# Covid-19 Social Study

## Results Release 40

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# Executive summary

## Background

This report provides data from the last 84 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 FORTIETH report, we focus on psychological responses to the first eighty-four weeks since just before the first UK lockdown was announced (21/03/2020 to 31/10/2021). We present simple descriptive results on the experiences of adults in the UK. Measures include:

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

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.](www.COVIDSocialStudy.org.)

## Findings

- There is evidence that the pandemic is widening socioeconomic inequalities. Those who were struggling financially before the pandemic have consistently been more than twice as likely to say they are worse off than those who were living comfortably (assessed in June and November 2020 and October 2021). The proportion of people who were finding it difficult before the pandemic who have reported being worse off has also been increasing over the past year and a half (50% in June 2020, 55% in November 2020, and 55% currently).
- Further, people living comfortably before the pandemic have consistently been the least likely to report that things had got worse (20% in June 2020, 18% in November 2020, and 19% currently). This group was also the most likely to say they were now much better off (6% in June 2020, 7% in November 2020, and 7% currently).
- These widening financial disparities are a cause for concern. Throughout the course of the pandemic, people with low household income (<£30,000 per year) have consistently reported higher levels of depression and anxiety symptoms and loneliness, and lower levels of life satisfaction and happiness. A greater proportion of this group have also reported worries about finances and being able to access sufficient food, thoughts of death or self-harm, self-harm behaviour, and being physically or psychologically abused.
- Only around 1 in 3 people (35%) say they currently feel "very much" or "entirely" in control of their future plans, although this was an increase from 26% in October 2020. Young adults (ages 18-29) feel the least in control of this aspect of their lives (35%, compared to 31% of adults ages 30-59 and 20% of older adults).
- Compared to a year ago, there have been no substantial changes in the proportion of people who feel a sense of control over their finances (63% vs 64% in 2020), mental health (54% vs 53% in 2020), and family relationships (67% vs 68% in 2020).
- The proportion of people concerned about catching or becoming seriously ill from Covid-19 has been increasing somewhat over the past several months and is now similar to what it was in February 2021, at 34%. A greater proportion of women and people with a physical or mental health diagnosis continue to be more worried about catching or becoming seriously ill from Covid-19.
- Confidence in government to handle the pandemic remains lower in England than in Wales and Scotland, as it has been since the end of April 2020. Levels of confidence have been decreasing in England over the past six months and are now similar to what they were in autumn 2020.
- Compliance with Covid-19 guidelines is at an all-time low. Although majority compliance has been reported by just over 8 in 10 (84%) people in the last month, complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) had been decreasing since the start of the new year and now appears to have levelled off over the past two months, at around 32%.

# 1. Compliance and confidence

## 1.1 Compliance with guidelines

## Figure 1 Compliance with guidelines

Majority compliance

Complete compliance

Lockdown · Lockdown easing · New restrictions (UK) · New lockdown (England & Wales) · Lockdown ends (England) · New lockdown (UK) · Lockdown easing (UK) · End of restrictions (England) · End of restrictions (Wales & Scotland)

23Mar 20Apr 18May 15Jun 13Jul 10Aug 07Sep 05Oct 02Nov 30Nov 28Dec 25Jan 22Feb 22Mar 19Apr 17May 14Jun 12Jul 09Aug 06Sep 04Oct

FINDINGS

Respondents were asked to what extent they are following the recommendations from government to prevent spread of Covid-19, ranging from 1 (not at all) to 7 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. Figure 1 shows the percentage of people across the whole of the UK who followed the recommendations "completely" (with a score of 7) or to a large extent (with a score of 5-7; described below as "majority" compliance).

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

Majority compliance has been reported by just over 8 in 10 (84%) people in the last month, with consistent patterns since the beginning of the year present in all major demographic groups (Figures 2m-2x). Young adults are reporting the lowest levels of majority compliance as they have over the course of the pandemic.

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) had been decreasing since the start of the new year and now appears to have levelled off over the past two months, at around 32%.

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

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

## Figure 2a Complete compliance by age groups



Legend: Age 18-29, Age 30-59, Age 60+
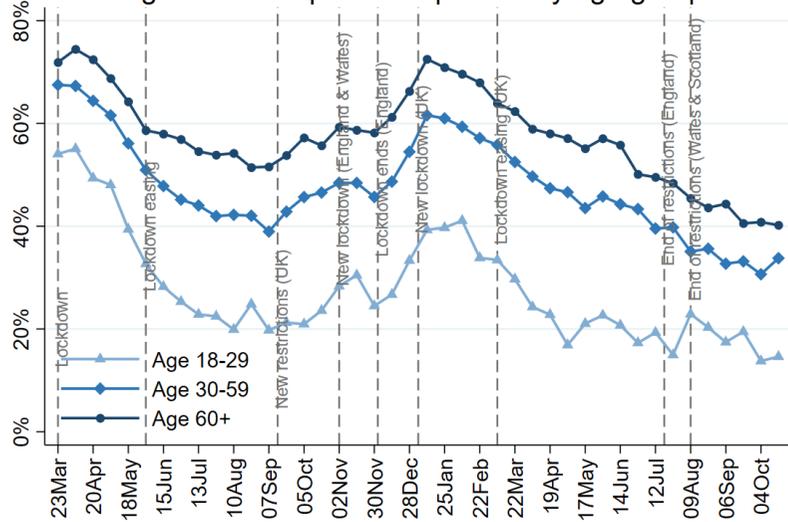
## Figure 2b Complete compliance by living arrangement



Legend: Living alone, Not living alone
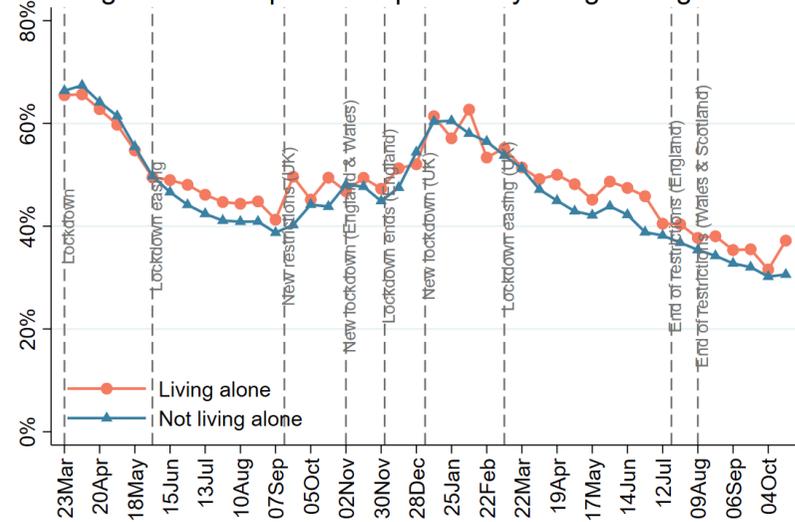
## Figure 2c Complete compliance by household income



Legend: Household income <30k, Household income >30k
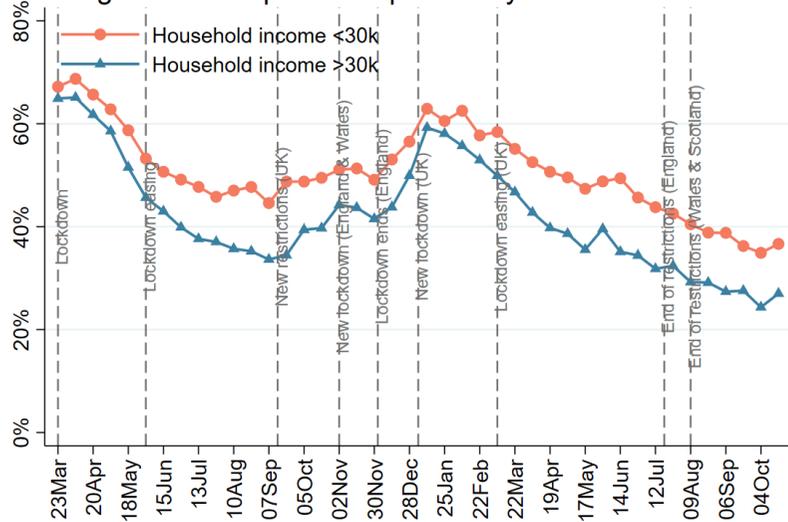
## Figure 2d Complete compliance by mental health



Legend: Mental health diagnosis, No diagnosis

Figure 2e Complete compliance by nations



Figure 2f Complete compliance by keyworker status



Figure 2g Complete compliance by living with children



Figure 2h Complete compliance by living area

Figure 2i Complete compliance by gender



Figure 2j Complete compliance by ethnicity



Figure 2k Complete compliance by educational levels



Figure 2l Complete compliance by physical health

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Figure 2m Majority compliance by age groups



Figure 2n Majority compliance by living arrangement



Figure 2o Majority compliance by household income



Figure 2p Majority compliance by mental health

Figure 2q Majority compliance by nations



Figure 2r Majority compliance by keyworker status



Figure 2s Majority compliance by living with children



Figure 2t Majority compliance by living area

Figure 2u Majority compliance by gender



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



Figure 3 Confidence in government

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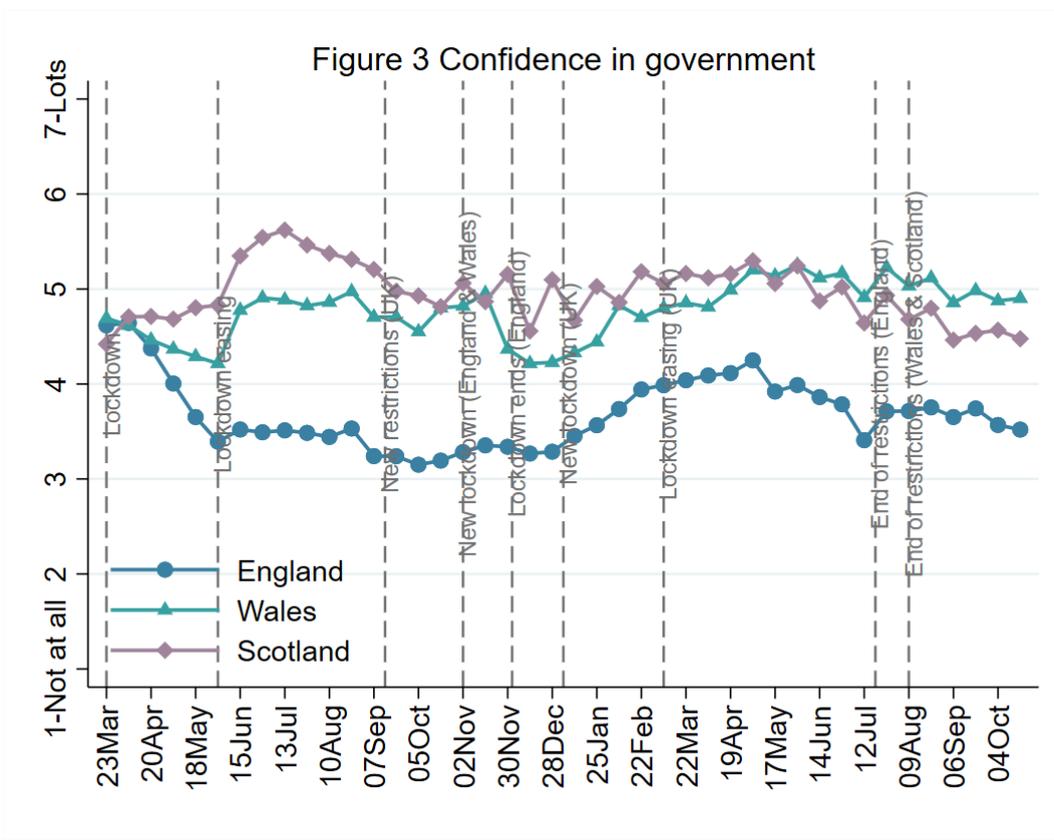
FINDINGS

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

Confidence in government to handle the Covid-19 pandemic remains lower in England than devolved nations[2]. Levels of confidence have been decreasing somewhat in England over the past six months and are now similar to what they were in autumn 2020.

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses. In England, confidence in government is still lowest in those under the age of 30. Confidence also remains lower in urban areas, amongst people from ethnic minority groups, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

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

Figure 4a Confidence by age groups



Figure 4b Confidence by living arrangement



Figure 4c Confidence by household income



Figure 4d Confidence by mental health diagnosis

Figure 4e Confidence by nations

Figure 4f Confidence by keyworker status

Figure 4g Confidence by living with children

Figure 4h Confidence by living area
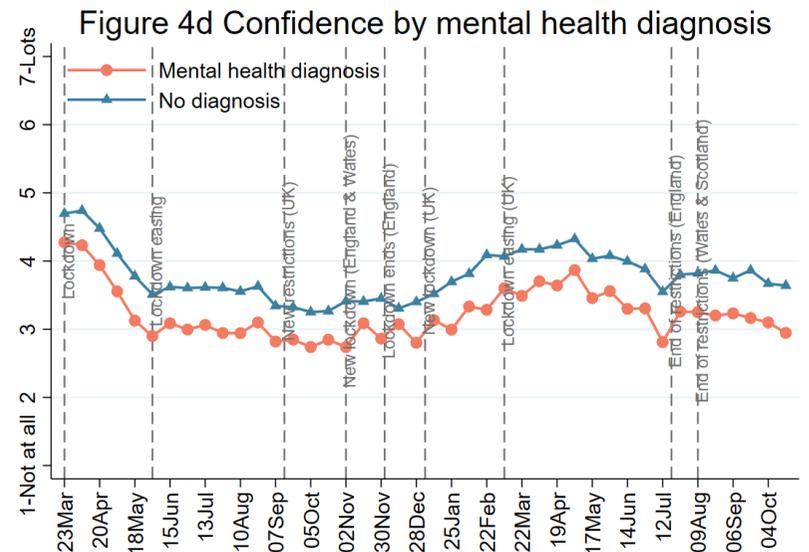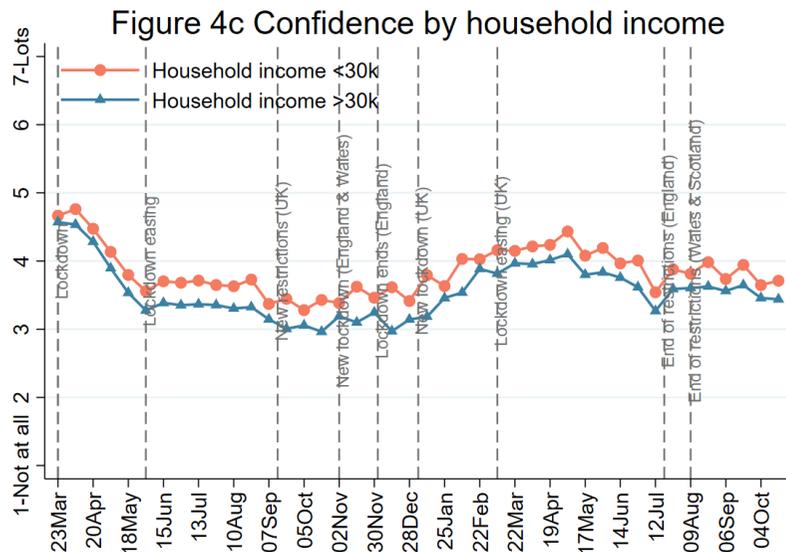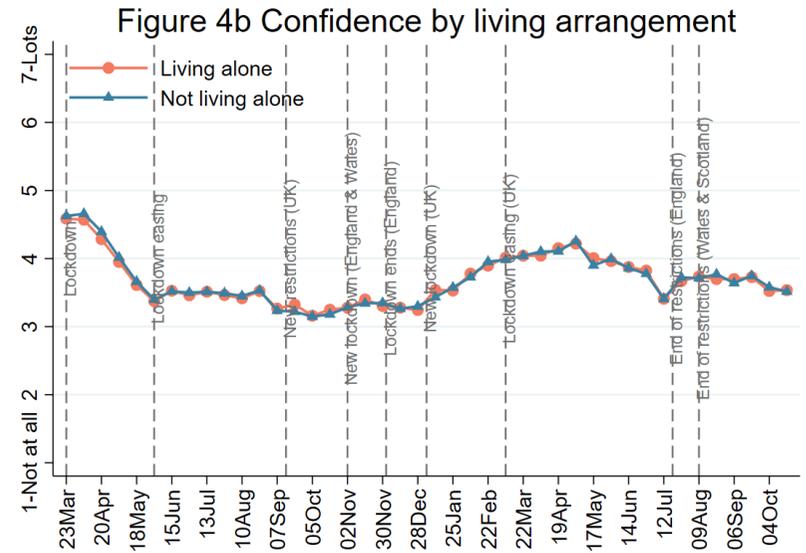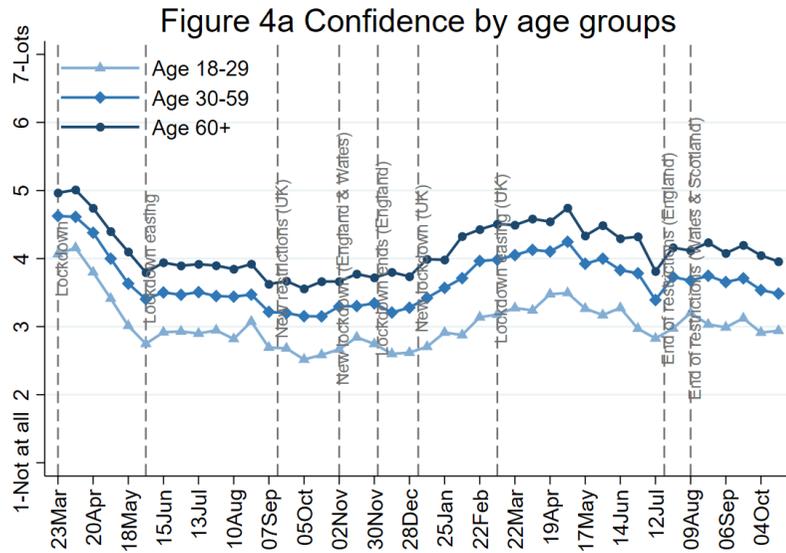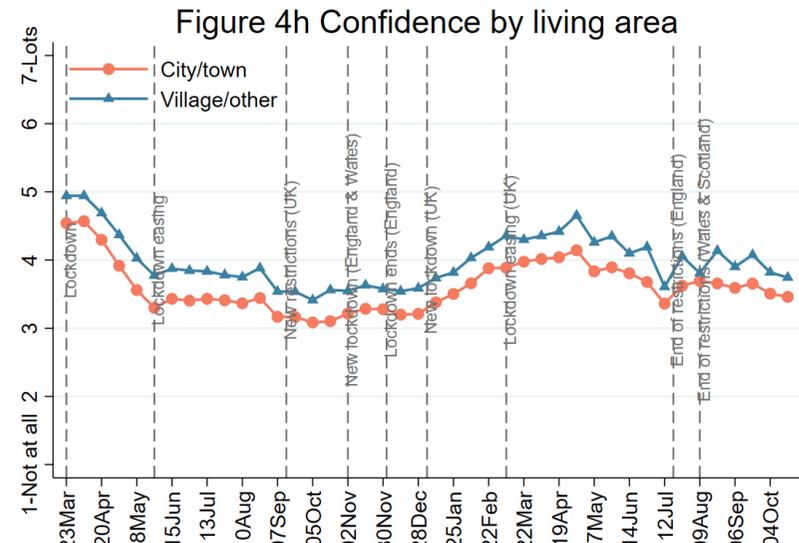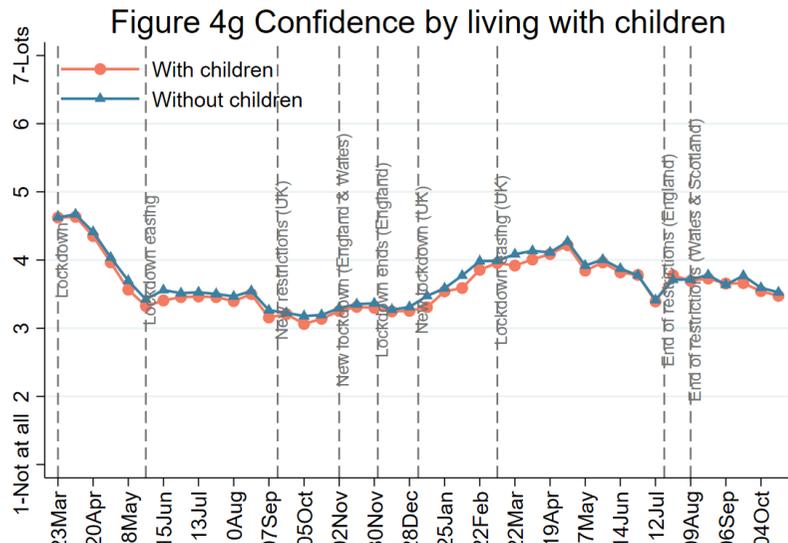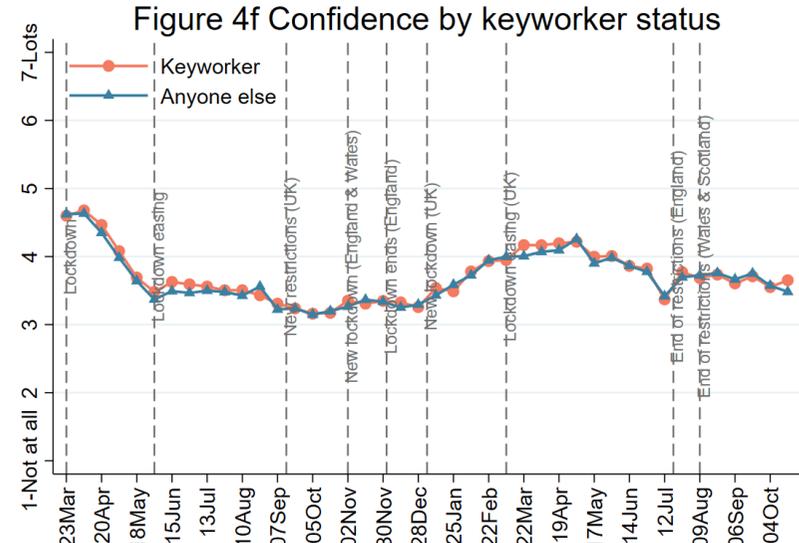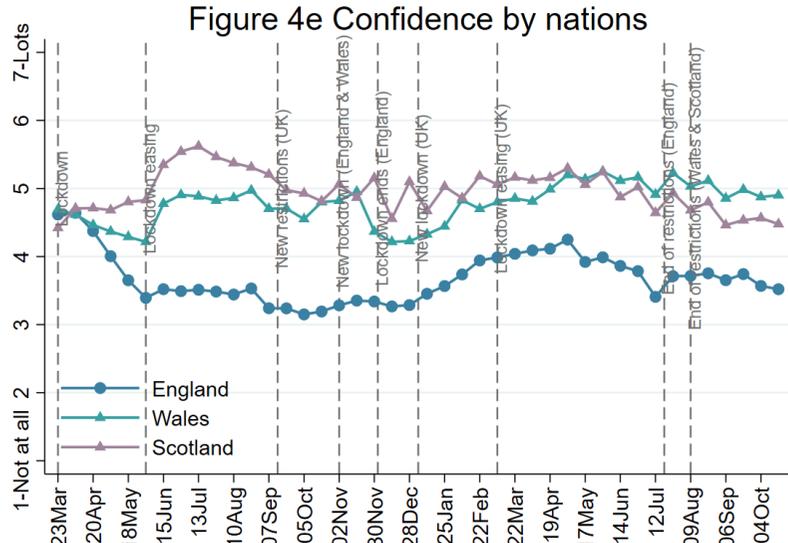
## Figure 4i Confidence in government by gender
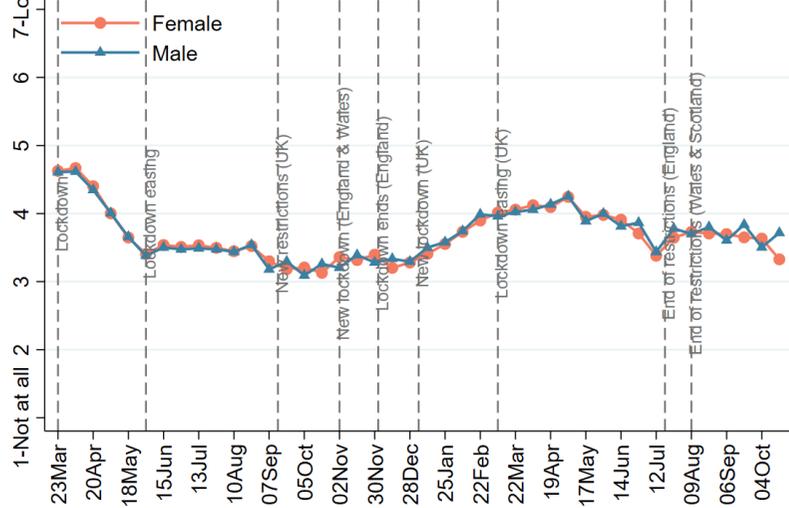


## Figure 4j Confidence in government by ethnicity
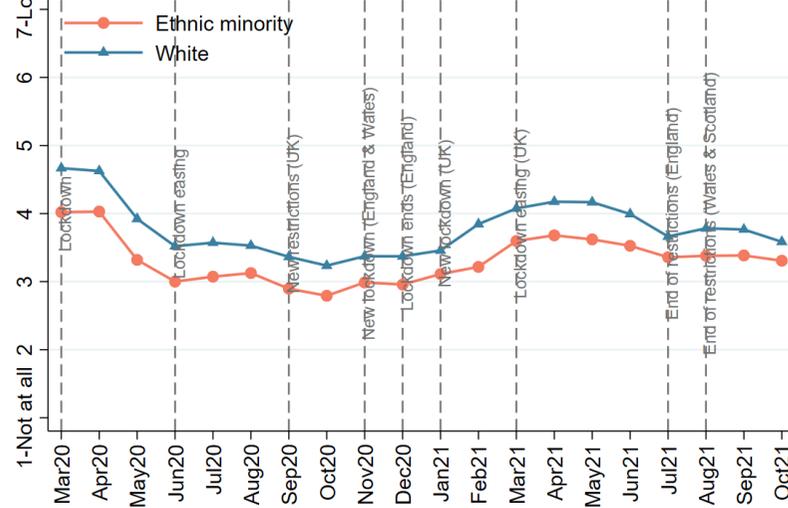


## Figure 4k Confidence in government by educational levels
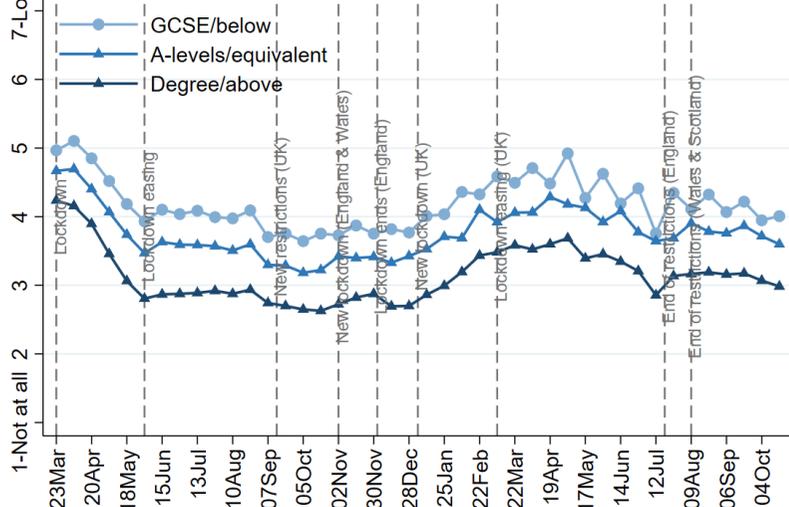


## Figure 4l Confidence in government by physical health
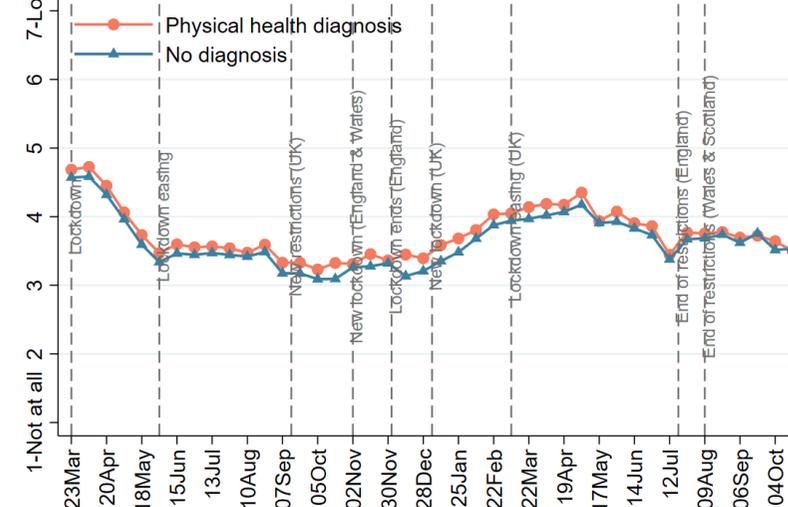
# 2. Mental Health

## 2.1 Depression and anxiety

## Figure 5 Depression and anxiety
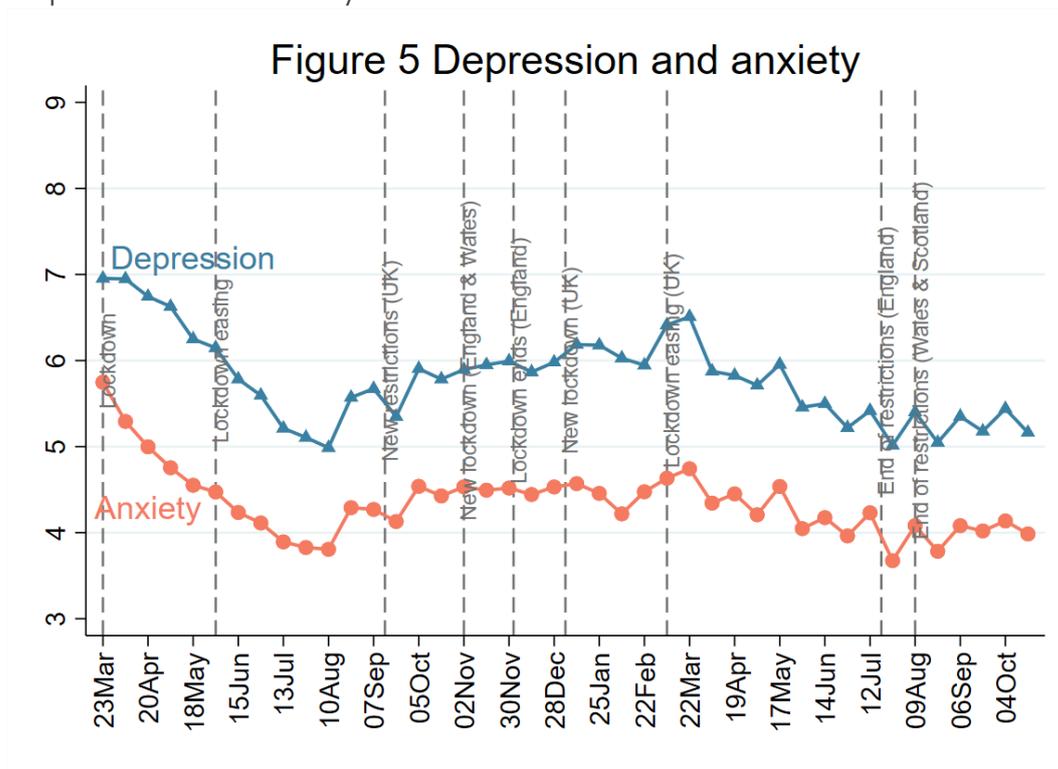


FINDINGS

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

Depression and anxiety symptoms generally decreased from the end of February 2021 to mid-summer but have been stable over the past several months. Notably, levels are lower than last autumn when lockdowns were underway.

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

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

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[3] Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and Standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the General Population. Medical Care. 2008;46(3):266–74. | Tomitaka S, Kawasaki Y, Ide K, Akutagawa M, Ono Y, Furukawa TA. Stability of the Distribution of Patient Health Questionnaire-9 Scores against Age in the General Population: Data from the National Health and Nutrition Examination Survey. Front Psychiatry.

NB in the absence of identified directly comparable prevalence estimates in the UK, these studies look at prevalence in the US in the general population.

