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Wellcome Monitor 2020

Covid-19 Study

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Executive Summary

The following were the views of the British public between 30th March and 26th April, at the start of the government lockdown in response to the coronavirus outbreak.

Impact of coronavirus

The public had high levels of concern about the effects of the coronavirus outbreak.

- People were most concerned about the effects on others: NHS capacity, the health of their friends and family, and the education of their children.
- Concern for personal health (physical and mental) and personal finances was lower overall but varied between demographic groups.

Disadvantaged groups were more likely to be concerned about the effect on their physical & mental health and personal finances.

- People from Black, Asian, and minority ethnic (BAME) groups and those finding it most difficult financially were most likely to report high levels of concern for their mental health, physical health and personal finances.
- Concern was considerably higher among Black people for the pandemic's effect on their personal finances and the education of their children.
- While older people were relatively concerned about the impact on their physical health, younger people were more concerned about their personal finances and the impact on their mental health.
- Key workers were more concerned about the effect on their physical health than others in employment, but not on their mental health or personal finances.

A large minority of people reported finding restrictions difficult to follow.

- People from BAME groups, key workers and those finding it more difficult financially were more likely to find following restrictions difficult.

Clarity of information on what to do and impact on behaviours

Most people said that information about what to do to minimise their risk of getting or spreading the coronavirus was clear.

- People not finding it 'very clear' wanted more information on a range of issues, in particular on social distancing rules and virus transmission.

Clarity of information varied for some groups.

- People from BAME groups were less likely to find information clear than those from White backgrounds.
- There was no statistically significant variation in the clarity of the information by sex age or socio-economic circumstances.
- People who normally found health-related information easily and trusted it more were also more likely to say the information on what to do was clear.

People who found the information about what to do clear were more likely to perceive spread-prevention measures as effective, but no more likely to take those measures up.

Trust in information sources, its impact on behaviours and views on interventions

Levels of trust were highest in information about coronavirus from health sector sources.

- Trust in information from government sources (including scientific advisers) was lower and trust in information from 'everyday' sources (e.g. employers, family and friends) was lowest.

People in BAME groups, and people finding it more difficult financially were less likely to trust information from health sector and government sources.

Trust in information from health scientists and government scientific advisers about coronavirus was higher amongst those who found health information in general easier to find and clearer.

- People who thought scientists were interested in the views of the public were more likely to trust information from health scientists and government scientific advisers.

People who trusted information from health scientists or government scientific advisers were more likely to think that spread-prevention measures were effective overall but were no more or less likely to take them up.

1 Introduction

1.1 Background

The Wellcome Monitor is a study of the British adult population's awareness of, knowledge of, engagement with, and attitudes towards, science and health research, conducted by the National Centre for Social Research (NatCen) on behalf of Wellcome.

In the run-up to the fifth wave of the Wellcome Monitor in March 2020, the potential impact of the coronavirus outbreak on life in Britain was increasing. The decision was therefore taken to include an additional module alongside the 'core' survey content in this wave of the survey asking specifically about the public's experiences of the coronavirus outbreak, with a particular emphasis on public trust in science, attitudes towards research, and the clarity/accessibility of health information. This would help to put the findings from the 'core' Monitor survey, including changes in trend data, in context, while also responding to a clear need for social/attitudinal research about the effects of the outbreak on the British population.

The data collected provide a snapshot of the experiences of the public in April 2020 – soon after lockdown measures were first implemented in Britain. This report focuses on some of the key findings from that data – including levels of concern of the public about the effect of the outbreak on different areas of their lives and their difficulty following restrictions, how clear they were on what they needed to do to reduce the effects of the outbreak, and their trust in the information from different sources - in particular health scientists and researchers. It also explores how those views and experiences vary between different groups in the population such as socio-economic circumstances, ethnicity, and people's engagement with health-related information more widely.

1.2 Methodology

Fieldwork

Fieldwork for this wave of the Wellcome Trust Monitor was conducted using the random-probability NatCen Panel. The NatCen Panel is a panel of people recruited from the British Social Attitudes (BSA) survey, a high-quality, random probability face-to-face survey. Respondents interviewed as part of BSA were asked at the end of the interview to join the Panel. Those agreeing to join the Panel are then invited to take part in additional short surveys covering a range of different topics either online or over the phone. By using a probability-based sample and allowing those without internet access to take part this design reduces the risk of bias compared to online-only surveys which exclude those who do not have access to, or are less confident using, the internet or surveys using convenience samples which are more likely to include people who are more 'available' or particularly want to express their views.

The survey also included a 'boost' of participants from Black, Asian, and minority ethnic (BAME) groups¹ which increased their number from 178 to 379, allowing analysis of the

¹ In this report we use the term 'BAME' to describe participants of Black, Asian, and Mixed/Other ethnicity. While this grouping is useful to explore the collective experience of racialised minority groups, it has limitations, treating different ethnic groups as a single category and potentially missing important differences. We use it as a term and grouping widely used

experiences of people with BAME backgrounds to look at more detailed groups, although small sample sizes limit the statistical power to detect differences.

Panellists were initially invited to take part online, before being contacted by telephone if they had not completed the survey after one week. A £5 gift card was sent as a 'thank you' to those who participated. Fieldwork for this study began on the 30th of March 2020, one week after the lockdown was announced, and ended on the 26th of April 2020. During this time the context changed dramatically, with the number of deaths as a result of the coronavirus increasing from around 1,700 to around 24,000 and a number of senior politicians diagnosed with coronavirus, including Prime Minister Boris Johnson who was admitted to hospital on the 5th of April where he spent several days in the Intensive Care Unit.

A total of 2,651 people took part in the survey, of whom 2,330 (88%) completed online and 321 (12%) completed on the phone. For the main sample, 2,403 of the 4,058 panel members invited took part, giving a 59% survey response rate. Taking account of non-response at the BSA interview and at the point of recruitment to the panel, the overall response rate was 15%. Forty-six per cent of panel members invited to take part as part of the ethnic boost did so.

Analysis

Data have been weighted to be representative of the adult (18+) GB population, including accounting for the over-sampling of people with BAME backgrounds. The weights account for non-response at the survey used for recruitment (the BSA survey), refusal to join the panel at the end of that interview and non-response in the survey of panel members itself. All differences between groups presented in this report have been tested for statistical significance at the 95 per cent level, and all are statistically significant unless otherwise stated.

Socio-economic circumstances

In our analysis for this report we explore how people's attitudes, behaviours and experiences vary by their socio-economic circumstances across a range of measures, including equivalised household income, how well people are managing financially, social class, employment status, tenure, and highest educational qualification. These measures are strongly associated with one another, normally showing similar patterns. For simplicity, in this report we only present figures using how well people say they are managing financially, as, despite being a subjective measure, it looks at people's economic circumstances holistically, accounting for their personal experience, and consistently shows discernible patterns.

across the higher education and public sectors and enables comparison with other studies. As important differences could be present across different ethnicity groups we look in more detail where statistically meaningful.

2 Impact of Coronavirus

The restrictions put in place on the 23rd of March 2020 to prevent the spread of coronavirus represented an unprecedented change to the lifestyles and freedoms of the British public. All restaurants, schools, pubs, clubs and gyms were closed, and people were restricted to one daily outing for exercise.

This chapter explores the early impact of the coronavirus pandemic on the lives of people in Britain. It identifies the most pressing concerns of the public during the first stages of lockdown, examines how difficult they were finding following restrictions and explores how these varied across different groups in society.

Key findings

- Overall, people were more concerned about the effect of the outbreak on others (NHS capacity, the health of their friends and family, and the education of their children) than on their own personal situations (physical health, mental health, or personal finances).
- A large minority (40%) reported finding restrictions difficult to follow.
- Younger people and women were more concerned about the effects on their mental health, while older people were more concerned about the effects on their physical health.
- People aged 60 or over were less likely to be concerned about the effects on their personal finances and less likely to find the restrictions difficult to follow.
- People in BAME groups and those struggling financially were more concerned about the impact of the outbreak on their physical health, mental health and personal finances, and found following the restrictions more difficult.
- Concern about the effect on physical health was particularly high amongst Black and Asian people, and key workers, while Black people were also particularly concerned about the effect on their personal finances.

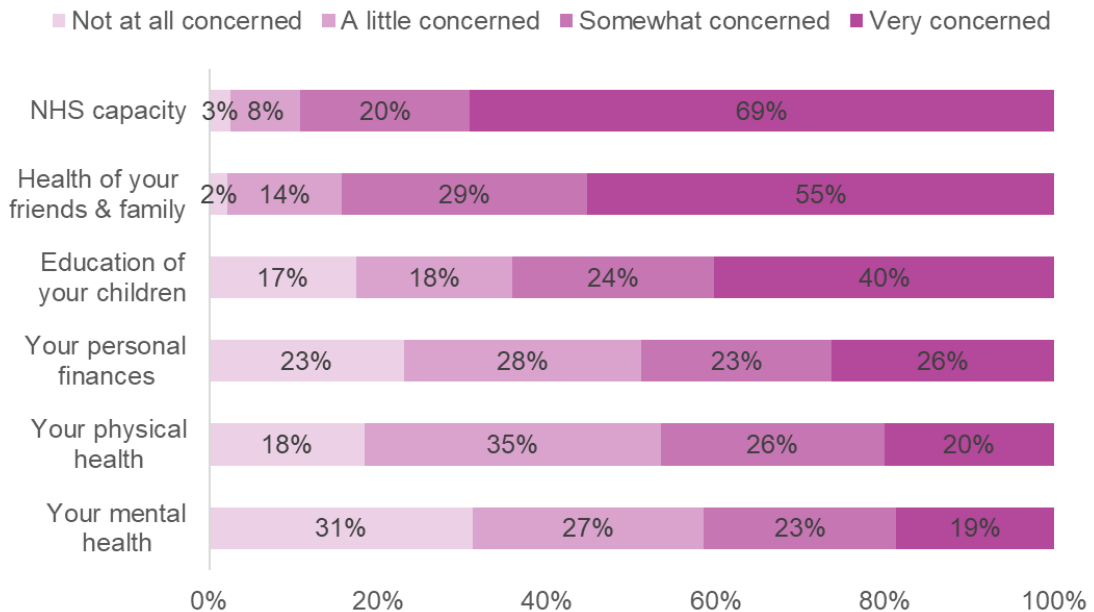
2.1 Concerns about the effects of the pandemic and difficulty following lockdown restrictions

Concern was high about the capacity of the NHS

Respondents were asked how concerned they were about the effect the coronavirus outbreak was having on different aspects of their lives. Overall, people were most concerned about NHS capacity, followed by their family's health, the education of their children², and then their personal finances. People were least likely to be concerned about their physical and mental health (Figure 2:1).

² For those with children

Figure 2:1 Concern about effects of the coronavirus outbreak on different areas



How concerned, if at all, are you about the effect the coronavirus outbreak is having on each of the following? Base: All GB adults (18+): Mental health (2610); Physical health (2629); Health of your friends & family (2634); Personal finances (2563); NHS Capacity (2629); All GB adults (18+) with children: Education of your children (1237)

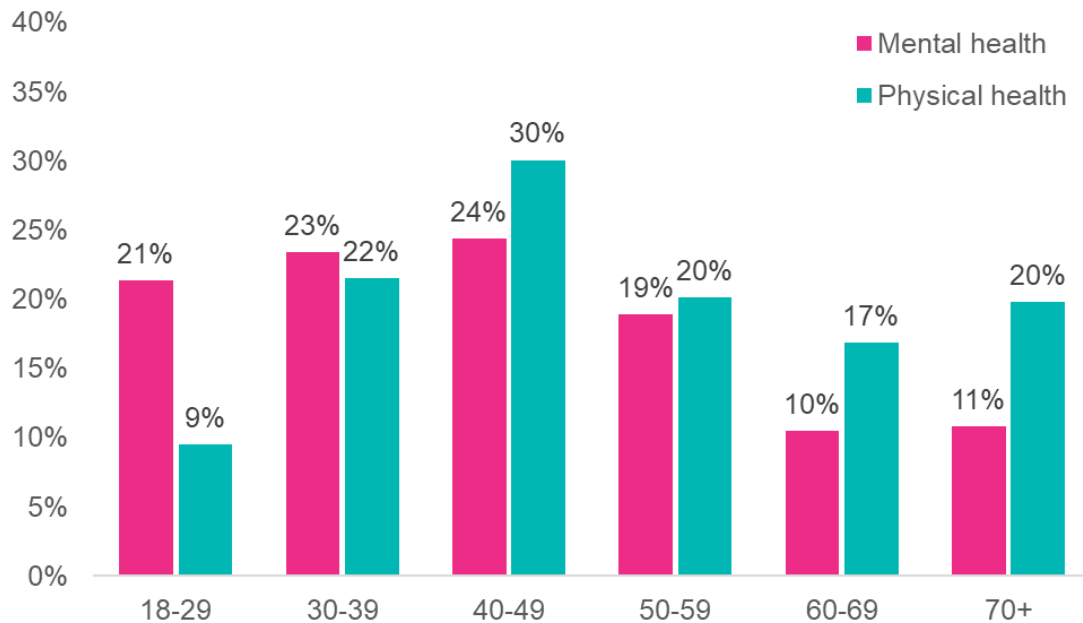
These data suggest that people were more concerned about the impact of the coronavirus outbreak on others (NHS capacity, health of friends and family, education of children) than on themselves (personal finances, physical health, mental health). However, a large proportion of people did report being at least somewhat concerned about the impact on themselves, and the differences between demographic groups are larger in these ‘personal’ areas.

Levels of concern about ‘personal’ areas varied by sex and age

Women (21%) were more likely to report feeling ‘very concerned’ about the effect of the coronavirus outbreak on their mental health than men (16%), but there were no sex differences in levels of concern about the effect on their physical health or personal finances.

