Covid-19 Social Study

Results Release 28

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Executive summary

Background
This report provides data from the last 38 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 TWENTY-EIGHTH report, we focus on psychological responses to the first forty-two weeks since just before the UK lockdown was first announced (21/03 to 10/01). 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*** Compliance by the tiered systems, COVID-19 rules compliance, COVID-19 test request, and self-isolation

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

- Compliance has been increasing since September, especially as stricter measures have been brought in, with particular improvements since the start of December when news of the new variant became widespread. Majority compliance with the rules (following them with some ‘bending’ of the rules) is being reported by 96% of people; an improvement since the start of the autumn across all demographic groups. Complete compliance is being reported by the majority of people (56% for the week ending 10th January).
- The increase in compliance has occurred alongside an increase in people self-reporting that they think they understand the rules as stricter rules with fewer caveats have come in. As of the week of the 4th January in England, when there was a new lockdown, 74% reported broadly understanding the rules compared to 65% in the week of 14th December. However, self-reported complete understanding of the rules remains very low (just 27% in the week of 4th January compared with 18% across November and December).
- Stress about catching Covid-19 or becoming seriously ill from it has increased substantially in the past month since news of the new more contagious variant was released. 1 in 2 people are now worried; the highest level since the middle of the first lockdown back in April. Additionally, life satisfaction and happiness have decreased since stricter rules were brought in across December, with levels now comparable to those during lockdown in the spring of 2020. Depression and anxiety levels are at a similar level to how they were in November, but this is higher than during the summer.
- Compliance has been highest when people have been living in the highest tier where rules are strictest, but lowest in Tier 2, where restrictions are loosener and may be more open to interpretation (e.g. journeys limited/work from home “where possible” etc), and where the importance and seriousness of following the measures may not be as clear. This pattern is found across all age groups, genders, and income groups.
- Looking at compliance with specific rules, the rules that people report breaking most often is meeting up with more than the recommended number of people outdoors (5% saying they never follow this, and 11% saying they never, rarely or only occasionally follow this) and indoors (4% saying they never follow this, and 10% saying they never, rarely or only occasionally follow this. However, the vast majority of people (76% and 77%) report always following these rules. The percentage of people breaking the rule outdoors is similar across age groups. However, older adults are stricter on following the rule indoors.
- 1 in 10 people say they never, rarely or only occasionally wash their hands after contact with others or surfaces that could be contaminated. However, the majority (55%) do say that they always follow this rule. Compliance with hand washing is highest amongst older adults, women and in lower income households.
- Less than 1% of people say that they never maintain the recommended distance from others, but 8% find this rule hard to adhere to, reporting that they either do it never, rarely, or only occasionally. 49% say that they always follow this rule. Compliance with maintaining distance is highest amongst older adults and in lower income households.
• Less than 1% of people say that they never wear a face mask where it is recommended, with 93% reporting that they always do it. Compliance with wearing a face mask is similar across all age groups but slightly higher in women and amongst higher income households.

• Younger adults have been most consistent in requesting tests when they experience symptoms of Covid-19, with 42% requesting a test every time compared to 37% of adults aged 30-59 and 18% of adults aged 60+. 75% of adults aged 60+ said they had never requested a test despite experiencing symptoms on one or more occasions since the pandemic started.

• Only 62% of people are isolating for the recommended number of days (10 or more) when they develop symptoms of Covid-19. 39% are isolating for much longer (21 days or more), which could be due to experiencing ongoing symptoms of the virus. However, 13% are not isolating at all when they develop symptoms. 80% of people are isolating for the recommended number of days (10 or more) when they are told they have come into contact with someone with symptoms of Covid-19. 50% are isolating for much longer (21 days or more). However, 12% are not isolating at all. Younger adults are better at self-isolating for the recommended number of days both if they develop symptoms or are told to self-isolate from contact with others and show a much lower rate of not isolating at all.
1. Compliance and confidence

1.1 Compliance with guidelines

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).