Figure 6a Depression by age groups
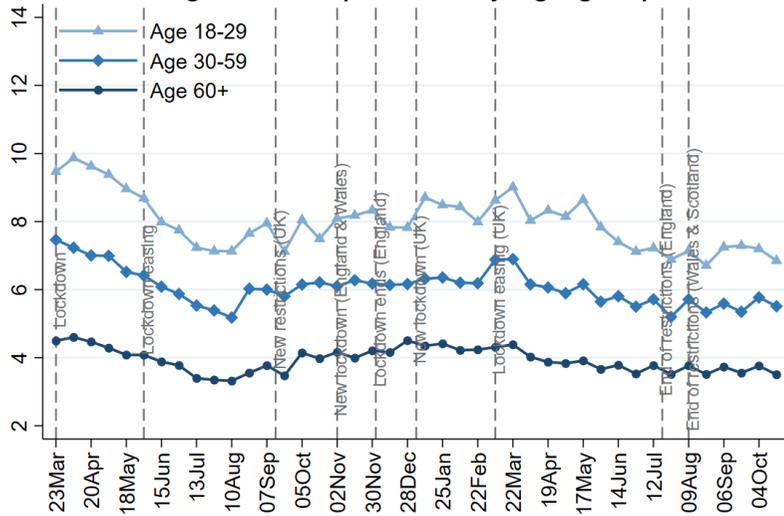
Figure 6b Depression by living arrangement
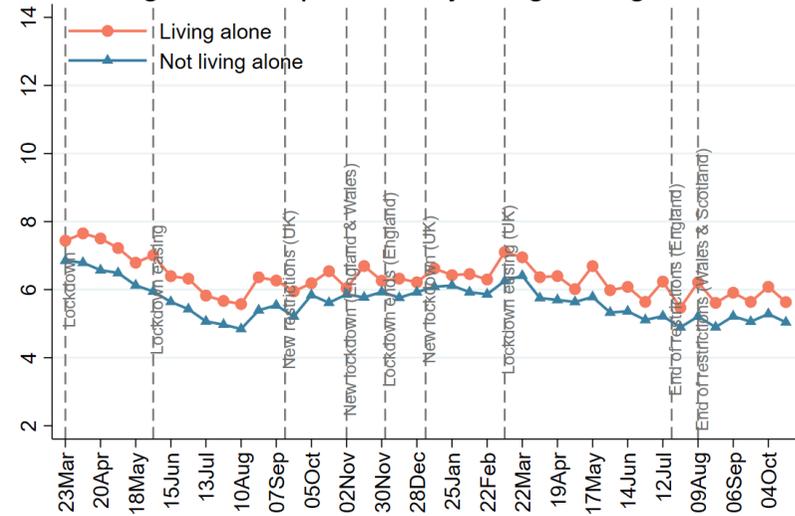
Figure 6c Depression by household income
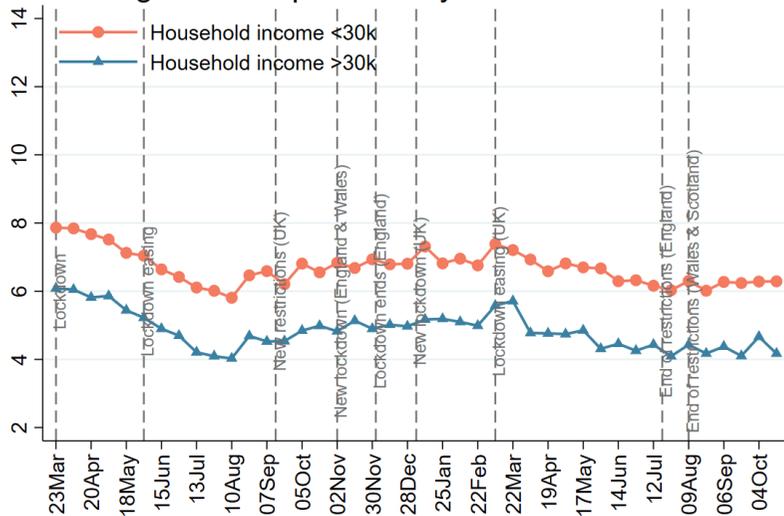
Figure 6d Depression by mental health diagnosis
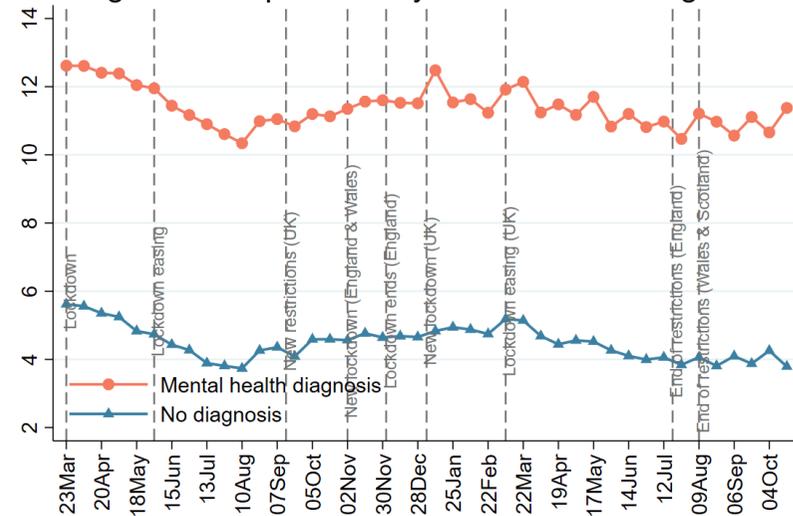
Figure 6e Depression by nations
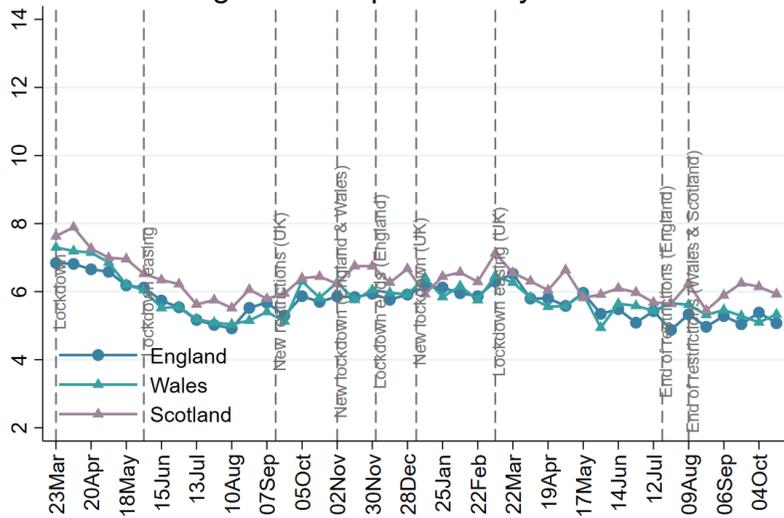


Figure 6f Depression by keyworker status
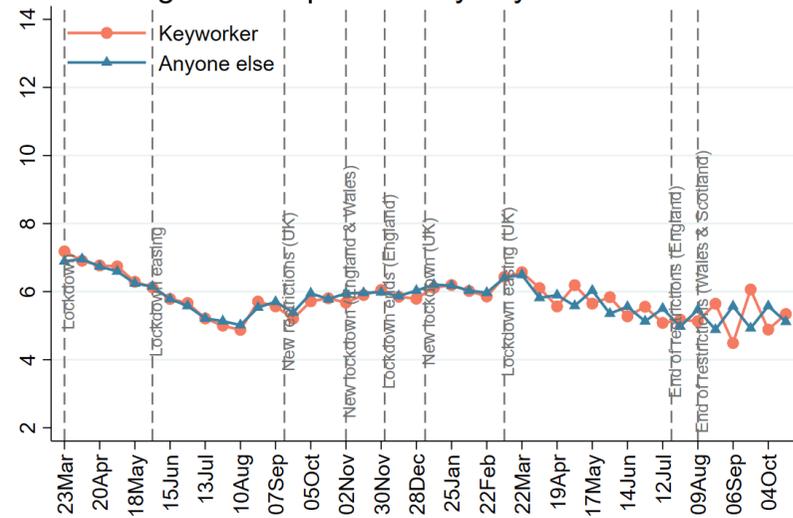


Figure 6g Depression by living with children
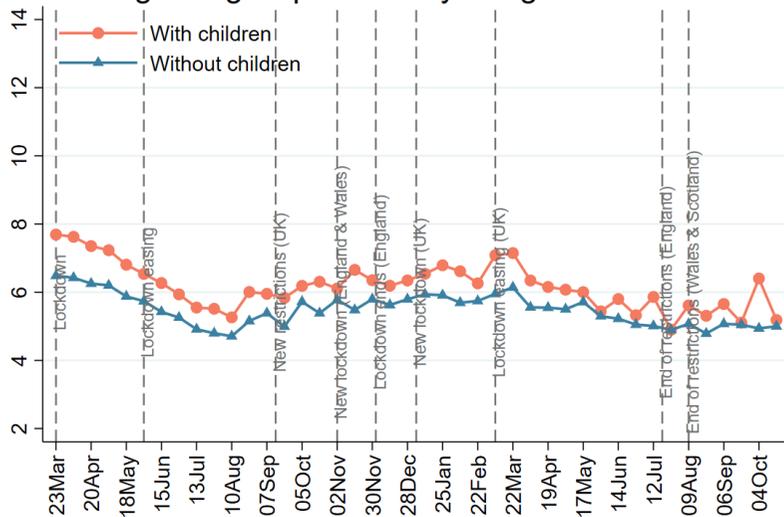


Figure 6h Depression by living area
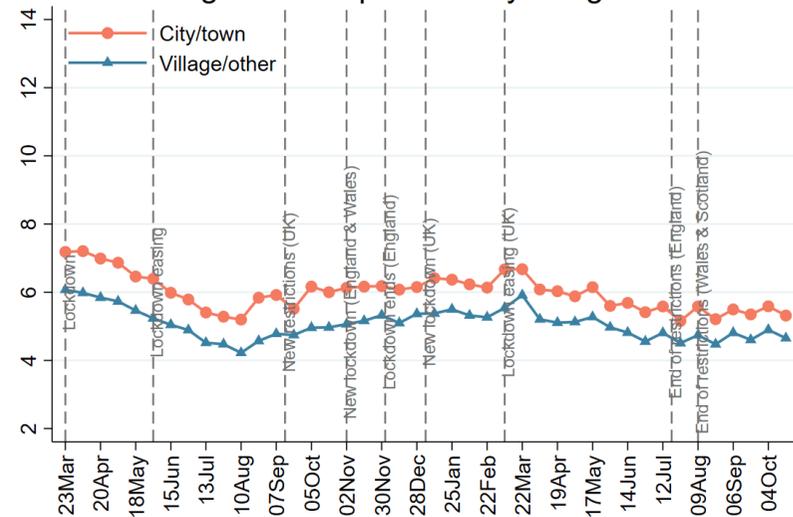
Figure 6i Depression by gender
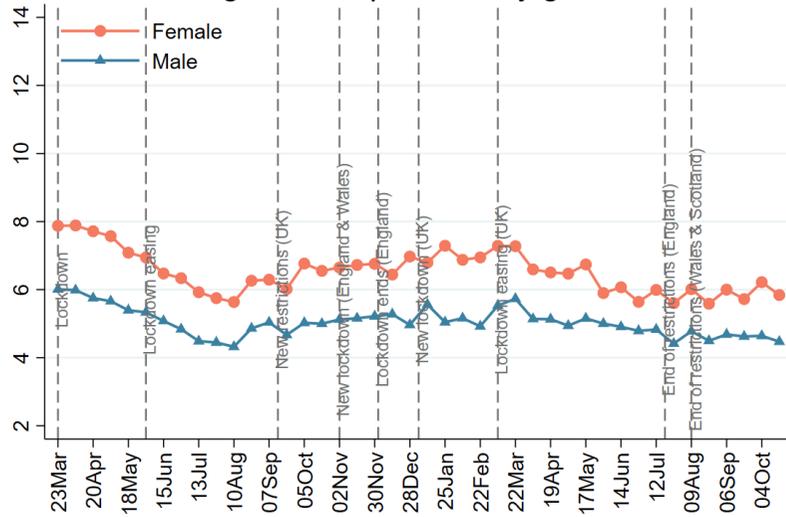


Figure 6j Depression by ethnicity
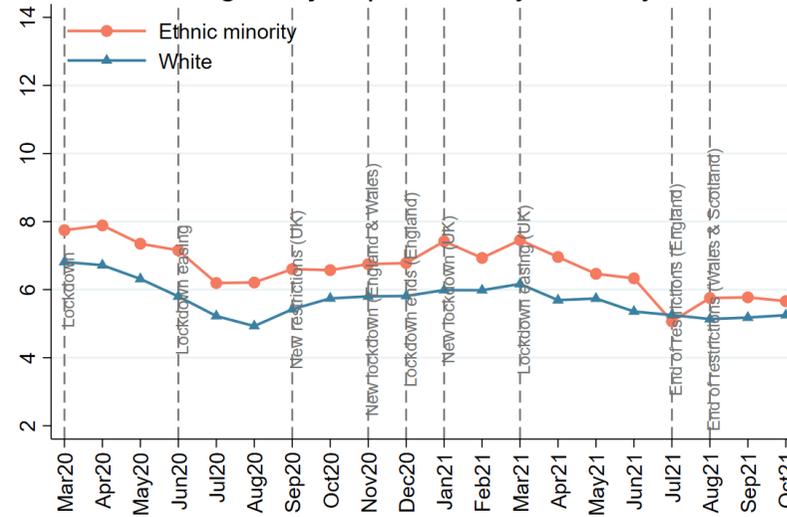


Figure 6k Depression by educational levels
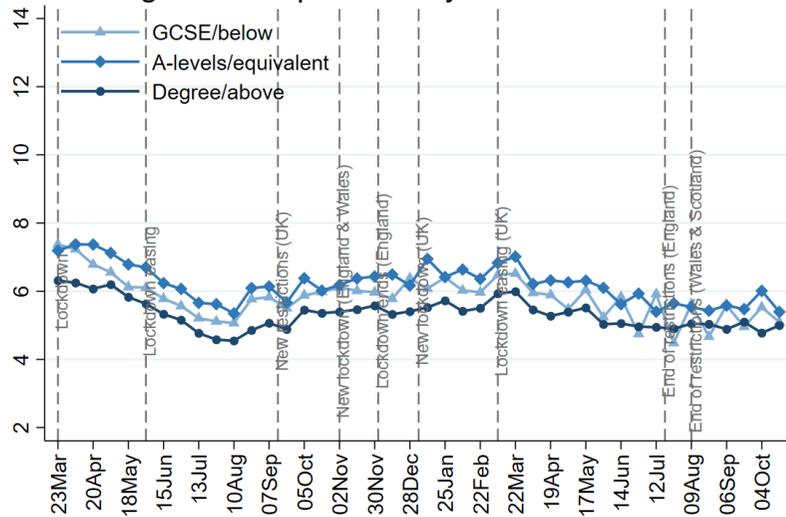


Figure 6l Depression by physical health diagnosis
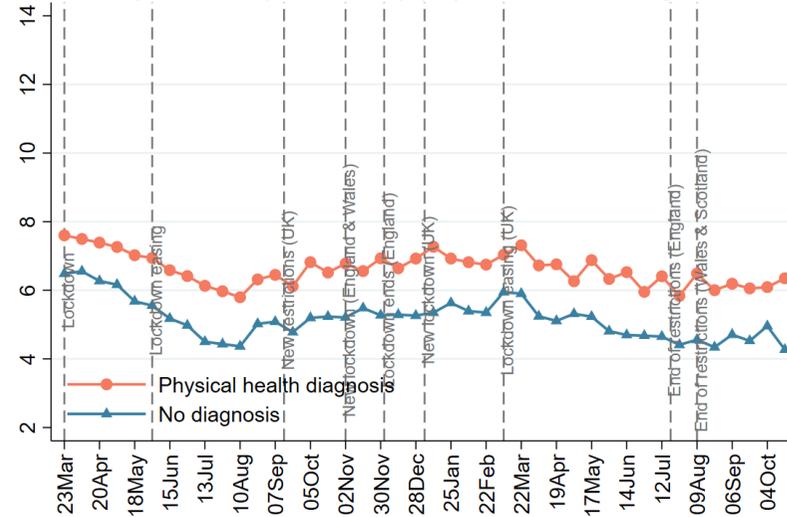
Figure 7a Anxiety by age groups
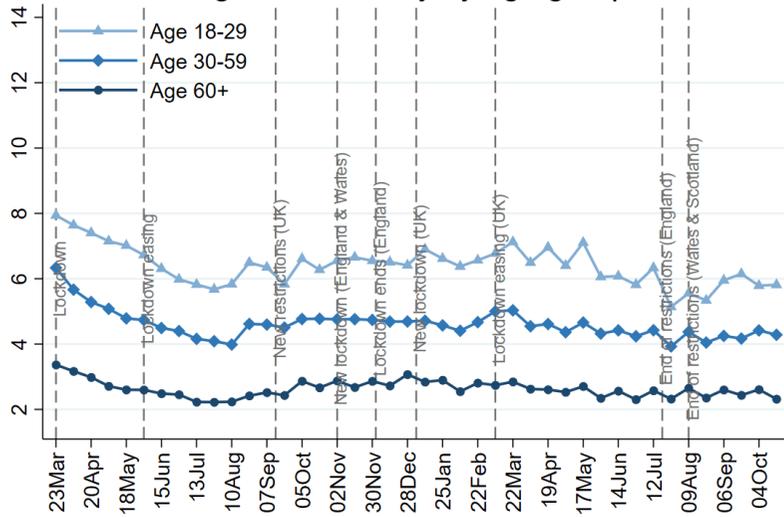


Figure 7b Anxiety by living arrangement
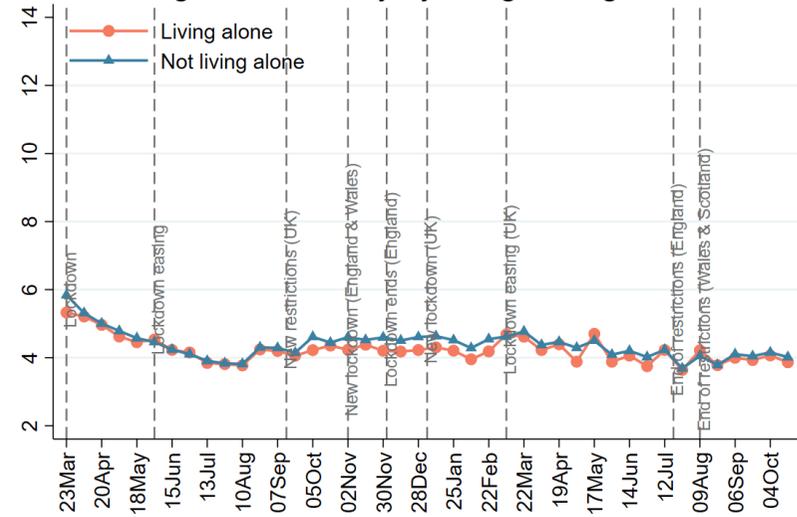


Figure 7c Anxiety by household income
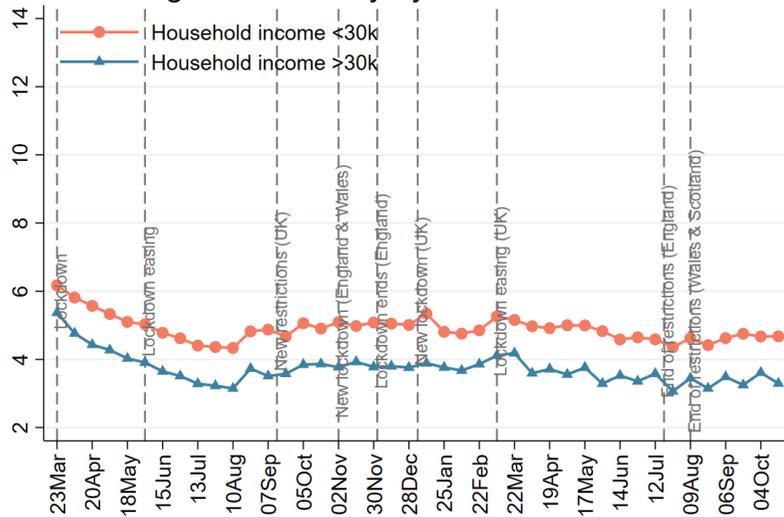


Figure 7d Anxiety by mental health diagnosis
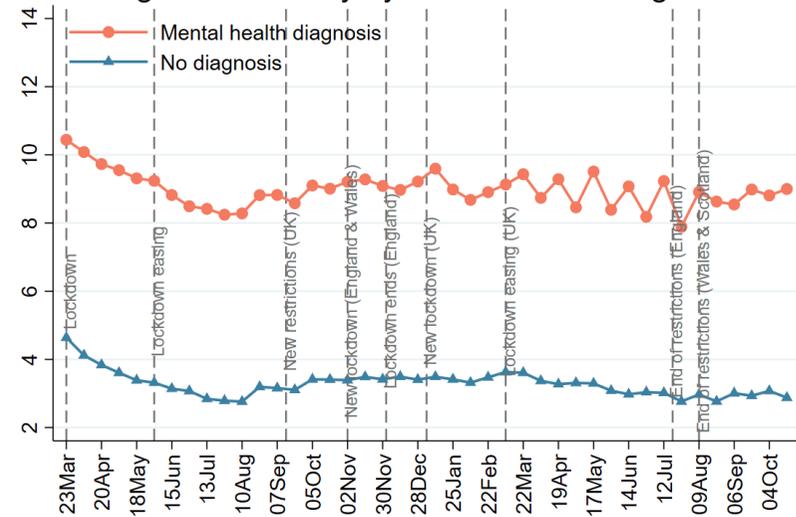
Figure 7e Anxiety by nations
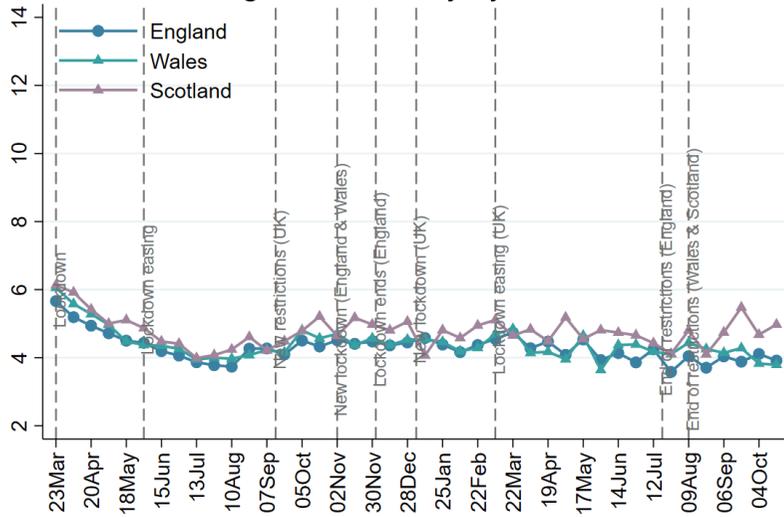


Figure 7f Anxiety by keyworker status
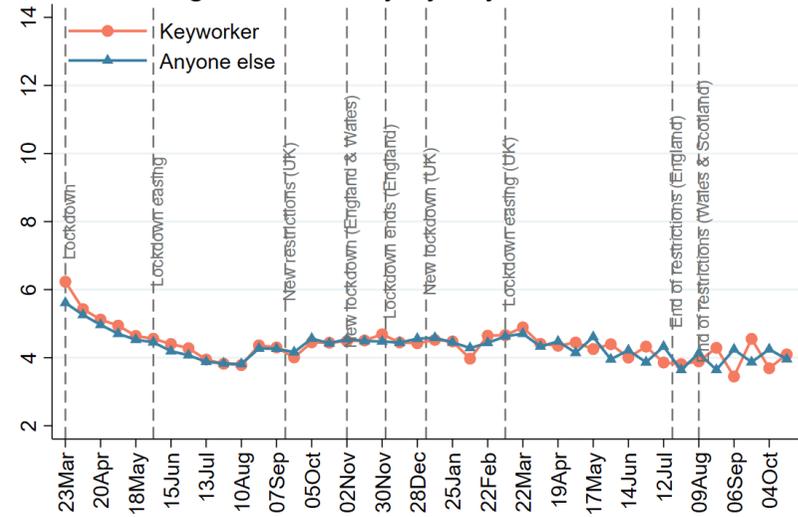


Figure 7g Anxiety by living with children
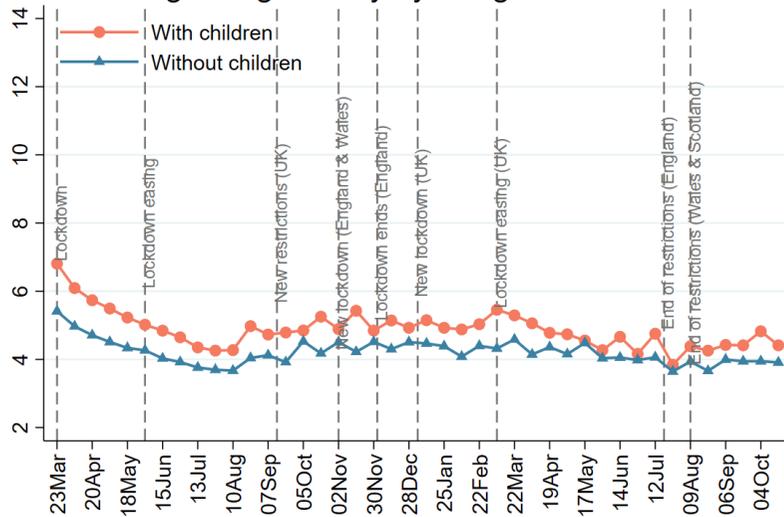


Figure 7h Anxiety by living area
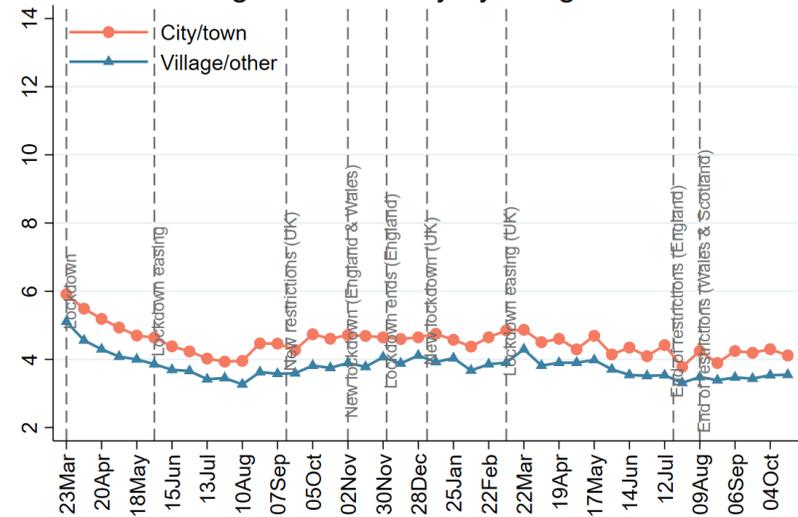
## Figure 7i Anxiety by gender
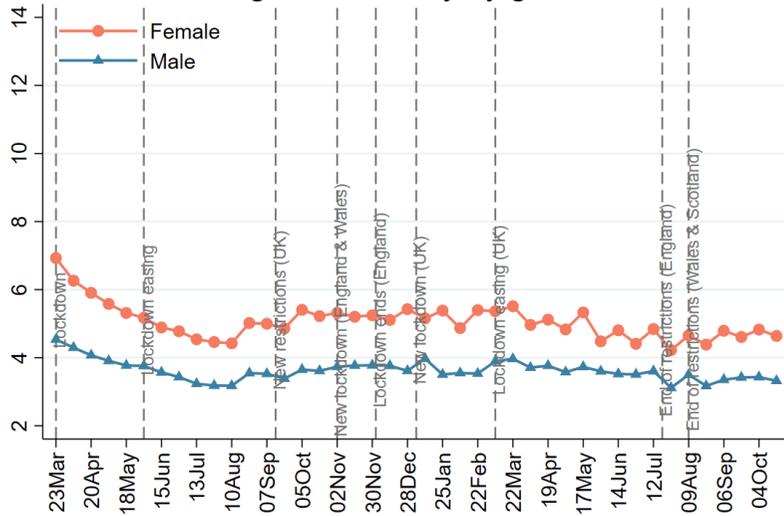


## Figure 7j Anxiety by ethnicity
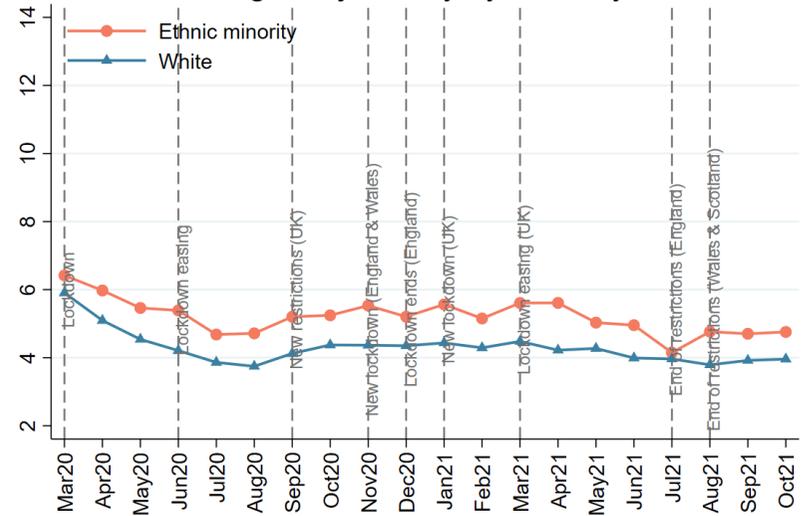


## Figure 7k Anxiety by educational levels
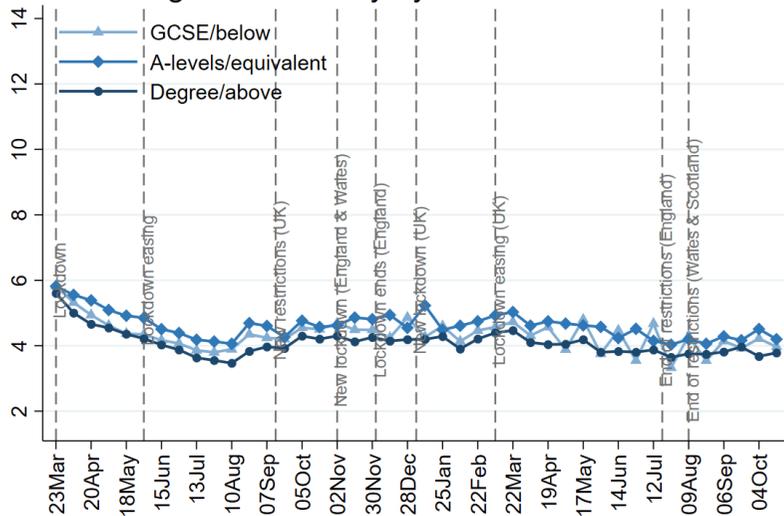


## Figure 7l Anxiety by physical health diagnosis



21
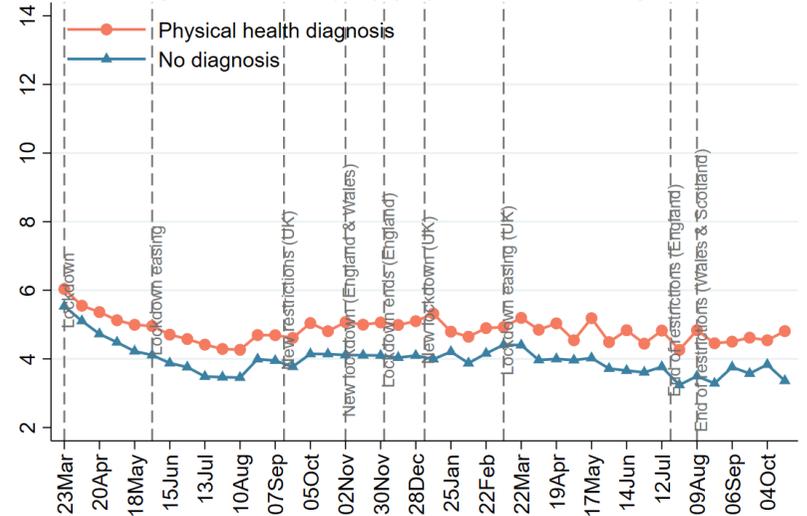
## 2.2 Stress



Figure 8 Stressors
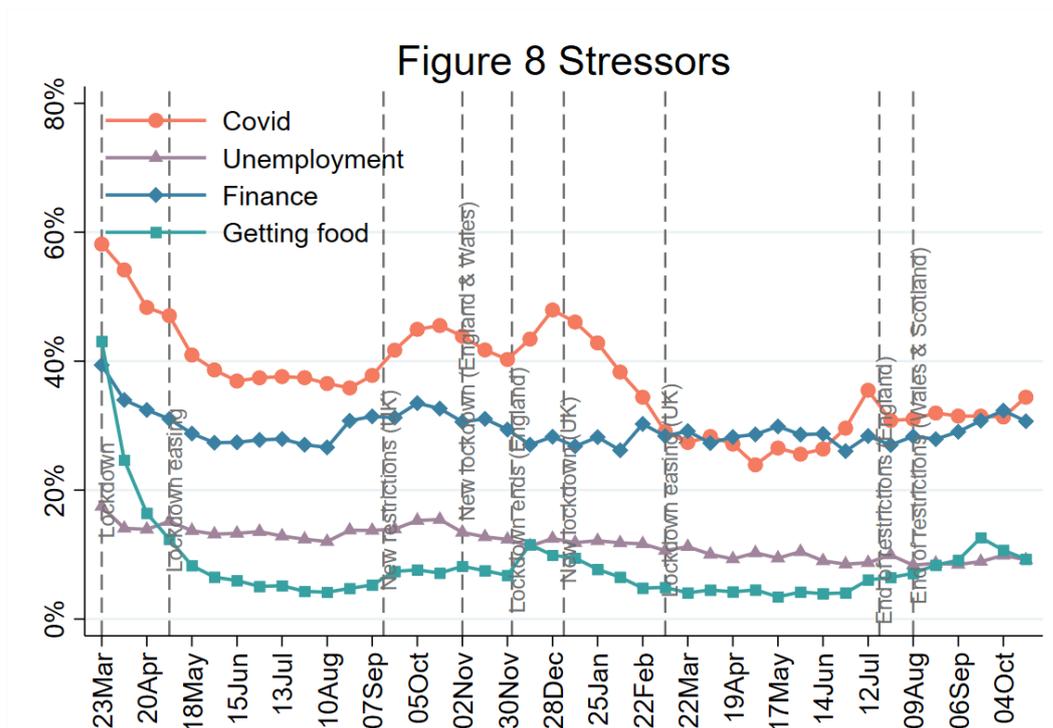
FINDINGS

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

The proportion of people concerned about catching or becoming seriously ill from Covid-19 has been increasing over the past several months as cases have been rising and is now similar to what it was in February 2021, at 34%. A greater proportion of women and people with a physical or mental health diagnosis continue to be more worried about catching or becoming seriously ill from Covid-19.

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

Worries about finance increased slightly from late summer 2021 to early autumn, but this proportion appears to have levelled off over the past month. More data will be needed to confirm this trend. Concerns about finances remain highest amongst adults of working age (18-59 years), in particular young adults (age 18-29). Financial stress has also been higher amongst people with low household incomes, keyworkers, in urban areas, those with a mental health diagnosis, people living with children, and people from ethnic minority groups.

Worries about being able to access sufficient food increased from mid-summer 2021 to early autumn (in line with problems with food supply), but this trend seems to be stabilising. Nevertheless, the proportion is now similar to what it was at the end of 2020, affecting around 1 in 10 people. Most groups continue to report similar levels of concern about accessing food, although these concerns are higher in people with a mental or physical health diagnosis and people with lower household incomes.

