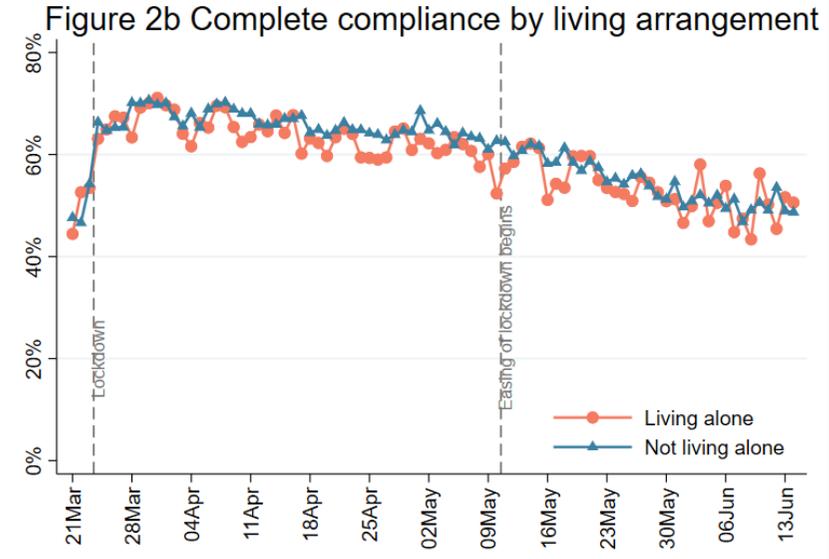
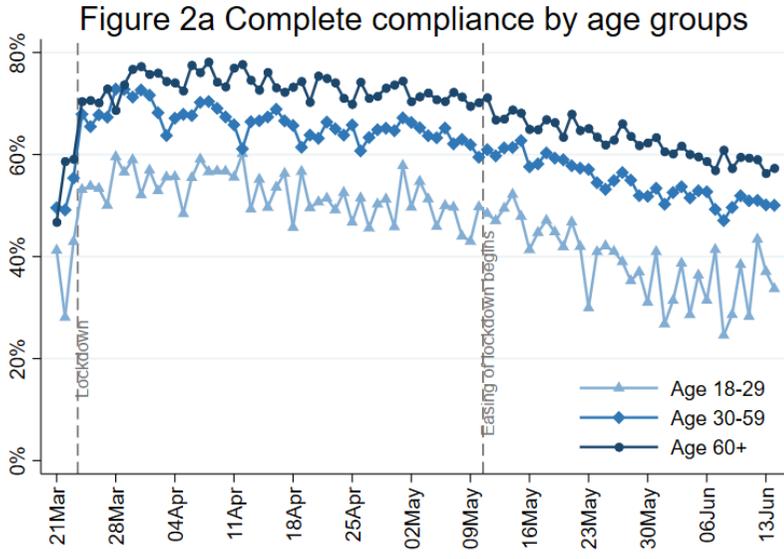


Figure 2e Complete compliance by nations

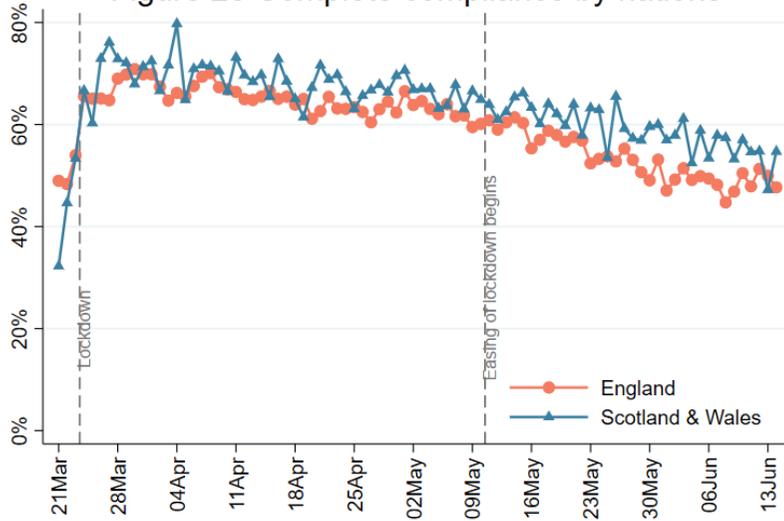


Figure 2f Complete compliance by keyworker status

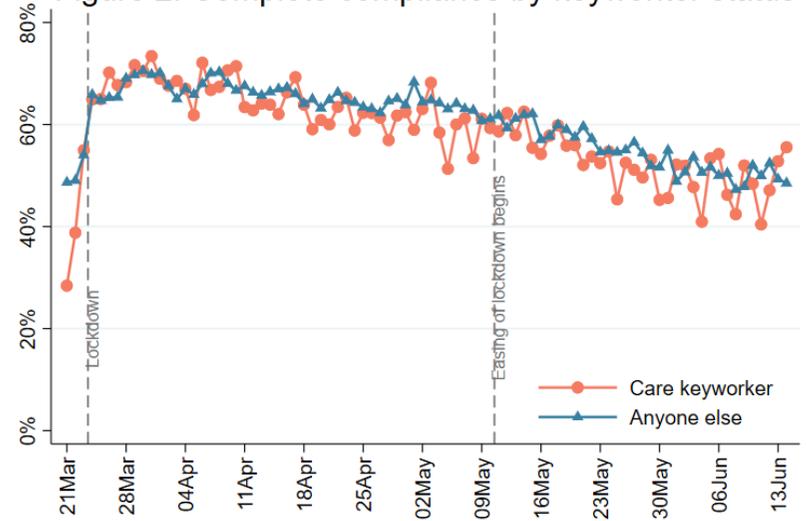


Figure 2g Complete compliance by living with children

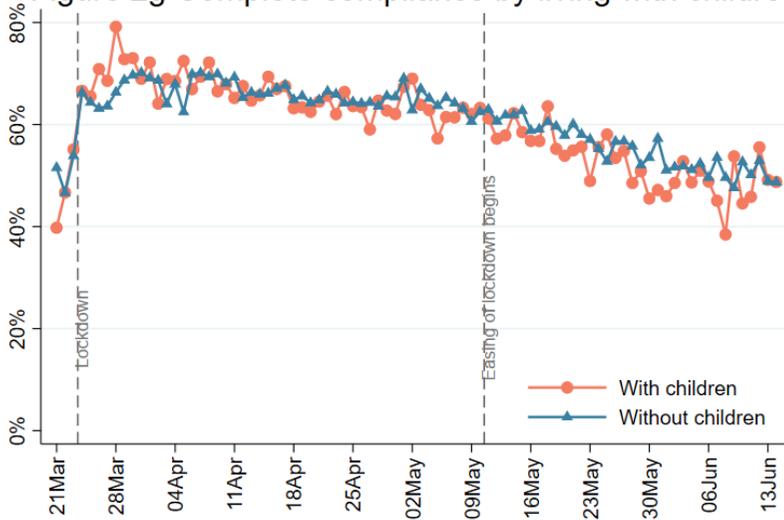
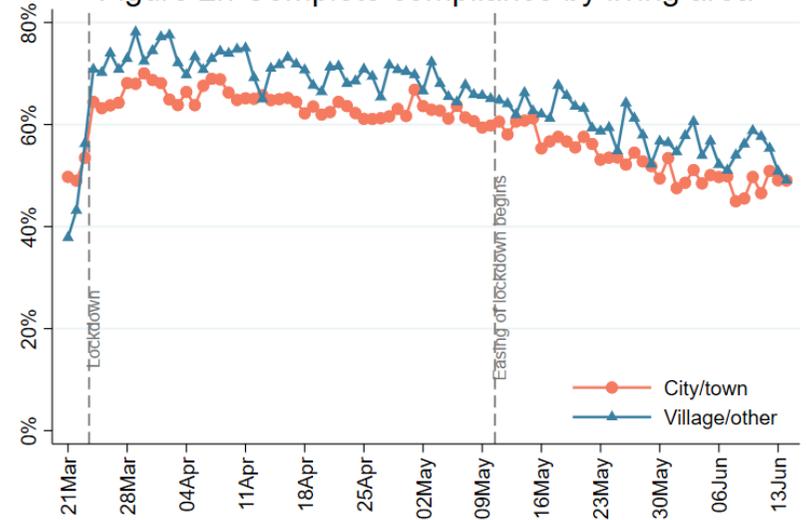


Figure 2h Complete compliance by living area



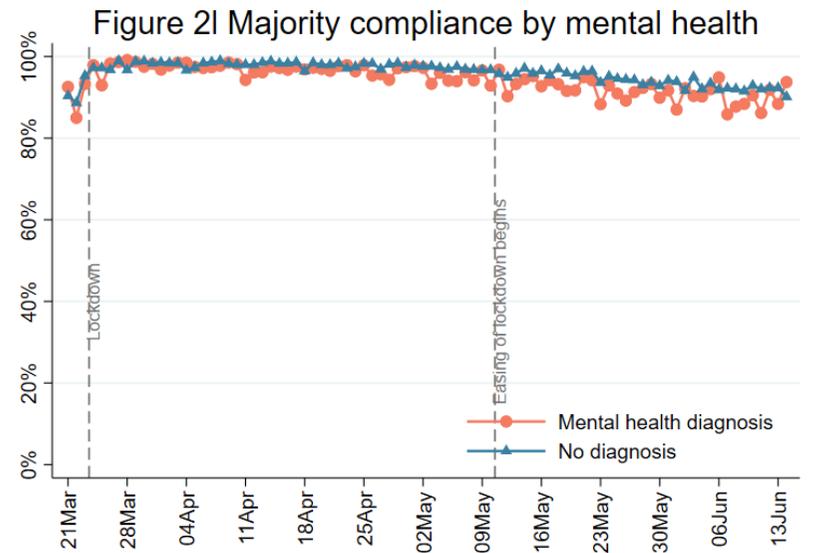
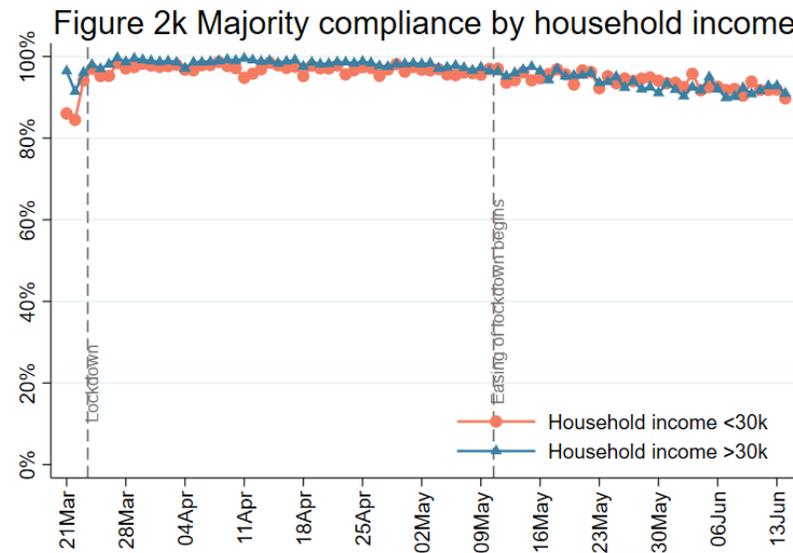
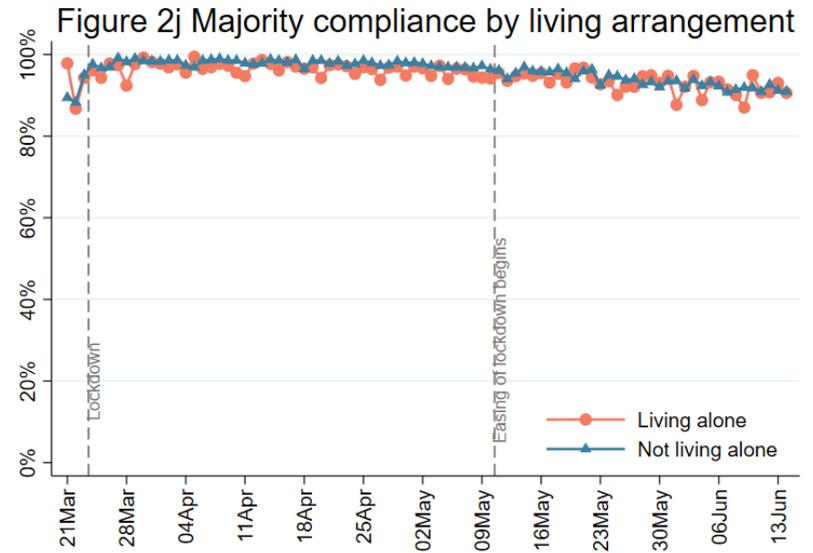
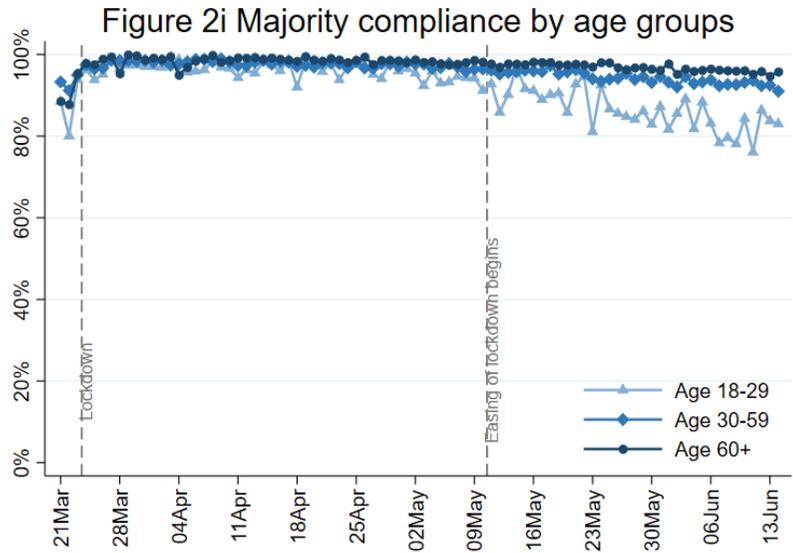


Figure 2m Majority compliance by nations

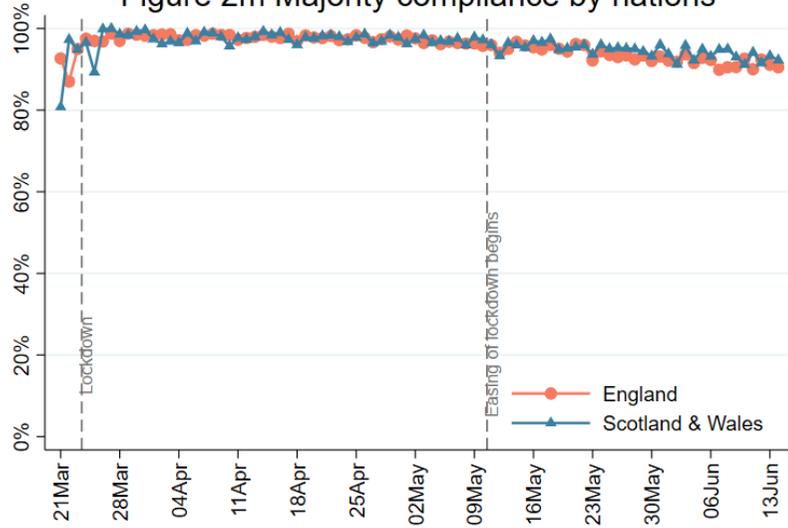


Figure 2n Majority compliance by keyworker status

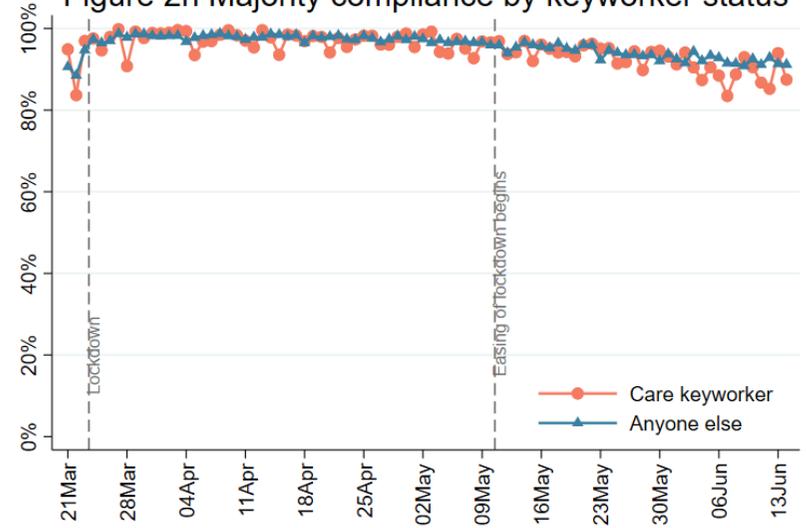


Figure 2o Majority compliance by living with children

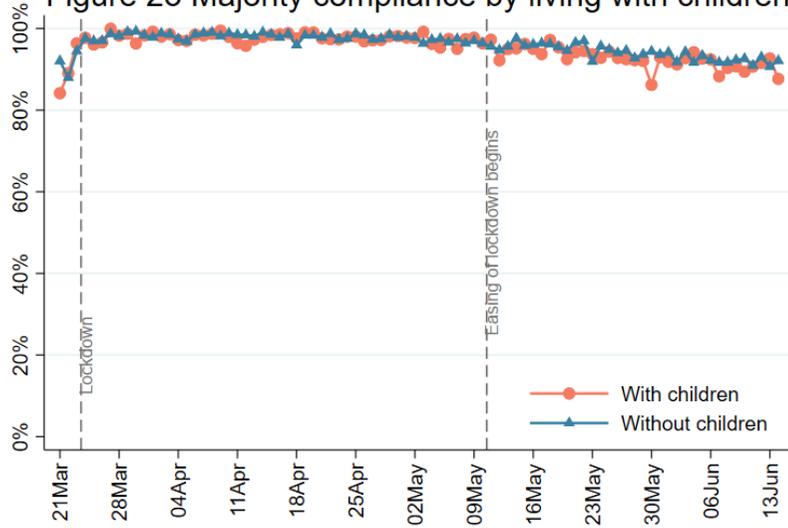
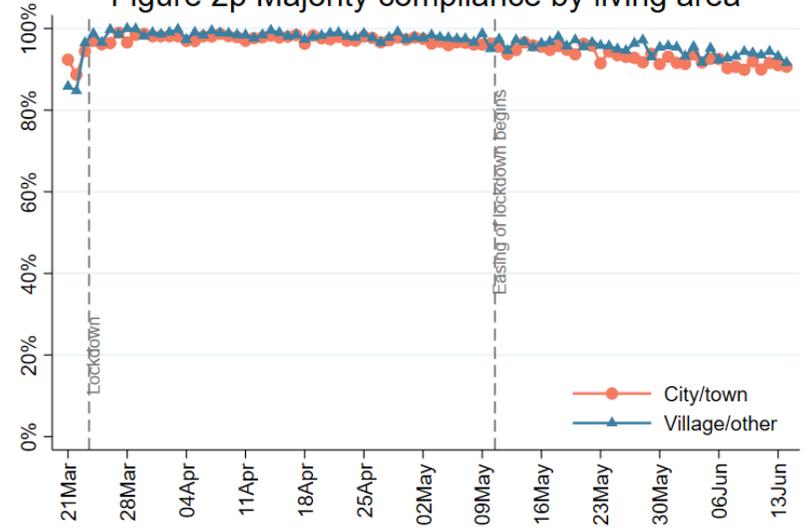
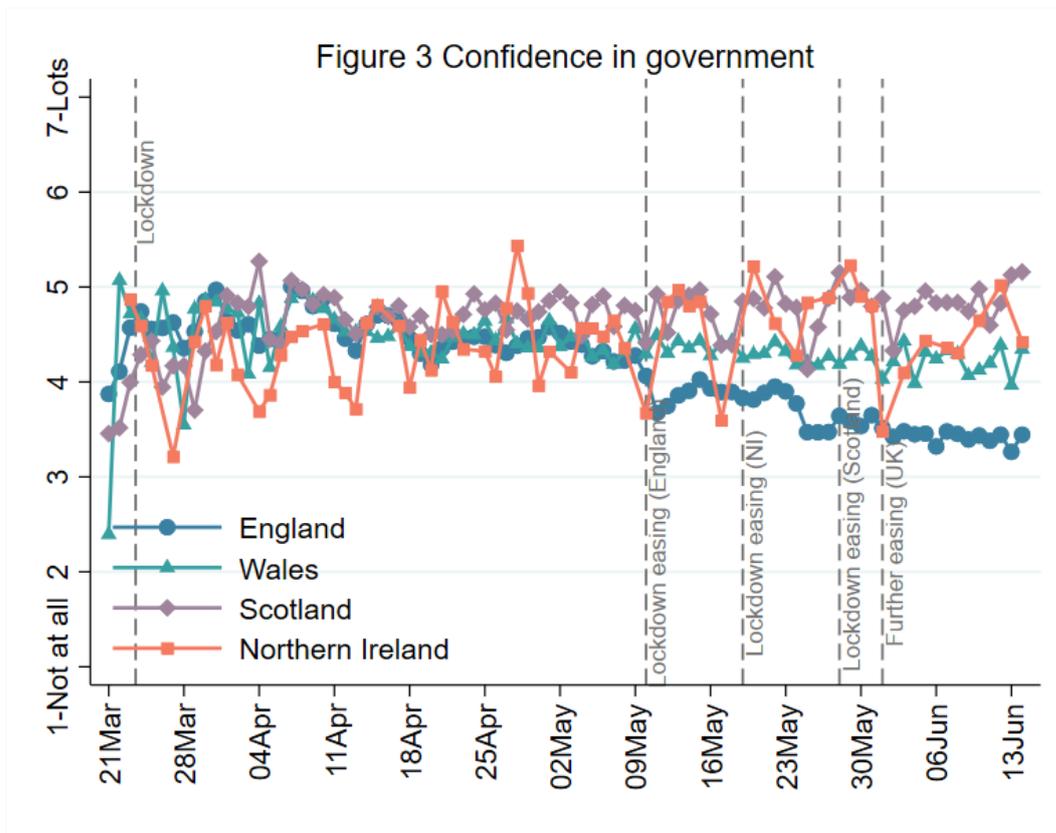


Figure 2p Majority compliance by living area



## 1.2 Confidence in Government



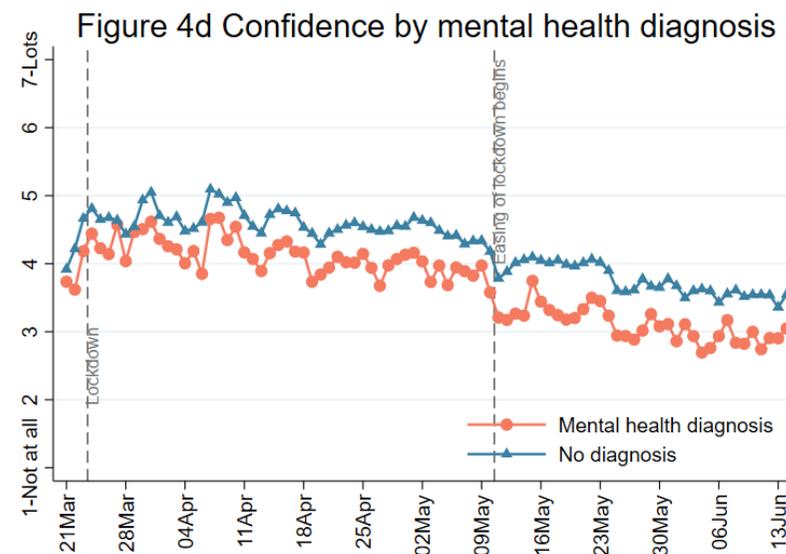
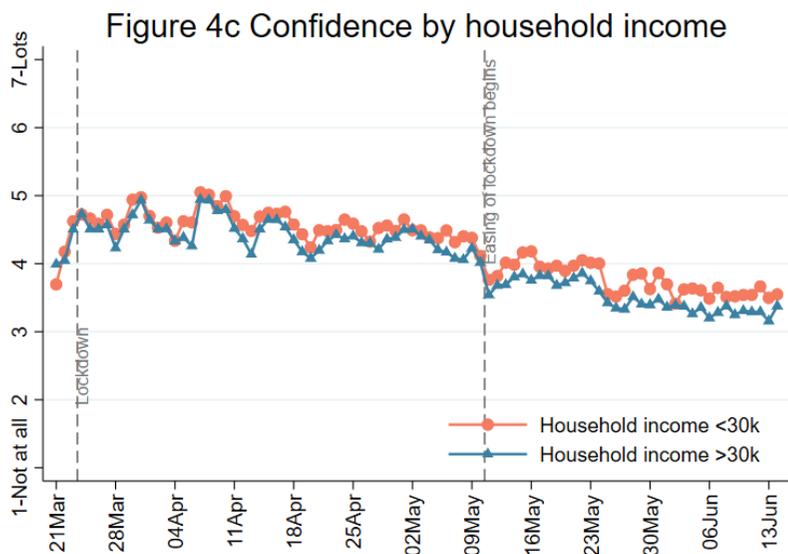
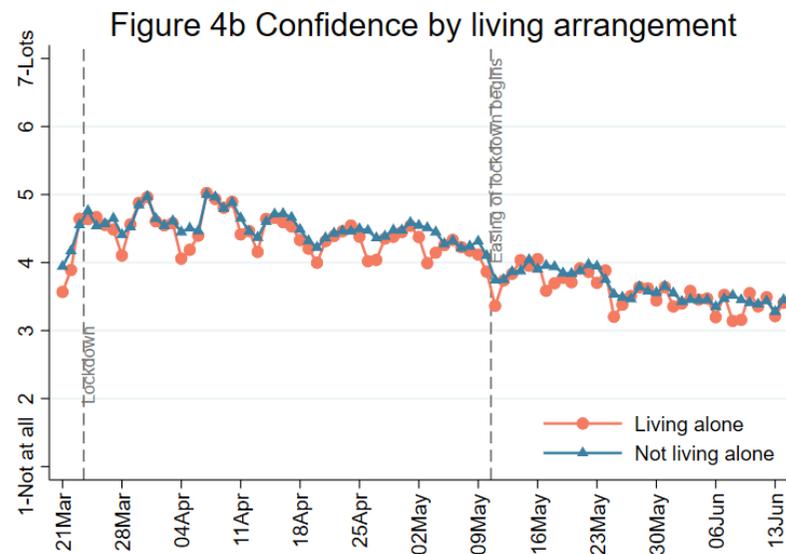
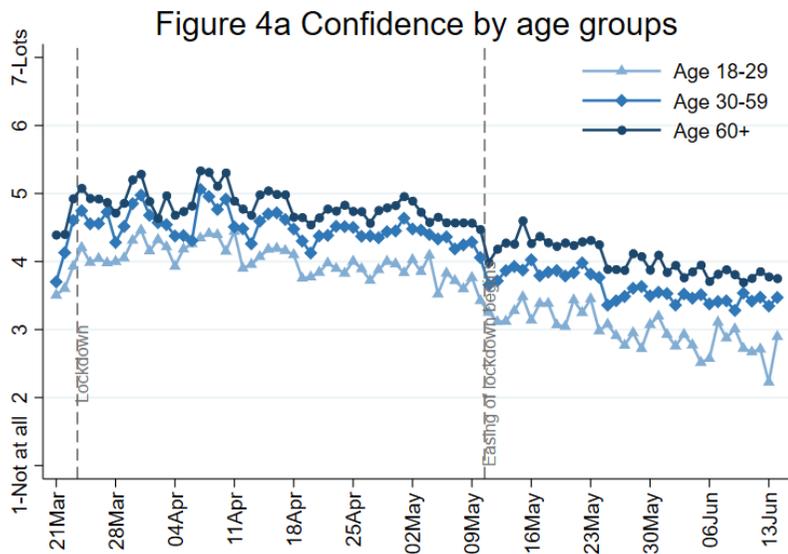
### FINDINGS

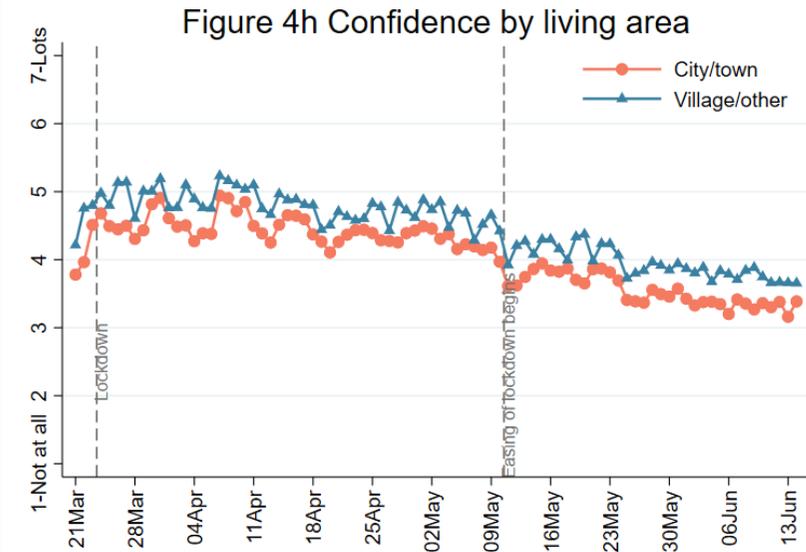
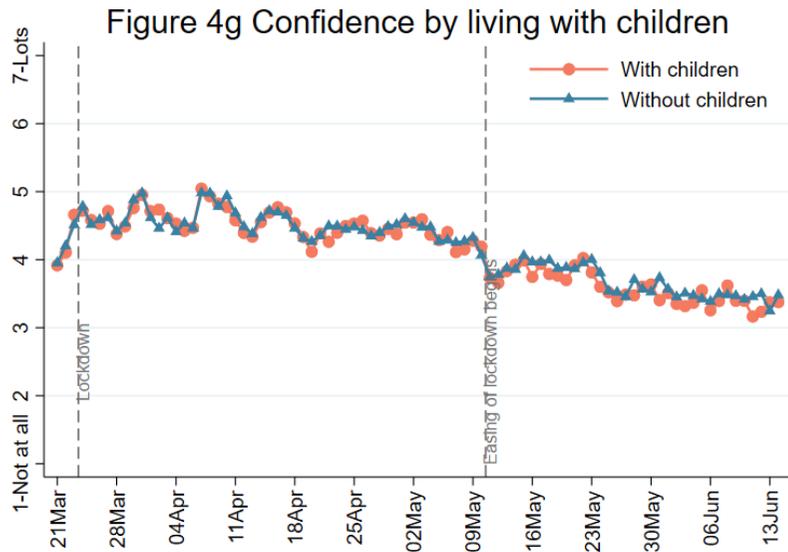
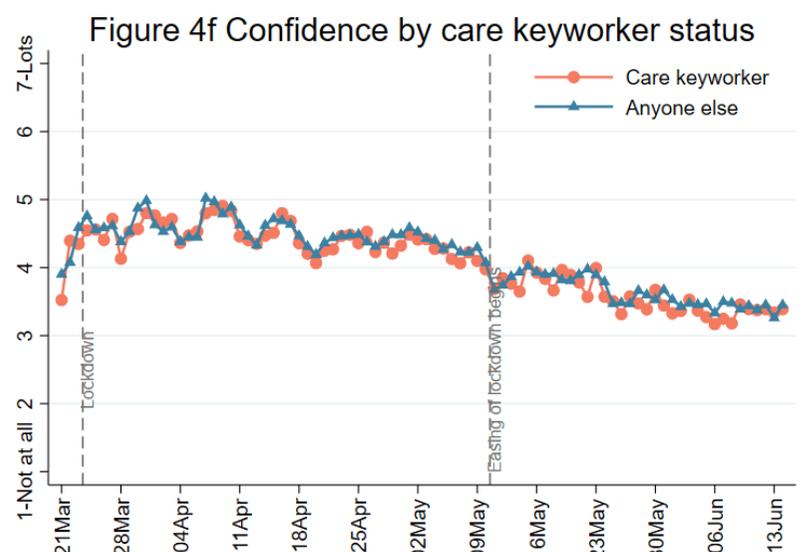
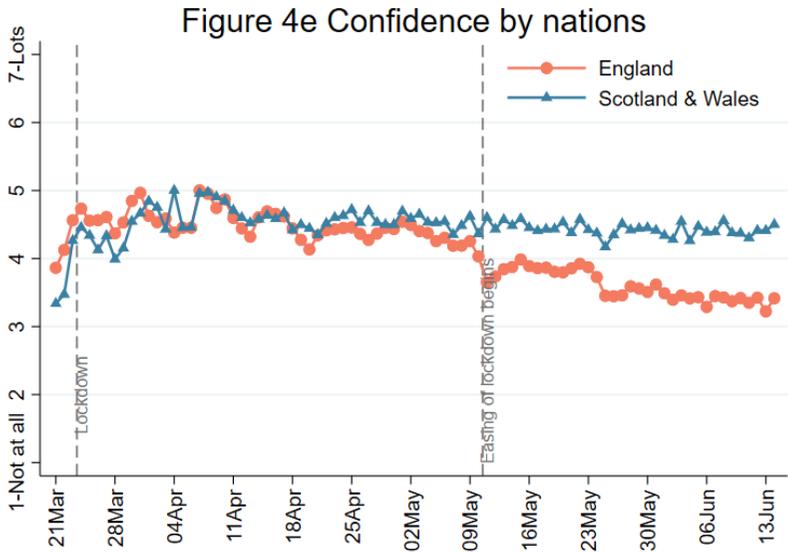
Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Levels of confidence in the central government to handle the Covid-19 epidemic remain lower in England than in other nations, with this gap widening further in the past week as levels in Wales remain stable and levels in Scotland show some potential indications of increase.<sup>1</sup>

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (future analyses will look at subgroups in devolved nations). In England, confidence in government has fallen most notably in younger adults, and is lowest in those under the age of 30, with average scores of 2.6 out of 7. Scores amongst adults over the age of 30 are around 3.3-3.8. Confidence is also lower in urban areas and in people with a mental health diagnosis.