Compliance has been increasing since September, especially as stricter measures have been brought in, with particular improvements since the start of December when news of the new variant became widespread.
Majority compliance is being reported by 96% of people; an improvement since the start of the autumn across all demographic groups (Figures 2m-2x). Complete compliance with the rules (i.e. following them with no bending or even minor infringements) is being reported by the majority of people (56% for the week ending 10th January) (Figures 2m-2x).

The patterns of compliance remain as they were for the last few months though, with compliance lower in higher income households, in urban areas, amongst men, and amongst people in good physical health. But the improvements have been seen across all groups.

It is also important to note that the increase in compliance has occurred alongside an increase in people self-reporting that they think they understand the rules as stricter rules with fewer caveats have come in. As of the week of the 4th January in England, when there was a new lockdown, 74% reported broadly understanding the rules compared to 65% in the week of 14th December. However, self-reported complete understanding of the rules remains very low (just 27% in the week of 4th January compared with 18% across November and December).
Figure 2u Majority compliance by gender

Figure 2v Majority compliance by ethnicity

Figure 2w Majority compliance by educational levels

Figure 2x Majority compliance by physical health
1.2 Confidence in Government

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 central government to handle the Covid-19 epidemic have not changed over the past month in England or Wales but have improved after a brief dip in Scotland since tighter restrictions in Scotland have come in. They remain substantially lower in England than for devolved nations\(^1\). They also remain lower in Wales than they have been since the start of the summer.

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 (further separate analyses are focusing on subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30. Confidence is also lower in urban areas, amongst people from ethnic minority backgrounds, amongst people with higher educational qualifications, and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.

\(^1\) 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.
2. Mental Health
2.1 Depression and anxiety

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.

Depression and anxiety levels are at a similar level to how they were in November. This is higher than during the summer. 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). Depression and anxiety are still highest in young adults, women, people living alone, people with lower household income, people with a long-term physical health condition, people with lower educational qualifications, people from ethnic minority backgrounds, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected) (see Figures 6).

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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
2.2 Stress

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 increased substantially in the past month since news of the new more contagious variant was released. 1 in 2 people are now worried; the highest level since the middle of the first lockdown back in April.

Worries about finance have remained stable over the Christmas period, comparable to their lowest levels of 1 in 4 people over the summer. Similarly, worries about unemployment remain relatively low, concerning just 1 in 8 people. However, worries about accessing food have now increased to 1 in 10 people; the highest level since lockdown easing began in May.

People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. Specifically in relation to worries about Covid-19, these levels are highest in adults over the age of 30, women, and people with diagnosed physical health conditions, but they have been rising across other groups too. They are similar across most other demographic factors. Concerns about unemployment and finances are highest in lower income households, amongst those under the age of 60, those living with children, those from ethnic minority groups, and those living in urban areas. All groups are showing similar concern about accessing food, although these concerns are highest in people with a diagnosed physical health condition, where going to supermarkets may be more of a concern.
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
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, 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 or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the pandemic. However, they may be rising amongst adults with a diagnosed mental health condition. This remains to be carefully tracked over the coming weeks. They remain higher amongst younger adults, those with lower household income, and people with a long-term physical health condition. They are also higher in people living alone and those living in urban areas. There is no difference by gender.
Self-harm was assessed using a question that asks whether someone in the last week has been “self-harming or deliberately hurting yourself”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated any self-harming.

Self-harm has remained relatively stable over the past month, being reported by around 2-2.5% of people in the sample. Self-harm remains 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 is also higher amongst people with long-term physical health conditions.

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.\(^3\)

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\(^3\) Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.
3.3 Abuse

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

Abuse has remained relatively stable in the past few months, including over the Christmas period. It remains higher amongst people with a diagnosed mental or physical health condition. It is also slightly higher amongst people with lower household income, those living in urban areas, and people from ethnic minority backgrounds. It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.⁴

⁴ Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.
4. General well-being

4.1 Life satisfaction

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 decreased since stricter rules were brought in across December, with levels now comparable to those during lockdown in the spring of 2020. This decrease since August appears to have occurred across all age groups, although adults under the age of 60 have lowest levels of life satisfaction. It is also lower in people living alone, people with lower household income, people with a diagnosed mental health condition, and people living in urban areas. It is similar across UK nations and amongst key workers. Women have lower levels of life satisfaction, as do 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).