Figure 9a Covid-19 stress by age groups
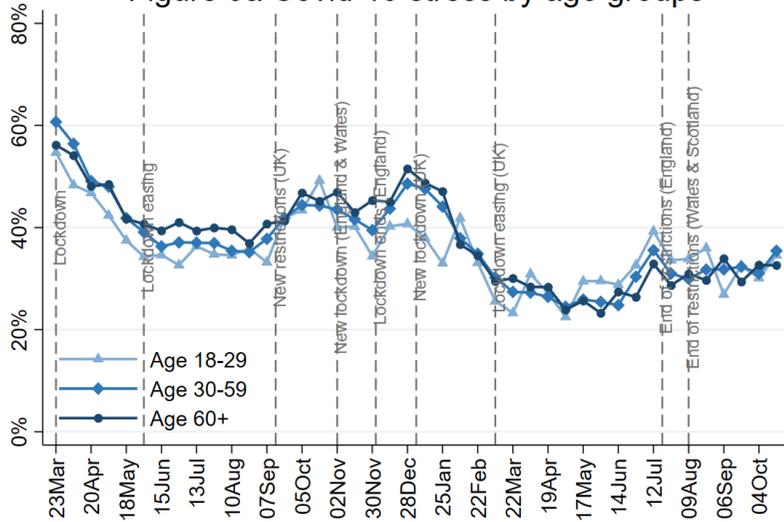


Figure 9b Covid-19 stress by living arrangement
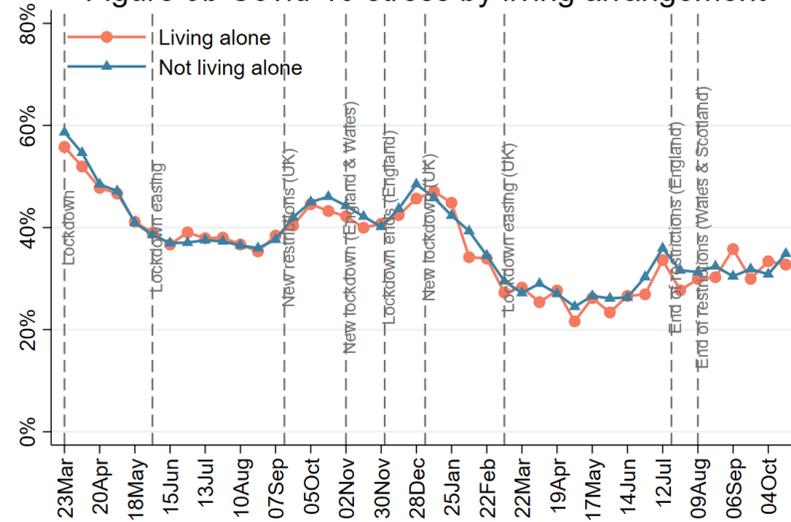


Figure 9c Covid-19 stress by household income
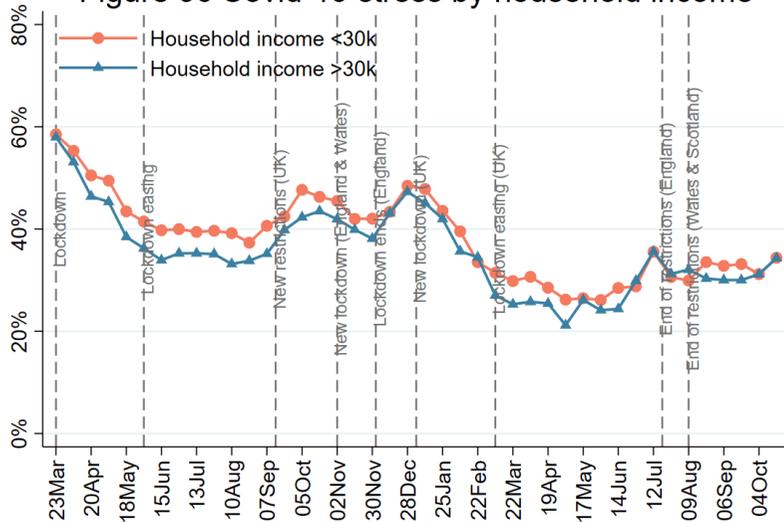


Figure 9d Covid-19 stress by mental health diagnosis
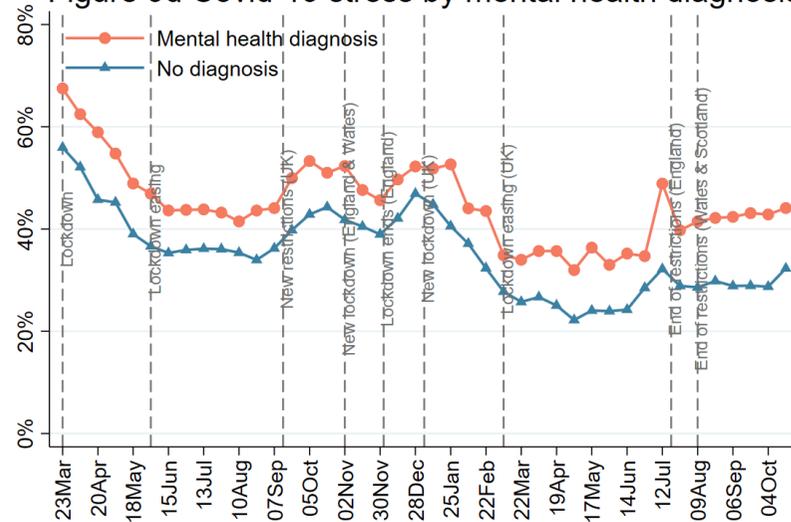
Figure 9e Covid-19 stress by nations
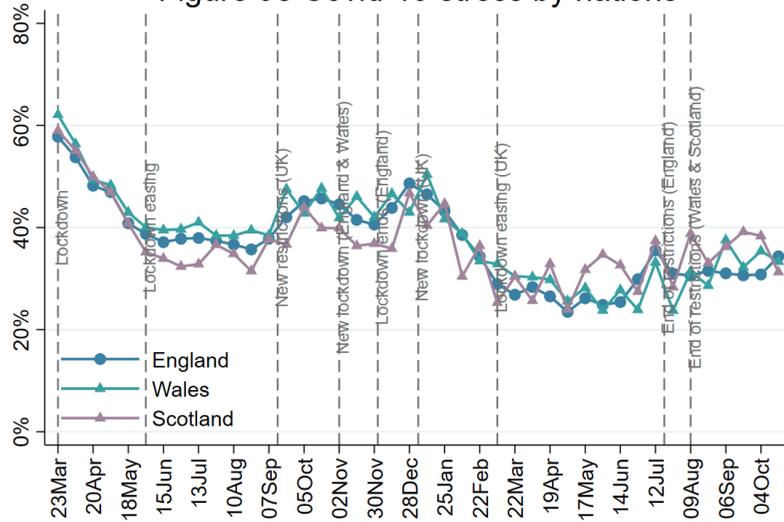


Figure 9f Covid-19 stress by keyworker status
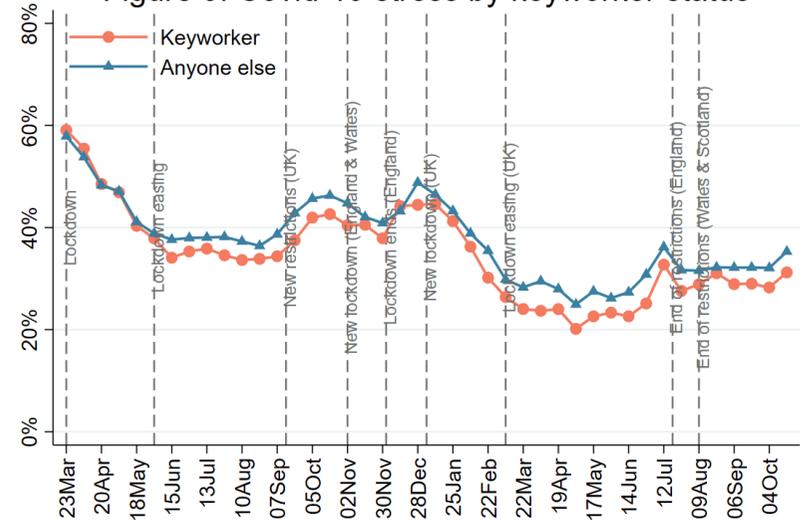


Figure 9g Covid-19 stress by living with children
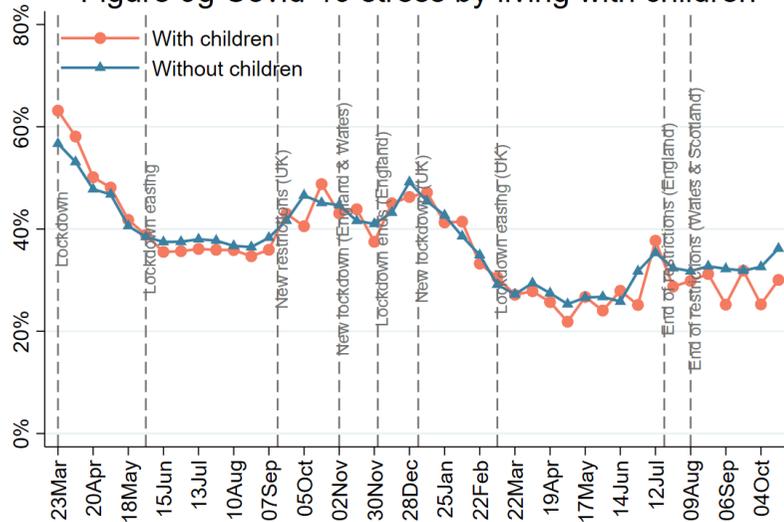


Figure 9h Covid-19 stress by living area
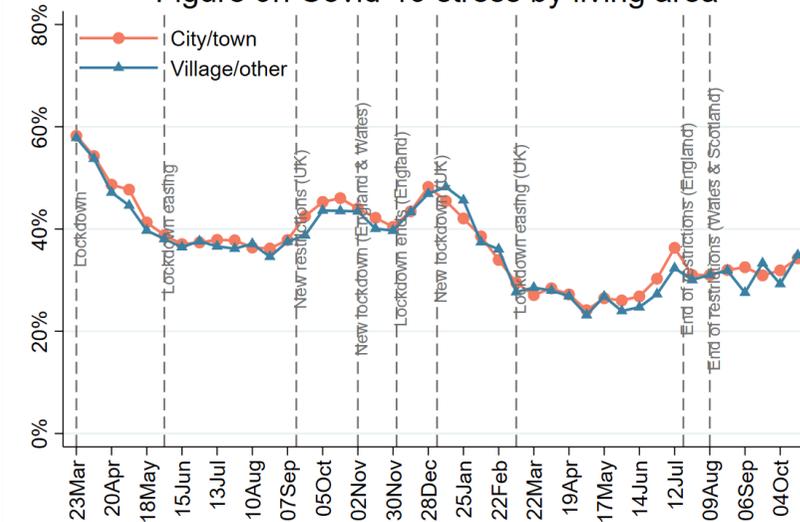
Figure 9i Covid-19 stress by gender
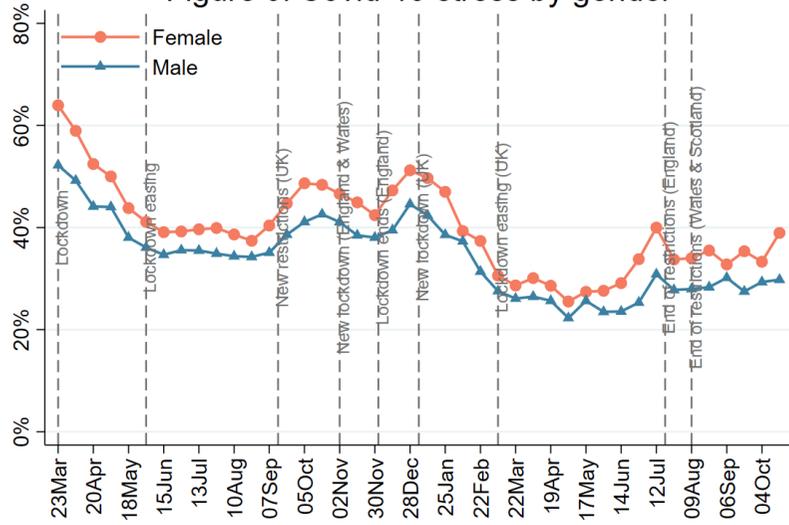


Figure 9j Covid-19 stress by ethnicity
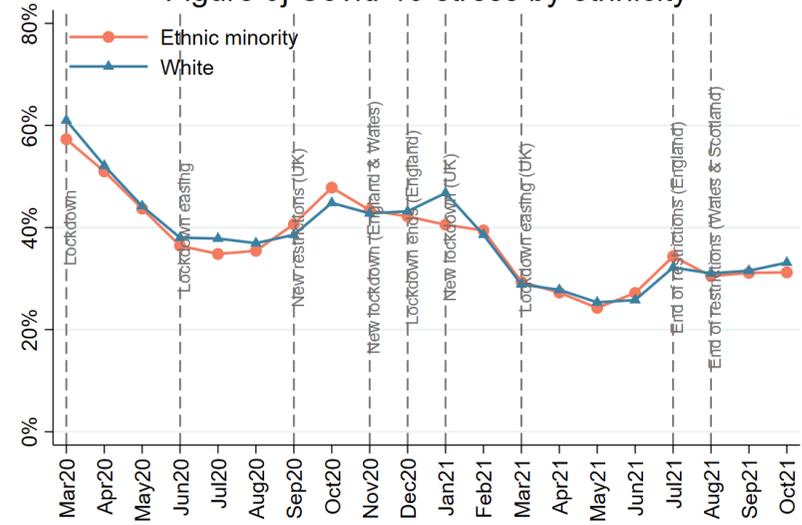


Figure 9k Covid-19 stress by educational levels
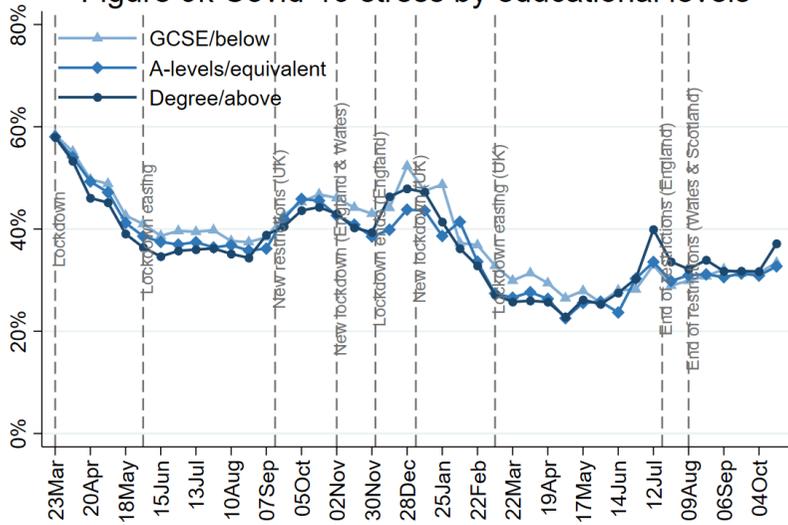


Figure 9l Covid-19 stress by physical health diagnosis
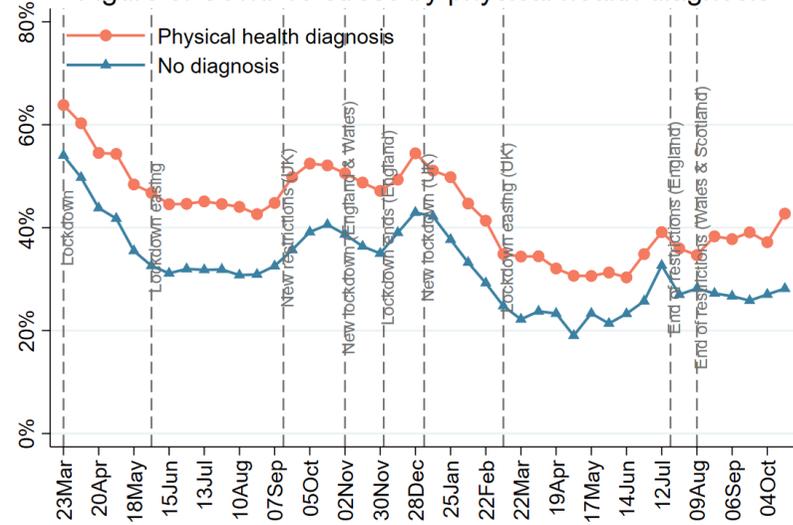
Figure 10a Unemployment stress by age groups
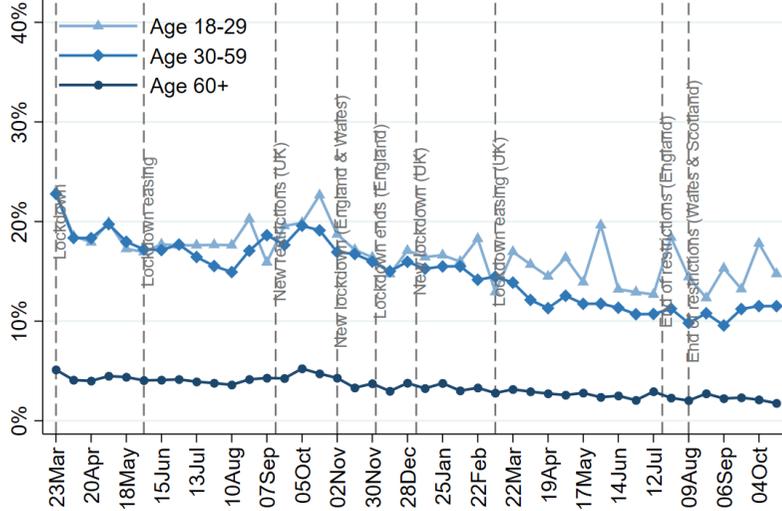


Figure 10b Unemployment stress by living arrangement
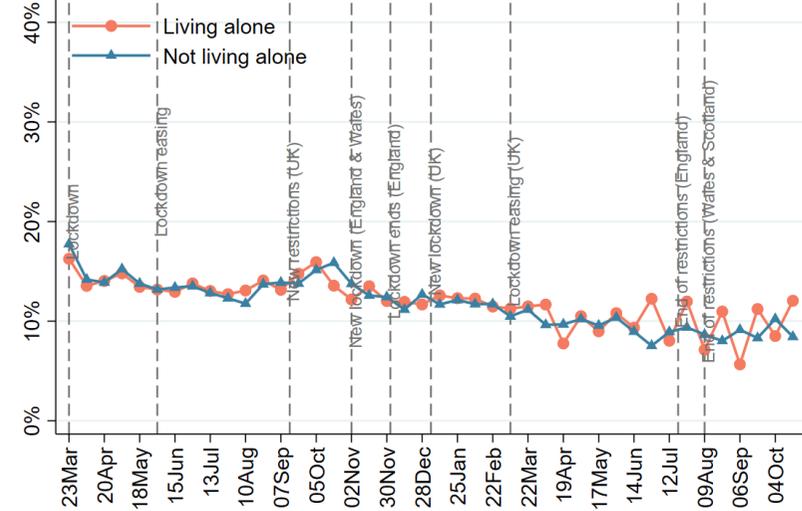


Figure 10c Unemployment stress by household income
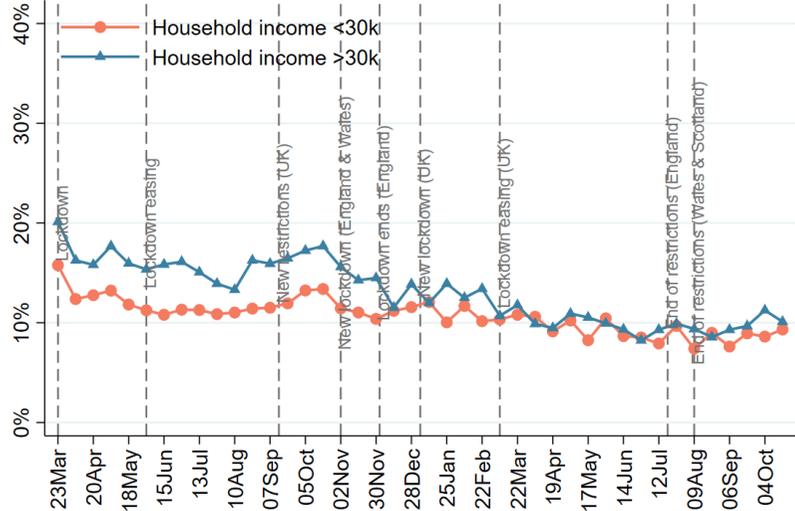


Figure 10d Unemployment stress by mental health
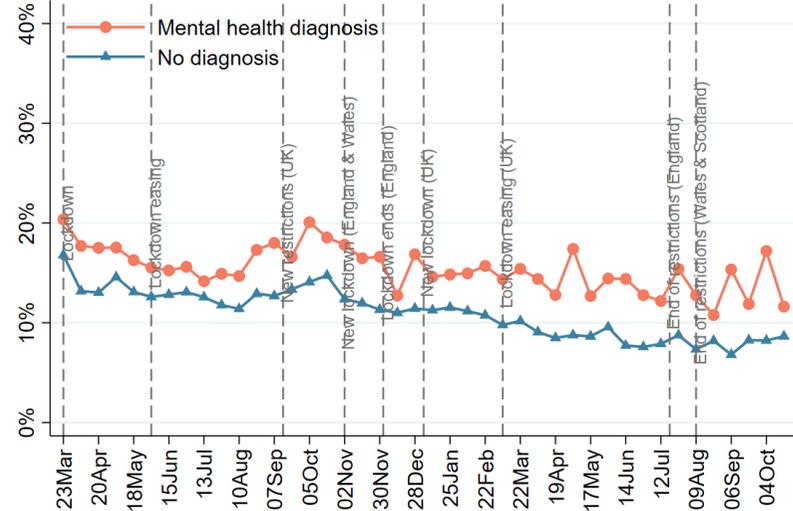
Figure 10e Unemployment stress by nations
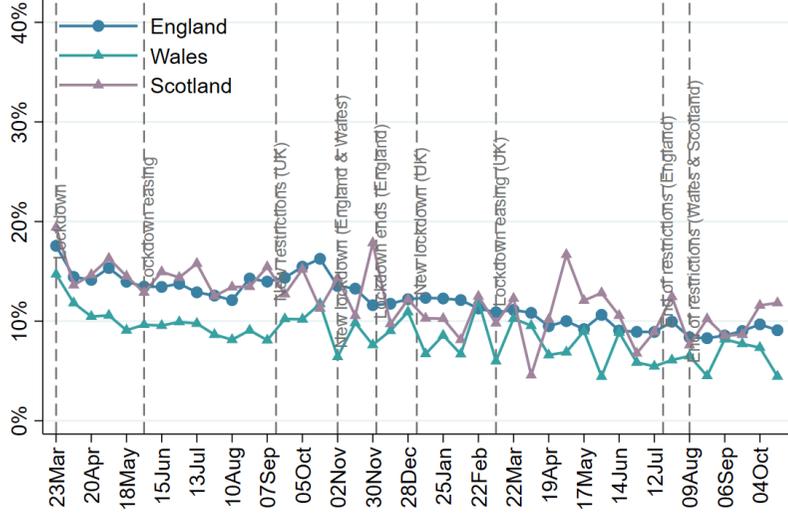


Figure 10f Unemployment stress by keyworker status
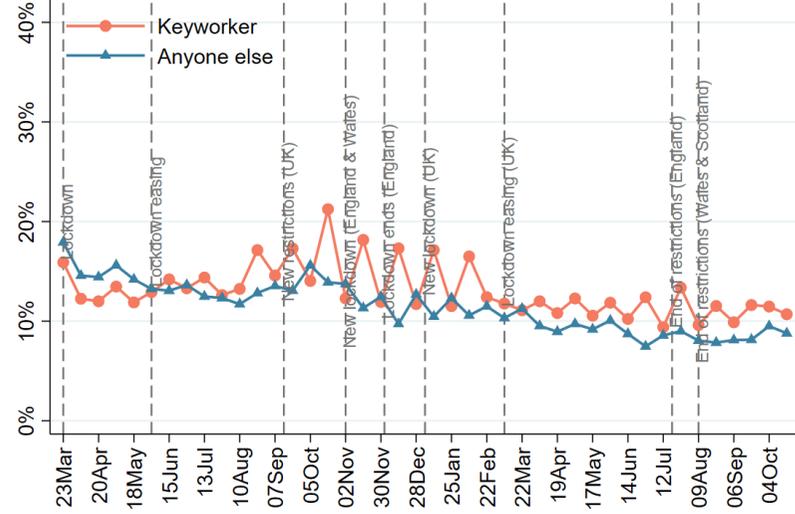


Figure 10g Unemployment stress by living with children
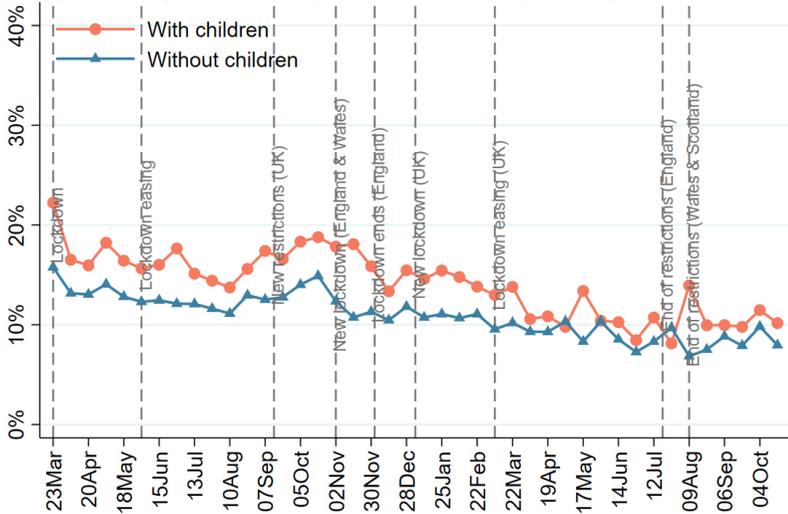


Figure 10h Unemployment stress by living area
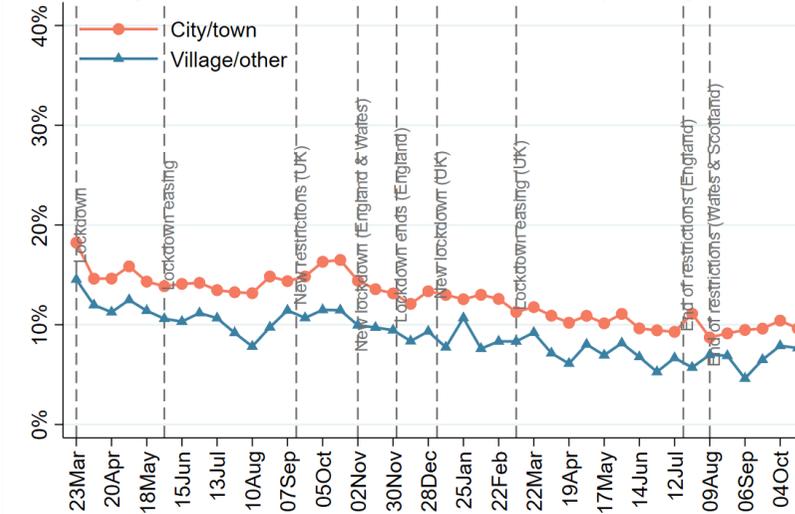
Figure 10i Unemployment stress by gender
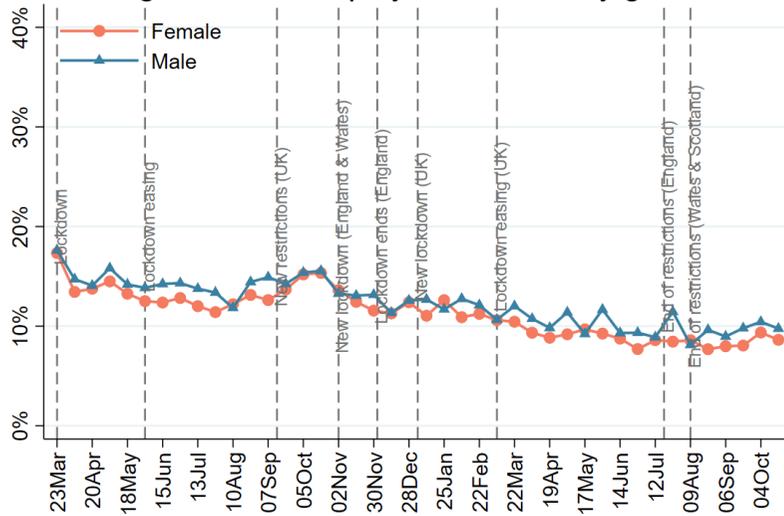


Figure 10j Unemployment stress by ethnicity
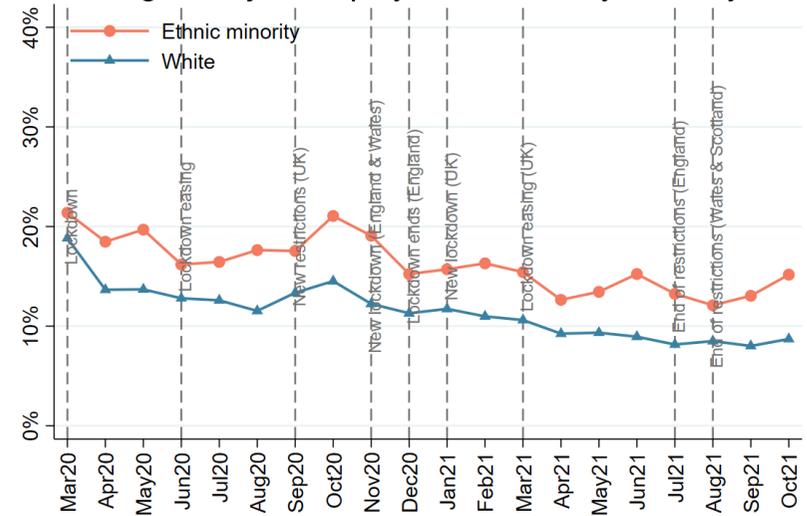


Figure 10k Unemployment stress by educational levels
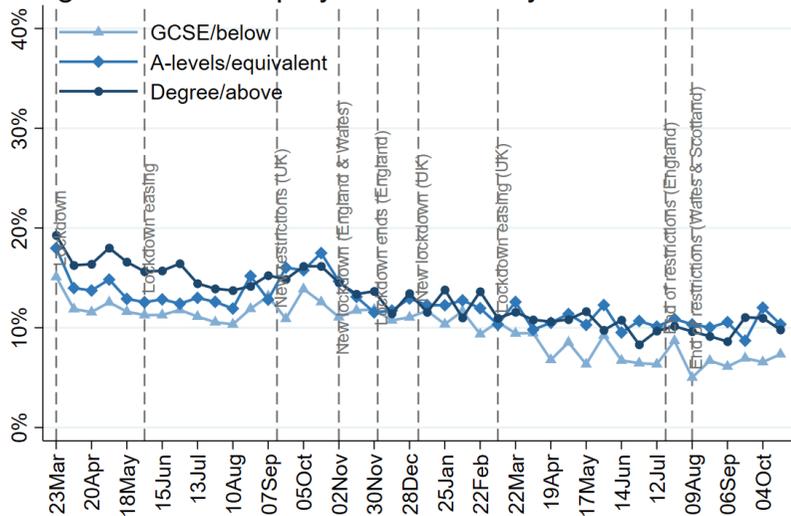


Figure 10l Unemployment stress by physical health diagnosis
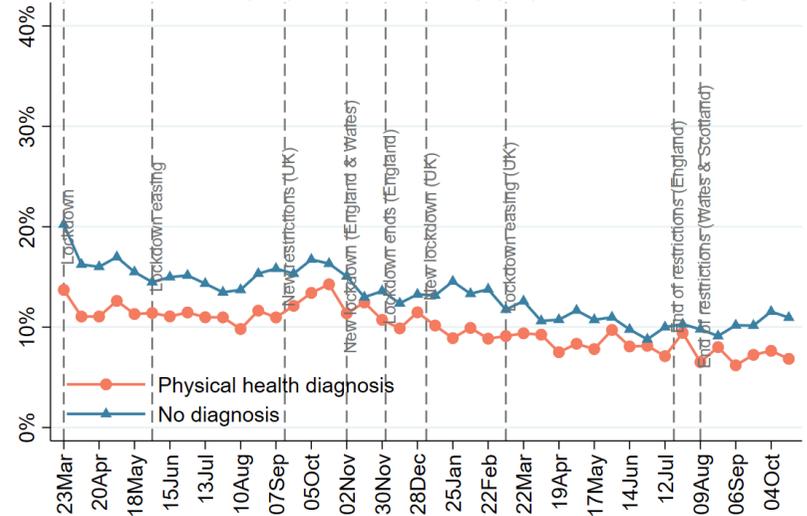
## Figure 11a Financial stress by age groups
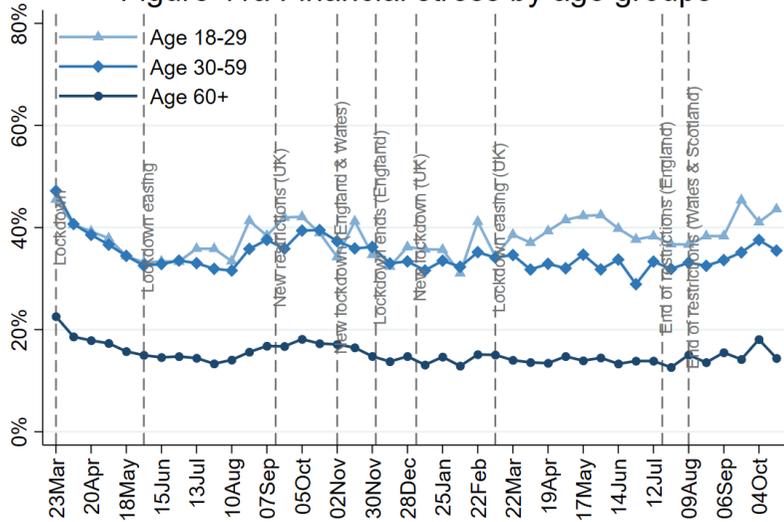