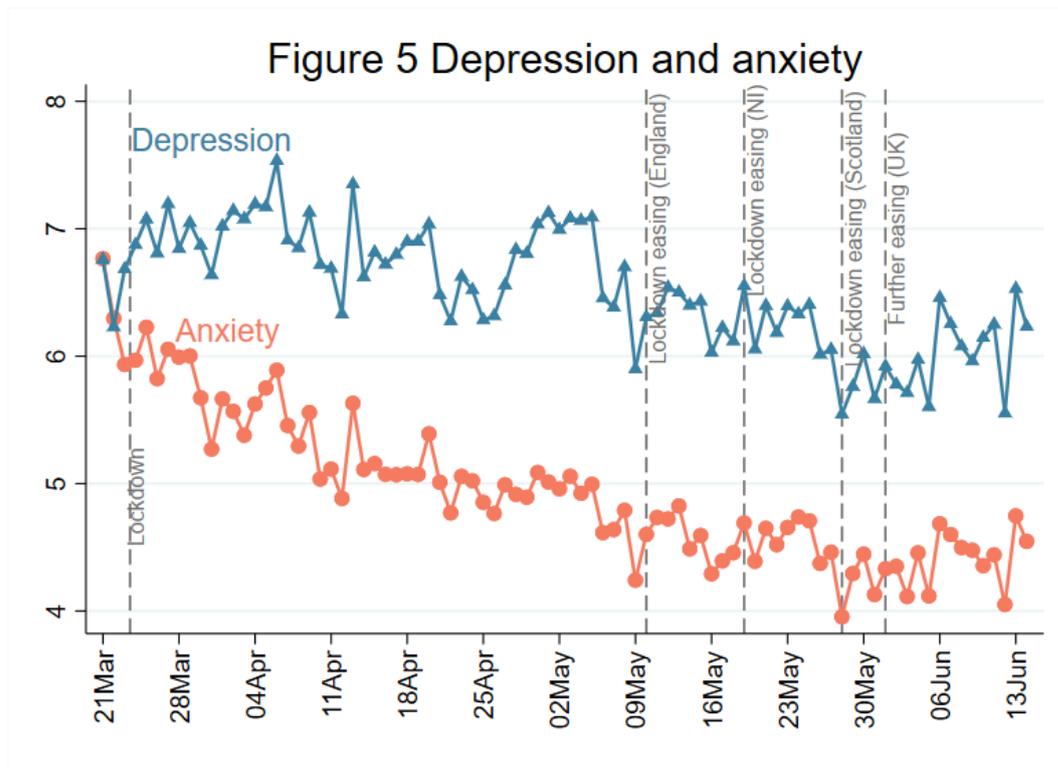
<sup>1</sup> Figures for Northern Ireland show greater volatility but this is likely a function of the sample size in Northern Ireland being smaller than for other countries.





## 2. Mental Health

### 2.1 Depression and anxiety



#### FINDINGS

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

In the past two weeks, depression and anxiety levels have stopped decreasing and have plateaued. Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression<sup>2</sup>). Depression and anxiety are still highest in young people, those living alone, those with lower household income, people with a diagnosed mental illness, people living with children, and people living in urban areas.

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

Figure 6a Depression by age groups

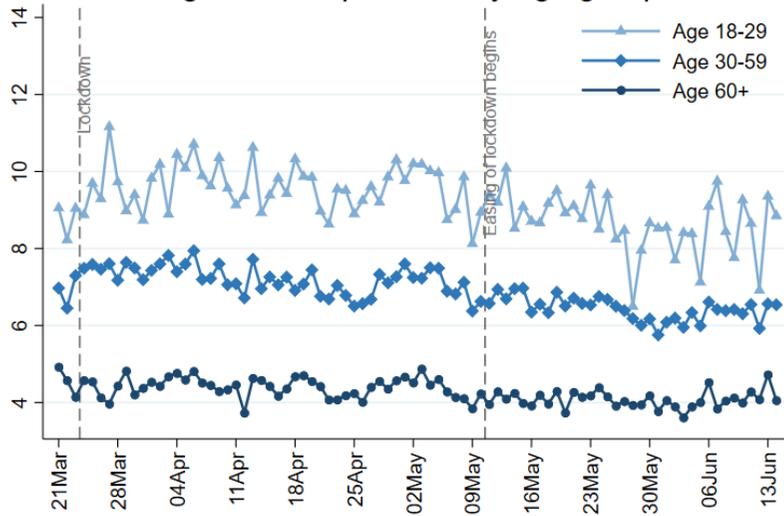


Figure 6b Depression by living arrangement

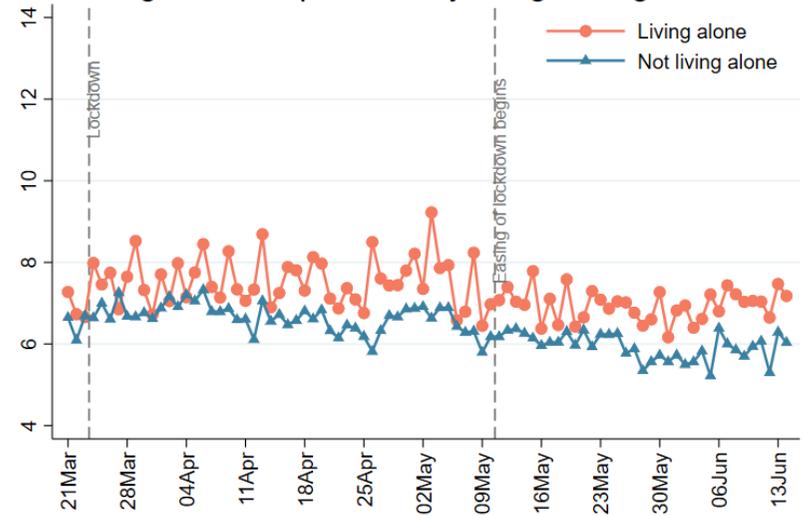


Figure 6c Depression by household income

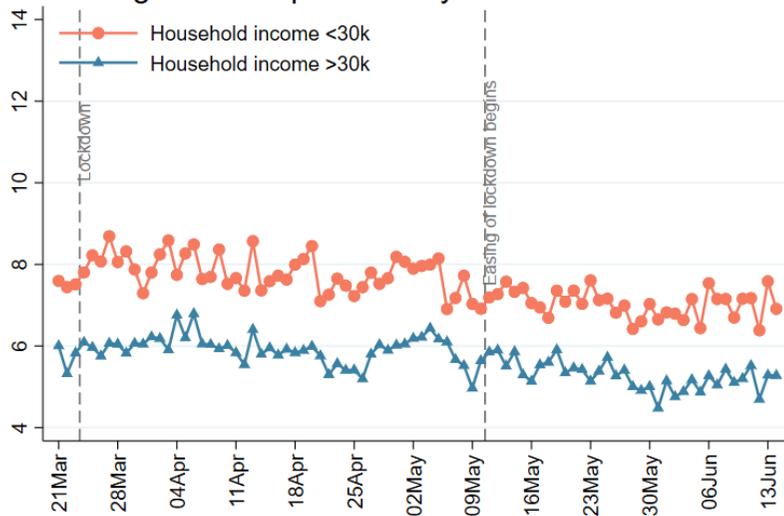


Figure 6d Depression by mental health diagnosis

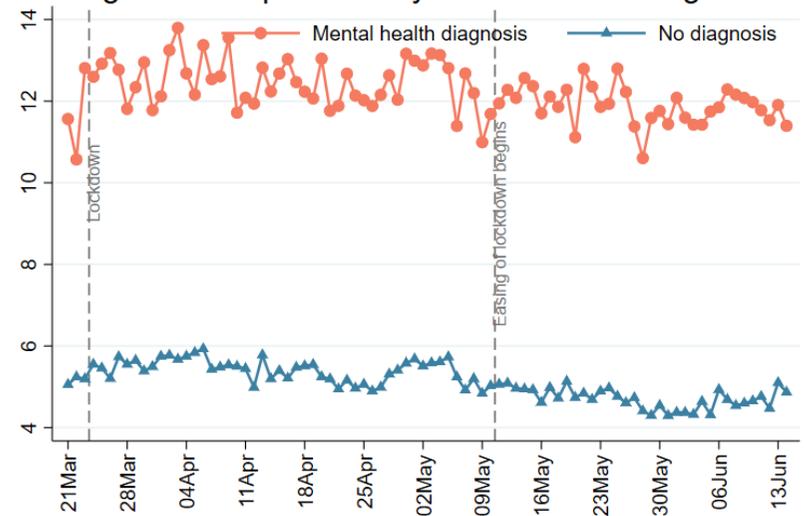


Figure 6e Depression by nations

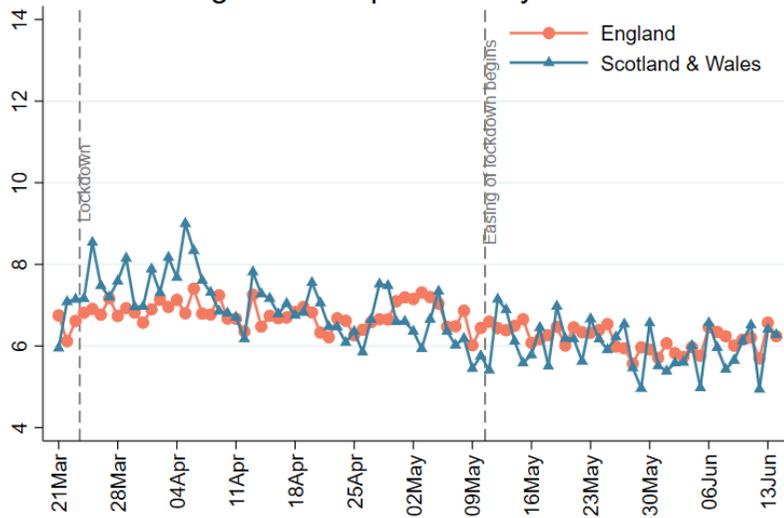


Figure 6f Depression by care keyworker status

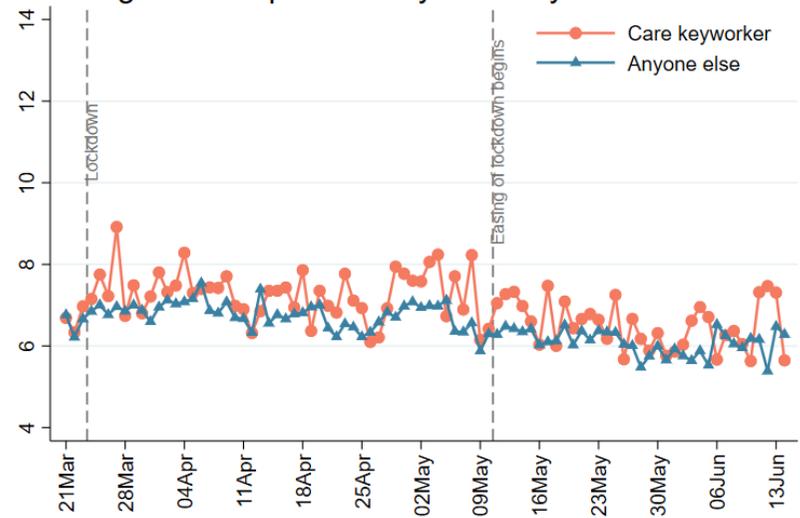


Figure 6g Depression by living with children

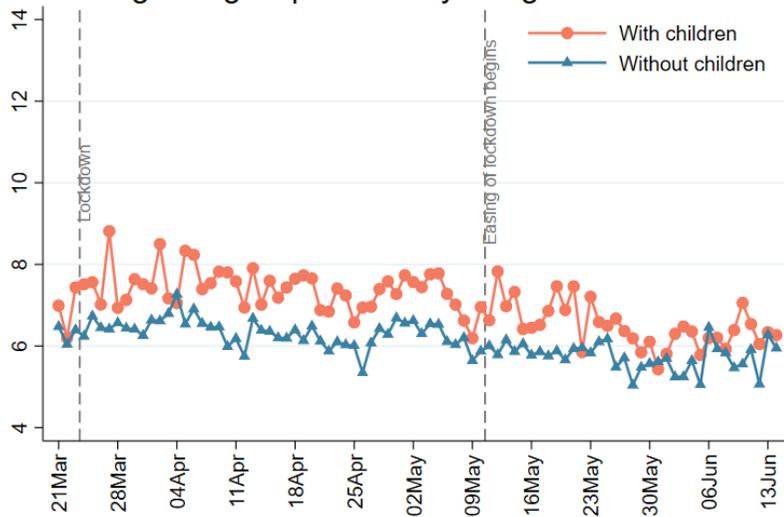


Figure 6h Depression by living area

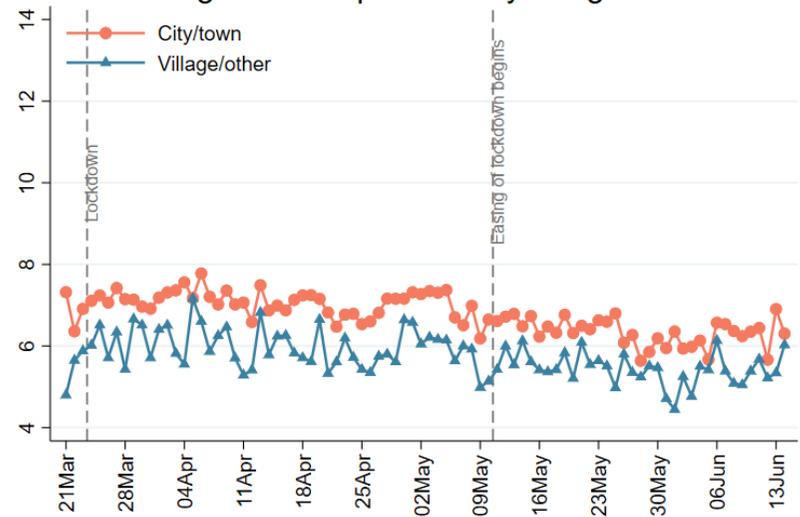


Figure 7a Anxiety by age groups

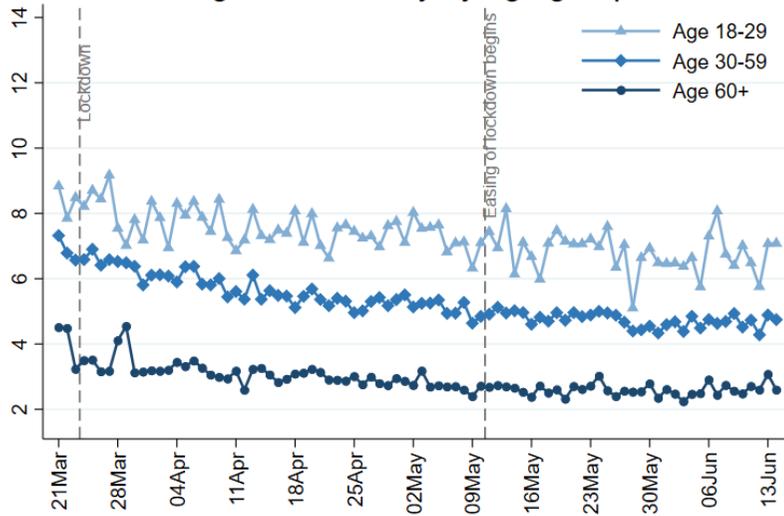


Figure 7b Anxiety by living arrangement

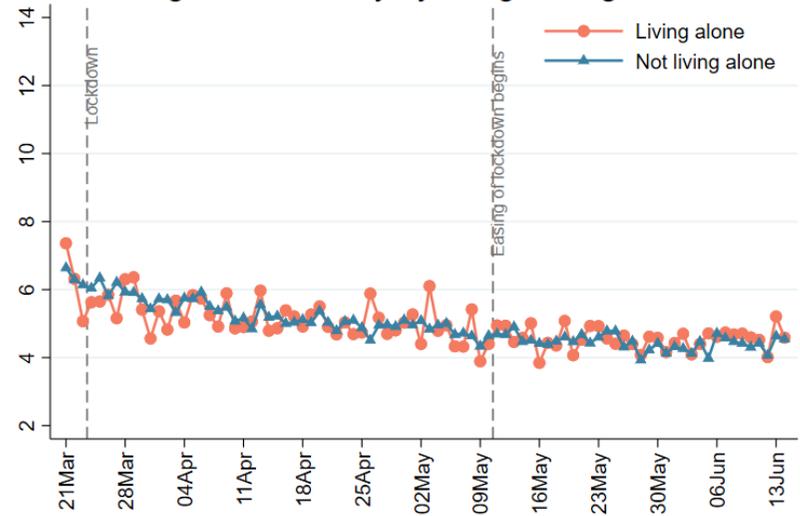


Figure 7c Anxiety by household income

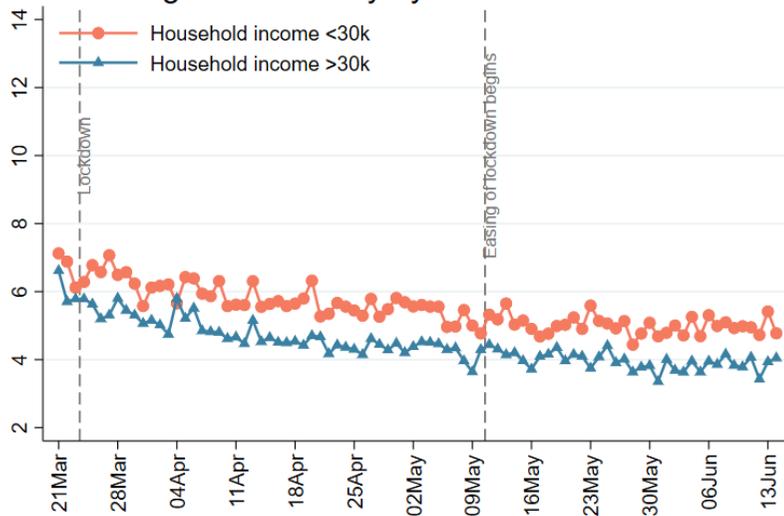


Figure 7d Anxiety by mental health diagnosis

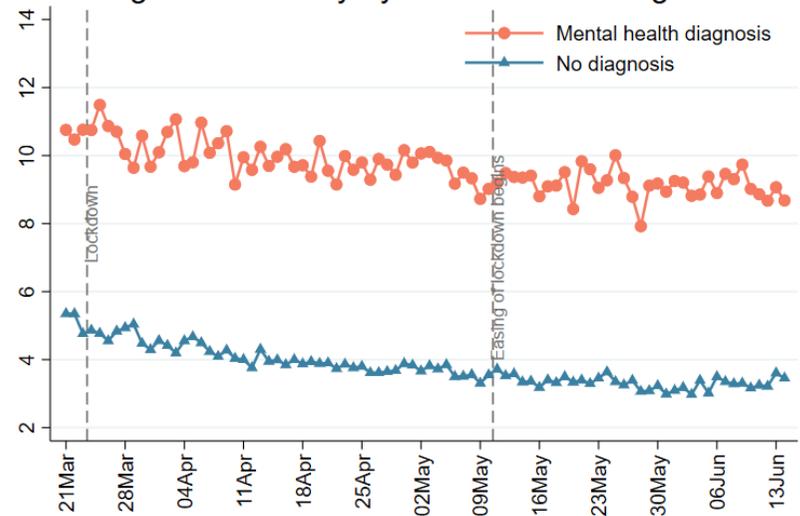


Figure 7e Anxiety by nations

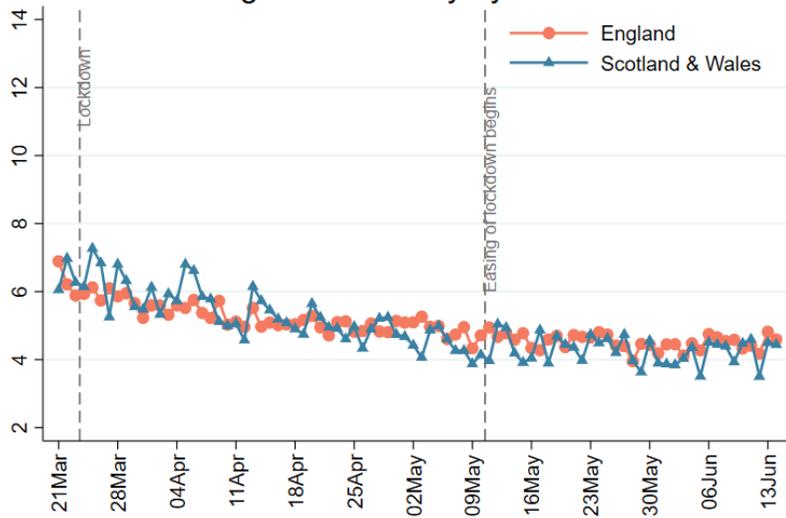


Figure 7f Anxiety by care keyworker status

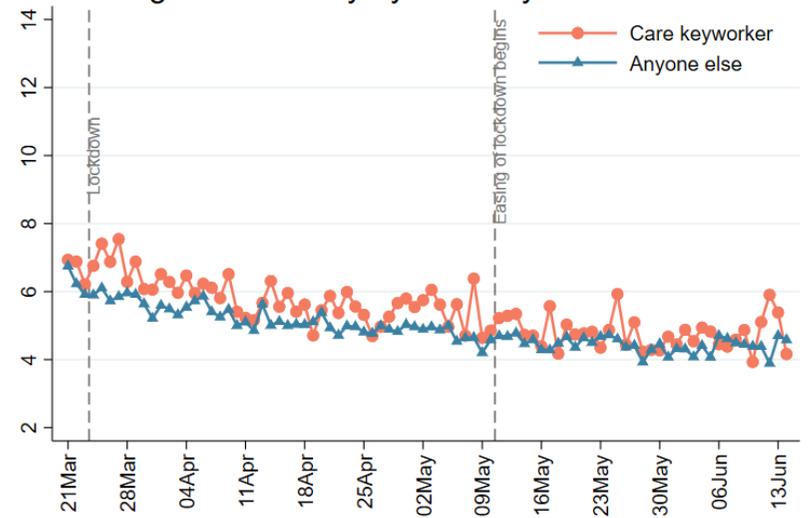


Figure 7g Anxiety by living with children

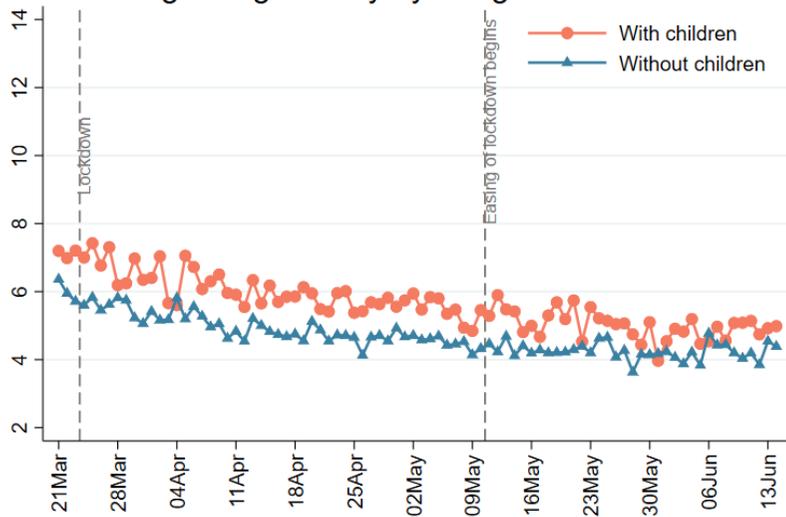
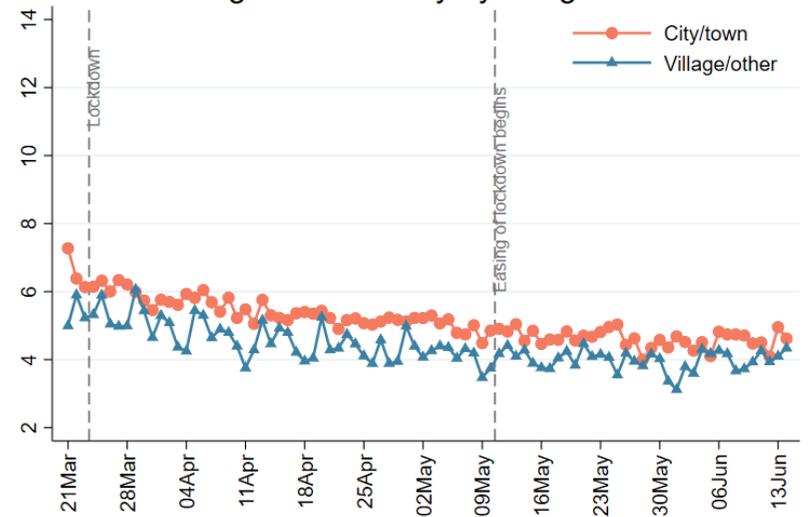
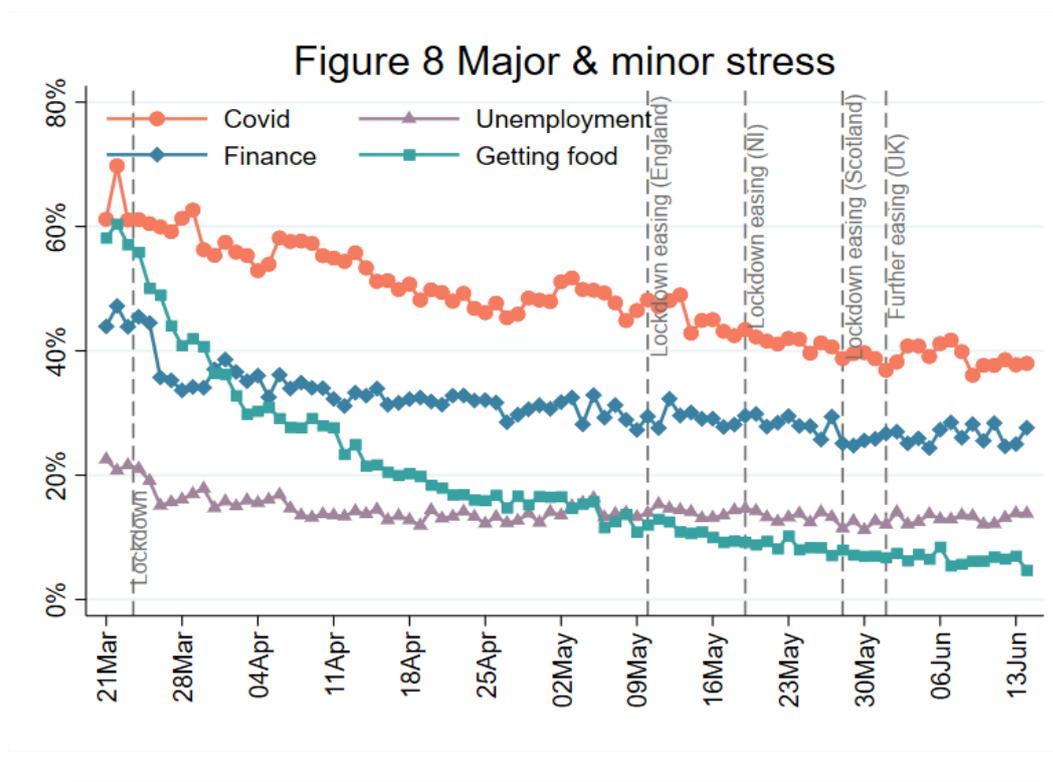


Figure 7h Anxiety by living area



## 2.2 Stress



### FINDINGS

We asked participants to report which factors were causing them stress in the last week, either minor stress or major stress (which was defined as stress that was constantly on their mind or kept them awake at night). **This week, for the first time, we present both minor and major stressors together to give a more detailed sense of how different factors are worrying people.**

There has been little change in people reporting major or minor stress due to catching COVID-19, unemployment, finance, or getting food in the past week. This mirrors what has been shown in previous reports in which we focused specifically on major stressors and confirms that the stress relating to these factors is not showing signs of changing. However, this dual consideration of major and minor risk factors does show that certain factors are causing more concern than others. Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) remains the most prevalent stressor, but is still not affecting the majority of people, with only 40% reporting it. Worries about finance are affecting around 1 in 4 people, while worries about unemployment are only affecting 1 in 6 at present. Worries about access to food are only affecting around 1 in 20 people.