People aged 18-29 were less likely to be very concerned about the effects on their physical health than the rest of the population, with those aged 40-49 particularly more likely to be very concerned. This likely reflects age being a risk factor for severe illness from coronavirus, although the guidance at the time suggested it is those aged 70+ that are at higher risk. Those aged 18-59 were more likely than people aged 60+ to be very concerned about the effects on their mental health, potentially reflecting generational attitudes towards mental health.

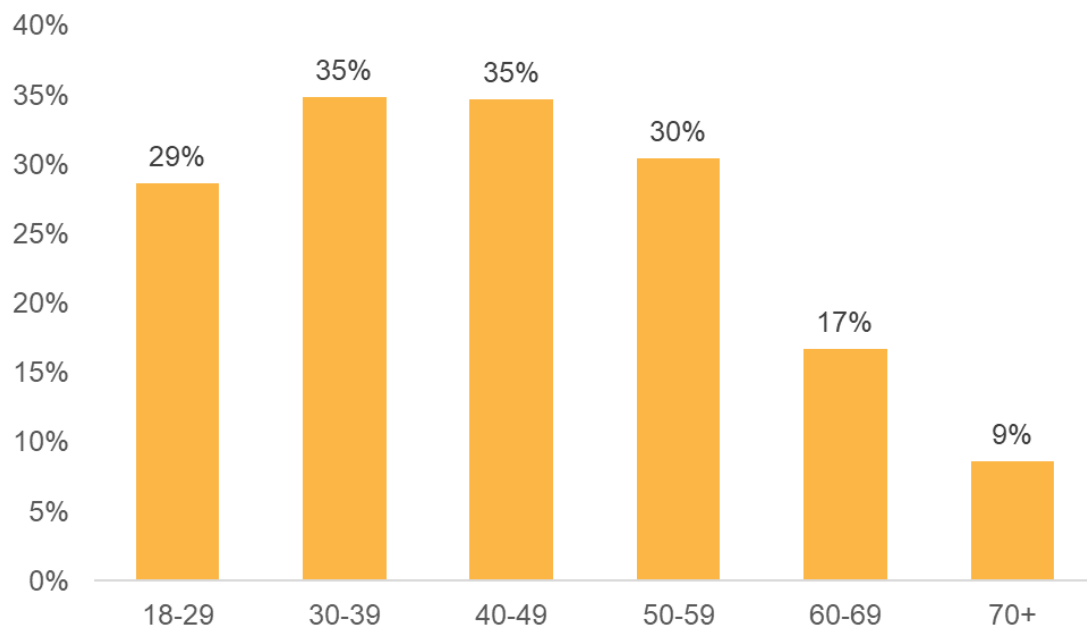
Figure 2:2 Proportion very concerned about the effect of the coronavirus outbreak on their mental and physical health, by age group



How concerned, if at all, are you about the effect the coronavirus outbreak is having on each of the following? Base: All GB adults (18+). Mental health: 18-29 (219), 30-39 (425), 40-49 (473), 50-59 (502), 60-69 (497) 70+ (485). Physical health: 18-29 (217), 30-39 (424), 40-49 (474), 50-59 (504), 60-69 (506) 70+ (495).

Amongst the personal concerns, personal finances was the area people were most likely to be very concerned about. However, this varied significantly between age groups, with people aged under 60 significantly more likely to be very concerned about the effect of the coronavirus outbreak on their personal finances than older people (Figure 2:3).

Figure 2:3 Proportion very concerned about the effect of the coronavirus outbreak on their personal finances, by age group



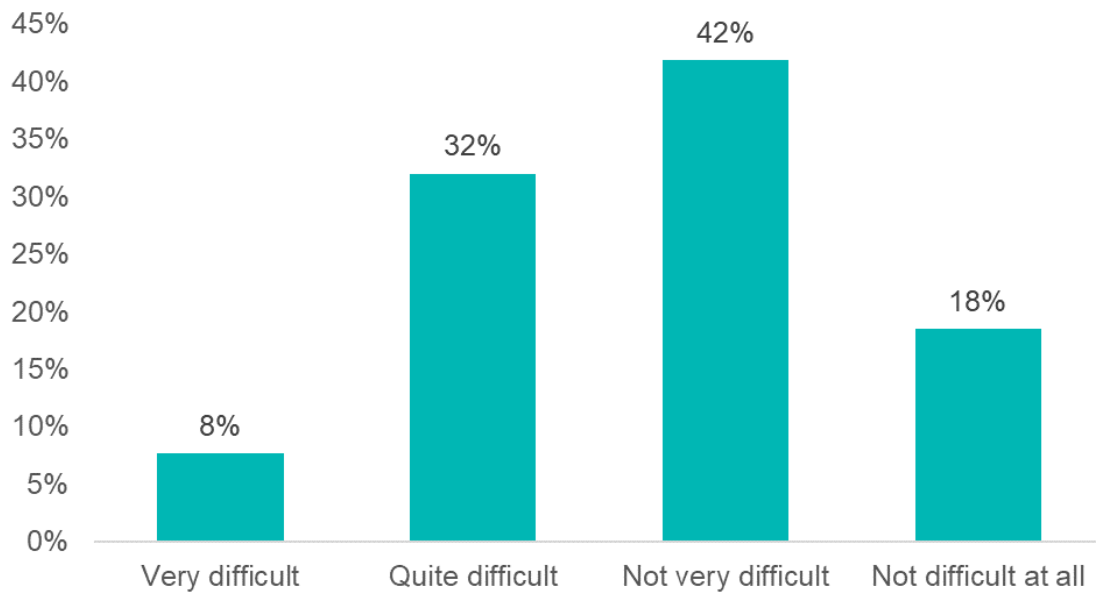
How concerned, if at all, are you about the effect the coronavirus outbreak is having on each of the following? Base: All GB adults (18+). Personal finances: 18-29 (217), 30-39 (426), 40-49 (472), 50-59 (495), 60-69 (483) 70+ (461).

Unlike other age groups, people aged 60+ were not more likely to be very concerned about the effect on their personal finances than on their physical health. As well as reflecting the higher health risks for this age group, it might also reflect the lower salience of personal finances, as people aged 60+ are more likely to be retired and therefore less likely to have their income affected by the coronavirus outbreak (although the impact of losing a job for older people may be particularly acute).

A large proportion of people found following restrictions difficult

Respondents were also asked, thinking about the practicalities of doing so, how difficult they were finding it to follow the restrictions put in place by the government on the 23rd of March. At this point, one to four weeks into lockdown, the majority (60%) of people reported finding it 'not very difficult' or 'not difficult at all' to follow restrictions, while a large minority (40%) reported finding it 'very' or 'quite' difficult (Figure 2:4).

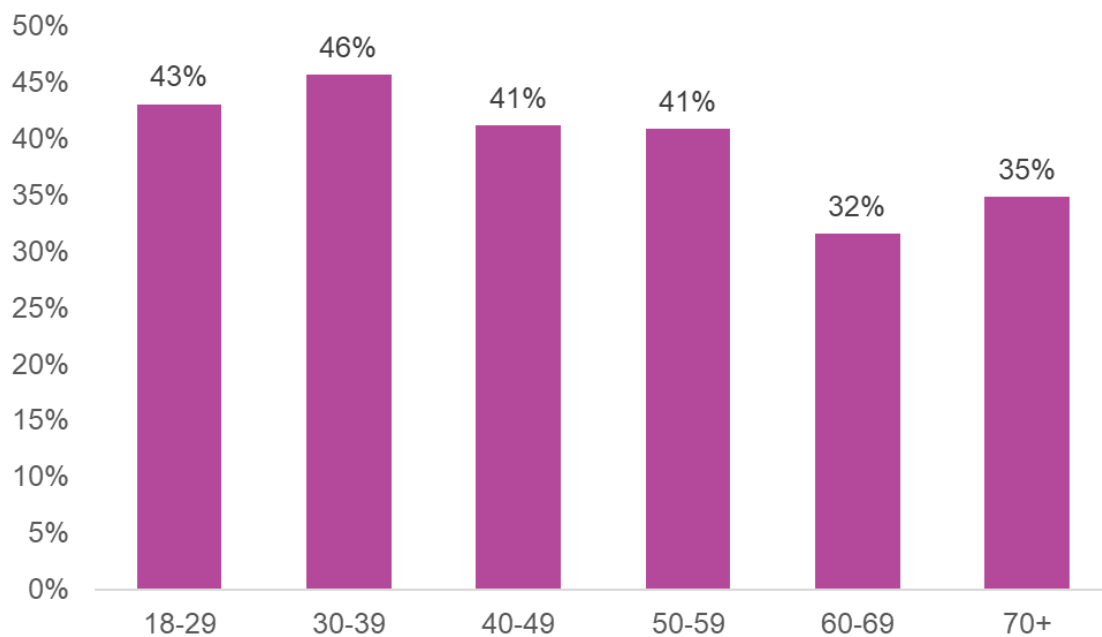
Figure 2:4 Difficulty following lockdown restrictions



How difficult would you say you are finding following the restrictions that are in place to prevent the spread of coronavirus? Base: All GB adults (18+): 2649

As with concern about the effects of the coronavirus outbreak, the proportion finding it quite or very difficult to follow restrictions varied by age. Older people were less likely to report finding it difficult to follow the restrictions: 43% of those aged 18-59 said they were finding it 'very' or 'quite' difficult to follow restrictions, compared with 33% of those aged 60+ (Figure 2:5).

Figure 2:5 Proportion finding it very or quite difficult to follow restrictions, by age group



How difficult would you say you are finding following the restrictions that are in place to prevent the spread of coronavirus? Base: All GB adults (18+): 18-29 (220), 30-39 (430), 40-49 (475), 50-59 (509), 60-69 (509), 70+ (497).

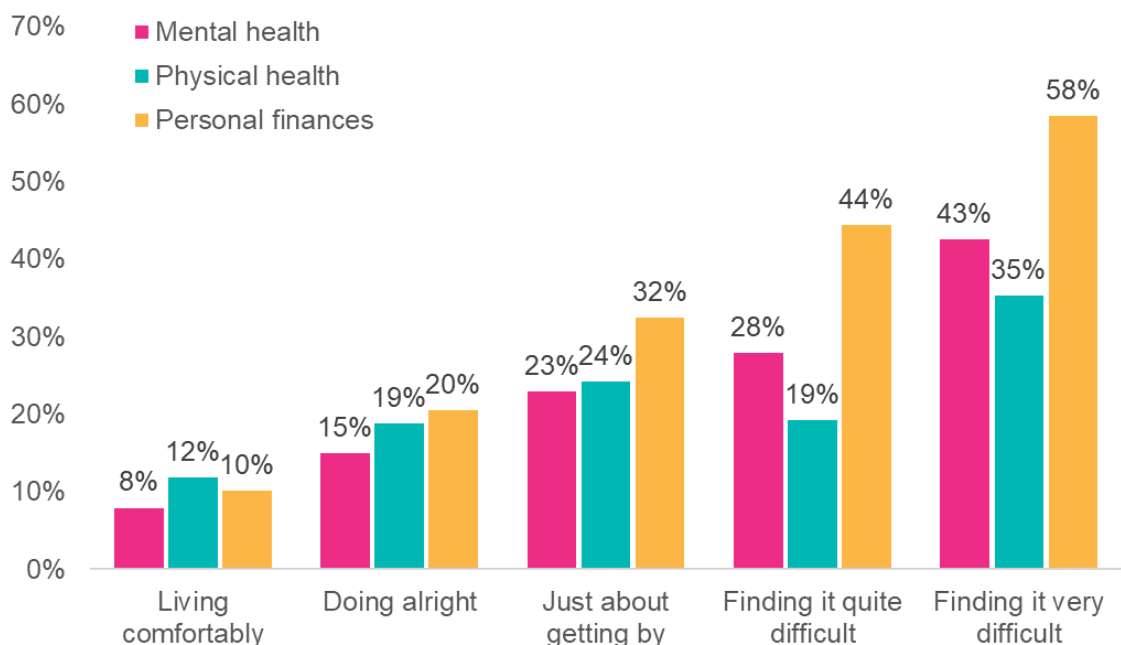
2.2 Concern by socio-economic circumstances

Levels of concern about the effects of the coronavirus outbreak were higher among people finding it more difficult financially

As with age and ethnicity, we see significant variation in the levels of concern about the effects of the coronavirus outbreak on the three 'personal' areas across a range of socio-economic measures.

Figure 2:6 shows that people who were finding it more difficult financially were also more likely to be very concerned about the effect on their physical and mental health and on personal finances.

Figure 2:6 Proportion very concerned about the effect of the coronavirus on their mental health, physical health, and personal finances, by how they are managing financially



How concerned, if at all, are you about the effect the coronavirus outbreak is having on each of the following? Base: All GB adults (18+): Living comfortably (547-567); Doing alright (1002-1028); Just about getting by (647-664); Finding it quite difficult (228-231); Finding it very difficult (131-133)

These data also show differences in the *relative* levels of concern about each area within each level of financial comfort. While those 'living comfortably' or 'doing alright' were similarly concerned about the effects on their physical and mental health and personal finances, those finding it more difficult were more likely to be very concerned about the effect on their personal finances compared to their physical and mental health (Figure 2:6). This suggests that the coronavirus outbreak may have compounded existing economic inequalities, and that people in less secure financial circumstances may prioritise their finances over their health.

