



# Safely Managing Covid-19: Greater Manchester Population Survey

Survey 2 Report

January 2021

Based on fieldwork 18 – 31 Dec, while under tier 3 local restrictions

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# Introduction and methodology

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# Background and methodology

## Background

- **COVID-19 (coronavirus) is having significant impacts** on the lives of residents and the city region of Greater Manchester (GM) as a whole.
- **The nature and extent of these impacts are not evenly experienced** across the population, which affects how well-equipped and empowered parts of the population are to stop the spread of the virus & the resulting impacts.
- Although there is extensive national research into these issues, particularly during the earlier stages of the pandemic, **relying on national surveys does not give the level of detail required** on who within the GM population is being most affected, the issues they are facing, what support they need, and how communications and support may be best targeted and delivered.
- The focus of this research is therefore to **provide regular ongoing insight on these issues and impacts across GM as a whole, and within its 10 Local Authorities**, to:
  - Help ensure communications and engagement activities are insight-led and appropriately delivered and targeted; and
  - To support the behaviour change GM needs to inspire across the population to stop the spread of COVID-19 and its unequal impacts.

## Methodology

- **BMG Research** was commissioned to undertake **monthly online and telephone (CATI) surveys, of at least 1,000 residents** of GM each time, with quotas to achieve a sample of at least 100 residents in each Local Authority.
- **Quotas were set** to ensure the sample broadly reflected the profile of residents by gender, age, ethnicity and disability, with further consideration for wider protected and key characteristics.
- **Weights have been applied to the data** gathered to ensure the sample matches the population profile by these quota variables more precisely, and to ensure consistency between individual surveys.
- **Each monthly survey should take 15 minutes** on average for respondents to complete, however due to the emotive nature of the topic interviews by telephone take longer than this.
- Two surveys have so far been completed:
  - Survey 1 fieldwork took place between 20<sup>th</sup> Nov and 2<sup>nd</sup> Dec 2020: 707 surveys were completed online and 309 by CATI – a total sample of 1016.
  - Survey 2 fieldwork took place between 18<sup>th</sup> and 31<sup>st</sup> of Dec 2020: 751 surveys were completed online and 256 by CATI – a total sample of 1007.
  - The second survey, and subsequent surveys, are accompanied by **deep-dive qualitative interviews with 10 residents**, investigating in more detail key issues or audiences of interest. Participants are selected from telephone survey participants who have consented to be contacted for a follow-up. During coronavirus restrictions, these interviews are undertaken remotely, by video and telephone call.

# Report content and guidance

## Report contents & guidance

**This report focuses on the findings from survey 2**, and where questions have remained the same provides comparisons with survey 1; differences between the surveys that are statistically significant are underlined. As well as continuing to understand concerns and impacts of the pandemic among GM residents survey 2 aims to **understand how residents feel coming out of a second national lockdown, and their perspectives on the imminent vaccine roll out and mass testing strategies.**

The report presents a range of tables and charts with accompanying narrative to highlight the key findings from each section of the survey among the 'total GM' sample i.e. all 1007 respondents. Where relevant differences by local authority and other population characteristics are also reported. These **differences are significantly different statistically (at the 95% level of confidence) compared with the 'total GM' figures i.e. the GM average.**

On some questions responses have been filtered on those who were asked relevant questions (e.g. those in work or with children), and bases may be lower than the full sample of 1007 in some instances. Where relevant, this has been noted on the slides, along with the unweighted base sizes. Any low bases with an unweighted base size below 50 have also been noted.

The following pages of the summary (6-19) highlight the key findings with regards to the key concerns, anxieties and impacts the pandemic has had on Greater Manchester overall, as well as GM residents' knowledge and understanding, attitudes and behaviours with regards to coronavirus itself, and the measures, restrictions and guidelines that have been put in place or are planned to try and stop its spread.

These highlights are followed by further detail on these and related issues, including how residents are accessing information on coronavirus and any barriers they may be facing. The report highlights any significant changes between surveys 1 and 2 in any of the measures reported, where questions have stayed consistent between surveys.