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

Figure 9a Covid-19 stress by age groups

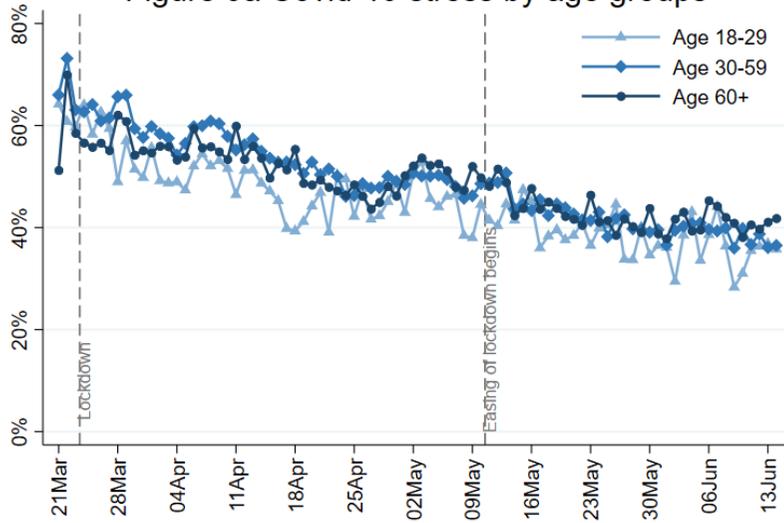


Figure 9b Covid-19 stress by living arrangement

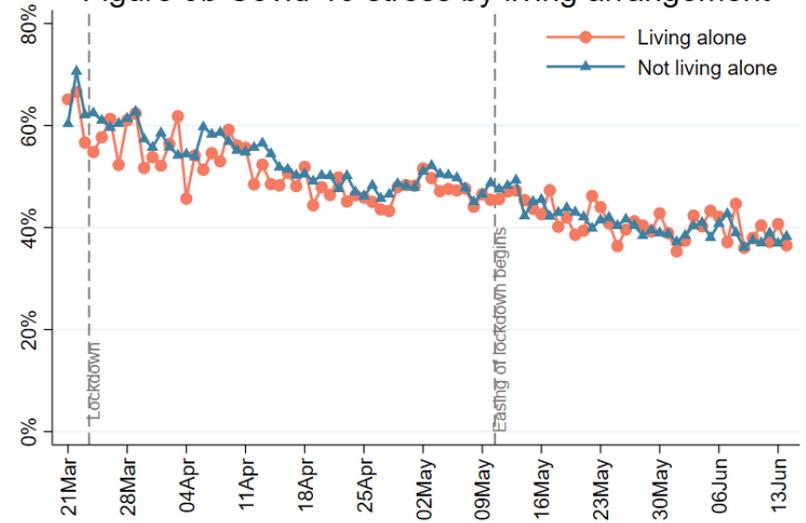


Figure 9c Covid-19 stress by household income

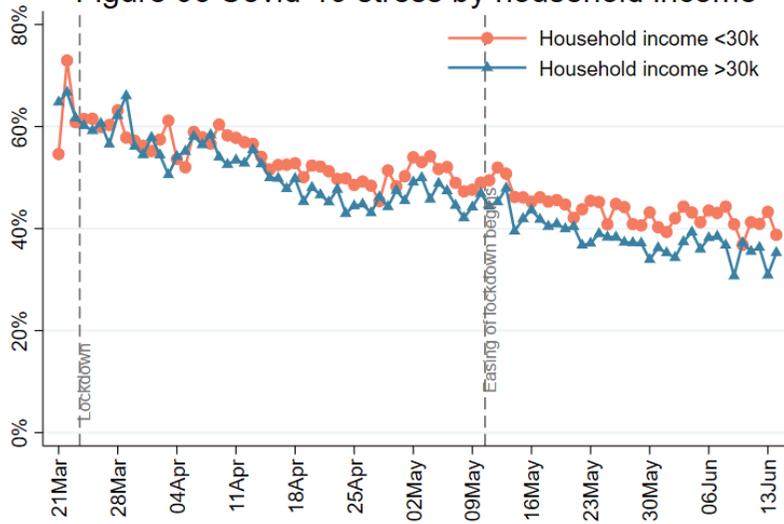


Figure 9d Covid-19 stress by mental health diagnosis

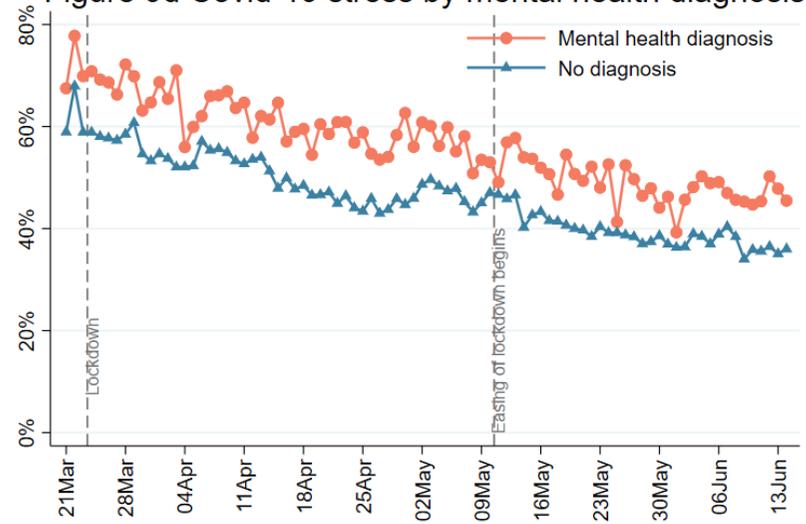


Figure 9e Covid-19 stress by nations

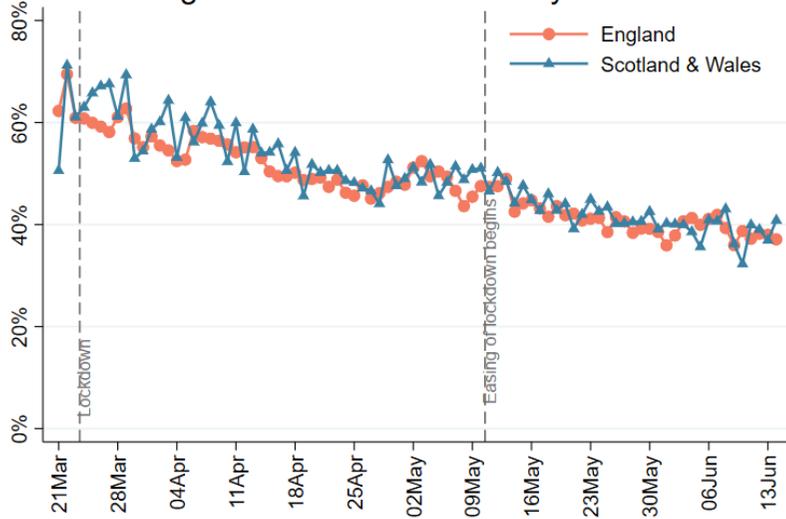


Figure 9f Covid-19 stress by care keyworker status

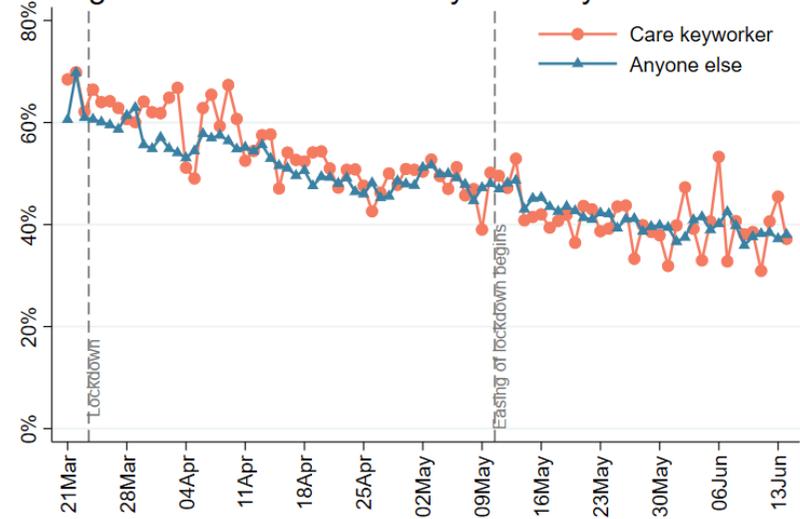


Figure 9g Covid-19 stress by living with children

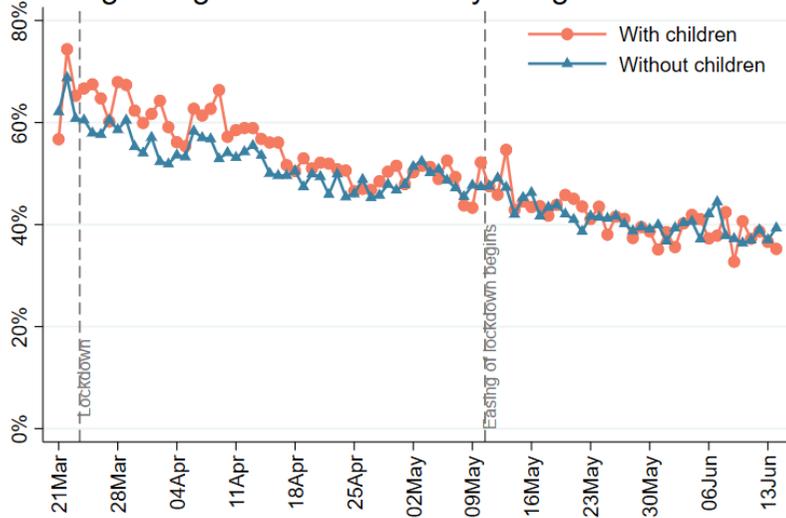


Figure 9h Covid-19 stress by living area

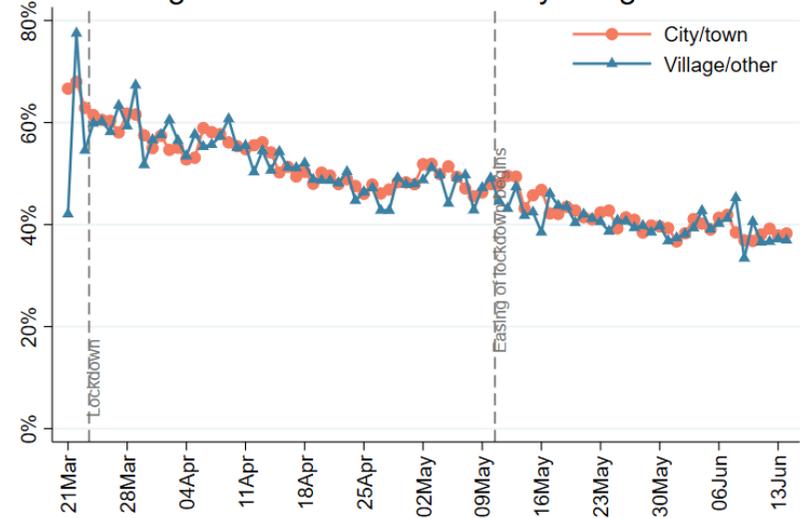


Figure 10a Unemployment stress by age groups

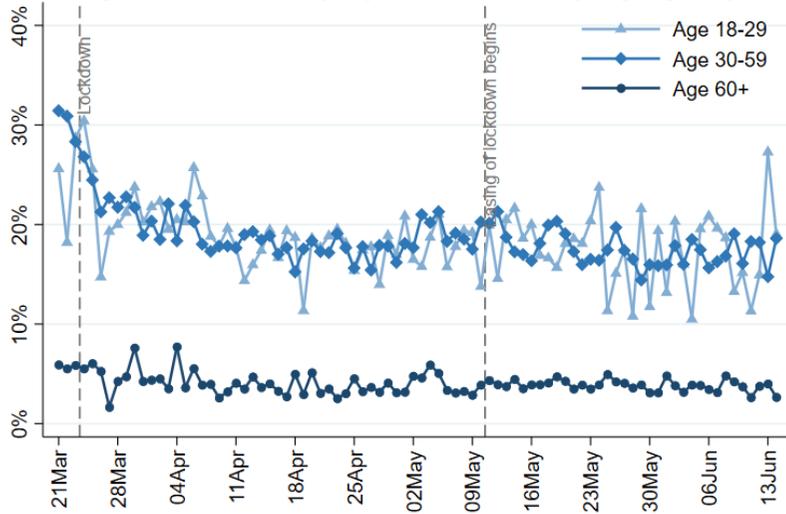


Figure 10b Unemployment stress by living arrangement

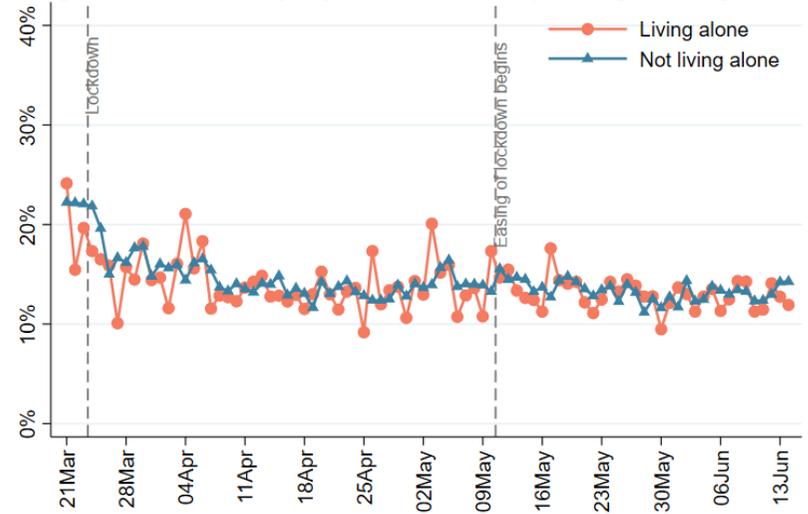


Figure 10c Unemployment stress by household income

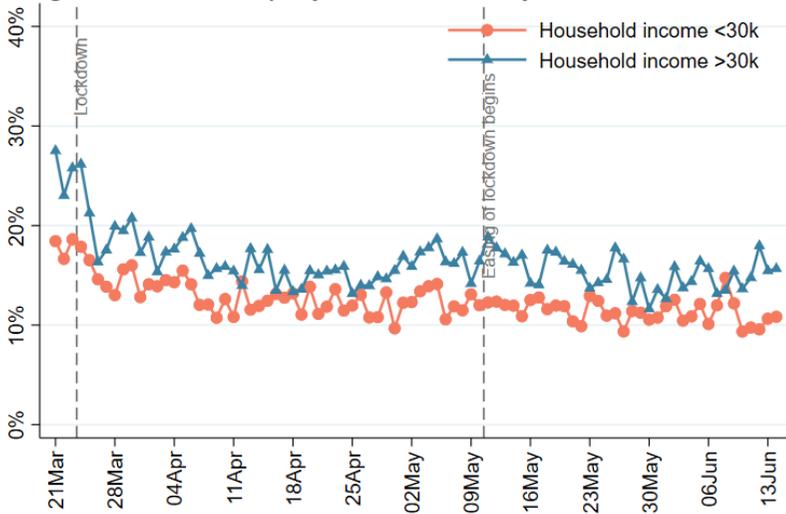


Figure 10d Unemployment stress by mental health

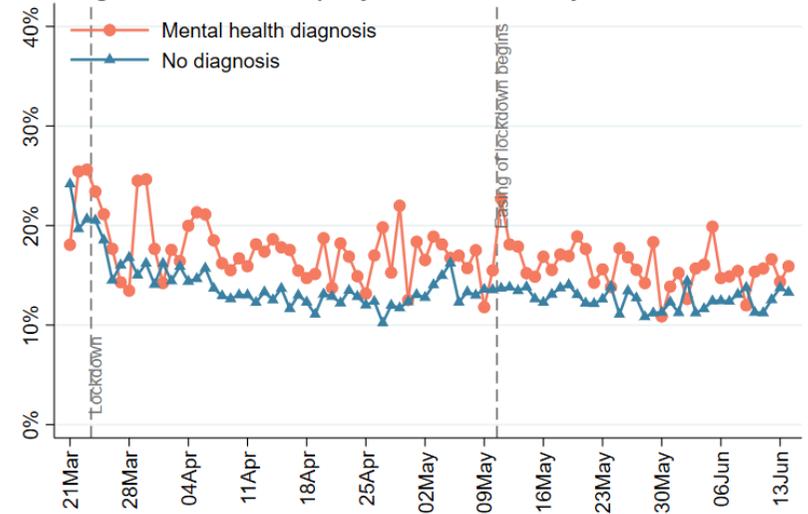


Figure 10e Unemployment stress by nations

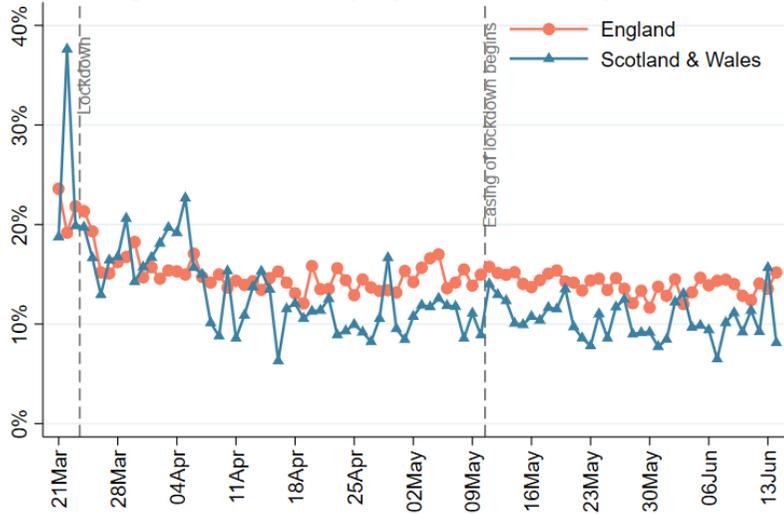


Figure 10f Unemployment stress by keyworker status

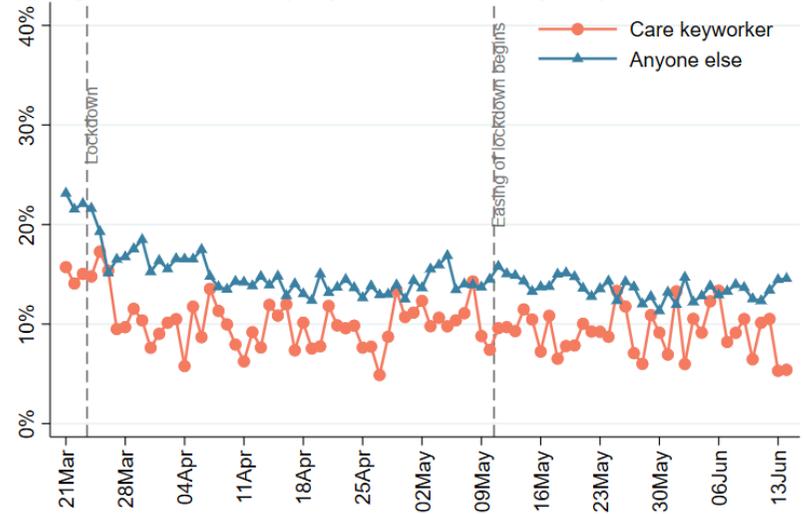


Figure 10g Unemployment stress by living with children

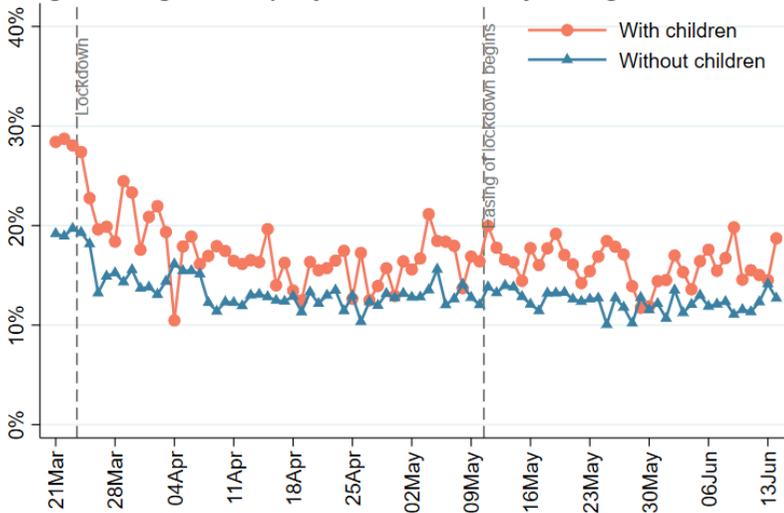


Figure 10h Unemployment stress by living area

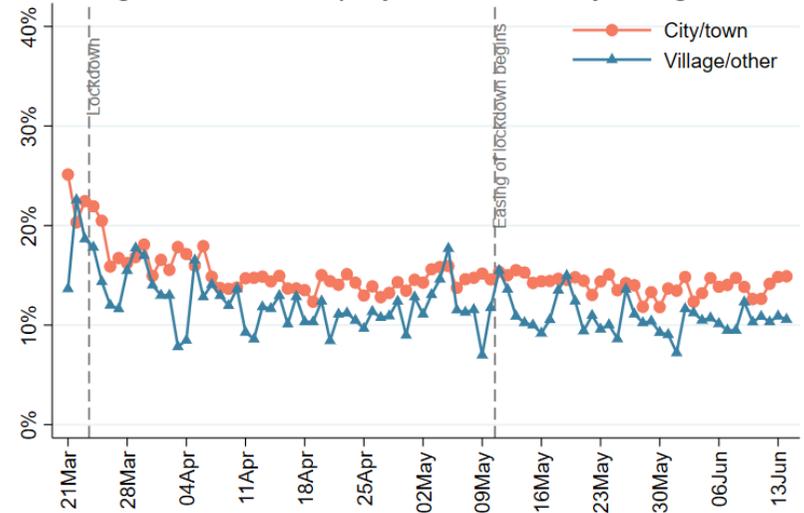


Figure 11a Financial stress by age groups

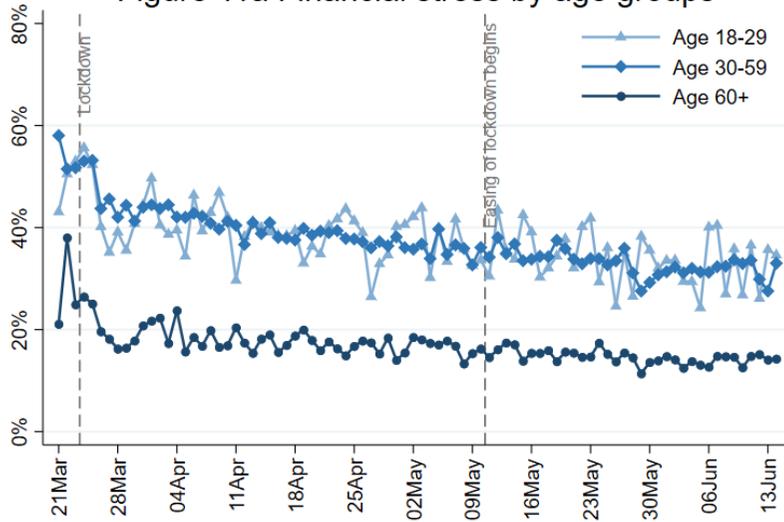


Figure 11b Financial stress by living arrangement

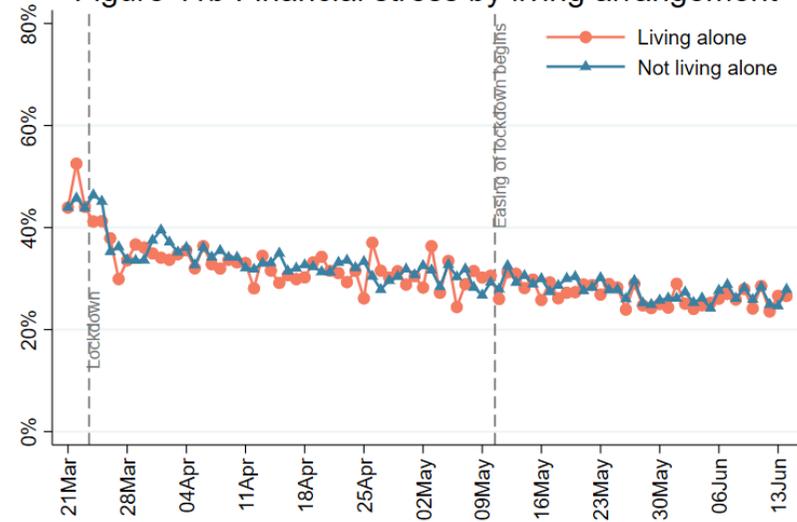


Figure 11c Financial stress by household income

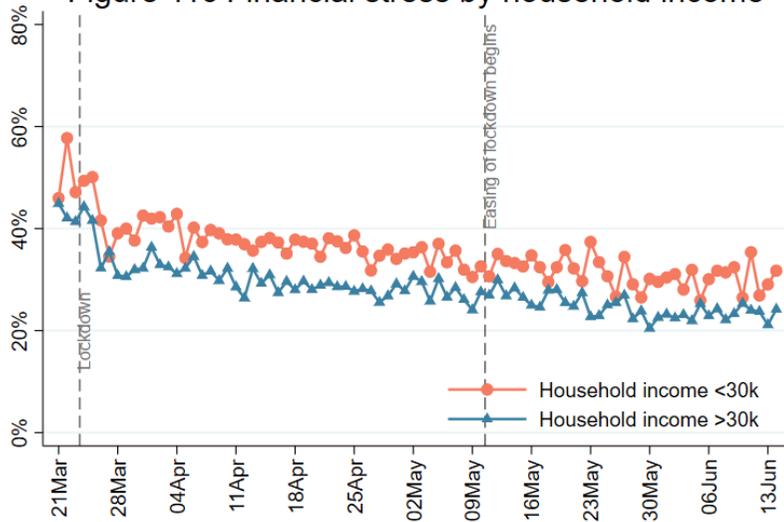


Figure 11d Financial stress by mental health diagnosis

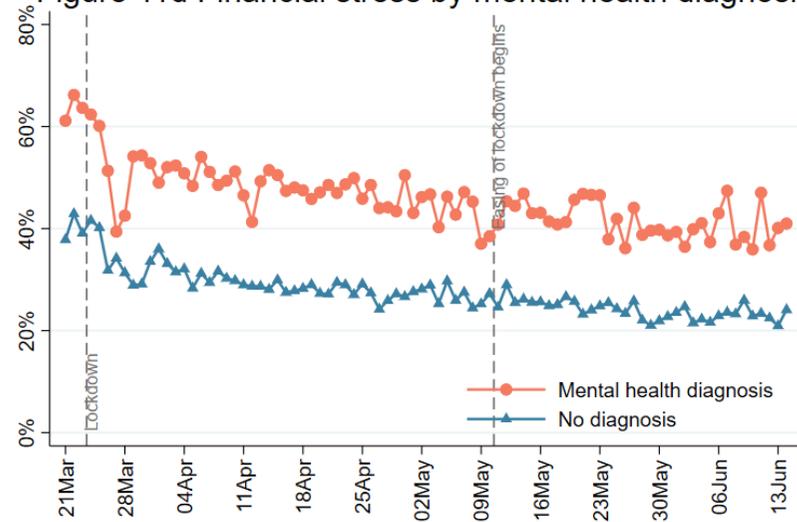


Figure 11e Financial stress by nations

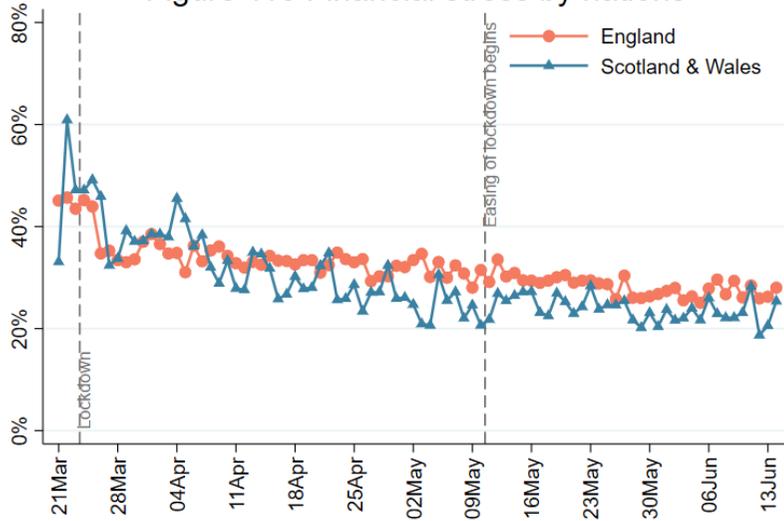