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\(^5\).

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4.2 Loneliness

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

Loneliness levels have been relatively stable in the past month but are very slightly higher (2%) than they were over the summer before new restrictions were brought in. The greatest increase in recent weeks has occurred in people living alone. Levels are still highest in younger adults, women, people from ethnic minority backgrounds, people with lower household income, people living with children, people living in urban areas, and people with a diagnosed mental or physical health condition.
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 21st April onwards.

Happiness levels have further decreased in the past few month as stricter restrictions have been brought in. They are now at their lowest level since lockdown back in the spring of 2020. The decrease in recent weeks has been particularly evident amongst older adults (although they remain higher in this age group compared to younger adults). Happiness levels are also lower amongst those living alone, those with lower household income, people with a diagnosed mental or physical health condition, people living in urban areas, women, and people from ethnic minority backgrounds.
Figure 24e Happiness by nations

Figure 24f Happiness by keyworker status

Figure 24g Happiness by living with children

Figure 24h Happiness by living area
5. Compliance with guidelines
5.1 Compliance by the tiered system (England)

Focusing on people living in England, we split people’s self-reports of how good their compliance with the guidelines was (see section 1.1) by the tier they were living in. Where people lived in areas that moved between tiers we looked at their behaviours in each of their tiers for comparative purposes.

Complete compliance (a score of 7 out of 7) has been highest when people have been living in the highest tier (51%) where rules are strictest, but lowest in Tier 2 (43%), where restrictions are looser and may be more open to interpretation (e.g. “journeys limited where possible”, “work from home where possible” etc), and where the importance and seriousness of following the measures may not be as clear. Majority compliance (a score of 5-7 out of 7) has also been higher in Tier 4 (93%) compared with Tier 2 (92%), although highest in Tier 1 (95%), where broadly following the rules may involve the smallest changes to everyday life.

This pattern is found across all age groups, genders, and income groups (see Figures 26).
Figure 26a Compliance with guidelines by tiered system (younger adults aged 18-29)

Figure 26b Compliance with guidelines by tiered system (adults aged 30-59)

Figure 26c Compliance with guidelines by tiered system (older adults aged 60+)

Figure 26d Compliance with guidelines by tiered system (female)
Figure 26e Compliance with guidelines by tiered system (male)

Figure 26f Compliance with guidelines by tiered system (household income <30k)

Figure 26g Compliance with guidelines by tiered system (household income >30k)
## 5.2 COVID-19 rules compliance

### Figure 27 COVID-19 rules compliance

Across December, we asked people which rules specifically they had been following in relation to controlling the spread of the Covid-19 virus. These included wearing face masks, following the rules within their tier, washing their hands, maintaining the recommended distance from others, and meeting up with only the allowed number of people indoors and outdoors.

The rules that people report breaking most often is **meeting up with more than the recommended number of people outdoors** (5% saying they never follow this, and 11% saying they never, rarely or only occasionally follow this) and indoors (4% saying they never follow this, and 10% saying they never, rarely or only occasionally follow this. However, the vast majority of people (76% and 77%) report always following these rules. The percentage of people breaking the rule outdoors is similar across age groups (12% of 18-29 year olds, 11% of 30-59 year olds, and 12% of those aged over 60, with 77%, 77% and 74% respectively always following the rule). However, older adults are stricter on following the rule indoors (81% always following it compared to 78% of 30-59 year olds and 70% of 18-29 year olds). Indoors, compliance is the same amongst men and women (77%) but outdoors it is slightly higher amongst women (78% vs 74%). Levels are similar indoors amongst people from lower and higher income households (78% vs 77%) and outdoors (76% vs 77%).

People also report not always **washing their hands**, with 1 in 10 people (11%) saying they never, rarely or only occasionally wash their hands after possible contact with others. However, the majority (55%) do say that they always follow this rule. Compliance with hand washing is highest amongst older adults (60% always do it) compared with 55% of adults aged 30-59 and 46% of adults aged 18-29. It is also higher among women (60% always doing) than men (50% always doing) and in lower income households (57%) than higher income households (52%).

