



Covid-19 Social Study

Results Release 2

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Executive summary

Background

This report provides cross-sectional data from Week 2 of the Covid-19 Social Study run by University College London: a panel study of over 45,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this SECOND report, we focus on the first week of government measures requiring people to stay at home. We have exclusively focused on respondents' lives since these measures came into force, or the lives of respondents who were already staying at home. We asked respondents to answer questions on how they had spent the previous weekday. We present results on:

1. What exercise or physical activity are people engaging in and how does this vary by health and socio-demographic factors?
2. What social behaviours are people engaging in and how do these vary by health and socio-demographic factors?

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. Full methods and demographics for the sample included in this report are reported in the Appendix. The study is still recruiting.

Findings

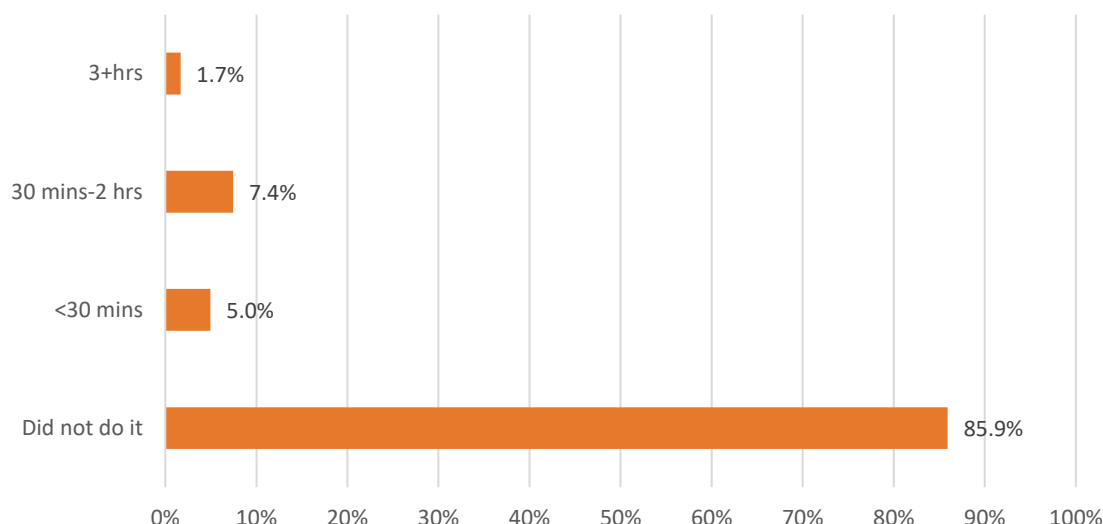
- Many adults appear **not to be following government recommendations to exercise**. One in four people in our survey sample reported engaging in no exercise at all in the past weekday. Even amongst our youngest age group (18-30 year olds), 4 out of 5 in our sample report not doing any moderate or high intensity activity.
- People with **diagnosed mental and physical health conditions** are doing the least physical activity, with very limited engagement either with moderate/high intensity exercise, as well as more limited engagement with gentle physical activity either at home or outside the home.
- **Older adults** are engaging more than other age groups in gentle activity such as going for walks, but are engaging least in exercise at home or moderate/high intensity exercise outside the home.
- **People living alone** and people with **lower household income** are also engaging less in all kinds of physical activity.
- **Going out of the home to meet friends, neighbours or family** is generally being avoided by our study sample. However, it is more common in people who are living alone.
- **Receiving visits from friends, neighbours, family or carers** is only being carried out by a minority of our study sample. However, it is more common in people who are living alone or who have physical health conditions, or who have lower household income.
- When considering social activities and living alone, nearly a quarter of the study sample report having no **face-to-face contact**. This is particularly common amongst older adults, where nearly half of our sample reported no face-to-face contact the previous day.
- **Phoning or video-calling friends or family** is more popular amongst adults under 30 or over 60 as well as amongst women. People with mental health conditions are communicating this way less than others.
- For **messaging friends or family** (e.g. through email, text, or messaging services), there is a clear gradient across age, with much greater popularity amongst younger adults.
- People with long-term physical health conditions or diagnosed mental health conditions are communicating through messaging less than healthy adults.

Encouraging physical activity and social connection in ways that adhere to government recommendations on social distancing and isolation will be important to supporting mental health over the coming weeks.

Exercise behaviours

1.1 Going out for moderate or high intensity activity

Figure 1



We asked respondents whether or not they have been leaving the home to engage in moderate or high intensity activity, such as running, cycling or swimming. In our sample, only 9% report having gone out for moderate or high intensity activity for at least 30 minutes in the past day, and 86% report not having done so at all. These figures are not representative of the population, but analyses of the subgroups do show how going out for moderate or high intensity activity varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Even amongst younger adults (aged 18-30), only 14% report going out for moderate or high intensity activity for 30 minutes or more, and nearly 4 out of 5 young adults report doing no moderate or high intensity activity. Numbers are even lower across older age groups. Only 10% of adults aged 31-45, 9% of adults aged 46-59, and 6% of adults aged 60 and above reported doing 30 minutes or more of moderate or high intensity activity (Fig 2a). Men report spending slightly more time doing moderate to vigorous activity than women (12% spending ≥ 30 mins a day vs 8%; fig 2b). However, exercise levels are particularly low amongst people living alone (only 6% doing ≥ 30 mins a day vs 10% for those living with others; fig 2c), those with annual household incomes $<£30,000$ (only 5% doing ≥ 30 mins a day vs 12% for those with higher incomes; fig 2e), and people with either physical health conditions (6% ≥ 30 mins a day vs 12% for those without, fig 2g) and people with diagnosed mental health conditions (5% doing ≥ 30 mins a day vs 10% for those without; fig 2h).

Figure 2a Going out for moderate or high intensity activity by age groups

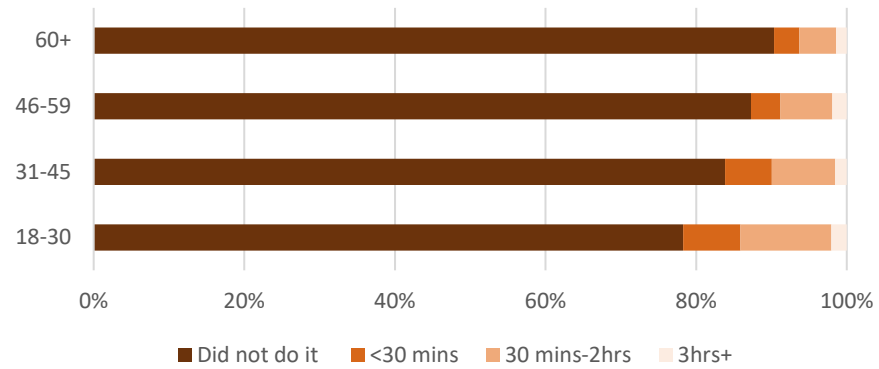


Figure 2b Going out for moderate or high intensity activity by gender

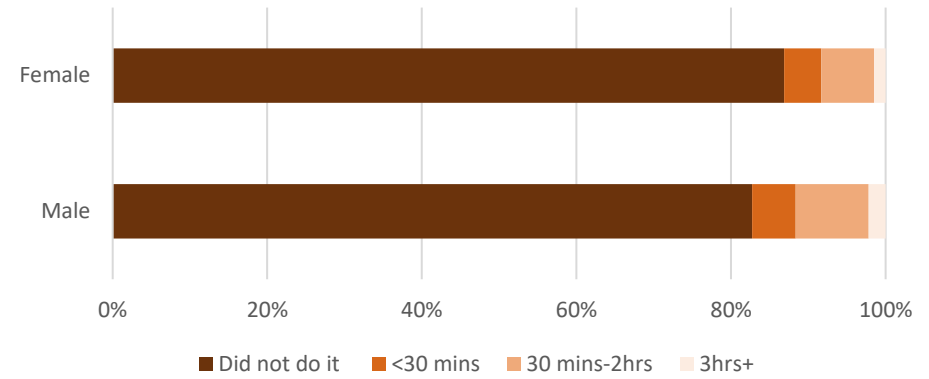


Figure 2c Going out for moderate or high intensity activity by living status

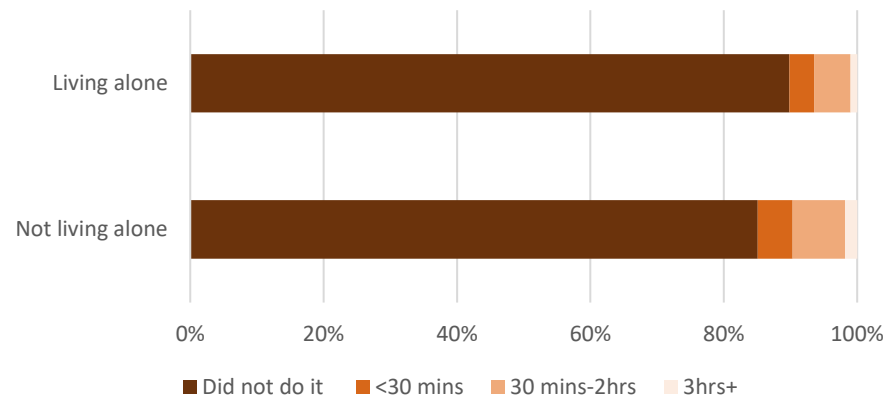


Figure 2d Going out for moderate or high intensity activity by carer status

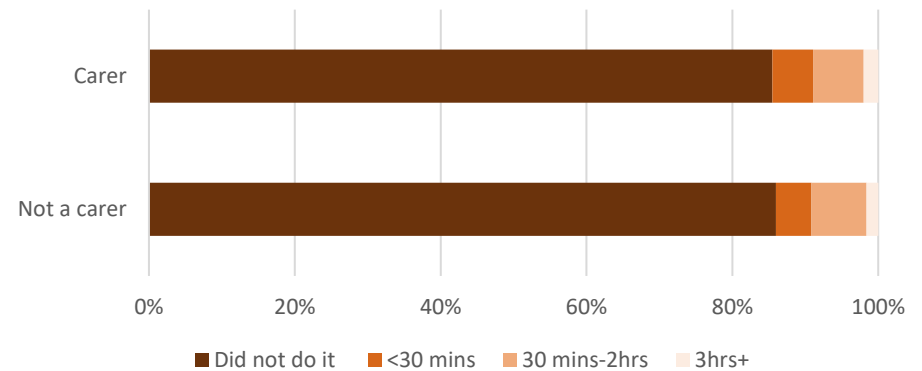


Figure 2e Going out for moderate or high intensity activity by household income

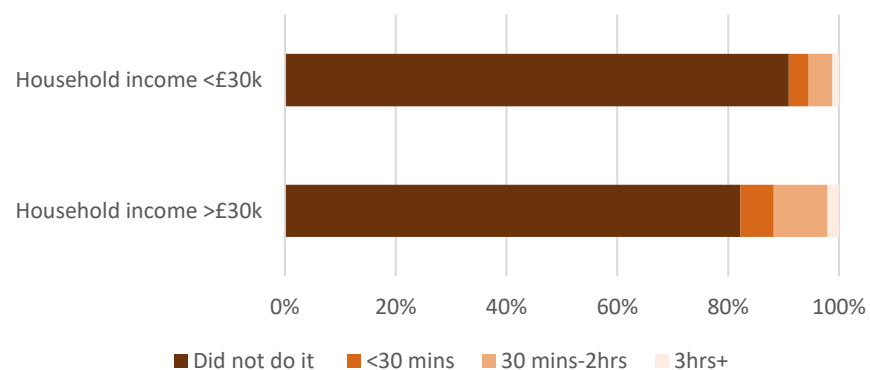


Figure 2f Going out for moderate or high intensity activity by household overcrowding

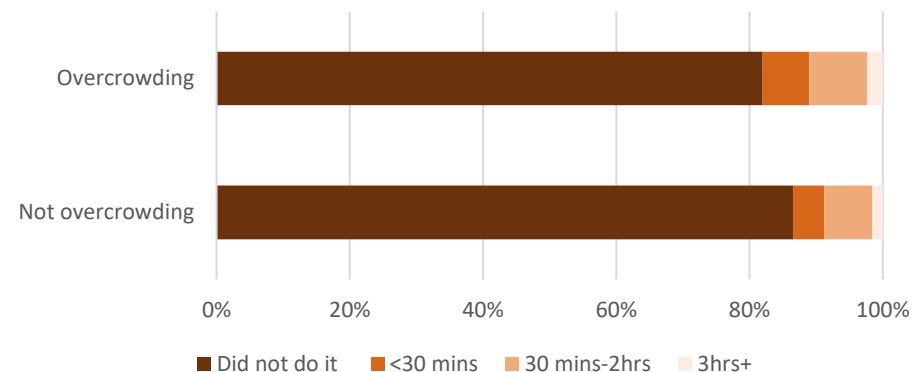


Figure 2g Going out for moderate or high intensity activity by physical health conditions

