**Self-reported adherence to social distancing measures**

DHSC Tracker Surveys, Wave 10, 30 March – 1 April 2020 (n=2012)

### 3rd April 2020

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Summary:

* Self-reported adherence to measures ranged depending on the behaviour, with 99% adherence to exercise measures (once daily) and 58% adherence to going to the shops for groceries/pharmacy (once weekly).
* The vast majority of participants reported having seen advice about how to protect yourself and others (96%), and the “stay at home, save lives” campaigns (97%). Consequently, we cannot draw any meaningful associations from these analyses.
* Being male, aged 16-24 years and living in a more deprived area were associated with non-adherence to multiple social distancing measures.
* Currently working (working full-time, part-time or being self-employed vs not working) was associated with non-adherence to going to the shops for groceries/pharmacy and going out to work. Having a family member working for the NHS was associated with non-adherence to going to the shops for things other than groceries/pharmacy and going out to meet with friends or family.
	+ Of those who were employed (defined as working full-time, part-time or being self-employed): not having a permanent job was associated with non-adherence to going to the shops for things other than groceries/pharmacy and going out to meet with friends or family. Self-employment was not associated with non-adherence to any measure
	+ Socio-economic group (highest earner in household being a manual worker) was associated with non-adherence to going shopping for things other than groceries/pharmacy; no association with non-adherence to other measures
* Thinking you have had coronavirus, or having had it confirmed by a test, was associated with non-adherence to social distancing measures.
* Those who were more worried about the impact coronavirus would have on their mental health were also less likely to adhere to measures.
* Worry about coronavirus and perceived risk of coronavirus were strongly associated with adherence to going to the shops for groceries/pharmacy, but evidence was mixed for associations with adherence to going to the shops for things other than groceries/pharmacy and meeting up with friends (however results for non-adherence to the latter two measures should be taken with caution due to the small proportion of people not adhering to guidelines).
* Few factors were associated with going out to work, in a sample defined as non-key workers. While results should be taken with caution due to the smaller sample size, this might suggest that organisational level changes, rather than individual factors, play a larger role in going out to work if not necessary.

Recommendations

* Targeted messaging for groups who are not adhering to social distancing measures, in particular males, those aged 16-24 years, and those living in more deprived areas, may help with compliance with social distancing measures, in particular for behaviours which are not currently allowed in accordance with Government guidelines (e.g. going to the shops for items other than groceries/pharmacy, and meeting friends or family).
* Further support from organisations and employers, rather than addressing individual-level factors, may encourage people to stop going to work if not necessary.
* Messaging should not focus on worry and perceived risk/severity of the coronavirus as evidence for associations with adherence to different social distancing measures was mixed.
* People who are more worried about the coronavirus impacting their mental health are less likely to adhere to social distancing measures. Messages promoting wellbeing during the outbreak should be considered. Further work is needed to understand this relationship.

Going to the shops, for groceries/pharmacy

* The proportion of people reporting going to the shops for groceries/pharmacy once or less in the past seven days was 58% (n=1166); 42% (n=846) had gone twice or more in the past seven days.
	+ Of those who had gone out to the shops for groceries/pharmacy, 40% had been in close contact with someone while doing this
* Being in an “at risk” group (70 years or older, or having a coronavirus-relevant chronic illness) was associated with adhering to these measures and going shopping for groceries/pharmacy once or less in the last seven days.
* Being male, working (in full-time work, part-time work, or self-employed vs not working), and living in the most deprived quartile (compared to least deprived quartile) were associated with going shopping for groceries/pharmacy twice or more in the last seven days.
* There were no associations with other employment characteristics including having a permanent job, being self-employed, being a key worker, or the highest earner in the household being a manual worker. Nor were there further age effects.
* Decreased worry about coronavirus, lower perceived risk of coronavirus (to self and people in UK), decreased perceived severity of coronavirus to oneself, decreased perceived likelihood of catching coronavirus, and being less worried about the impact of coronavirus on “your health” were associated with not adhering to this measure, as was decreased credibility of the Government.
* There were no associations between adhering to these measures and: satisfaction with Government, agreeing that someone can spread coronavirus even if they do not show symptoms, agreeing that you are concerned about spreading coronavirus to someone who is at risk, or worry about the impact of coronavirus on “your mental health”.