Figure 11f Financial stress by care keyworker status

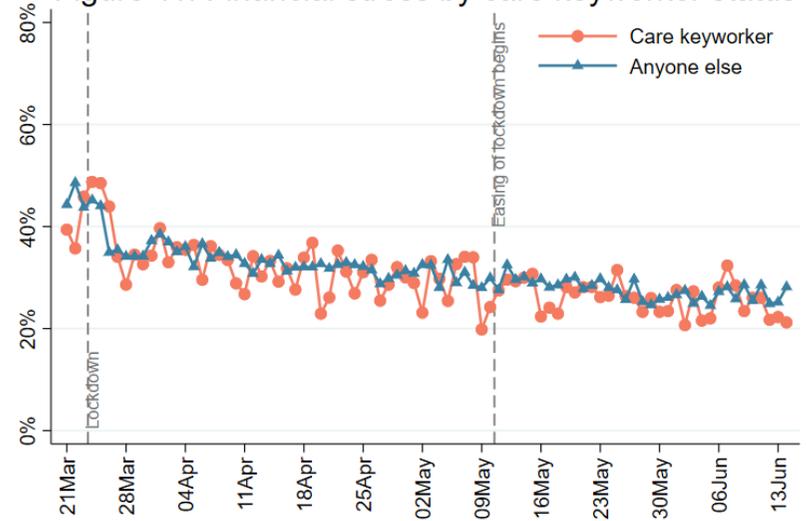


Figure 11g Financial stress by living with children

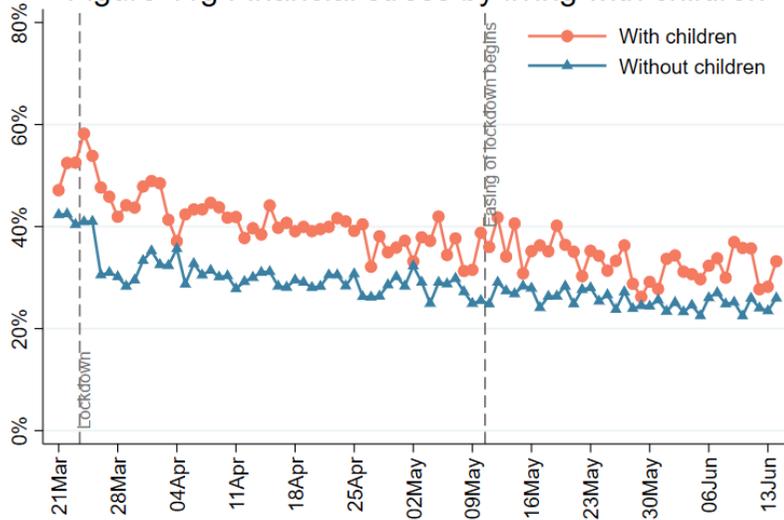


Figure 11h Financial stress by living area

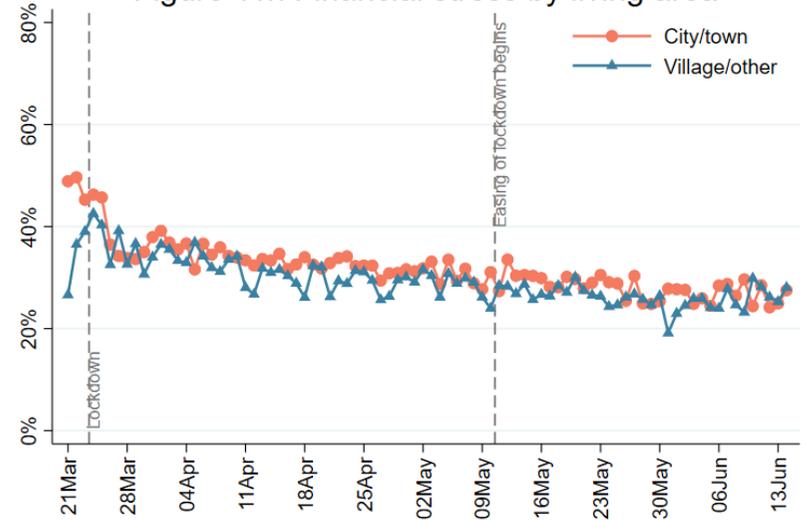


Figure 12a Food security stress by age groups

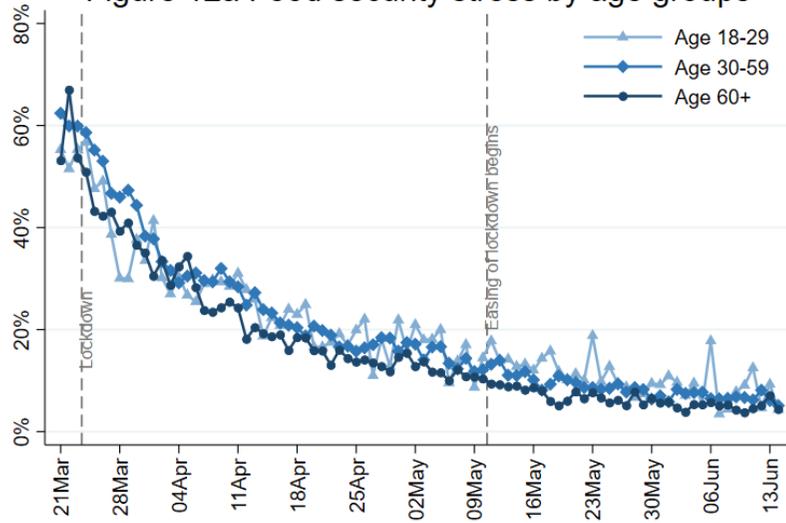


Figure 12b Food security stress by living arrangement

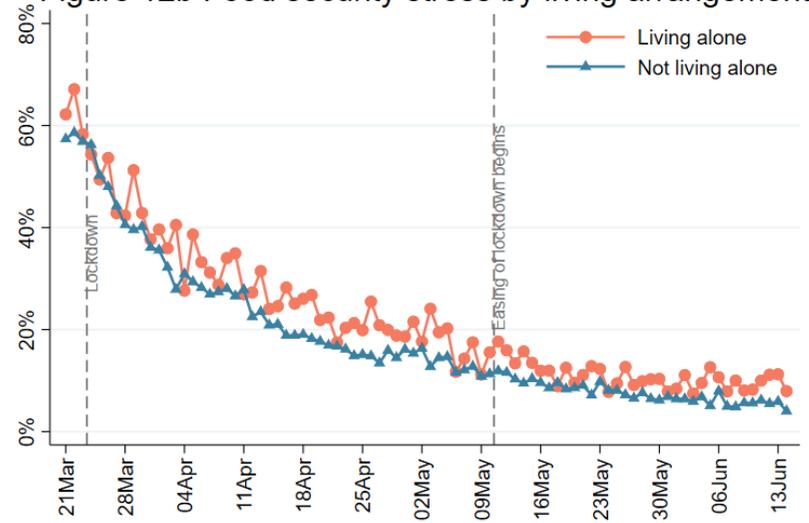


Figure 12c Food security stress by household income

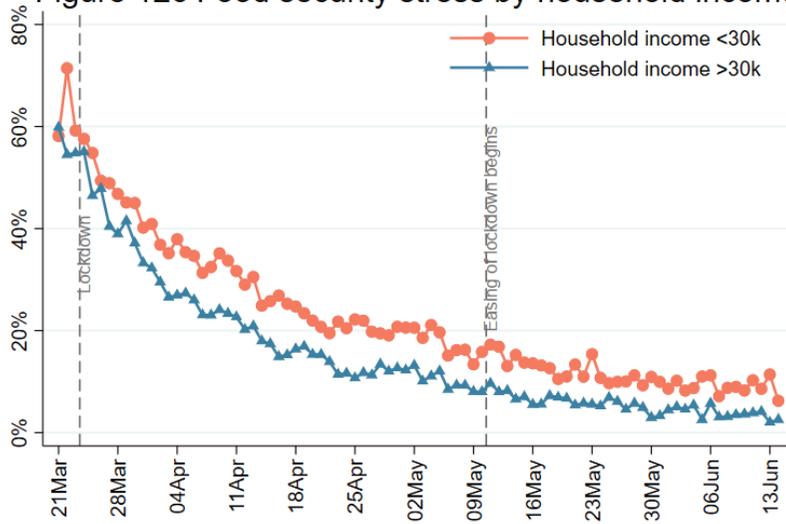


Figure 12d Food security stress by mental health

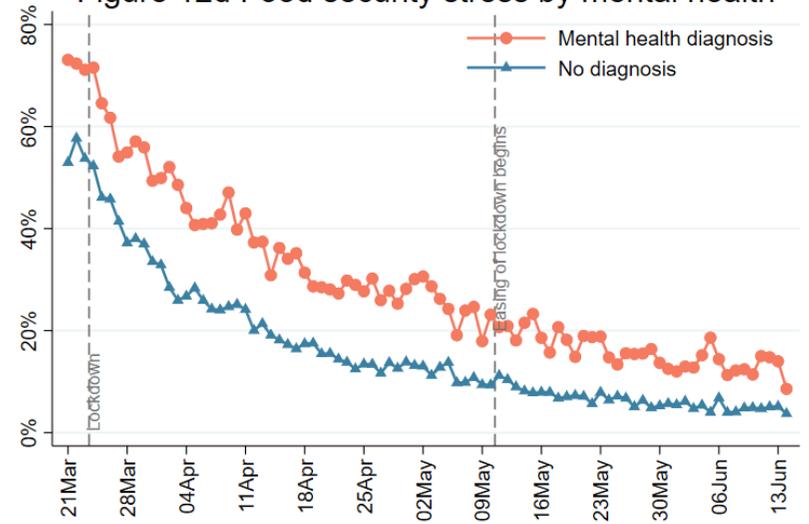


Figure 12e Food security stress by nations

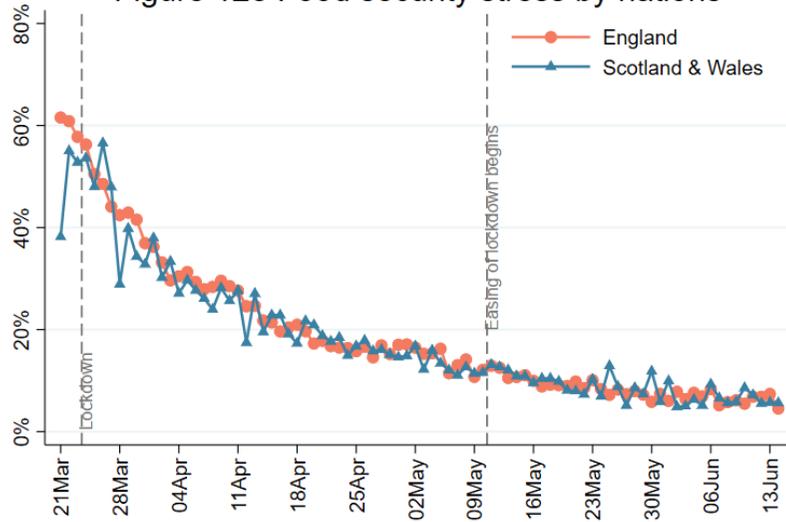


Figure 12f Food security stress by keyworker status

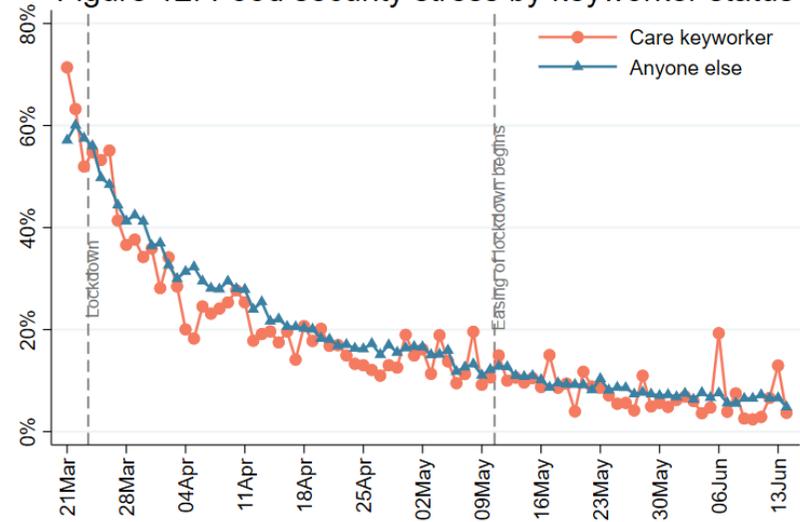


Figure 12g Food security stress by living with children

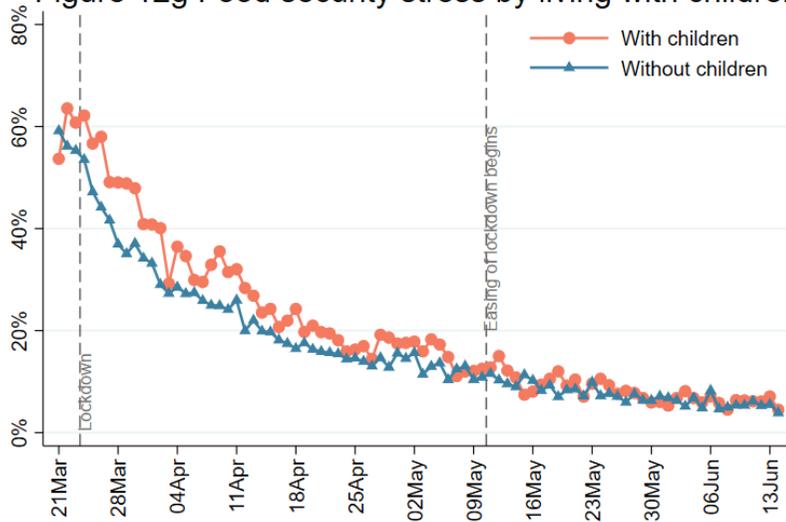
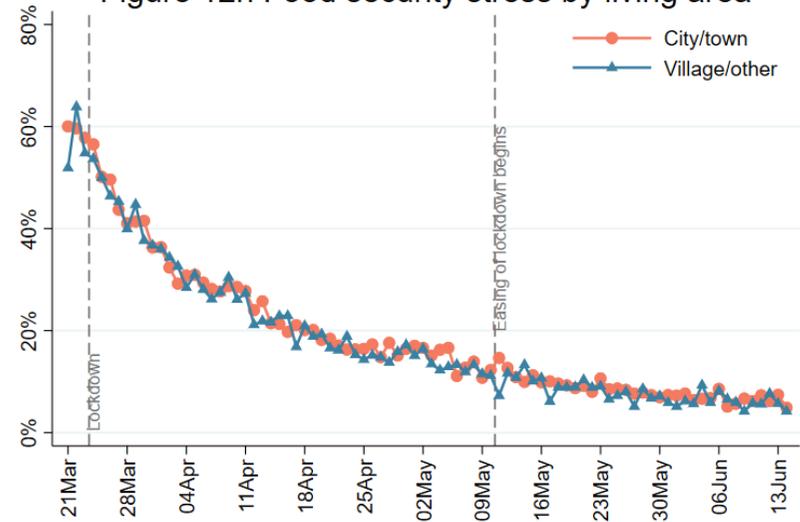
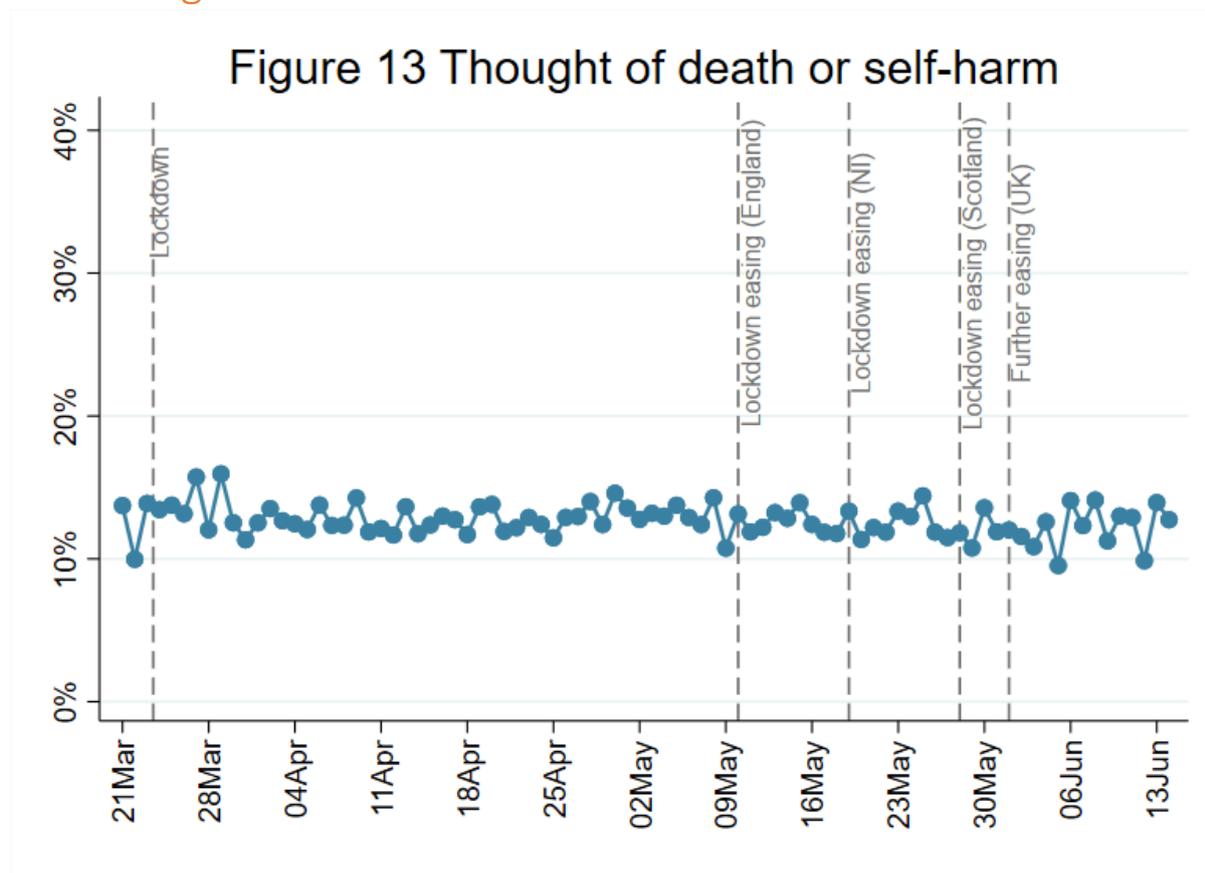


Figure 12h Food security stress by living area



### 3. Self-harm and abuse

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



#### FINDINGS

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

There continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 12 weeks. They remain higher amongst younger people, those with a lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.

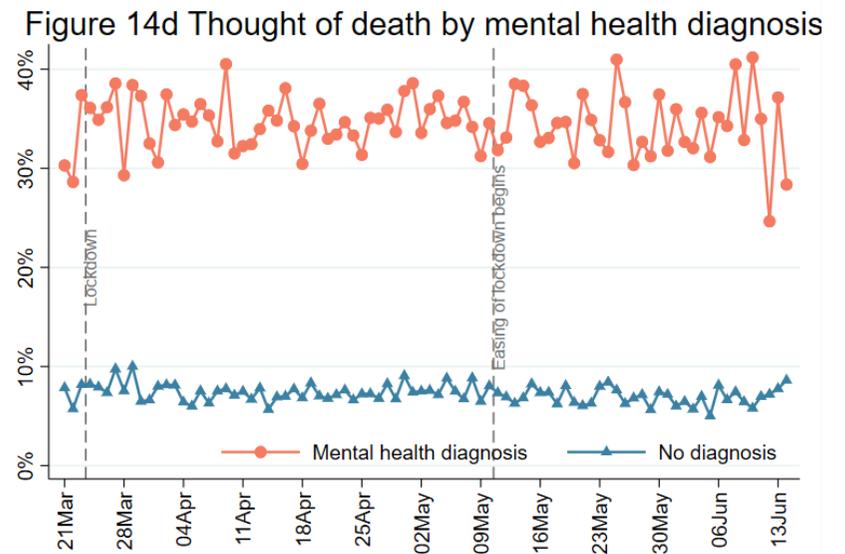
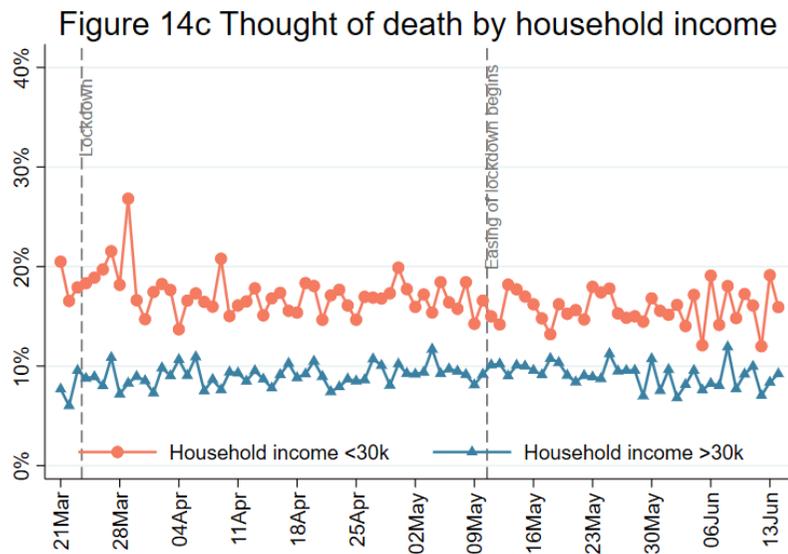
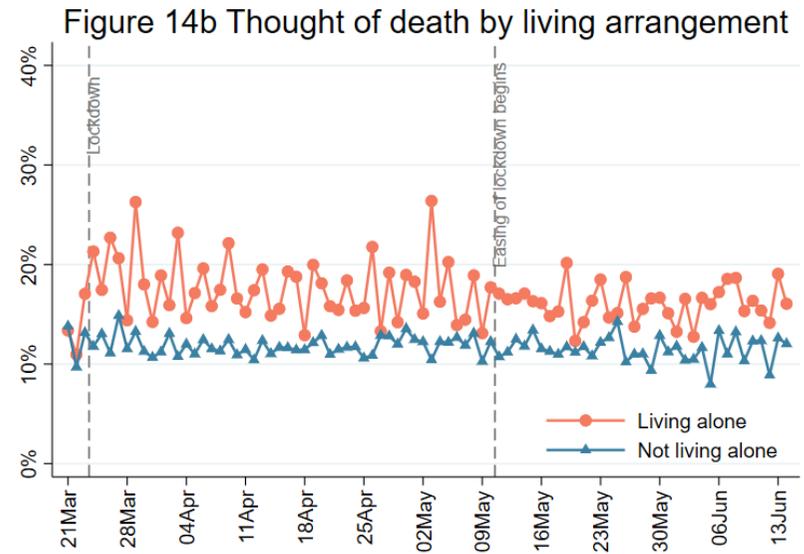
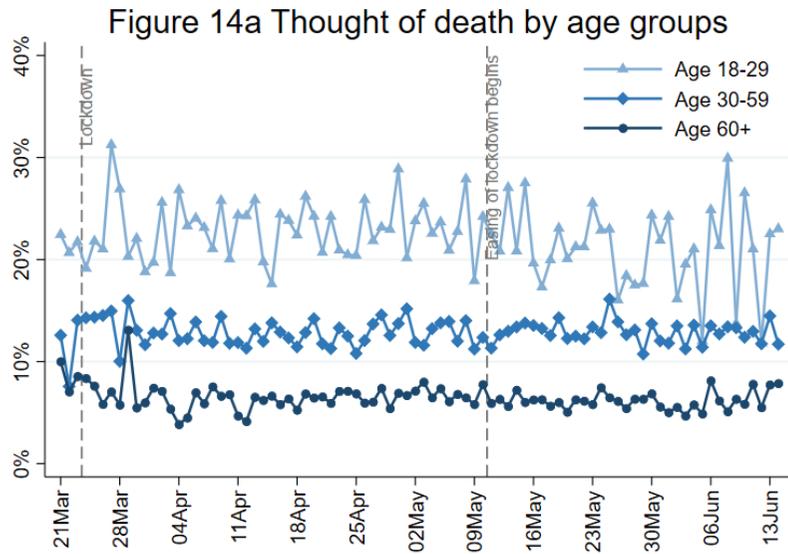


Figure 14e Thought of death by nations

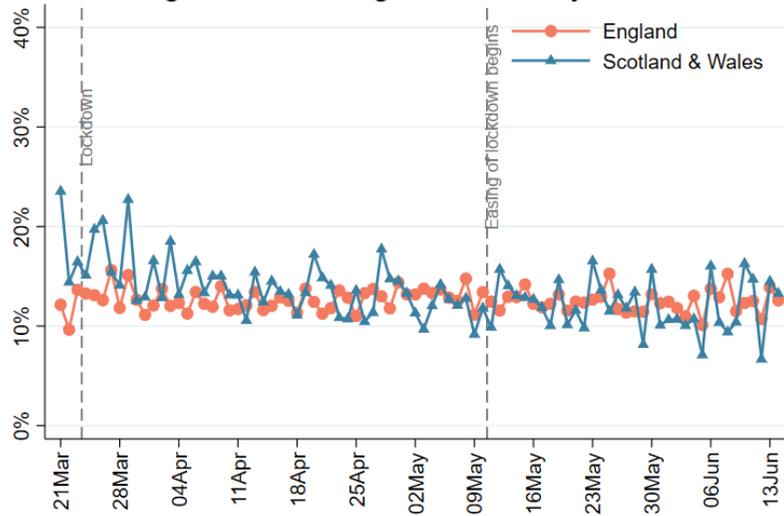


Figure 14f Thought of death by care keyworker status

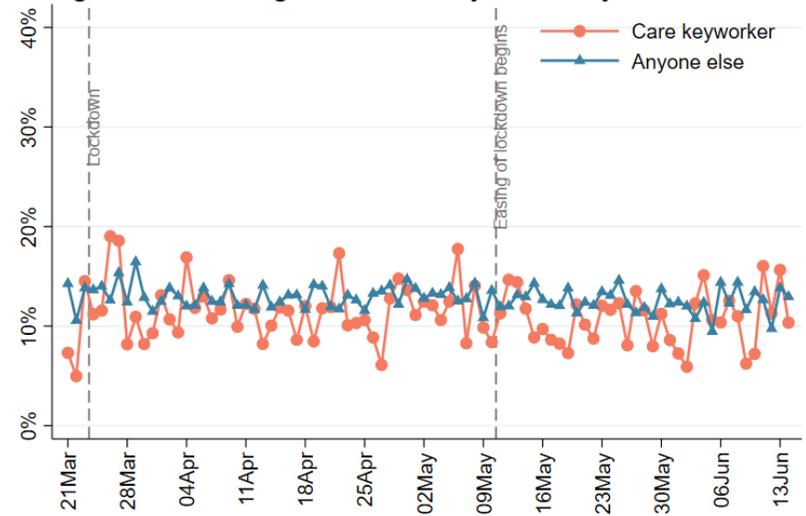


Figure 14g Thought of death by living with children

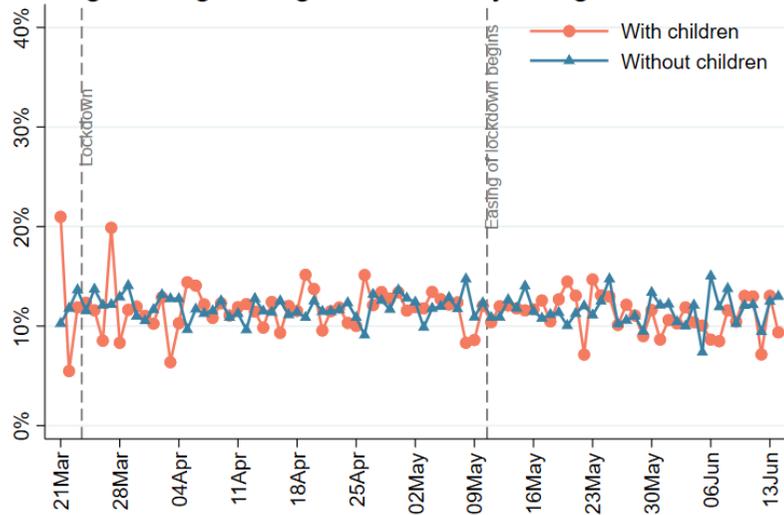
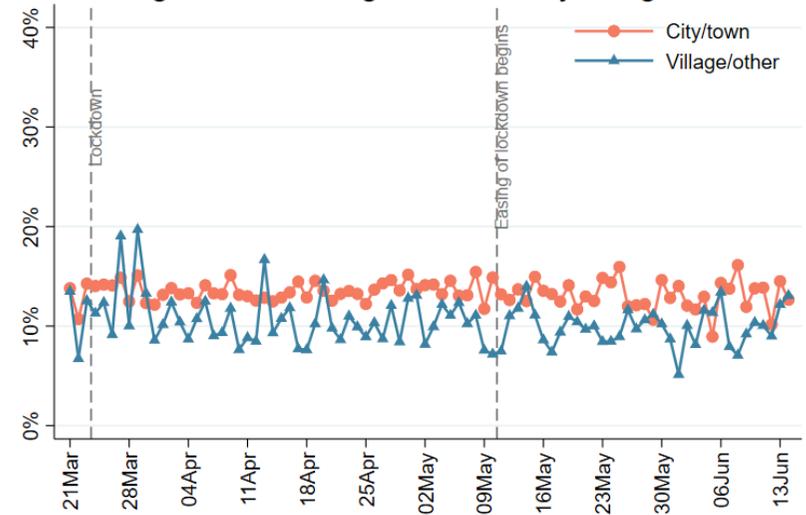
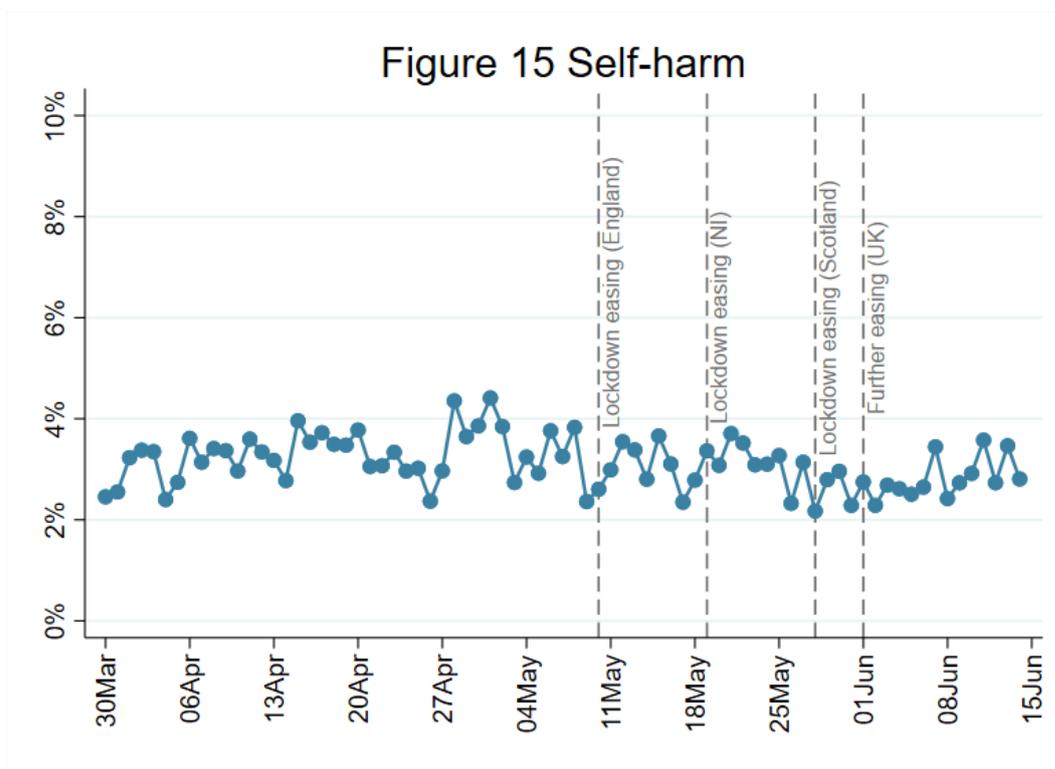