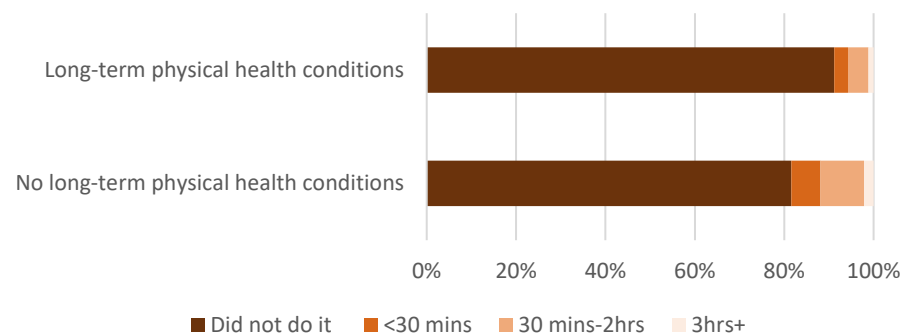
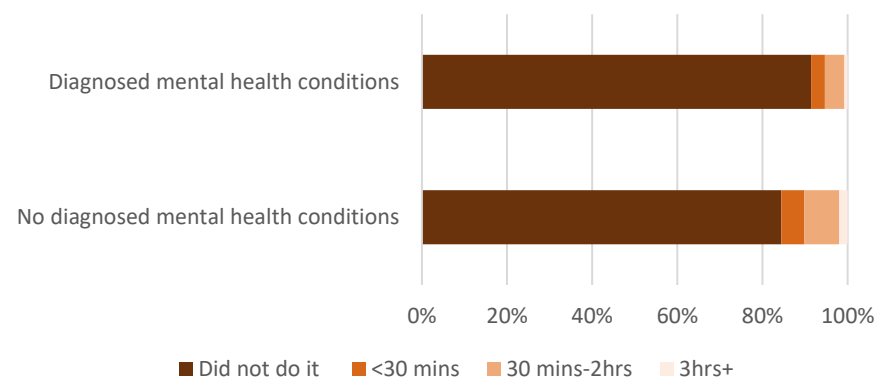
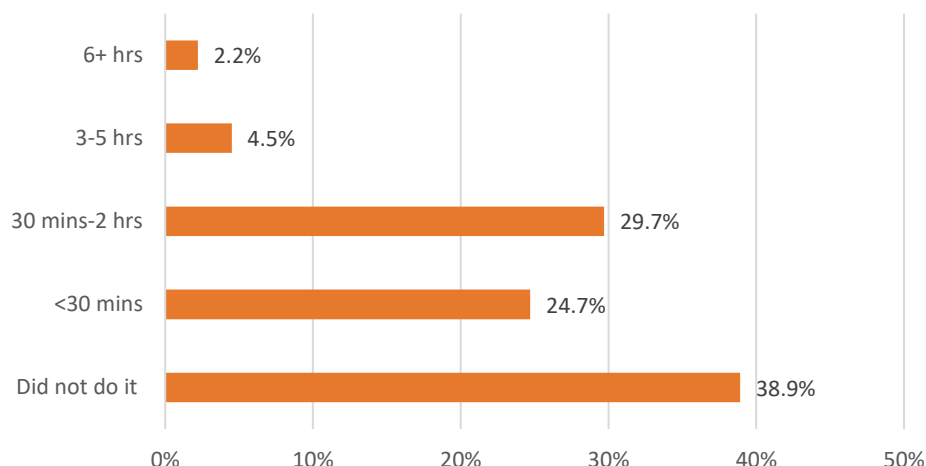


Figure 2h Going out for moderate or high intensity activity by mental health conditions



1.2 Going out for a walk or other gentle physical activity

Figure 3



We asked respondents whether they have been leaving the home to go for walks or other gentle physical activity. In total, 36% reporting having gone out for a walk or other gentle physical activity for at least 30 minutes, whereas 39% report not having done so. These figures are not representative of the population, but analyses of the subgroups do show how going out for a walk or doing other gentle physical activity varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

More respondents aged 60 have been going out for gentle physical activity than other age groups (43% spending ≥ 30 mins a day vs 32-35% in other age groups) (Fig 4a). Men report spending more time on gentle exercise than women (39% spending ≥ 30 mins a day vs 36%) (Fig 4b). Respondents who are living alone report spending less time on gentle exercise than those who are not living alone (33% spending ≥ 30 mins a day vs 37%) (Fig 4c). There is little difference reported depending on whether or not people are carers (38% spending ≥ 30 mins a day vs 36%) (Fig 4d). Respondents whose annual household income is $>£30,000$ report spending more time on gentle exercise than those with lower household income (40% spending ≥ 30 mins a day vs 31%) (Fig 4e). Similarly, respondents who are not living in over-crowded households also report spending more time on gentle activity compared to those living in over-crowded households (37% spending ≥ 30 mins a day vs 31%) (Fig 4f). Respondents with long-term physical health conditions report spending less time engaging in gentle exercise than healthy adults (33% spending ≥ 30 mins a day vs 40%) (Fig 4g). Those with diagnosed mental health conditions also report spending less time on gentle exercise than those without diagnoses (28% spending ≥ 30 mins a day vs 39%) (Fig 4h).

Figure 4a Going out for a walk or other gentle physical activity by age groups

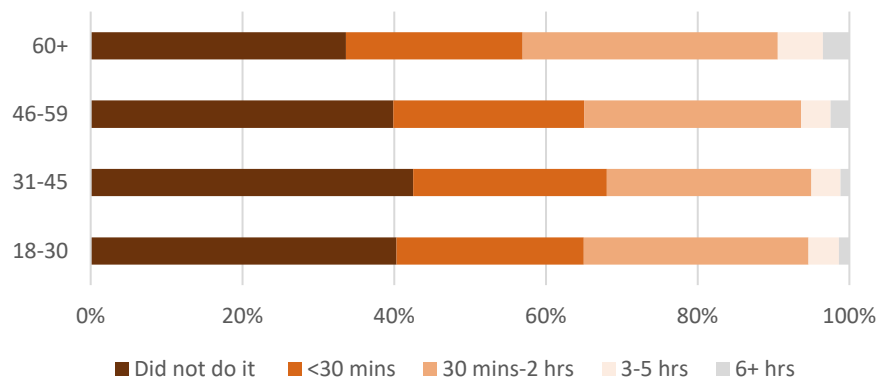


Figure 4b Going out for a walk or other gentle physical activity by gender

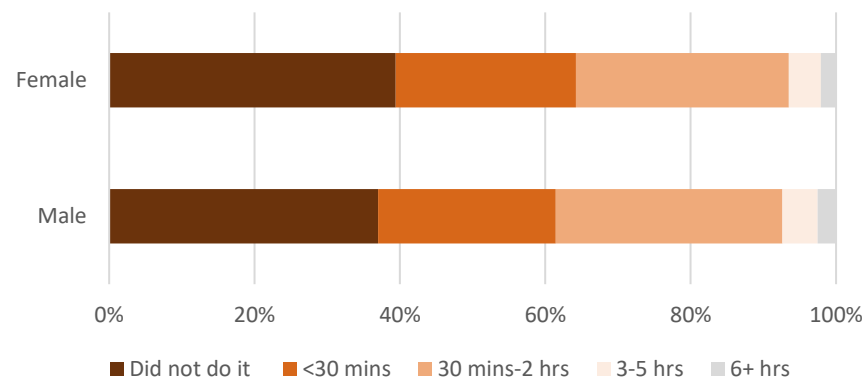


Figure 4c Going out for a walk or other gentle physical activity by living status

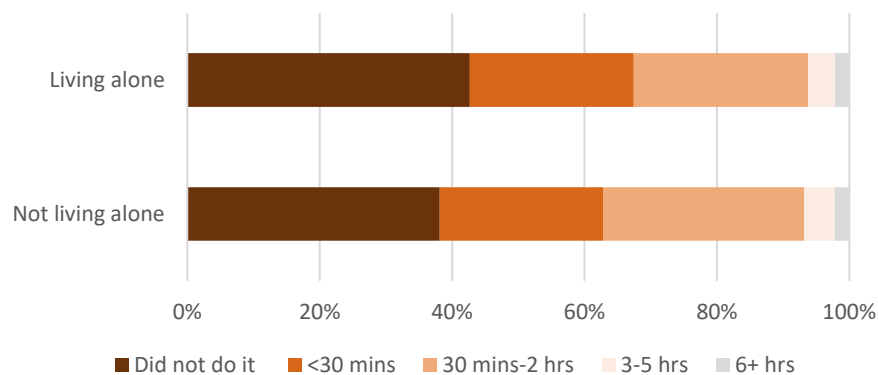


Figure 4d Going out for a walk or other gentle physical activity by carer status

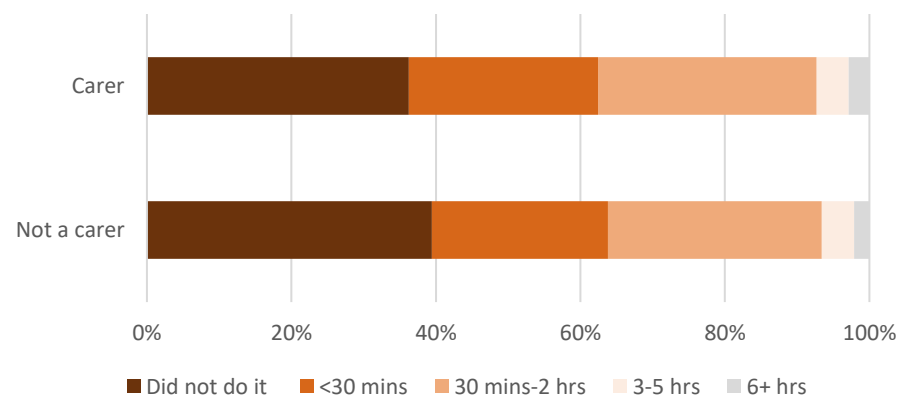


Figure 4e Going out for a walk or other gentle physical activity by household income

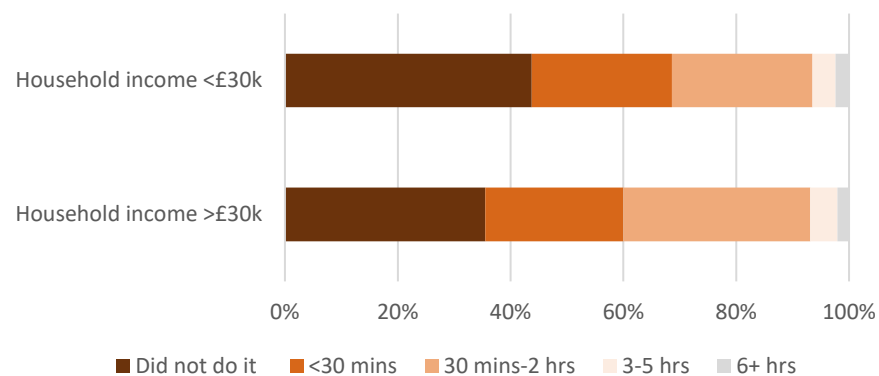


Figure 4f Going out for a walk or other gentle physical activity by household overcrowding

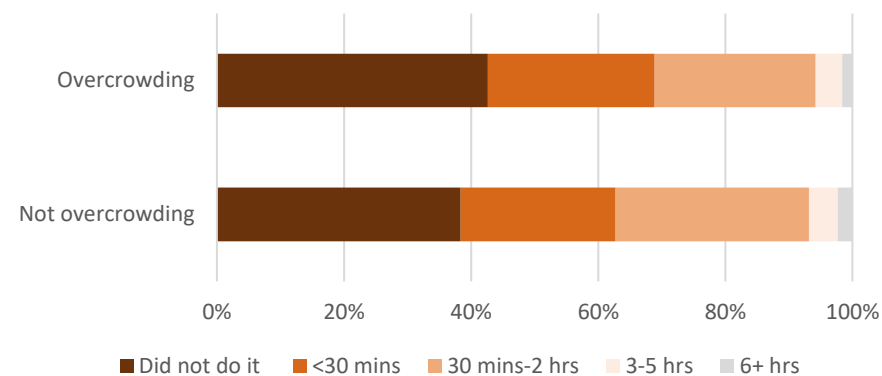


Figure 4g Going out for a walk or other gentle physical activity by physical health conditions

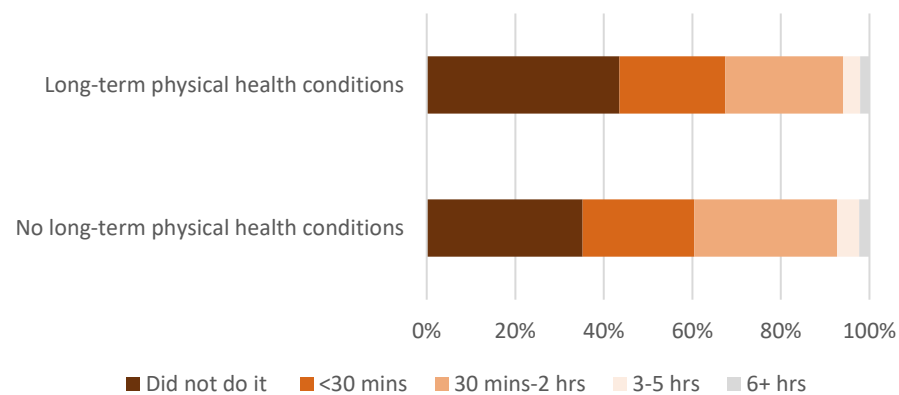
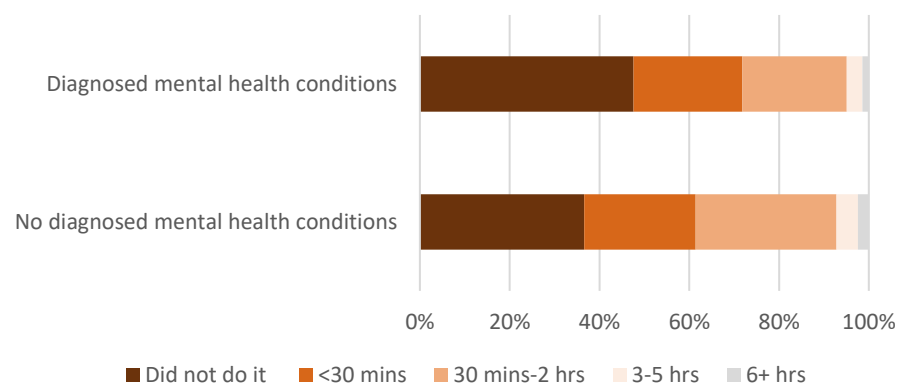
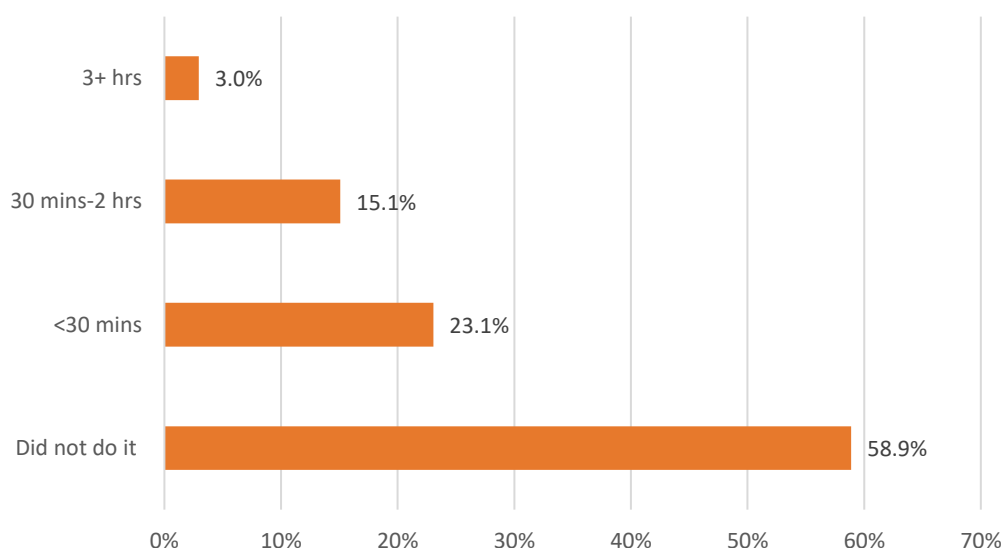