Less than 1% of people say that they never **maintain the recommended distance** from others, but 8% find this rule hard to adhere to, reporting that they either do it never, rarely, or only occasionally. 49% say that they always follow this rule. Compliance with maintaining distance is highest amongst older adults (62% always do it) compared with 49% of adults aged 30-59 and 30% of adults aged 18-29. Levels always complying are comparable amongst women (50%) and men (49%) but are higher in lower income households (54%) than higher income households (44%).
Less than 1% of people say that they never wear a face mask or other covering where it is recommended, with under 2% reporting finding this rule hard to adhere to (never, rarely, or occasionally) and 93% reporting that they always do it. Compliance with wearing a face mask is similar across all age groups (94% of adults aged 60+ vs 92% of adults aged 18-59). It is slightly higher in women (94% vs 91% in men) and amongst higher vs lower income households (94% vs 91%).

**Figure 28a COVID-19 rules compliance amongst younger adults (aged 18-29)**

- Wearing a face mask or other face covering where it is currently recommended
- Meeting up with only the recommended number of people from other households OUTDOORS
- Meeting up with only the recommended number of people from other households INDOORS
- Washing your hands thoroughly with soap and water or using hand sanitising gel after any possible contact with other people outside of your household or shared surfaces
- Maintaining the recommended distance from people not in your household/bubble

**Figure 28b COVID-19 rules compliance amongst adults (aged 30-59)**

- Wearing a face mask or other face covering where it is currently recommended
- Meeting up with only the recommended number of people from other households INDOORS
- Meeting up with only the recommended number of people from other households OUTDOORS
- Washing your hands thoroughly with soap and water or using hand sanitising gel after any possible contact with other people outside of your household or shared surfaces
- Maintaining the recommended distance from people not in your household/bubble
Washing your hands thoroughly with soap and water or using hand sanitising gel after any possible contact with other people outside of your household or shared surfaces

Maintaining the recommended distance from people not in your household/bubble

Meeting up with only the recommended number of people from other households OUTDOORS

Meeting up with only the recommended number of people from other households INDOORS

Wearing a face mask or other face covering where it is currently recommended

Figure 28c COVID-19 rules compliance amongst older adults (aged 60+)

Never Rarely Occasionally Frequently Always

Washing your hands thoroughly with soap and water or using hand sanitising gel after any possible contact with other people outside of your household or shared surfaces

Maintaining the recommended distance from people not in your household/bubble

Meeting up with only the recommended number of people from other households INDOORS

Meeting up with only the recommended number of people from other households OUTDOORS

Wearing a face mask or other face covering where it is currently recommended

Figure 28d COVID-19 rules compliance amongst female

Never Rarely Occasionally Frequently Always
Maintaining the recommended distance from people not in your household/bubble

Washing your hands thoroughly with soap and water or using hand sanitising gel after any possible contact with other people outside of your household or shared surfaces

Meeting up with only the recommended number of people from other households INDOORS

Meeting up with only the recommended number of people from other households OUTDOORS

Wearing a face mask or other face covering where it is currently recommended

Figure 28e COVID-19 rules compliance amongst male

Figure 28f COVID-19 rules compliance amongst people with household income <30k

Wearing a face mask or other face covering where it is currently recommended

Meeting up with only the recommended number of people from other households INDOORS

Meeting up with only the recommended number of people from other households OUTDOORS

Washing your hands thoroughly with soap and water or using hand sanitising gel after any possible contact with other people outside of your household or shared surfaces

Maintaining the recommended distance from people not in your household/bubble
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Figure 28g COVID-19 rules compliance amongst people with household income >30k
5.3 Test request if developed symptoms of COVID-19

We asked participants if they had requested a test if they developed symptoms of Covid-19 since the pandemic started. 33% said that they had requested a test every time they developed symptoms, but 10% said they had only requested a test on some occasions but not others, and 57% said they had never requested a test even though they had experienced symptoms.