Figure 14h Thought of death by living area



## 3.2 Self-harm



### FINDINGS

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

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

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

Figure 16a Self-harm by age groups

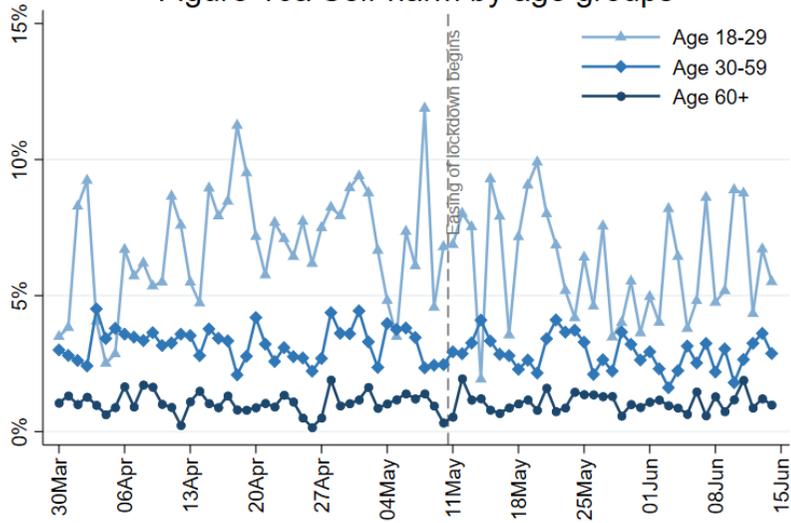


Figure 16b Self-harm by living arrangement

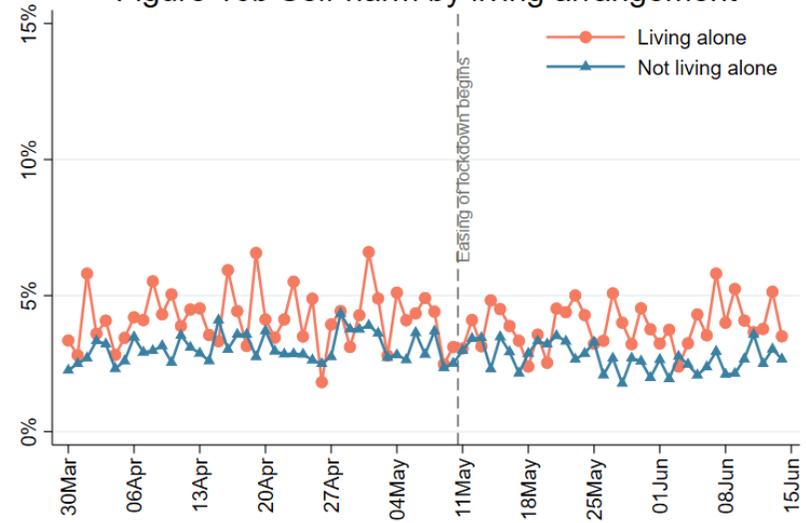


Figure 16c Self-harm by household income

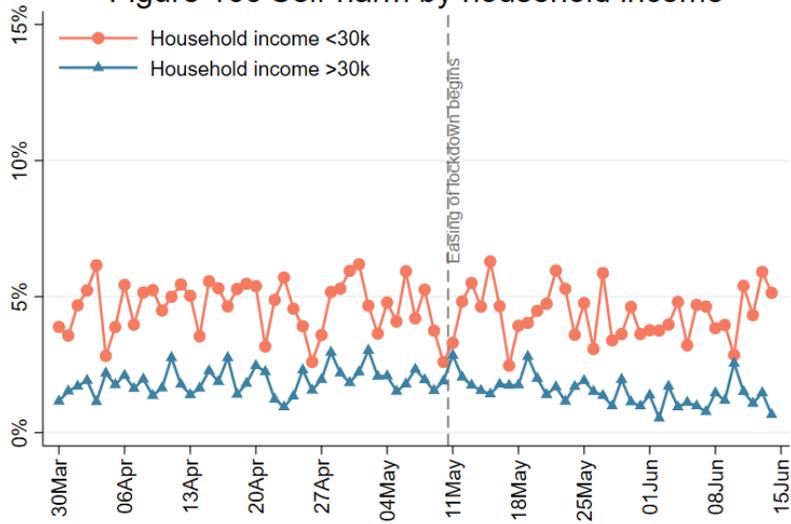


Figure 16d Self-harm by mental health diagnosis

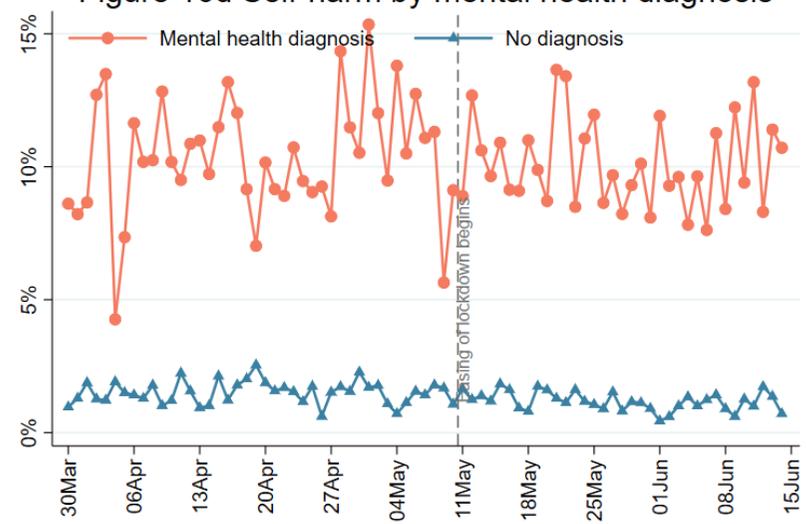


Figure 16e Self-harm by nations

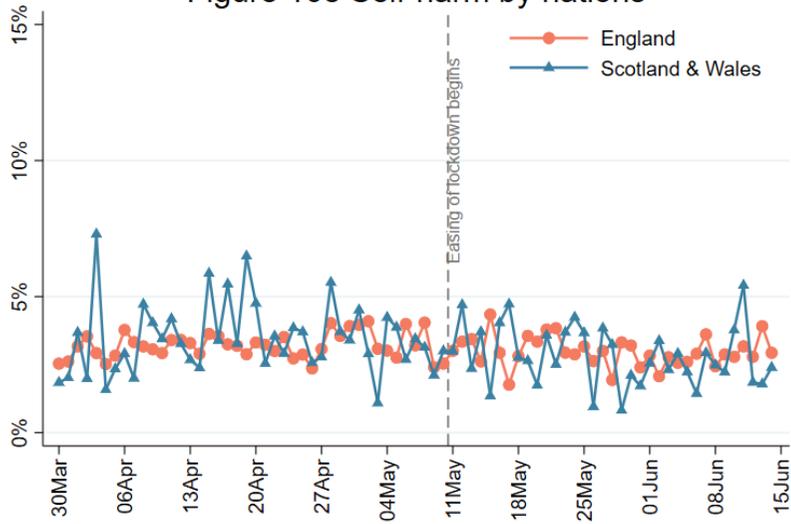


Figure 16f Self-harm by care keyworker status

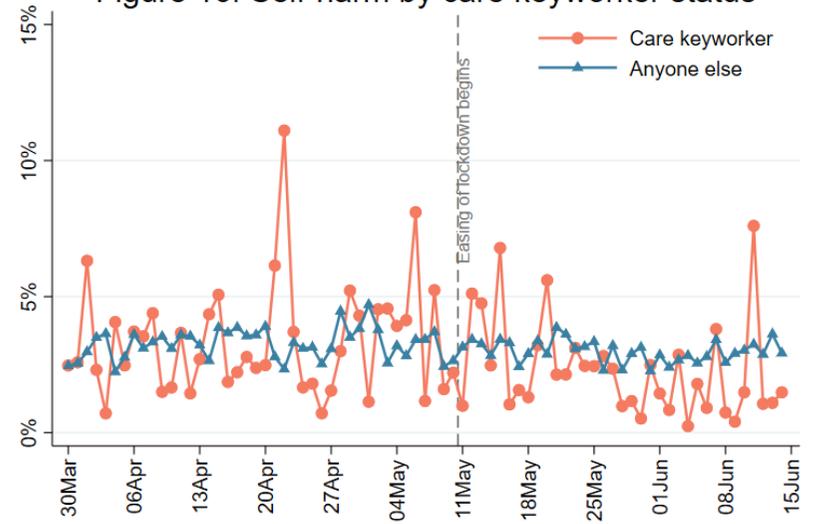


Figure 16g Self-harm by living with children

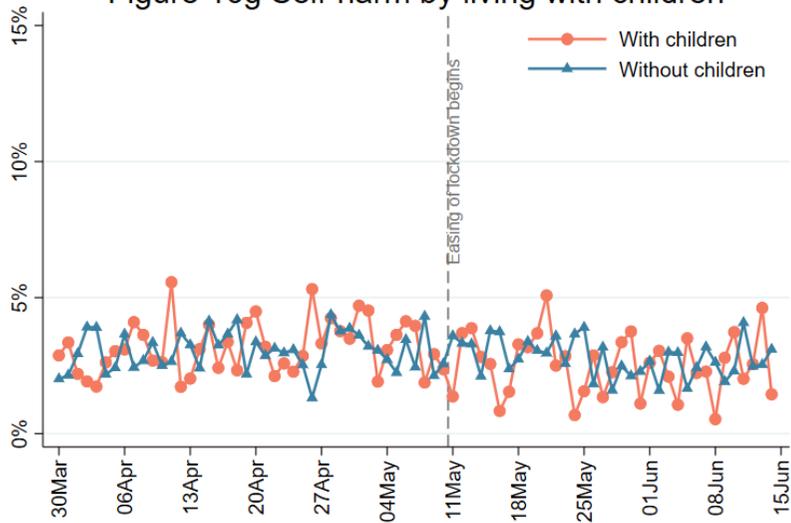
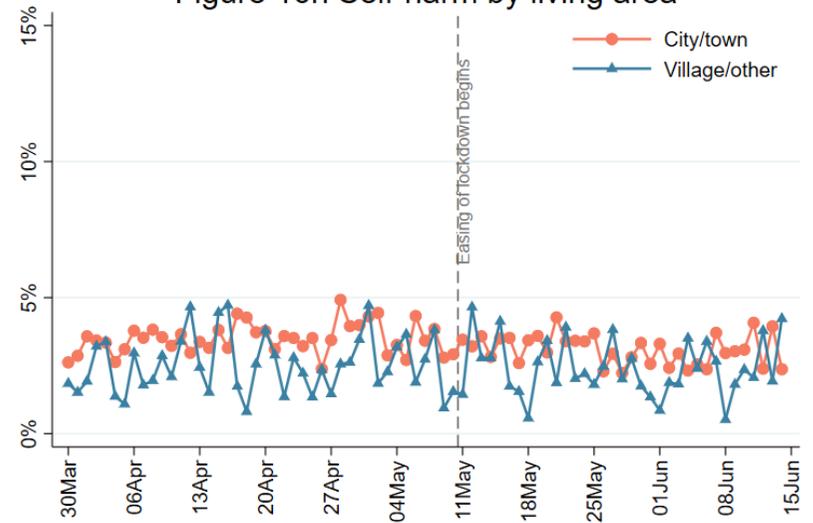
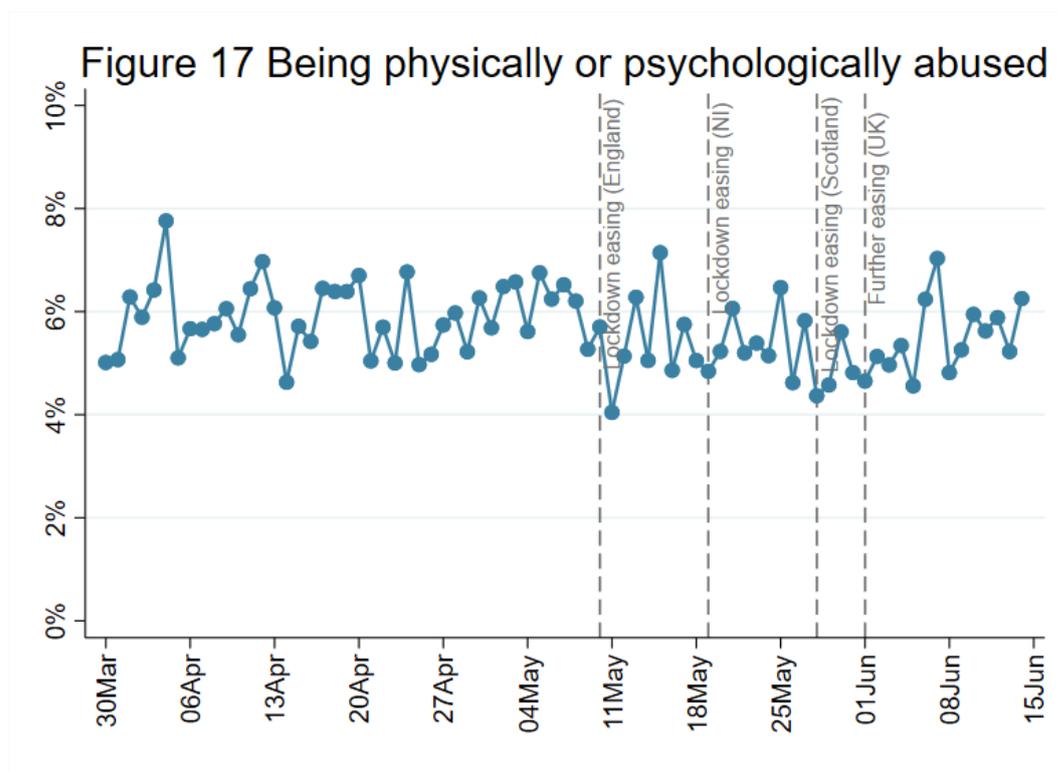


Figure 16h Self-harm by living area



### 3.3 Abuse



#### FINDINGS

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

Abuse remains relatively stable since the easing of lockdown was announced. Abuse has been reported to be higher amongst adults under the age of 60, those with lower household income and those with existing mental health conditions. It is also slightly higher in people living with children compared to those living with just other adults. It should be noted that not all people who are experiencing abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

Figure 18a Abuse by age groups

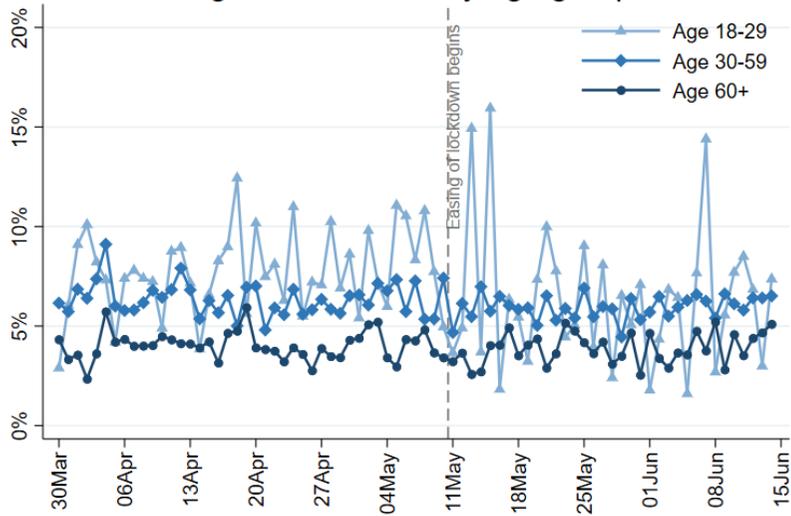


Figure 18b Abuse by living arrangement

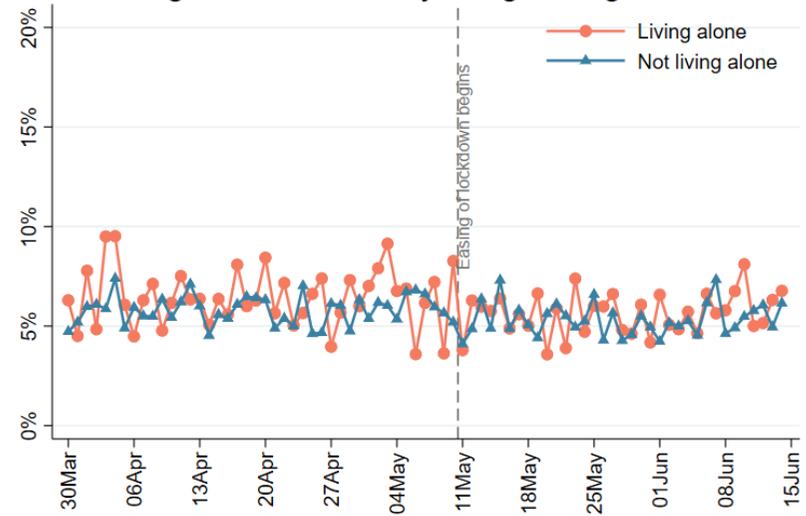


Figure 18c Abuse by household income

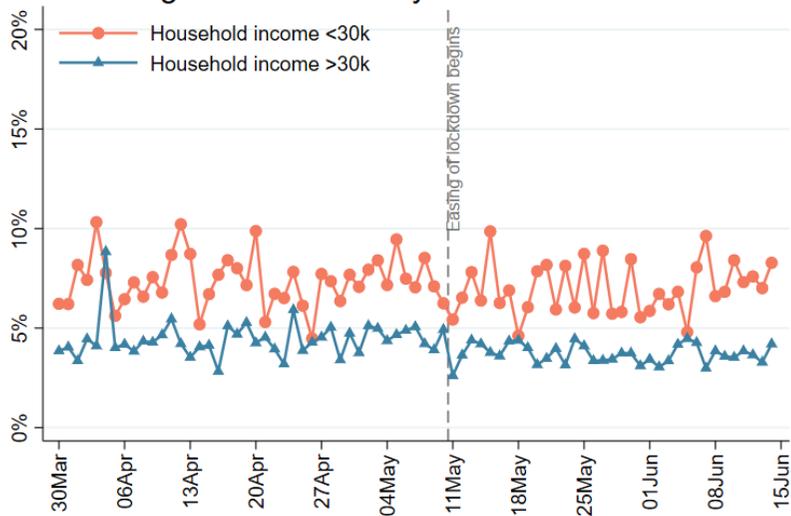


Figure 18d Abuse by mental health diagnosis

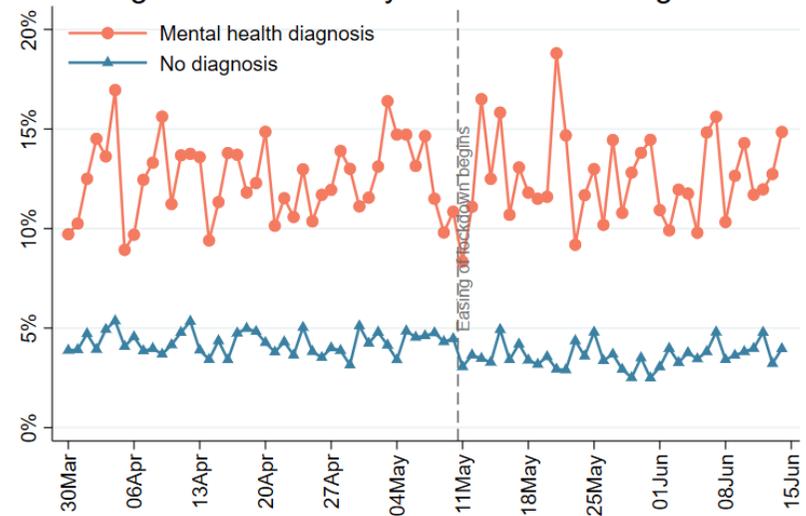


Figure 18e Abuse by nations

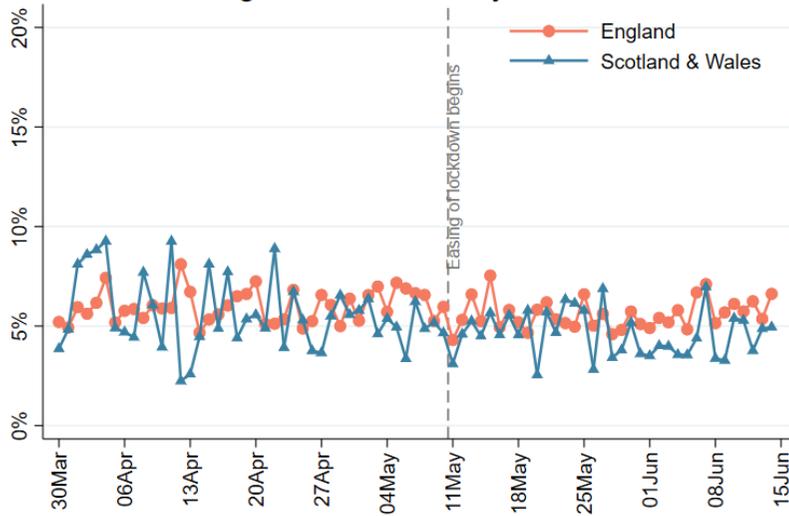


Figure 18f Abuse by care keyworker status

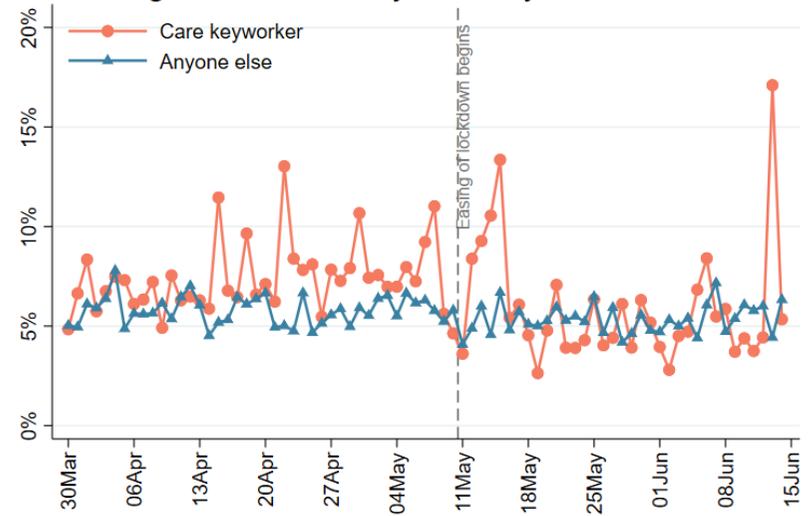


Figure 18g Abuse by living with children

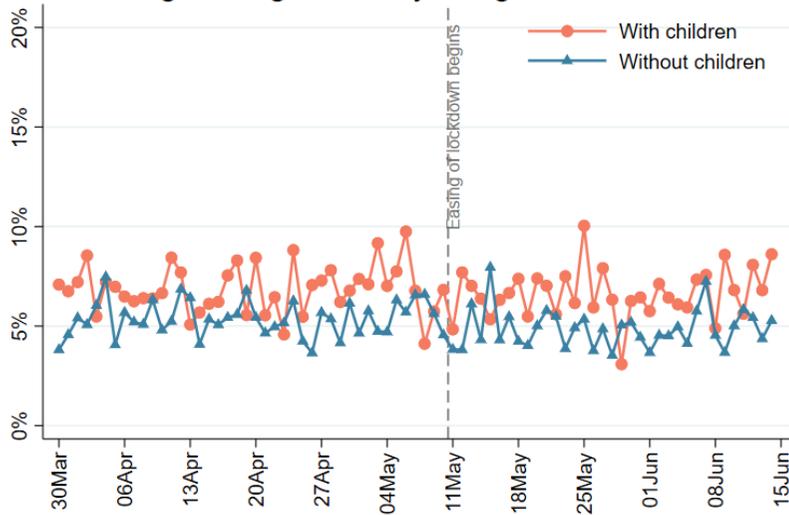
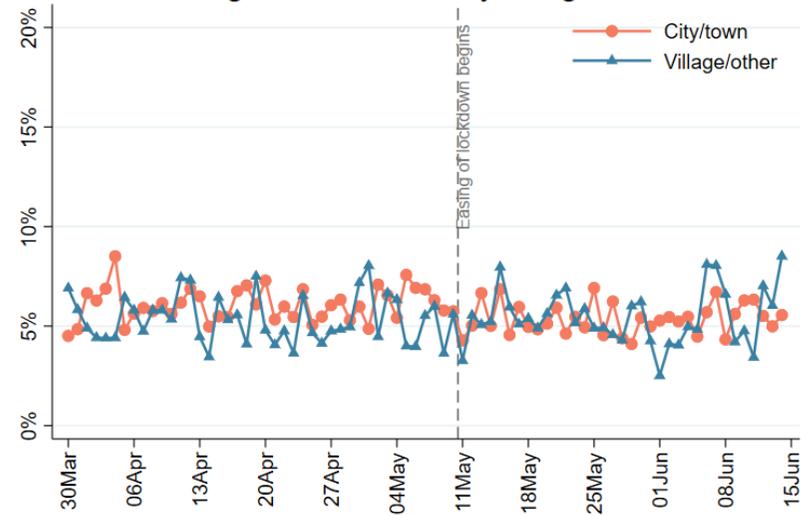
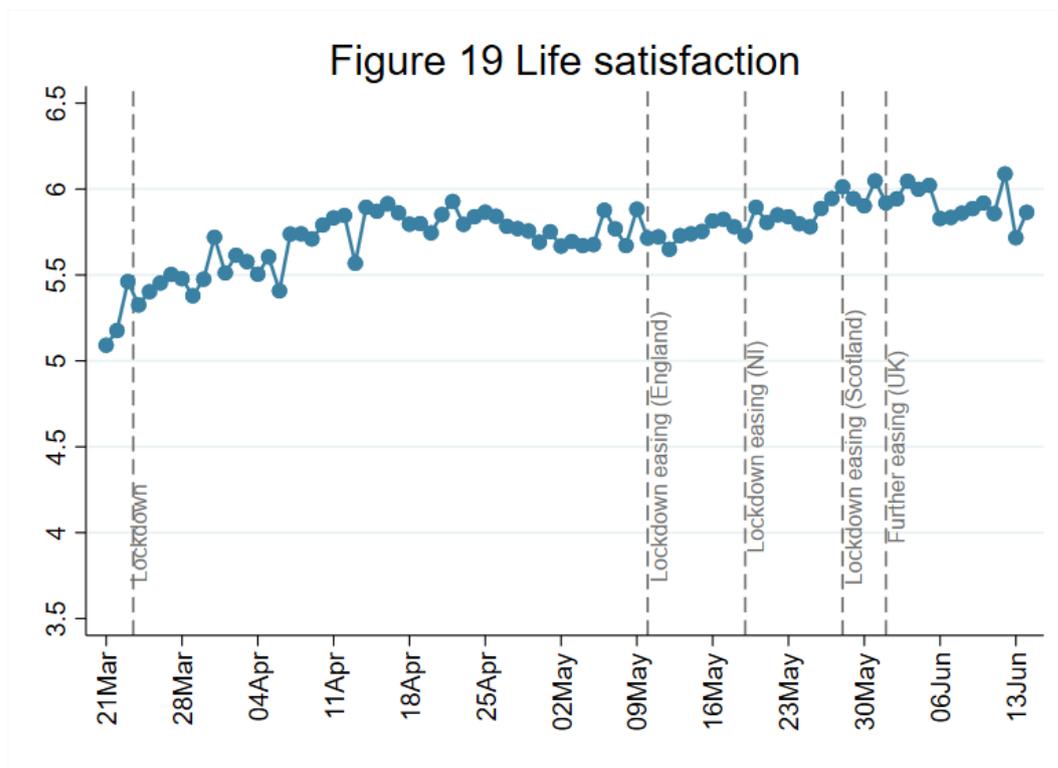


Figure 18h Abuse by living area



## 4. General well-being

### 4.1 Life satisfaction



#### FINDINGS

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

Life satisfaction has not shown any further improvements since the further easing of lockdown at the start of June was announced and appears to have plateaued. Whilst life satisfaction was lower amongst people with children during lockdown, this difference has disappeared as lockdown has begun to ease. It remains lowest in younger adults, people living alone, people with lower household income, people with diagnosed mental health conditions, and people living in urban areas. But it is similar across UK nations and amongst key workers.