Going for a walk or some other exercise:

* The proportion of people who reported having left the house to go for a walk or some other form of exercise 7 or fewer times in past seven days was 99% (n=1991); only 1% (n=21) reported going 8+ times in past seven days.
	+ Of those who had gone out for a walk or some other exercise, 18% had been in close contact with someone while doing this.
* Due to small numbers of people who have not adhered to the guidelines for this behaviour, we were unable to run any analyses investigating factors associated with not adhering to this measure.

Going out to work:

* In the whole sample, 83% report not having gone to work at all in the past seven days (n=1666); 17% had gone out to work at least once in the last week (n=346).
	+ Of those who had gone out to work, 54% (n=181/334 asked question) had been in close contact with someone while doing this.
	+ Of those who had gone out to work, 56% (n=192) identified themselves as a key worker.
* We restricted the sample to only those who were not key workers as defined by criteria in demographic questions. This left 540 participants (27% total sample). We ran analyses of adherence to this measure on participants who were not defined as key/essential workers.
	+ Of this group, 13% (n=72) 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 (57%); not being able to afford to stop working (29%); and having been asked by one’s boss to go in to work (29%, NB question allowed multiple answers to be selected). 11% identified themselves as key or critical workers.
* As analyses were based on a small sample, we cannot say for certain how strongly factors were associated with not going to work. Only being of Black or minority ethnicity, having a job, and living in a more deprived quartile (2nd quartile compared to 1st) were associated with not adhering to this measure. There were no age effects.
* No other factors were associated with non-adherence to this measure. While sample sizes were small and therefore we cannot be confident that analyses were not powered to capture small effects, this might suggest that systemic factors, rather than peoples’ perceptions, play a greater role in going out to work if not completely necessary.

Going to the shops, for things other than groceries/pharmacy

* The proportion of people who reported not going to the shops for things other than groceries/pharmacy was 83% (n=1673); 17% (n=339) reported going once or more in the past seven days
* Non-adherence was associated with male gender, being 16-24 years old (no difference with 25-34 year olds, less likely to adhere to guidelines than those aged 35+) having a dependent child, having a family member working for the NHS, and living in the most deprived quartile (compared to least deprived quartile).
* Not being in permanent employment and the highest earner in the household being a manual worker were also associated with going to the shops for things other than groceries/pharmacy.
* Thinking that you’ve had coronavirus or having it confirmed by a test, lower perceived risk of coronavirus to oneself, and not agreeing that someone can spread coronavirus even if they do not show symptoms yet were associated with non-adherence to this measure. Increased worry about the impact of coronavirus on “your mental health” was also associated with non-adherence.
	+ There was no association with worry about coronavirus, perceived risk of coronavirus to people in the UK, perceived severity of coronavirus to oneself, perceived likelihood of catching coronavirus, worry about the impact of coronavirus on “your health”, or concern about spreading coronavirus to someone who is at risk.
* There was no association with satisfaction with Government or perceived credibility of the Government.

Meeting up with friends and/or family that you don’t live with:

* The proportion of people who reported not going out to meet friends or family in the past seven days was 96% (n=1928); 4% (n=346) reported meeting friends or family that they don’t live with once or more.
* Due to the small number of people who reported meeting up with friends and/or family in the past seven days, we cannot say for certain how strongly factors were associated with non-adherence to this measure.
* Being male, being 16-24 years old (no difference with 25-34 year olds, less likely to adhere to guidelines than those aged 35+, except no difference with 65-74 year olds), having a dependent child, not being in permanent employment, as well as having a family member working for the NHS were associated with non-adherence to this measure.
* Thinking you have ever had coronavirus or having it confirmed by a test, decreased perceived risk to self, not agreeing that someone can spread coronavirus even if they do not show symptoms, and not agreeing that you are concerned about spreading coronavirus to someone who is at risk were associated with non-adherence to this measure, as was increased worry about the impact of coronavirus on “your mental health”.
* Worry about coronavirus, perceived risk to people in the UK, perceived severity of coronavirus to oneself, perceived likelihood of catching coronavirus, satisfaction with Government, credibility of Government, and worry about the impact of coronavirus on “your health” showed no association with non-adherence to this measure.