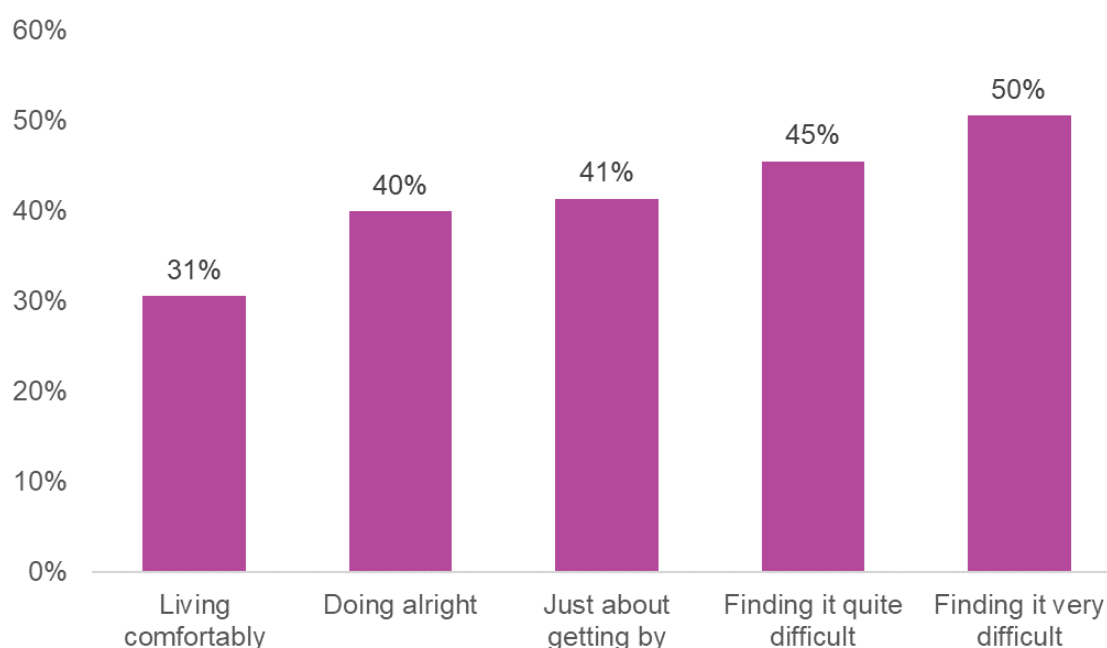
Experiencing financial difficulties was also related to peoples' concerns about the effects on the education of their children. Forty-nine per cent of those finding things quite or very difficult financially were very concerned about the impact coronavirus was

having on their children's education, compared to 35% of those living comfortably or doing alright.

People finding it more difficult financially were more likely to find following restrictions difficult

Difficulty following restrictions also varied significantly by socio-economic circumstances, reflecting the patterns in levels of concern about the effects of the coronavirus outbreak. Those finding it more difficult to get by financially were more likely to find it very or quite difficult to follow restrictions (Figure 2:7).

Figure 2:7 Proportion finding it very or quite difficult to follow restrictions, by how they are managing financially



How difficult would you say you are finding following the restrictions that are in place to prevent the spread of coronavirus? Base: All GB adults (18+): Living comfortably (570); Doing alright (1039); Just about getting by (668); Finding it quite difficult (232); Finding it very difficult (132)

These findings highlight that people finding it harder to get by financially were more concerned about the potential personal effects from coronavirus and found it harder to follow restrictions. Together, these findings provide an important context for considering the concerns and difficulties of two groups disproportionately affected by the outbreak: people from BAME groups and key workers.

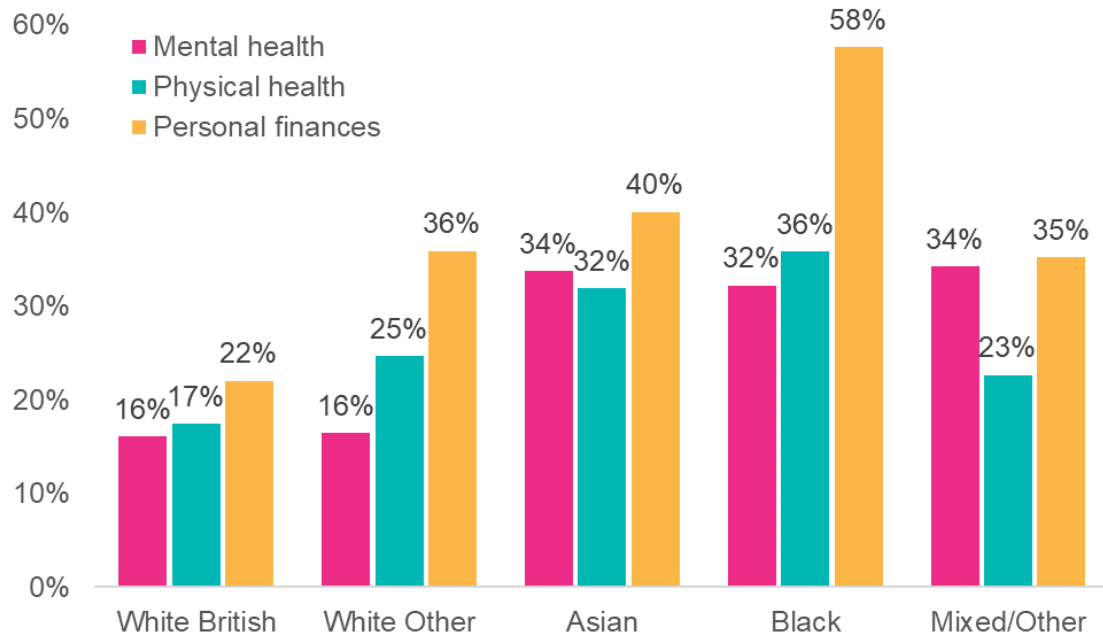
2.3 Experiences of BAME groups

People in BAME groups were more concerned about the effect of the coronavirus outbreak

Overall, people in BAME groups were more likely than White people to be very concerned about the effect of the coronavirus on their physical health (30% compared to 18%), mental health (34% compared to 16%) and personal finances (43% compared to 23%). These differences remained statistically significant when controlling for sex, age, and how people were managing financially.

Within BAME groups, both Black and Asian people were more likely to be very concerned about the effect on their physical health, and Black people were particularly likely to be very concerned about the effect on their personal finances (Figure 2:8).

Figure 2:8 Proportion very concerned about the effect of the coronavirus outbreak on their mental health, physical health, and personal finances, by ethnic group



How concerned, if at all, are you about the effect the coronavirus outbreak is having on each of the following? Base: All GB adults (18+). Mental Health: White British (2036), White Other (143), Black (95), Asian (170), Mixed/Other (106). Physical health: White British (2051), White Other (146), Black (96), Asian (171), Mixed/Other (105). Personal finances: White British (1990), White Other (143), Black (94), Asian (172), Mixed/Other (104).

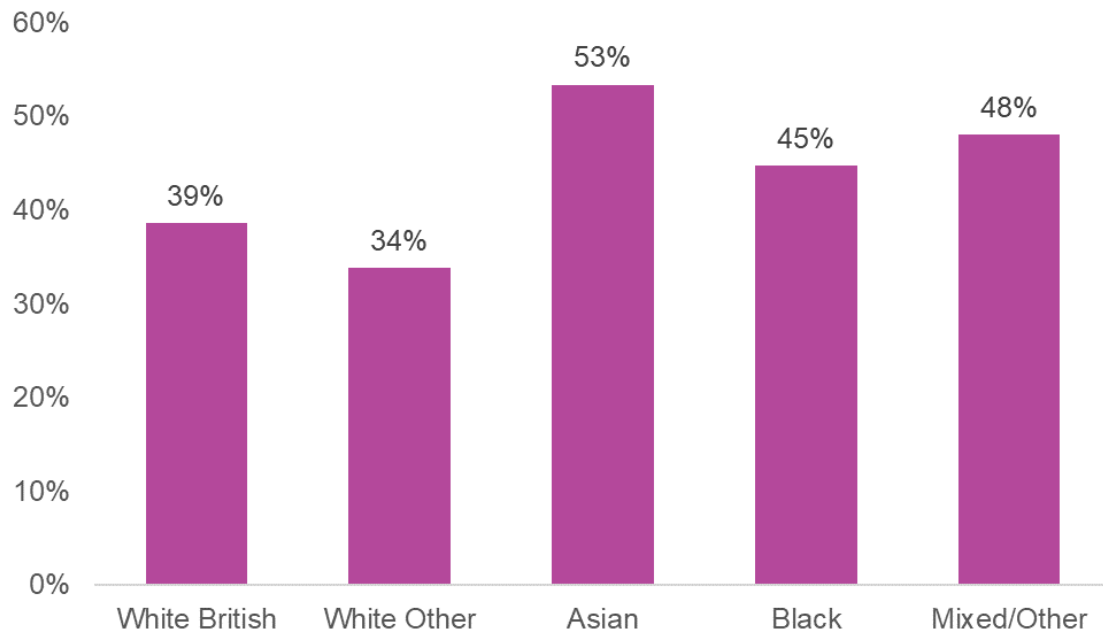
People in BAME groups were also more likely to be very concerned about the effect on the education of their children (50% compared to 37% of White people). Among people in BAME groups, Black people were particularly likely to be very concerned about this effect (62%), followed by people with a mixed or 'other' ethnicity (50%) and Asian people (45%).

People in BAME groups found it more difficult to follow restrictions

People in BAME groups were also more likely to report finding it difficult to follow restrictions. Half of people in BAME groups (50%) said they were finding it very or quite difficult, compared to 38% of White people. Again, these differences remained statistically significant when controlling for sex, age, and how people were managing financially.

However, despite some variation, there were no statistically significant differences between BAME groups (Figure 2:9).

Figure 2:9 Proportion finding it very or quite difficult to follow restrictions, by ethnic group



How difficult would you say you are finding following the restrictions that are in place to prevent the spread of coronavirus? Base: All GB adults (18+). White British (2065), White Other (146), Black (98), Asian (173), Mixed/Other (106).

2.4 The experiences of key workers

Respondents were asked whether they had been identified as a key worker (whether their work was considered critical to the coronavirus response or in a critical sector).

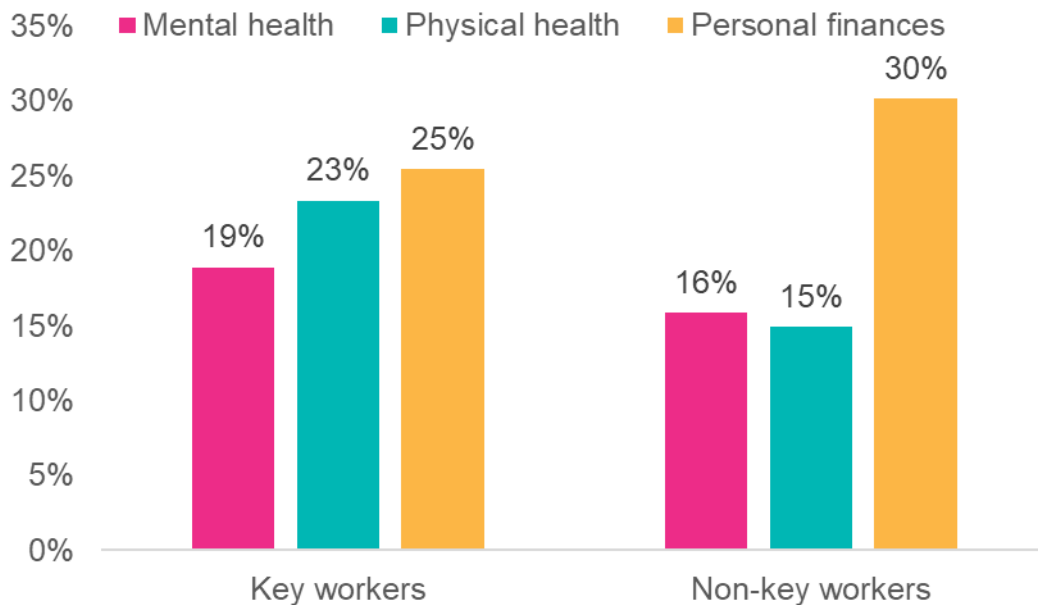
Overall, 26% of the adult population and 45% of people in paid work said they were key workers³. Amongst those in employment, people aged 30-59 were more likely to be key workers than those in the youngest (18-29) or oldest (60+) age groups and the proportion of White people and people from BAME backgrounds who were key workers was not significantly different (47% and 39% respectively).

Key workers were more concerned about effects of the coronavirus outbreak on their physical health than others in employment

Those who self-identified as key workers were no more likely to report feeling very concerned about the effect of the coronavirus outbreak on their personal finances or mental health. However, they were more likely to report feeling very concerned about the effect on their physical health. Nearly one in four (23%) key workers said they were very concerned, compared to one in six (15%) of those in employment but not identified as a key worker (Figure 2:10).

³In this report we compare key workers to others in employment to avoid including retired/unemployed groups with non-key workers which may skew findings.

Figure 2:10 Proportion very concerned about the effect of the coronavirus outbreak on their mental health, physical health, and personal finances, by key worker status



How concerned, if at all, are you about the effect the coronavirus outbreak is having on each of the following? Base: All GB adults in employment (18+). Mental Health: Key workers (591), non-key workers (625). Physical health: Key workers (591), non-key workers (628). Personal finances: Key workers (586), non-key workers (628).

Key workers found it harder to follow restrictions than others in employment

Key workers were also more likely to report finding it difficult to follow the restrictions than those in employment not identified as key workers. Forty-six per cent of key workers said they were finding it very or quite difficult to follow restrictions, compared to 35% of others in employment.

Whilst differences between key workers and others in employment may be affected by demographic factors such as age, socio-economic circumstances and ethnicity, key workers also spend more time outside the home, navigating social distancing rules which may explain the higher levels of concern for physical health and reported difficulty following restrictions. As outlined in the Section 3, social distancing rules is the area that people who didn't find information about what to do clear most wanted clearer information on.

