# Self-reported adherence to self-isolation and social distancing measures

*11th May 2020*

## Summary

This report summarises data from Wave 13 and 14 questions pertaining to self-reported adherence to self-isolation and social distancing measures, symptom recognition, and identifies factors associated with out-of-home shopping behaviour. All associations investigated were cross-sectional, therefore, we cannot determine the direction of causality.

*Key outcomes*

* Reported adherence to self-isolation measures was low.
* Identification of the most common symptoms of coronavirus was low.
* Whilst self-reported adherence to social distancing measures out of the home was high, factors associated with increased shopping behaviour included: decreased worry about coronavirus generally, decreased worry about the functioning of the NHS, decreased perceived risk of coronavirus to oneself and friends and relatives, and better self-reported general health.

*Recommendations*

* **Messages should focus on increasing awareness about the symptoms of coronavirus.** Messages should stress that if you have symptoms, they are likely to be due to coronavirus and you should stay at home (not leaving for any reason) no matter how mild the symptoms.
* Messaging should stress that if symptomatic oneself, or someone in one’s household is symptomatic, you **should not leave the home for any reason** for seven or fourteen days respectively.
* Communications should continue to emphasise that **people can spread coronavirus even if they are asymptomatic**. This may also decrease out-of-home activity in those who do not have symptoms in their household (e.g. shopping for non-essentials).
* **Campaigns should clearly address three different populations/situations**: if you yourself have or develop symptoms; if someone in your household has or develops symptoms; and, if no one in the household has symptoms. Using separate taglines for each group may help.
* Messaging stressing the importance of the NHS and the risk of frequent outings may help reduce shopping activity.

*Self-isolation if you were symptomatic*

1. Due to the small sample sizes, results should be taken with caution.
2. 6% of participants (n=253) reported having had a high temperature/fever or a new, continuous cough in the past seven days.
3. **Only 23% (n=58) of people who reported having had a high temperature/fever or a new, continuous cough in the past seven days correctly identified high temperature / fever and cough as symptoms of coronavirus.**
   * Of those who reported having had a high temperature/fever or a new, continuous cough in the past seven days, only **54% reported that they thought they had had coronavirus**.
   * Some of these symptoms may have arisen due to other reasons, for example, hay fever.
4. Self-reported adherence to self-isolation measures when symptomatic was poor, with only **36% reporting that they were staying at home** (for seven or fourteen days; n=92).
   * Only **18%** (n=45) of those who were symptomatic **reported not leaving the house at all for any reason**.
   * Due to confusion about the length of time that you should self-isolate for, we grouped staying at home for seven and fourteen days together.]
5. Of those who were symptomatic: 23% went out to shop for groceries/pharmacy; 20% went out to shop for things other than groceries/pharmacy; 19% went out for a walk or some other exercise; 17% went out to help or provide care for a vulnerable person; 17% went out for a medical need other than coronavirus; 13% went out to work; 11% did not think it was necessary to stay at home; and 9% met up with friends and/or family. 18% (n=45) have not left home at all.
6. Due to the small number of people who reported that they had experienced symptoms in the last seven days, we did not run any further analyses on these data.

*Self-isolation if a member of your household was symptomatic, but you were not*

1. The percentage of people who reported that a household member had developed a high temperature/fever or a new, continuous cough in the past seven days, but had not developed symptoms themselves was very low (2%, n=65). We are unable to draw any conclusions from these data.
2. **Only 40% (n=26) of people who did not have symptoms themselves of coronavirus, but whose household member had symptoms in the past seven days correctly identified high temperature / fever and cough as symptoms of coronavirus.**
3. Self-reported adherence to self-isolation measures when someone else in the household was symptomatic (but you were not symptomatic yourself) was also poor, with **45% reporting that they were currently staying at home** (for seven or fourteen days; n=29).
   * Of participants whose household members were symptomatic (but who were not symptomatic themselves), **29% reported that they would not leave the home at all** (n=19).
   * Due to confusion about the length of time that you should self-isolate for, we grouped staying at home for seven and fourteen days together.
4. Of those who reported that a household member was symptomatic, but they were not symptomatic themselves: 23% reported that their household member’s symptoms are only mild; 20% went out to shop for groceries/pharmacy; 14% went out for a medical need other than for coronavirus; 11% went out for a walk or some other exercise; 9% went out to help or provide care for a vulnerable person; 6% went out to work; 3% did not think it was necessary to stay at home; 3% went out to shop for things other than groceries/pharmacy; and 3% met up with friends and/or family. 29% (n=19) would not leave the home at all.
5. Due to the small number of people who reported that a household member who had experienced symptoms in the last seven days and who had not experienced symptoms themselves, we did not run any further analyses on these data.