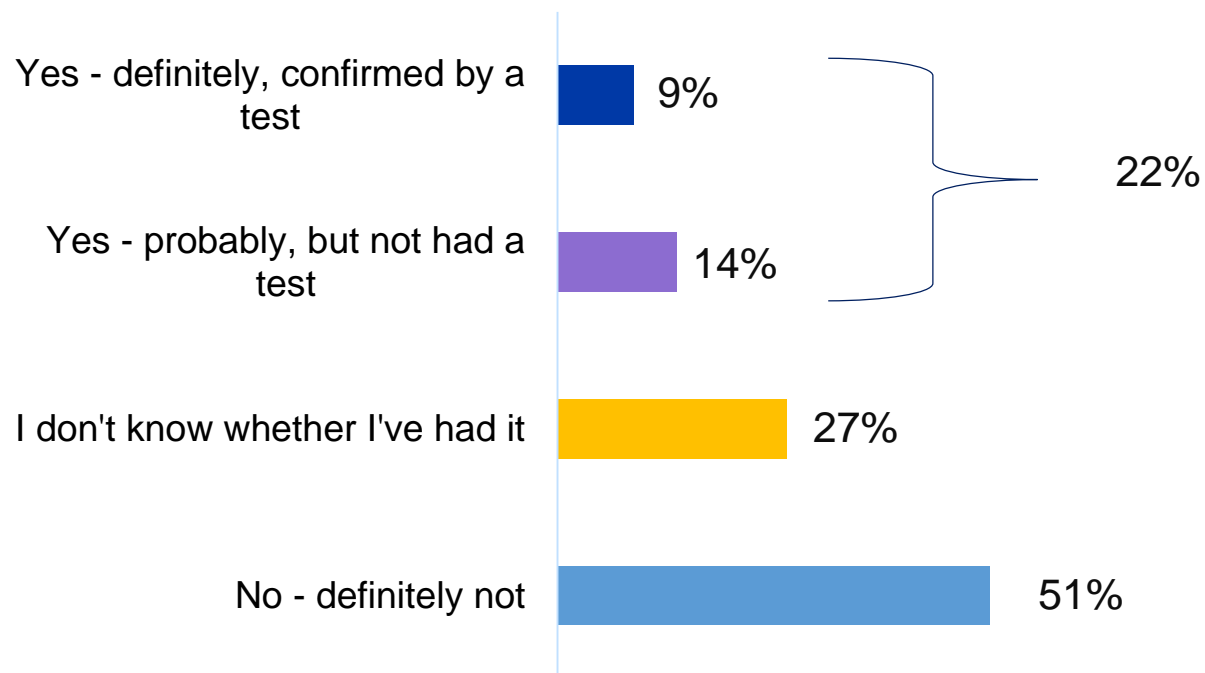
## Highlights

Coronavirus/ self-isolation rates [page 7](#)  
Levels of concern [page 8](#)  
Levels of risk [page 9](#)  
Specific concerns [page 10](#)  
Impacts on education [page 11](#)  
Impacts on employment [page 12](#)  
Workplace safety [page 13](#)

Knowledge of symptoms [page 14](#)  
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Attitudes on restrictions [page 17](#)  
Attitudes on community testing [page 18](#)  
Attitudes on vaccines [page 19](#)

**More than 1 in 5 respondents (22%) say they have **had coronavirus** – but 2/3 of these (14% of respondents) haven't had it confirmed by a positive test.**