3 Clarity of information on what to do and its effect on behaviours

This chapter explores how clear the public found the information and guidance about what they should do to minimise their risk of getting or spreading the coronavirus they received during the early stages of the pandemic. It looks at whether different demographic groups found the information more or less clear, and the areas the public would have liked to have been made clearer.

We also look at how the clarity of the information was associated with perceived effectiveness and uptake of measures designed to prevent the spread of coronavirus, to begin to understand the importance of clarity of information in influencing behaviour.

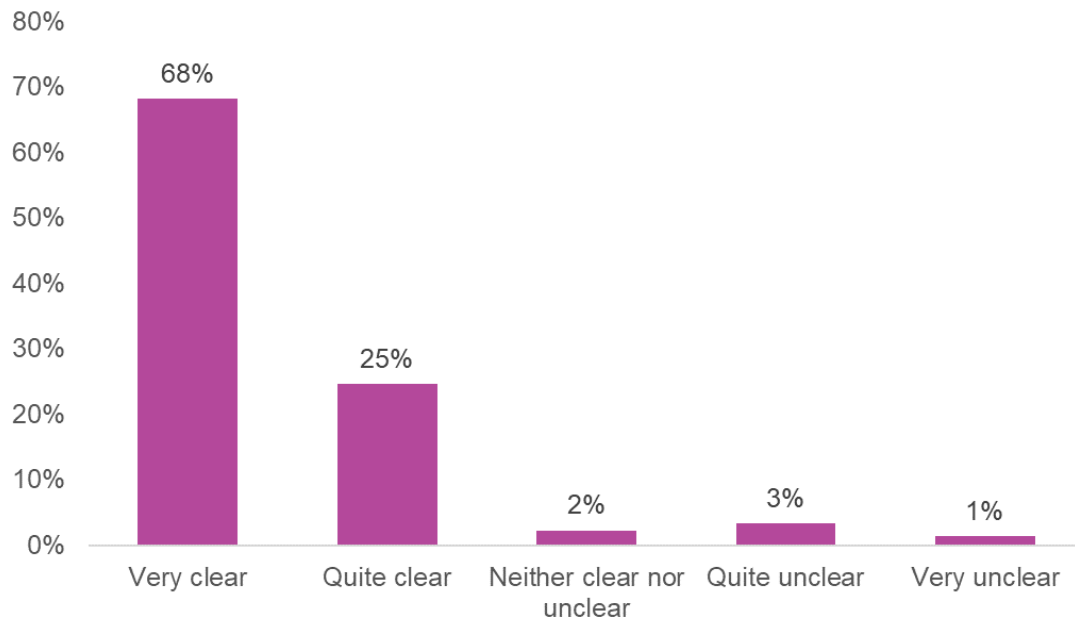
Key findings

- Most people found information about what to do to minimise their risk of getting or spreading the coronavirus clear.
- Of those not finding it 'very clear', people wanted more information on a range of issues, in particular on social distancing rules and virus transmission.
- There was little significant variation by sex, age or socio-economic circumstances.
- People in BAME groups also found it less clear what to do than White people, with Black people and people in mixed or 'other' BAME groups finding it least clear.
- People who generally found health-related information more easily and trusted it more were more likely to find information on what to do clear.
- Those who found the information about what to do clearer were more likely to perceive spread-prevention measures as effective, but no more likely to take those measures up.

3.1 Clarity of information about what to do

Respondents were asked to think about the information they had seen or heard about what to do to during the pandemic and how clear it was to them what they should do to minimise their risk of getting or spreading the coronavirus. A large majority of people (93%) said that it was either quite or very clear (Figure 3:1).

Figure 3:1 How clear people found information about what to do during the coronavirus outbreak



Thinking about the information you have seen or heard about what to do during the coronavirus outbreak, how clear is it to you what you should do to minimise your risk of getting or spreading the coronavirus?
Base: GB adults (18+): 2650

We do not find the same level of variation between demographic groups on the perceived clarity of information as we did in concern about the effects of the outbreak or difficulty following restrictions. There was no significant difference in the proportion of people who thought it was very clear what to do between men and women or different age groups. There was also little association between how clear people found the guidance and socio-economic status.⁴

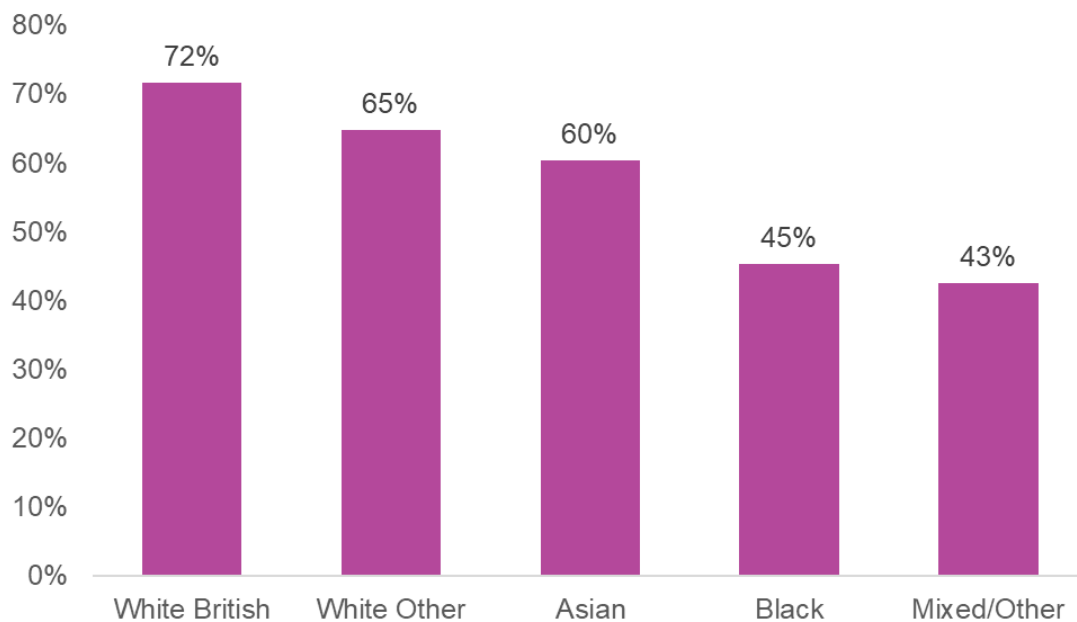
Information about what to do was not as clear for people in BAME groups

Despite this, not only did people in BAME groups report feeling more concerned about the effects of the coronavirus outbreak and finding it more difficult to follow restrictions, they also found it less clear what to do to minimise risk of getting or spreading coronavirus.

Only half (52%) of people in BAME groups said they found information to be very clear, compared to nearly three quarters (71%) of White people. Figure 3:2 shows that those in the Black and Mixed/Other BAME groups in particular were less likely to report finding the information very clear.

⁴ While those who reported finding it quite or very difficult financially were less likely to say it was very clear what they should do than the rest of the population (60% compared to 71%), significant differences were not found in other measures of socio-economic status.

Figure 3:2 Proportion finding information about what to do very clear, by ethnic group



Thinking about the information you have seen or heard about what to do during the coronavirus outbreak, how clear is it to you what you should do to minimise your risk of getting or spreading the coronavirus? Base: GB adults (18+): White British (2065), White Other (146), Black (99), Asian (173), Mixed/Other (106).

People who found health-related information more easily were more likely to feel clear on what to do

As part of the Wellcome Monitor survey, participants were asked about their experiences of health-related information more generally – how often they try to find it and, for those who ever try to find it, how easy it is for them to find what they want, how clear they find that information, and how much they trust it, as well where they tend to get it from.

Overall, there were some associations between people’s experiences of health-related information more generally and how clear it was to them what they should do to minimise their risk of getting or spreading the coronavirus. Those who tried to find health-related information more frequently were no more or less likely to find it very clear what they should do.

However, of those who tried to find health-related information, those that found it very or quite easy to find were more likely to say they found it very clear what they should do (73%) than those who generally found it very or quite difficult to find health-related information (58%).

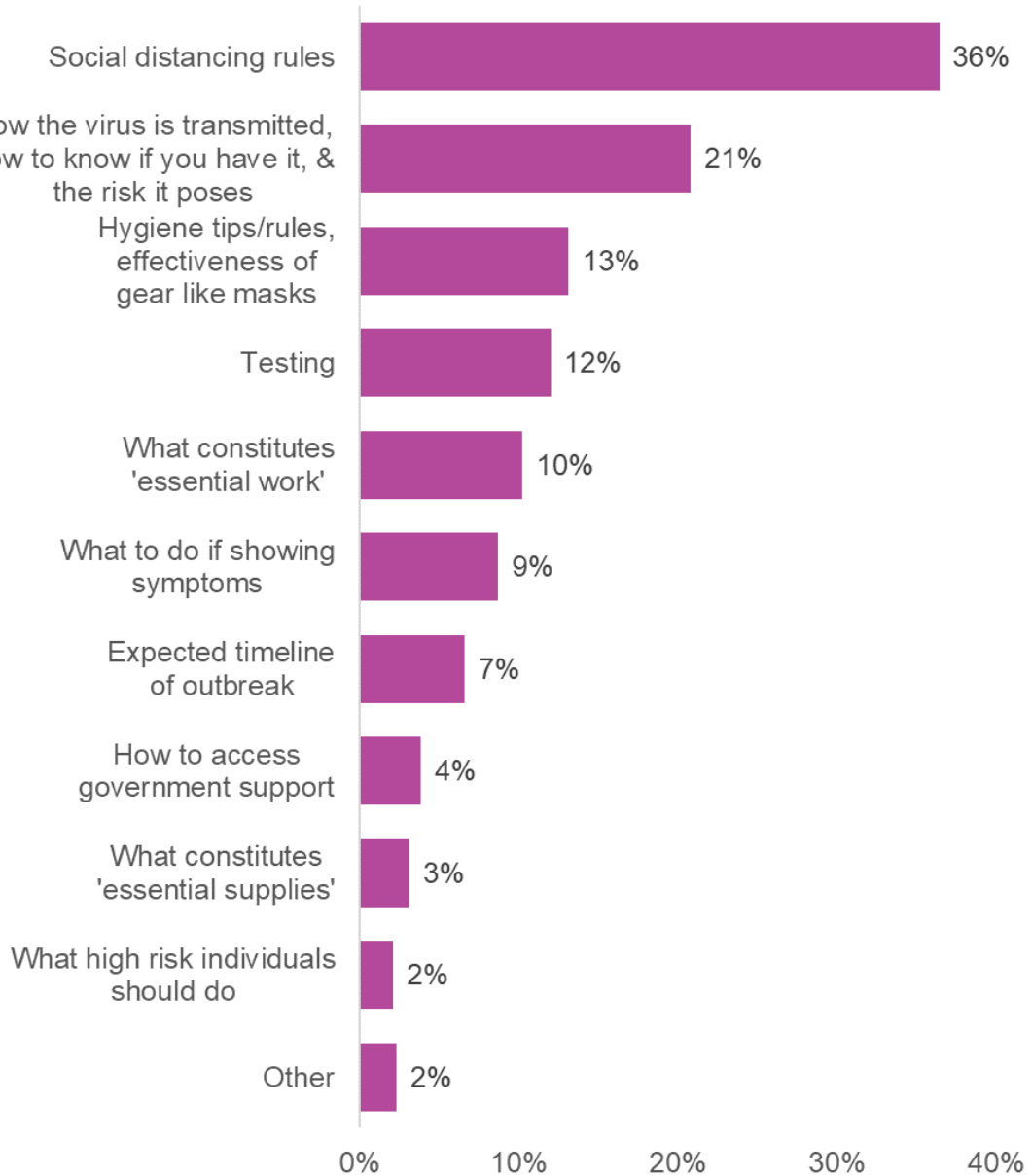
Likewise, those with more *trust* in health-related information they access in general, were more likely to be clear on what they should do. Around three in four (76%) of those with complete or a great deal of trust in health-related information were very clear what to do, compared to 65% of those with some, little, or no trust.

Clarity around rules on social distancing most needed

Those who did not say that the information about what to do during the coronavirus outbreak was very clear were asked an open question about what they would most like

to be made clearer. There were a variety of areas mentioned which were coded into the categories shown in Figure 3:3⁵. Those giving specific answers were most likely to mention social distancing rules and wanting more information about how the virus was transmitted and how to self-diagnose, followed by a 'long tail' of other areas.

Figure 3:3 What could be made clearer?