Figure 4h Going out for a walk or other gentle physical activity by mental health conditions



1.3 Exercising at home

Figure 5



We asked respondents whether they had been exercising in their own home, such as doing yoga, weights or other indoor exercise. 18% of our survey sample report engaging in indoor exercise for 30 minutes or more in the past weekday, 23% report doing so but only for less than 30 minutes, whereas 59% reporting not having done any exercise at home. These figures are not representative of the population, but analyses of the subgroups do show how exercising at home varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Exercising at home is reported to be higher amongst younger adults. Of adults aged 18-30, 24% report having done home exercise for 30 minutes or more, compared to 19% of adults aged 31-45, and 16% of adults aged 46 and above (Fig 6a). Women report spending more time on indoor exercise than men (19% spending ≥ 30 mins a day vs 14%) (Fig 6b). Respondents who are living alone report spending less time doing home exercise than those who are not living alone (16% spending ≥ 30 mins a day vs 19%) (Fig 6c). There is little difference depending on carer status (17% spending ≥ 30 mins a day vs 18%) (Fig 6d). Respondents whose annual household income is higher than £30,000 report spending more time on doing indoor exercise than those with lower household income (20% spending ≥ 30 mins a day vs 15%) (Fig 6e). Respondents who are not living in over-crowded households report spending less time on indoor exercise compared to those living in over-crowded households (17% spending ≥ 30 mins a day vs 22%) (Fig 6f). Respondents with long-term physical health conditions report spending less time engaging in exercise at home than healthy adults (16% spending ≥ 30 mins a day vs 20%) (Fig 6g), as do respondents with diagnosed mental health conditions (14% spending ≥ 30 mins a day vs 19%) (Fig 6h).

Figure 6a Exercising at home by age groups

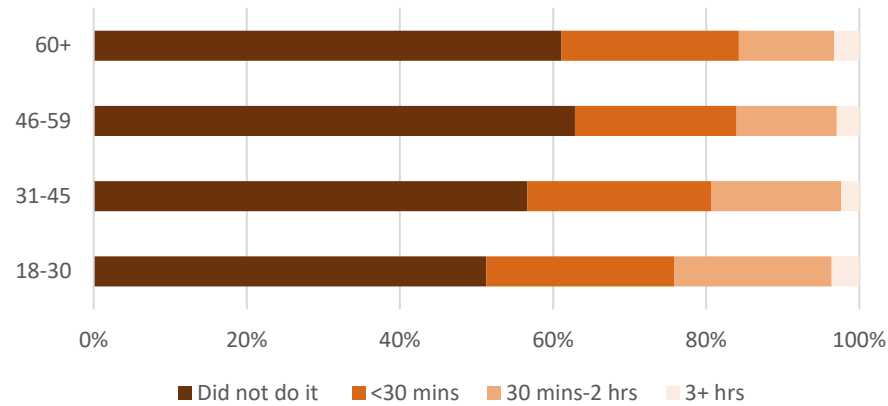


Figure 6b Exercising at home by gender

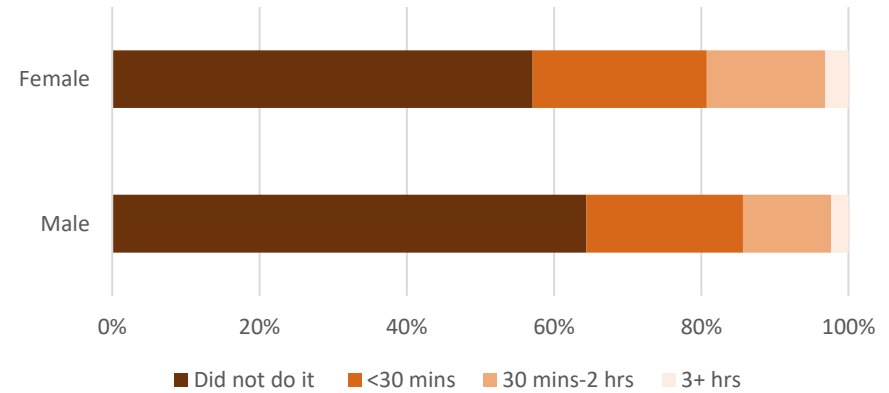


Figure 6c Exercising at home by living status

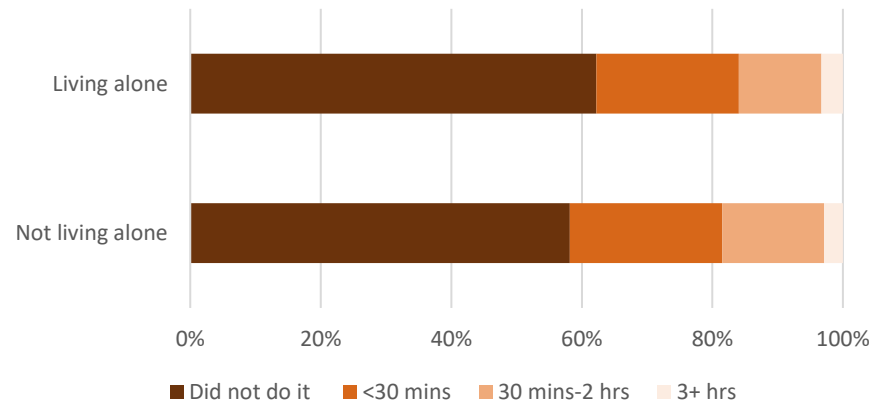


Figure 6d Exercising at home by carer status

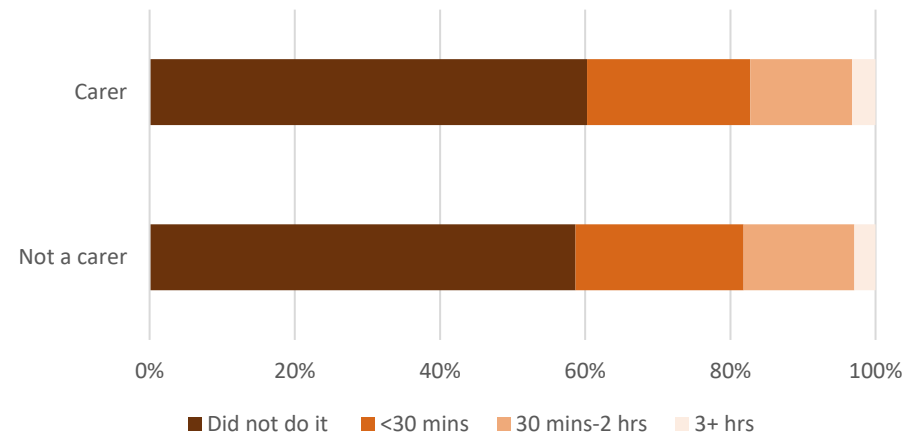


Figure 6e Exercising at home by household income

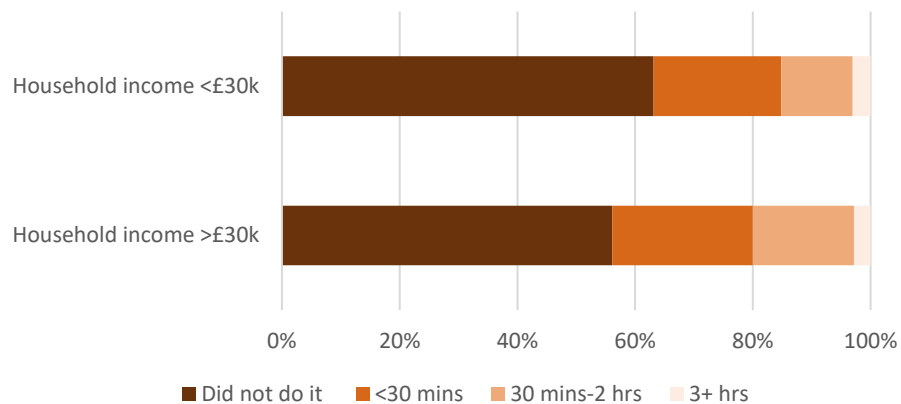


Figure 6f Exercising at home by household overcrowding

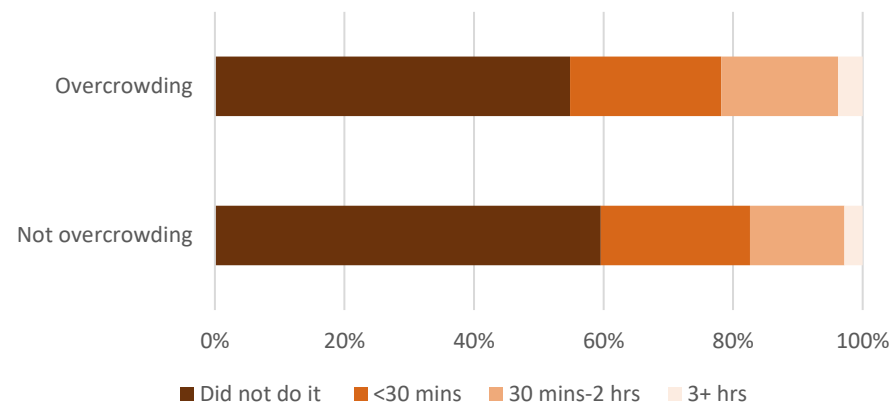


Figure 6g Exercising at home by physical health conditions

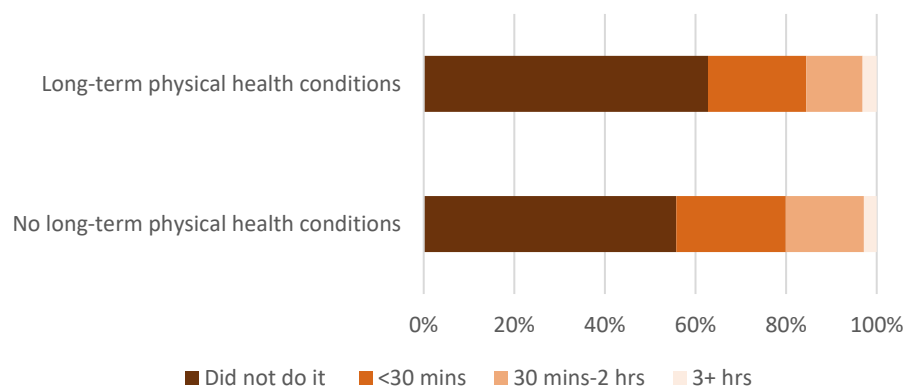
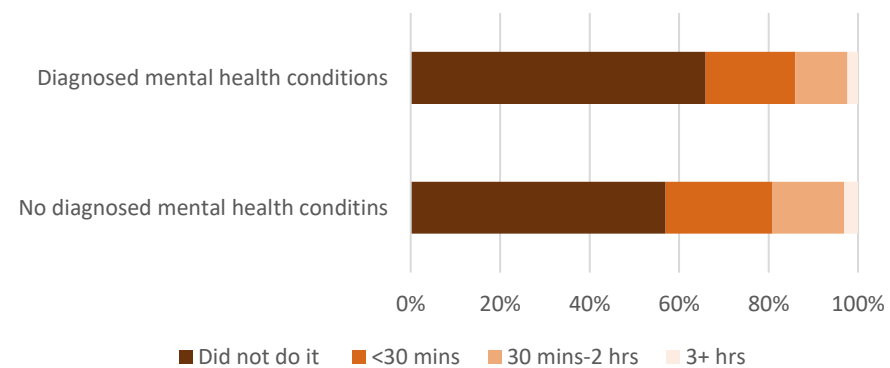
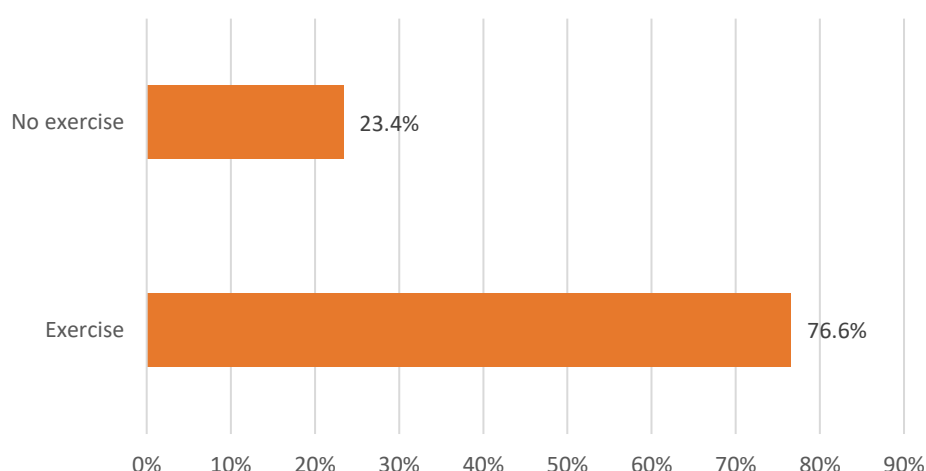


Figure 6h Exercising at home by mental health conditions



1.4 Any exercise

Figure 7



We combined responses from the three items described above (moderate/high intensity exercise, gentle exercise, and home-based exercise) to identify individuals who had done no exercise at all. A quarter of our survey sample report engaging in no exercise at all in the past weekday. These figures are not representative of the population, but analyses of the subgroups do show how exercising at home varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Engaging in no exercise at all is more common amongst those aged 46-59 (26%) (Fig 8a), amongst those living alone (28% vs 23%; fig 8c), amongst those with lower household income (29% vs 19%; fig 8e) and amongst those with long-term physical health conditions (29% vs 19%; fig 8g) and diagnosed mental health conditions (34% vs 21%; fig 8h). There is little difference by gender (Fig 8b), carer status (Fig 8d), or household overcrowding (Fig 8f).

