



Understanding
Society

COVID-19 Survey

BRIEFING NOTE

WAVE 1: APRIL 2020

HEALTH AND CARING

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The *Understanding Society* COVID-19 study is a monthly survey on the experiences and reactions of the UK population to the COVID-19 pandemic.

The survey is an integral part of *Understanding Society*: the UK Household Longitudinal Study, which is a representative survey of UK households and began in 2009. Researchers can link the data from the COVID-19 survey to answers respondents have given in previous (and future) waves of the annual *Understanding Society* survey.

The survey is funded by the Economic and Social Research Council and the Health Foundation.

Fieldwork

The COVID-19 survey is an online questionnaire.

The first wave of the COVID-19 survey was fielded between 24 and 30 April 2020.

A telephone interview will be offered to respondents who wish to take part but live in a household where no-one is a regular internet user. Fieldwork for the telephone interviews began in late-May and continues to early-June 2020.

Fieldwork for the online survey is carried out by Ipsos MORI and for the telephone survey by Kantar.

The sample

All *Understanding Society* adult sample members aged 16+ and who had taken part in one of the two last waves of the main study were invited to participate.

17,450 participants completed the survey in the first Wave.

For researchers wishing to analyse the data, weights are provided that adjust for the clustered sample design of the main study and unequal response bias.

For more information on the design, fieldwork and using the COVID-19 survey data please see the [User Guide](#).

The data

The COVID-19 survey data is available to researchers via the UK Data Service, Study Number 8644.

Citation

M Benzeval, C Booker, J Burton, TF Crossley, A Jäckle, M Kumari, and B Read (2020)
Understanding Society COVID-19 Survey
April Briefing Note: Health and Caring, Understanding Society Working Paper No 11/2020,
ISER, University of Essex.

Survey content

In Wave 1 the 20 minute questionnaire carried questions on:

- Household composition
- Coronavirus illness
- Long-term health conditions
- Caring
- Loneliness
- Employment
- Finance
- Financial security
- Time use
- Home schooling
- Food
- Alcohol consumption
- Smoking
- Exercise
- Mental health (GHQ)

In subsequent waves, core content will be repeated to track changes through the outbreak and rotating content will be added on new topics reflecting the changing social, economic and policy context, as well as question proposals from researchers.

Health and Caring

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The health and caring section of the Wave 1 COVID-19 survey covered five broad topics:

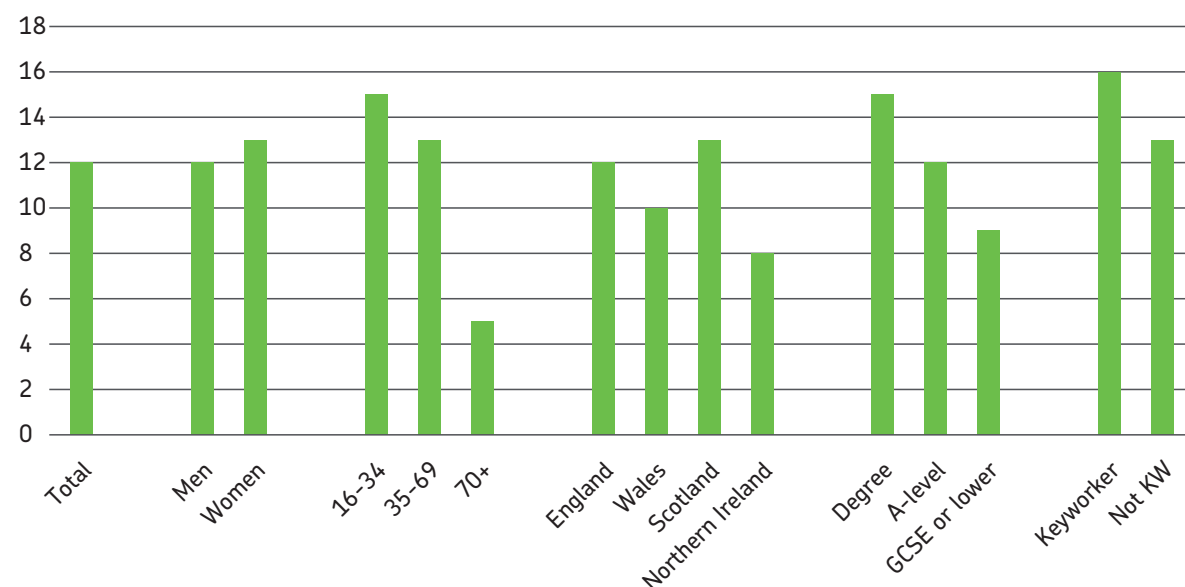
- Experience of COVID-19 symptoms, testing and hospitalisation.
- Use of health services for long-term health conditions.
- Mental health and loneliness, using the same scales as the *Understanding Society* main survey so change can be investigated.
- Health behaviours, also using scales carried on the main survey.
- Reciprocity – an adapted version of the ‘caring’ module from the family networks section in main survey asking about receipt and giving of care and how this has changed during pandemic.