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

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

Figure 20a Life satisfaction by age groups

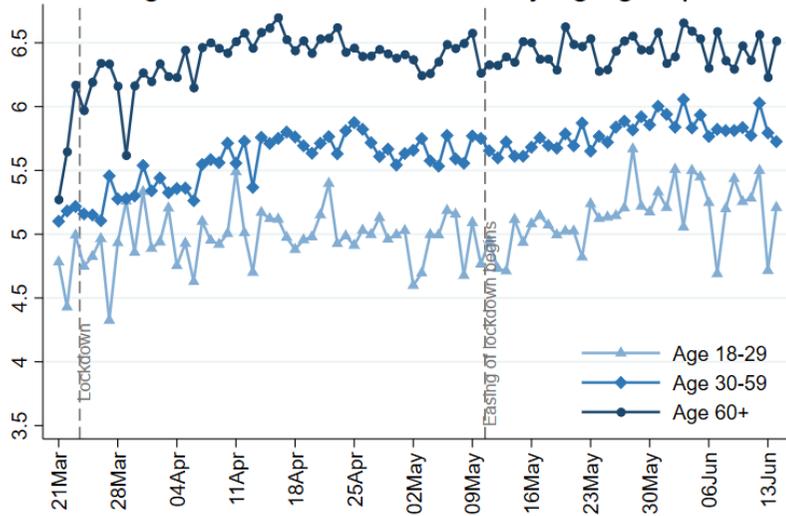


Figure 20b Life satisfaction by living arrangement

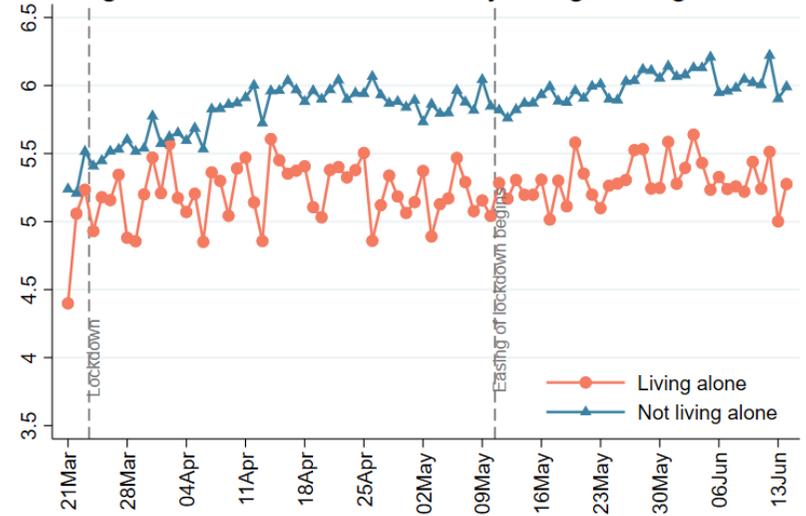


Figure 20c Life satisfaction by household income

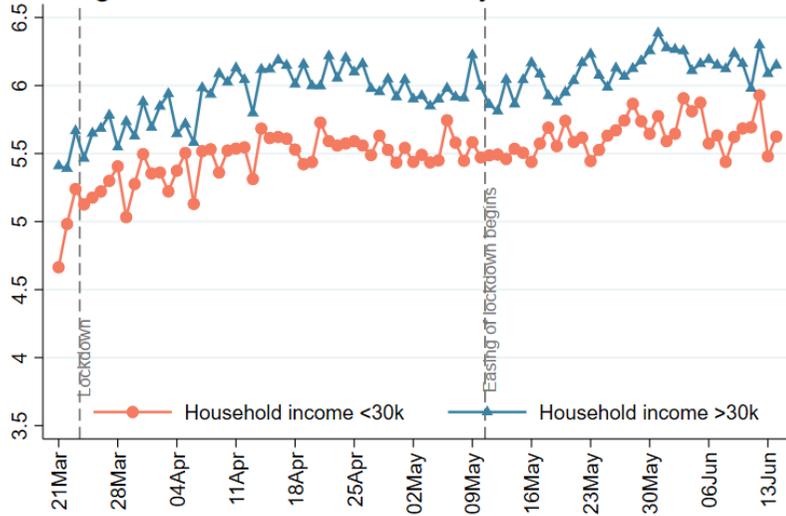


Figure 20d Life satisfaction by mental health diagnosis

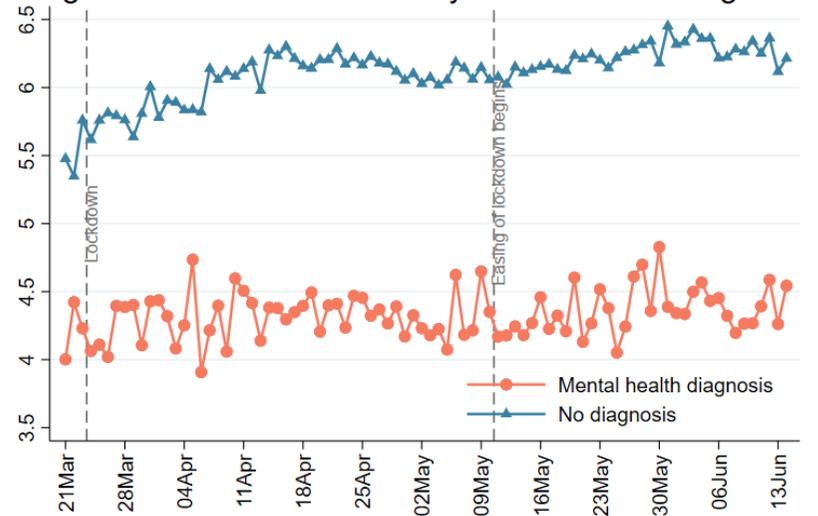


Figure 20e Life satisfaction by nations

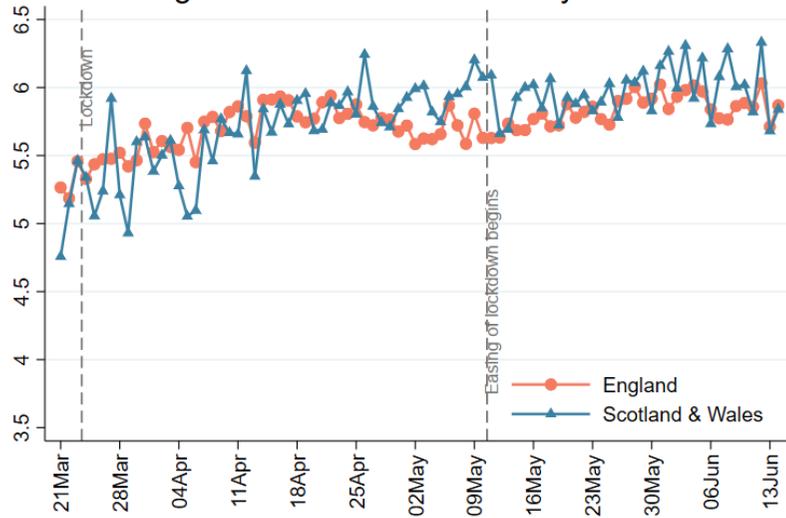


Figure 20f Life satisfaction by care keyworker status

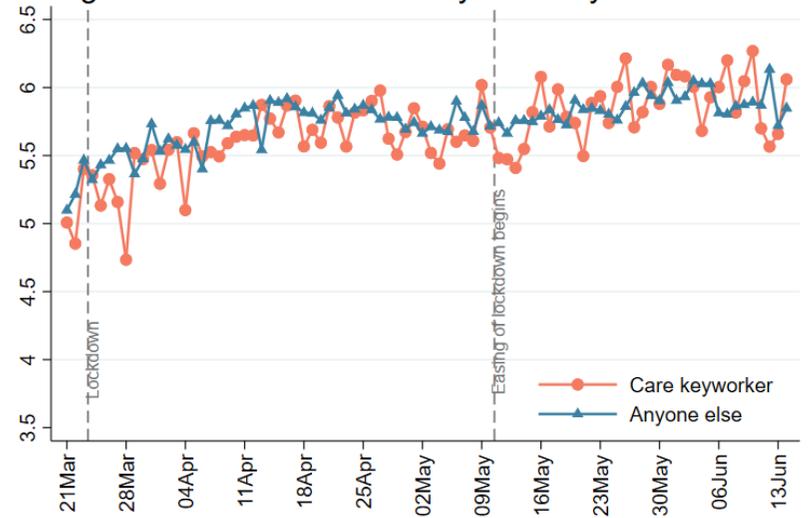


Figure 20g Life satisfaction by living with children

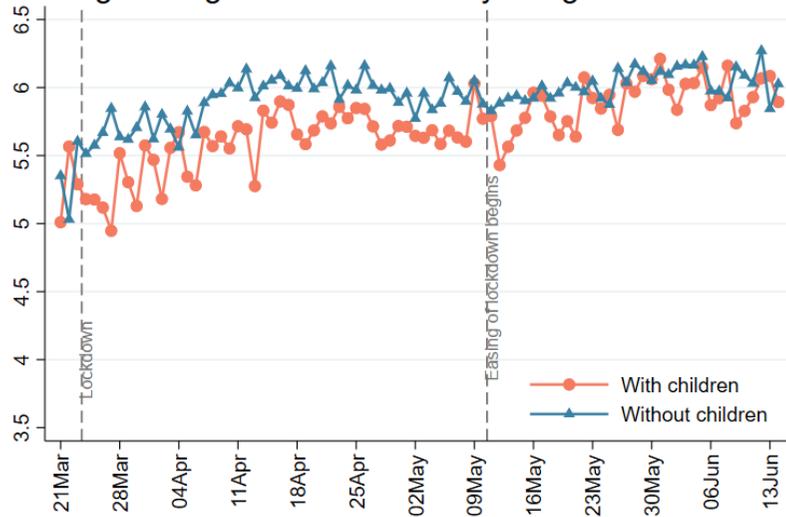
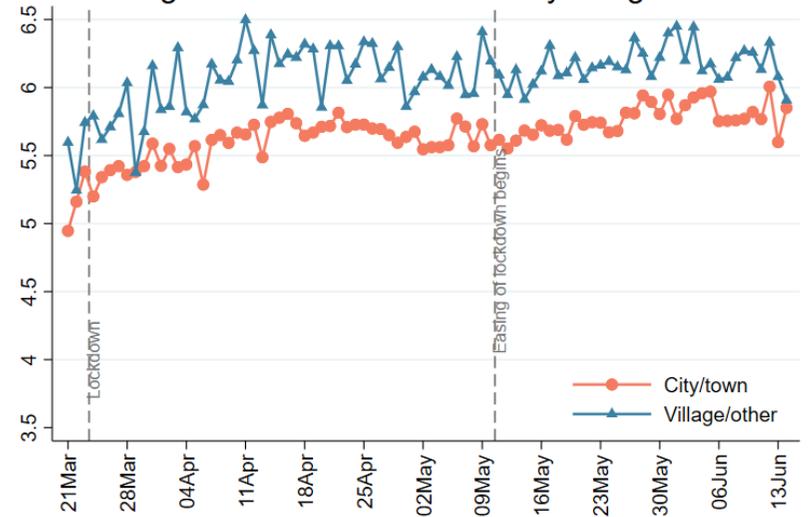
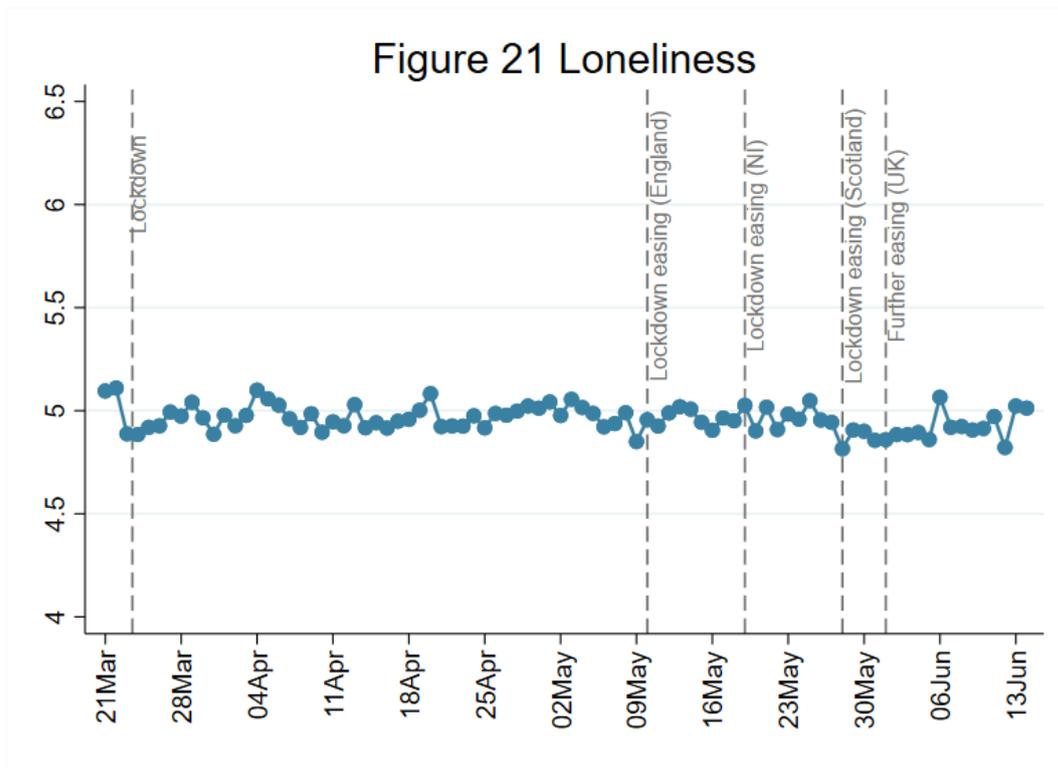


Figure 20h Life satisfaction by living area



## 4.2 Loneliness



### FINDINGS

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

Loneliness levels continue to remain relatively consistent and have notably not decreased since lockdown easing began. This is notable given that opportunities for socialising in person are now greater than over the past 12 weeks.

Levels of loneliness are still higher amongst younger adults, those with lower household income levels, and those with an existing diagnosed mental health condition. They are higher amongst people with children, and people living in urban areas.

Figure 22a Loneliness by age groups

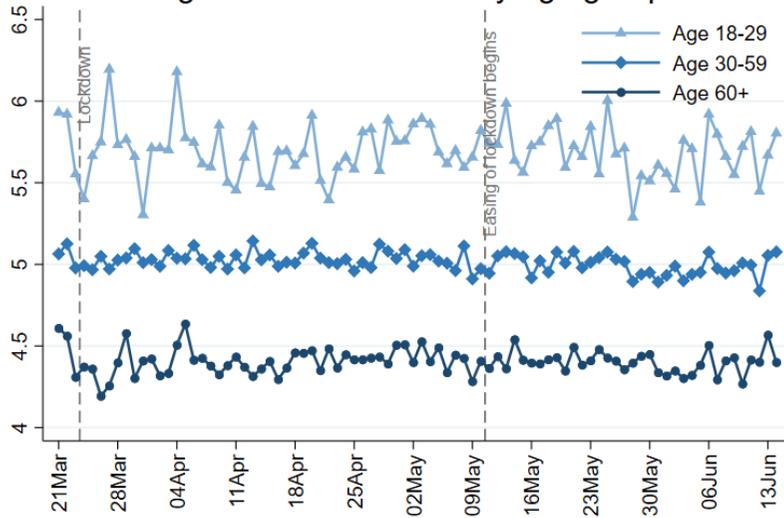


Figure 22b Loneliness by living arrangement

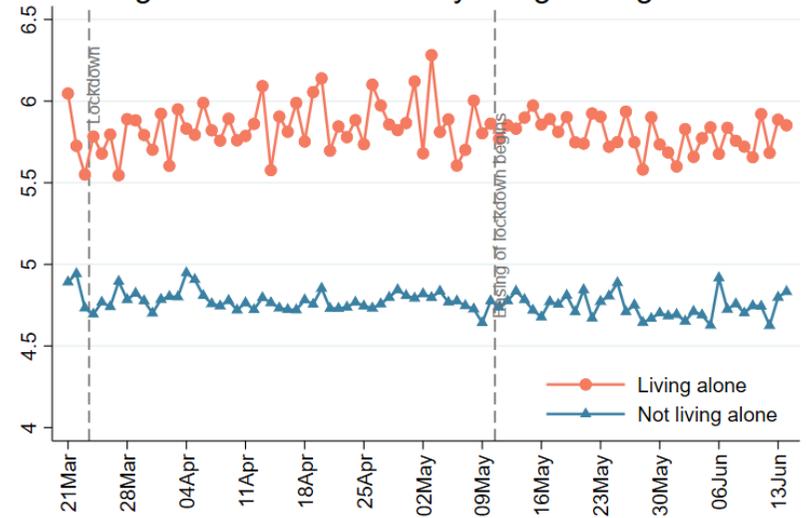


Figure 22c Loneliness by household income

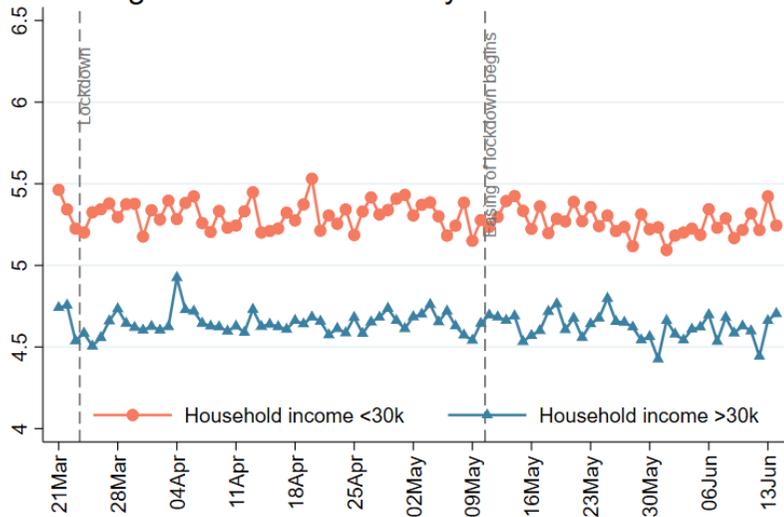


Figure 22d Loneliness by mental health diagnosis

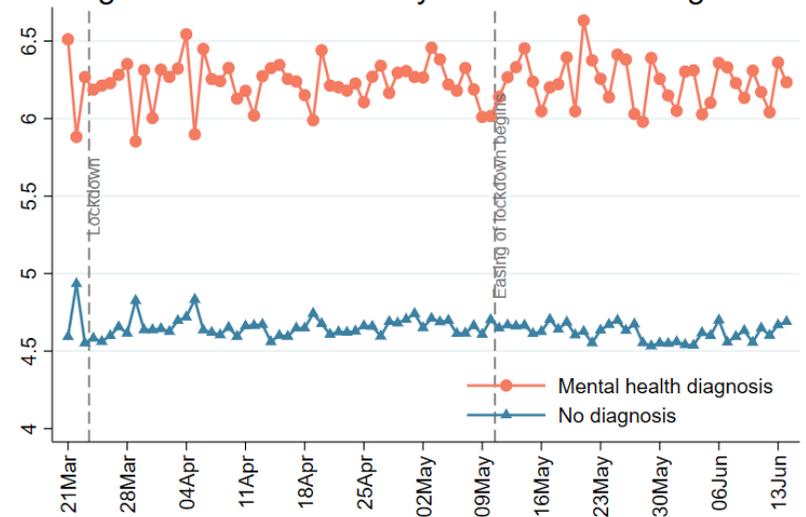


Figure 22e Loneliness by nations

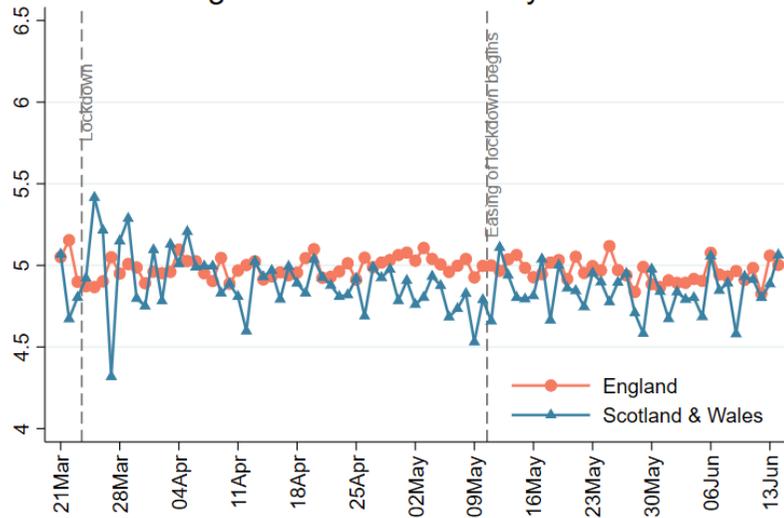


Figure 22f Loneliness by care keyworker status

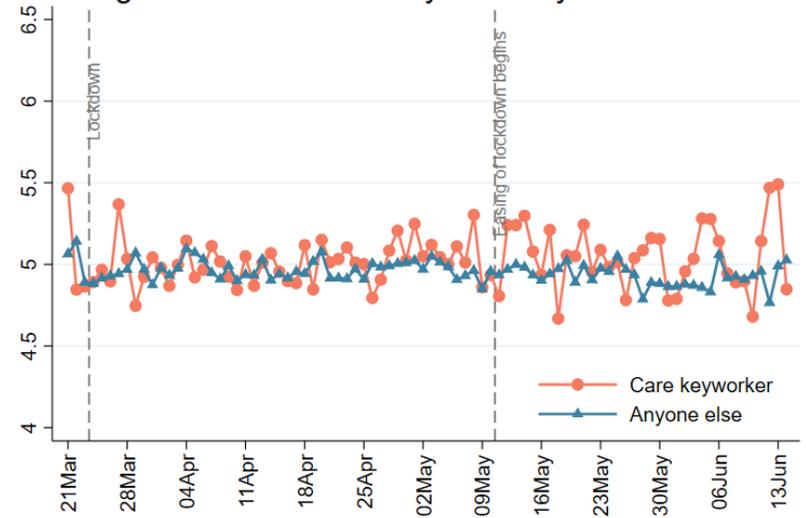


Figure 22g Loneliness by living with children

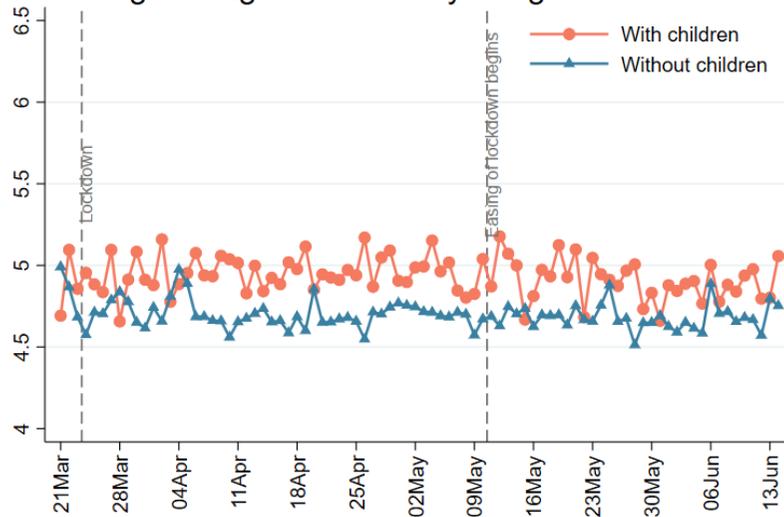
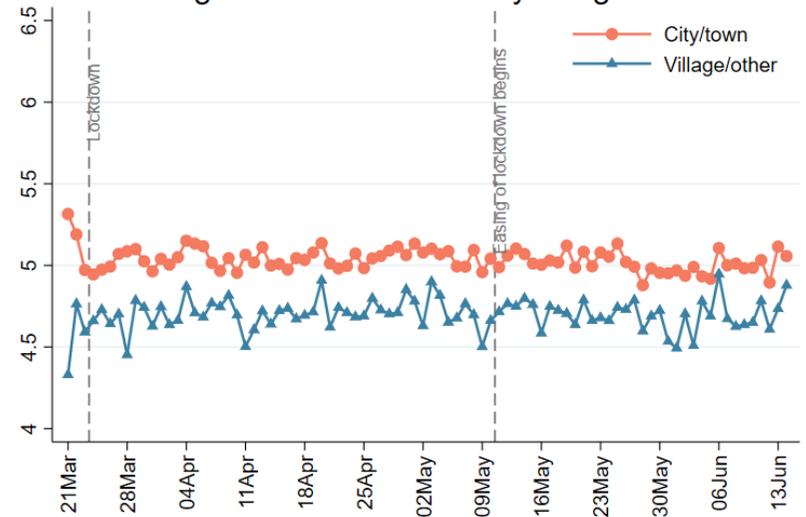
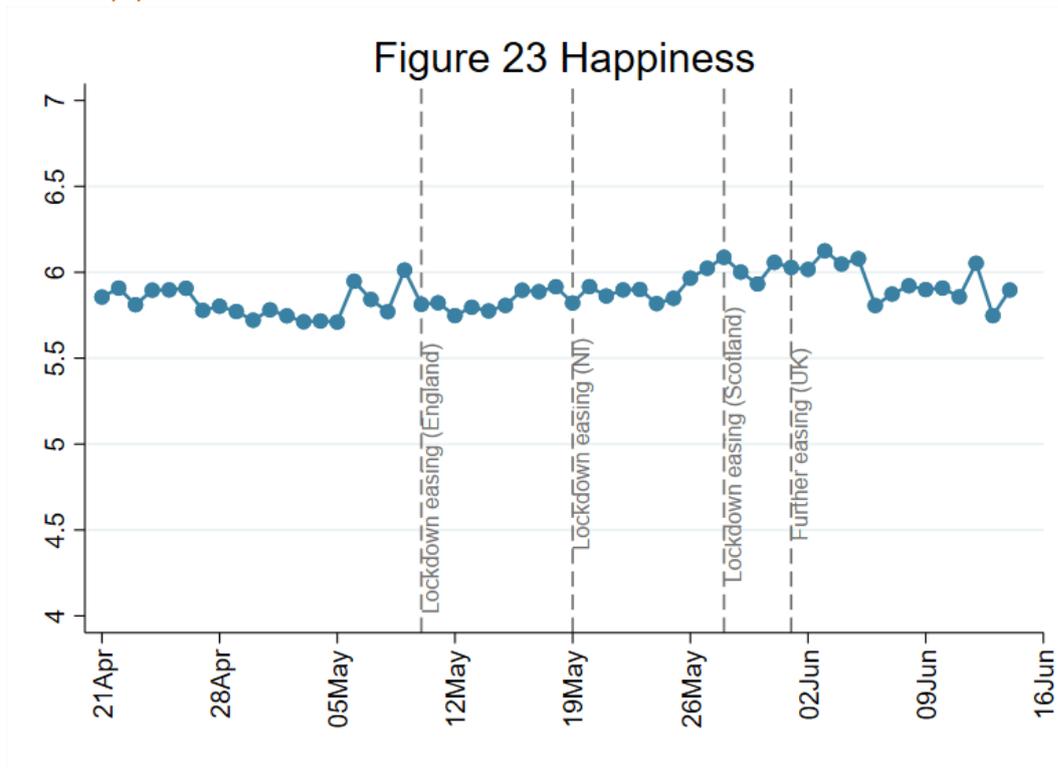


Figure 22h Loneliness by living area



## 4.3 Happiness



### FINDINGS

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

Happiness was relatively stable across the second part of lockdown, but increased slightly as lockdown restrictions began to be lifted. In the past week happiness levels have, however, been slightly lower again. Happiness levels have been lowest across lockdown amongst younger adults, those living alone, those with lower household income, people with diagnosed mental health conditions, and people living in urban areas.