Figure 8a Any exercise by age groups

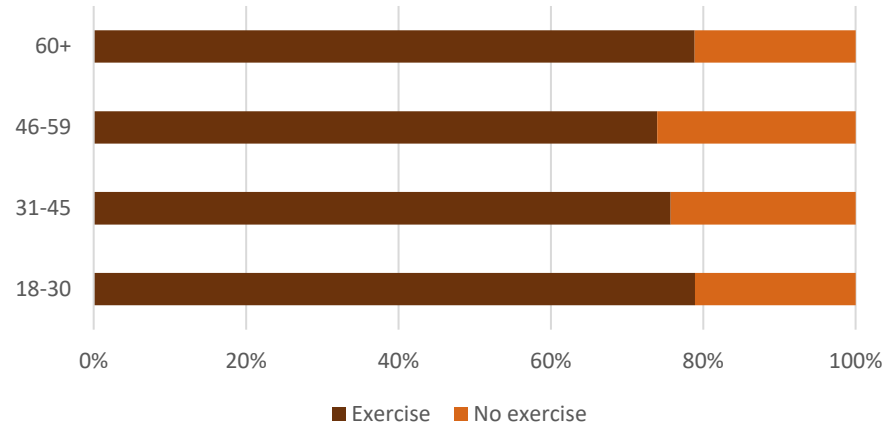


Figure 8b Any exercise by gender

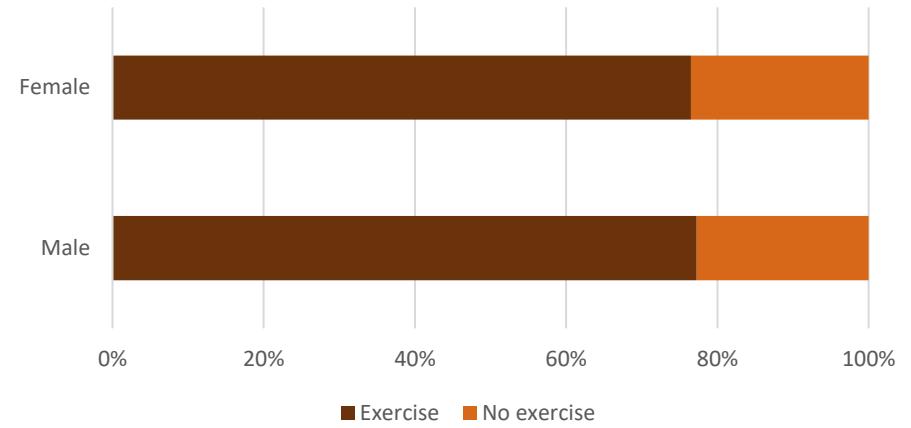


Figure 8c Any exercise by living status

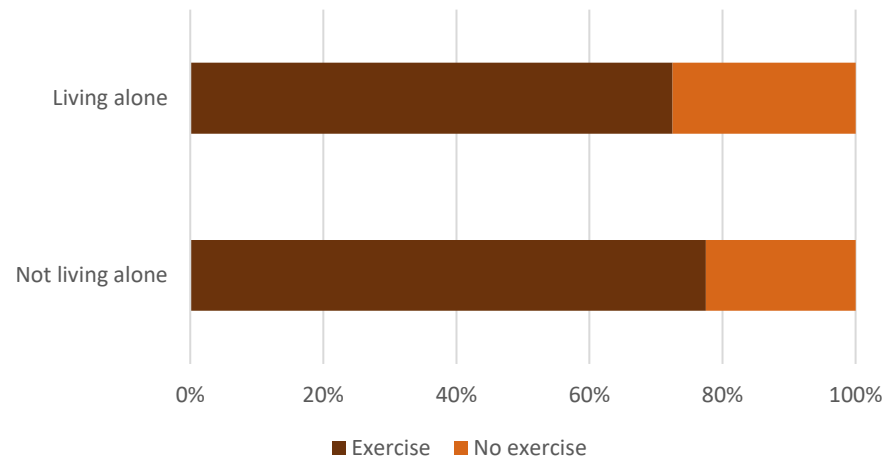


Figure 8d Any exercise by carer status

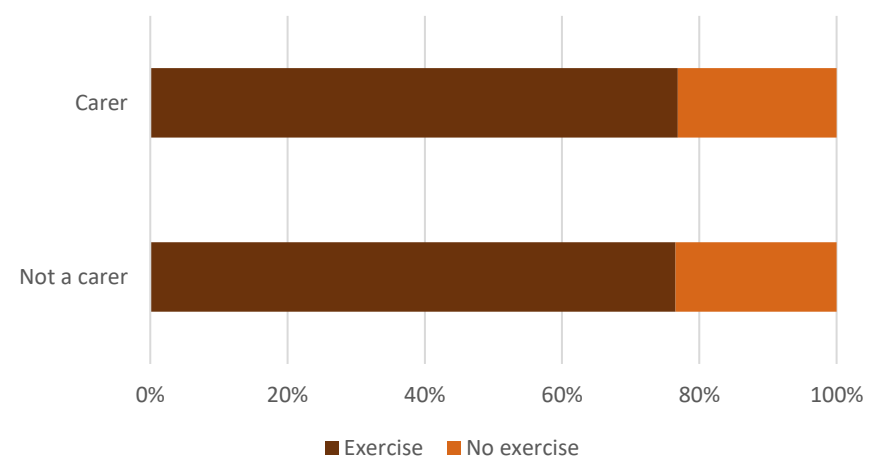


Figure 8e Any exercise by household income

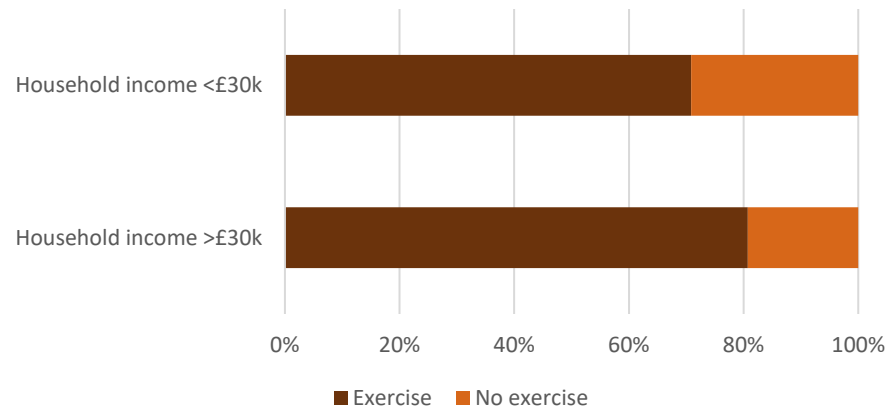


Figure 8f Any exercise by household overcrowding

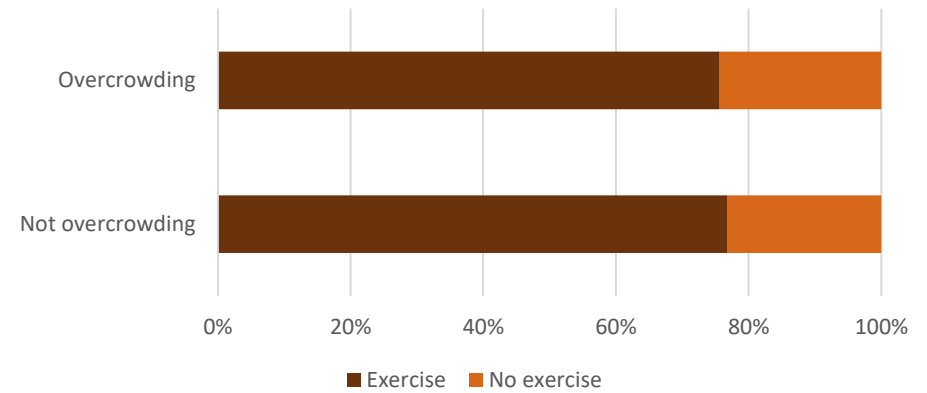


Figure 8g Any exercise by physical health conditions

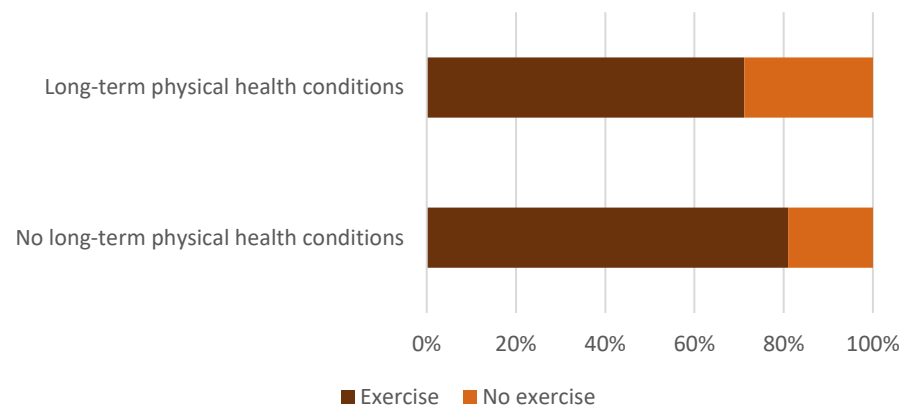
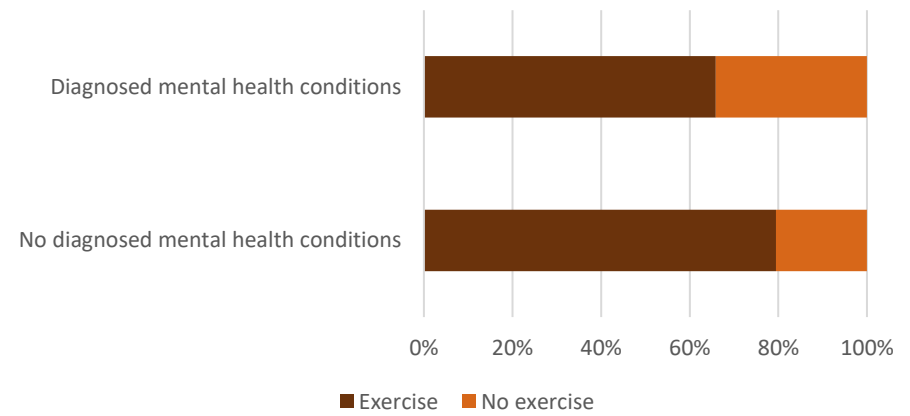


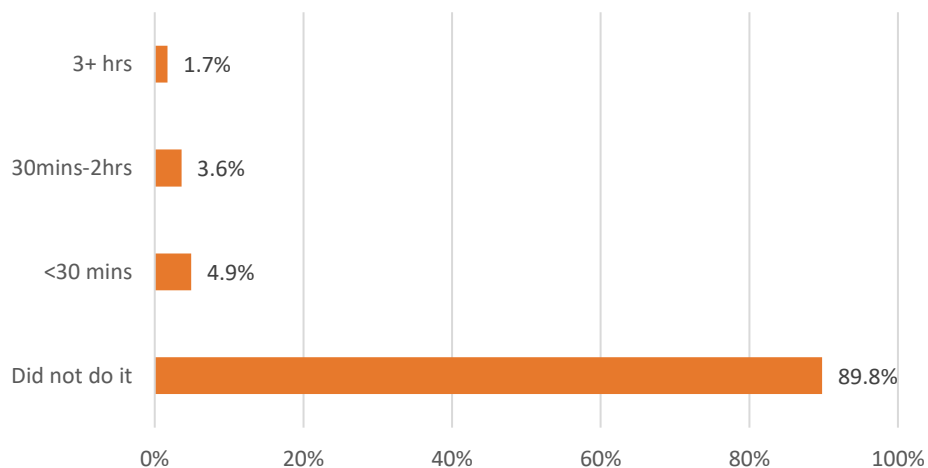
Figure 8h Any exercise by mental health conditions



Social behaviours

2.1 Going out of the home to meet friends, neighbours or family

Figure 9



We asked respondents whether they had been going out of the home to meet friends, neighbours or family. On the past weekday, 5% of our survey sample report having left the home to meet friends, neighbours or family for 30 minutes or more, a further 5% report having met with others for under 30 minutes, whereas 90% report not having done so. These figures are not representative of the population, but analyses of the subgroups do show how going out to meet people varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

There is little difference between different age groups in who has gone out to meet friends, neighbours or family in the past day more (Fig 10a). There is also little difference by gender (Fig 10b). Those who live alone report having gone out to meet others more than those who are not living alone (13% having gone out vs 10%) (Fig 10c). Respondents who identify as carers report having gone out to meet others more than those who are not carers (13% having gone out vs 10%) (Fig 10d). Respondents whose annual household income is lower than £30,000 also report having gone out to meet others more than those with higher household income (12% having gone out vs 9%) (Fig 10e). There is little difference in going out to meet someone by household overcrowding (Fig 10f), nor amongst those with and without long-term physical health conditions (Fig 10g), or with and without diagnosed mental health conditions (10%) (Fig 10h).