## Figure 11b Financial stress by living arrangement
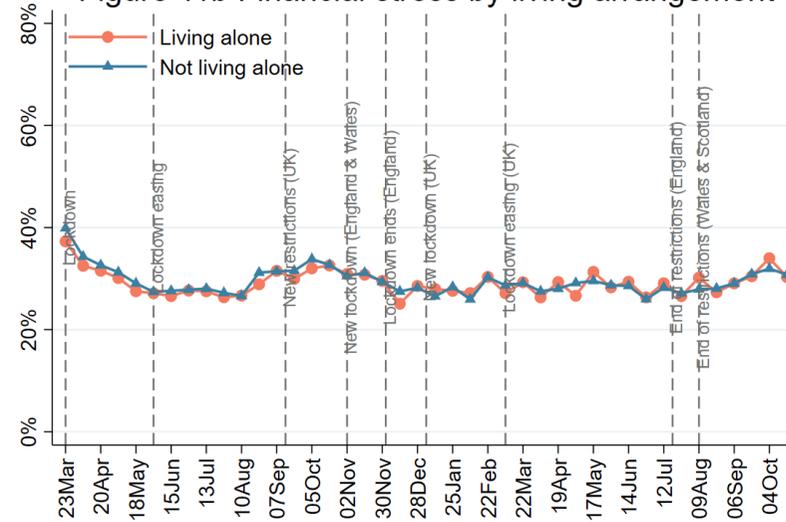


## Figure 11c Financial stress by household income
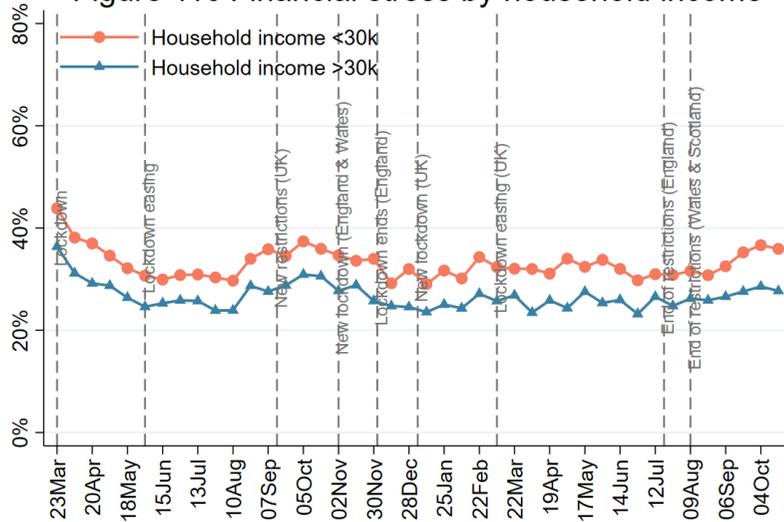


## Figure 11d Financial stress by mental health diagnosis



29
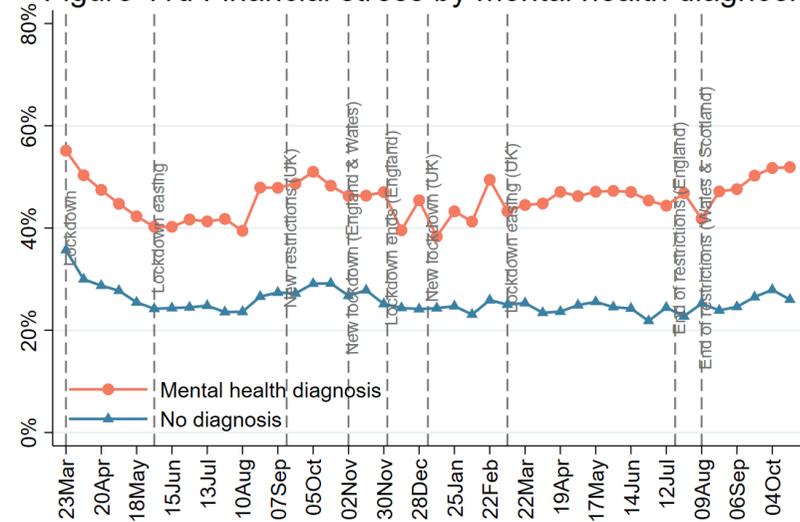
Figure 11e Financial stress by nations
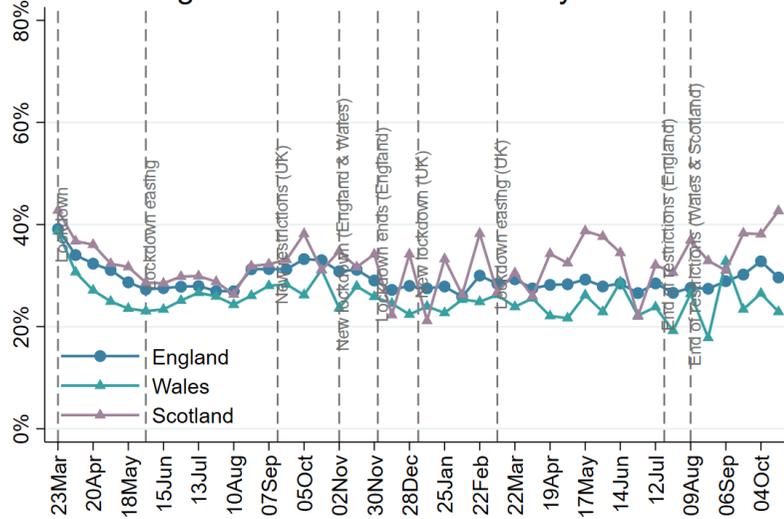


Figure 11f Financial stress by keyworker status
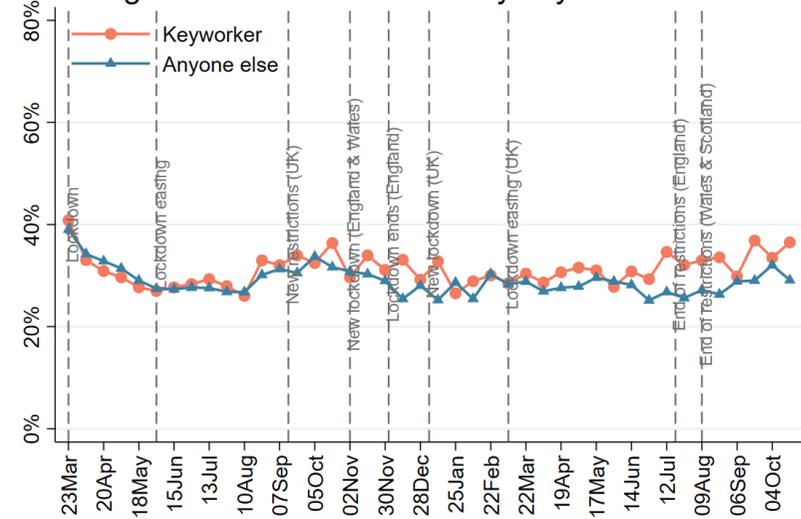


Figure 11g Financial stress by living with children
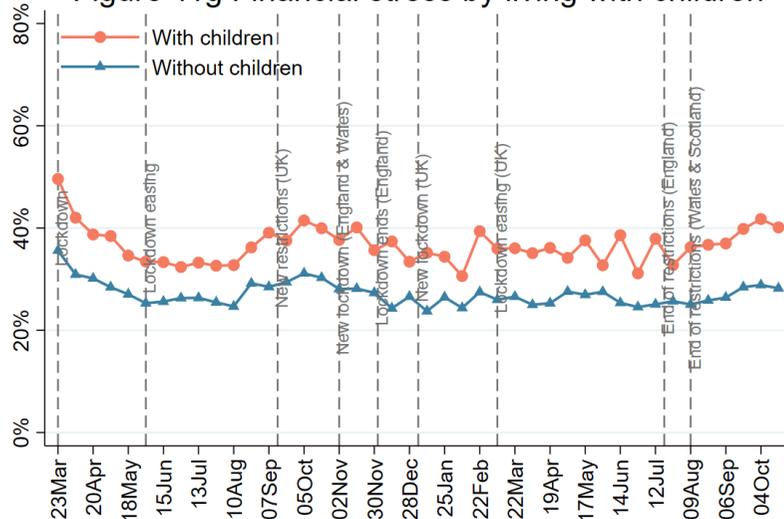


Figure 11h Financial stress by living area
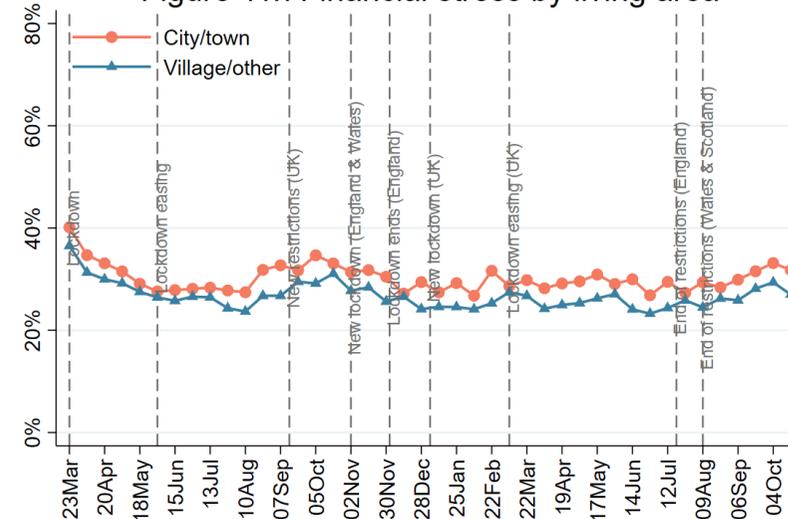
Figure 11i Financial stress by gender
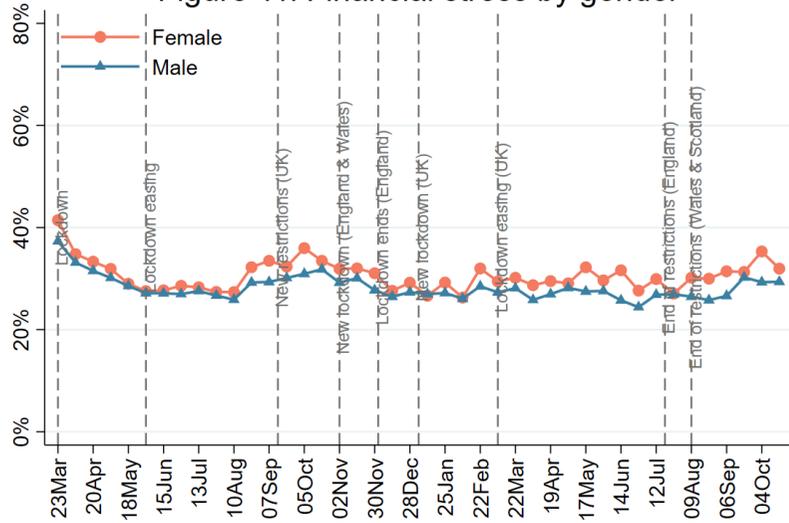


Figure 11j Financial stress by ethnicity
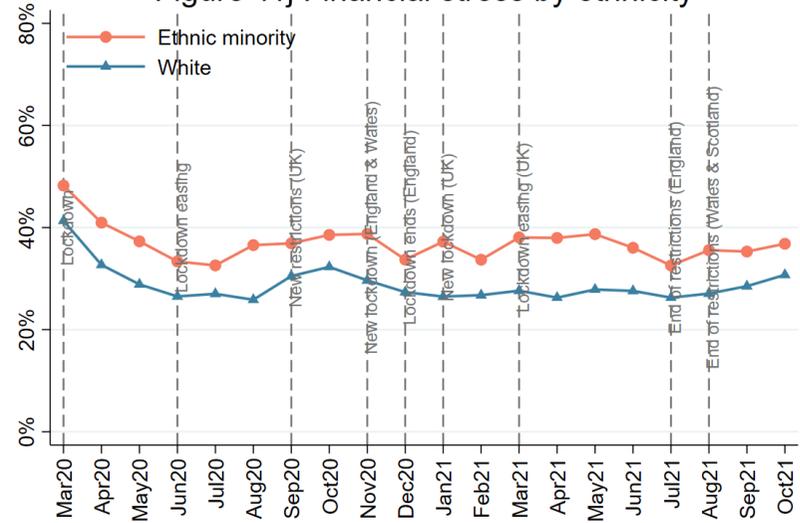


Figure 11k Financial stress by educational levels
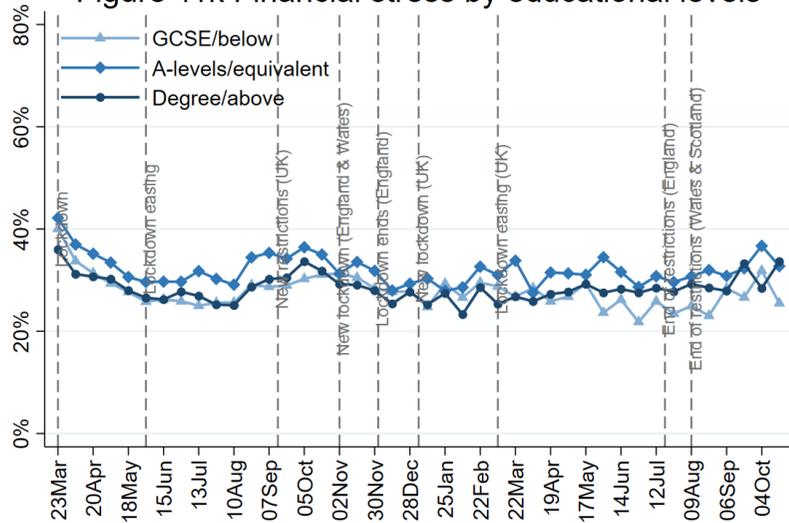


Figure 11l Financial stress by physical health diagnosis

Figure 12a Food security stress by age groups



Figure 12b Food security stress by living arrangement



Figure 12c Food security stress by household income



Figure 12d Food security stress by mental health
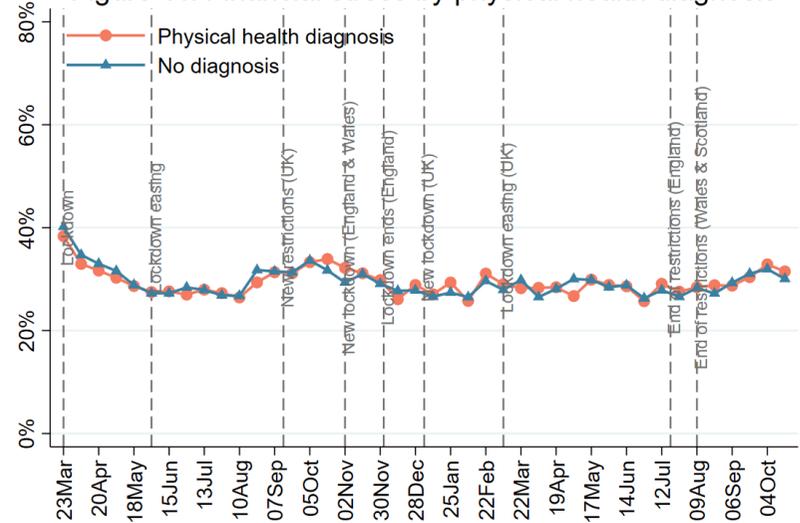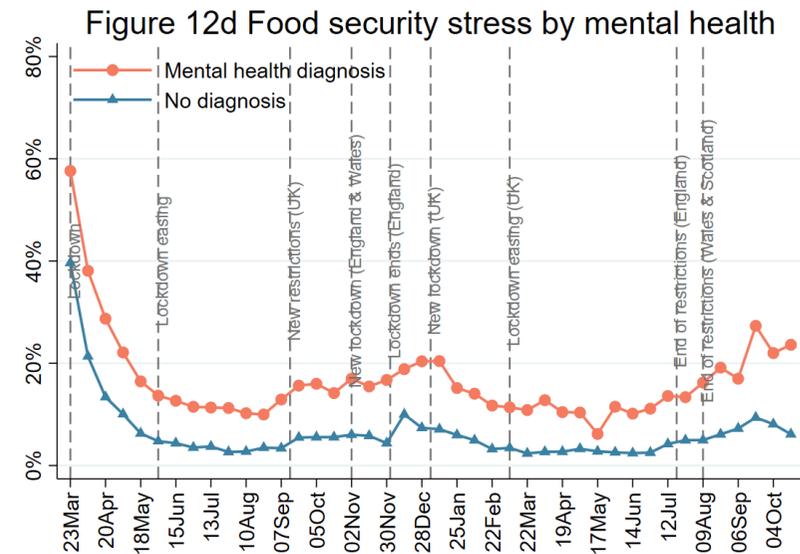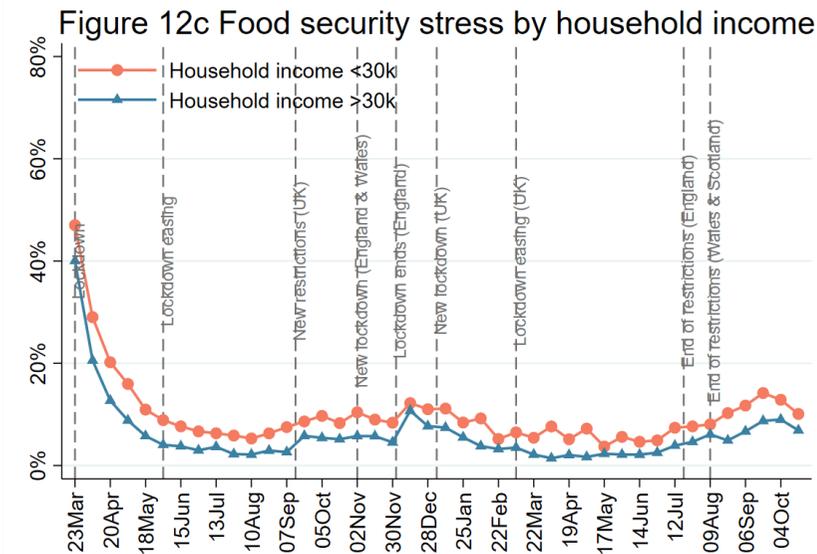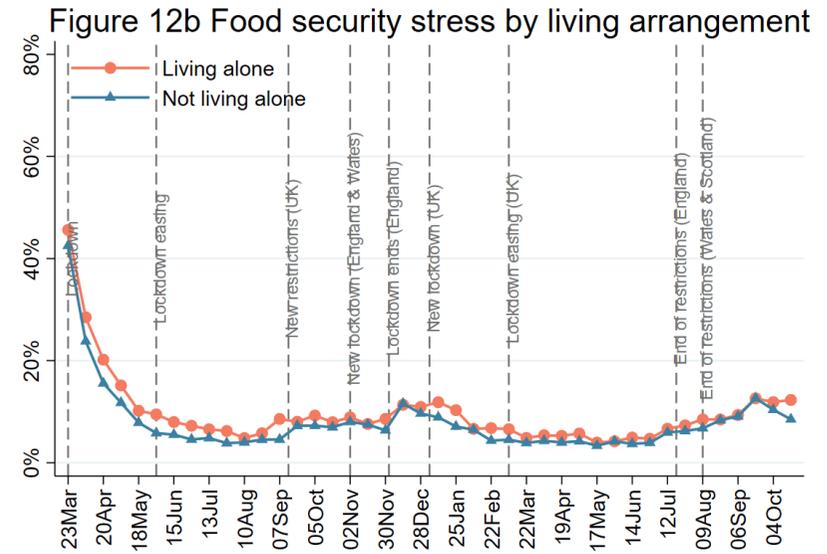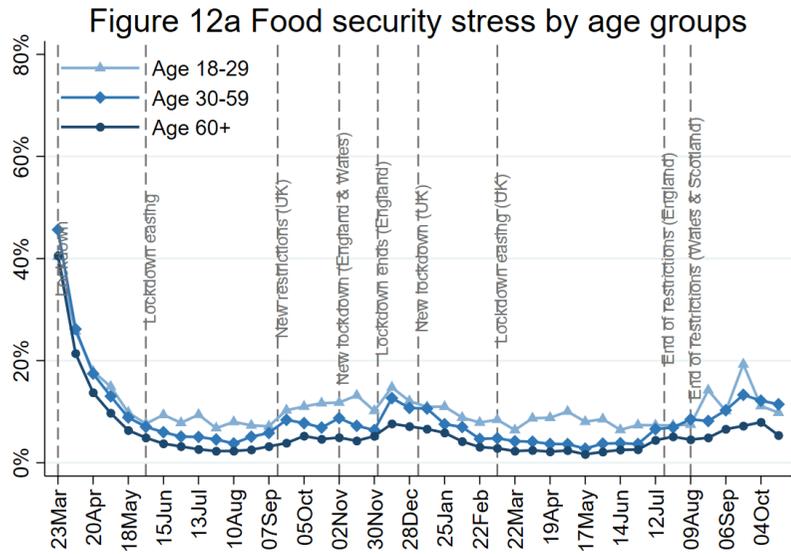
Figure 12e Food security stress by nations
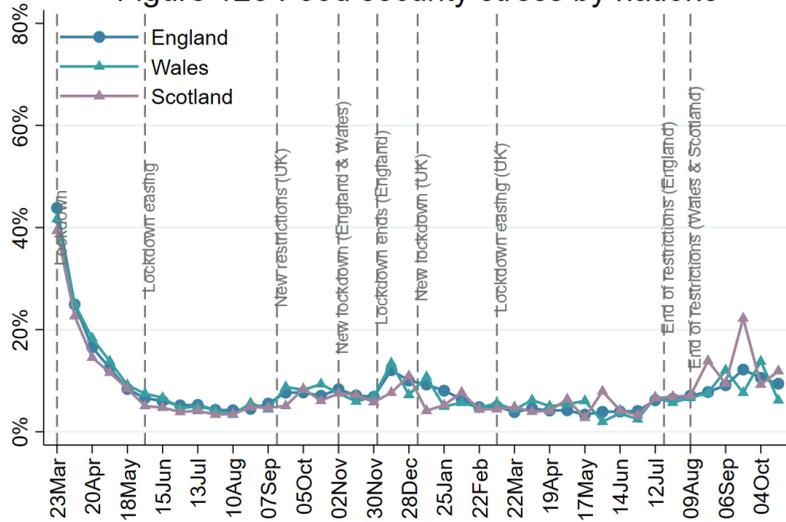


Figure 12f Food security stress by keyworker status
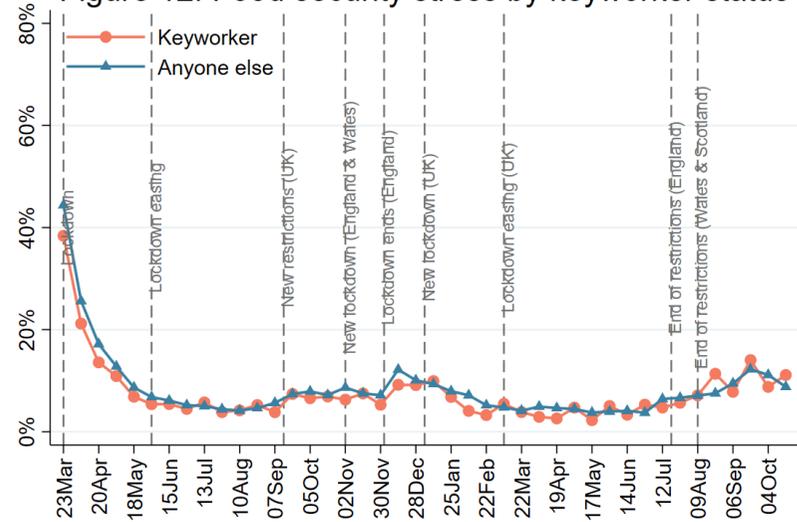


Figure 12g Food security stress by living with children
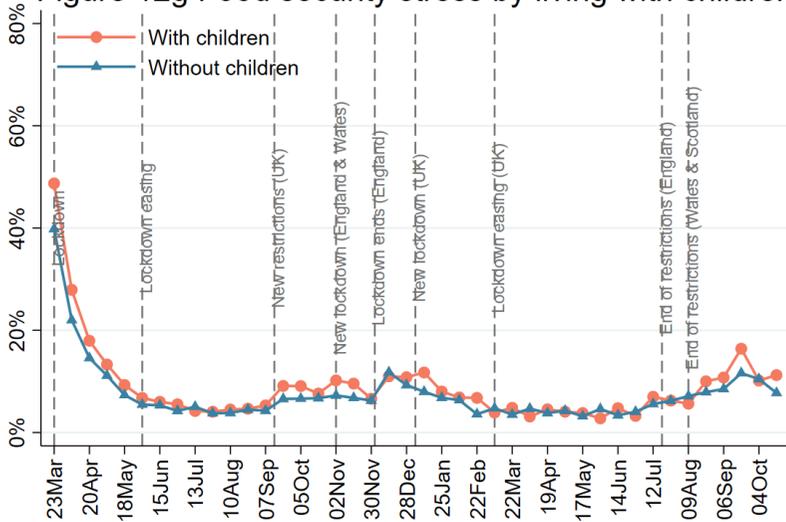


Figure 12h Food security stress by living area
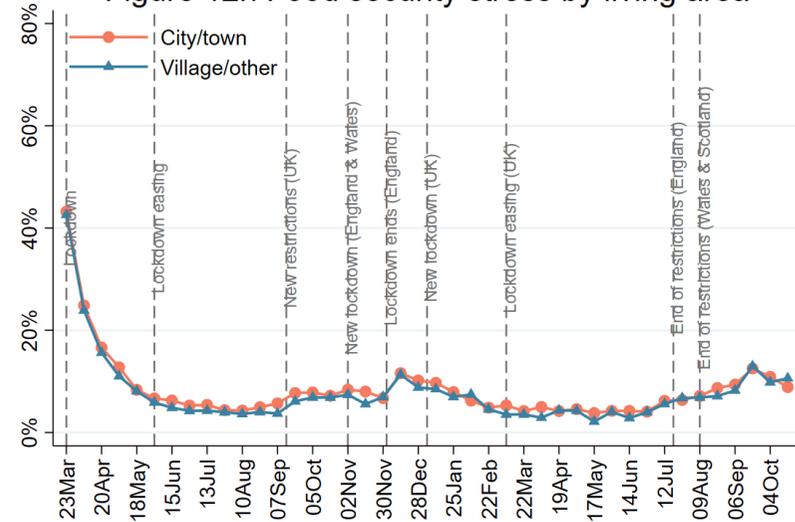
Figure 12i Food security stress by gender
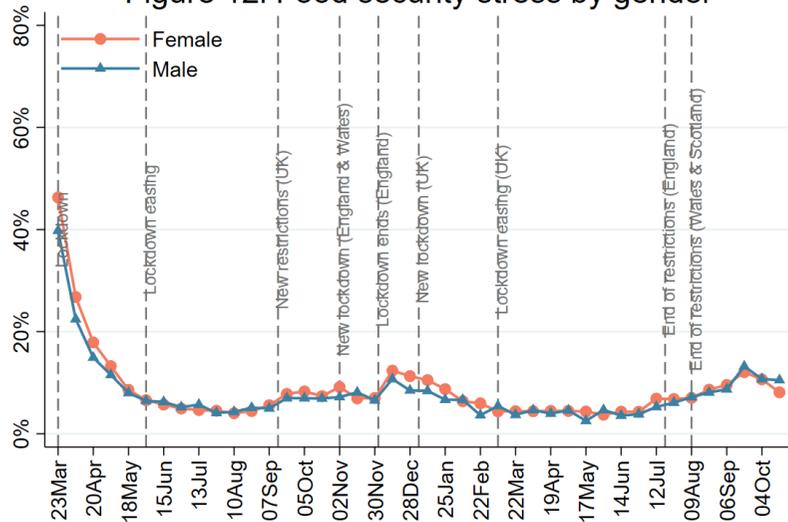


Figure 12j Food security stress by ethnicity
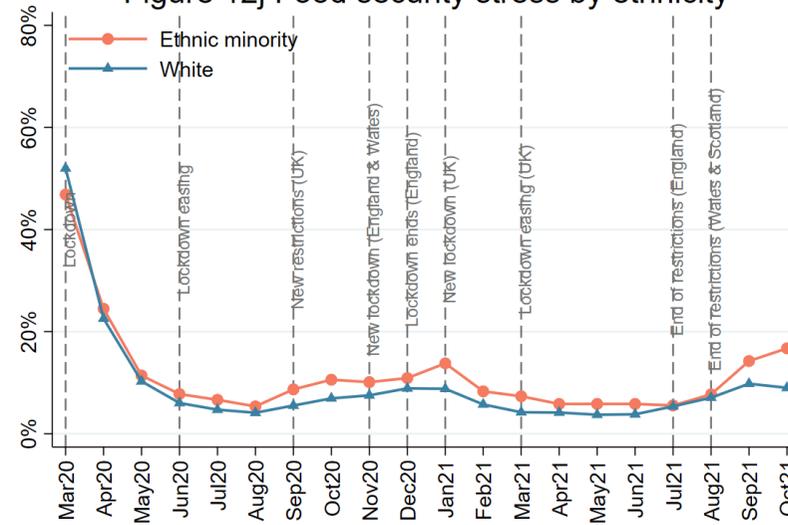


Figure 12k Food security stress by educational levels
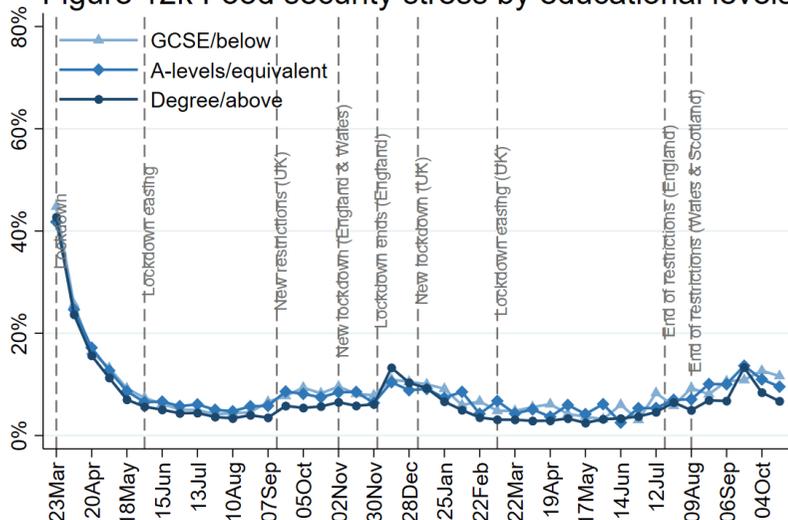


Figure 12l Food security stress by physical health diagnosis
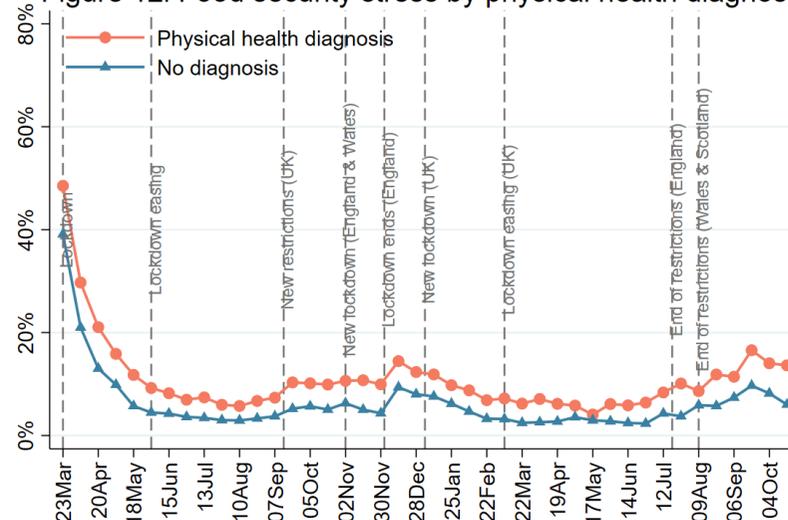
# 3. Self-harm and abuse

## 3.1 Thoughts of death or self-harm

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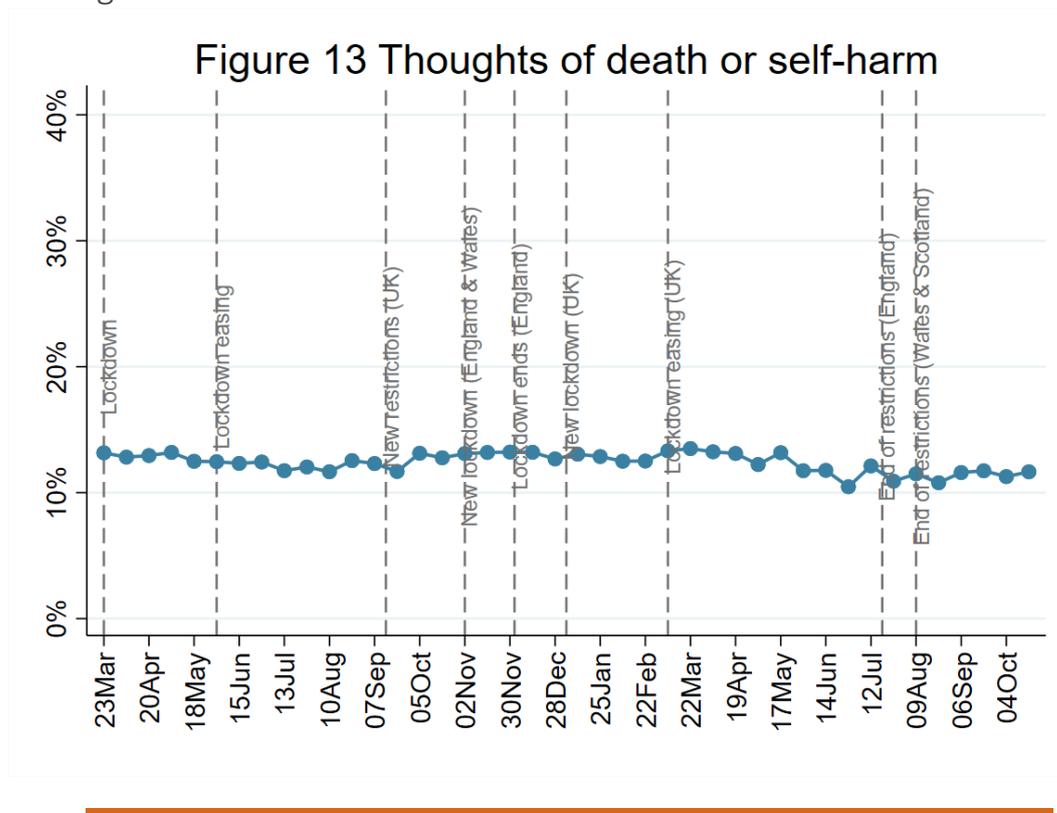
Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, the respondent has had "thoughts that you would be better off dead or of hurting yourself in some way". Responses are on a 4-point scale ranging from "not at all" to "nearly every day".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

The proportion of people reporting thoughts of death or self-harm was relatively stable throughout the pandemic and then decreased slightly throughout the months of May and June 2021. However, this proportion now appears to have been consistent since late summer.

