

Statistical bulletin

Coronavirus and the social impacts on Great Britain: 5 February 2021

Indicators from the Opinions and Lifestyle Survey covering the period 27 to 31 January 2021 to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

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Release date:
5 February 2021

Next release:
12 February 2021

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1 . Main points

This week, over the period 27 to 31 January 2021, based on adults in Great Britain:

- Compliance with most measures to stop the spread of the coronavirus (COVID-19) remained high, with similar proportions to last week reporting always or often handwashing after returning home (89% this week compared with 90% last week), using a face covering (94% this week compared with 95% last week) and avoiding physical contact when outside their home (93% this week compared with 94% last week).
- The proportion of adults reporting staying at home or only leaving for work, exercise, essential shopping or medical needs in the past seven days continued to decrease to 57% (compared with 62% last week and 65% the week before that), although this proportion remains higher than in November 2020 when parts of Great Britain were last under a national lockdown.
- Personal well-being scores for life satisfaction, feeling that things done in life are worthwhile and happiness remained at some of the lowest levels recorded since this survey began in March 2020; the anxiety score remained similar this week to last week, having previously declined slightly compared with early January 2021.
- The proportion of adults who felt that it will take more than a year for life to return to normal (29%) continued to gradually rise this week and is higher than those who feel life will return to normal in six months or less (17%).
- Of adults yet to be offered the COVID-19 vaccine, over 9 in 10 (91%) would be likely (very or fairly likely) to have the vaccine if offered, this was similar to last week (88%).
- Of adults who said they would be unlikely (either fairly or very unlikely) to have the COVID-19 vaccine if offered, or had decided not to have the vaccine when offered, the most commonly reported reasons why not were: feeling worried about the side effects (45%), feeling worried about the long-term effects on their health (44%) and wanting to wait to see how well the vaccine works (35%); this was similar to previous weeks of the survey.

2 . Understanding the impact on society

This bulletin contains data and indicators from a module being undertaken through the Office for National Statistics' (ONS') Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus (COVID-19) pandemic on British society.

The bulletin presents a summary of the results, breakdowns by age, sex, region and country, including [confidence intervals](#) for the estimates. These are contained in the [associated dataset](#). Where changes in results from previous weeks are presented in this bulletin, associated confidence intervals should be used to assess the [statistical significance](#) of this difference.

The latest statistics in this release are based on a survey of 6,029 adults aged 16 years and above in Great Britain conducted between 27 January and 31 January 2021 (inclusive). Results from this period are based on 4,624 responding adults (78% response rate).

Throughout the bulletin:

- "this week" refers to responses collected during the period 27 to 31 January 2021
- "last week" refers to responses collected during the period 20 to 24 January 2021

3 . Main indicators

Compliance with most measures to help prevent the spread of the coronavirus (COVID-19) remained high this week, with 89% of adults reporting always or often handwashing after returning home (90% last week), 94% using a face covering (95% last week) and 93% avoiding physical contact when outside their home (94% last week). Around 9 in 10 (90% both this week and last week) adults reported always or often maintaining social distance when meeting up with people outside their support bubble (Table 1).

Table 1: Main indicators

Great Britain, 20 to 31 January 2021

Notes

1. "This week" refers to responses collected during the period 27 to 31 January 2021.
2. "Last week" refers to responses collected during the period 20 to 24 January 2021.
3. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

[Data download](#)

This week, the proportion of adults reporting staying at home or only leaving for work, exercise, essential shopping or medical needs in the past seven days continued to decrease to 57% (compared with 62% last week and 65% the week before). This follows previous increases when national lockdowns were introduced across Great Britain. This proportion remains higher than in November 2020 (Figure 1).