Figure 10a Going out of the home to meet someone by age groups

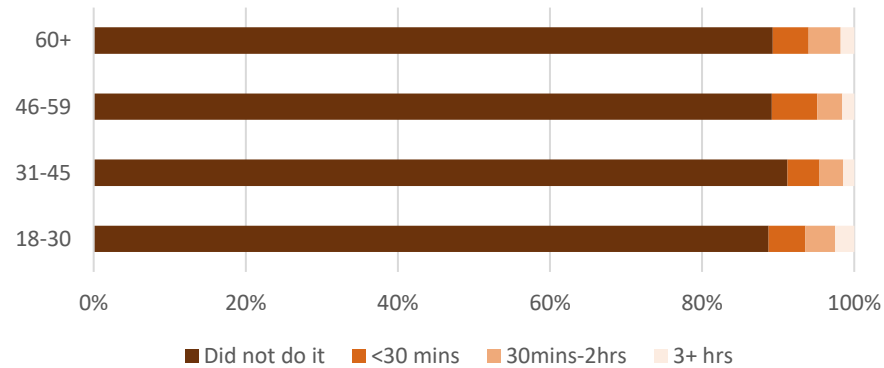


Figure 10b Going out of the home to meet someone by gender

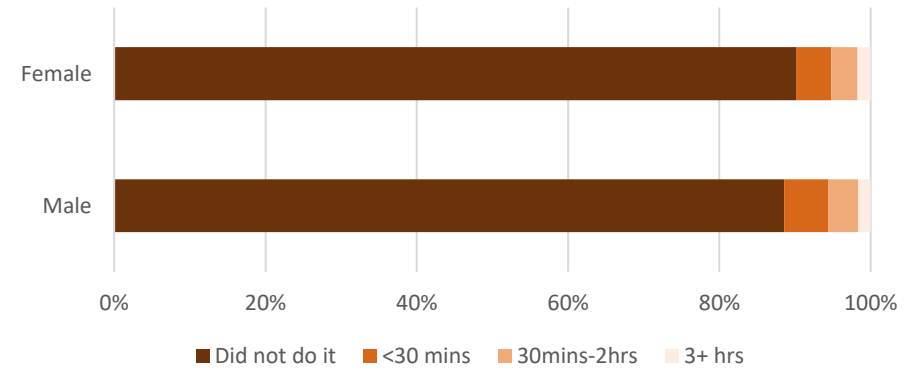


Figure 10c Going out of the home to meet someone by living status

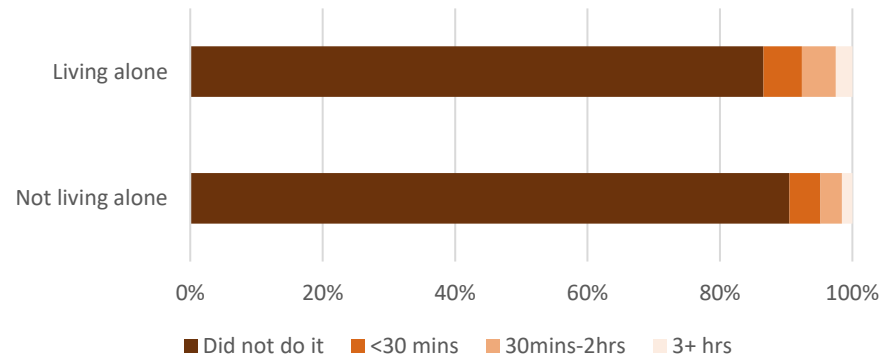


Figure 10d Going out of the home to meet someone by carer status

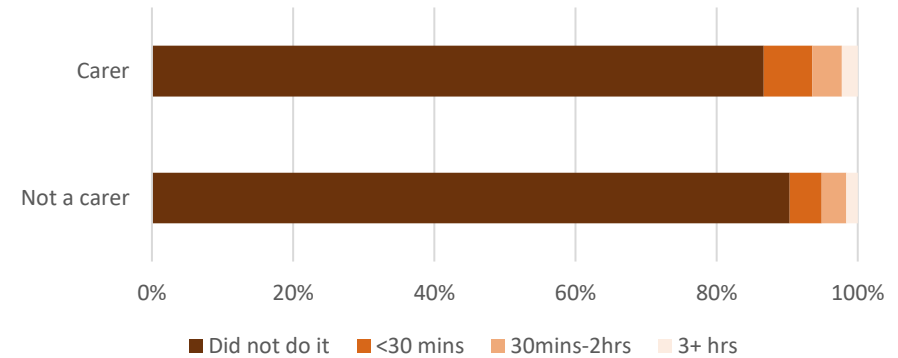


Figure 10e Going out of the home to meet someone by household income

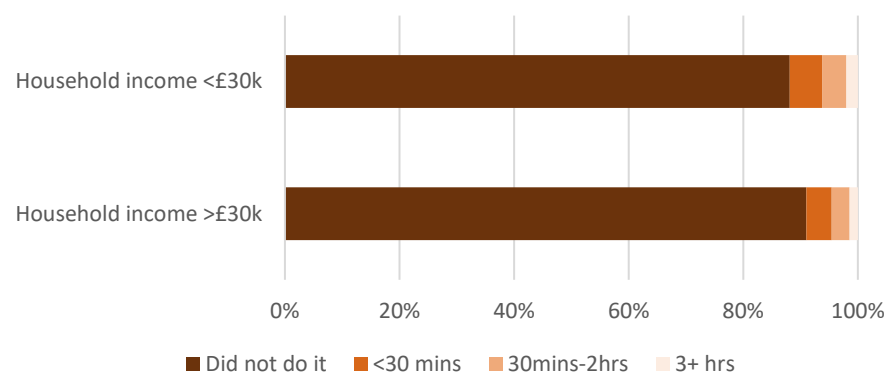


Figure 10f Going out of the home to meet someone by household overcrowding

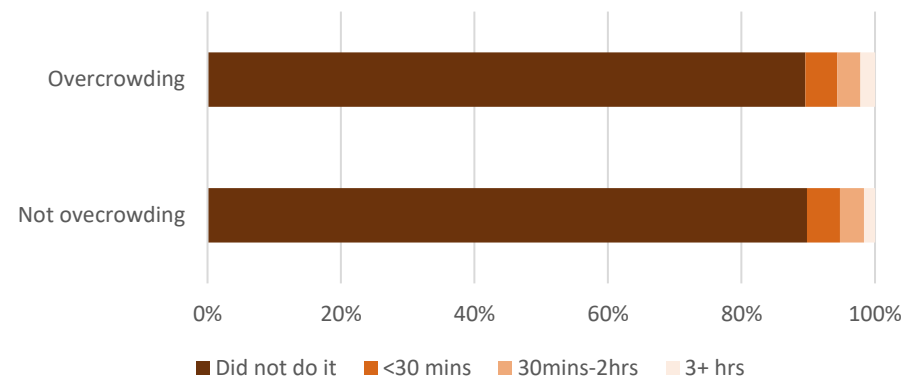


Figure 10g Going out of the home to meet someone by physical health conditions

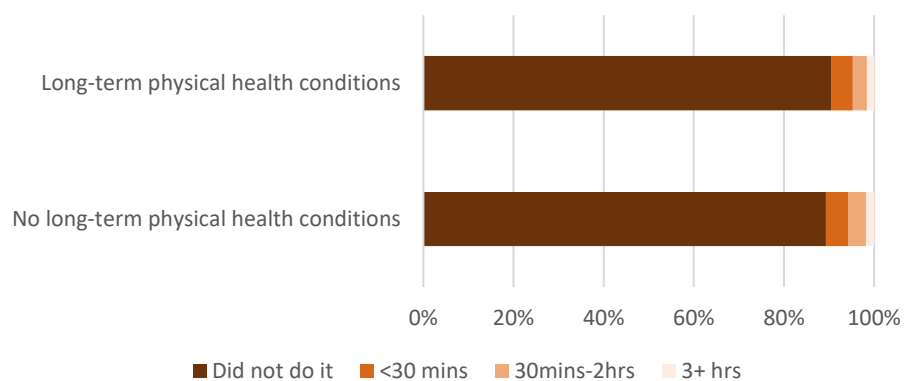
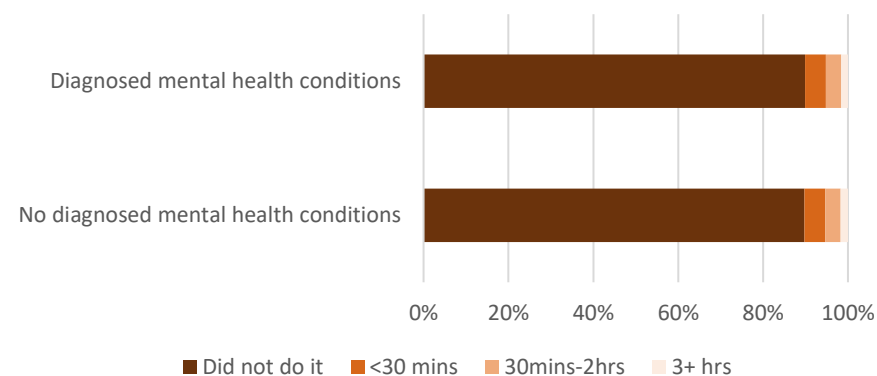
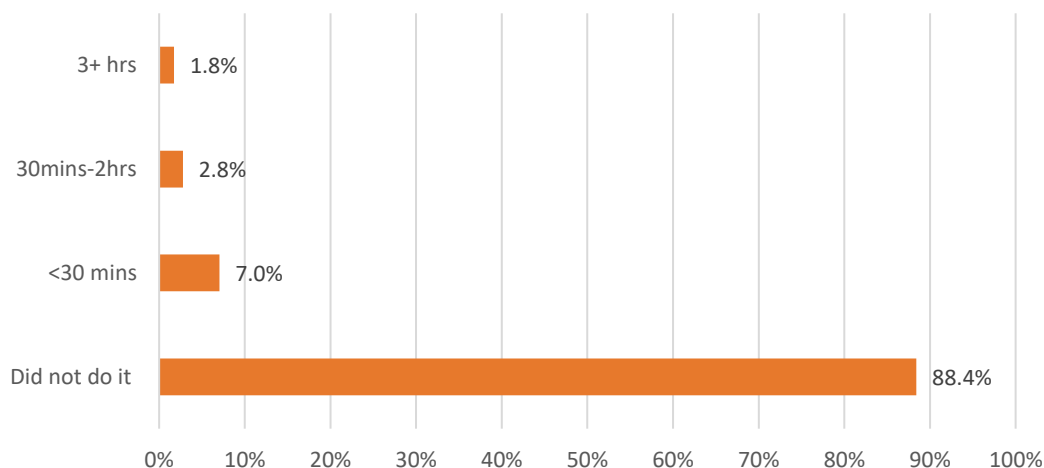


Figure 10h Going out of the home to meet someone by mental health conditions



2.2 Receiving visits from friends, neighbours, family or carers

Figure 11



We asked respondents whether they had been receiving visits from friends, neighbours, family or carers. In the past weekday, 5% of our survey sample report having received visits from friends, neighbours, family or carers for at least 30 minutes, and a further 7% reported having received visits for less than 30 minutes. The remaining 88% report not receiving any visits. These figures are not representative of the population, but analyses of the subgroups do show how receiving visits varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Receiving visits from friends, neighbours, family or carers in the past day is reported to be highest amongst adults aged 60 and above (15%), followed by adults aged 46-59 (12%), adults aged 18-30 (10%) and adults aged 31-45 (9%) (Fig 12a). Men report having had visitors more than women (13% receiving a visit vs 11%) (Fig 12b). More visitors are reported by those who live alone (14% receiving a visit vs 11%) (Fig 12c), people who identify as carers report (13% receiving a visit vs 11%) (Fig 12d), people whose annual household income is lower than £30,000 (15% receiving a visit vs 9%) (Fig 12e), people living in an over-crowded household (more than one person per bedroom or living space) (12% receiving a visit vs 11%) (Fig 12f), respondents who have long-term physical health conditions (14% receiving a visit vs 10%) (Fig 12g), and respondents with diagnosed mental health conditions (13% receiving a visit vs 11%) (Fig 12h).

Figure 12a Receiving visits from friends, neighbours, family or carers by age groups

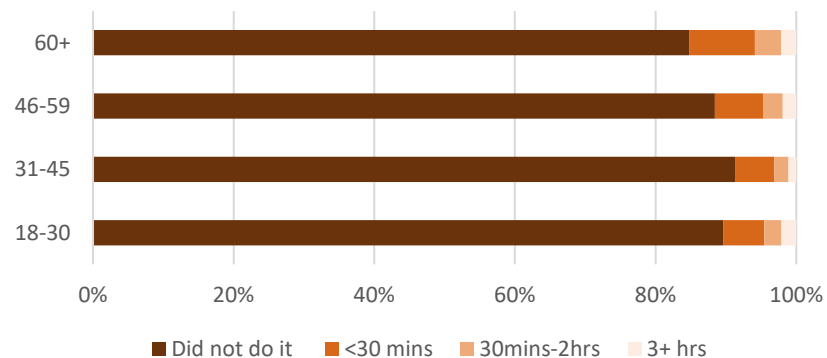


Figure 12b Receiving visits from friends, neighbours, family or carers by gender

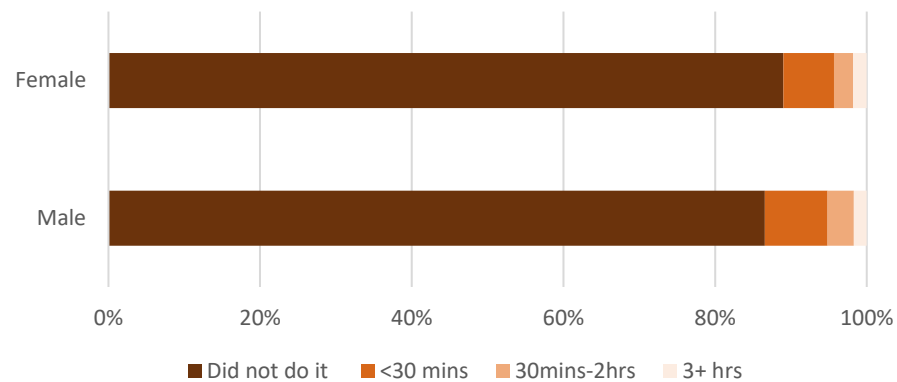


Figure 12c Receiving visits from friends, neighbours, family or carers by living status