What would you most like to be made clearer? Base: GB adults who said the information they received was either quite unclear or very unclear (18+): 552

People from BAME groups were more likely to want information on hygiene tips/rules, including effectiveness of gear like masks (31% of those from a BAME background)

⁵ 'Other' includes all answers given by fewer than one per cent of people : 'Childcare', 'What the government's pandemic strategy is, and which stage we are in, mentioning for example: Containment, Delay, Mitigation, Herd immunity'; 'How to access support for housebound/self-isolating people'; 'How those from unstable situations are being supported'; 'Who counts as a 'high-risk' individual'; 'Information about a vaccine or treatment of the virus, including any mention of scientific research'; 'How Covid-19 is evolving in this country/ the world /other countries'; 'Social/economic consequences of the pandemic'

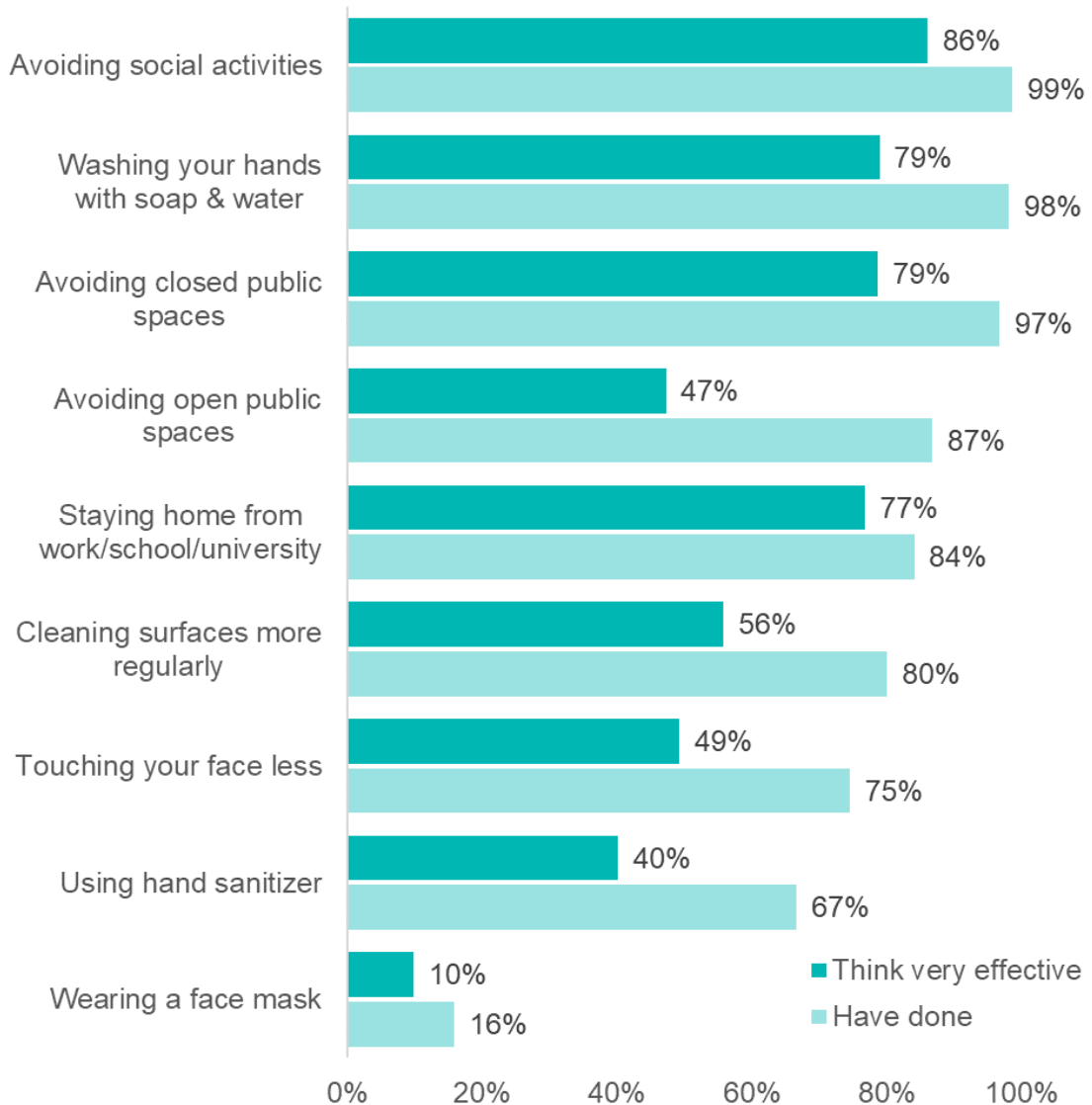
mentioned this, compared to nine per cent of those from a White background). They were less likely to mention what counts as essential work (four per cent compared to 12%).

3.2 Perceived effectiveness and take-up of spread-prevention measures

Perceived effectiveness and take-up of most social distancing measures was high

Respondents were asked how effective they thought different measures were at preventing the spread of coronavirus. They were then asked which of those behaviours they had personally been doing. Figure 3:4 shows the proportion of the public that thought each of the measures were 'very effective' at preventing the spread of coronavirus and the proportion that had done each of them to help prevent the spread. Most measures which were considered more effective were also more likely to have been done. However, avoiding open public spaces is notably different: it was substantially less likely to be viewed as 'very effective' compared to other social distancing measures, although its uptake was still relatively high.

Figure 3:4 Perceived effectiveness and levels of take-up of spread-prevention measures



How effective do you think each of the following are in preventing the spread of coronavirus...? Which have you personally been doing recently to help prevent the spread of coronavirus...? Base: All GB adults (18+): 2629-2650

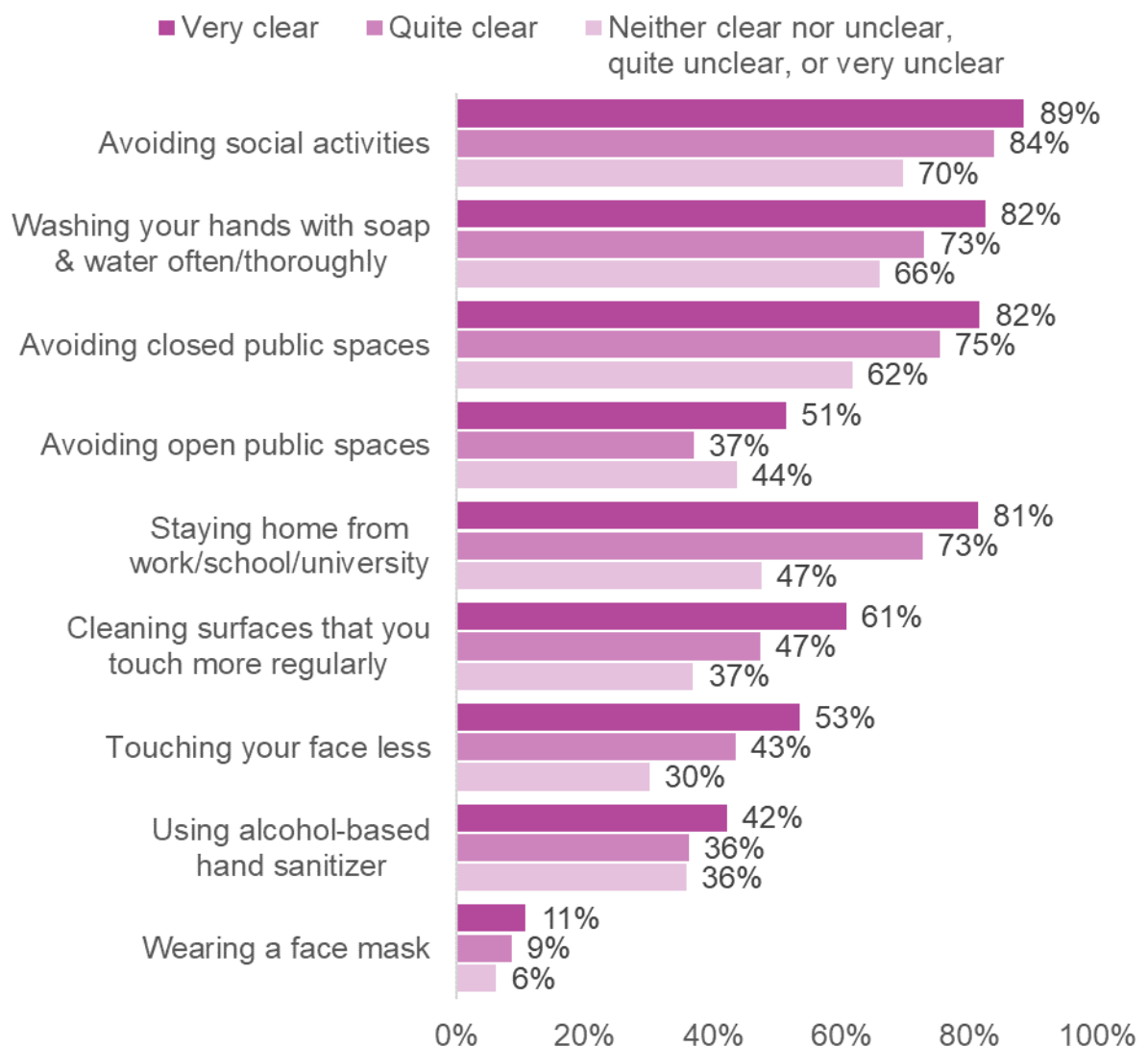
The 'social distancing' measures (e.g. avoiding social activities) were perceived to be the most effective and most likely to be done, compared to 'hygiene' measures such as touching your face less. An exception to this is washing your hands – perceived to be both effective and done by most people, perhaps reflecting the level of messaging around this and that it is a 'normal' activity for most people. Notably, wearing a face mask, which has become mandatory on public transport in England from the 15th of June 2020 and in shops from the 24th of July 2020, was not widely perceived as effective or taken up during the fieldwork period, reflecting guidelines at the time and the impact these can have on behaviour.

People finding information clear on what to do were more likely to perceive most spread-prevention measures as effective

There were strong associations between how clear respondents reported finding information they'd received about what to do to prevent the spread of coronavirus and how effective they perceived spread-prevention measures to be.

People who reported finding it very or quite clear what to do were more likely to view most spread-prevention measures as being very effective (Figure 3:5).

Figure 3:5 Proportion thinking spread-prevention measures are very effective, by how clear find information about what to do

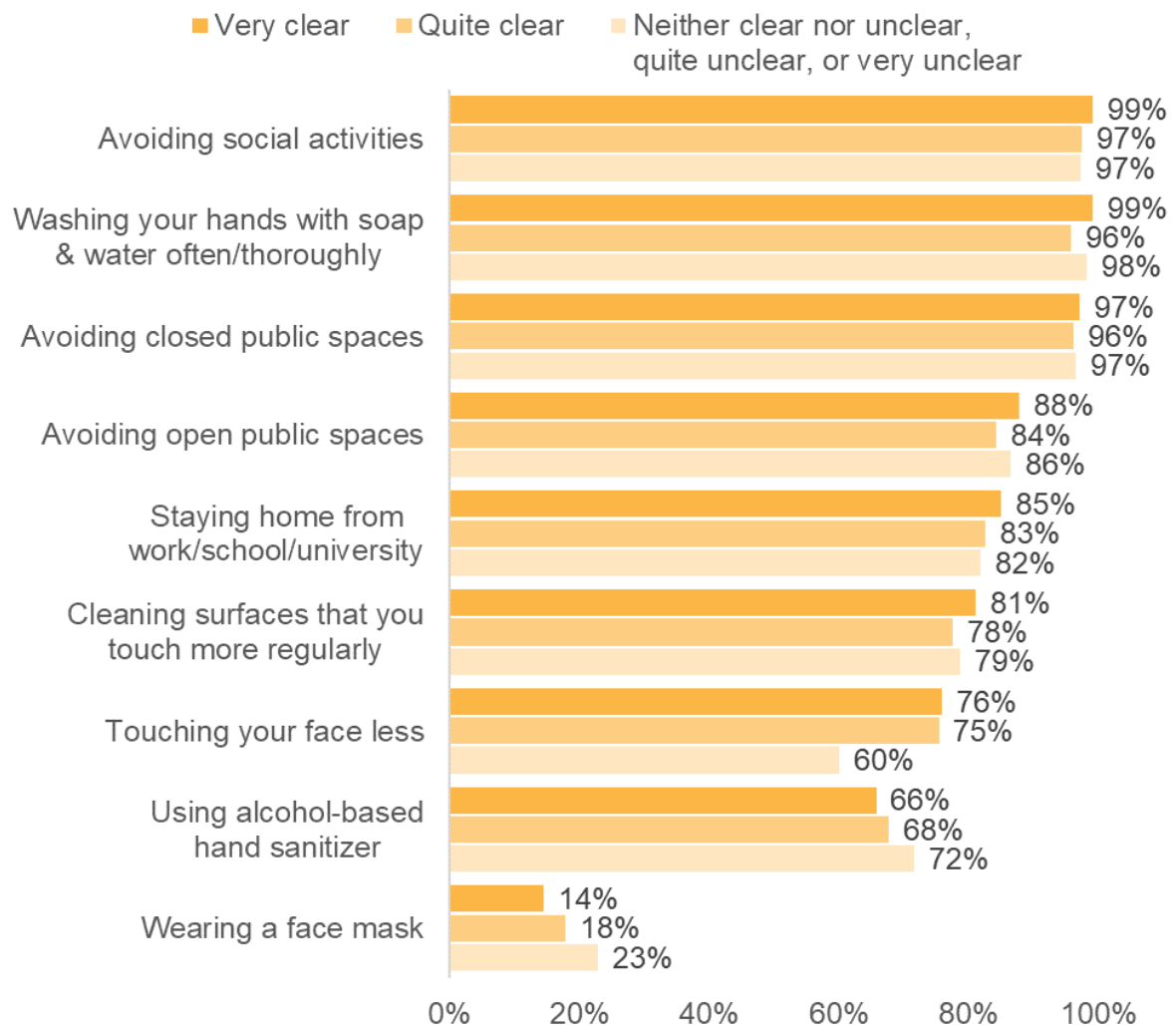


How effective do you think each of the following are in preventing the spread of coronavirus...? Thinking about the information you have seen or heard about what to do during the coronavirus outbreak, how clear is it to you what you should do to minimise your risk of getting or spreading the coronavirus? Base: All GB adults (18+): Very clear (1812-1825); Quite clear (661-666); Neither clear nor unclear, quite unclear, or very unclear (156-159)

People finding information clear or unclear on what to do were similarly likely to take up most spread-prevention measures

However, whether people reported *taking up* spread-prevention measures did not follow this pattern, despite the relationship with perceived effectiveness outlined above. Respondents who were very or quite clear on what they should do were no more likely to take up most of the measures (Figure 3:6).