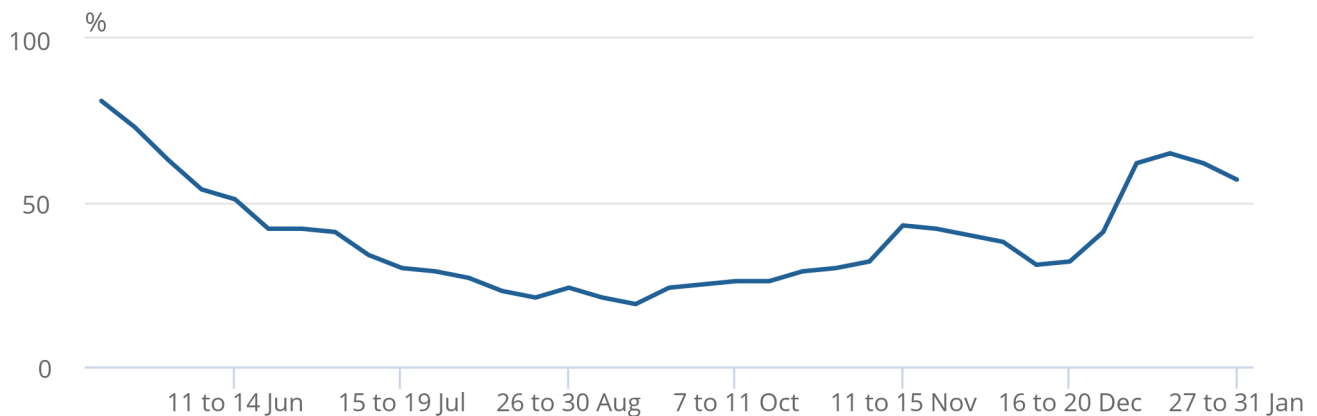
For more information on how behaviours compare across the lockdown periods, see [Coronavirus and the social impacts on behaviours during different lockdown periods, Great Britain: up to February 2021](#).

Figure 1: The proportion of adults staying at home or only leaving for work, exercise, essential shopping or medical needs in the past seven days continued to decrease this week

Great Britain, March 2020 to January 2021

Figure 1: The proportion of adults staying at home or only leaving for work, exercise, essential shopping or medical needs in the past seven days continued to decrease this week

Great Britain, March 2020 to January 2021



Source: Office for National Statistics - Opinions and Lifestyle Survey

Notes:

1. Questions: "In the past seven days, have you left your home for any reason?" and "In the past seven days, for what reasons have you left your home?".
2. Base: all adults.
3. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

More about coronavirus

- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- [Explore the latest coronavirus data](#) from the ONS and other sources.
- All ONS analysis, summarised in our [coronavirus roundup](#).
- View [all coronavirus data](#).
- Find out how we are [working safely in our studies and surveys](#).

4 . Personal well-being

Personal well-being scores for life satisfaction, feeling that things done in life are worthwhile and happiness remained at some of the lowest levels recorded since this survey began in March 2020.

This week, the score for feeling that things done in life are worthwhile was 7.1, up slightly from 7.0 last week, the score for life satisfaction declined slightly (6.4 this week compared with 6.5 last week) and the score for happiness remained the same (6.4 both this week and last week).

The anxiety score was 4.3 this week, the same score as last week. This compares with a score of 4.6 in the first week of January 2021, which was the highest score since April 2020 (Figure 2).

Figure 2: This week, happiness remained at its lowest level since the survey began in March 2020

Great Britain, March 2020 to January 2021

Notes:

1. Questions: "Overall, how satisfied are you with your life nowadays?", "Overall, to what extent do you feel that the things you do in your life are worthwhile?", "Overall, how happy did you feel yesterday?" and "Overall, how anxious did you feel yesterday?".
2. These questions are answered on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".
3. Base: all adults.
4. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

[Data download](#)

For the latest estimates of personal well-being available from the Annual Population Survey (APS) and more information on the comparability of estimates of personal well-being between the APS and the estimates provided in this bulletin from the Opinions and Lifestyle Survey (OPN), see: [Personal well-being in the UK, quarterly: April 2011 to September 2020.](#)

5 . Perceptions of the future

This week, the proportion of adults in Great Britain that felt that life will return to normal in six months or less continued to gradually fall, now at 17% compared with 20% last week.

The proportion of adults who felt that it will take more than a year for life to return to normal continued to gradually rise. Just under 3 in 10 (29%) of adults felt it will take more than a year for life to return to normal, compared with 28% last week.

Around a third (33%) of adults felt that it would take between seven months and a year for life to return to normal, a slight decrease from 35% last week.

The proportion of adults who felt that life will never return to normal was 4%, having remained relatively stable since April 2020 (ranging between 2% and 8%). Around 1 in 6 adults (16%) reported that they were not sure when life will return to normal (Figure 3).