Figure 24a Happiness by age groups

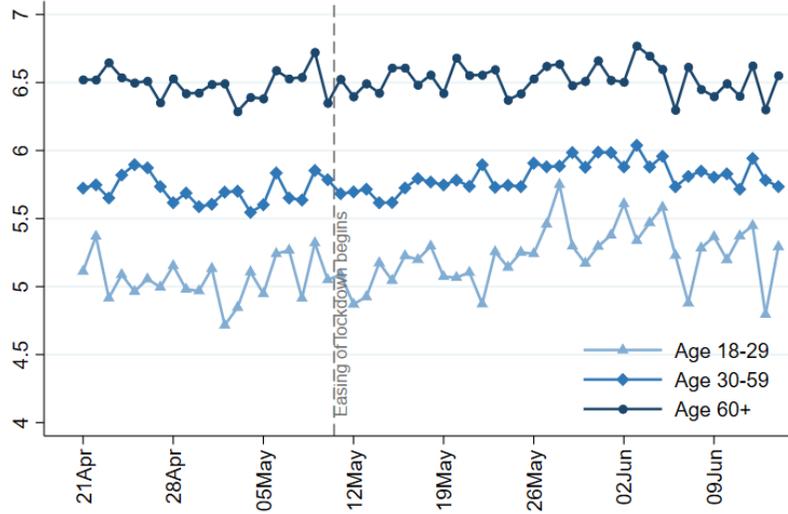


Figure 24b Happiness by living arrangement

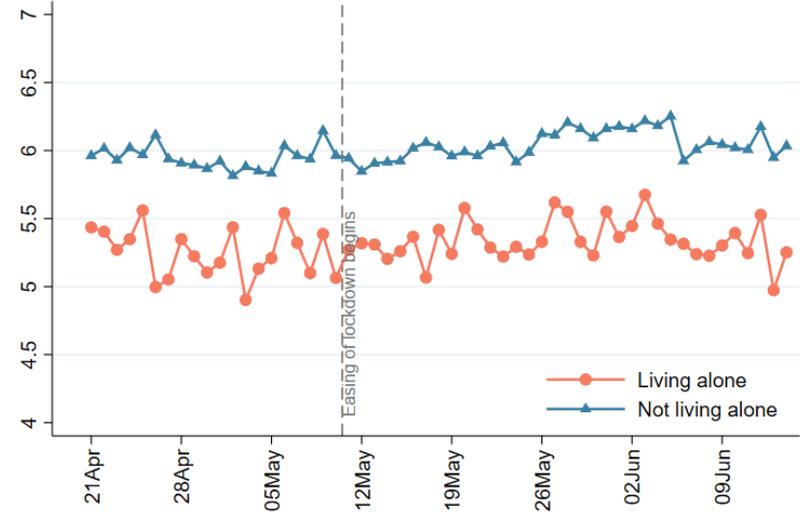


Figure 24c Happiness by household income

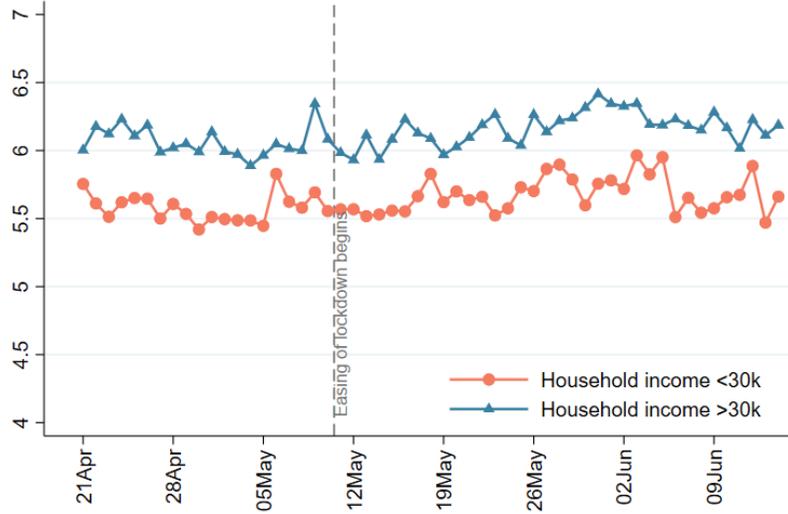


Figure 24d Happiness by mental health

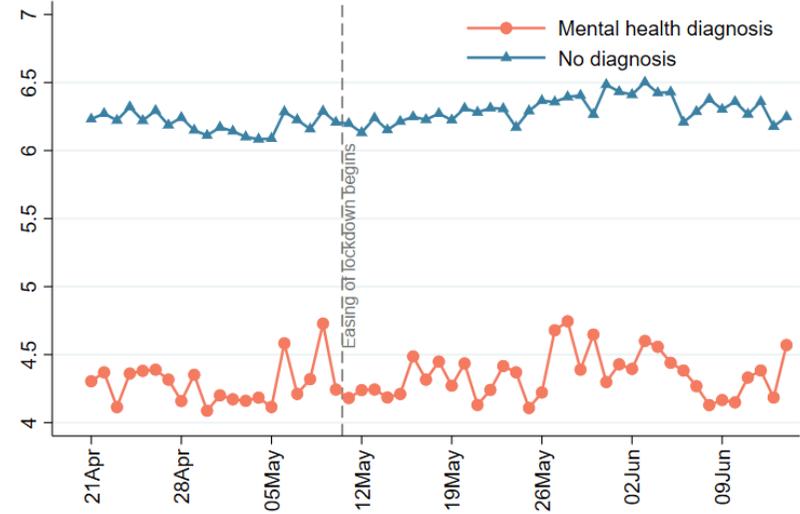


Figure 24e Happiness by nations

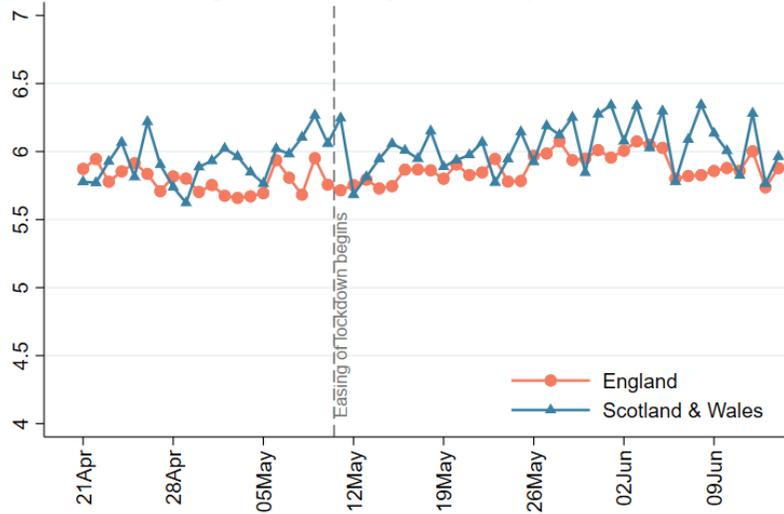


Figure 24f Happiness by care keyworker status

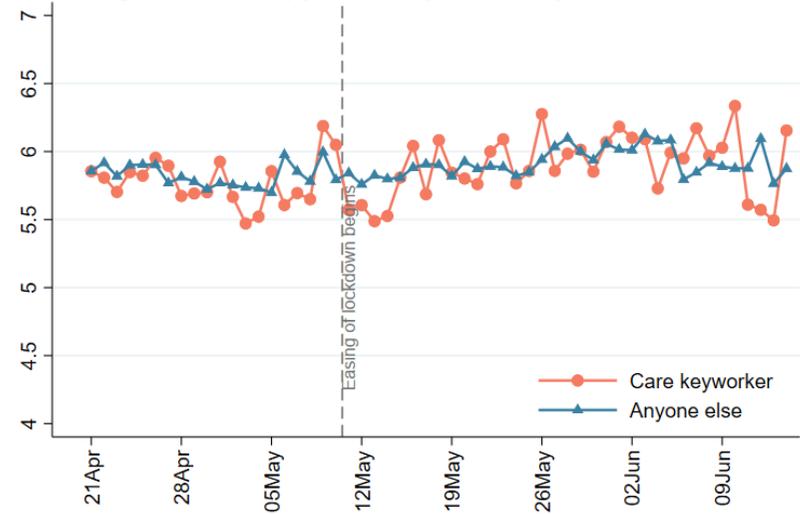


Figure 24g Happiness by living with children

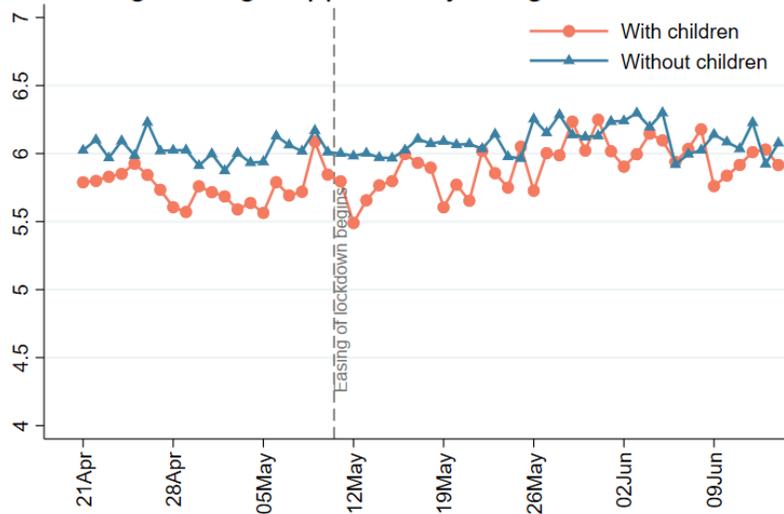
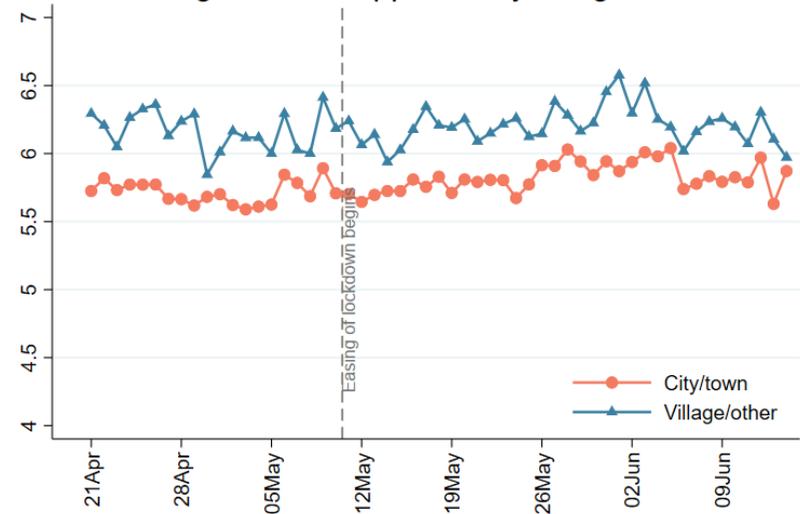
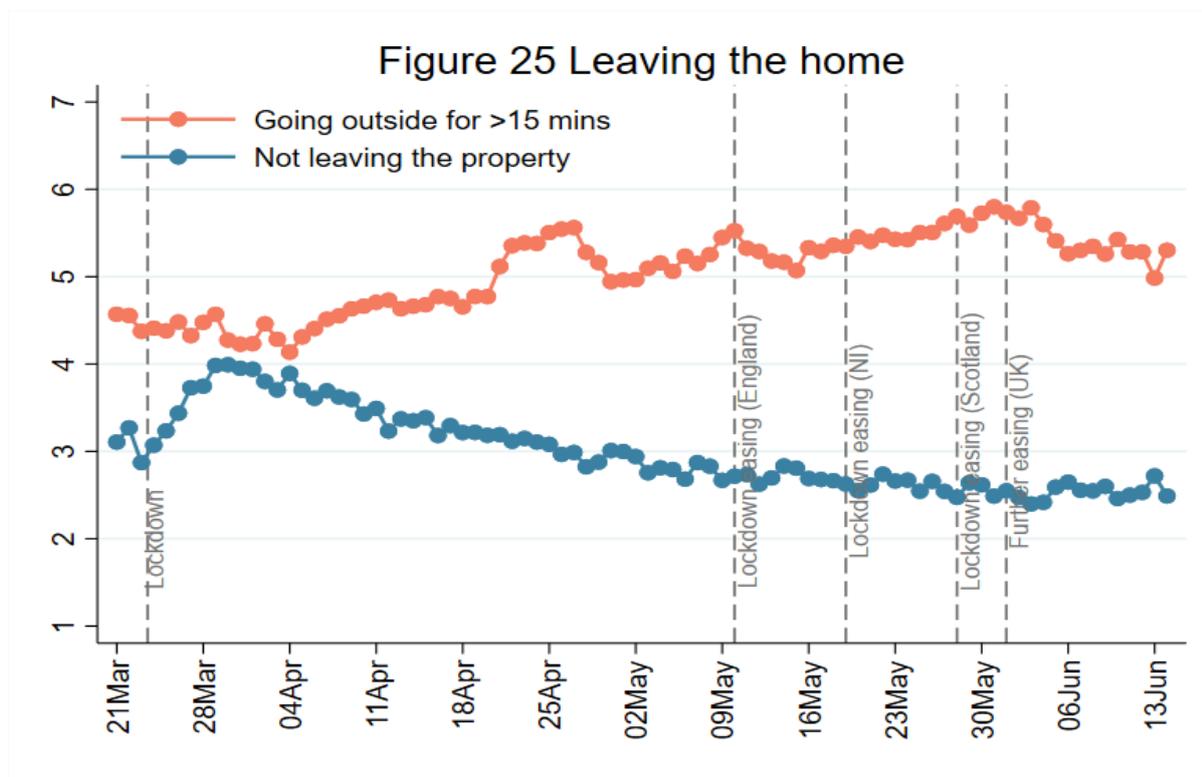


Figure 24h Happiness by living area



## 5. Behaviours & further worries

### 5.1 Time outside the home



#### FINDINGS

We asked participants to report how many days in the past week they had not left their homes (with homes defined to include gardens or other outside space on their property). In the week following the announcement of lockdown, adults on average reported staying at home for 4 out of 7 days. This is in spite of the guidelines allowing people to leave the home for daily exercise and essential trips for food or medication. Over lockdown, people have gradually been going out more days each week and spending less time just in their homes. However, in the past two weeks this has plateaued, with people on average still spending two or three days a week not leaving their property. There has been little difference by age group or depending on whether people live alone, with children, or in urban vs rural areas. But people with lower household income have spent the most time in their homes, as have people with a mental illness. Keyworkers have been out of their homes more, likely due to job demands.<sup>4</sup>

We also asked participants to report how many days they managed to get at least 15 minutes of time outdoors. This could include either outside of their properties or in gardens, giving a broader perspective than the previous question. In the early fortnight of lockdown people reported only getting fresh air on 4-5 days per week, but this increased across lockdown, in particular in reports of the week following the Easter bank holiday weekend. In the past week, this has declined, perhaps in response to poorer weather. Many of the predictors of getting fresh air are the same as predictors of time staying at home, but in addition, younger adults have been less likely to go outdoors for even 15 minutes each day across lockdown, as have people living alone, and people living in urban areas.

<sup>4</sup> In further analyses, there was no difference in results depending on whether people had gardens or not.