Figure 3:6 Proportion that have taken up spread-prevention behaviours, by how clear find information about what to do



Which have you personally been doing recently to help prevent the spread of coronavirus...? Thinking about the information you have seen or heard about what to do during the coronavirus outbreak, how clear is it to you what you should do to minimise your risk of getting or spreading the coronavirus? Base: All GB adults (18+) Very clear (1811-1824); Quite clear (660-666); Neither clear nor unclear, quite unclear, or very unclear (157-159)

The findings in this chapter suggest that, while the majority of people reported the information they had seen or heard about what to do to during the pandemic was clear, and this perceived clarity was associated with perceived effectiveness of measures to help prevent the spread of coronavirus, it was not associated with the uptake of many of those measures. Another factor which might affect the extent to which people follow guidelines is the extent to which they trust the source of that information; this is discussed in the next chapter.

4 Trust in information sources and views on interventions

This chapter looks at the extent to which the public trusted information about the coronavirus outbreak from different sources, and how that trust varied between different demographic groups. In particular, it focuses on trust in the information provided by health researchers and scientists and by government scientific advisers and how that is associated with people's relationship with health information more generally and their attitudes towards scientists.

It then looks at people's views of the government interventions – the perceived effectiveness and uptake of measures designed to prevent the spread of coronavirus as well as whether they go too far, or not enough. Also considered is whether people think the government are following scientific advice, and how these are associated with trust in the information provided by health researchers and scientists and by government scientific advisers.

Key findings

- People were most likely to trust information about coronavirus from health sector sources (e.g. healthcare professionals, the NHS, health scientists) than from government sources (including scientific advisers), and trusted information from 'everyday' sources (e.g. employer, friends and family) the least.
- People in BAME groups, and people finding it more difficult financially were less likely to trust information from health sector or government sources.
- Trust in information from health scientists and government advisers about coronavirus was higher amongst those who found health information in general easier to find and clearer.
- People who thought scientists were interested in the views of the public were more likely to trust information from health scientists and government scientific advisers.
- People who trusted information from health scientists or government scientific advisers were more likely to think that spread-prevention measures were effective overall but were no more or less likely to take them up.

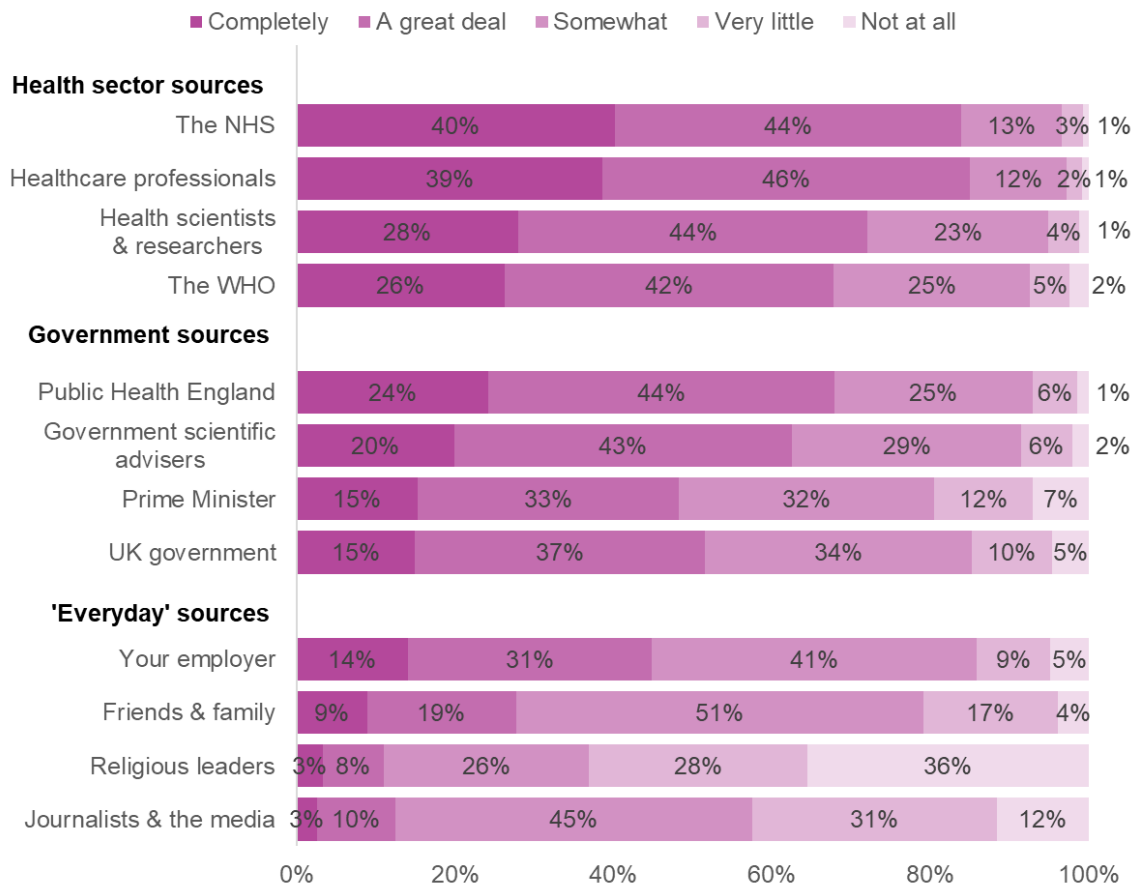
4.1 Trust in information about coronavirus from different sources

People were more likely to trust information from health sector sources than government or 'everyday' sources

Respondents were asked to what extent they trust information about the coronavirus outbreak from a range of sources (Figure 4:1). The most trusted sources of information about coronavirus were the health sector sources: doctors, nurses and medical professionals, the NHS, followed by health scientists and researchers and the World Health Organization (WHO). These were followed by government sources, of which trust in Public Health England (PHE) was highest, followed by government scientific advisers, then the government overall and the Prime Minister. The least trusted

sources were 'everyday' sources: one's employer⁶, followed by friends and family, and then the media and religious leaders.

Figure 4:1 Trust in information about coronavirus from different sources



To what extent do you trust information about coronavirus from each of the following sources...? Base: All GB adults (18+): 2593-2646; 'Your employer': GB adults (18+) in paid employment: 1289

Trust in employers was ranked relatively low overall, with 45% of people in employment reporting 'complete' or 'a great deal' of trust in information from them. This did not vary significantly by whether or not someone was a key worker or by their financial circumstances. Forty-seven per cent of key workers had a great deal of trust in their employers compared to 43% of others in employment (though this difference was not statistically significant).

Trust in information from different sources varied by socio-economic circumstances and between ethnic groups

There were few differences seen in levels of trust in different sources between men and women. Women were, however, more likely to have higher trust in information about the coronavirus outbreak from friends and family (30% had 'complete' or 'a great deal' compared to 25% of men) and also in the Prime Minister (51% compared to 46% of men).

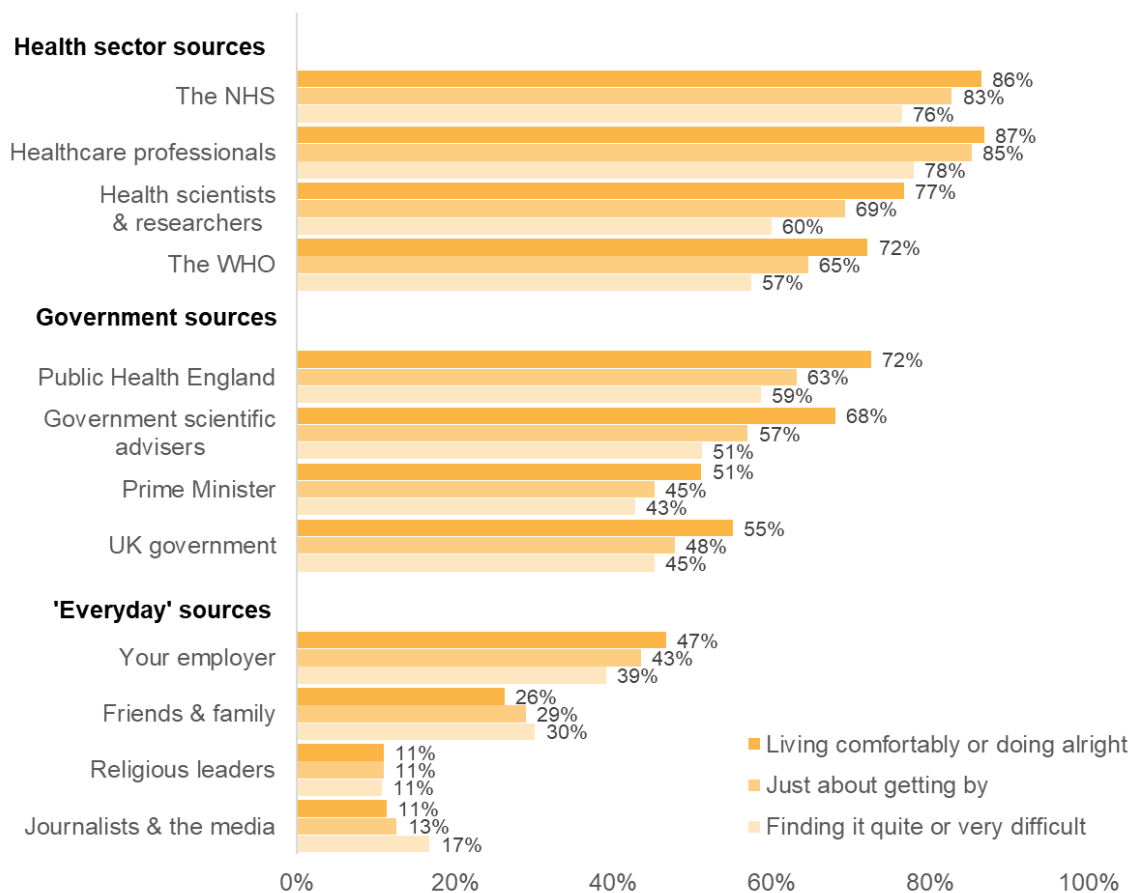
There was also little difference in trust in information from different sources between age groups, although trust in information from friends and family and the Prime Minister

⁶ Amongst those in employment

increased with age, and those aged 70+ were more likely to trust information from religious leaders.

Across a range of measures, those in more secure socio-economic circumstances were more likely to trust information from health organisations like health scientists and the WHO⁷ and government sources. Conversely, those in less secure socio-economic circumstances were generally more (or no less) likely to trust 'everyday' sources such as friends and family and religious leaders. Figure 4:2 summarises these differences focusing on how people are managing financially.

Figure 4:2 Proportion trusting information about coronavirus completely or a great deal from different sources, by how they are managing financially



To what extent do you trust information about coronavirus from each of the following sources...? Base: All GB adults (18+): Living comfortably or doing alright (1597-1609), Just about getting by (654-667), Finding it quite or very difficult (358-365); 'Your employer': GB adults (18+) in paid employment: Living comfortably or doing alright (799), Just about getting by (329), Finding it quite or very difficult (159)

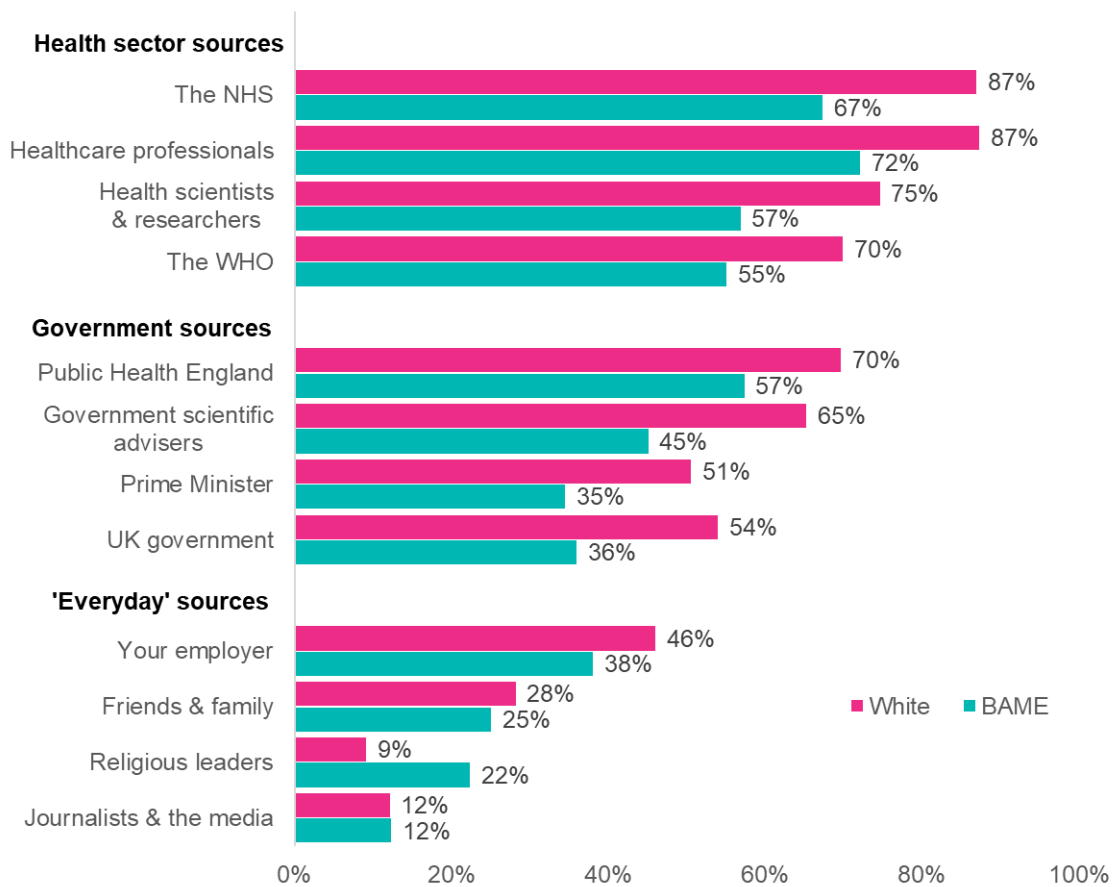
People in BAME groups were less likely to trust information on coronavirus from health sector and government sources

Trust in information was lower for people in BAME groups across most sources, including health sources like healthcare professionals, the NHS and the WHO, and government sources. Only for 'everyday' sources such as friends and family, employer

⁷ Trust in information from healthcare professionals or the NHS did not vary consistently by socio-economic circumstances, but did vary significantly by how people reported they were managing financially

and the media were there no differences, and people in BAME groups were more likely to trust information from religious leaders (Figure 4:3).