In this briefing we take a first look at the health data, where appropriate comparing with data from Wave 9 (2017/18) of the *Understanding Society* main survey.

Experience of COVID-19 symptoms

In response to the question 'Have you experienced symptoms that could be caused by coronavirus?'

Figure 1 Percent of respondents* reporting COVID-19 symptoms by key characteristics April 2020



*N=10,103-17,452

- 12% of people reported that they had experienced symptoms that could be caused by coronavirus; with the highest level of reporting in Scotland.
- Symptom reporting does not follow the patterns that have been reported for mortality associated with COVID-19:
 - A higher proportion of women than men reported symptoms
 - Older participants were much less likely to report symptoms than young people
 - Greater symptom reporting was apparent in those with more educational attainment.
- Key workers were more likely to report having had COVID-19 symptoms (16%).

COVID-19 tests and results

The data also show only 1% of people have had a test for coronavirus and these are largely limited to keyworkers. Of those that reported having been tested, 17% reported that the test was positive.

'At risk' groups

Table 1 Percent of respondents* defined as being in an 'at risk' group by socio-demographic characteristics

	High risk**		Moderate risk**	
	No	Yes	No	Yes
	%	%	%	%
Total	95	5	69	31
Gender				
Men	95	5	68	32
Women	95	5	70	30
Age Group				
16-34	98	2	93	7
35-69	95	5	76	24
70+	93	7	7	93
Country				
England	95	5	69	31
Wales	95	5	67	33
Scotland	96	4	69	31
Northern Ireland	95	5	75	25
Education				
Degree	96	4	73	27
A-level	96	4	77	23
GCSE or Lower	95	5	60	40
Key Worker				
No	96	4	82	18
Yes	97	3	83	17

* N=10,103-17,452

** High and moderate at risk groups are mutually exclusive here

Table 1 shows the percentage of respondents the [NHS](#) identified as at increased risk and vulnerable to COVID-19. This group was divided into two – 'high risk or clinically extremely vulnerable' people and 'moderate risk or clinically vulnerable' people.

- People at high risk – based on existing conditions and treatments – were earmarked to receive a letter with guidance on protective 'extra steps', including not leaving home for 12 weeks (shielding).
- Those at moderate risk include people with some other conditions, as well as all pregnant women and all people over 70 years.