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

# Figure 14a Thoughts of death by age groups
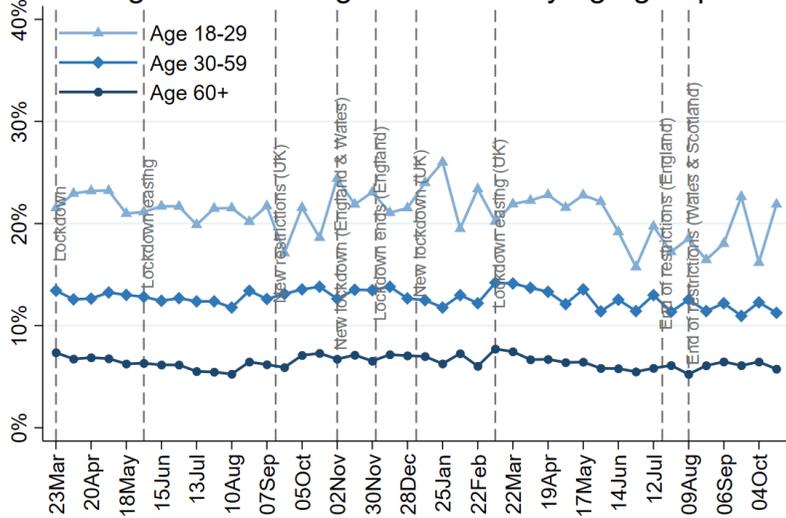


# Figure 14b Thoughts of death by living arrangement
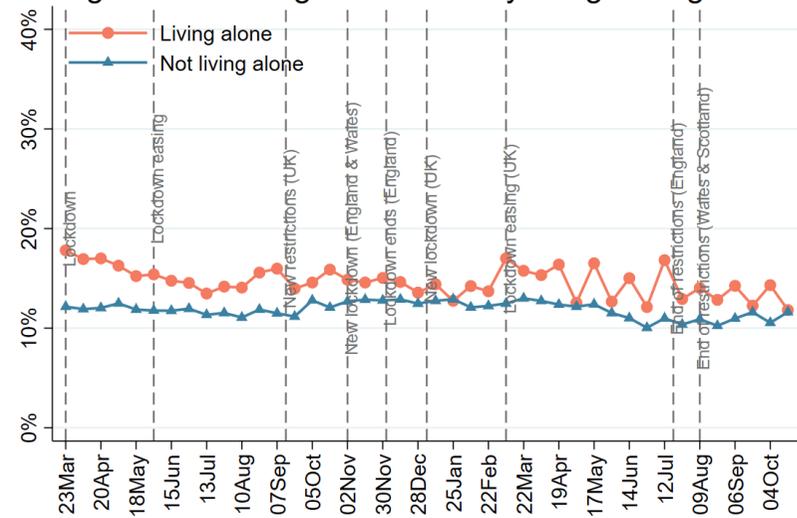


# Figure 14c Thoughts of death by household income
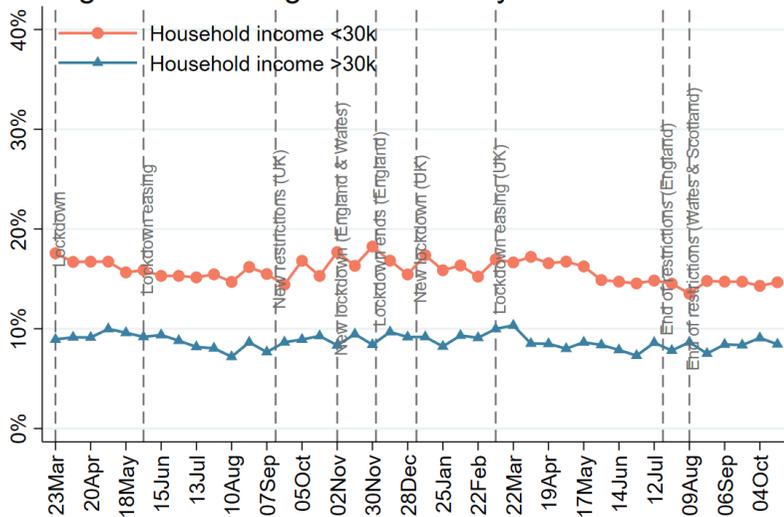


# Figure 14d Thoughts of death by mental health diagnosis



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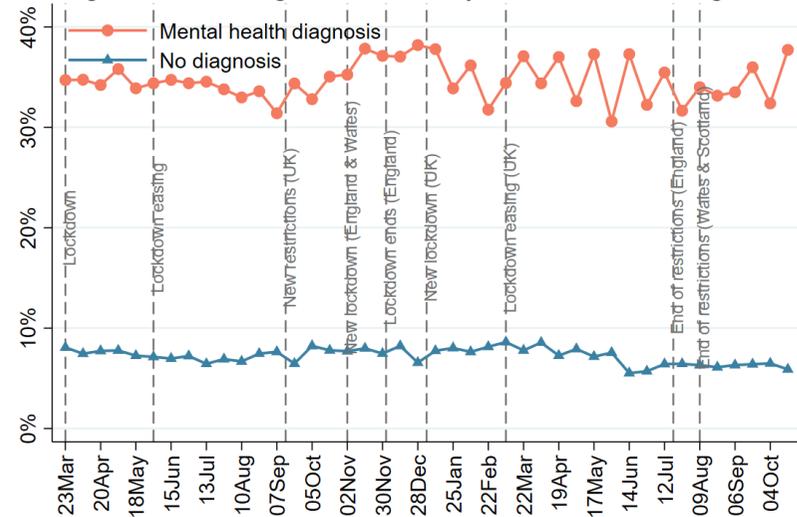
Figure 14e Thoughts of death by nations
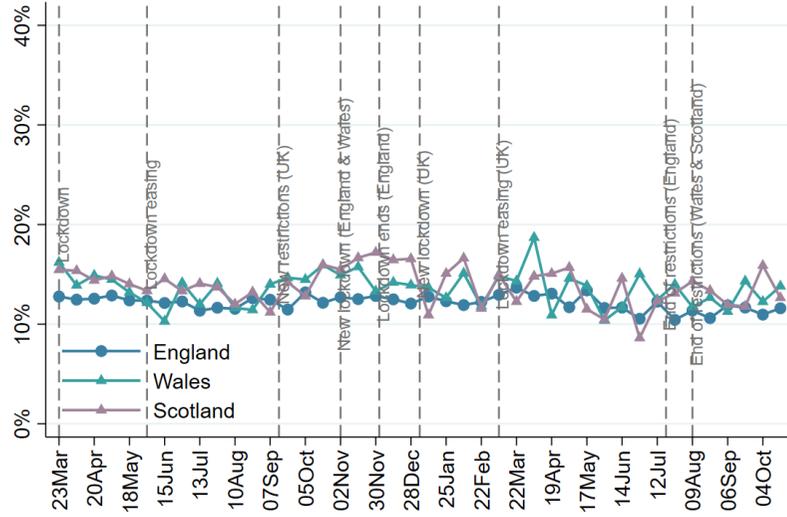


Figure 14f Thoughts of death by keyworker status
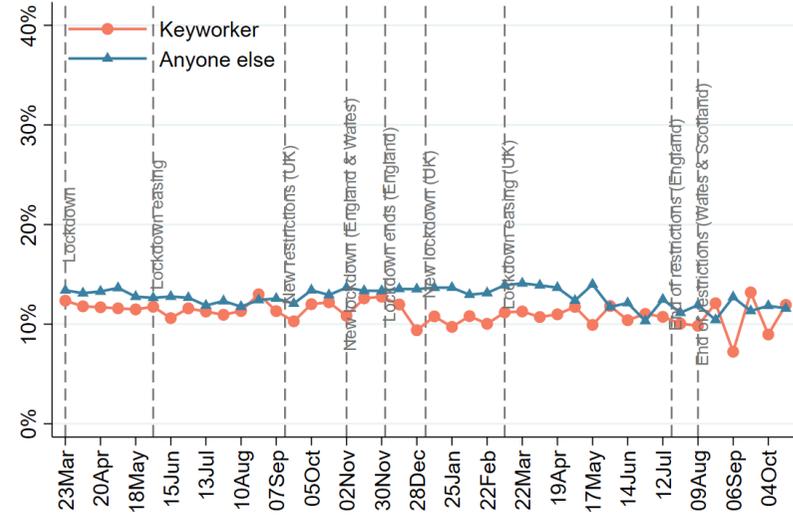


Figure 14g Thoughts of death by living with children
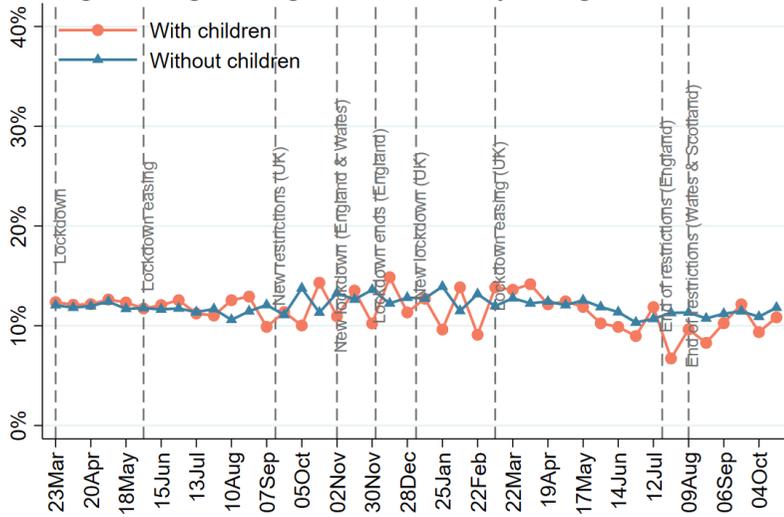


Figure 14h Thoughts of death by living area
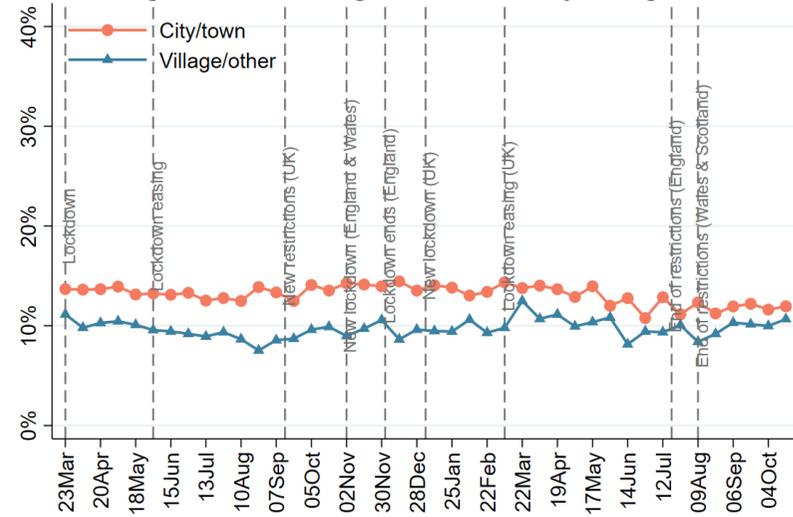
Figure 14i Thoughts of death by gender
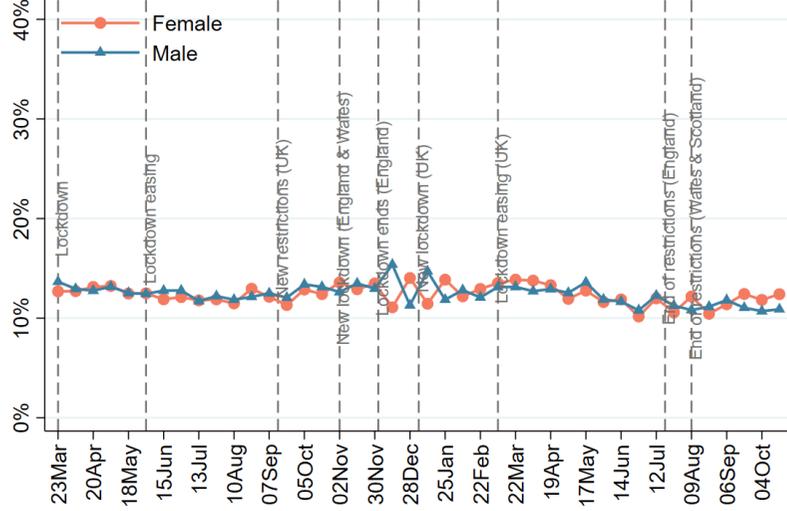


Figure 14j Thoughts of death by ethnicity
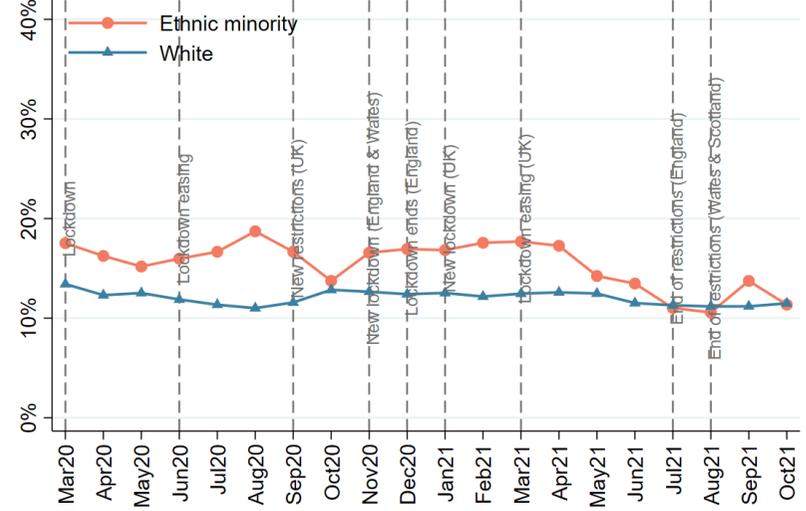


Figure 14k Thoughts of death by educational levels
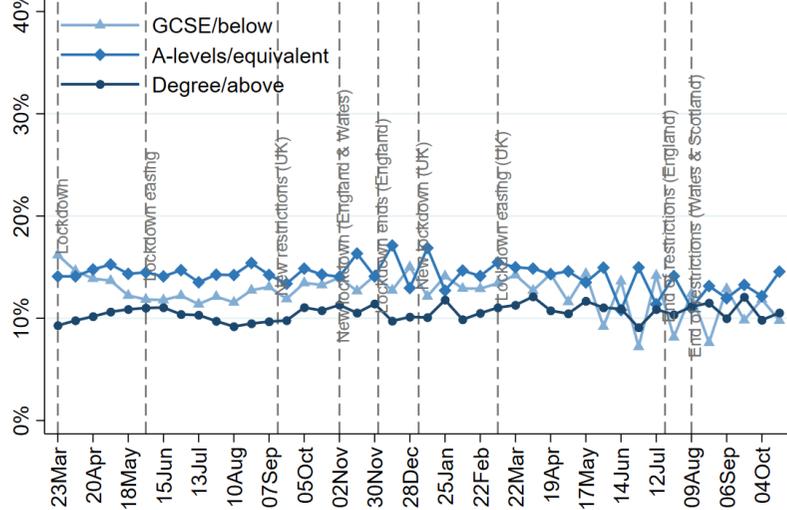


Figure 14l Thoughts of death by physical health diagnosis
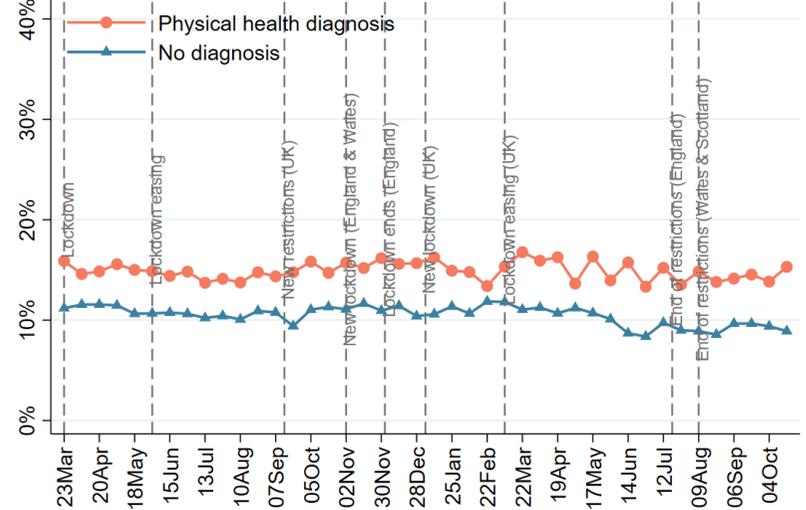
## 3.2 Self-harm



Figure 15 Self-harm
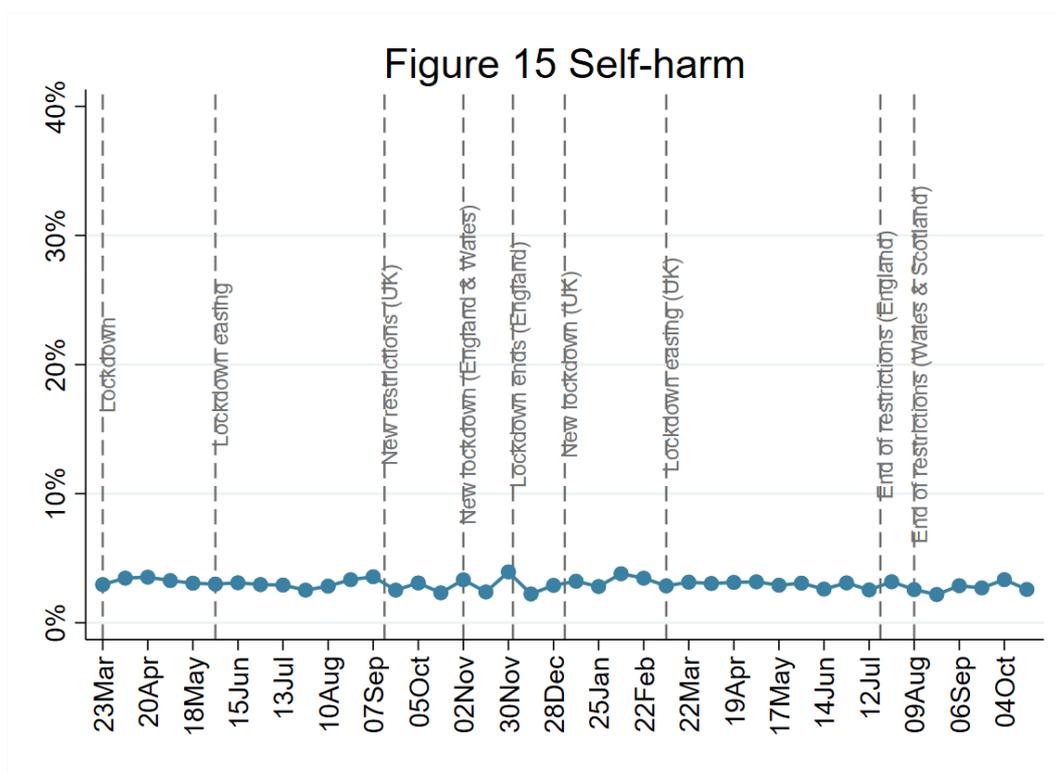
FINDINGS

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

Self-harm continues to remain relatively stable as it has over the course of the pandemic. Throughout most of the pandemic, self-harm has been higher amongst younger adults, people with lower household incomes, those with a mental health diagnosis, and in those with a physical health diagnosis.

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

## Figure 16a Self-harm by age groups

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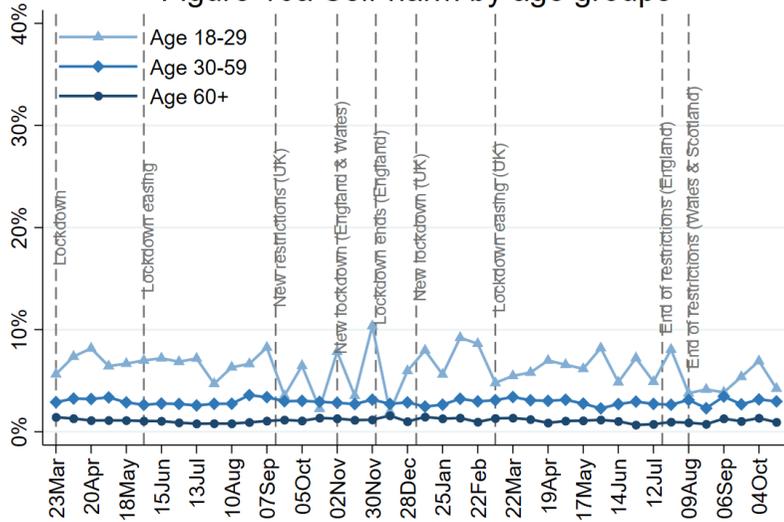
## Figure 16b Self-harm by living arrangement

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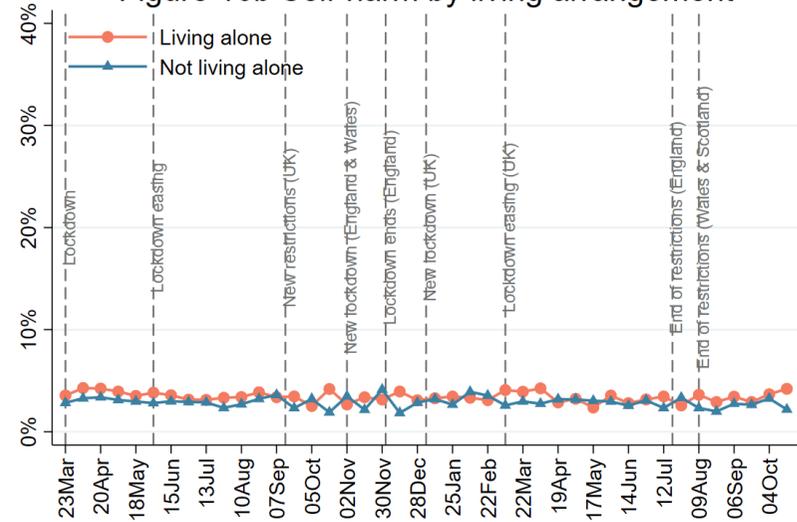
## Figure 16c Self-harm by household income

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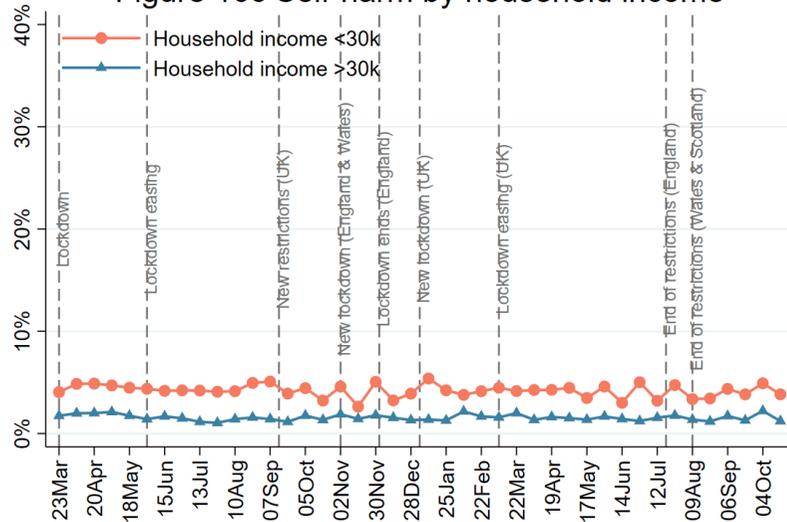
## Figure 16d Self-harm by mental health diagnosis

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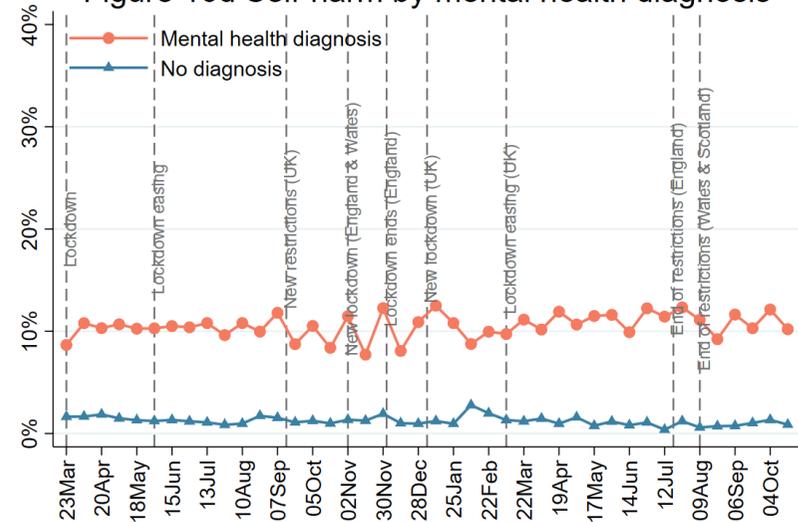
## Figure 16e Self-harm by nations
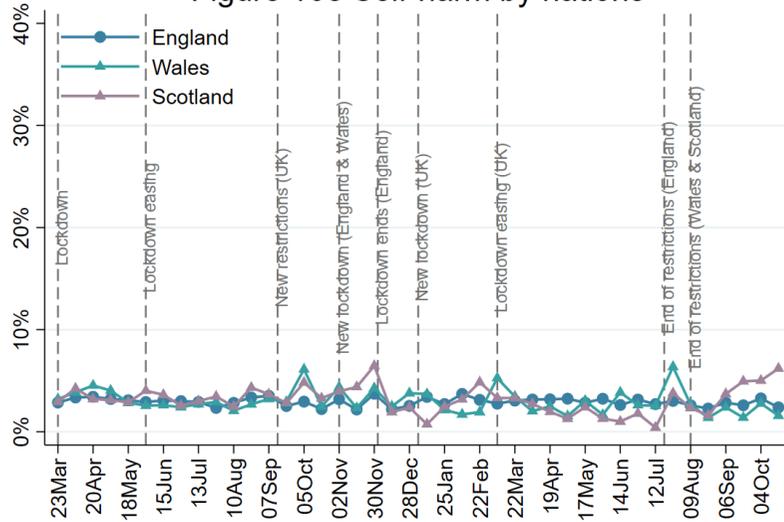


## Figure 16f Self-harm by keyworker status
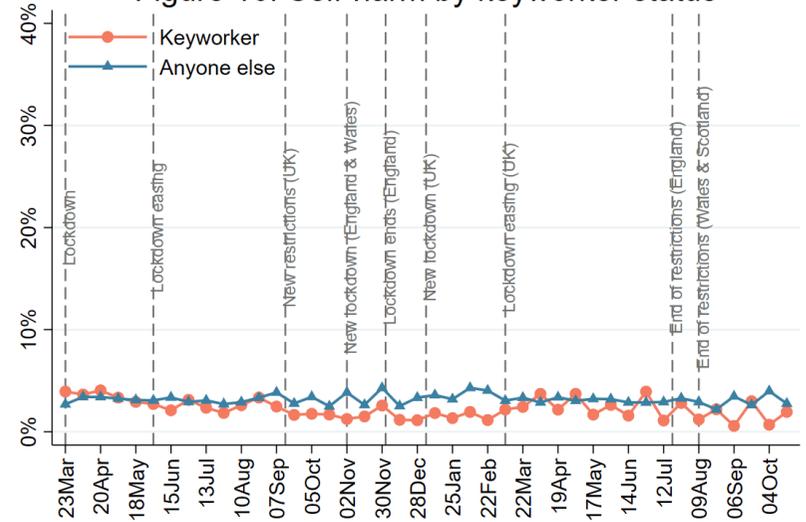


## Figure 16g Self-harm by living with children
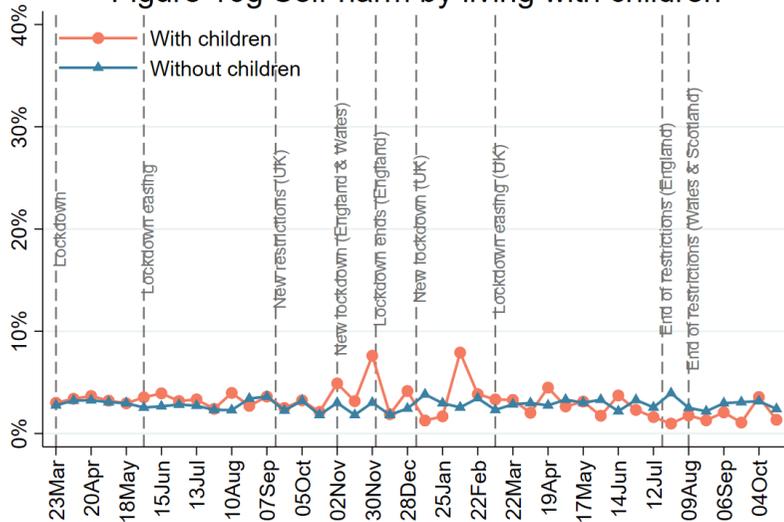


## Figure 16h Self-harm by living area
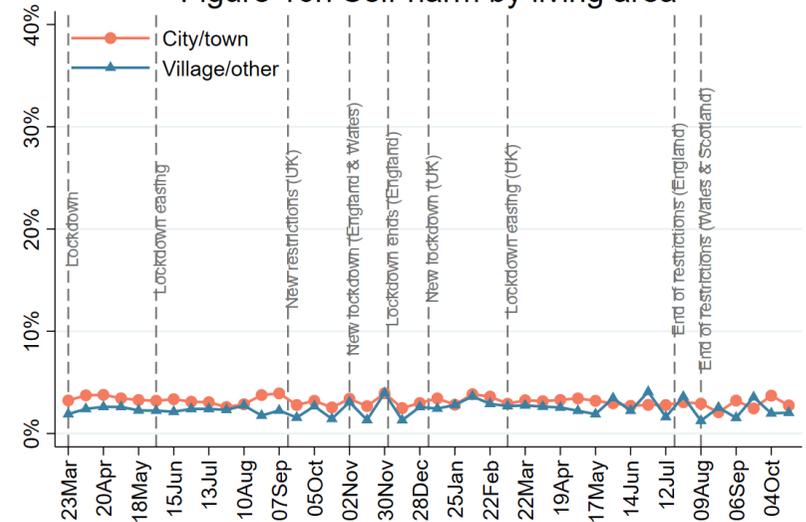
# Figure 16i Self-harm by gender
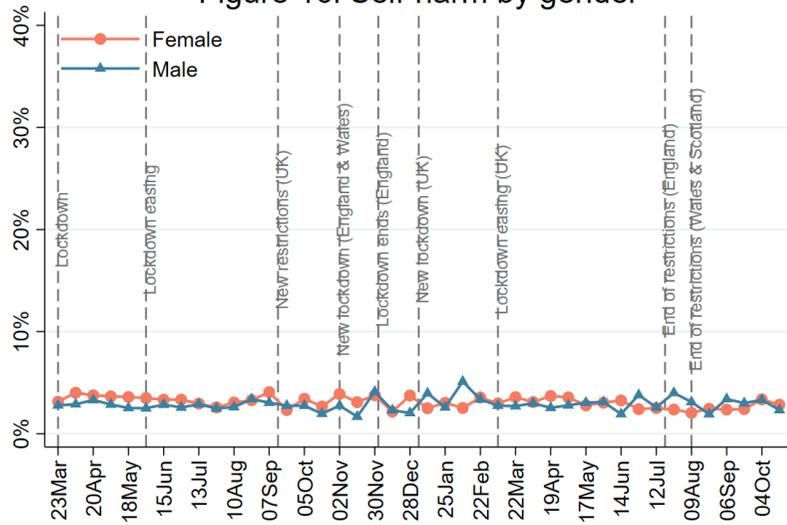


# Figure 16j Self-harm by ethnicity
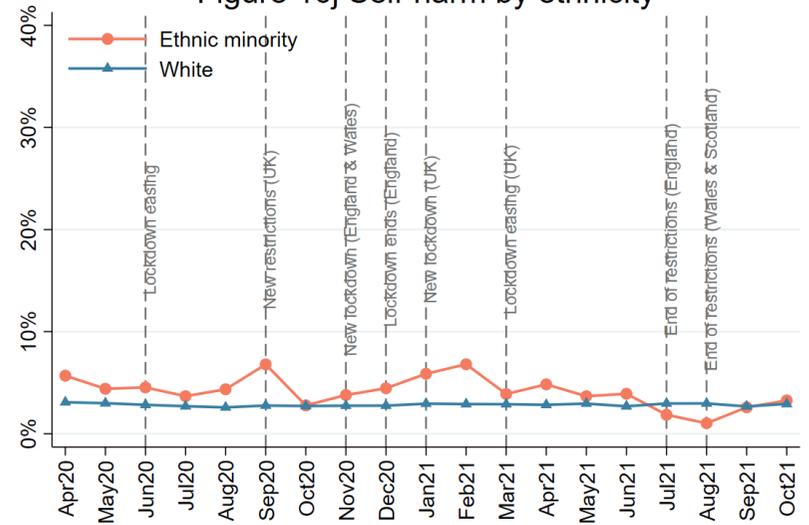


# Figure 16k Self-harm by educational levels
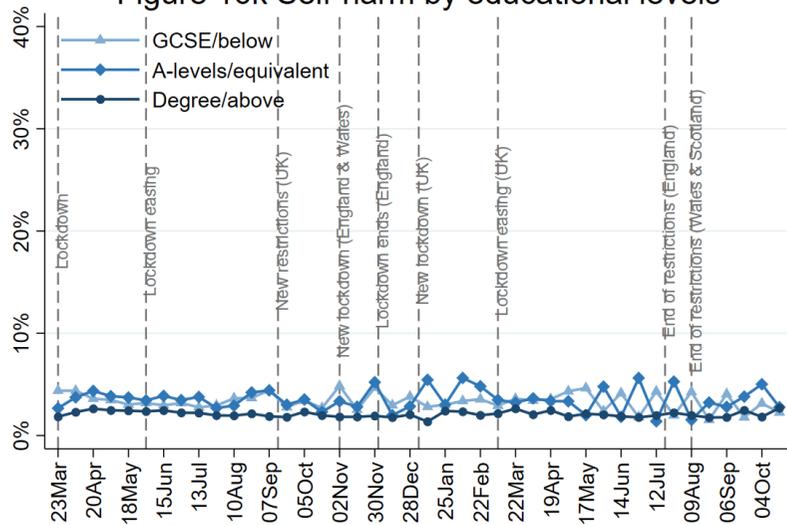


# Figure 16l Self-harm by physical health diagnosis

## 3.3 Abuse



Figure 17 Being physically or psychologically abused
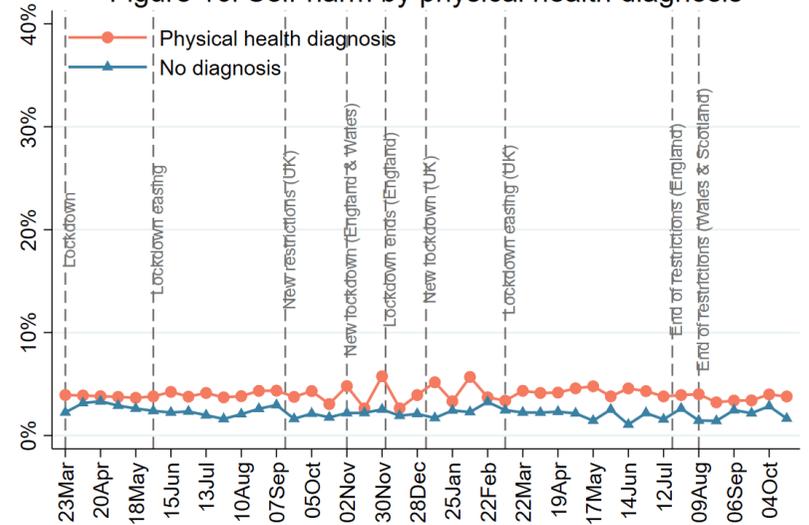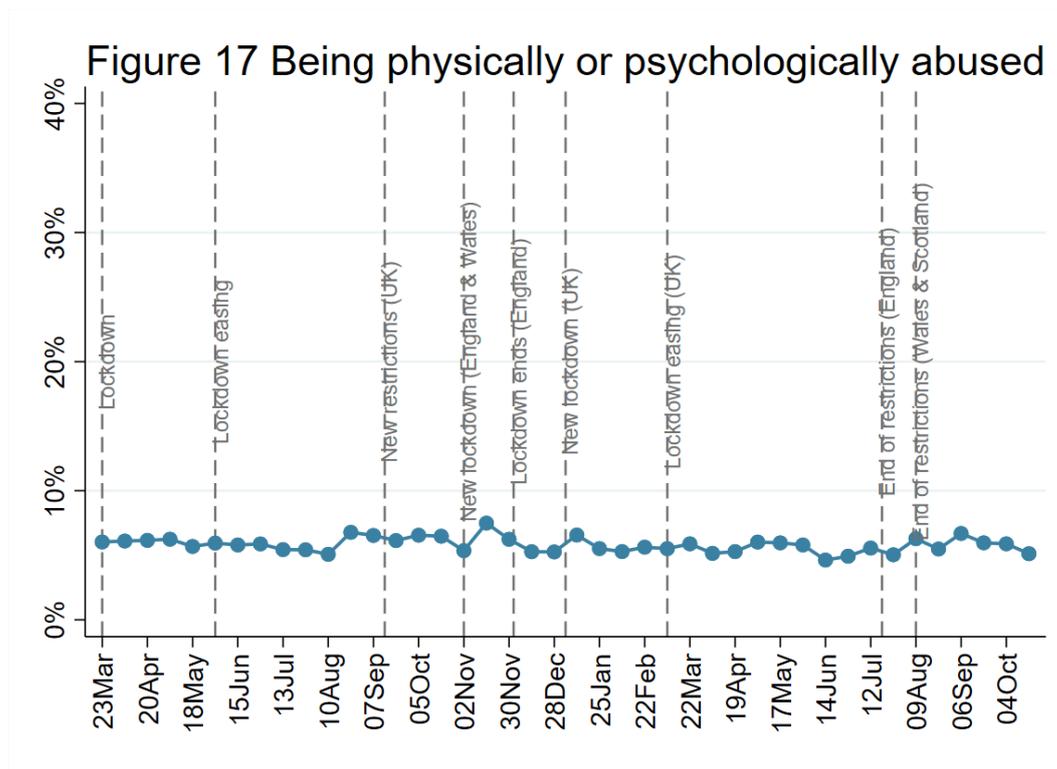
FINDINGS

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

Reports of abuse have remained relatively stable over the pandemic. Abuse is more common amongst people with lower household income, in people with a mental or physical health diagnosis, and in people from ethnic minority groups.