Figure 4:3 Proportion trusting information about coronavirus completely or a great deal from different sources, by ethnic group



To what extent do you trust information about coronavirus from each of the following sources...? Base: All GB adults (18+): White (2161-2206), BAME background (373-379); 'Your employer': GB adults (18+) in paid employment: White (1053), BAME background (205)

4.2 Trust in information from health scientists & government scientific advisers

As Figure 4:1 demonstrates, trust in information about the coronavirus outbreak from both health scientists and government scientific advisers was high, although trust in information from government scientific advisers was lower. Nearly three quarters (72%) of respondents had complete or a great deal of trust in information from health scientists compared to 63% in information from government scientific advisers.

Trust in information from health scientists was lower among BAME groups and those finding it more difficult financially

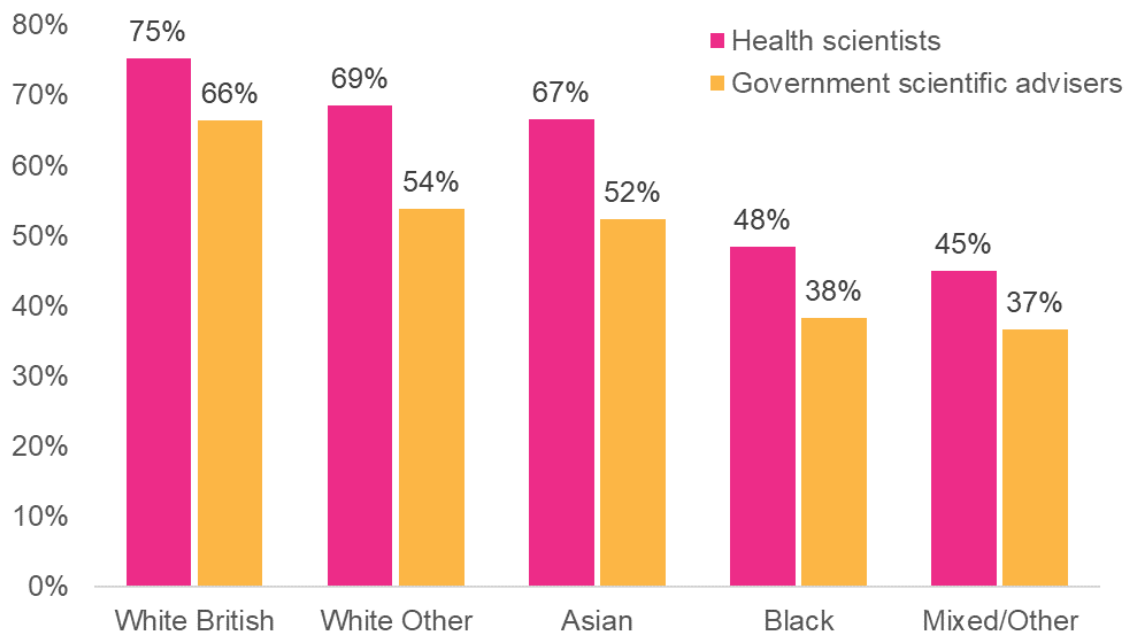
There was no significant variation in trust in information from these sources by sex, age or key worker status. However, those finding it more difficult financially, and people in BAME groups were less likely to trust information from both health scientists and government scientific advisers.

Of those finding it quite or very difficult to get by financially, 60% said they had 'complete' or 'a great deal' of trust in information from scientists compared to 74% across the rest of the population. The pattern was similar when looking at trust in government scientific advisers - 51% of those finding it quite or very difficult financially had complete or a great deal of trust, compared to 65% of the rest of the population.

Fifty-seven per cent of people in BAME groups reported having 'complete' or a 'great deal' of trust in information from health scientists compared to 75% of White people, and 45% of people in BAME groups reported having 'complete' or a 'great deal' of trust in information from government scientific advisers compared to 65% of White people.

Looking in more detail at people in BAME groups, trust in information from health scientists and government scientific advisers varies between different ethnic groups. While Figure 4:4 shows White British respondents have the most trust in information from both sources, it also shows that Black and Mixed/Other people were less likely to trust information from these sources than Asian and non-British White people.

Figure 4:4 Proportion trusting information about coronavirus from health scientists and government scientific advisers completely or a great deal, by ethnic group



To what extent do you trust information about coronavirus from each of the following sources...? Health scientists and government scientific advisers. Base: All GB adults (18+): White British (2053-2054), White Other (146), Black (99), Asian (173), Mixed/Other (105)

Trust in information about coronavirus from health scientists and government scientific advisers was associated with relationship with health-related information generally

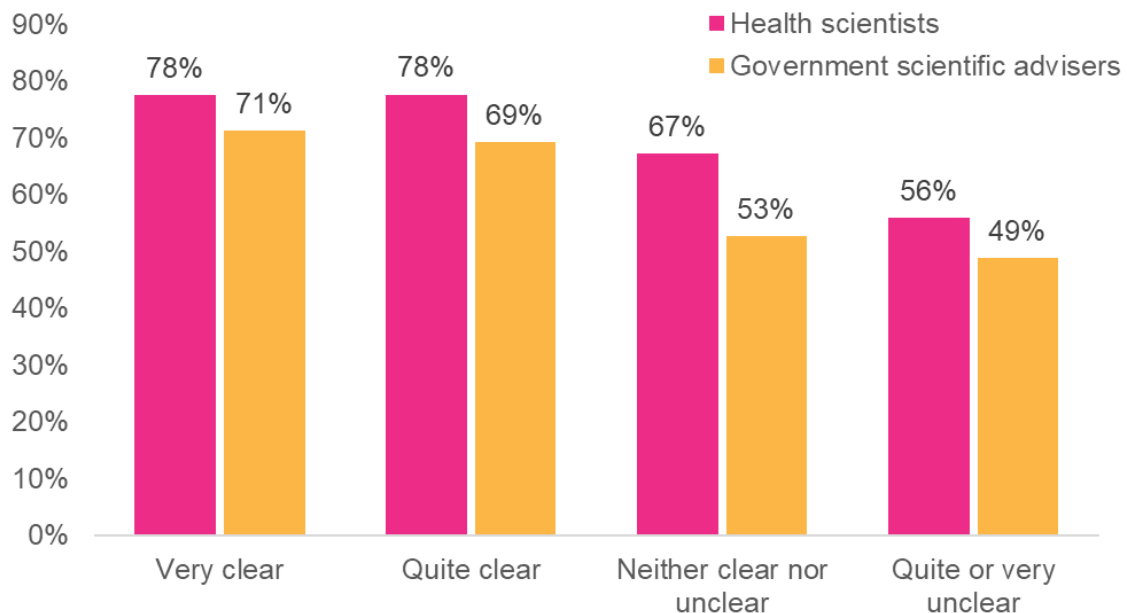
Trust in information from health scientists was higher amongst those who tried to find health-related information in general more often: 75% of those who tried to find it at least once a month had complete or a great deal of trust in health scientists compared to 67% of those who tried to find it less than once a month. There was no significant variation in trust in information from government scientific advisers.

However, amongst those who did try to find health-related information, those who found it easier to find and clearer were more likely to trust information about coronavirus from *both* health scientists and government scientific advisers completely or a great deal.

Seventy per cent of those who found it very easy to find health-related information said they had complete or a great deal of trust in government scientific advisers, compared to half (50%) of those who found it quite or very difficult. The figures for trust in health scientists were similar (76% and 53% respectively).

Similarly, around three quarters of those who found information very clear had complete trust in information about coronavirus from health scientists, compared to around half of those who found health-related information 'quite' or 'very unclear'. A similar pattern was seen for trust in information from government scientific advisers (Figure 4:5).

Figure 4:5 Proportion with complete or a great deal of trust in health scientists and researchers and government scientific advisers, by how clear find health-related information generally



To what extent do you trust information about coronavirus from each of the following sources...? Health scientists and researchers. Thinking about the health-related information you normally want, how easy or difficult is it for you to find this information? Base: All GB adults (18+): 'Very clear' (225), 'Quite clear' (1502), 'Neither clear nor unclear' (527), 'Quite' or 'very unclear' (204).

People who thought scientists were interested in the views of the public in general were more likely to trust in information from health scientists and government scientific advisers

Respondents were asked whether they agreed or disagreed that scientists are interested in the views of the public when considering the priorities for research and how it is produced.

People's trust in information about the coronavirus outbreak from both health scientists and government scientific advisers was also associated with thinking that scientists were interested in the views of the public and trusting information from both health

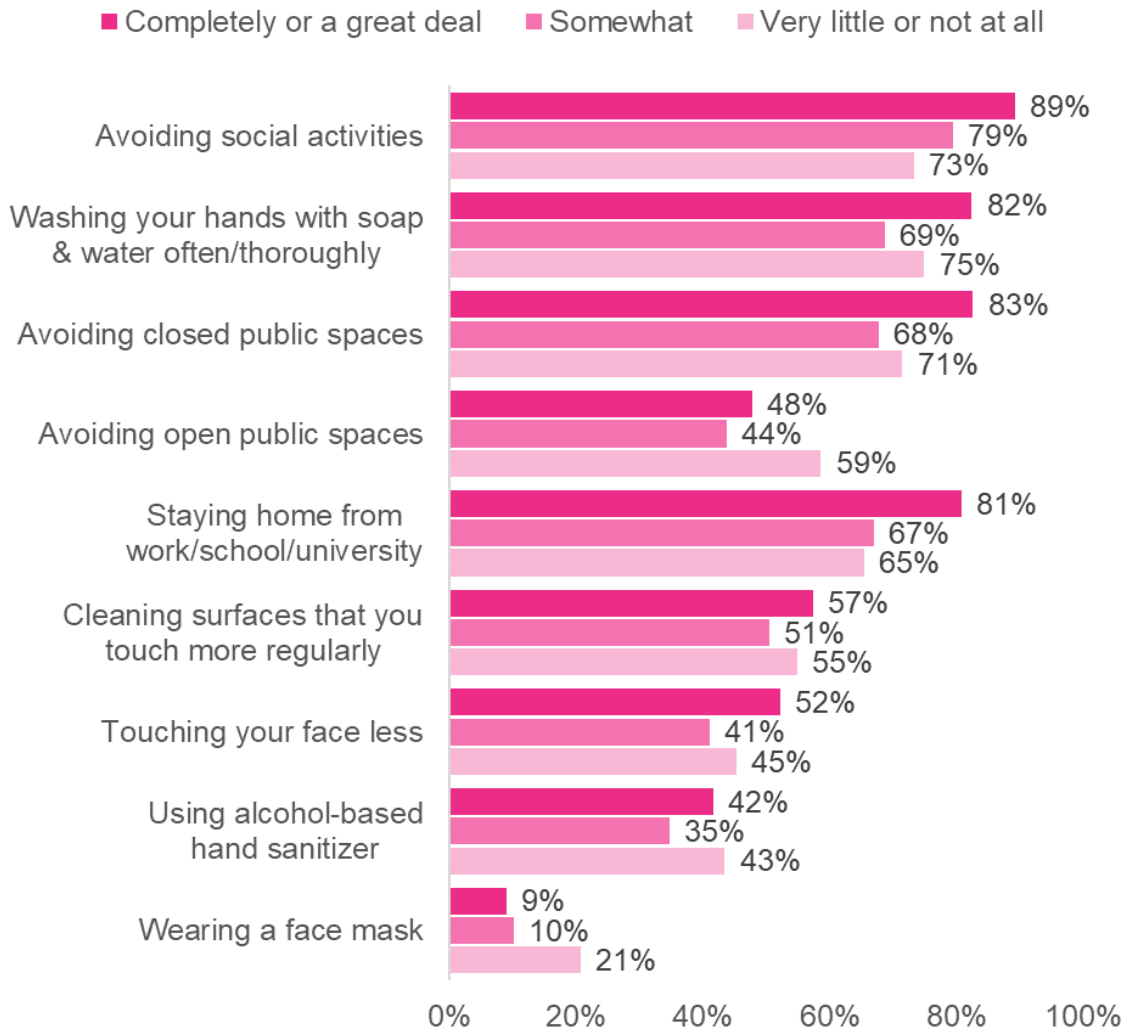
scientists and government scientific advisers. Those who agreed scientists are interested in the views of the public were more likely to trust information from these sources completely or a great deal (76% and 67% respectively) than those who disagreed (66% and 54%).

4.3 Views on spread-prevention measures and government interventions

People with more trust in information from health scientists and government advisers are more likely to view spread prevention measures as effective, but not to take them up

People with higher levels of trust in information from health scientists were more likely to view certain spread-prevention measures as effective (Figure 4:6). People with complete or a great deal of trust were more likely to view avoiding social activities, washing hands, avoiding closed public spaces, staying home from work/school/university and touching your face less as very effective than those with some trust, very little or no trust.