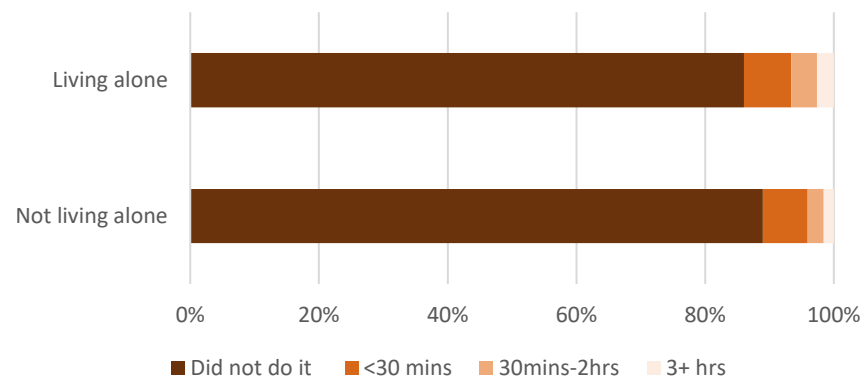


Figure 12d Receiving visits from friends, neighbours, family or carers by carer status

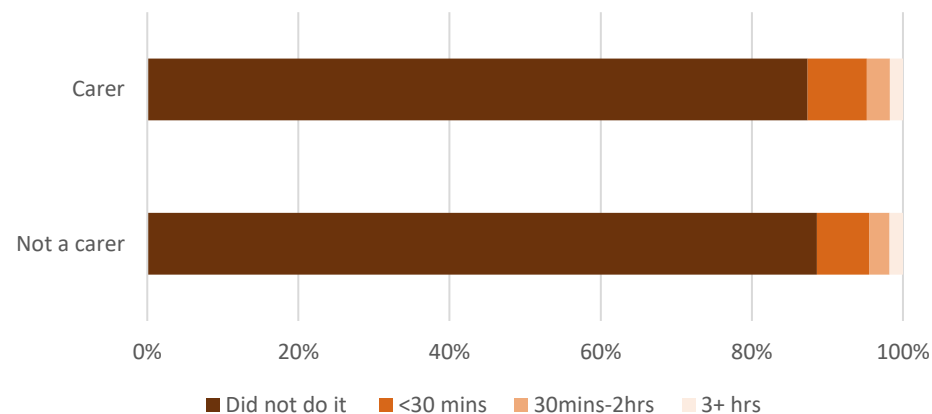


Figure 12e Receiving visits from friends, neighbours, family or carers by household income

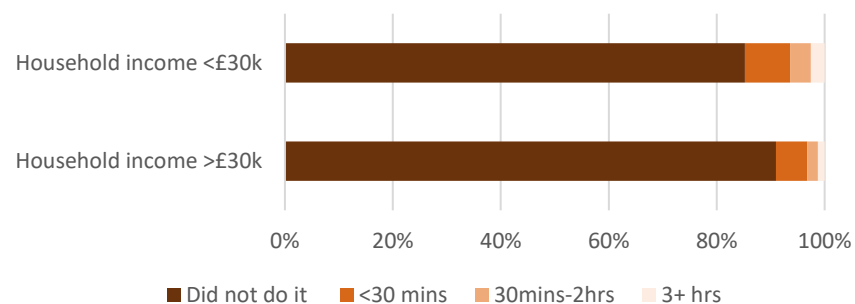


Figure 12f Receiving visits from friends, neighbours, family or carers by household overcrowding

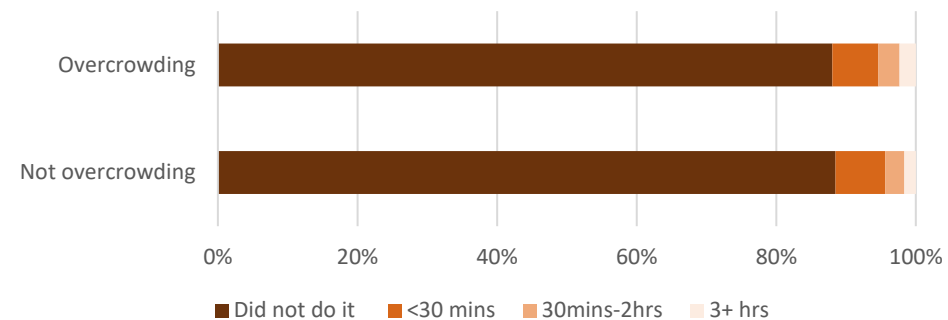


Figure 12g Receiving visits from friends, neighbours, family or carers by physical health conditions

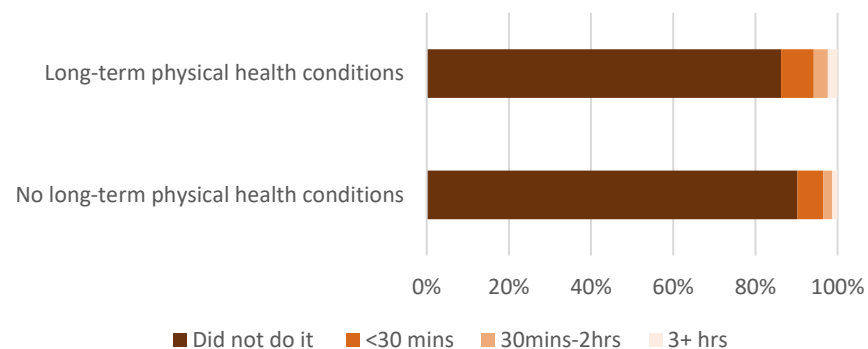
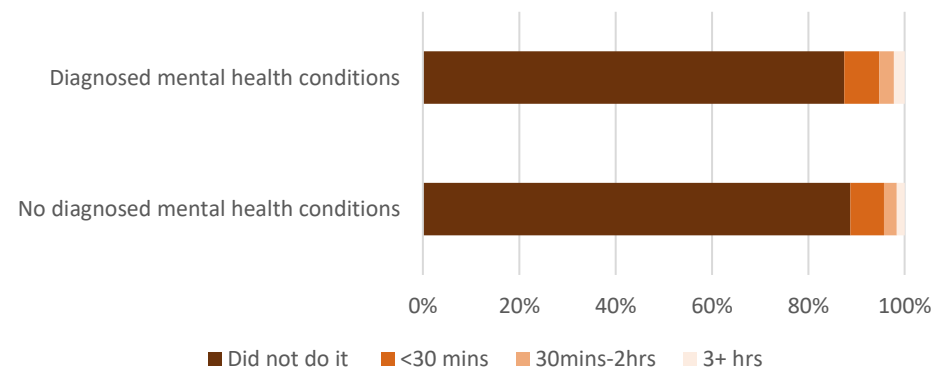
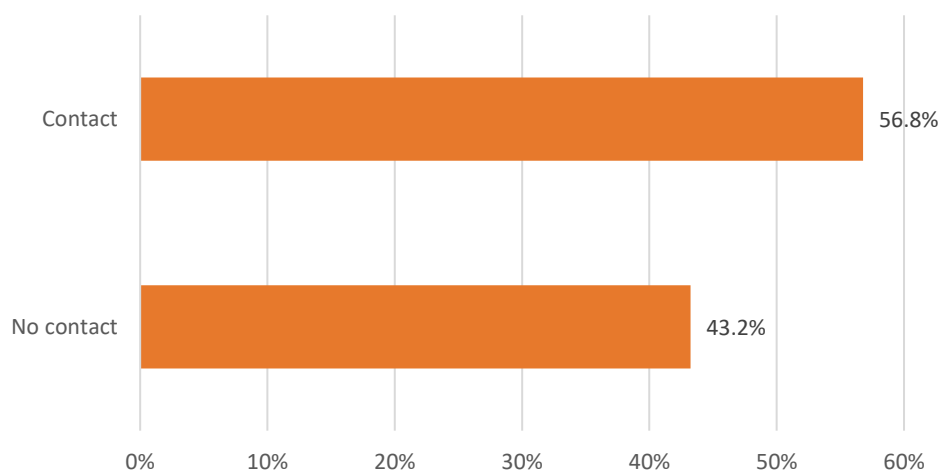


Figure 12h Receiving visits from friends, neighbours, family or carers by mental health conditions



2.3 Any face to face contact

Figure 13



We combined responses from the two items described above on face-to-face contact (meeting with others or receiving visits) along with whether people live alone to assess total face-to-face contact. Nearly half the survey sample report not having any face-to-face contact in the past day. These figures are not representative of the population, but analyses of the subgroups do show how face-to-face contact at home varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Having no face-to-face contact is more common in older adults (49% of those aged 60 above vs 31% of under 30s; fig 14a). No face-to-face contact is also more common amongst women (44% vs 40% in men; fig 14b) and people with lower household income (52% of people with a household income of less than £30,000 vs 34% of those with higher incomes; fig 14c). More people with long-term physical health conditions also report less face-to-face contact (46% vs 40% amongst healthy adults; fig 14d), as do more people with diagnosed mental health conditions (47% vs 42% amongst other adults; fig 14e).