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

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

Figure 18a Abuse by age groups
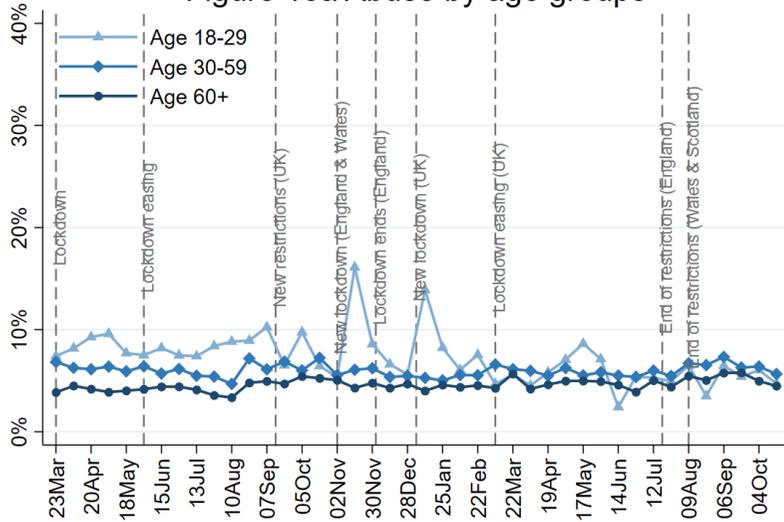
Figure 18b Abuse by living arrangement
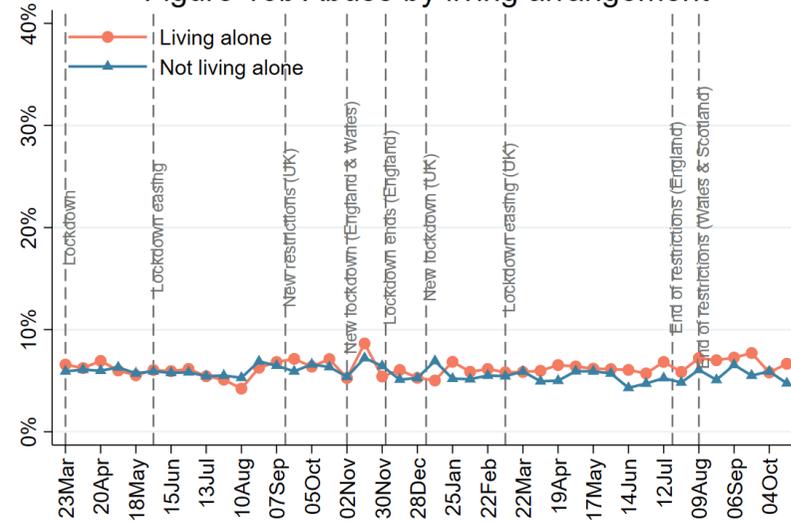
Figure 18c Abuse by household income
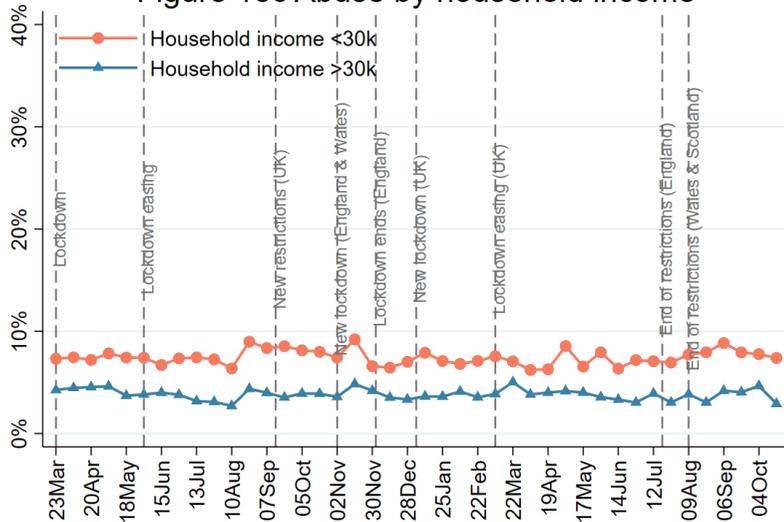
Figure 18d Abuse by mental health diagnosis
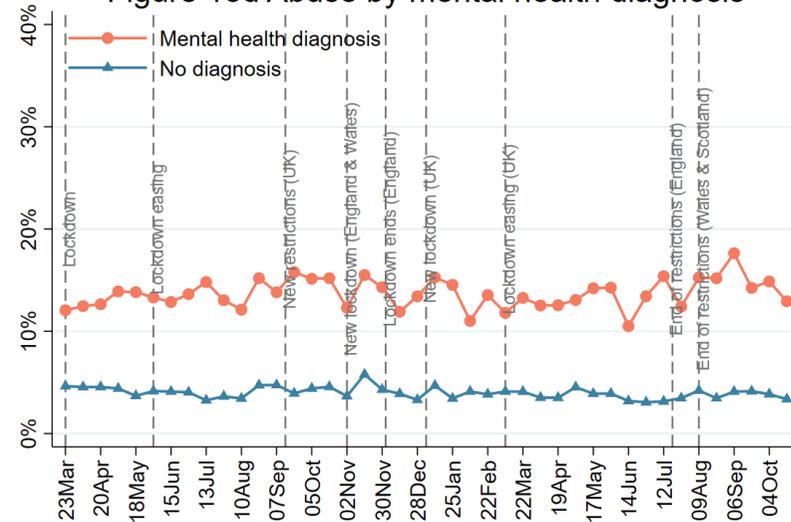
Figure 18e Abuse by nations
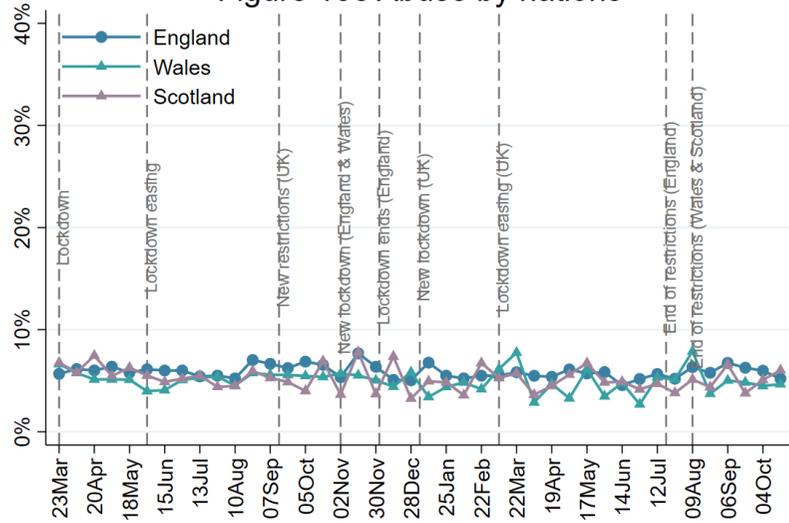


Figure 18f Abuse by keyworker status
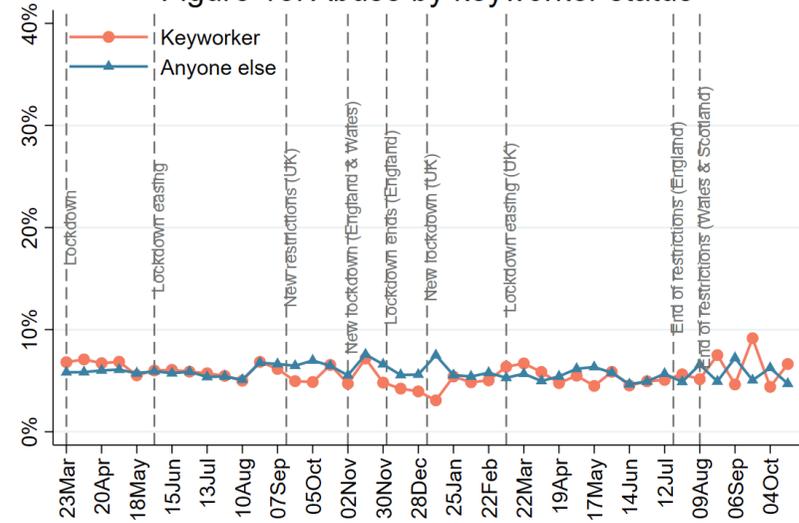


Figure 18g Abuse by living with children
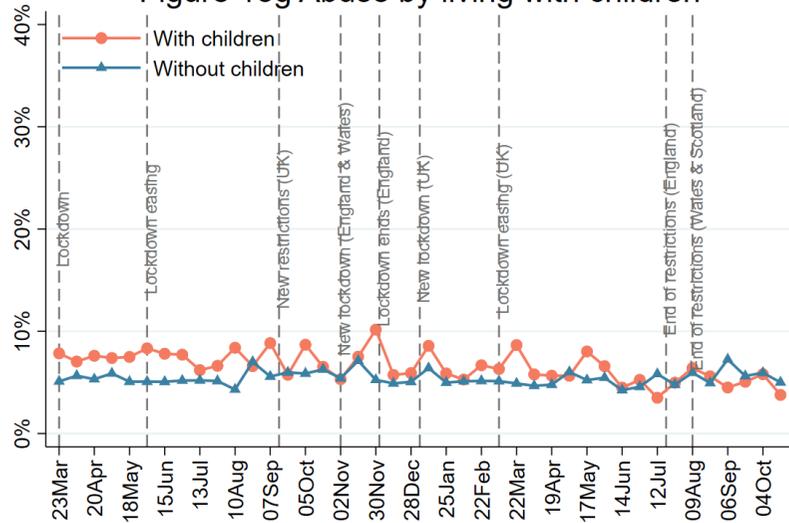


Figure 18h Abuse by living area
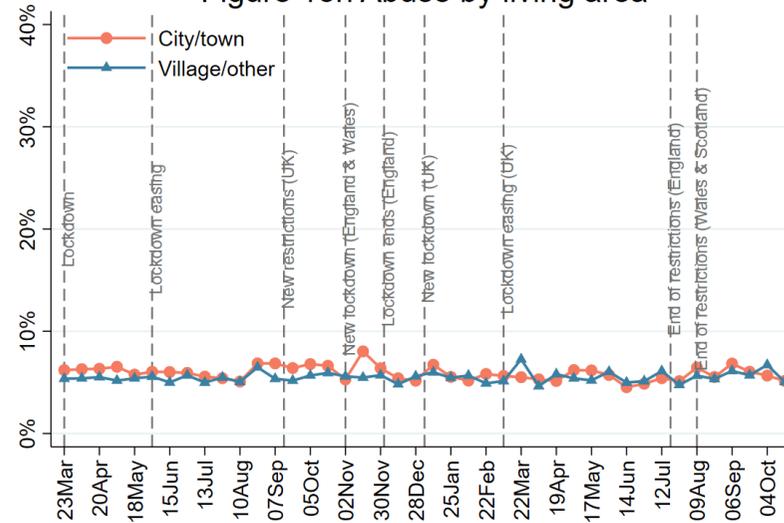
Figure 18i Abuse by gender
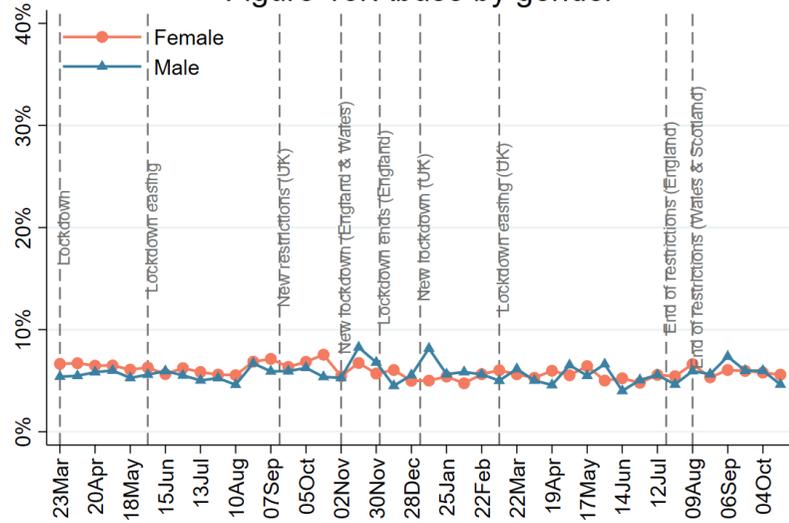


Figure 18j Abuse by ethnicity
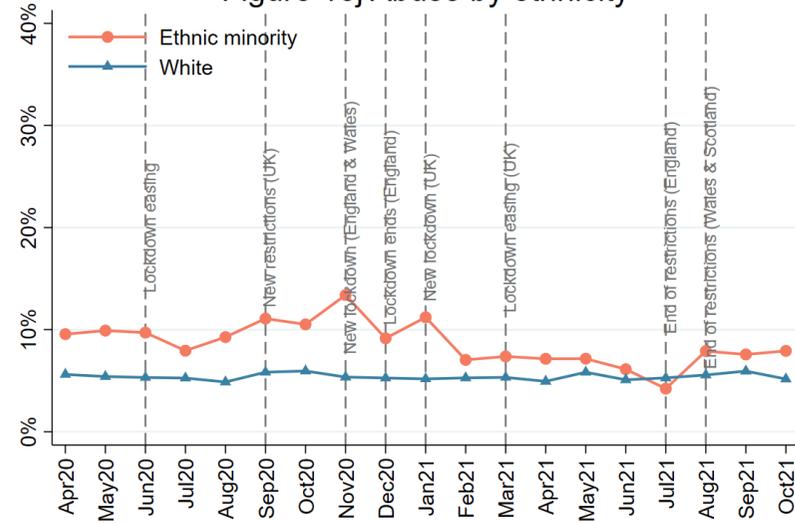


Figure 18k Abuse by educational levels
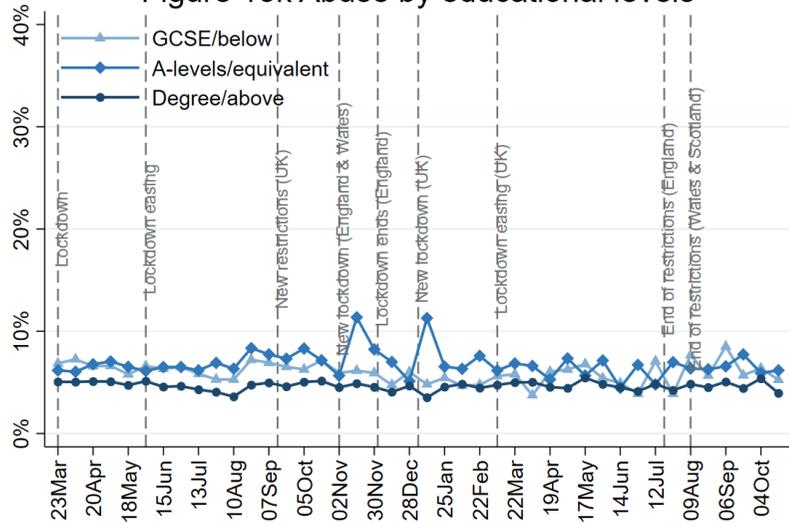


Figure 18l Abuse by physical health diagnosis
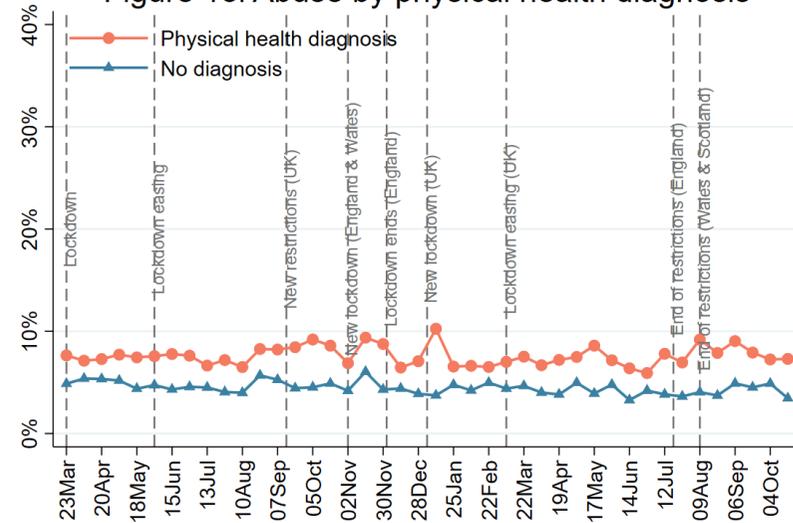
# 4. General well-being

## 4.1 Life satisfaction

### Figure 19 Life satisfaction
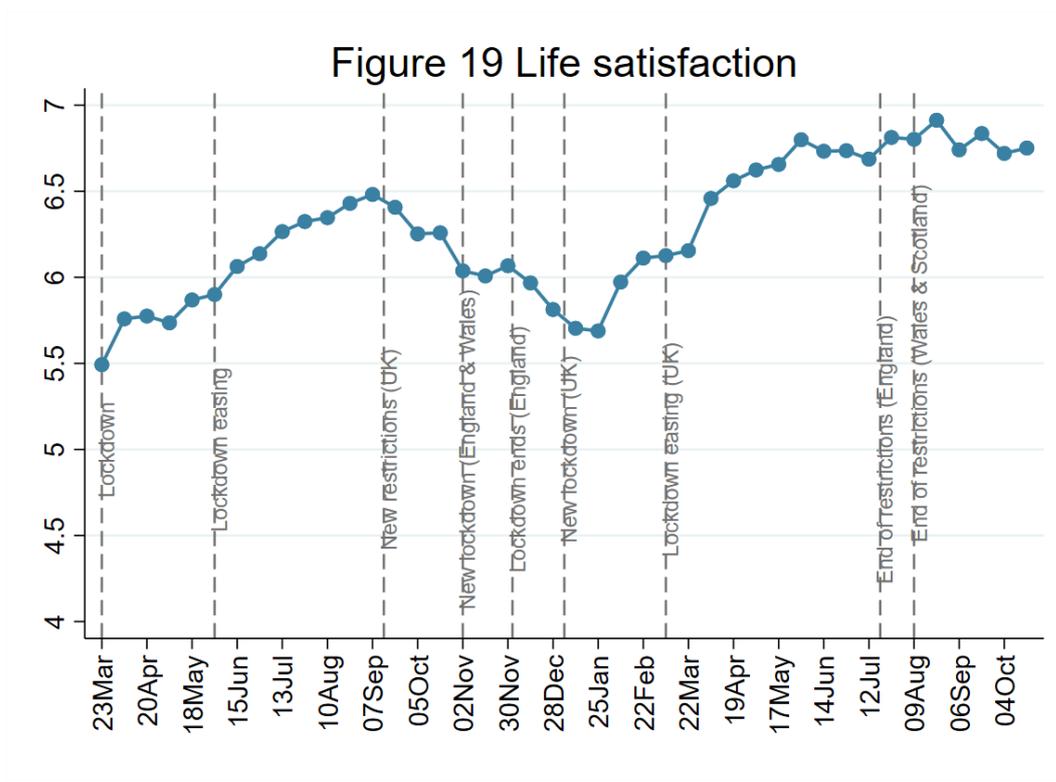


FINDINGS

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

Levels of life satisfaction have stabilised following an increase over the spring and summer 2021. Levels are at an all-time high during the pandemic. However, although this study focuses on trajectories rather than prevalence, the levels of life satisfaction remain slightly lower than usual reported averages using the same scale (7.7)[6].

People living alone, young adults, those with a mental health diagnosis, those with lower household incomes, people living in urban areas, people with a physical health diagnosis, and those from ethnic minority groups (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data) continue to report lower levels of life satisfaction. Notably, the gap in life satisfaction between older and younger adults appears to be increasing, with older adults reporting substantially higher levels than other age groups.

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

## Figure 20a Life satisfaction by age groups



Age 18-29
Age 30-59
Age 60+
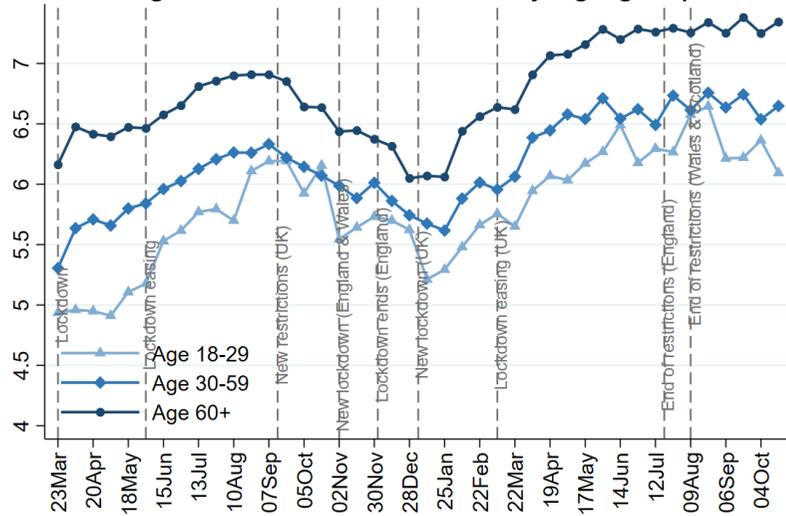
## Figure 20b Life satisfaction by living arrangement



Living alone
Not living alone
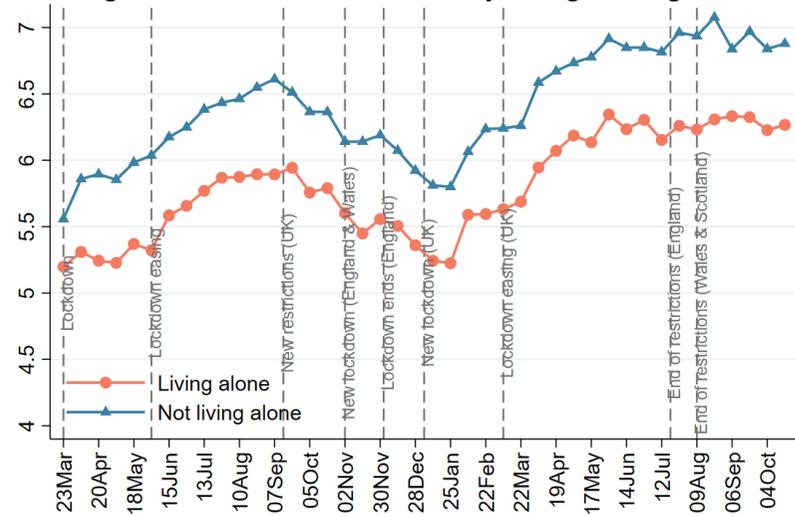
## Figure 20c Life satisfaction by household income



Household income <30k
Household income >30k
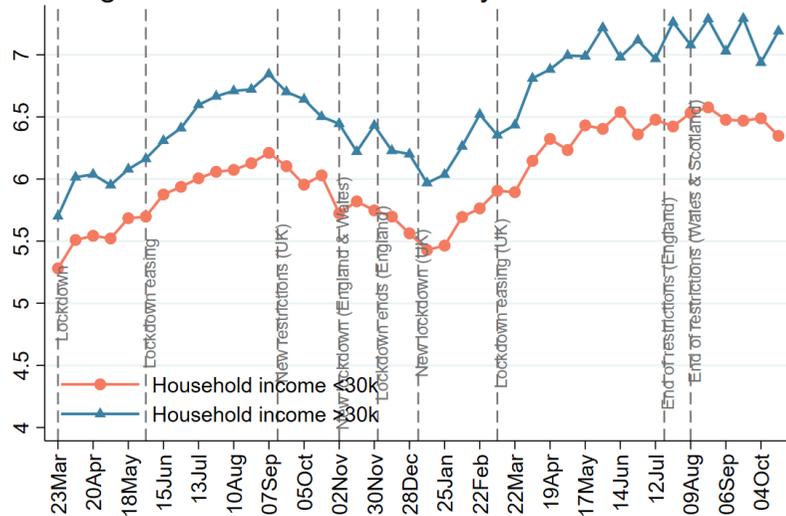
## Figure 20d Life satisfaction by mental health diagnosis



Mental health diagnosis
No diagnosis
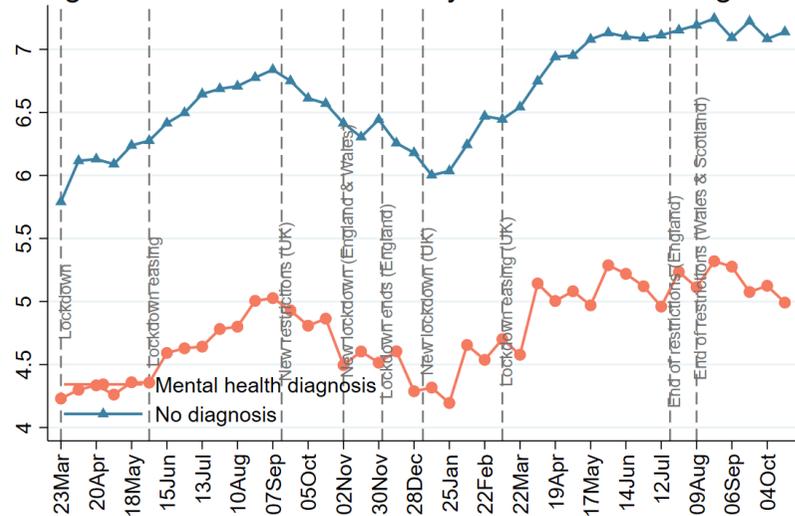
Figure 20e Life satisfaction by nations
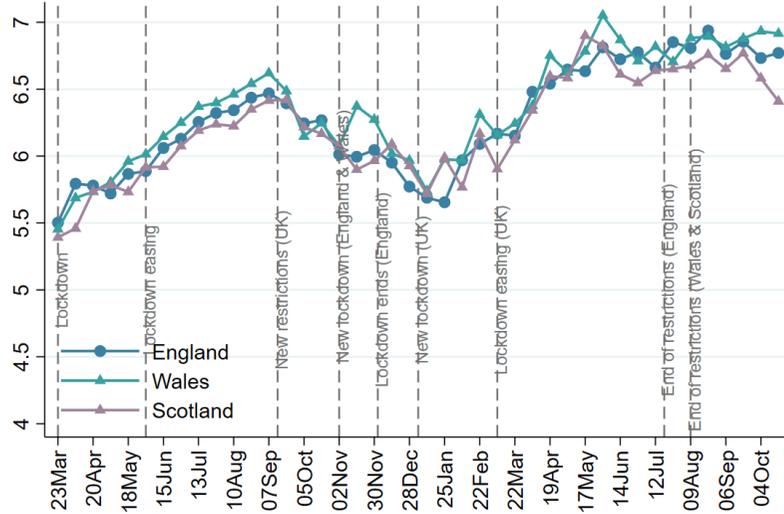


Figure 20f Life satisfaction by keyworker status
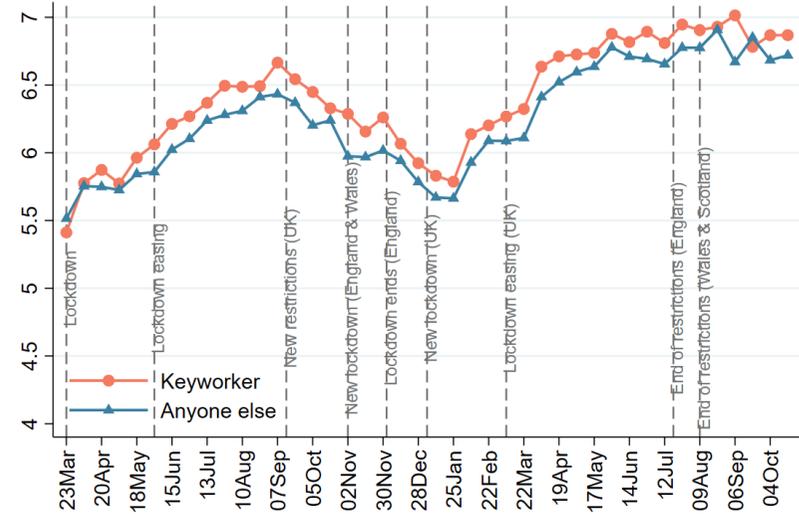


Figure 20g Life satisfaction by living with children
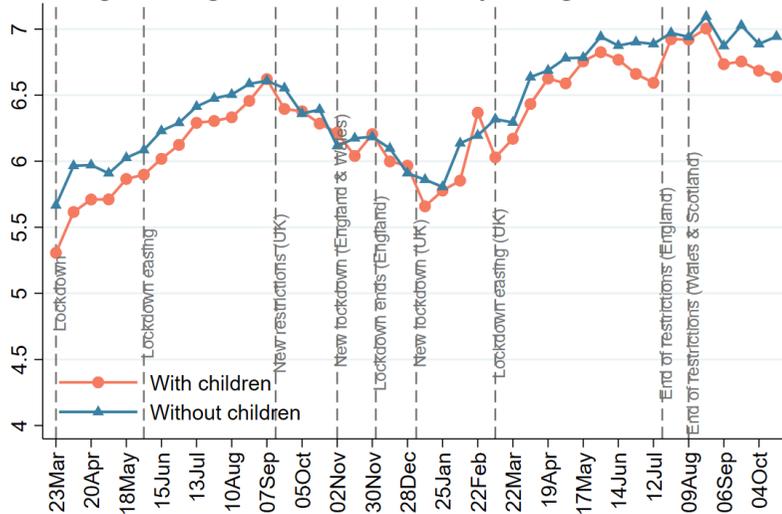


Figure 20h Life satisfaction by living area
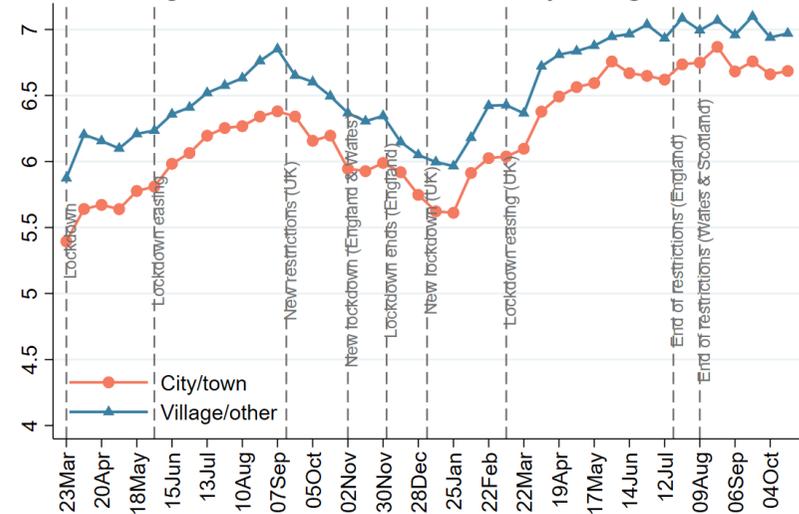
Figure 20i Life satisfaction by gender
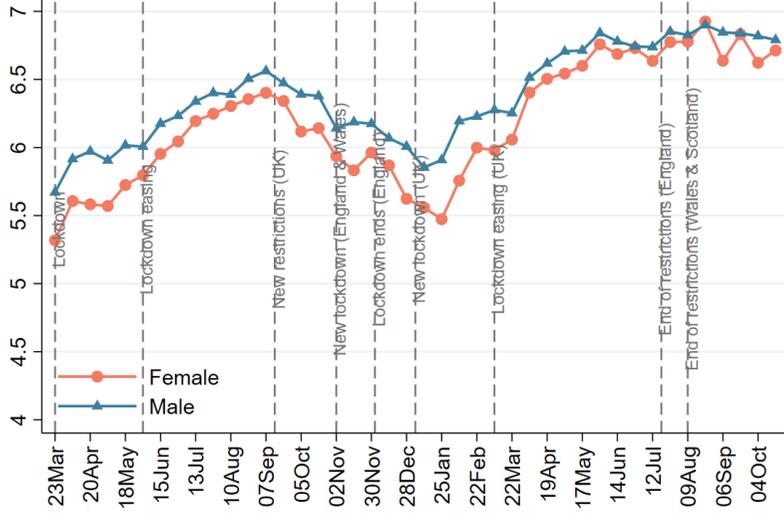


Figure 20j Life satisfaction by ethnicity
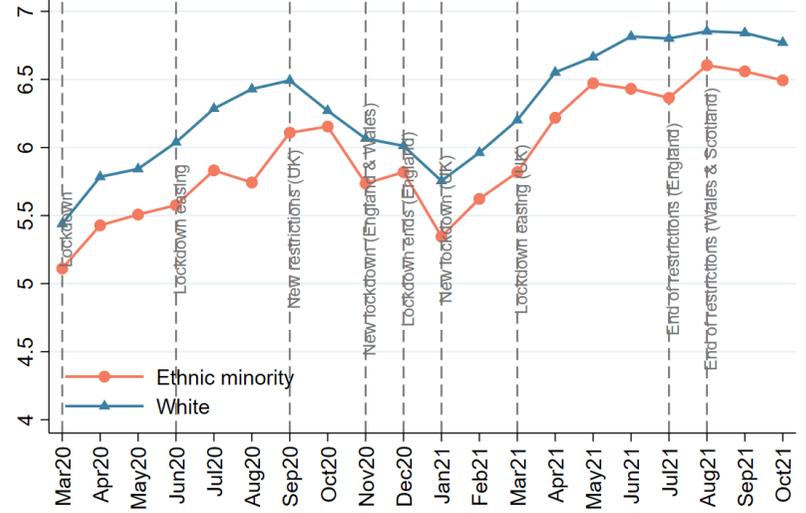


Figure 20k Life satisfaction by educational levels
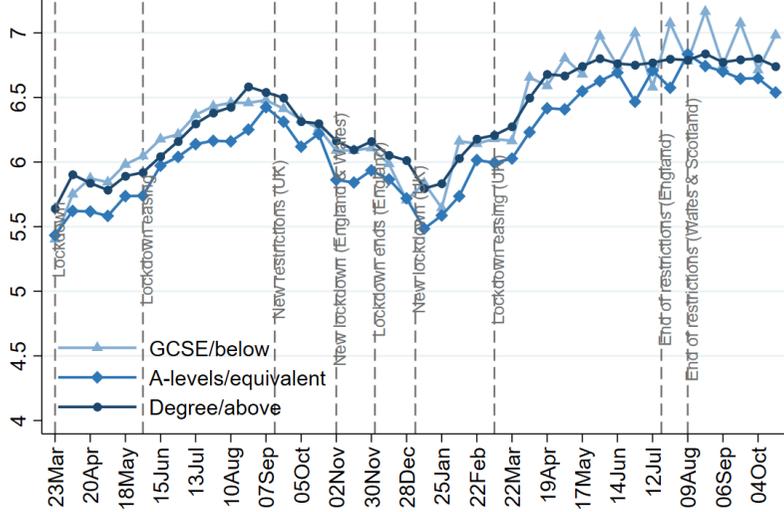