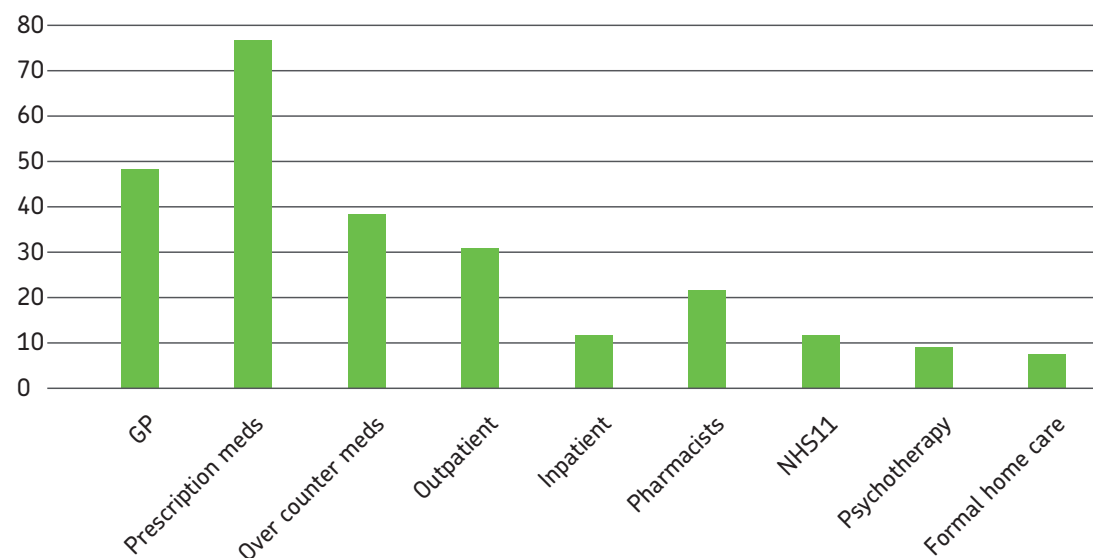
Here these two groups are mutually exclusive, such that if someone over 70 years also has a 'high risk' health condition, they are only in the high risk group.

- 5% of participants were classified as high risk and 31% as at moderate risk based on pre-existing conditions and treatment.
- A greater proportion of men, older age groups and those with less educational attainment are at high or at moderate risk, but this is unsurprising as age is a defining characteristic of the moderate group.

The data also show that by the last week of April, 60% of participants identified as high risk had not received a letter from the NHS.

Use of health services by people with long-term health conditions

Figure 2 Percent of respondents with long-term health conditions or planned treatments* who required NHS services during April 2020



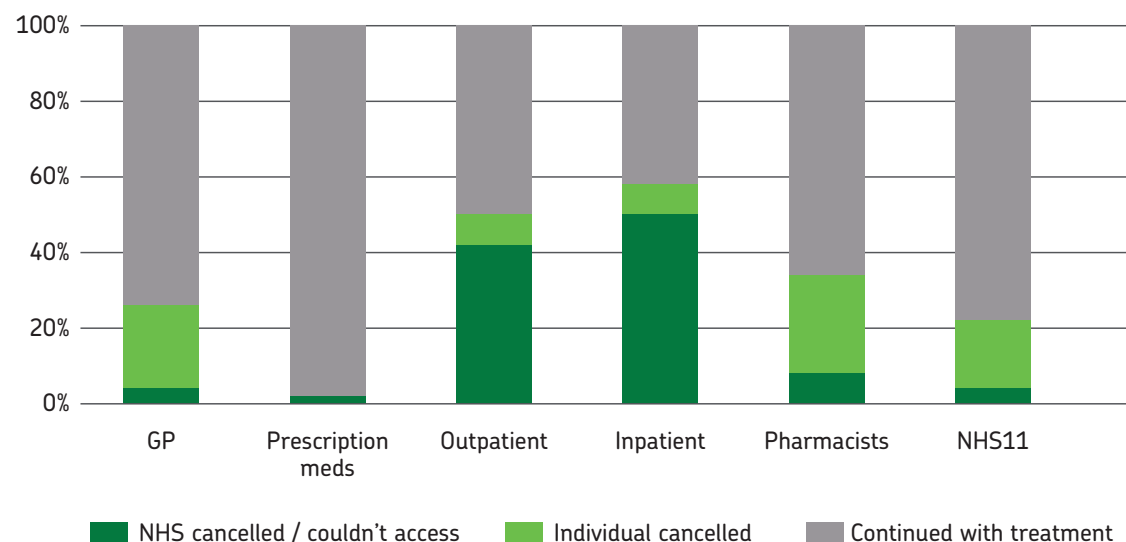
* N=varies for each question from 9,181 to 9,278

This section of the questionnaire starts with the standard long-term health condition question from the main survey. People with a long-term condition are then asked about their health services use in the 12 months leading up to the start of the coronavirus pandemic and in the last 4 weeks. All respondents are asked if they had NHS treatment planned or in progress.