*Social distancing*

1. 90% (n=3623) reported no symptoms in the household (themselves or a household member. We analysed out-of-home activity among these participants.
2. **66% correctly identified cough and high temperature / fever as symptoms of coronavirus.**
3. 95% report having seen or heard advice on how to protect yourself and others from coronavirus. 98% report having seen or heard advice to "stay at home, protect the NHS, save lives".
4. Self-reported adherence to measures ranged depending on the behaviour. The percentage of people reporting:
   * **going out for exercise seven times or less in the past seven days was 99%.** 
     + Of those who had gone out for exercise, 16% had been in close contact with someone while doing this.
   * **not going out to meet friends or family in the past seven days was 96%.** 
     + Of those who had met up with friends or family in the past seven days, 44% had been in close contact with someone while doing this.
   * **not going to the shops for things other than groceries/pharmacy was 83%.**
     + Of those who had gone out to the shops for things other than groceries/pharmacy, 34% had been in close contact with someone while doing this.
   * **going to the shops for groceries/pharmacy once or less in the past seven days was 63%** (NB – Government guidance states that shopping for these items should be “as infrequent as possible”. Therefore, we cannot say whether people are “adhering” to this measure or not.)
     + Of those who had gone out to the shops for groceries/pharmacy, 36% had been in close contact with someone while doing this.
   * **going out to help or provide care for a vulnerable person in the past seven days was 17%**.
     + Of those who had gone out to help or provide care for a vulnerable person in the past seven days, 28% had been in close contact with someone while doing this.
   * **going out for a medical need in the past seven days was 10%.**
     + Of those who had gone out for a medical need in the past seven days, 34% had been in close contact with someone while doing this.
   * **going out to work at all in the past seven days was 16%.**
     + Of those who had gone out to work, 56% had been in close contact with someone while doing this.
     + Of those who had gone out to work, 58% identified themselves as a key worker.
   * We **restricted the sample to those who were not key workers**, resulting in 2570 participants.
     + Of this group, **6% reported going to work**. The most common self-reported reasons for going to work were: not being able to do one’s job from home (52%); have an important task that I need to do in person (24%); having been asked by one’s boss to go in to work (28%); and not being able to afford to stop working (22%, NB question allowed multiple answers to be selected). 20% identified themselves as key or critical workers (NB – key workers according to work section had been excluded from this sample).
5. We analysed predictors of going to the shops for groceries/pharmacy twice or more in the last week (NB – this is not against Government measures, as guidance states that shopping for essentials should be “as infrequent as possible”) and going to the shops for things other than groceries / pharmacy (see Table 1).
   * We did not analyse other outcomes due to skewed samples (e.g. adhering to guidelines about exercise and meeting up with friends) and an inability to tell whether people were “adhering” to guidelines as all outings for these reasons are legitimate reasons to leave the home (e.g. leaving the home for a medical need and to help or provide care for a vulnerable person).
6. There were some regional differences in shopping for groceries/pharmacy twice or more in the last week (those in Scotland were more likely to go shopping for groceries/pharmacy twice or more in the last week than those in the East Midlands). There were no regional differences in shopping for items other than groceries/pharmacy.
7. **Going to the shops twice or more in the last week may be measuring an index of living day-to-day.** This is supported by findings that increased measures of self-reported poverty and living in more deprivation were associated with going shopping for groceries/pharmacies twice or more in the last week.
8. Increased shopping behaviour (for essentials and non-essentials) was associated with **decreased worry about coronavirus generally, decreased worry about the functioning of the NHS, decreased perceived risk of coronavirus to oneself and friends and relatives,** and **better self-reported general health**.
9. Decreased shopping behaviour (for essentials and non-essentials) was associated with **having a pre-existing chronic condition that that makes you more vulnerable to coronavirus**.
10. Not going out to the shops for items other than groceries/pharmacy was associated with **agreeing that people can spread coronavirus even if they are asymptomatic** and that your **personal behaviour has an impact on how coronavirus spreads**.

Table 1. Associations with going to the shops for groceries/pharmacy twice or more, and for things other than groceries/pharmacy once or more, in the last week.