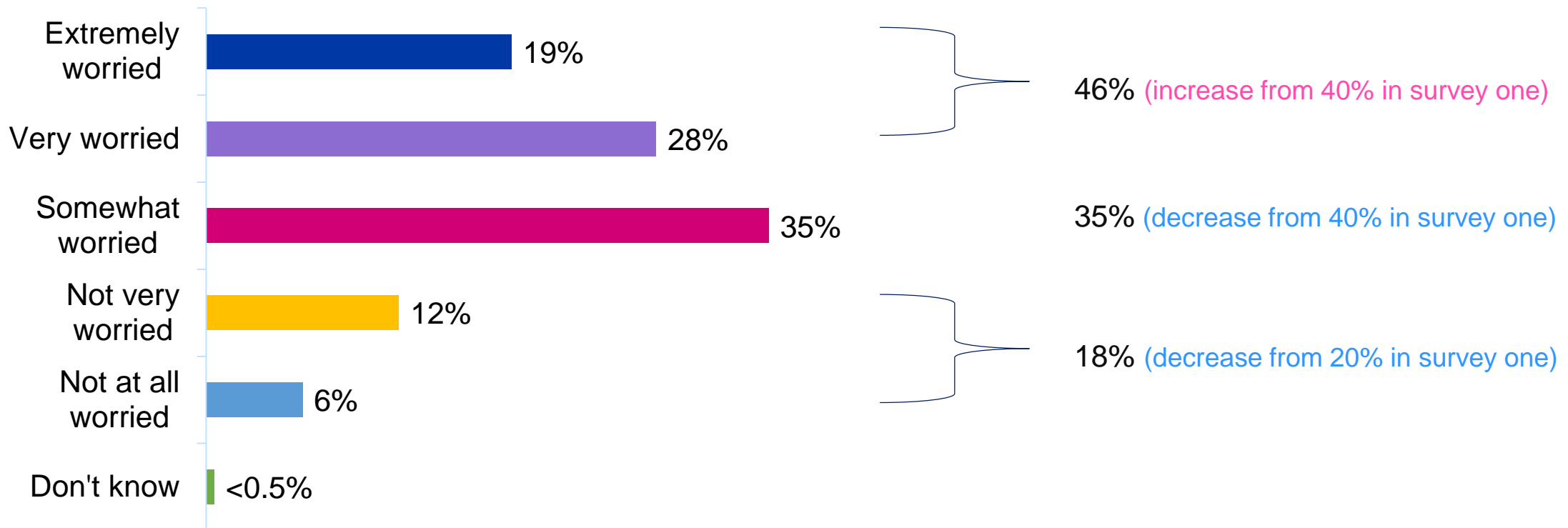
**Do you know or think you have had coronavirus?**



**Almost 1 in 3 (31%) said they have had to **self-isolate** due to symptoms, a positive test, or being a close contact of someone with coronavirus. One in five of these (20%) have claimed a **financial support payment** – but a similar number (18%) were not aware of the support available.**

**Overall levels of concern have increased significantly. Just under half of all respondents (46%) are now extremely or very worried about coronavirus – an increase of 6% points from survey one.**

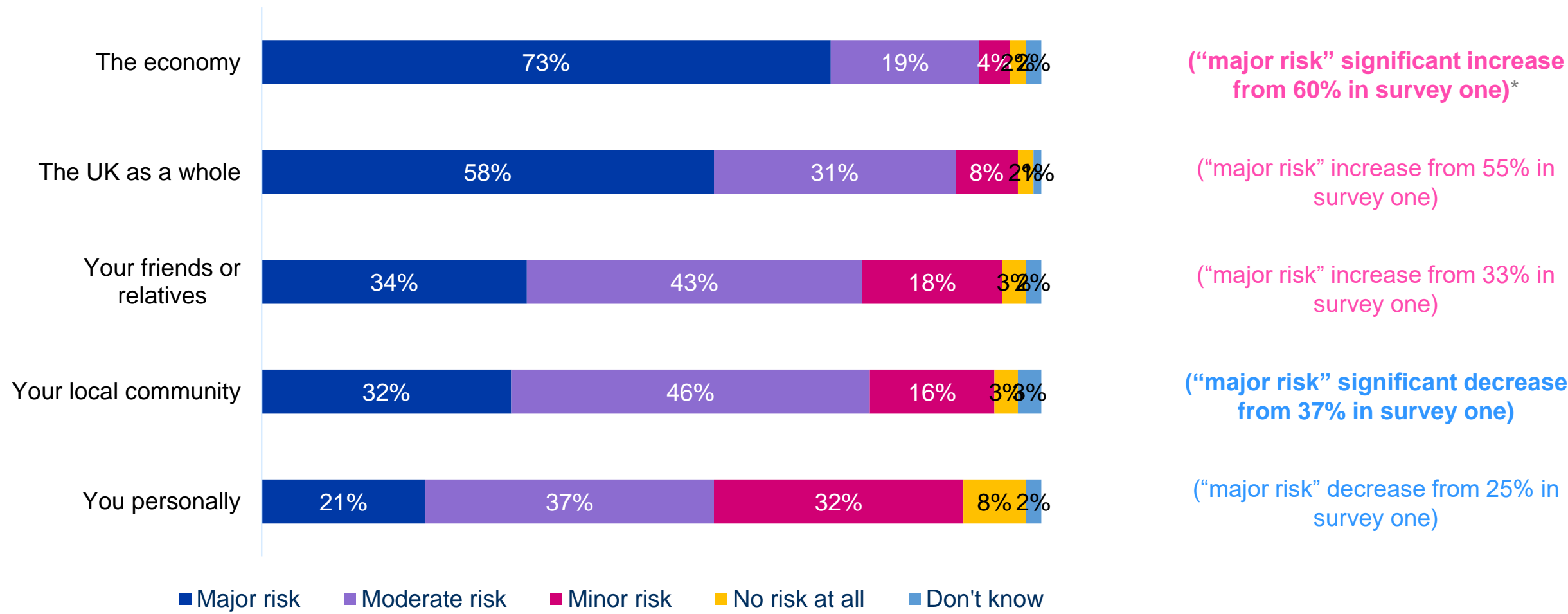
Overall, how worried are you about coronavirus...