- 76% of respondents needed prescription medications
- 48% needed to see their GP
- Only 12% were expecting to use inpatient care
- 7% needed formal care at home (district nurse, support with daily activities, home helps, etc)

Who could still access NHS services?

Figure 3 Percent of respondents who required specific NHS services in April 2020* and whether or not they received them



* N varies by service required 1,016-7,018

- 98% of those who needed prescription medications were still able to obtain them, and three quarters of those who needed GP services or the pharmacist also still received the services they required.
- Hospital treatments were much more problematic, however, although bearing in mind that they were less needed. Of those who had expected or needed inpatient care during April:
 - 60% did not have the treatment they needed, with most of this being due to NHS cancellations.
 - Of those who needed outpatient care, 42% had their appointments cancelled by the NHS, while 7% cancelled their outpatient appointments themselves.

Cancelled or postponed treatments

Table 2 Percent of respondents* whose planned treatments were cancelled by long-term health condition and country of residence

	Cancelled by NHS %	Cancelled/postponed by respondent %	Alternative treatment provided %	Treatment continued as planned %
Any Condition	63	10	6	21
Arthritis	68	9	5	21
Cancer	53	7	6	34
Diabetes	70	11	3	17
High Blood Pressure	65	8	4	22
Very Overweight	78	8	4	10
Respiratory Conditions	64	12	5	19
Cardiovascular Conditions	60	12	4	24
Neurological Conditions	66	9	5	19
Other Conditions	60	9	4	27
Country				
England	61	11	6	22
Wales	71	13	5	11
Scotland	73	9	4	14
Northern Ireland	62	6	3	29

* N=3,414 treatment

Note people may have more than one condition and hence appear in multiple rows of the table.

- As can be seen across all condition groups, the minority of people continued with treatment as planned. Even when those offered alternative treatments are taken into account, less than half of respondents received treatment planned during this period.
- The highest level of continued treatment was for those with cancer, but only 40% received treatment in this period, 53% had their treatment cancelled or postponed by the NHS and 7% postponed treatment themselves.
- For other all health conditions, except cancer, the NHS cancelled treatment for over two-thirds of people who were expecting it in this period; around 5% of people cancelled treatment themselves across the different health conditions.
- The bottom section of Table 2 shows how planned treatments have been affected within the four UK countries. It should be noted that sample sizes for Northern Ireland are modest. Nevertheless, it appears that for respondents with long-term health conditions living in Scotland and Wales the NHS has cancelled slightly more treatments than for those in England and Northern Ireland.

Psychological Distress

Table 3 Percent of working age respondents (20-65 years)* experiencing psychological distress (defined as being GHQ case) by employment conditions and hours of housework and home schooling

	Men		Women	
	No case %	Case %	No case %	Case %
Corona job retention scheme (furlough)				
No	77	23	62	38
Yes	78	22	59	41
Laid off or made redundant				
No	75	25+	60	40
Yes	52	48	43	57
Currently working from home				
Always	76	24	61	39
Often	78	22	53	47
Sometimes	81	19	62	38
Never	76	24	64	36
Hours of housework				
Zero Hours	74	26+	32+	68+
1-5 Hours	76	24	61	39
6-10 Hours	78	22	63	37
11-20 Hours	72	28	61	39
21 or more Hours	70	30	58	42
Hours of homeschooling				
Zero Hours	79	21	63	37
1-7 Hours	77	23	63	37
8-20 Hours	73	27	57	43
21-40 Hours	70	30	55	45
41 or more Hours	63	37+	50	50
Total hours of housework & homeschooling				
10 Hours or Less	81	19	64	36
11-21 Hours	74	26	62	38
22-40 Hours	73	27	58	42
41 or More Hours	65	35	52	48

Psychological distress is defined as a score of four or over in the General Health Questionnaire (GHQ-12).