Figure 3: The proportion of adults who reported they felt that it will take more than a year for life to return to normal continued to increase this week

Great Britain, March 2020 to January 2021

Notes:

1. Question: "How long do you think it will be before your life returns to normal?".
2. Base: all adults.
3. Response category of "Prefer not to say" is not shown on this chart.
4. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

[Data download](#)

6 . Attitudes to COVID-19 vaccination

This week, around 1 in 6 (16%) adults in Great Britain reported they had received at least one dose of COVID-19 vaccine, compared with 12% last week. Around 8 in 10 (78%) reported they had not yet been offered the COVID-19 vaccine (81% last week). Around 1 in 20 (6%) reported that they had been offered the vaccine and were awaiting it (6% last week), and less than 1 in 100 (less than 1%) reported that they had been offered it but declined it (less than 1% last week) (Figure 4).

The estimates presented here are from a sample of adults, and may differ from the latest official administrative data on [the number of adults in Great Britain and its constituent countries who have received COVID-19 vaccination](#). Our survey does not include adults living in care homes or other establishments, so will not capture vaccinations in these settings. Because of small sample sizes, the percentage of adults who have declined the vaccine should be treated with caution. For more information please see the [Glossary](#).

We have continued to produce a combined measure looking at the percentage of adults in Great Britain who have either received the COVID-19 vaccine, or would be likely (very or fairly likely) to have the vaccine if offered. This also includes adults who have accepted and are waiting to receive it. This allows us to produce a consistent measure of attitudes towards the vaccine as more adults receive and are offered the vaccine.

This week, over 9 in 10 (92%) adults reported they had now either received the COVID-19 vaccine or would be likely to have the vaccine if offered. This was similar to last week (89%). In early December 2020, around 8 in 10 (78%) adults indicated they would be likely to accept the vaccine if offered it (Figure 4).

Figure 4: Over 9 in 10 adults have received or would be likely to accept the COVID-19 vaccine if offered

Adults who have either received the vaccine or would be likely to have the vaccine, Great Britain, December 2020 to January 2021

Notes:

1. Questions: "Have you received a vaccine for the coronavirus (COVID-19)?", "Have you been offered the vaccine for the coronavirus (COVID-19)?" and "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?".
2. Base: all adults.
3. Questions asked about attitudes toward COVID-19 vaccination have changed over the survey periods shown so interpretation of this time series should be made with caution. For more information please see the datasets associated with this bulletin.
4. Response category of "Adults who have either received the vaccine or would be likely to have the vaccine" includes those who reported they have either received the COVID-19 vaccine, accepted an offer of a vaccine and are awaiting vaccination, or would be very or fairly likely to have the vaccine if offered.
5. Response categories of "Adults who have been offered and declined the vaccine or would be very or fairly unlikely to have the vaccine if offered", "Neither", "Don't know" and "Prefer not to say" are not shown on this chart.
6. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

[Data download](#)

Whether adults reported they had either received the COVID-19 vaccine, or were likely to have the vaccine if offered seemed to increase with age. Amongst 16- to 29-year-olds, this figure was 85%, increasing to 89% of adults aged 30 to 49 years, 97% of adults aged 50 to 69 years and 99% of adults aged 70 years and above (Figure 5).

Figure 5: Over 8 in 10 (85%) adults aged 16 to 29 years compared with 99% of adults aged 70 years and above said they had either received or would be likely to have the vaccine if offered

Great Britain, 27 to 31 January 2021

Notes:

1. Questions: "Have you received a vaccine for the coronavirus (COVID-19)?", "Have you been offered the vaccine for the coronavirus (COVID-19)?" and "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?".
2. Base: all adults.
3. Totals may not sum to 100% due to rounding.
4. Response category of "Have either received the vaccine or would be likely to have the vaccine if offered" includes those who reported they have either received the COVID-19 vaccine, accepted an offer of a vaccine and are awaiting vaccination, or would be very or fairly likely to have the vaccine if offered.
5. Response category of "Have been offered and declined the vaccine or would be unlikely to have the vaccine if offered" includes those who reported they have either declined the COVID-19 vaccine or would be very or fairly unlikely to have the vaccine if offered.
6. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

[Data download](#)

This week, of those who had not already received or been offered the COVID-19 vaccine, 91% of adults would be likely (either very or fairly likely) to have the vaccine if offered, with 4% unlikely (either very or fairly unlikely). These are similar proportions to those reported last week (88% and 5% respectively).