Younger adults have been most consistent in requesting tests when they experienced symptoms, with 42% requesting a test every time, compared to 37% of adults aged 30-59 and 18% of adults aged 60+. 75% of adults aged 60+ said they had never requested a test despite experiencing symptoms on one or more occasions. Women have also been more consistent in requesting tests (39% always requesting them vs 27% of men). People in higher income households have also most consistently requested tests (39% every time vs 28% in lower income households).

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6 NB Testing has not been continuously available across the pandemic to everyone, so these results combine people who may not have been able to request tests with people who may have simply chosen not to request a test.

7 Adults who had not experienced symptoms were excluded from these analyses

8 NB These analyses do not specify whether tests were taken through the free Track & Trace system or if people paid for tests privately.
Figure 30a Requested a test if developed symptoms by age groups

Figure 30b Requested a test if developed symptoms by gender

Figure 30c Requested a test if developed symptoms by household income
5.4 Self-isolation

We asked people how long they have been isolating if they either developed symptoms of COVID-19 or were told that they had come into contact with someone else who had developed symptoms. For people who had experienced either event more than once, we asked people to report the shortest amount of time they had isolated for. The rules are that individuals should isolate for 10 days in either circumstance.

Only 62% of people are isolating for the recommended number of days (10 or more) when they develop symptoms of Covid-19. 39% are isolating for much longer (21 days or more), which could be due to experiencing ongoing symptoms of the virus. However, 13% are not isolating at all when they develop symptoms, 16% are only isolating for 1-5 days, and 9% are only isolating for 6-9 days. Adults aged 18-59 are better at self-isolating for the recommended number of days (63% vs 61% of those aged 60+), and show a much lower rate of not isolating at all (3% for those aged 18-29 vs 13% of those aged 30-59 and 26% of those aged 60+). The percentage of people self-isolating for the recommended length of time is the same across genders (62%) but the number not isolating at all is higher in men (17%) than women (10%). People in higher income households are also showing a slightly higher level of self-isolating for the recommended length of time (63% vs 61%) and are much less likely not to isolate at all (9% vs 18%).

80% of people are isolating for the recommended number of days (10 or more) when they are told they have come into contact with someone with symptoms of Covid-19. 50% are isolating for much longer (21 days or more). However, 12% are not isolating at all when they are told they have come into contact with someone with Covid-19, 5% are only isolating for 1-5 days, and 3% are only isolating for 6-9 days. Younger adults are better at self-isolating for the recommended number of days (85% vs 74% of those aged 60+), and show a much lower rate of not isolating at all (2% for those aged 18-29 vs 13% of those aged 30-59 and 21% of those aged 60+). The percentage of people self-isolating for the recommended length of time is the same across genders (80-81%) but the number not isolating at all is higher in men (13%) than women (10%). People in higher income households are also showing a higher level of self-isolating for the recommended length of time (83% vs 76%) and are much less likely not to isolate at all (8% vs 15%).
Days of self-isolation if developed symptoms of COVID-19

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Figure 32a Days of self-isolation amongst younger adults (aged 18-29)

Figure 32b Days of self-isolation amongst adults (aged 30-59)

Figure 32c Days of self-isolation amongst older adults (aged 60+)

Figure 32d Days of self-isolation amongst female
Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32e Days of self-isolation amongst male

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32f Days of self-isolation amongst people with household income <30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32g Days of self-isolation amongst people with household income >30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32e Days of self-isolation amongst male

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32f Days of self-isolation amongst people with household income <30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32g Days of self-isolation amongst people with household income >30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32e Days of self-isolation amongst male

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32f Days of self-isolation amongst people with household income <30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32g Days of self-isolation amongst people with household income >30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32e Days of self-isolation amongst male

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32f Days of self-isolation amongst people with household income <30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32g Days of self-isolation amongst people with household income >30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32e Days of self-isolation amongst male

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32f Days of self-isolation amongst people with household income <30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32g Days of self-isolation amongst people with household income >30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32e Days of self-isolation amongst male

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32f Days of self-isolation amongst people with household income <30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19

Figure 32g Days of self-isolation amongst people with household income >30k

Days of self-isolation when told they had come into contact with somebody else who developed symptoms of COVID-19

Days of self-isolation if developed symptoms of COVID-19
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 10th January 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

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