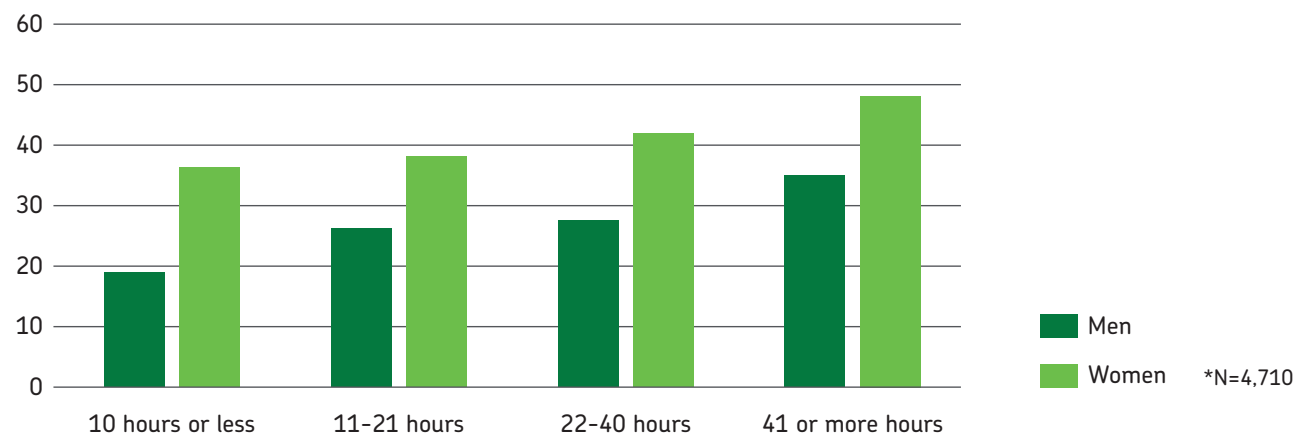
*N ranges between 3,287 and 11,363

+N <40 in each category

- There is very little difference in psychological distress in people aged between 20-65 years who have or haven't been furloughed from work. Similarly, there was no clear pattern of working from home and psychological distress.
- However, loss of a job since February is associated with psychological distress in both men and women. For example, psychological distress was observed in 57% of women who were made redundant compared to 43% who were not.

Psychological distress and housework and home schooling

Figure 4 Percent of respondents of working age (aged 20–65)* defined as having psychological distress by hours doing housework and home schooling



More broadly, levels of psychological distress (as measured by GHQ caseness) have increased in April 2020 compared to data collected in Wave 9, 2017/18. The prevalence of psychological distress among 20–65 year olds in Wave 9 was 10% and is 32% in April 2020. However, until the waves that were in field in 2019 and 2020 are available, it is not possible to say if this increase occurred in early 2020, before the coronavirus pandemic.