Of all adults who said they would be unlikely to have the COVID-19 vaccine if offered, or had decided not to have the vaccine when offered, the most commonly reported reasons why not remained similar this week and last week. These were:

- feeling worried about the side effects (45% this week compared with 50% last week)
- feeling worried about the long-term effects on their health (44% compared with 41% last week)
- wanting to wait to see how well the vaccine works (35% this week compared with 42% last week) (Figure 6)

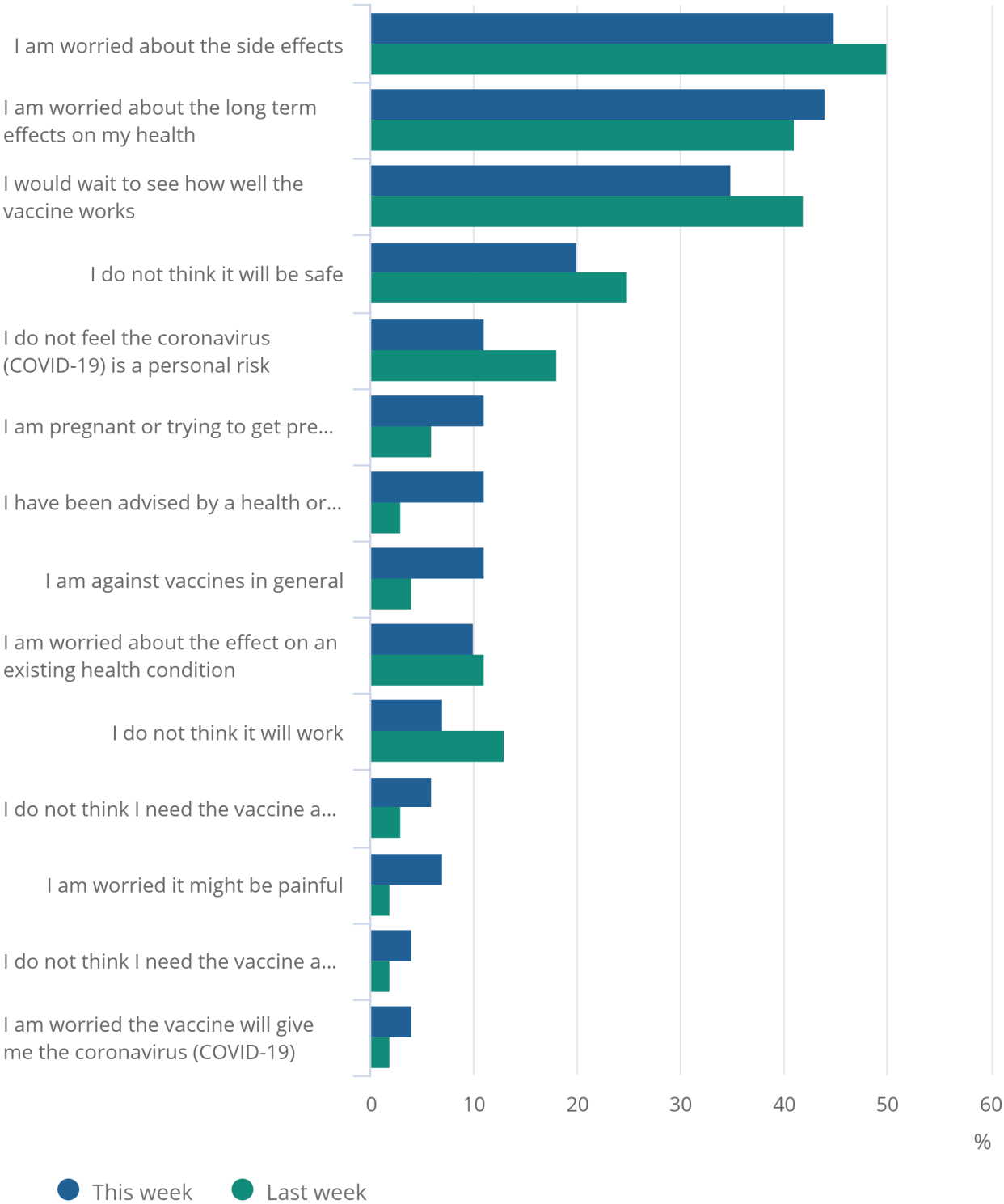
Because of small sample sizes, differences between this week and last week should be treated with caution.