Other behaviours

* We did not run analyse on factors associated with whether people left the home for a medical need or to help or provide care for a vulnerable person as there is no way of quantifying whether this need was “valid” or not – according to Government guidelines, all outings for these reasons are legitimate reasons to leave the home.
* Going out for a medical need:
	+ 0 times in past seven days – 88% (n=1776), maximum number of times reported=20 (median without zero values = 1)
* Helping or providing care for a vulnerable person:
	+ 0 times in past seven days – 82% (n=1641), maximum number of times reported=22 (median without zero values = 2)

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

Table 1. Associations between personal characteristics, employment characteristics and non-adherence to social distancing measures

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Participant characteristics** | **Level** | **To go to the shops, for groceries/pharmacy (2 or more)** | **To go to the shops, for things other than groceries/pharmacy (1 or more)** | **To go out to work (1 or more) (n=540) §** | **To meet up with friends and/or family that you don’t live with (1 or more)** |
| Personal characteristics | Gender | Male | Reference | Reference | Reference | Reference |
| Female | 0.74 (0.61 to 0.89)\* | 0.45 (0.35 to 0.58)\* | 0.62 (0.36 to 1.07) | 0.37 (0.22 to 0.61)\* |
| Age | 16-24 years | Reference | Reference | Reference | Reference |
| 25-34 | 0.8 (0.54 to 1.18) | 0.74 (0.47 to 1.17) | 0.55 (0.19 to 1.57) | 0.8 (0.39 to 1.66) |
| 35-44 | 1.01 (0.68 to 1.5) | 0.54 (0.34 to 0.87)\* | 0.48 (0.16 to 1.43) | 0.27 (0.11 to 0.65)\* |
| 45-54 | 1.05 (0.71 to 1.55) | 0.38 (0.23 to 0.61)\* | 0.54 (0.19 to 1.53) | 0.3 (0.13 to 0.73)\* |
| 55-64 | 1 (0.67 to 1.5) | 0.23 (0.13 to 0.4)\* | 0.57 (0.18 to 1.78) | 0.07 (0.01 to 0.31)\* |
| 65-74 | 0.78 (0.51 to 1.21) | 0.32 (0.18 to 0.57) | - no cases in a cell | 0.43 (0.16 to 1.13) |
| 75+ | 0.52 (0.33 to 0.84)\* | 0.24 (0.12 to 0.46) | - no cases in a cell | 0.22 (0.06 to 0.79)\* |
| Dependent children | No | Reference | Reference | Reference | Reference |
| Yes | 0.82 (0.66 to 1.02) | 1.61 (1.22 to 2.11)\* | 0.82 (0.46 to 1.45) | 1.79 (1.06 to 2.99)\* |
| Chronic illness (defined by NHS as vulnerable) - self | None | Reference | Reference | Reference | Reference |
| Present  | 0.74 (0.59 to 0.92)\* | 0.77 (0.56 to 1.06) | 0.95 (0.39 to 2.29) | 1.23 (0.72 to 2.11) |
| Any chronic illness – other household member | None | Reference | Reference | Reference | Reference |
| Present | 1.14 (0.9 to 1.45) | 1.12 (0.81 to 1.55) | 0.65 (0.27 to 1.56) | 1.58 (0.89 to 2.78) |
| Employment status | Not working  | Reference | Reference | Reference | Reference |
| Working | 1.28 (1.03 to 1.6)\* | 1.31 (0.96 to 1.77) | 5.27 (1.21 to 22.94)\* | 1.12 (0.61 to 2.03) |
| Work for NHS - self | No | Reference | Reference | Reference | Reference |
| Yes | 0.99 (0.68 to 1.44) | 2.32 (1.53 to 3.52)\* | 0.65 (0.08 to 5.45) | 4.17 (2.21 to 7.87)\* |
| Work for NHS – members of my family | No | Reference | Reference | Reference | Reference |