Figure 14a Face-to-face contact by age groups

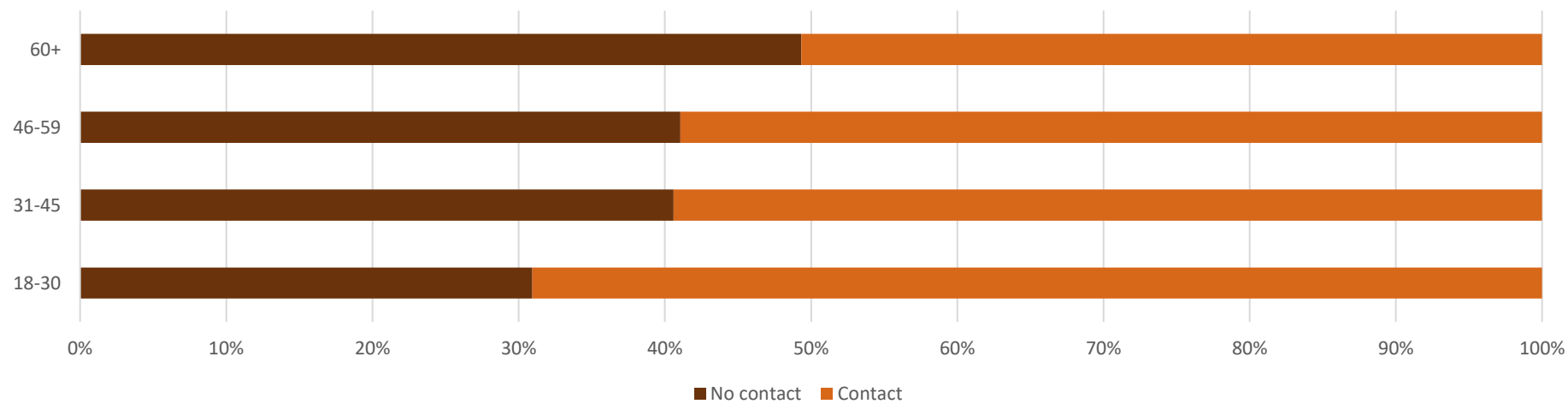


Figure 14b Face-to-face contact by gender

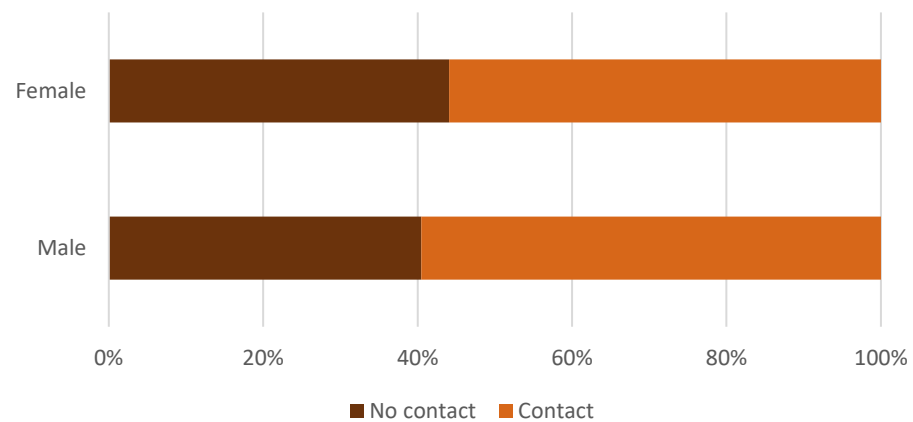


Figure 14c Face-to-face contact by household income

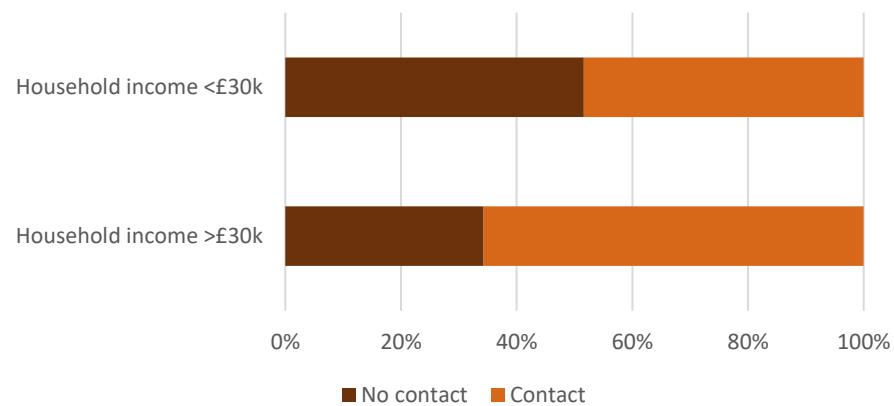


Figure 14e Face-to-face contact by physical health conditions

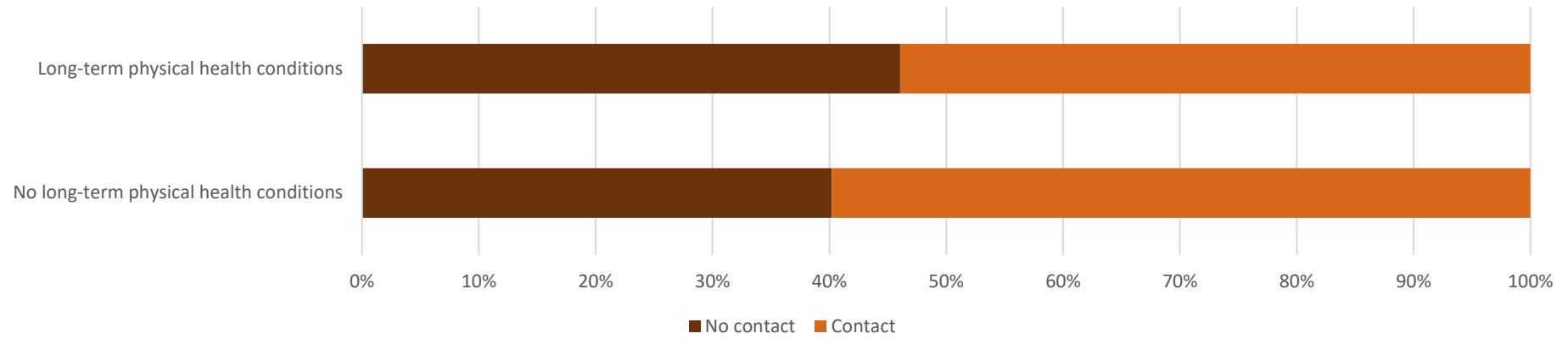
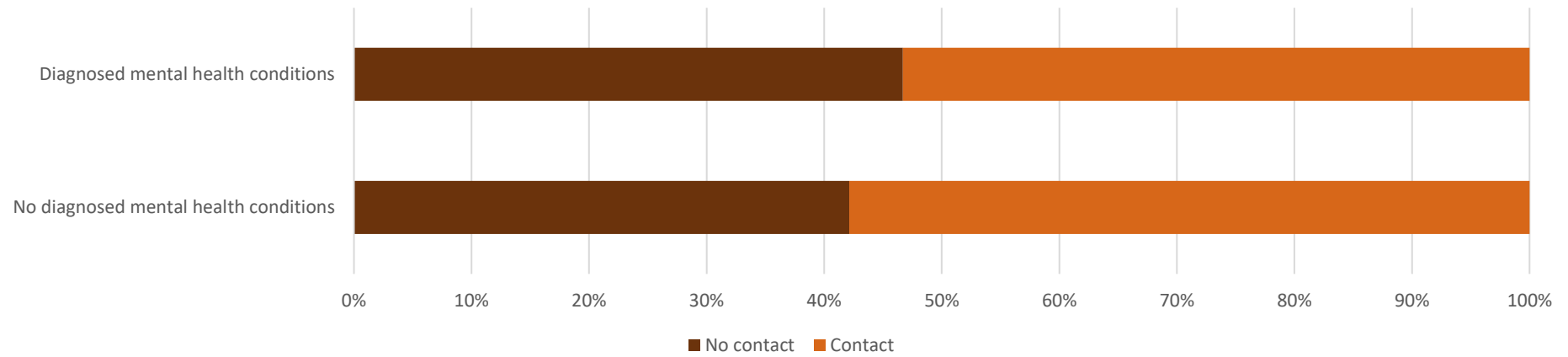
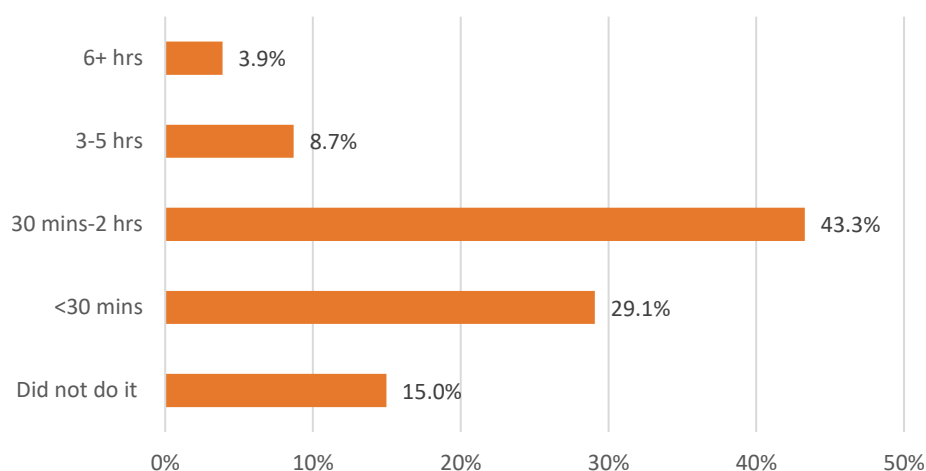


Figure 14f Face-to-face contact by mental health conditions



2.4 Phoning or video-calling friends or family

Figure 15



We asked respondents whether they have been phoning or video-calling friends or family. 56% of our survey sample have telephoned or video-called friends or family for at least 30 minutes, whilst 15% have not connected with people this way. These figures are not representative of the population, but analyses of the subgroups do show how phoning or video-calling friends or family varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Phoning or video-calling friends or family is reported to be higher amongst younger adults. Of those aged 18-30, 61% report doing this for at least 30 minutes a day, compared to 54% of adults aged 31-45, 52% of adults aged 46-59 and 59% of adults aged 60 and above (Fig 16a). Women report spending more time phoning or video-calling friends or family than men (59% spending ≥ 30 mins a day vs 47%) (Fig 16b). More time spent phoning or video-calling is also reported by those who are living alone (61% spending ≥ 30 mins a day vs 55%) (Fig 16c), respondents who identify as carers (59% spending ≥ 30 mins a day vs 55%) (Fig 16d), respondents whose annual household income is higher than £30,000 (58% spending ≥ 30 mins a day vs 54%) (Fig 16e), and respondents living in an over-crowded household (59% spending ≥ 30 mins a day vs 55%) (Fig 16f). Respondents who have long-term physical health conditions report spending slightly less time phoning or video-calling friends or family compared with healthy adults (55% spending ≥ 30 mins a day vs 57%) (Fig 16g), as do respondents who have diagnosed mental health conditions (51% spending ≥ 30 mins a day vs 57%) (Fig 16h).