1 in 5 respondents (21%) considers **coronavirus a major risk** personally – but overall people see greater risks to other people, their community and to the UK as a whole.

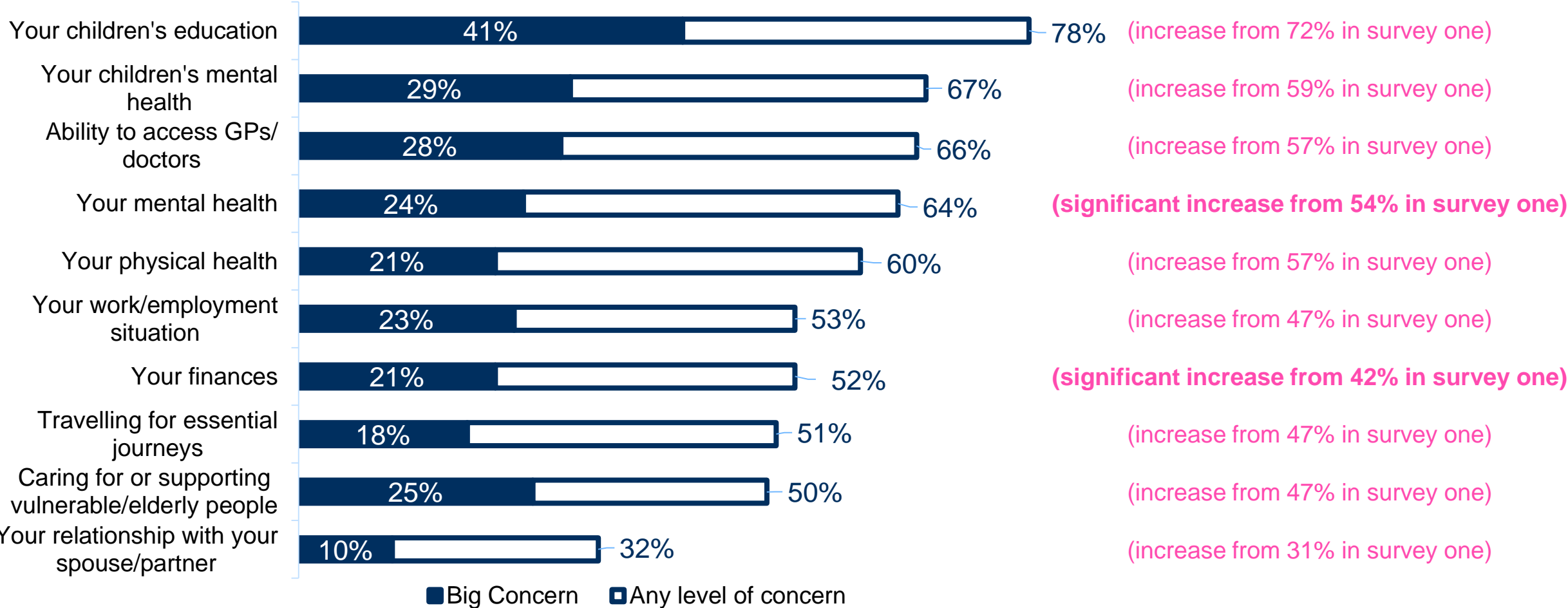
Coronavirus poses a risk to...