| Yes | 1.05 (0.83 to 1.33) | 1.54 (1.14 to 2.08)\* | 0.75 (0.32 to 1.78) | 1.83 (1.08 to 3.11)\* |
| Work for NHS - friends | No | Reference | Reference | Reference | Reference |
| Yes | 1.14 (0.89 to 1.46) | 0.7 (0.5 to 1) [P=.050] | 0.91 (0.46 to 1.82) | 0.86 (0.45 to 1.66) |
| Socioeconomic group (Index of multiple deprivation) | 1st quartile (least deprived) | Reference | Reference | Reference | Reference |
| 2nd quartile | 1.32 (1 to 1.75) | 1.2 (0.8 to 1.81) | 3.11 (1.27 to 7.61)\* | 1.01 (0.48 to 2.17) |
| 3rd quartile | 1.17 (0.88 to 1.55) | 1.26 (0.84 to 1.89) | 1.68 (0.65 to 4.29) | 1.1 (0.52 to 2.33) |
| 4th quartile (most deprived) | 1.41 (1.06 to 1.87)\* | 1.78 (1.2 to 2.62)\* | 1.78 (0.7 to 4.52) | 1.03 (0.49 to 2.13) |
| Ethnicity | White | Reference | Reference | Reference | Reference |
| Black and Minority  | 0.83 (0.58 to 1.19) | 1.08 (0.69 to 1.68) | 2.89 (1.26 to 6.64)\* | 0.48 (0.19 to 1.21) |
| Highest educational or professional qualification | GCSE/vocational/A-level/No formal qualifications | Reference | Reference | Reference | Reference |
| Degree or higher (Bachelors, Masters, PhD) | 1.05 (0.86 to 1.29) | 1.03 (0.79 to 1.36) | 1.05 (0.6 to 1.85) | 0.99 (0.59 to 1.65) |
| Ever had coronavirus | Don’t know or think have not | Reference | Reference | Reference | Reference |
| Think have, or have had it confirmed | 0.97 (0.7 to 1.33) | 1.53 (1.05 to 2.23)\* | 1.34 (0.59 to 3.30) | 3.25 (1.84 to 5.76)\* |
| Employment characteristics | Employment type‡ | Permanent job | Reference | Reference | Reference | Reference |
| Other | 1.02 (0.71 to 1.47) | 1.67 (1.08 to 2.59)\* | 1.02 (0.48 to 2.19) | 2.52 (1.21 to 5.26)\* |
| Self-employed‡ | No | Reference | Reference | Reference | Reference |
| Yes | 1.13 (0.72 to 1.80) | 1.26 (0.70 to 2.27) | 0.98 (0.39 to 2.46) | 1.12 (0.37 to 3.35) |
| Key worker‡ | No | Reference | Reference | - | Reference |
| Yes | 1.12 (0.87 to 1.43) | 1.41 (1.02 to 1.94)\* | - | 2.29 (1.15 to 4.58)\* |
| Highest earner in household | Not manual worker | Reference | Reference | Reference | Reference |
| Manual worker | 0.96 (0.77 to 1.19) | 1.51 (1.14 to 2)\* | 1.03 (0.55 to 1.91) | 1.08 (0.63 to 1.84) |

†Adjusted for personal characteristics (not including ever having had coronavirus) and region

‡Not adjusting for employment status (employment type and key worker questions only asked to a subsection of sample based on answers to employment question; self-employment taken as answer from employment status)

§ Doesn’t adjust for age, as no cases in one cell

* Employment type asked only to those who were in full-time, part-time or self-employment.
* Self-employment asked only to those who were in full-time, part-time or self-employment.
* Key worker as defined by question in D3B of questionnaire.

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.
	+ Data collected weekly (Monday to Wednesday) since late January.
	+ N~2000 per wave.
	+ 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.*

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