Figure 16a Phoning or video-calling by age groups

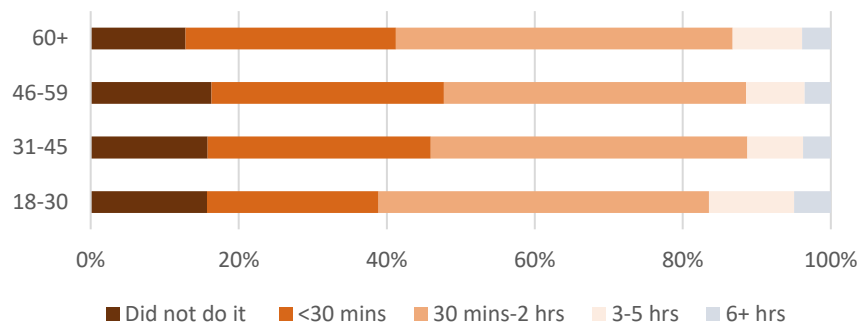


Figure 16b Phoning or video-calling by gender

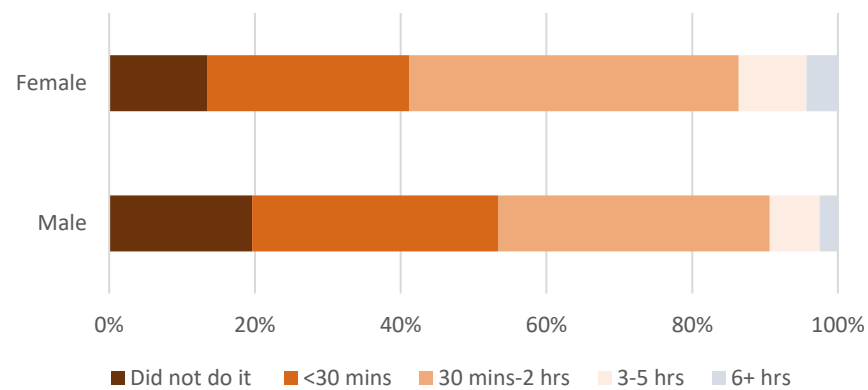


Figure 16c Phoning or video-calling by living status

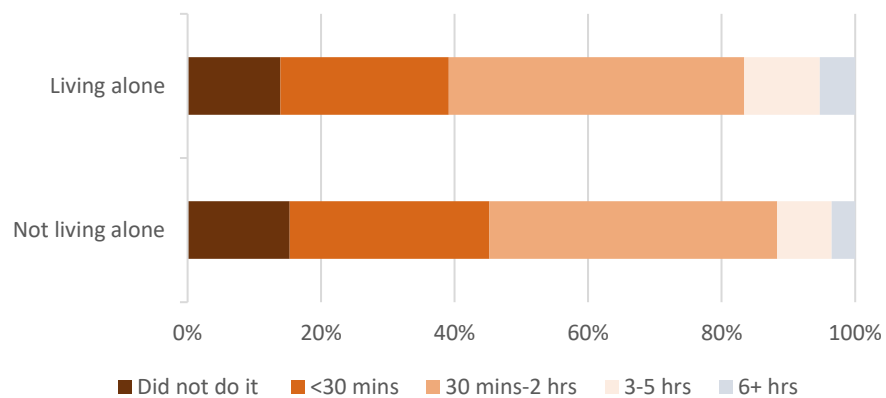


Figure 16d Phoning or video-calling by carer status

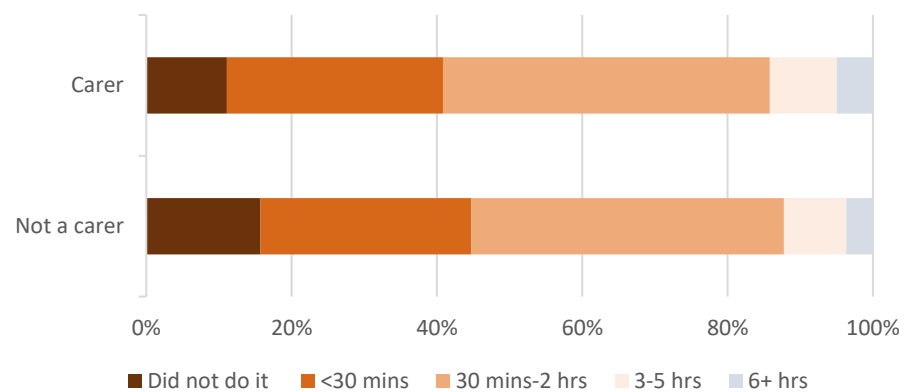


Figure 16e Phoning or video-calling by household income

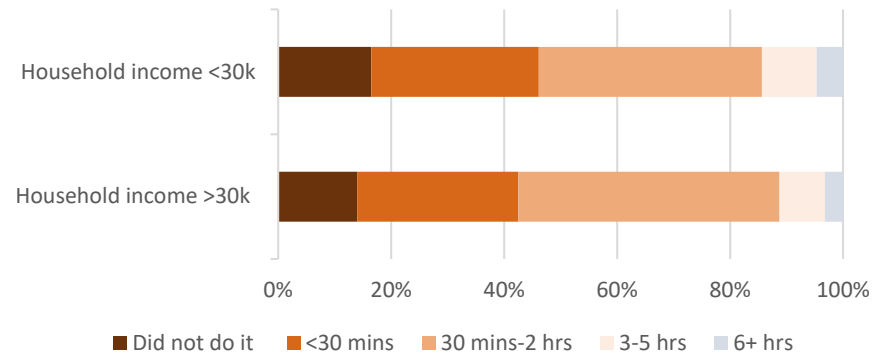


Figure 16f Phoning or video-calling by household overcrowding

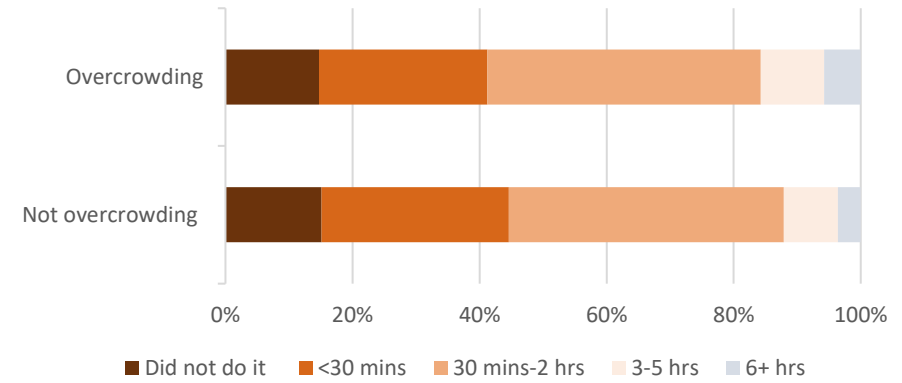


Figure 16g Phoning or video-calling by physical health conditions

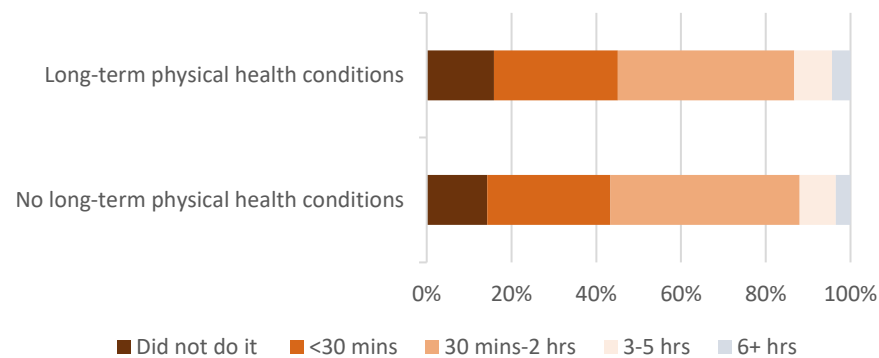
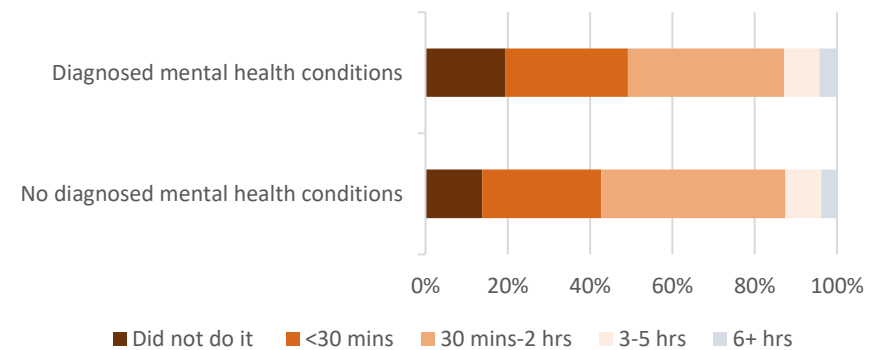
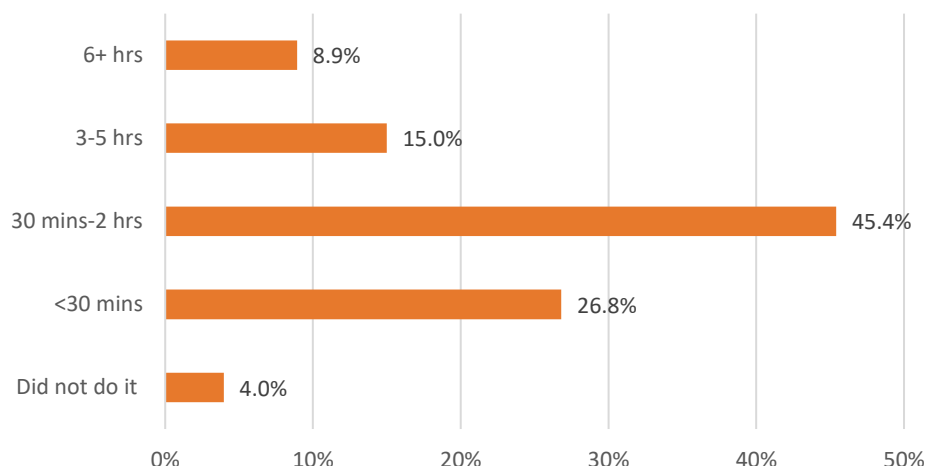


Figure 16h Phoning or video-calling by mental health conditions



2.5 Messaging friends or family

Figure 17



We asked respondents whether they have been messaging friends or family, e.g. via WhatsApp, text, email, or other messaging service. 69% of our survey sample have been messaging friends or family for at least 30 minutes a day, whilst only 4% have not done. These figures are not representative of the population, but analyses of the subgroups do show the time spent on communicating with friends or family via messaging service varies by socio-demographic characteristics.

SUB-GROUP FINDINGS

Messaging friends or family is reported to be higher amongst younger adults. Of adults, aged 18-30, 82% have been doing so for at least 30 minutes a day, compared to 75% of adults aged 31-45, 63% of adults aged 46-59, and 63% of adults aged 60 and above (Fig 18a). Women report spending more time messaging friends or family than men (73% spending ≥ 30 mins a day vs 57%) (Fig 18b). Those who are living alone report spending less time on communicating than those who are not living alone (68% spending ≥ 30 mins a day vs 70%) (Fig 18c). There is no difference in messaging friends or family via messaging service by carer status (both groups 70% spending ≥ 30 mins a day) (Fig 18d). Respondents whose annual household income is higher than £30,000 report spending more time messaging friends or family (73% spending ≥ 30 mins a day vs 64%) (Fig 18e), as do those living in an over-crowded household (74% spending ≥ 30 mins a day vs 69%) (Fig 18f). Respondents who have long-term physical health conditions report spending less time messaging friends or family compared with healthy adults (66% spending ≥ 30 mins a day vs 72%) (Fig 18g), as do respondents who have diagnosed mental health conditions (67% spending ≥ 30 mins a day vs 70%) (Fig 18h).

Figure 18a Messaging family or friends by age groups

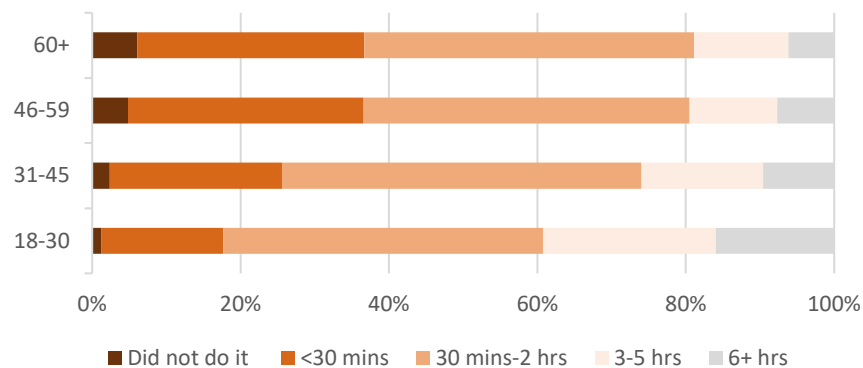


Figure 18b Messaging family or friends by gender

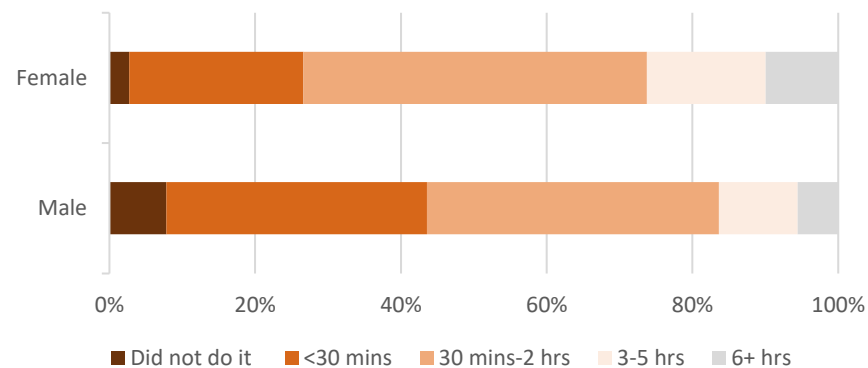


Figure 18c Messaging family or friends by living status

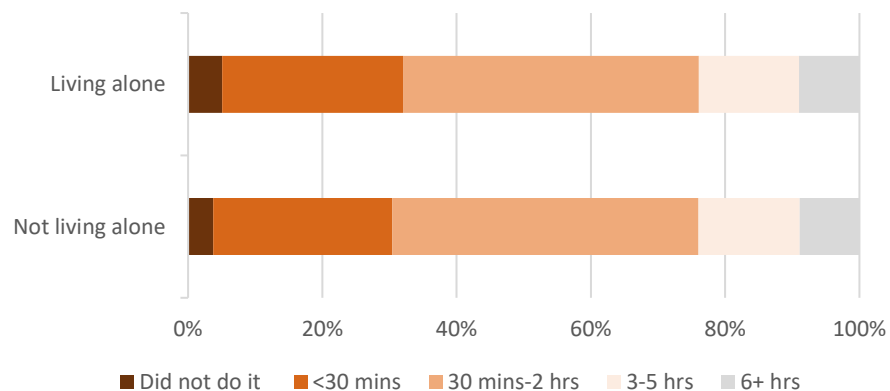


Figure 18d Messaging family or friends by carer status

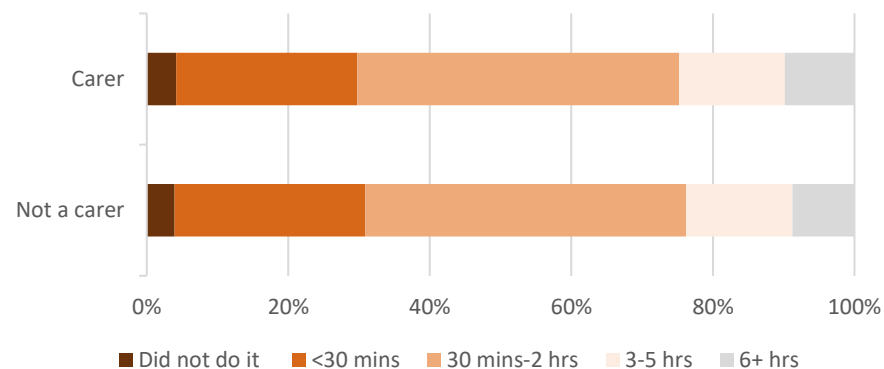


Figure 18e Messaging family or friends by household income

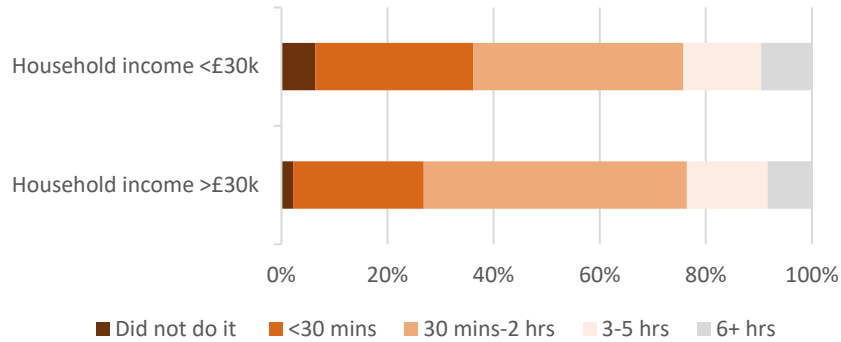


Figure 18f Messaging family or friends by household overcrowding

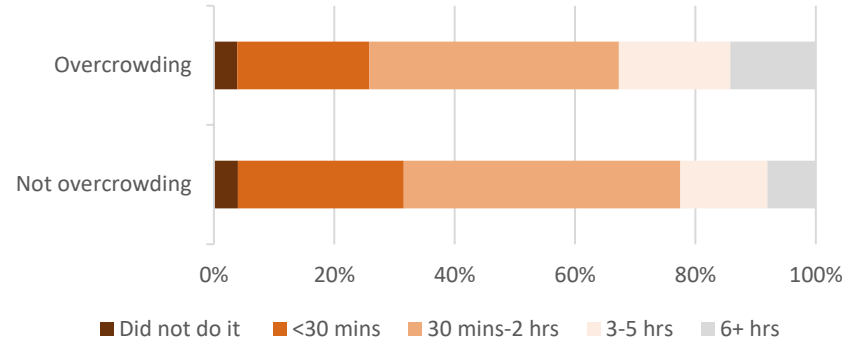


Figure 18g Messaging family or friends by physical health conditions

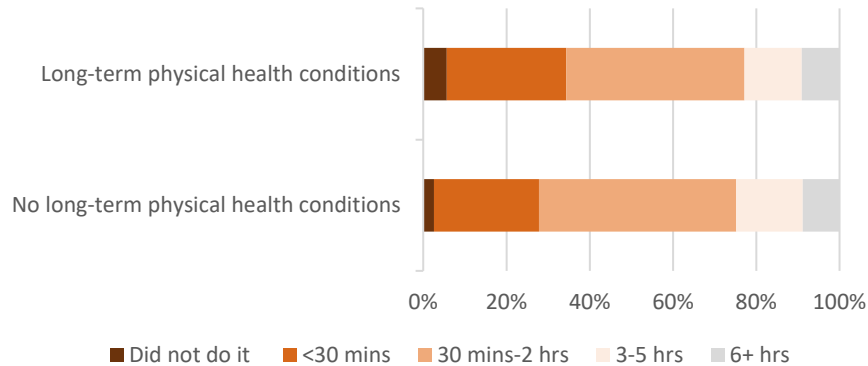
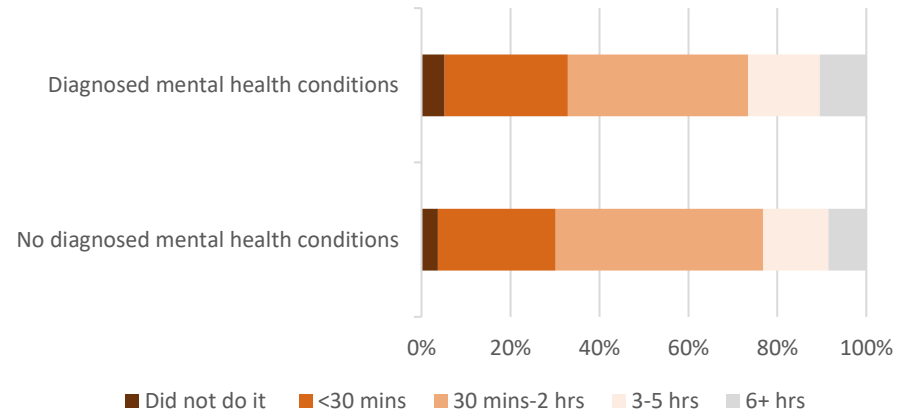


Figure 18h Messaging family or friends by mental health conditions



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. To date, over 45,000 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 does not aim to be representative of the UK population, but instead 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.

This report presents findings from the second cross-sectional data analysis. Subsequent reports will look at longitudinal questions, including:

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 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, visit: www.covid19study.org. For the study website, visit www.MARCHNetwork.org

Demographics of respondents included in this report

NB In this report, we only included respondents self-isolating or staying at home due to government advice

	Number of observations	%
Age		
18-30	2,517	13.0
31-45	6,004	31.0
46-59	5,177	26.7
60+	5,695	29.4
Gender		
Male	4,670	24.2
Female	14,627	75.8
Living alone		
No	15,940	82.2
Yes	3,453	17.8
Carer		
No	16,455	84.9
Yes	2,938	15.2
Annual household income		
>30k	10,293	58.8
<30k	7,204	41.2
Living in an overcrowding household		
No	16,606	85.6
Yes	2,787	14.4
Any physical long-term health conditions		
No	10,653	54.9
Yes	8,740	45.1
Any diagnosed mental health conditions		
No	15,267	78.7
Yes	4,126	21.3