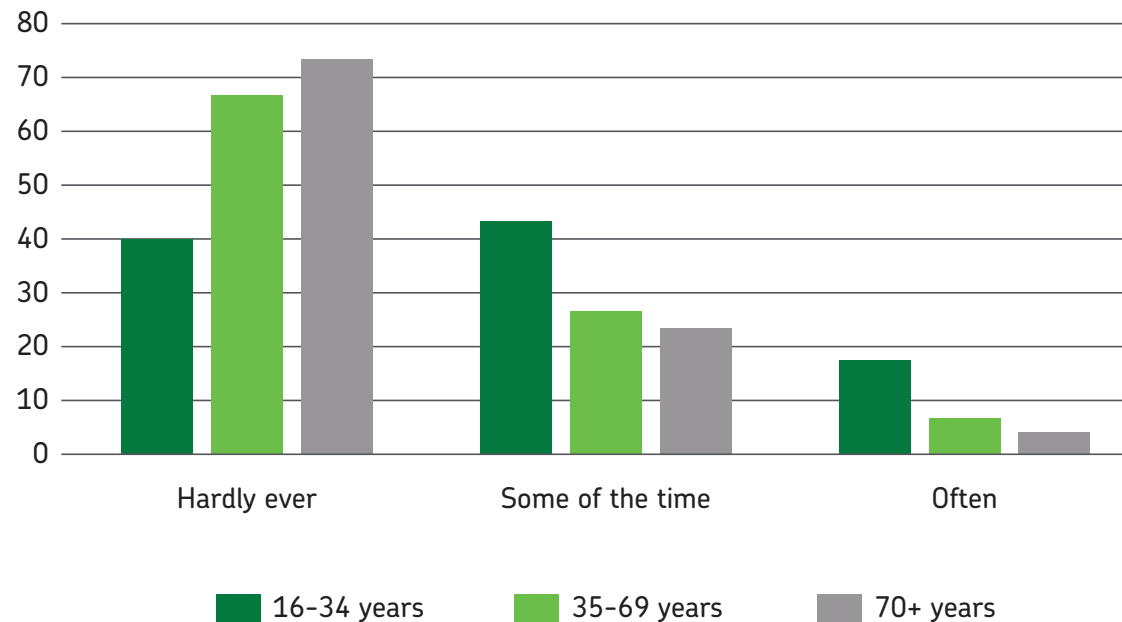
Figure 4 shows that the experience of psychological distress increases with the number of hours both men and women spend doing housework or homeschooling.

- Women have higher levels of psychological distress than men across all hours.
- The association appears to be driven by hours spent homeschooling rather than hours doing housework.

Loneliness

The 'Stay at home' policy has the potential to increase the risk of loneliness. Loneliness was assessed using the question 'in the last four weeks, how often do you feel lonely?'.

Figure 5 Percent of respondents* reporting loneliness by age group



*N=16,940

- Unexpectedly, the youngest age groups (aged 16-34 years old, 17%) report higher levels of loneliness than the oldest participants (aged 70+years old, 4%).
- The data also show that individuals defined by the NHS as at high risk if they experience COVID-19 'often feeling lonely' to a greater level than those not at high risk individuals (13% vs 8%) but no differences are apparent for those at moderate risk.
- As anticipated from the literature more widely, women report more loneliness than men.
- Interestingly, while our data suggest that there is a general increase in psychological distress between Wave 9 and April 2020, we do not observe an increase in loneliness, where reporting 'often being lonely' has remained around 7%.

Health behaviours

In lockdown, people were asked to stay at home, potentially changing routines and behaviours in the population. For example, during April 2020 when this wave of the COVID-19 survey was conducted, guidance suggested that people were allowed to leave the home for one period of exercise per day.

Table 5 Percent of respondents who changed their health-related behaviours between Wave 9 and April 2020 by age and gender*

	Change in physical activity (IPAQ Quartiles)				Change in alcohol drinking behaviour (AUDIT C Quartiles)			
	Did not meet recommendations (both waves) %	Increased METs %	Decreased METs %	Met recommendations (both waves) %	Low risk (both waves) %	Increased risk %	Decreased risk %	Risky consumption (both waves) %
Gender								
Men	42	16	18	24	56	5	18	20
Women	51	16	17	16	71	5	11	12
Age Group								
16-34	48	13	23	16	60	6	21	13
35-69	45	18	16	21	62	5	14	19
70+	49	17	16	19	79	3	9	9

*N=15,990; IPAQ = International Physical Activity Questionnaire; AUDIT C = The Alcohol Use Disorders Identification Test-Concise; MET = metabolic equivalent of task

- Physical activity is measured using the International Physical Activity Questionnaire. 16% more men and women achieved recommended physical activity levels in April 2020 than in Wave 9 (2018/19).
- Over the same period approximately 18% of people stopped achieving recommended physical activity levels, with the largest drop apparent in the youngest age group.
- Looking at alcohol intake with the alcohol use disorders identification test, we see that between Wave 9 and April 2020 5% of people increased risky alcohol use and 18% of men and 11% of women reduced risky alcohol use. This reduction in risky alcohol use occurred to the greatest extent in the youngest age group.
- The data also show that smoking behaviour has not changed between Wave 9 and April 2020.