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|  | **Going to the shops, for groceries/pharmacy (2 or more, n=1345)** | **Going to the shops, for things other than groceries/pharmacy (1 or more, n=605)** |
| Medium effect – more likely to go out | Having gone shopping for items other than groceries/pharmacy in the last week. | Having gone shopping for groceries/pharmacy twice or more in the last week. |
| Small effect – more likely to go out | Male gender, working (vs not working), living in deprivation (IMD), being in permanent employment (vs not), decreased worry about coronavirus, decreased perceived risk to oneself and friends and relatives, decreased perceived severity of coronavirus, decreased perceived likelihood of catching coronavirus, decreased concern about spreading coronavirus to someone who is at risk, decreased mental wellbeing, better self-reported general health, decreased worry about the functioning of the NHS, increased worry about the UK economy, self-reported markers of poverty. | Male gender, working (vs not working), being of Black or minority ethnicity, lower SES (highest earner in household is manual worker), decreased worry about coronavirus, decreased perceived risk to oneself and friends and relatives, increased credibility of the Government, better self-reported general health, decreased worry about the functioning of the NHS, self-reported markers of poverty. |
| Not associated | Having a dependent child, household member having a chronic illness, having a family member or friend working for the NHS, ethnicity, education, marital status, being the sole carer for dependent children, SES (highest earner in household is manual worker), being self-employed, knowing the symptoms of coronavirus, agreeing that people can spread coronavirus even if they are asymptomatic, agreeing that your personal behaviour has an impact on how coronavirus spreads, credibility of the Government, thinking you have had coronavirus, mental distress, ability to keep child(ren) entertained and developing, connectedness, having seen or heard advice on how to protect yourself from coronavirus, having seen advice to “stay at home, protect the NHS, save lives”. | Age, having a dependent child, household member having a chronic illness, having a family member or friend working for the NHS, living in deprivation (IMD), education, marital status, being the sole carer for dependent children, employment type (permanent vs not), self-employed, perceived severity of coronavirus, perceived likelihood of catching coronavirus, being concerned about spreading coronavirus to someone who is at risk, thinking you have had coronavirus, mental distress, mental wellbeing, worry about the UK economy, ability to keep child(ren) entertained and developing, connectedness, having seen or heard advice on how to protect yourself from coronavirus. |
| Small effect – less likely to go out | Older age (75+ years), increased satisfaction with the Government. | Having a coronavirus-relevant chronic illness, knowing the symptoms of coronavirus, agreeing that people can spread coronavirus even if they are asymptomatic, agreeing that your personal behaviour has an impact on how coronavirus spreads, increased satisfaction with the Government. |
| Medium effect – less likely to go out | Having a coronavirus-relevant chronic illness. | Having seen advice to “stay at home, protect the NHS, save lives”. |

Datasets used:

* Department of Health and Social Care weekly tracker
  + Tracking DHSC marketing, coronavirus attitudes, beliefs, knowledge, reported behaviour, satisfaction with Government response, credibility of Government.
  + These analyses used wave 13 (20-22 April) and 14 data (27-29 April).
  + We used logistic regressions to investigate associations between predictive factors and going out to the shops for groceries/pharmacy twice or more, and for things other than groceries/pharmacy once or more in the last week.
  + All analyses controlled for wave, region, gender, age, having a dependent children, having a coronavirus-relevant chronic illness, a household member having any chronic illness, employment status (working vs not), being an NHS worker oneself, having a family member who is an NHS worker, having a friend who is an NHS worker, index of multiple deprivation, ethnicity and education.
  + While we analysed data using the same statistical methods as our social distancing report in Wave 10 (delivered 3rd April), these data are not comparable due to the use of slightly different populations (in wave 10 we analysed the whole sample. In the analyses presented here, we analysed only those who reported not having symptoms themselves and no household members who had symptoms).
  + Market research company commissioned: BMG Research.
  + *This survey is not designed to collect the views of NHS workers and respondents in this sample working in the NHS are not representative of the wider NHS workers in general. In particular, the sample in the survey is of NHS staff who have time to participate in on-line polls. In the context of a major public health crisis this poses very substantial limitations.*

*Please note that this work has been conducted rapidly and has not been peer reviewed or subject to normal quality control measures.*

Dr Louise E. Smith (KCL), Professor Nicola T. Fear (KCL), Dr Henry W.W. Potts (UCL), Professor Susan Michie (UCL), Professor Richard Amlȏt (PHE), Dr G James Rubin (KCL)

Contact details: [louise.e.smith@kcl.ac.uk](mailto:louise.e.smith@kcl.ac.uk), [richard.amlot@phe.gov.uk](mailto:richard.amlot@phe.gov.uk), [gideon.rubin@kcl.ac.uk](mailto:Gideon.rubin@kcl.ac.uk)