Figure 20l Life satisfaction by physical health diagnosis

50

## 4.2 Loneliness
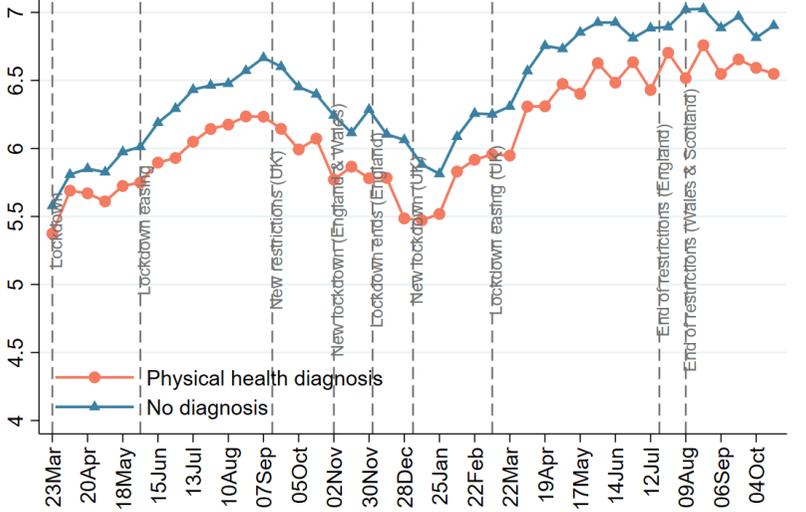


Figure 21 Loneliness
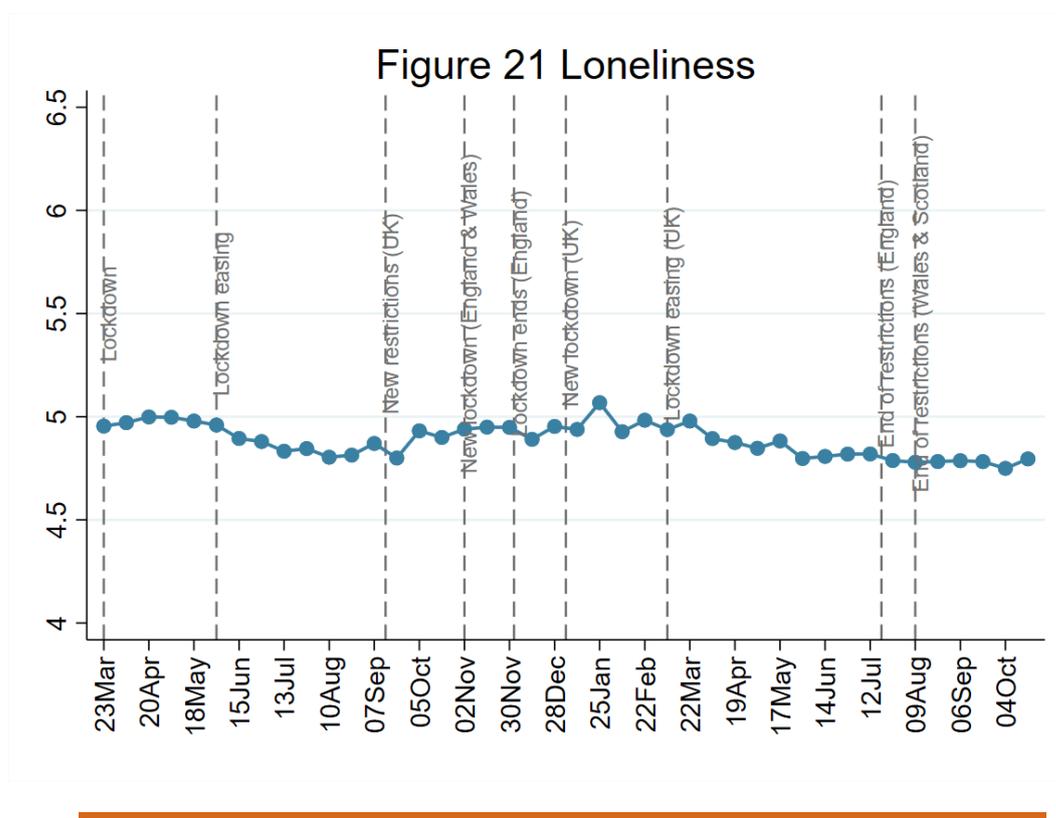
FINDINGS

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

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

Figure 22a Loneliness by age groups

Figure 22b Loneliness by living arrangement

Figure 22c Loneliness by household income

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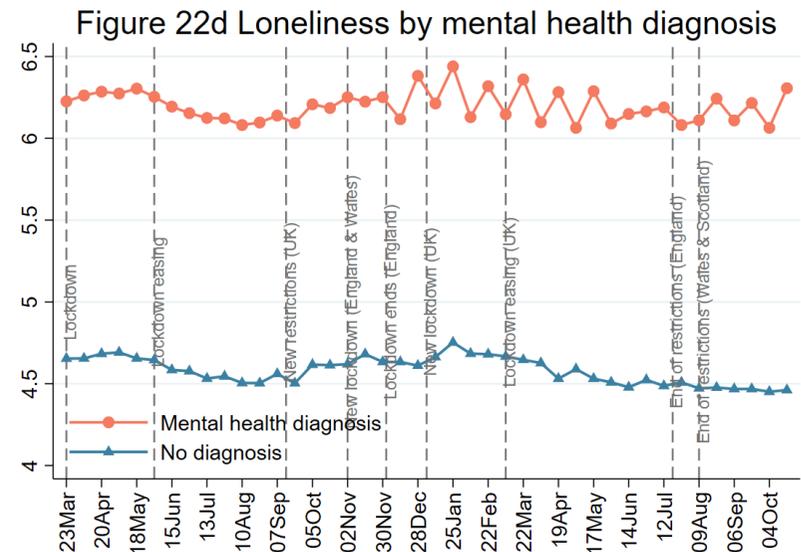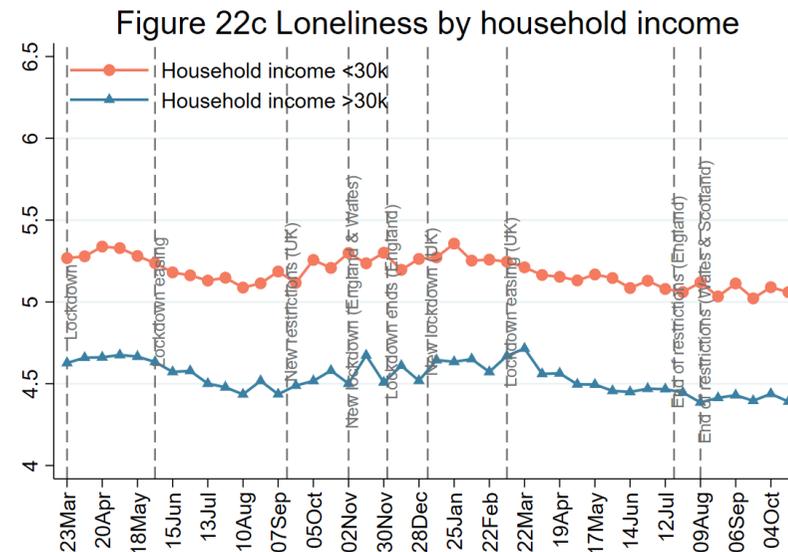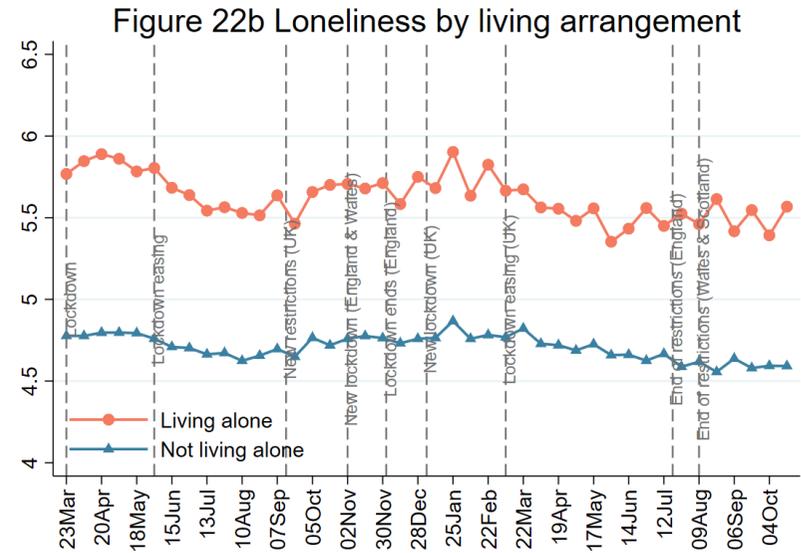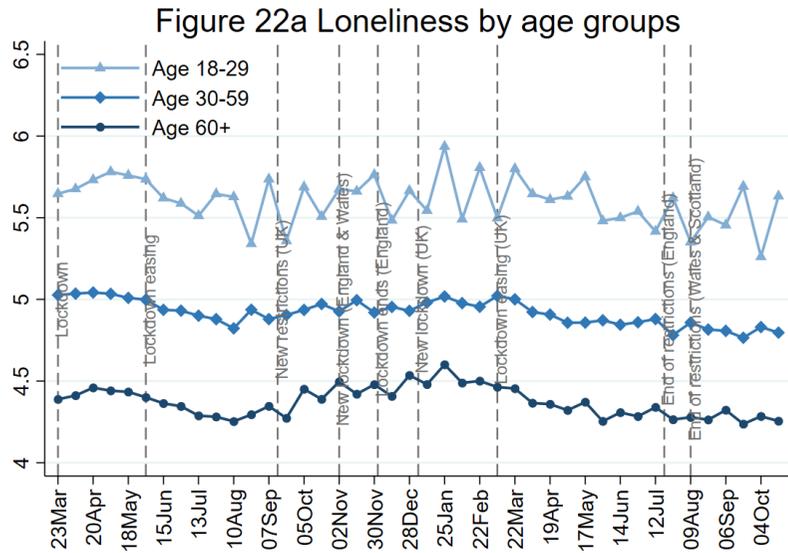
Figure 22e Loneliness by nations
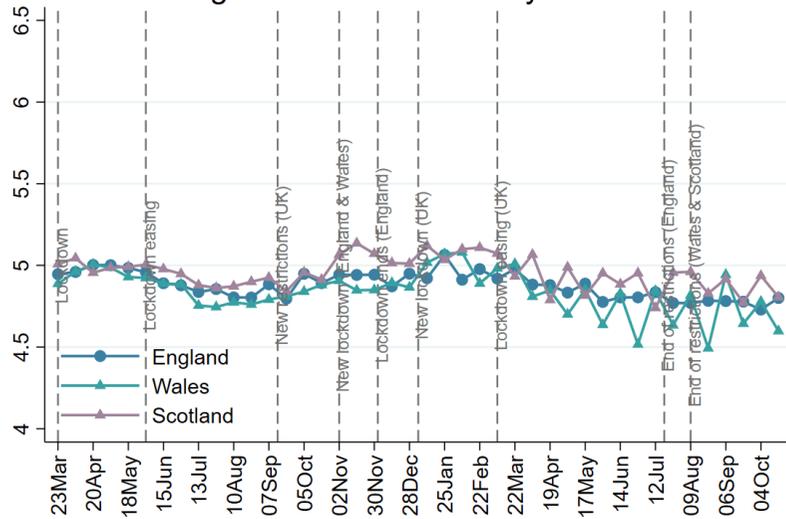


Figure 22f Loneliness by keyworker status
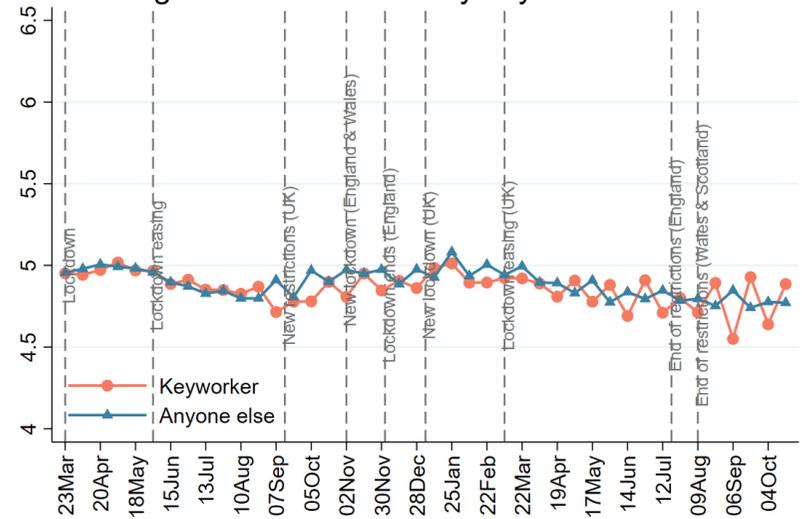


Figure 22g Loneliness by living with children
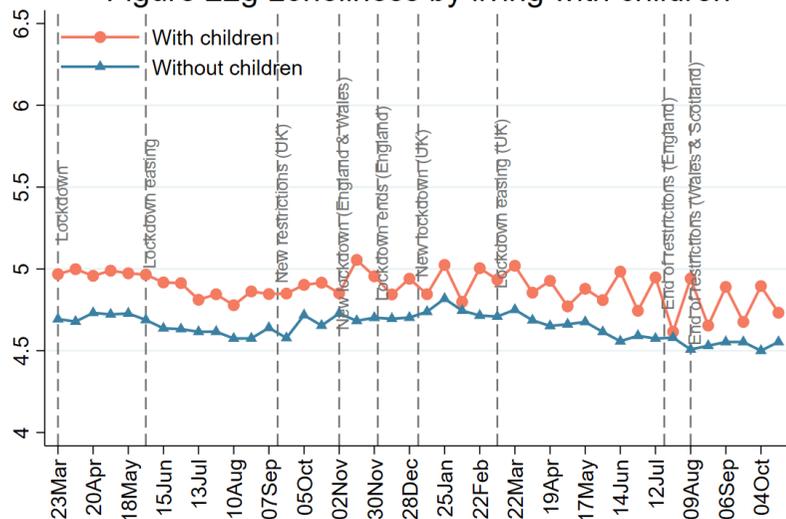


Figure 22h Loneliness by living area
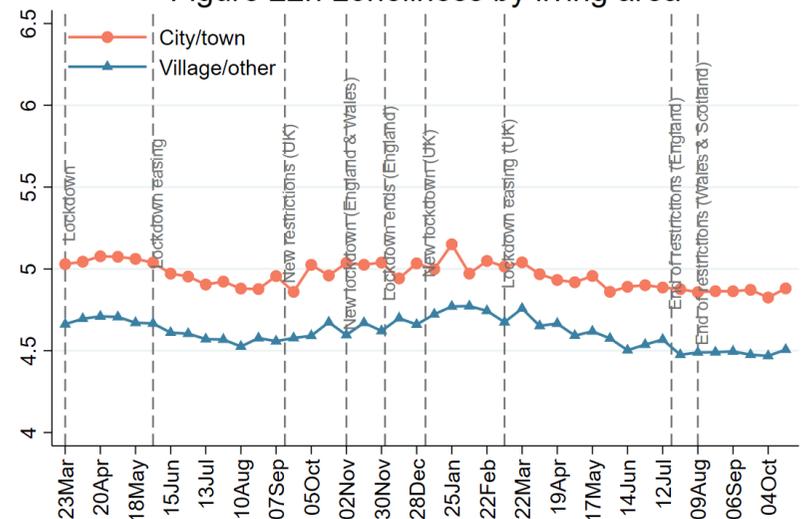
Figure 22i Loneliness by gender
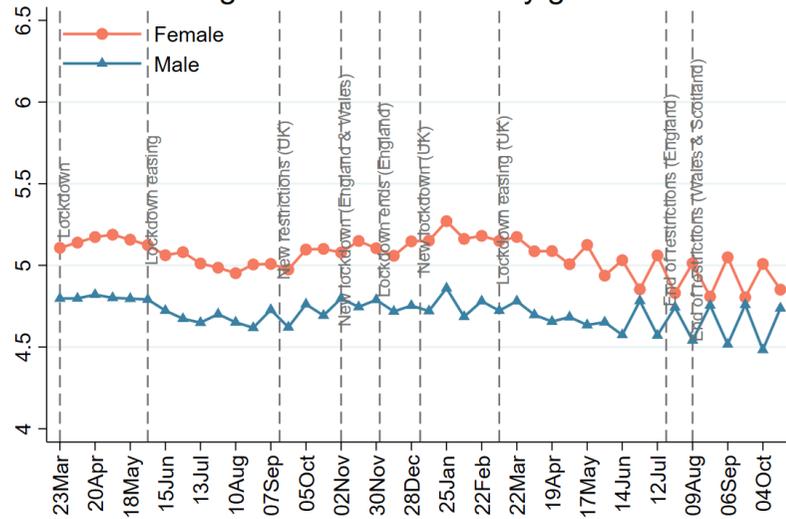


Figure 22j Loneliness by ethnicity
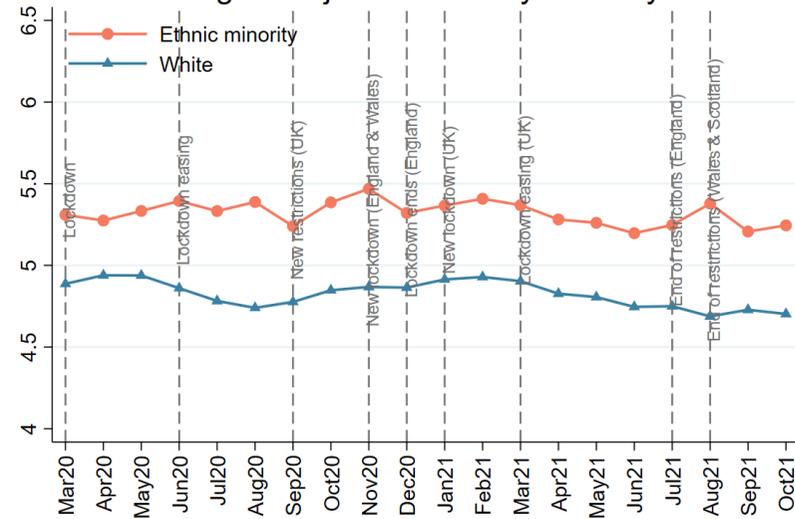


Figure 22k Loneliness by educational levels
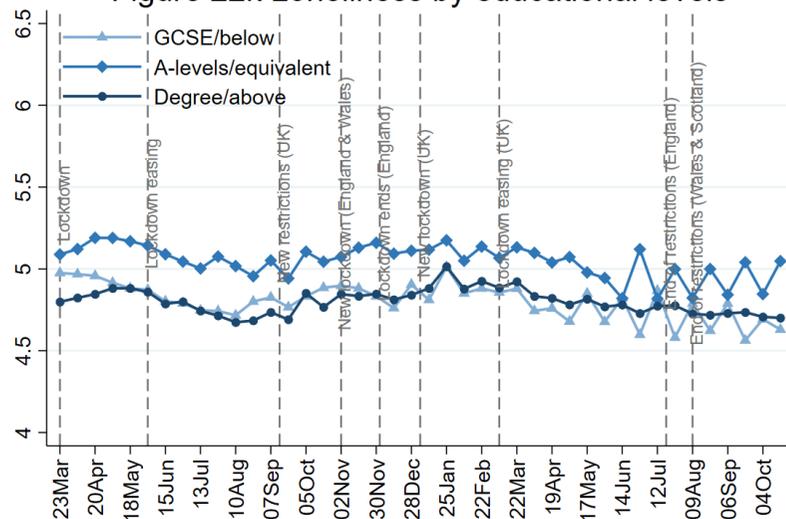


Figure 22l Loneliness by physical health diagnosis

## 4.3 Happiness
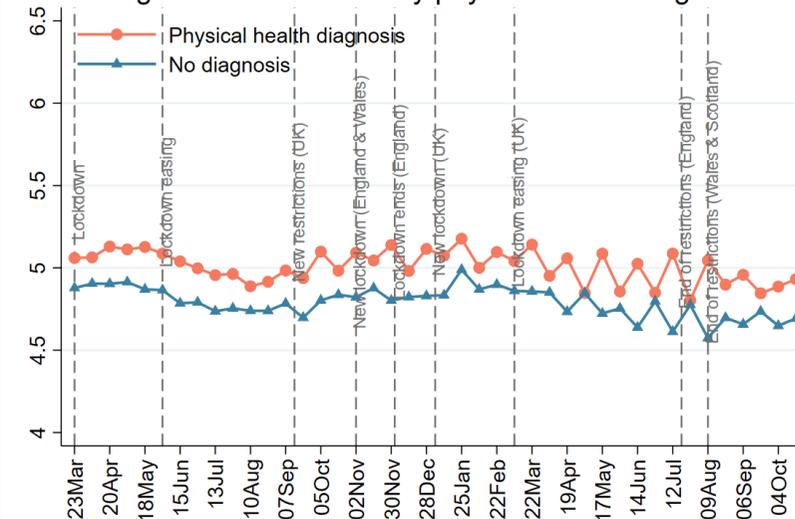
### Figure 23 Happiness
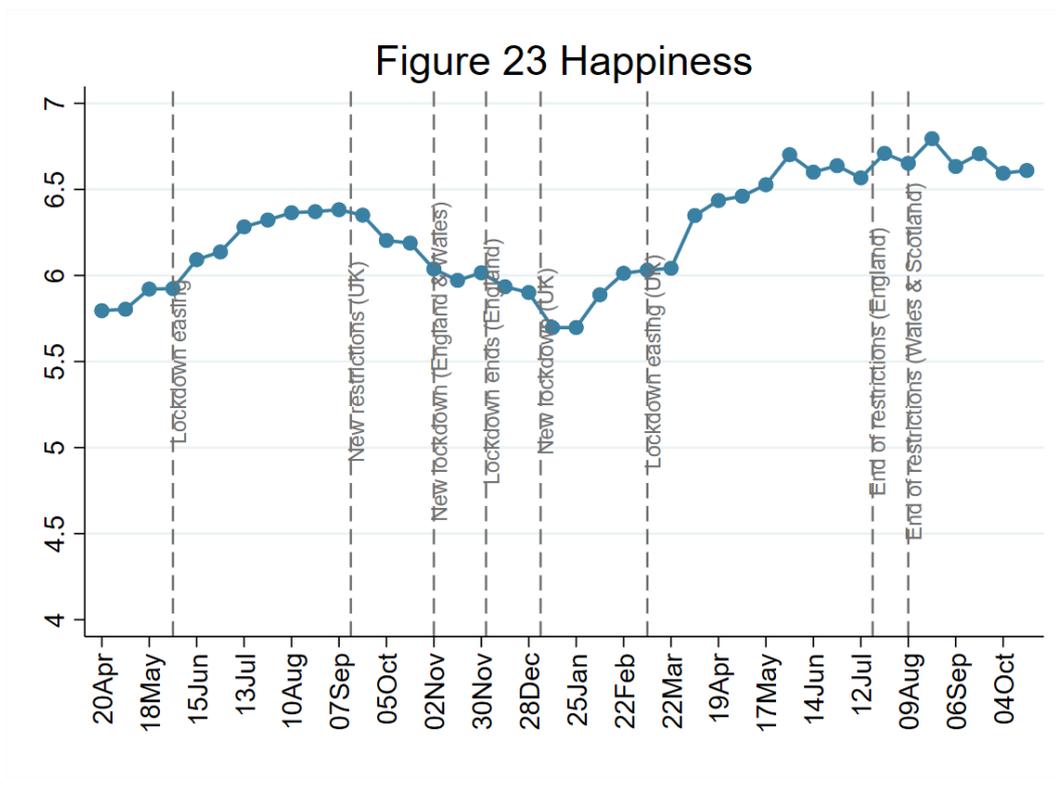


FINDINGS

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

Happiness levels generally increased from the end of March 2021 to the beginning of August but have since stabilised. Levels of happiness are now similar to what they were in early summer 2021.

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

Figure 24a Happiness by age groups
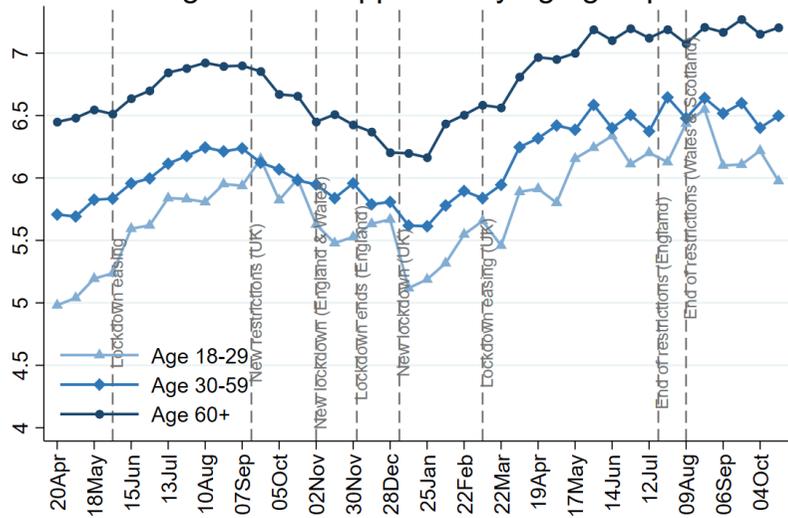


Figure 24b Happiness by living arrangement
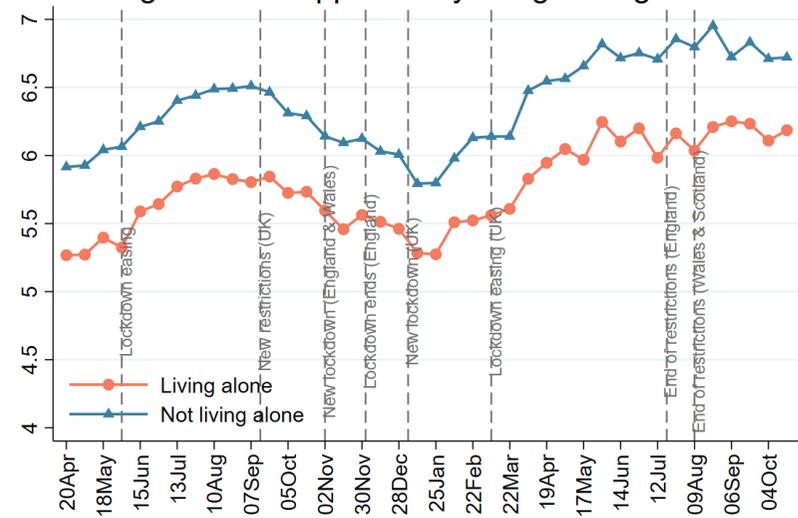


Figure 24c Happiness by household income
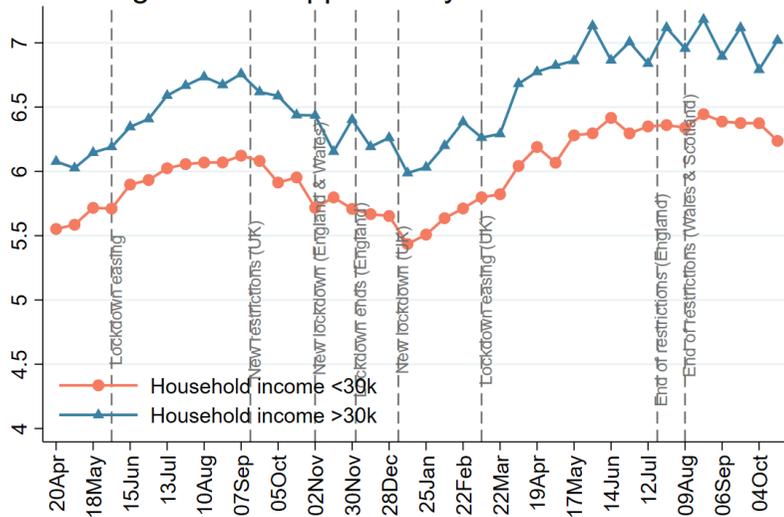


Figure 24d Happiness by mental health
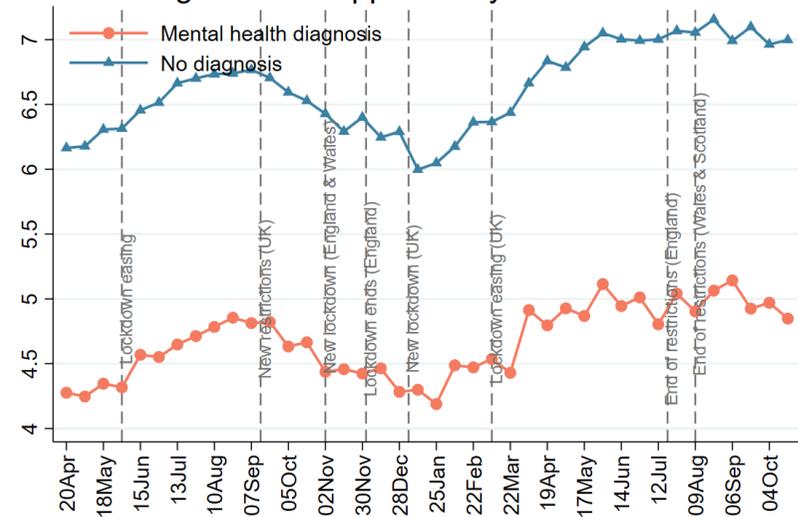
Figure 24e Happiness by nations
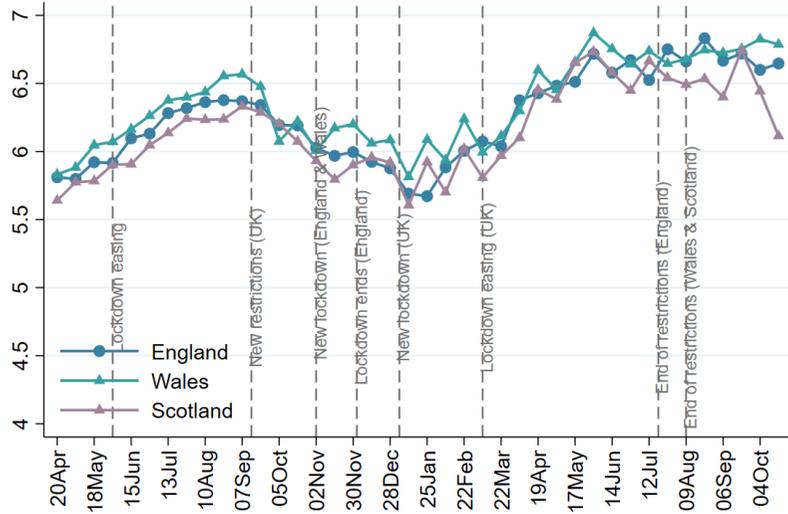


Figure 24f Happiness by keyworker status
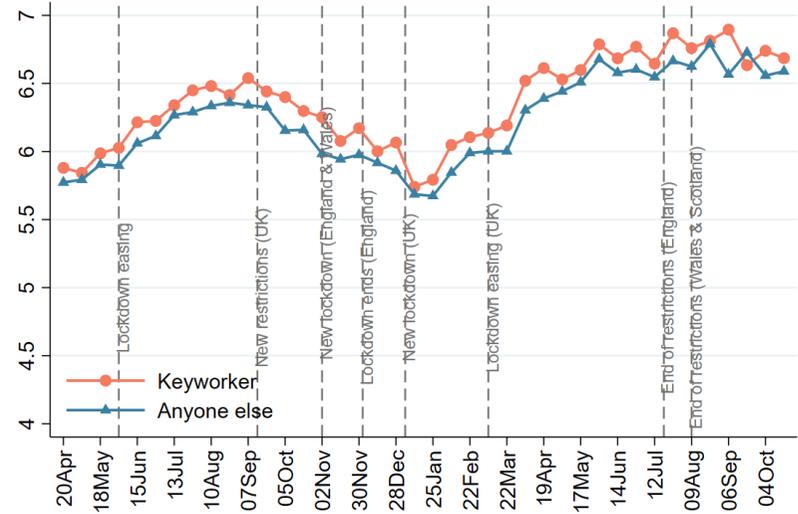


Figure 24g Happiness by living with children
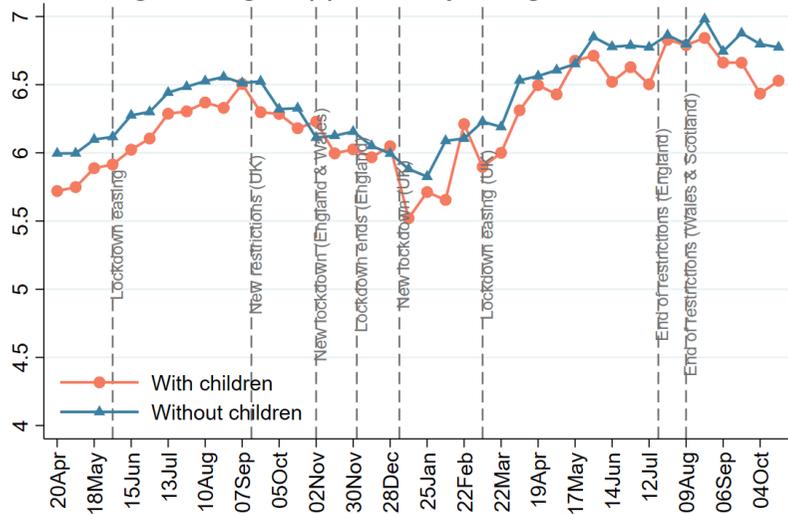