\*In Survey 1 this was referred to as ‘the local economy’

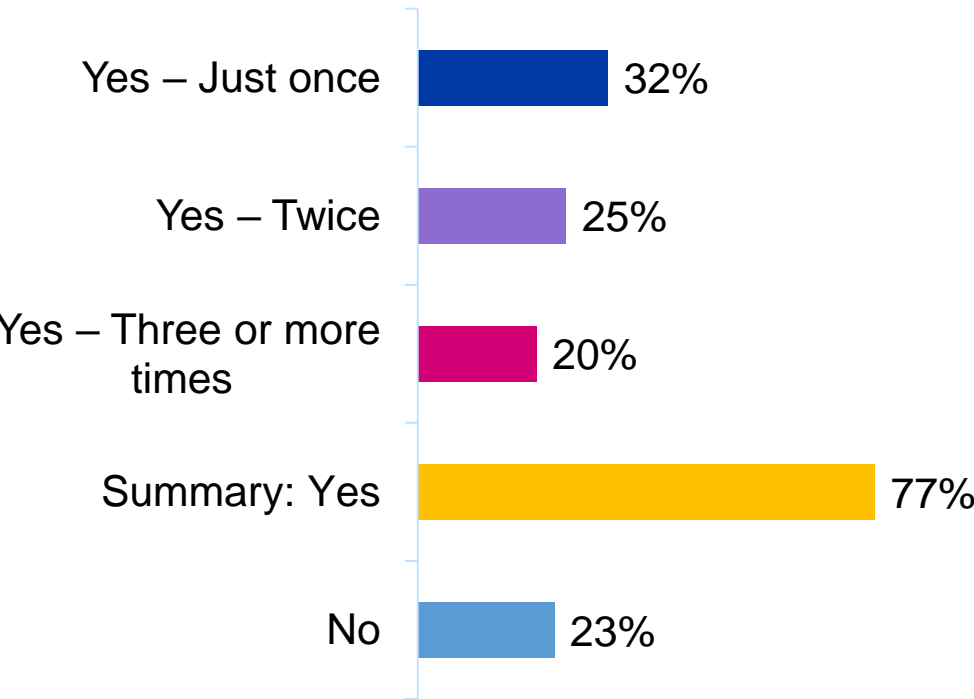
But **individual concerns have increased** around many specific issues – in particular mental health, finances and, for parents, impacts on their children.

Have become a concern as a result of the pandemic...

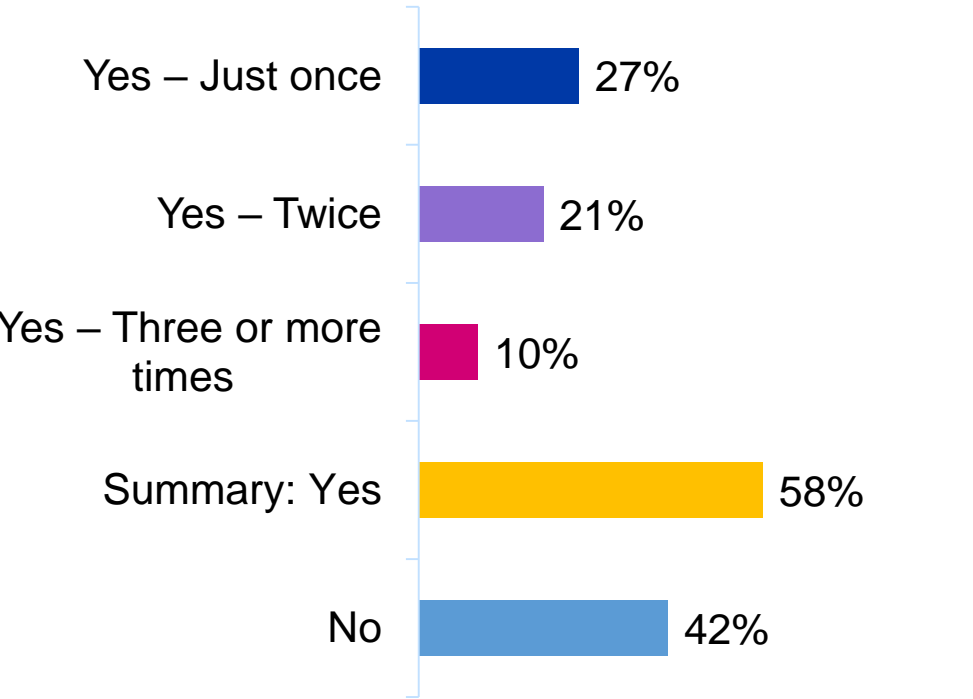


Parents’ concerns for their children’s education reflect **high numbers missing school** because of coronavirus – with three quarters (77%) having had any time out since September and one in five (20%) out on three or more occasions.

Since September, have any of your children had to **stay away from school** due to Covid-19...