Figure 4:6 Proportion thinking spread-prevention measures are very effective, by trust in health scientists and researchers



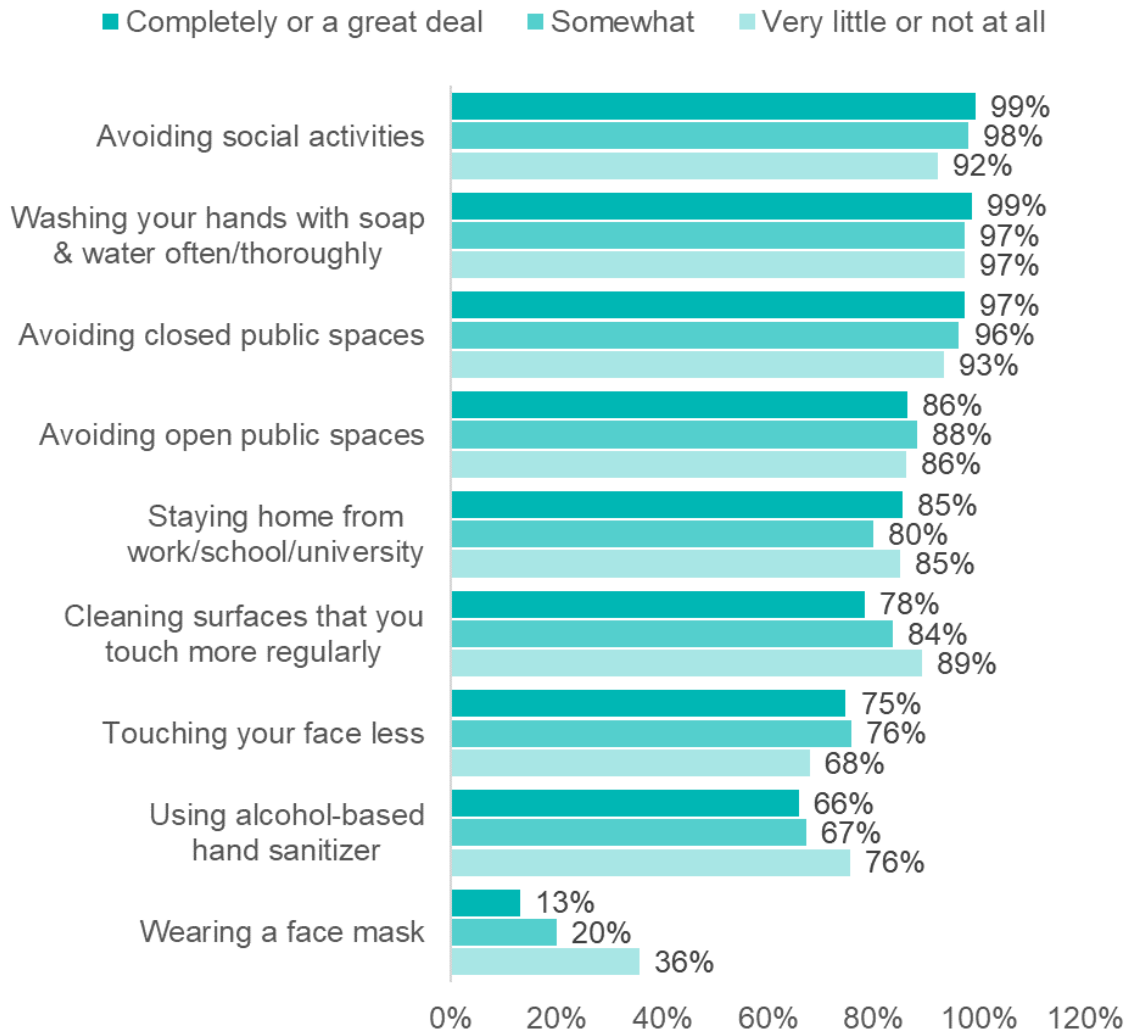
How effective do you think each of the following are in preventing the spread of coronavirus...? To what extent do you trust information about coronavirus from each of the following sources...? Health scientists and researchers. Base: All GB adults (18+): Completely or a great deal (1990-2003); Somewhat (530-537); Very little or not at all (96-97)

A similar pattern was seen when looking at levels of trust in government scientific advisers: those with complete or a great deal of trust in government scientific advisers were more likely to view every spread prevention measure as very effective, apart from wearing a mask, using alcohol-based hand sanitizer, and avoiding open public spaces.

However, despite this relationship with perceived effectiveness, and reflecting the pattern seen with clarity of what to do (Section 3.2), people with complete or a great deal of trust in information from health scientists and government scientific advisers were not significantly more likely to take up most measures (Figure 4:7)⁸.

⁸ Participants who had very little or no trust in information from health scientists were less likely to report avoiding social activities like parties and family gatherings, but the difference was small. Those with complete or a great deal of trust in government scientific advisers were not significantly more likely to take up any of the measures

Figure 4:7 Proportion that have taken up spread-prevention behaviours, by trust in health scientists and researchers



Which have you personally been doing recently to help prevent the spread of coronavirus...? To what extent do you trust information about coronavirus from each of the following sources...? Health scientists and researchers. Base: All GB adults (18+): Completely or a great deal (1987-2002); Somewhat (533-537); Very little or not at all (96-97)

However, reflecting a pattern seen in perceived effectiveness, participants with lower trust in health scientists and government scientific advisers were substantially more likely to report wearing a face mask (36% with very little or no trust in health scientists compared to 13% with complete or a great deal of trust and 28% with very little or no trust in government scientific advisers compared to 12% with complete or a great deal of trust). This perhaps reflects the guidance at the time which did not recommend wearing face masks, which has subsequently changed, with some people that did not trust the guidance believing that they are effective and deciding to do it anyway.

People who trusted information from health scientists were more likely to think the government was following scientific advice and that lockdown restrictions were appropriate

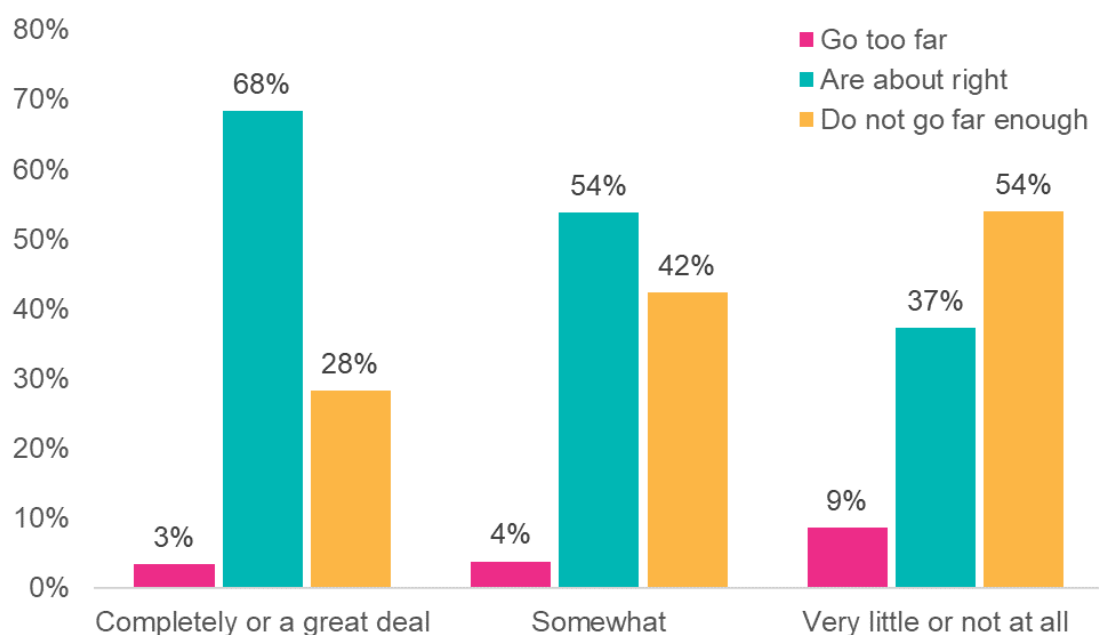
Respondents were asked to what extent they thought the government was following scientific advice in its response to the coronavirus outbreak. Most adults (62%) thought the government were 'completely' following scientific advice or following it to a great

extent. Only seven per cent thought they were not following it at all or following it very little.

Respondents were also asked whether they thought that restrictions in place to prevent the spread of coronavirus went too far, were about right, or did not go far enough. A small minority (four per cent) thought that the restrictions went too far, most (62%) thought they were about right, but over a third (34%) thought they did not go far enough.

These views were associated with one another - people who felt the government was following scientific advice were more likely to feel the restrictions were about right, and those that felt the government was following scientific advice to a lesser extent were more likely to think that the restrictions did not go far enough (Figure 4:8).

Figure 4:8 Views on how far restrictions go, by whether extent to which the government was following scientific advice



Do you think that the current restrictions that are in place to prevent the spread of coronavirus...? To what extent, if at all, do you think that the government is following scientific advice in its response to the coronavirus outbreak? Base: All GB adults (18+): Completely or a great deal (1662); Somewhat (788); Very little or not at all (182)

Both the extent to which people thought the government was following scientific advice and views on how far the restrictions went were associated with trust in information from health scientists and government scientific advisers. People who reported trusting information from health scientists and government scientific advisers completely or a great deal were more likely to think that the restrictions were about right (65% and 68% respectively), compared to 57% and 55% of those who trusted information from them somewhat, and 40% and 43% of those who trusted information from them very little.

Similarly, 69% and 76% of people who trusted information from health scientists and government scientific advisers completely or a great deal thought the government was following scientific advice completely or a great deal, compared to 44% and 41% of those that trusted information from them somewhat, and 34% and 23% of those who trusted information from them very little.

5 Conclusion and implications

This report looks at British adults' views and experiences during the first few weeks of lockdown in April 2020, when hospitalisations and deaths due to COVID-19 were at their highest and government restrictions at their strictest. It explores what the public were concerned about and how difficult they were finding it to follow the restrictions in place. It also looks at how clear people felt information about what they should do to stay safe and limit the spread of infection was, their levels of trust in the information they were receiving from different sources, and how these were associated with the perceived effectiveness and take up of spread-prevention measures. These data are useful not just retrospectively, but also for helping to plan in the longer-term and consider how best to address future outbreaks.

Chapter 2 finds that the levels of concern about the effects of the coronavirus epidemic were not evenly distributed across the population. People finding it more difficult financially and people from BAME groups were more likely to be very concerned about the impacts of coronavirus on both their physical health (particularly Black and Asian people and key workers) and mental health, as well as on their personal finances and the education of their children (these latter two especially so among the Black population). The differences in the experiences of people from more specific ethnic groups highlights the importance of not treating ethnic minorities as a single homogenous group. People from BAME groups and those finding it more difficult financially were also those who found following the restrictions most difficult.

These concerns reflect the impacts that other research has identified: for example lower income groups are more likely to have fallen into non-housing bill arrears and seen their earnings fall⁹ and the health of people in BAME groups has been disproportionately affected¹⁰. Together, these findings show that early in the lockdown period the pandemic was causing concern about health, finance, and education unequally and along existing lines of disadvantage. Preparing for a possible second wave in the autumn/winter and the introduction of local lockdowns may have similar effects. More should be done to address the broader health and social consequences that will arise and to account for people's circumstances, particularly those in already disadvantaged groups. With this comes a need to reconsider wider health systems, not just immediate health services, wherein the relationship between science and society will become increasingly important.

Chapters 3 and 4 looks at how clear the information people were getting about staying safe from coronavirus was, and the extent to which they trusted it from different sources. Most people reported receiving clear information on what to do to minimise their risk of catching or spreading coronavirus. The majority also trusted the information they received from health-sector sources and, to a lesser extent, government sources.

People who found information about what to do to stay safe clearer and who expressed greater trust in the information they received from both health scientists and government scientific advisers were more likely to consider a range of spread-prevention measures as more effective. However, at this relatively early point in lockdown, there was little differentiation in whether people were *taking up* the

⁹ <https://www.understandingsociety.ac.uk/sites/default/files/downloads/working-papers/2020-10.pdf>

¹⁰

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020>

measures, which generally remained high regardless of how clear people found information about staying safe, perhaps reflecting the impact of the legal requirements, greater levels of good will, or a desire to 'protect the NHS' (which we found was people's highest concern).

However, the extent to which information was viewed as clear or trusted varied between groups. People finding it more difficult financially and people from BAME groups - the same groups most likely to be very concerned about the impact of the pandemic and to find following restrictions difficult - also felt the information they received on staying safe was less clear. They also had less trust in information from more 'official' sources, ranging from health scientists, to the government, to their employers.

That already disadvantaged groups are less likely to trust government and institutional sources, while not surprising, is a pertinent reminder that those communicating health messages and setting policies affecting people's health need to ensure they do so inclusively. Enabling environments where health scientists are trusted should be part of this. Further, with lockdown restrictions often portrayed as a trade-off between health and the economy, employers will also play a significant role in the decisions of the public and the provision of safe working environments. Together, the importance of enabling *everyone* to access health information that they understand and trust will be a critical part of recovery. To keep infection rates low (be it through adhering to distancing measures, the implementation of track and trace, or the take up of vaccines) *everyone* has a role to play.

Overall, this report suggests the BAME population and those finding it difficult financially were not just more concerned about the effects of the pandemic and finding the restrictions more difficult to follow. They were also less likely to receive information about staying safe from coronavirus that they find clear or that they trust. More consideration should be given to how health information engages people from BAME groups and those finding it more difficult financially. It is important to understand how health information can more closely relate to these people's specific concerns and contexts. A greater consideration of their needs, and the consequences that broad policies can have for them, will enable more tailored and inclusive approaches to be taken.