Figure 6: For adults who reported being unlikely to have the vaccine or had declined it, common reasons were worries about side effects, long-term effects on health or how well the vaccine works

Great Britain, 20 to 31 January 2021

Figure 6: For adults who reported being unlikely to have the vaccine or had declined it, common reasons were worries about side effects, long-term effects on health or how well the vaccine works

Great Britain, 20 to 31 January 2021



Notes:

1. Question: "For what reasons would you be unlikely to have a vaccine for the coronavirus (COVID-19) if it was offered to you?" or "For what reasons did you decide to not have the vaccine for the coronavirus (COVID-19) when it was offered to you?".
2. Base: adults who reported they were very unlikely or fairly unlikely to have the COVID-19 vaccine if it was offered to them or who had reported deciding not to take the COVID-19 vaccine when offered it.
3. "This week" refers to responses collected during the period 27 to 31 January 2021. "Last week" refers to responses collected during the period 20 to 24 January 2021.
4. Response categories of "Other" and "Prefer not to say" are not shown on this chart. Response for the categories "I do not have the time" and "Don't know" have been suppressed because of low sample sizes.
5. Wording for the response category "I am pregnant or trying to get pregnant and afraid of worried about the effects on my baby" changed this week (27 to 31 January) from "I am pregnant and afraid of the effects on my baby" (20 to 24 January).
6. Response categories of "I am unable to take time off work to get the vaccine" and "I am unable to travel to the vaccine centre" have been removed from the chart due to only being included as an answer option in the latest data collection (27 to 31 January). Estimates for this response category are available in the dataset associated with this release.
7. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Further statistics on attitudes to vaccines this week can be found in Table 12 of the [accompanying dataset](#). For more information on attitudes to vaccines amongst different sub-groups of the population, including breakdowns by age, sex, ethnic group and disability status, see [Coronavirus and the social impacts on Great Britain: 29 January 2021](#).

7 . Attitudes to mass testing

In selected areas, the UK and devolved governments are offering tests for the coronavirus (COVID-19) to everyone living or working in the area, whether they have symptoms or not; this is sometimes referred to "[mass testing](#)" or "[community testing](#)".

This week around 8 in 10 (79%) adults in Great Britain reported they strongly supported or tended to support mass testing for COVID-19, the same percentage as the week before. This has remained relatively stable since the question was first asked in December 2020, ranging between 79% and 81%.

If mass testing were available in their area, around 7 in 10 (69%) adults said they would be very likely or fairly likely to get a test for COVID-19 even if they had no symptoms; the same percentage as the week before.

Further statistics on mass testing can be found in Table 12 in the [accompanying datasets](#).

8 . Social impacts on Great Britain data

[Coronavirus and the social impacts on Great Britain](#)

Dataset | Released 5 February 2021

Indicators from the Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. Includes breakdowns by at-risk age, sex and underlying health condition.

9 . Glossary

Lockdown

On 5 January 2021, the UK government announced a further national lockdown for [England](#). Similar rules applied for [Scotland](#) and [Wales](#), particularly the message to "stay at home" meaning that adults in Great Britain were under a national lockdown at the start of the year in 2021.

Personal well-being

Personal well-being measures ask people to evaluate, on a scale of 0 to 10, how satisfied they are with their life overall, whether they feel the things they do in life are worthwhile, and happiness and anxiety yesterday.

Vaccination for COVID-19

Following the first coronavirus (COVID-19) vaccine being given in the UK on 8 December 2020, the COVID-19 vaccination is now being provided in various locations across the country. The vaccine is currently being offered in some hospitals and pharmacies, at local vaccination centres run by GPs and at larger vaccination centres.

[National Health Service \(NHS\) guidance on the COVID-19 vaccine](#) is available.

More information on [the number of people who have received the COVID-19 vaccine to date](#) is available.

Working adults

For this survey, a person is said to be a "working adult" if:

- they had a paid job, either as an employee or self-employed
- they did any casual work for payment
- they did any unpaid or voluntary work in the previous week

10 . Measuring the data

The Opinions and Lifestyle Survey (OPN) is a monthly omnibus survey. In response to the coronavirus (COVID-19) pandemic, we have adapted the OPN to become a weekly survey used to collect data on the impact of the coronavirus on day-to-day life in Great Britain. In the latest wave, 6,029 individuals were sampled, with a response rate of 78% (or 4,624 individuals) for the survey conducted from 27 January to 31 January 2021.