Caring and Support

Table 6: Percent of respondents who received help in April 2020 from family, friends and neighbours by socio-demographic characteristics*

	Received any help %	Car lift %	Shopping %	Cooking meals %	Basic personal needs %	Washing, ironing & cleaning %	Personal affairs %	Online or internet access %	Decorating, gardening or house repairs %	Looking after children %	Something else %
Total	33	6	81	12	1	4	5	6	7	3	14
Gender											
Men	29	6	81	14	2	5	4	5	6	2	13
Women	37	6	81	12	1	3	5	7	8	4	15
Age Group											
16-34	25	11	75	18	2	3	5	2	5	6	17
35-69	27	5	76	13	1	4	5	4	6	4	18
70+	67	4	91	10	1	4	4	11	9	0	8
Country											
England	33	5	81	12	1	4	4	6	7	3	14
Wales	36	10	83	17	3	9	7	6	10	4	13
Scotland	33	6	76	15	2	5	7	9	7	3	20
Northern Ireland	33	7	81	25	1	7	10	7	10	5	14
Education											
Degree	31	4	81	12	0	3	2	5	6	4	16
A-level	29	5	80	13	2	4	3	4	7	3	14
GCSE or Lower	39	8	82	13	2	6	8	8	8	2	13
Key Worker											
No	24	4	77	12	1	3	2	2	5	4	16
Yes	25	6	73	14	0	2	4	2	4	6	20
Very High Risk											
No	32	6	80	12	1	4	4	6	6	3	14
Yes	55	6	85	16	3	7	7	9	12	1	15
High Risk											
No	26	6	76	14	1	4	5	4	6	5	17
Yes	50	5	87	10	2	4	5	9	8	1	11

*N=5,495

- Overall one third of respondents received some kind of support. Four-fifths of those who received support, had help with shopping. Unsurprisingly, this was most true of those aged over 70. Other kinds of support are much less likely, 12% of people had meals cook for them by people outside of their household, while 6% of people had help with online tasks.
- The percent receiving cooked meals is highest among 16-34 year olds (18%), and those receiving help with childcare is also higher in this group (6%) and among key workers (6%).
- The data show that the main group that respondents received help from were adult children (39%), neighbours (30%) and friends (29%).

Has the help people receive changed since the implementation of the 'stay at home' policy?

Table 7 Percentage of respondents* who reported a change in help since the government's 'stay at home'

	How has help changed since the outbreak of the coronavirus pandemic:				
	No change %	More help from same people %	Less help %	Help from new people %	Other %
Total	71	9	6	11	3
Gender					
Men	76	8	4	9	3
Women	67	10	8	12	4
Age Group					
16-34	78	8	6	4	4
35-69	74	8	7	8	4
70+	51	18	4	27	3
Country					
England	72	9	6	11	3
Wales	71	11	6	11	3
Scotland	70	9	7	11	3
Northern Ireland	69	11	8	8	5
Education					
Degree	71	10	7	11	3
A-level	76	8	6	8	3
GCSE or Lower	69	10	6	11	5
Key Worker					
No	78	7	5	8	3
Yes	78	7	7	5	4

*N=16,889

- Table 7 shows how the help people receive has changed since the government's 'stay at home' policy.
- For the vast majority (70%) there has been no change, while 6% have received less support.
- Positively, 20% of people received more help, mainly from new people (11%) but also more support from the same people as before. This was particularly true for those aged over 70 years old.

For more information and to contact the Study

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Find out more about the Study online at
www.understandingsociety.ac.uk/themes/covid-19

Acknowledgements:

The *Understanding Society* COVID-19 study is funded by the [Economic and Social Research Council](#) and the [Health Foundation](#). Fieldwork for the survey is carried out by [Ipsos MORI](#) and [Kantar](#). *Understanding Society* is an initiative funded by the [Economic and Social Research Council](#) and various Government Departments, with scientific leadership by the [Institute for Social and Economic Research](#), University of Essex. The research data are distributed by the [UK Data Service](#).

Published by the Institute for Social and Economic Research (ISER), University of Essex, 2020.