Figure 26a Days of not leaving the property by age groups

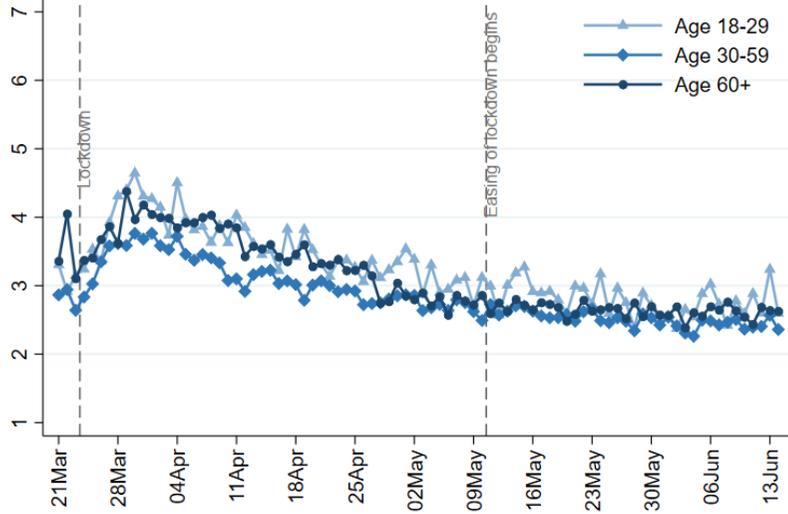


Figure 26b Days of not leaving the property by living arrangement

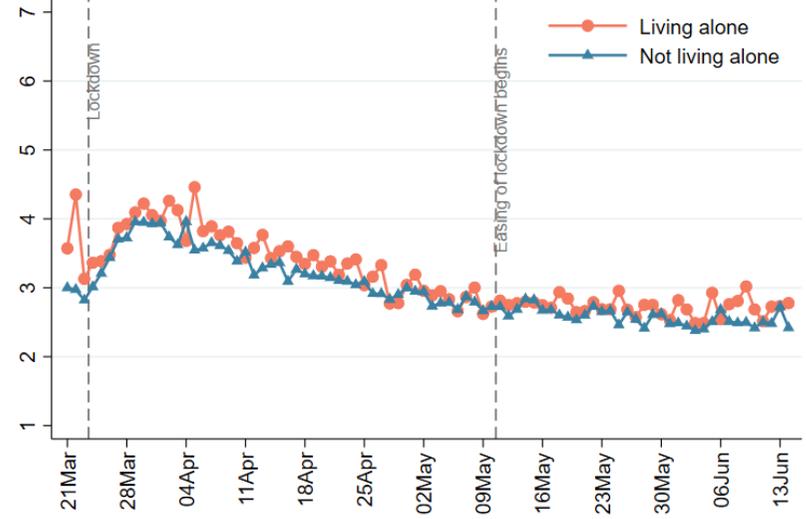


Figure 26c Days of not leaving the property by household income

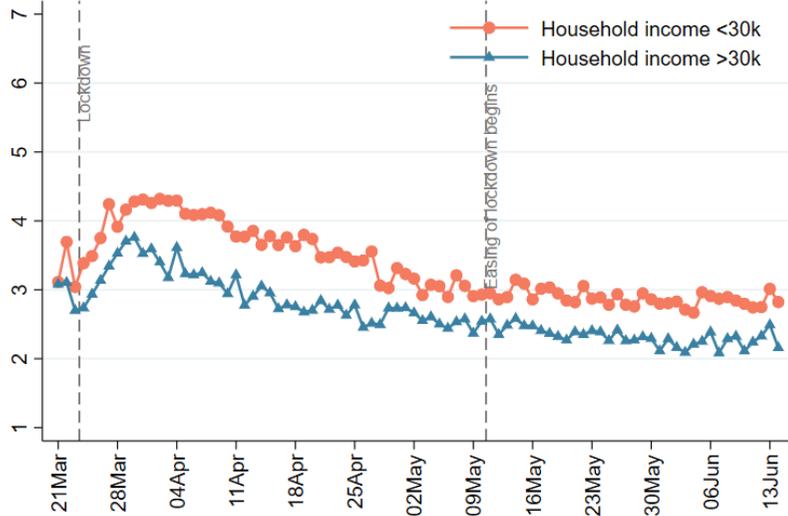


Figure 26d Days of not leaving the property by mental health

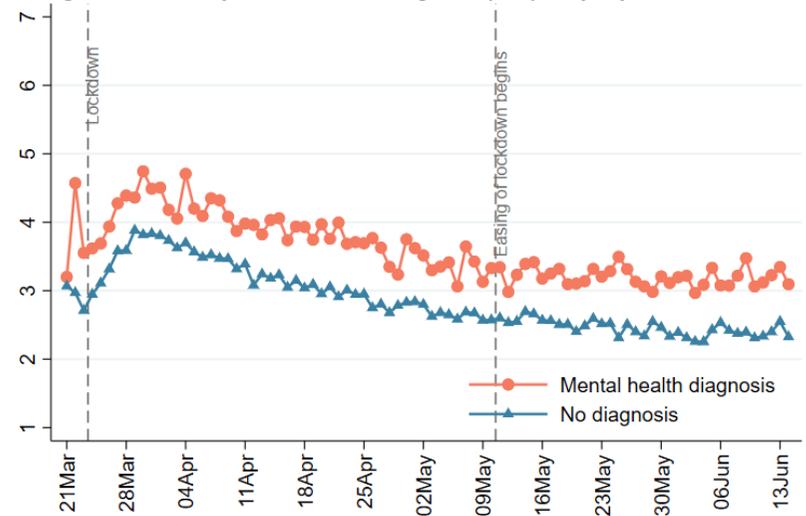


Figure 26e Days of not leaving the property by nations

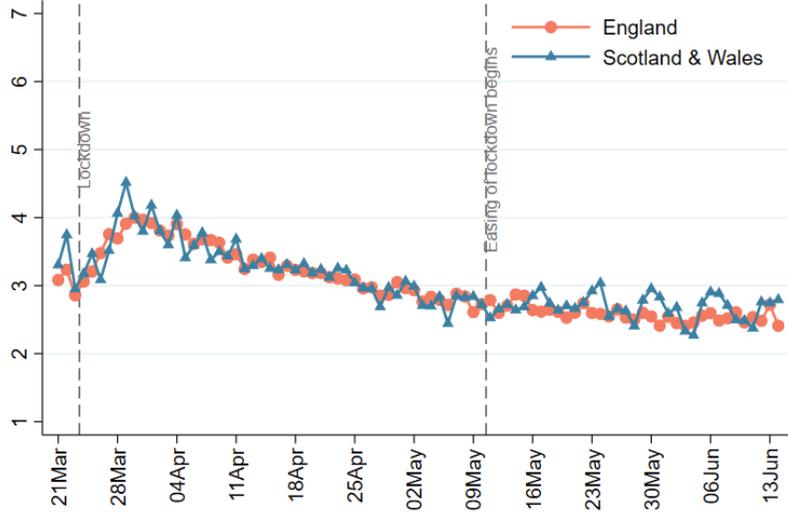


Figure 26f Days of not leaving the property by keyworker status

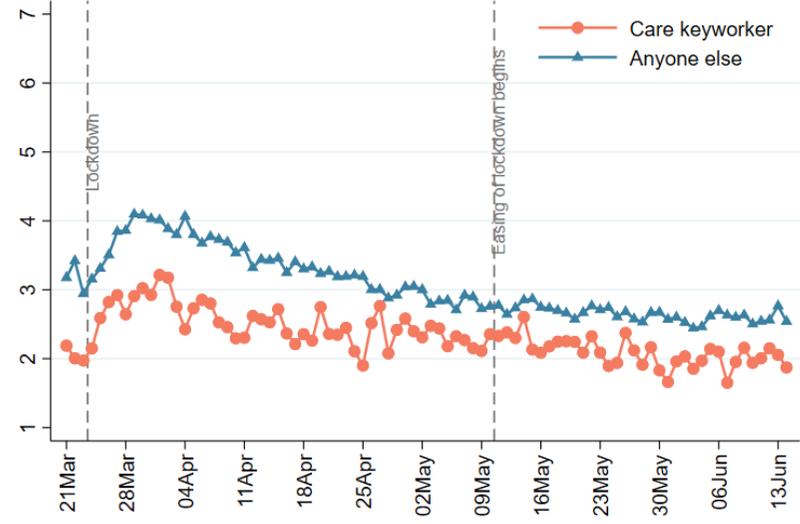


Figure 26g Days of not leaving the property by living with children

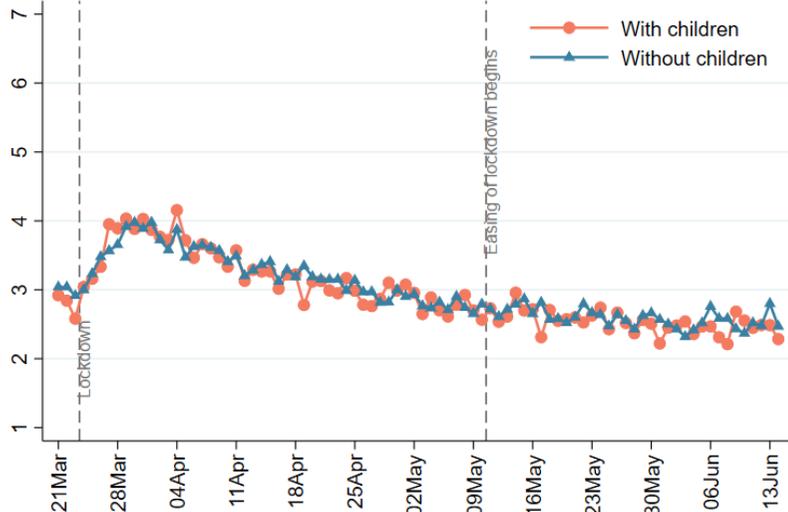


Figure 26h Days of not leaving the property by living area

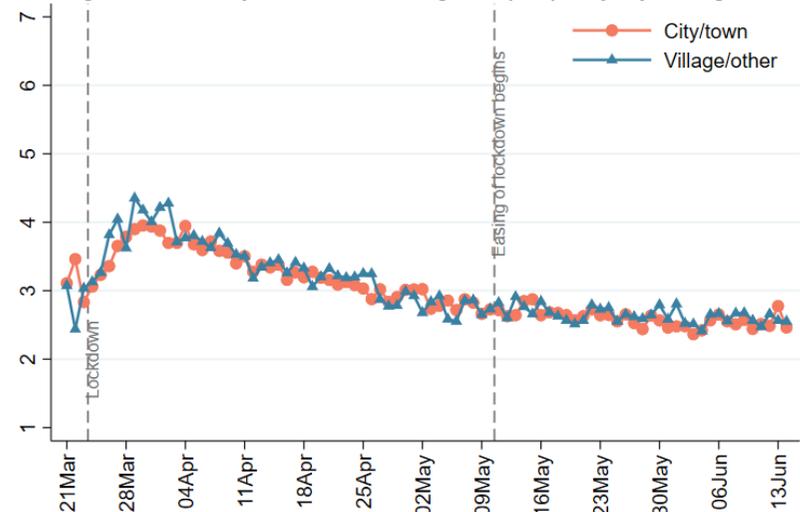


Figure 27a Days of getting fresh air by age groups

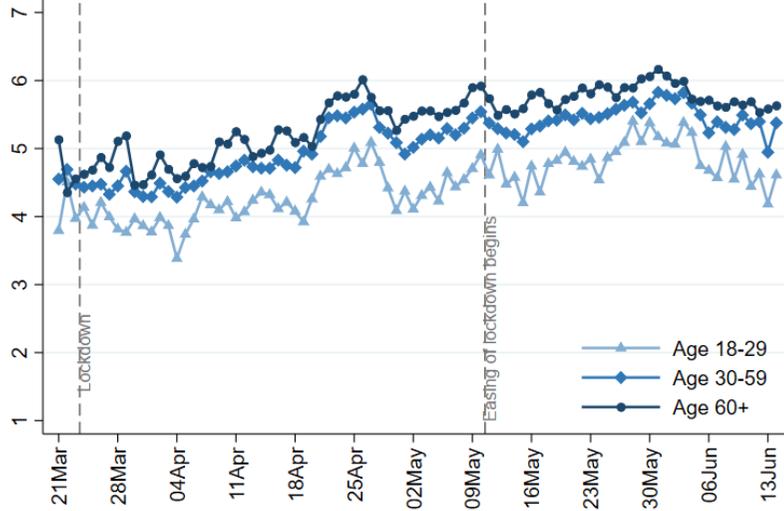


Figure 27b Days of getting fresh air by living arrangement

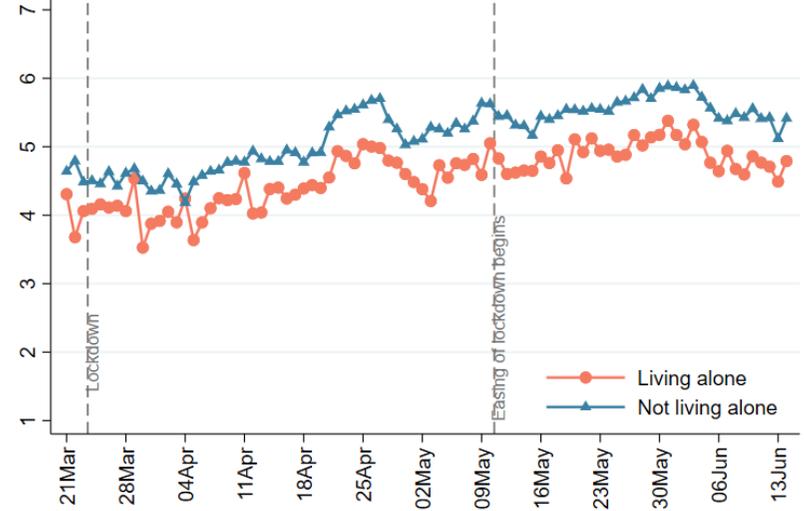


Figure 27c Days of getting fresh air by household income

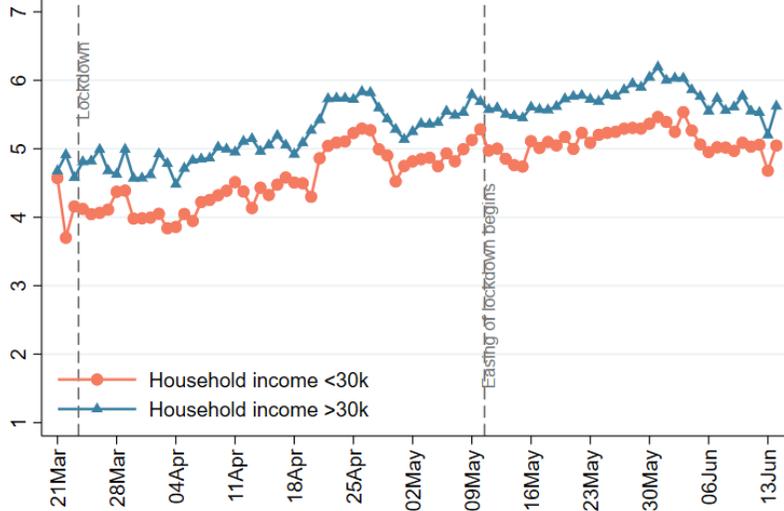


Figure 27d Days of getting fresh air by mental health

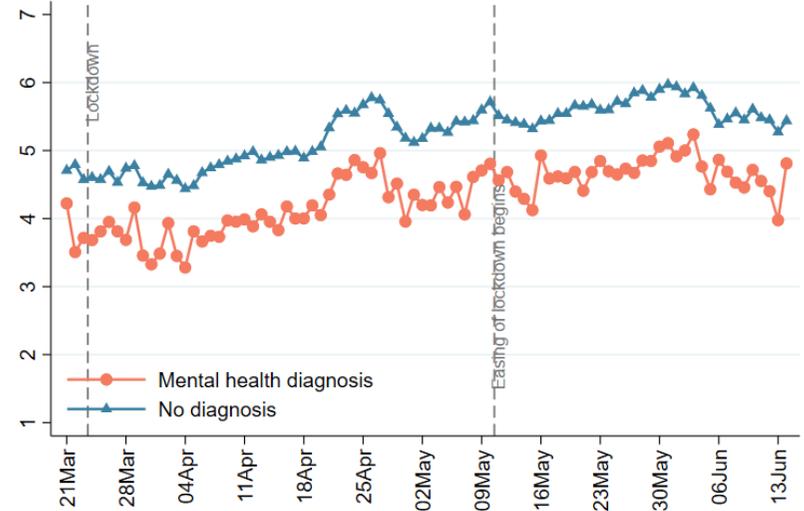


Figure 27e Days of getting fresh air by nations

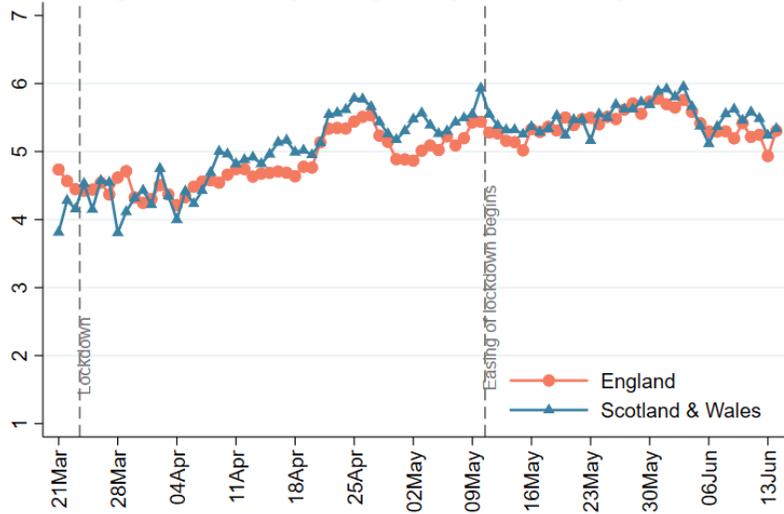


Figure 27f Days of getting fresh air by keyworker status

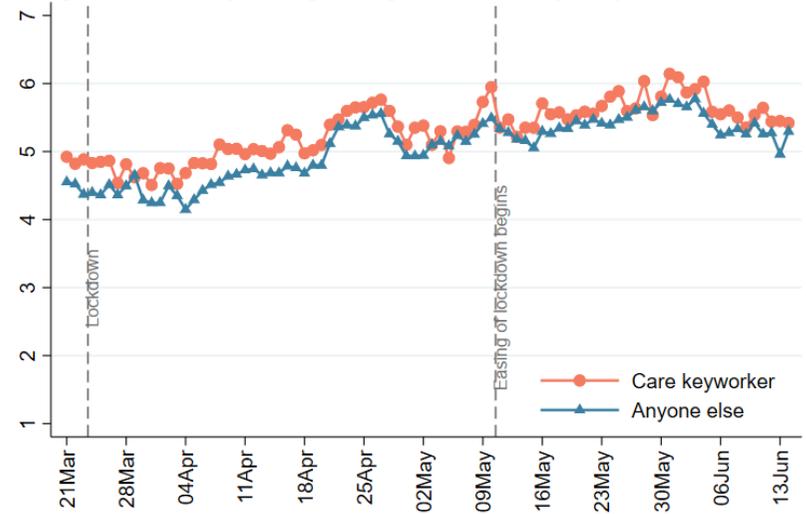


Figure 27g Days of getting fresh air by living with children

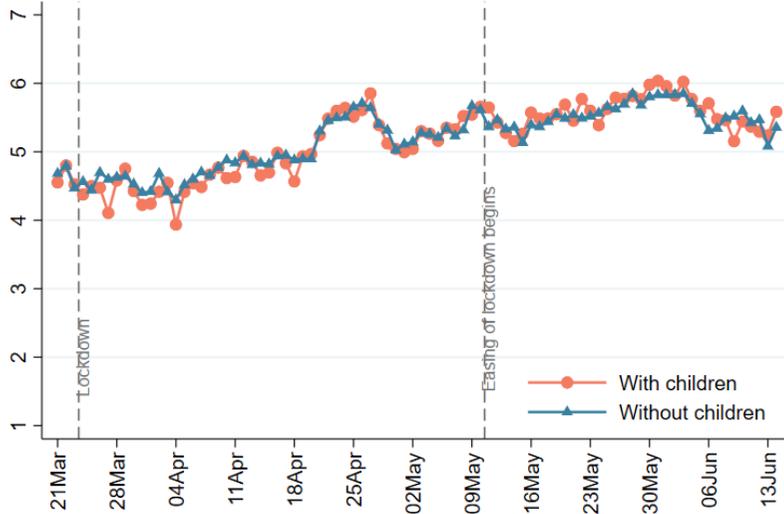
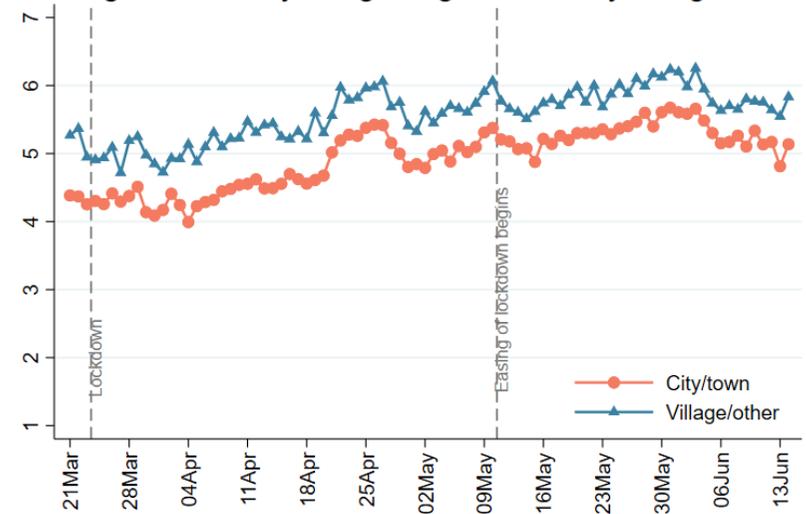
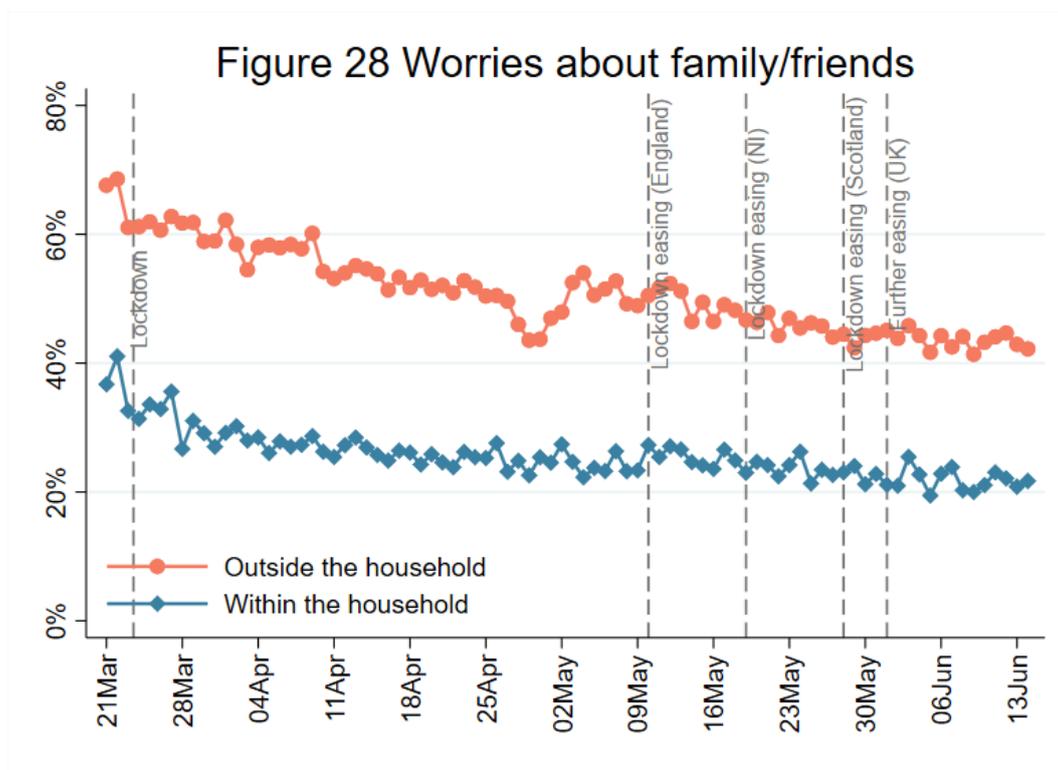


Figure 27h Days of getting fresh air by living area



## 5.2 Worries about family/friends



### FINDINGS

We asked participants if they had been stressed (either in a minor or a major way) about either family or friends living in their home<sup>5</sup> or family or friends outside of their household. At the start of lockdown, around 60% of adults were worried about family or friends outside of their household and 30% of people living with others were worried about family or friends in their households. These numbers have since decreased to 40% and 20% respectively. Notably, however, there has been little further improvement in the past two weeks as further lockdown easing has taken place.

Worries have been higher across both measures amongst people with mental illness, of whom over 50% are still worried about family and friends outside of the household and over 25% inside of the household. But other predictors have varied. Younger adults have been substantially more worried about people within their household than older adults, but worries about people outside of the household have not varied much by age, especially as lockdown has eased. Keyworkers have also been more worried about people within their household. This suggests that people are most worried when they either live with individuals who may be higher risk or when they are aware that there is a risk that they themselves might pass on the virus to people they live with. Notably, worries about people outside of the household have been decreasing faster in people living with children.

<sup>5</sup> We show results for worries about people inside the household both on the main graph and in sub-group graphs only for people **not** living alone

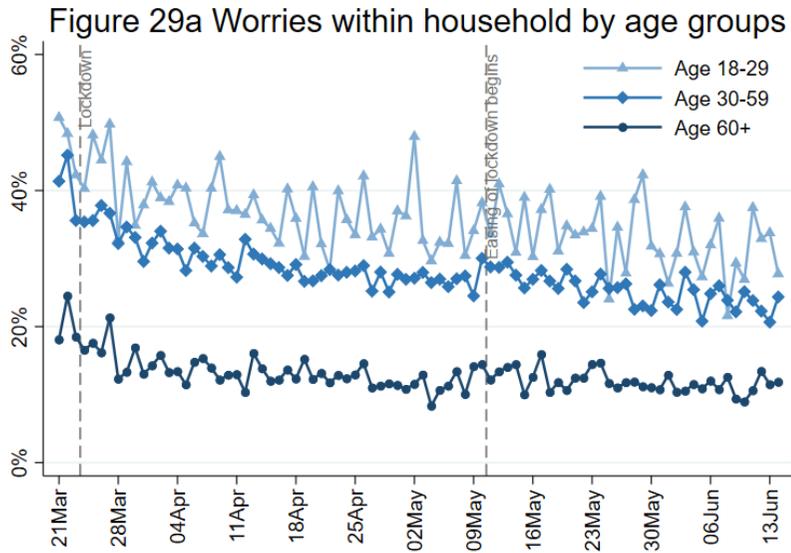


Figure 29b Worries within household by living arrangement

Not shown as not applicable

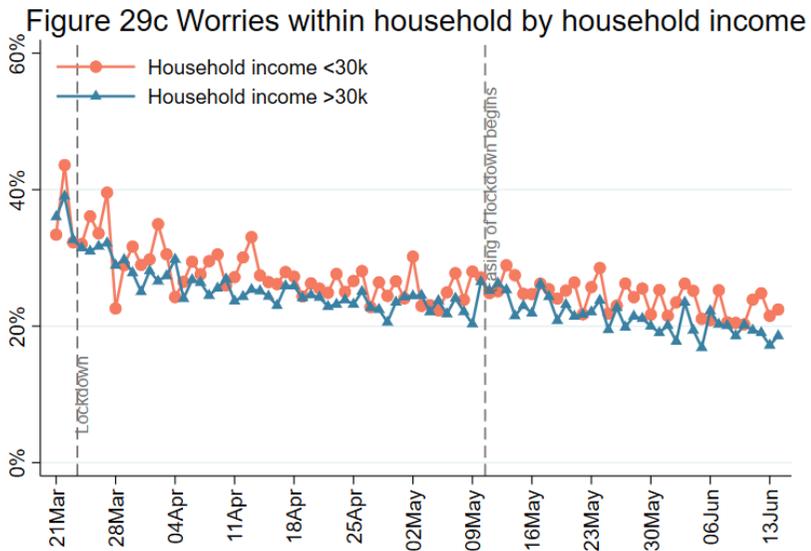


Figure 29d Worries within household by mental health

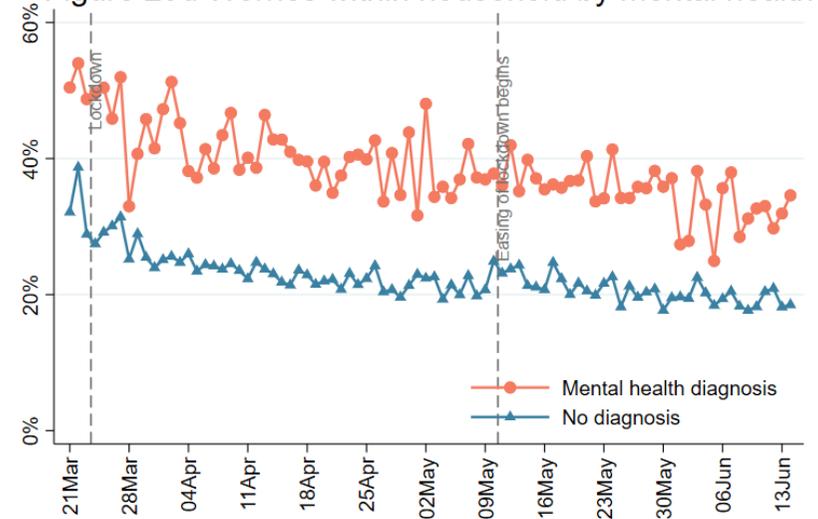


Figure 29e Worries within household by nations

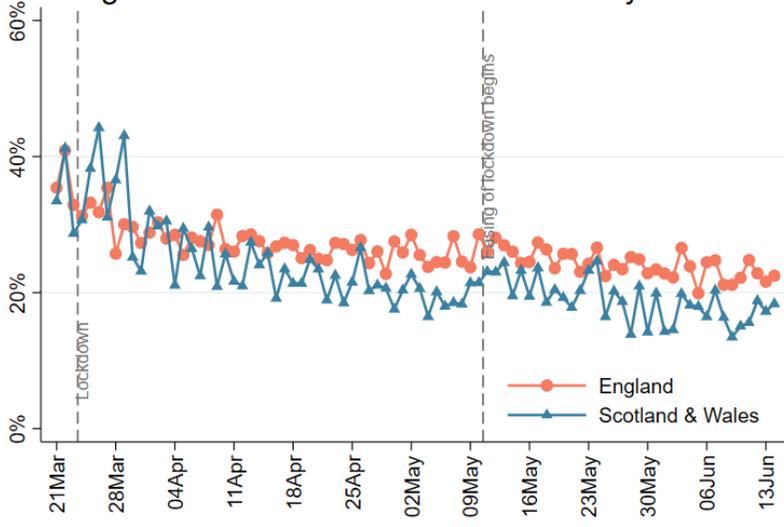


Figure 29f Worries within household by keyworker status

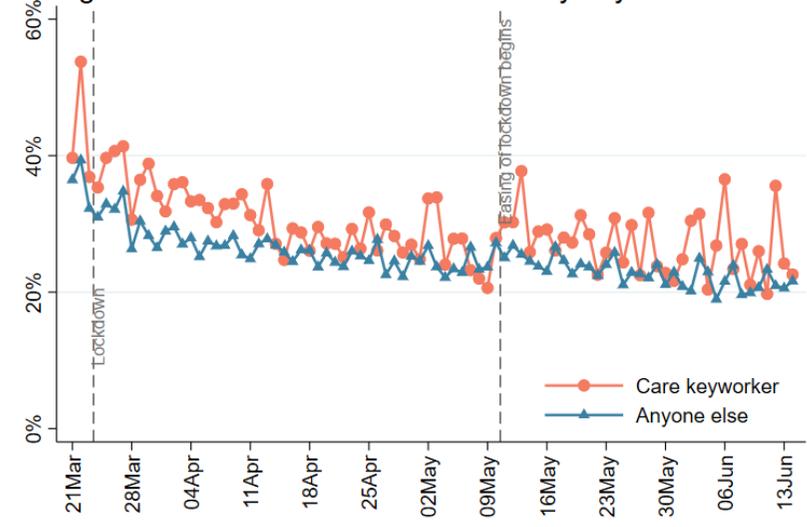


Figure 29g Worries within household by living with children

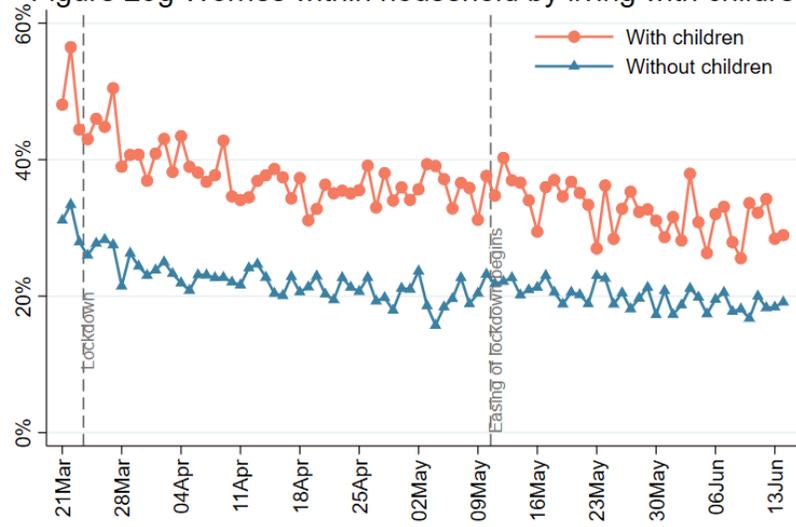


Figure 29h Worries within household by living area

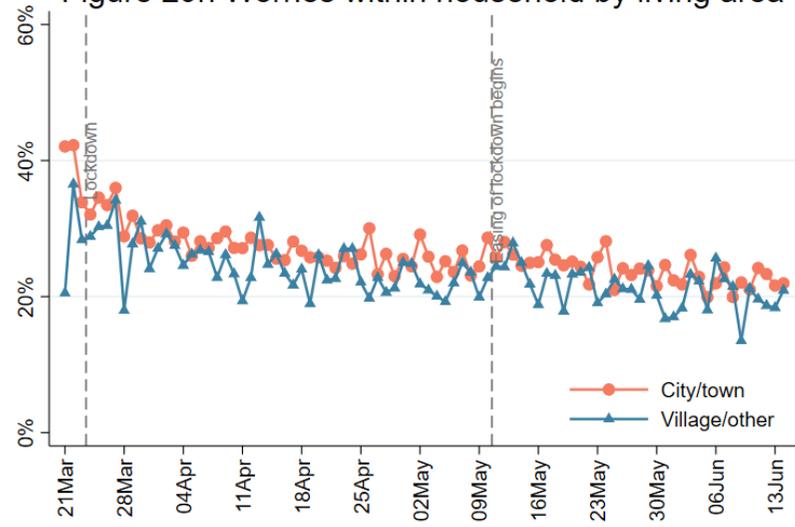


Figure 30a Worries outside household by age groups

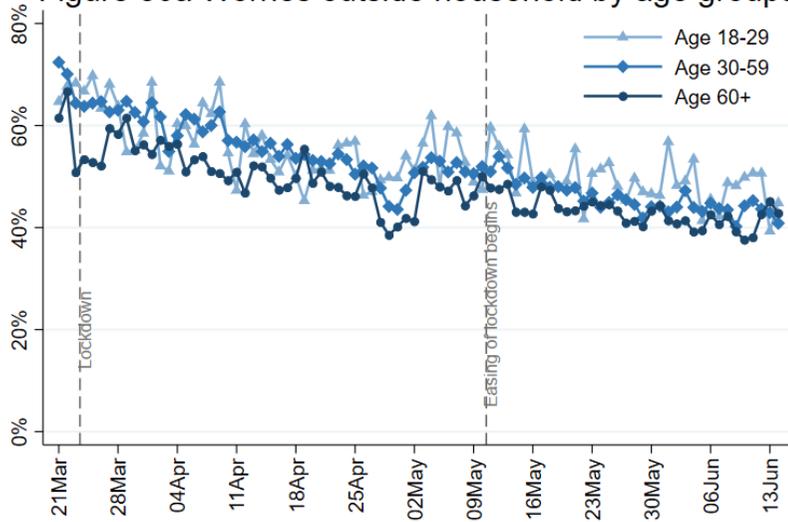


Figure 30b Worries outside household by living arrangement

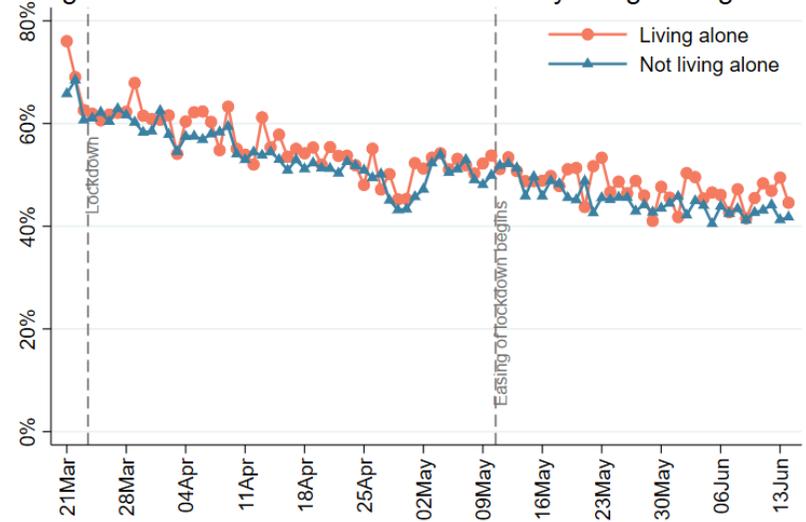


Figure 30c Worries outside household by household income

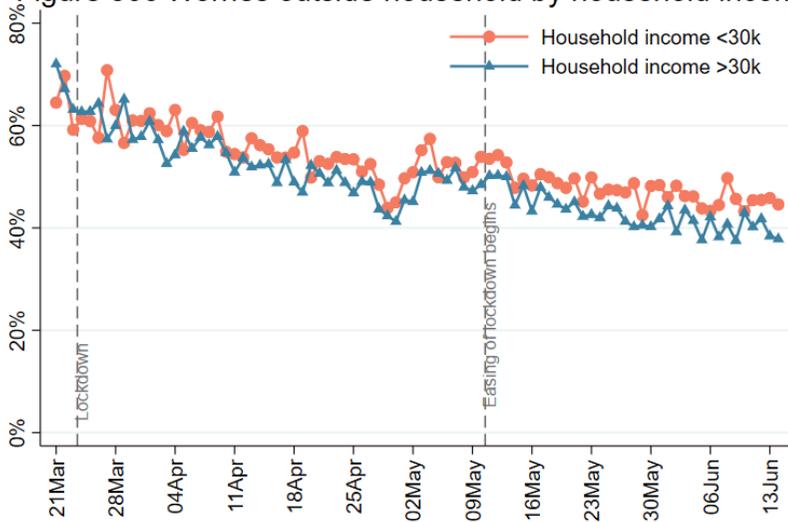


Figure 30d Worries outside household by mental health

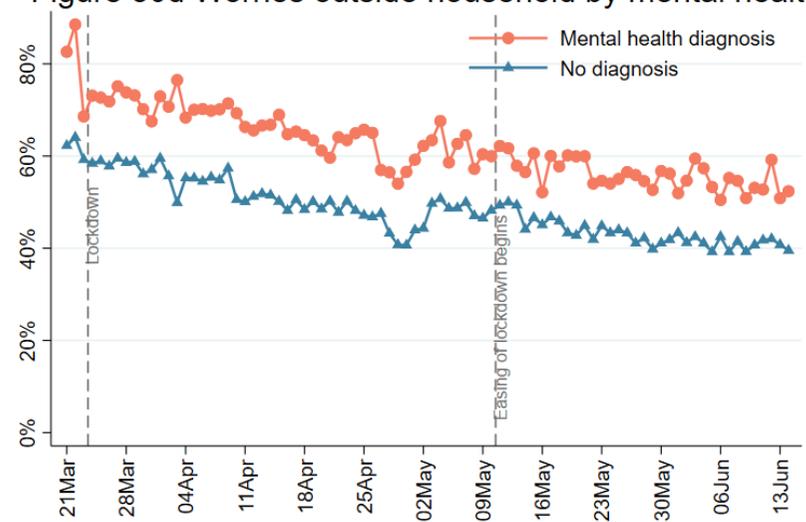


Figure 30e Worries outside household by nations

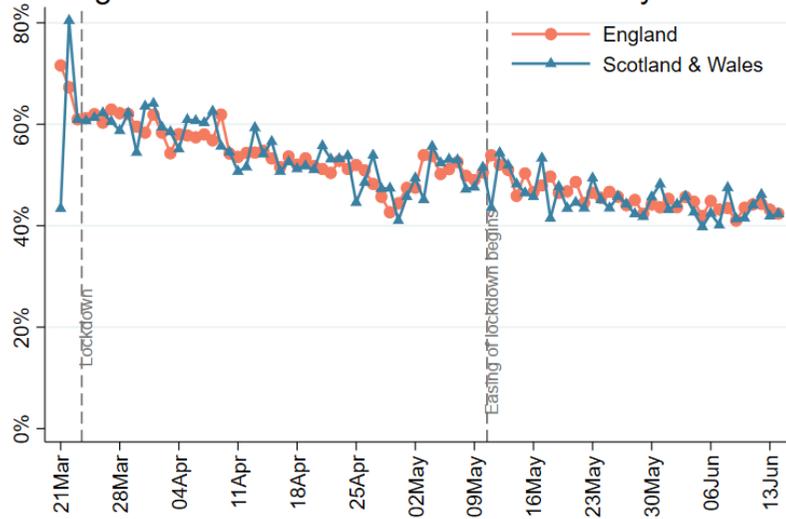


Figure 30f Worries outside household by keyworker status

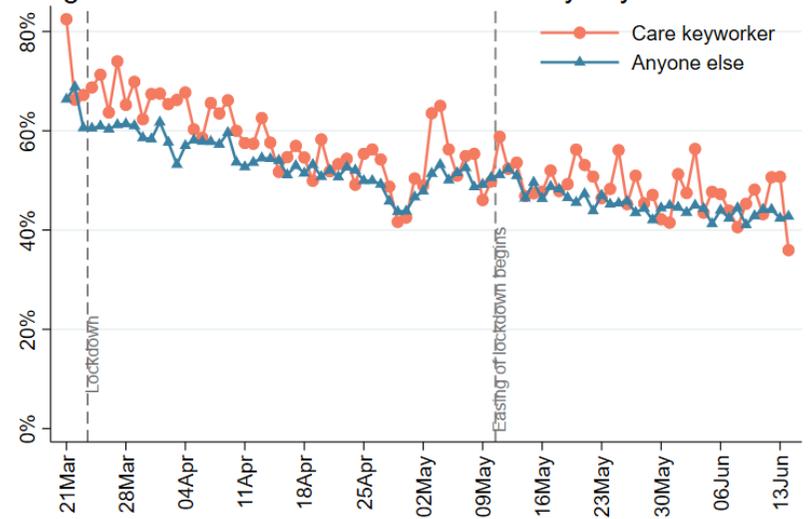


Figure 30g Worries outside household by living with children

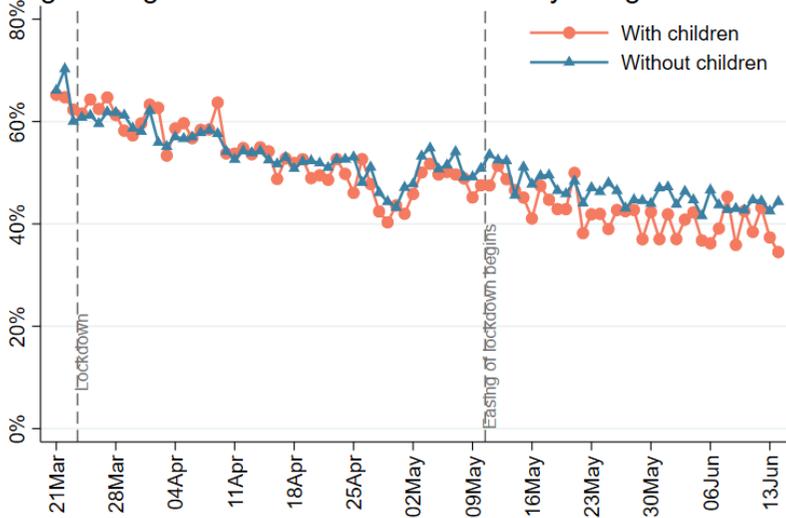
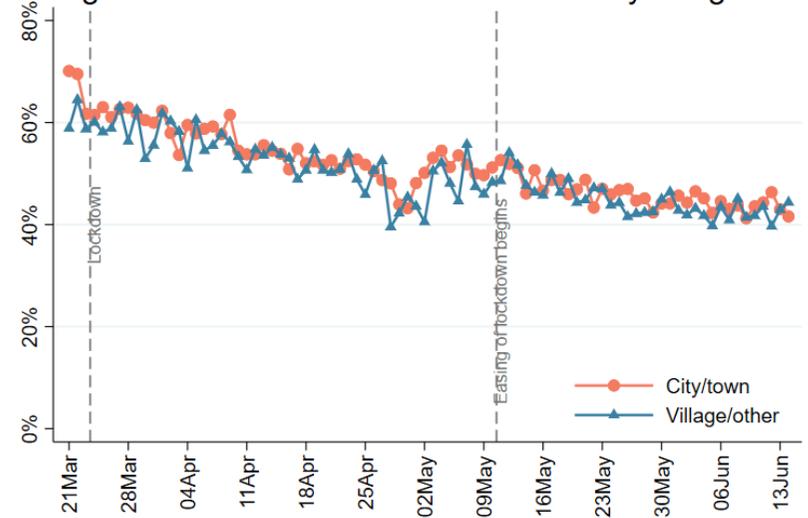


Figure 30h Worries outside household by living area



# Appendix

## Methods

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

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21<sup>st</sup> March to the 14<sup>th</sup> June (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.

**Contrary to some previous reports, we include keyworkers within our main analyses.**

The study is focusing specifically on the following questions:

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

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

## Demographics of respondents included in this report

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

	Number of observations	%
Age		
18-29	30,362	7.22
30-59	244,274	58.1
60+	145,701	34.7
UK nations		
England	341,732	81.4
Scotland & Wales	73,908	17.6
Northern Ireland	4,338	1.03
Living arrangement		
Not living alone	336,314	80.1
Living alone	83,649	19.9
Annual household income		
>30k	231,580	60.9
<30k	148,514	39.1
Any diagnosed mental health conditions		
No	345,970	82.3
Yes	74,367	17.7
Care keyworker		
No	376,722	89.6
Yes	43,615	10.4
Living with children		
No (excluding those who live alone)	232,540	69.1
Yes	103,774	30.9
Living area		
Village/hamlet/isolated dwelling	101,090	24.1
City/large town/small town	318,888	75.9