The survey results are weighted to be a nationally representative sample for Great Britain, and data are collected using an online self-completion questionnaire. Individuals who did not want to or were unable to complete the survey online had the opportunity to take part over the phone.

Where changes in results from previous weeks or differences between groups are presented in this bulletin, associated [confidence intervals](#), which are included in the [associated datasets](#), indicate their significance.

Estimates in this bulletin are rounded to the nearest whole number. Where individual answer categories for a question have been combined to provide an estimate, this total may not appear to sum to the total of individual categories because of this rounding.

Estimates of attitudes towards vaccination provided since 13 to 17 January should be used with caution when compared with any weeks prior to this. In the weeks prior to this, adults were asked their likelihood of having the vaccine if offered, but were not specifically asked if they had already been offered or received the vaccine.

Sampling

A sample of 6,029 households was randomly selected from those that had previously completed the Labour Market Survey (LMS). From each household, one adult was selected at random but with unequal probability. Younger people were given higher selection probability than other people because of under-representation in the sample available for the survey. The survey also includes a boosted sample for England, to allow more detailed analysis at a regional level, which are available in the datasets.

Weighting

The responding sample in the week 27 January to 31 January 2021 contained 4,624 individuals (78% response rate). Survey weights were applied to make estimates representative of the population.

Weights were first adjusted for non-response and attrition. Subsequently, the weights were calibrated to satisfy population distributions considering the following factors: sex by age, region, tenure, highest qualification and employment status. For age, sex and region, population totals based on projections of mid-year population estimates for January 2021 were used. The resulting weighted sample is therefore representative of the Great Britain adult population by a number of socio-demographic factors and geography.

For more information, see [Opinions and Lifestyle Survey Quality and Methodology Information](#).

11 . Strengths and limitations

The main strengths of the Opinions and Lifestyle Survey (OPN) include:

- it allows for timely production of data and statistics that can respond quickly to changing needs
- it meets data needs: the questionnaire is developed with customer consultation, and design expertise is applied in the development stages
- robust methods are adopted for the survey's sampling and weighting strategies to limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of the OPN include:

- analysis of estimates in Wales and Scotland are based on low sample sizes, and therefore caution should be used with these estimates
- comparisons between periods and groups must be done with caution as estimates are provided from a sample survey; as such, [confidence intervals](#) are included in the datasets to present the sampling variability, which should be taken into account when assessing differences between periods, as true differences may not exist

12 . Related links

[Coronavirus \(COVID-19\) latest data and analysis](#)

Web page | Updated as data become available

Latest data and analysis on the coronavirus (COVID-19) in the UK and its effects on the economy and society.

[Deaths registered weekly in England and Wales, provisional: week ending 22 January 2021](#)

Bulletin | Released 2 February 2021

Provisional counts of the number of deaths registered in England and Wales, including deaths involving COVID-19, by age, sex and region, in the latest weeks for which data are available.

[Coronavirus and the social impacts on behaviours during different lockdown periods, Great Britain: up to February 2021](#)

Article | Released 5 February 2021

Attitudes towards staying and working at home, meetings in personal and public places, compliance with lockdown rules, well-being and when life will return to normal.

[Quarterly estimates of personal well-being in the UK: April 2011 to September 2020](#)

Article | Released 4 February 2021

Quarterly estimates of life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety at the UK level, created using the Annual Population Survey (APS). Covering the periods from Quarter 2 (April to June) 2011 through to Quarter 3 (July to September) 2020.

[Personal and economic well-being in Great Britain: January 2021](#)

Bulletin | Released 20 January 2021

Estimates looking across personal and economic well-being covering the period from March to December 2020, to understand the impact of the coronavirus pandemic on people and households in Great Britain.

[Coronavirus and the social impacts on disabled people in Great Britain: September 2020](#)

Article | Released 11 November 2020

The social impacts of the coronavirus pandemic on disabled people in Great Britain based on indicators from the Opinions and Lifestyle Survey (OPN). Insights from qualitative research commissioned by the Cabinet Office Disability Unit and conducted by Policy Lab help illustrate how these indicators can be experienced by disabled people in day-to-day life.

[Coronavirus \(COVID-19\) roundup](#)

Blog | Updated as data become available

Catch up on the latest data and analysis related to the coronavirus pandemic and its impact on our economy and society.