Figure 24h Happiness by living area
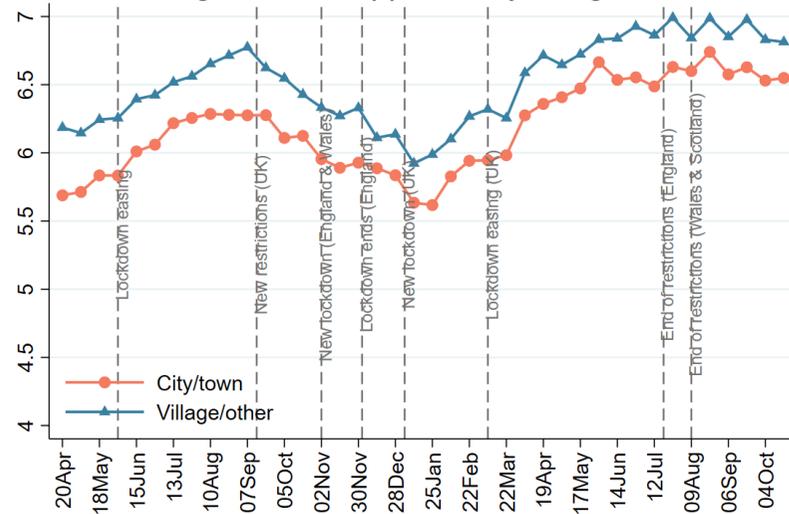
Figure 24i Happiness by gender
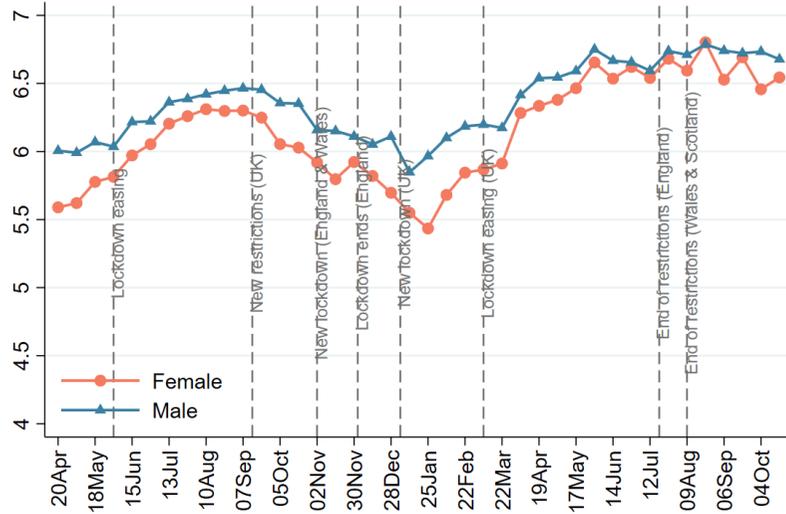


Figure 24j Happiness by ethnicity
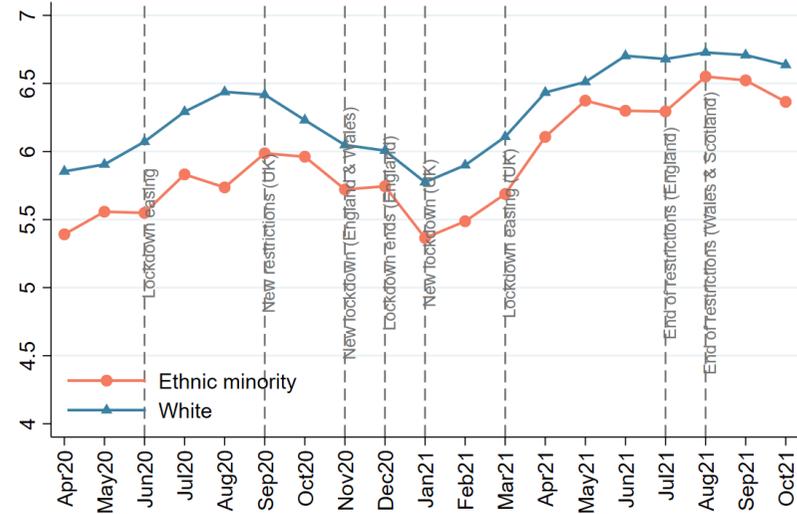


Figure 24k Happiness by educational levels
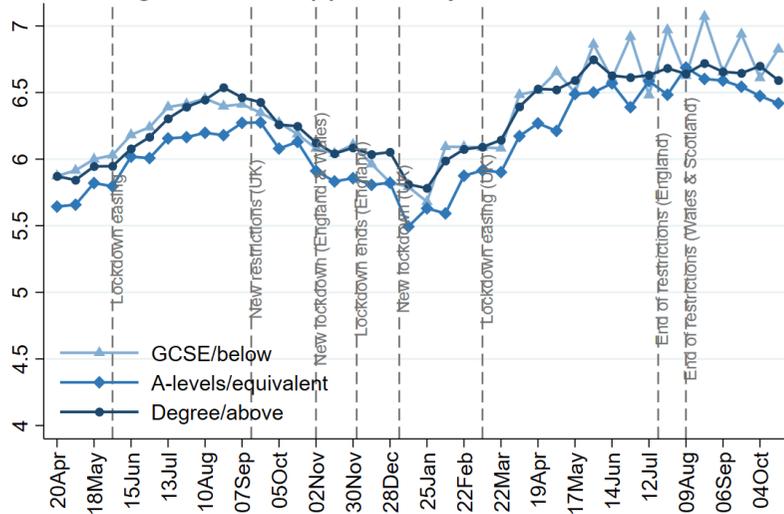


Figure 24l Happiness by physical health diagnosis
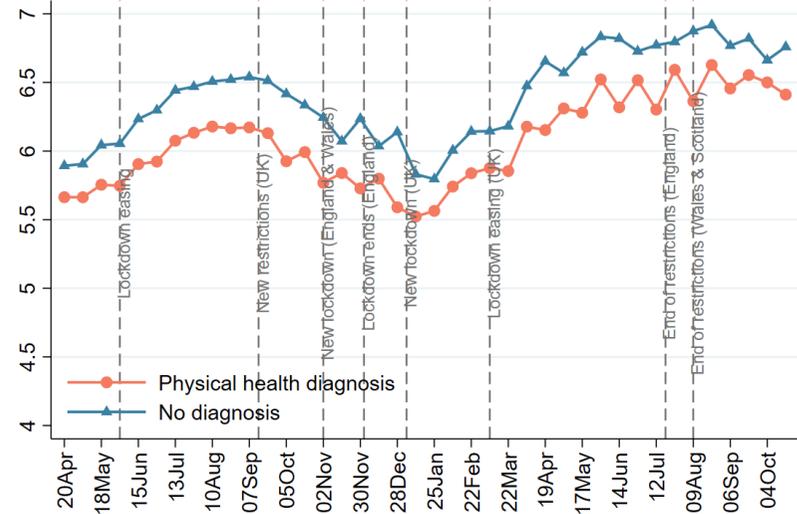
# 5. Sense of control

## Figure 25 Sense of control in 2020 & 2021



**Legend:** Not at all | Not very much | A little | Very much so | Entirely
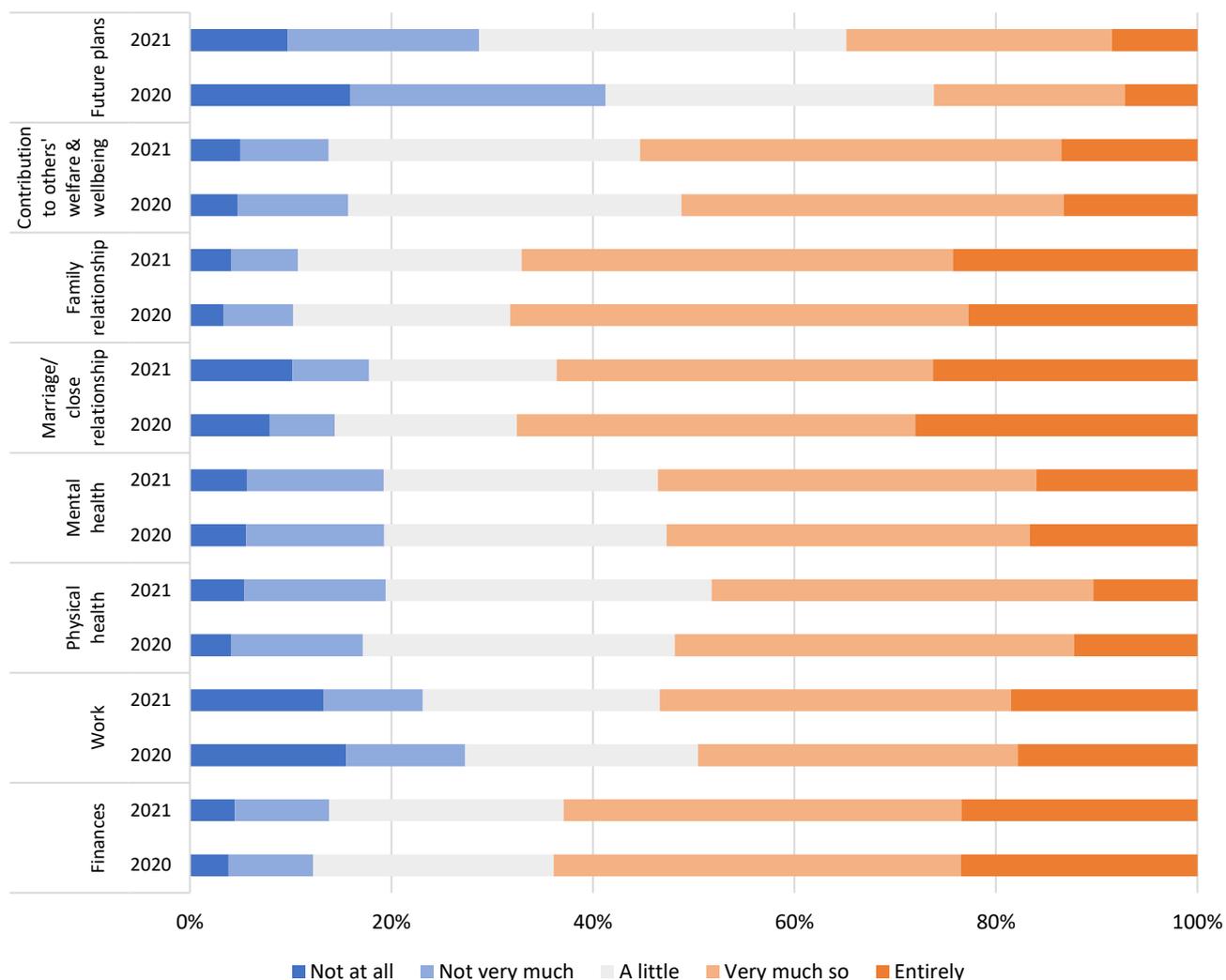
FINDINGS

In October 2020 and then again in October 2021, respondents were asked about how 'in control' they felt about various domains of their lives. Each item is rated with a 5-point scale, ranging from "not at all" to "entirely", with higher scores indicating a greater sense of control.

Compared to in 2020, more people currently report feeling in control ("very much so" or "entirely") of their future plans (currently 35% vs 26% in 2020), their contribution to others' welfare and wellbeing (55% vs 51% in 2020), and work (53% vs 50% in 2020). In contrast, fewer people now say that they feel in control of their physical health (48% vs 52% in 2020) and their marriage or close relationship (64% vs 68% in 2020).

No meaningful changes in the proportion of people reporting a sense of control of their finances, mental health, and family relationships were observed.

Despite the increases in feelings of control over future plans compared to a year ago (35% vs 26% in 2020), a similar proportion of people are reporting feeling only a little (36%) in control of their future plans, whilst 29% say they are not at all or not very much in control of this aspect of their lives.

When comparing across age groups, younger adults report feeling less in control of their lives, including their future plans (35% vs 31% of adults ages 30-59 and 20% of older adults), their contributions to the welfare and wellbeing of others (16% vs 14% of adults ages 30-59 and 11% of older adults), marriage or close relationship (27% vs 18% of adults ages 30-59 and 12% of older adults), mental health (27% vs 21% of adults ages 30-59 and 11% of older adults), and finances (19% vs 16% of adults ages 30-59 and 7% of older adults).

Figure 26 Sense of control in 2021 by age group

Legend: Not at all | Not very much | A little | Very much so | Entirely
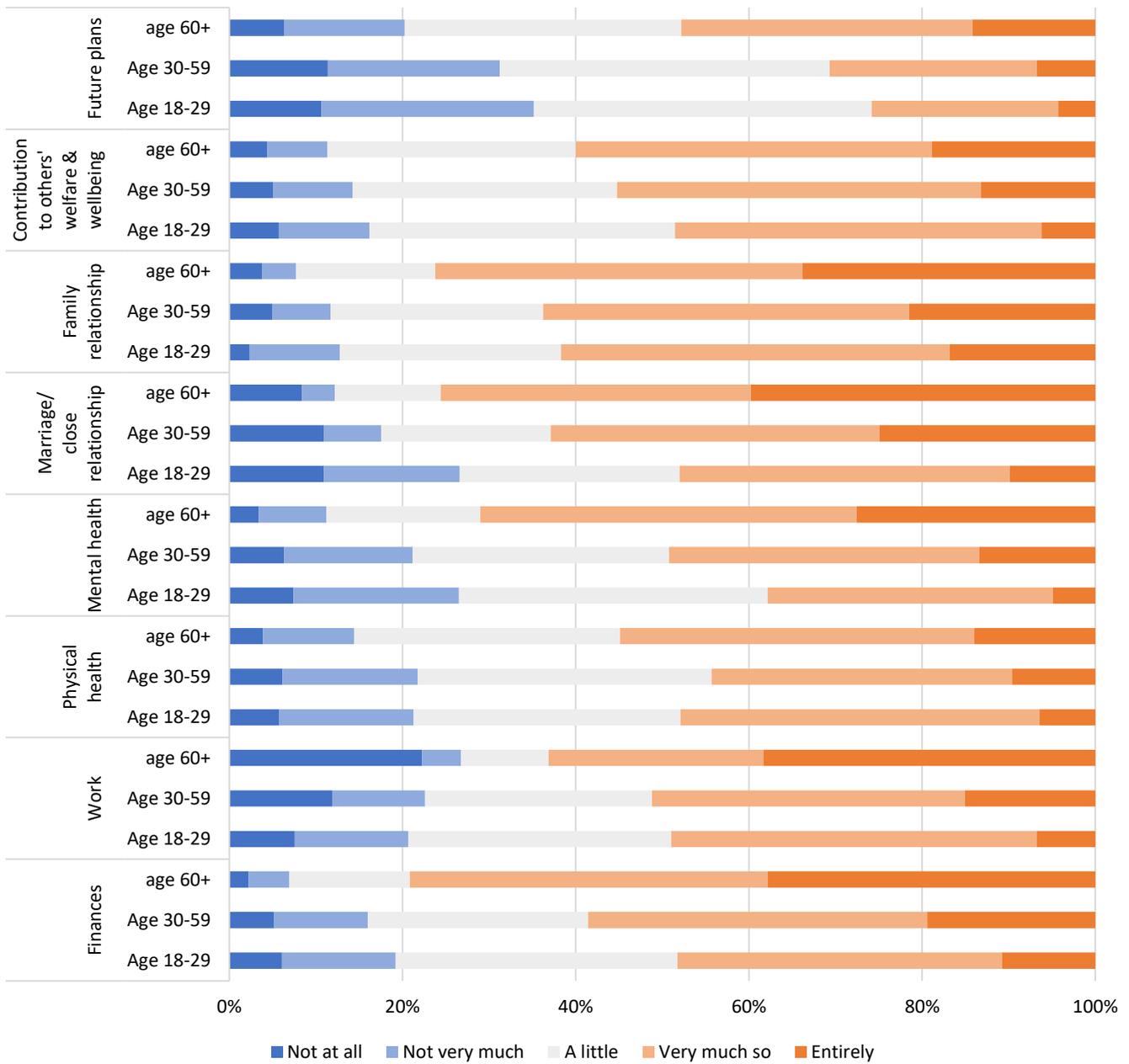
# 6. Changes in financial situation

## Figure 27 Changes in financial situation in Jun 2020, Nov 2020 and Oct 2021 vs pre-pandemic
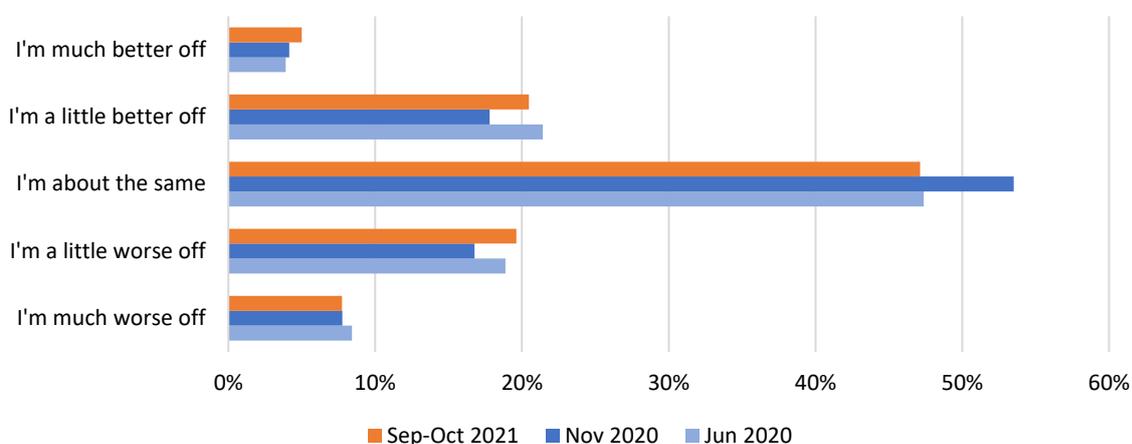


FINDINGS

Respondents were asked how their financial situation had changed since before the pandemic from "much worse off" to "much better off". These questions were asked in June and November 2020 and then in September-October 2021. Participants were also asked to report on their financial situation before the pandemic, from "living comfortably" to "finding it very difficult".

Slightly more people say they are currently worse off financially (28%) than they were before the pandemic, compared to the proportion who say they are now better off (25%). Fewer respondents (47%) currently say they are about the same financially compared to before the pandemic than the 54% who said this in November 2020.

However, clear differences emerged when splitting responses by participants' reported financial situation before the pandemic. At all three time points, people living comfortably before the pandemic were the least likely to report that things had got worse (20% in June 2020, 18% in November 2020, and 19% currently). This group was also the most likely to say they are now much better off (6% in June 2020, 7% in November 2020, and 7% currently).

In contrast, more than twice as many people who said they had been finding it "very difficult" before the pandemic said they were worse off (a little worse off or much worse off) at all three time points compared to those who were living comfortably, and this proportion has been increasing across the pandemic (50% in June 2020, 55% in November 2020, and 55% currently). Just 23% of this group are currently reporting that things had got better ("a little better" or "much better") (compared to 23% and 14% in July and November 2020, respectively).

A worsening financial position was felt most by people living in the Northeast of England in November 2020, when 30% said they were either much or a little worse off, compared to 35% who said this in July 2020 and 31% who currently say this.

There are suggestions that the pandemic may be widening socioeconomic inequalities. Those who were finding it "very difficult" financially before the pandemic have consistently been more than 10 times as likely to say they are much worse off than those who were living comfortably. Over 2 in 3 (42%) in the former group say they are much worse off now, compared to fewer than 4% who were living comfortably before the pandemic. The

proportion of people who were finding it difficult before the pandemic who are worse off has also been increasing over the past year and a half.

## Figure 28a Changes in financial status by previous financial management before COVID-19 crisis (Jun 2020)



Legend: ■ I'm much worse off  ■ I'm a little worse off  □ I'm about the same  ■ I'm a little better off  ■ I'm much better off
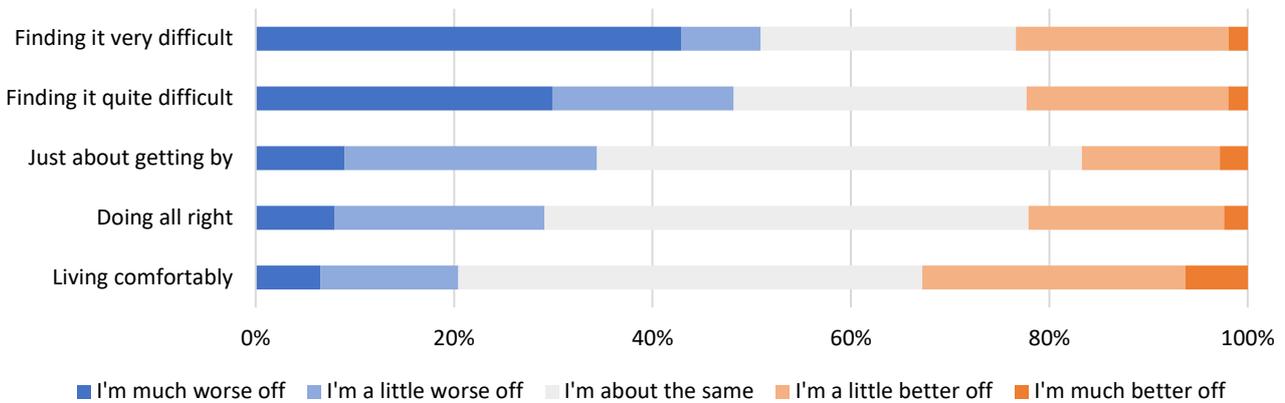
## Figure 28b Changes in financial status by previous financial management before COVID-19 crisis (Nov 2020)



Legend: ■ I'm much worse off  ■ I'm a little worse off  □ I'm about the same  ■ I'm a little better off  ■ I'm much better off
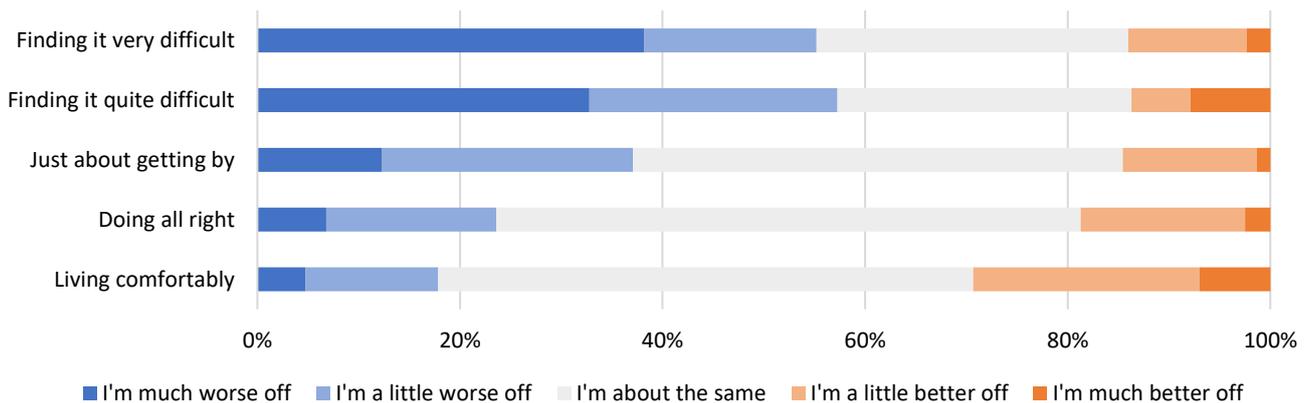
## Figure 28c Changes in financial status by previous financial management before COVID-19 crisis (Sep-Oct 2021)



Legend: ■ I'm much worse off  ■ I'm a little worse off  □ I'm about the same  ■ I'm a little better off  ■ I'm much better off
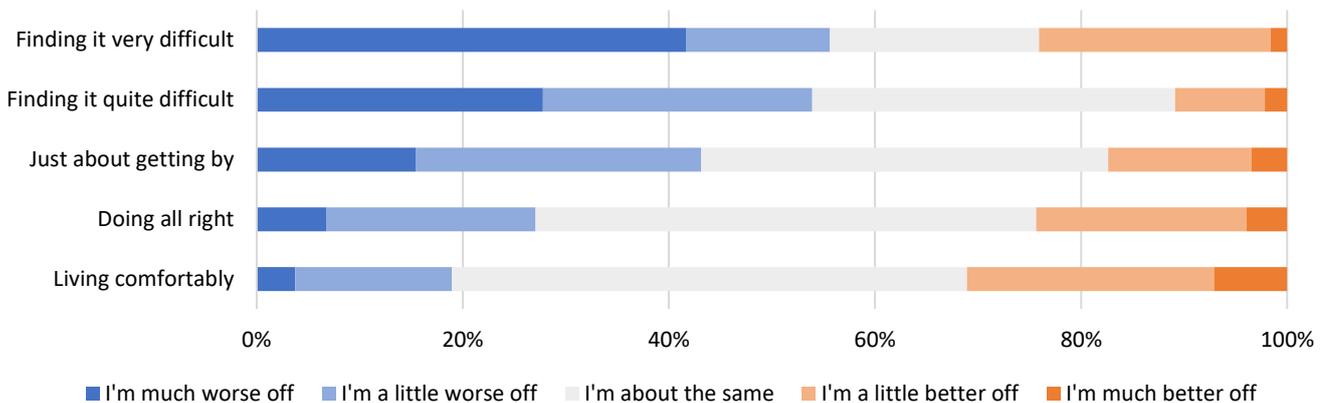
# Figure 28d Changes in financial status by region (Jun 2020)



Legend: I'm much worse off · I'm a little worse off · I'm about the same · I'm a little better off · I'm much better off
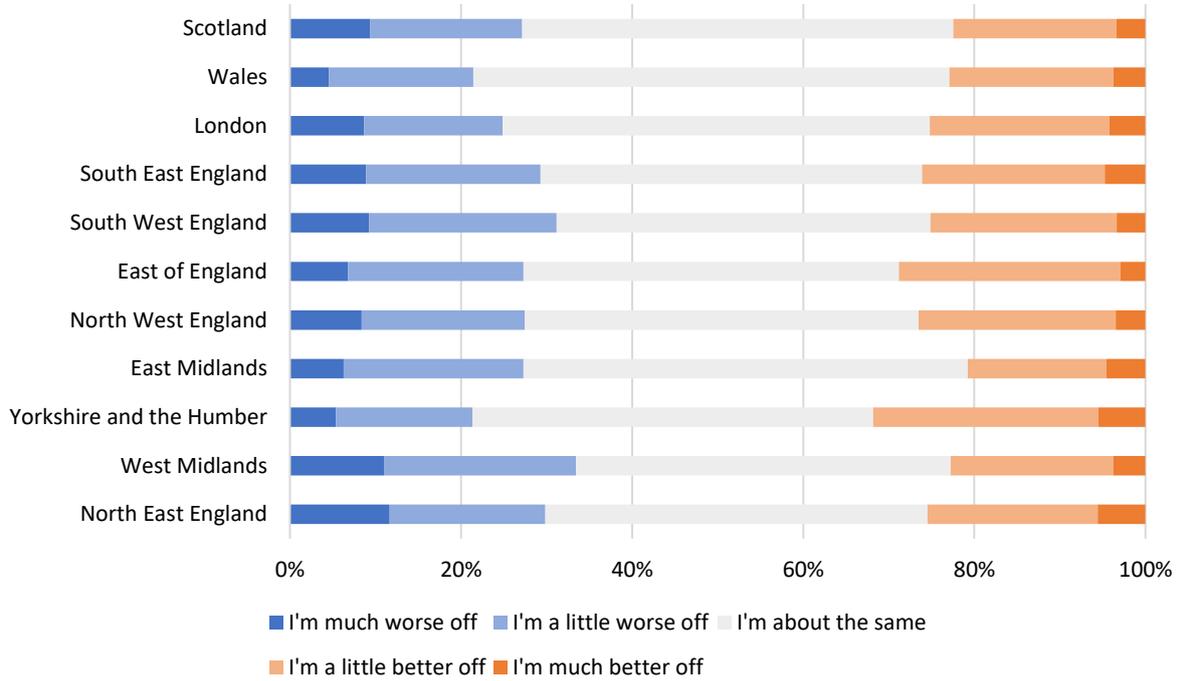
# Figure 28e Changes in financial status by region (Nov 2020)



Legend: I'm much worse off · I'm a little worse off · I'm about the same · I'm a little better off · I'm much better off
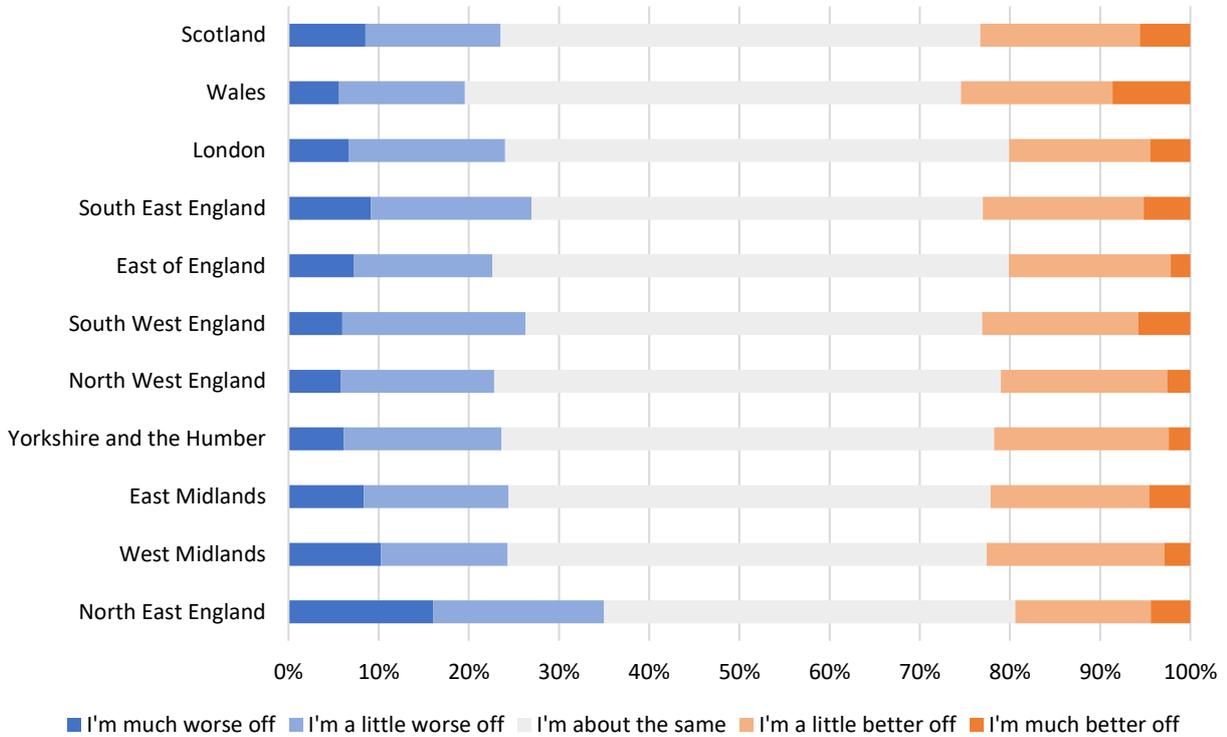
## Figure 28f Changes in financial status by region (Sep-Oct 2021)



Legend: ■ I'm much worse off ■ I'm a little worse off □ I'm about the same ■ I'm a little better off ■ I'm much better off
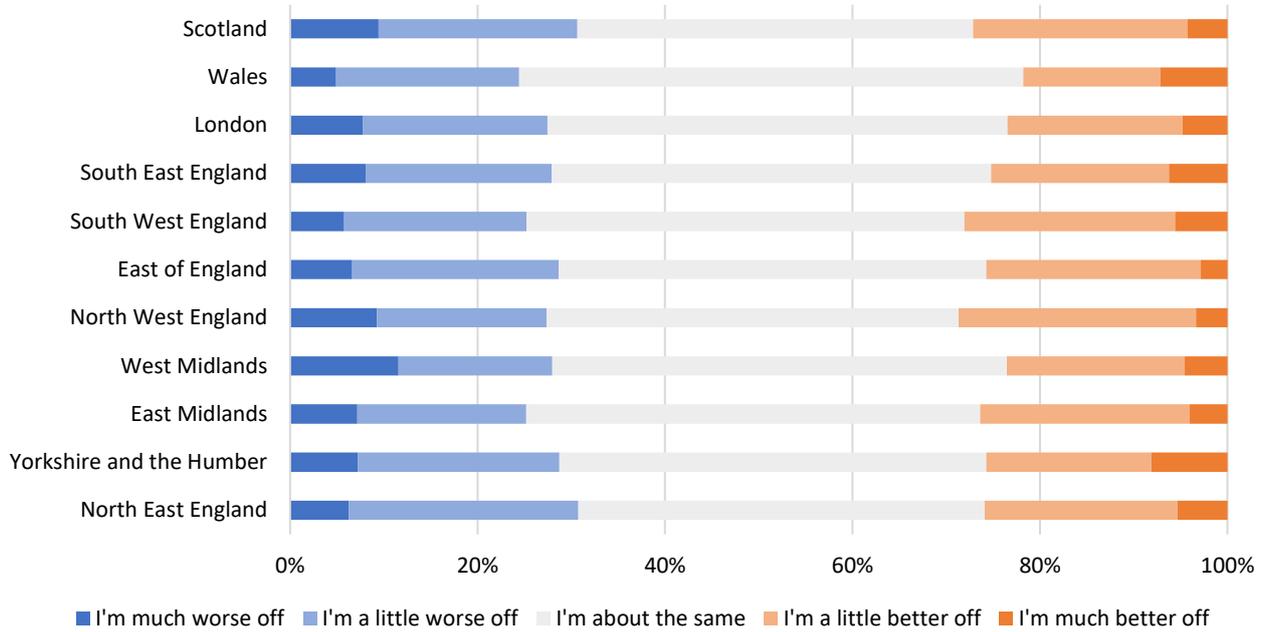
## Appendix

## Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 70,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st of March 2020 to the 31st of October 2021 (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

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

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt d.fancourt@ucl.ac.uk. To participate or to sign up for the newsletter and receive monthly updates on the study findings, visit www.COVIDSocialStudy.org

## Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; **data are weighted for analyses**)
For full demographics weighted to population proportions, see the User Guide at www.covidsocialstudy.org/results

| | Number of observations | % | | Number of observations | % |
|---|---|---|---|---|---|
| **Age** | | | **Education levels** | | |
| **18-29** | 59,198 | 5.42 | **GCSE or below** | 154,892 | 14.2 |
| **30-59** | 590,334 | 54.0 | **A-levels of equivalent** | 188,477 | 17.3 |
| **60+** | 443,028 | 40.6 | **Degree or above** | 749,191 | 68.6 |
| **Gender** | | | **Any diagnosed mental health conditions** | | |
| **Male** | 275,460 | 25.3 | **No** | 912,901 | 83.6 |
| **Female** | 812,786 | 74.7 | **Yes** | 179,659 | 16.4 |
| **Ethnicity** | | | **Any diagnosed physical health conditions** | | |
| **White** | 1,047,176 | 96.2 | **No** | 624,498 | 57.2 |
| **Ethnic minority** | 41,956 | 3.85 | **Yes** | 468,062 | 42.8 |
| **UK nations** | | | **Keyworker** | | |
| **England** | 880,656 | 81.4 | **No** | 868,055 | 79.5 |
| **Wales** | 134,573 | 12.4 | **Yes** | 224,505 | 20.6 |
| **Scotland** | 66,829 | 6.18 | **Living with children** | | |
| **Living arrangement** | | | **No (excluding those who live alone)** | 624,642 | 72.7 |
| **Not living alone** | 859,059 | 78.6 | **Yes** | 234,417 | 27.3 |
| **Living alone** | 233,501 | 21.4 | **Living area** | | |
| **Annual household income** | | | **Village/hamlet/isolated dwelling** | 276,455 | 25.3 |
| **>30k** | 582,004 | 59.2 | **City/large town/small town** | 816,105 | 74.7 |
| **<30k** | 401,152 | 40.8 | | | |

## Peer reviewed publications

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

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

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

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

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

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

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

Fluharty, M., Bu, F., Steptoe, A., & Fancourt, D. (2021). Coping strategies and mental health trajectories during the first 21 weeks of COVID-19 lockdown in the United Kingdom. *Social Science & Medicine*, *279*, 113958. https://doi.org/10.1016/j.socscimed.2021.113958

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