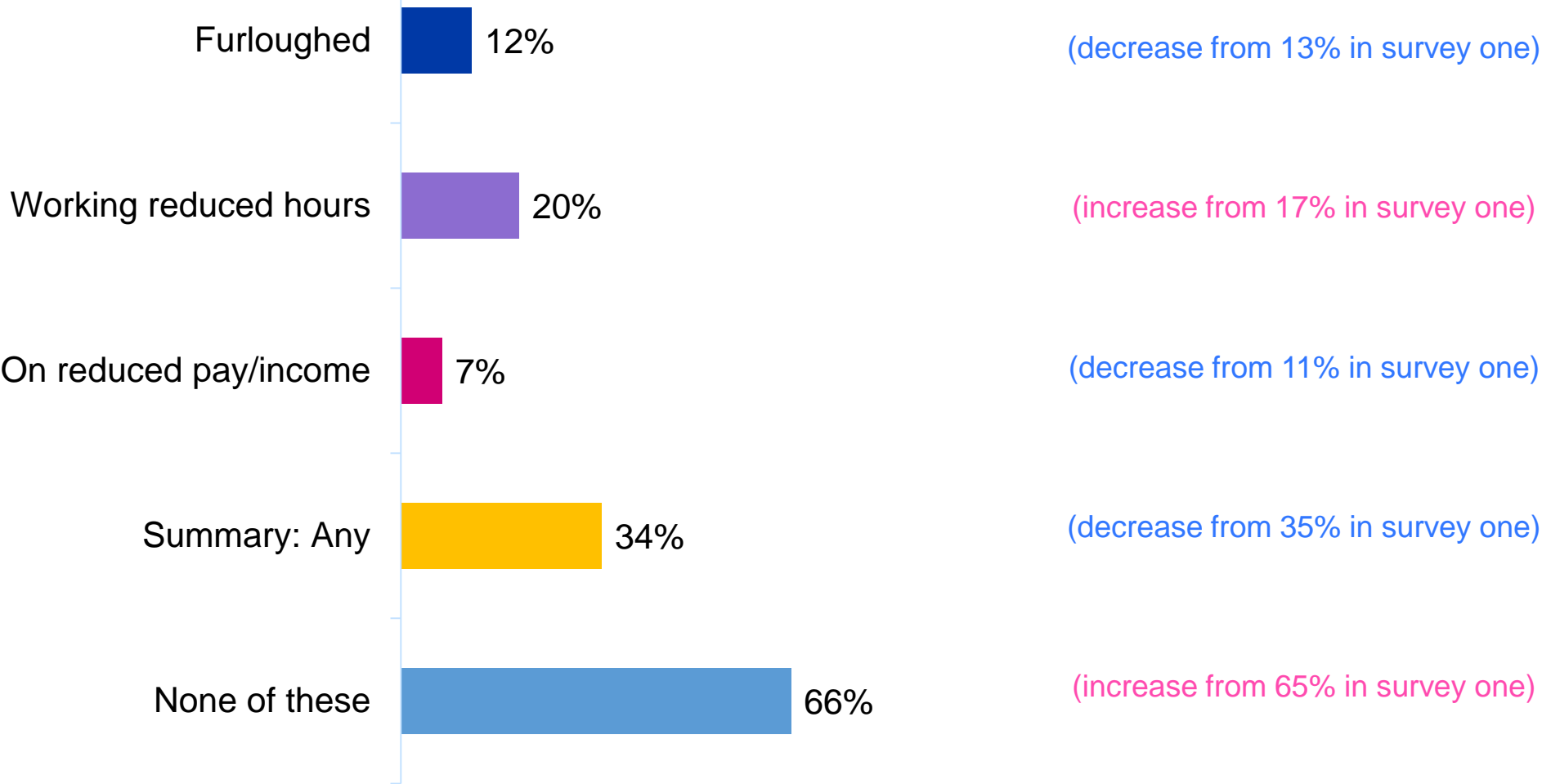


Since September, have any of your children had to **stay away from nursery/pre-school** due to Covid-19...



7% of respondents and 8% of other people in households have **lost their job** or been made redundant because of coronavirus. And 1 in 3 of those in work (34%) currently have their **employment disrupted** by coronavirus.

As a result of the coronavirus pandemic, are you currently...?





Overall, most respondents (55%) feel they have a **safe working environment**. But routine and manual occupations are much less likely to consider their workplaces safe to a great extent.

Overall: employer is offering a safe working environment...

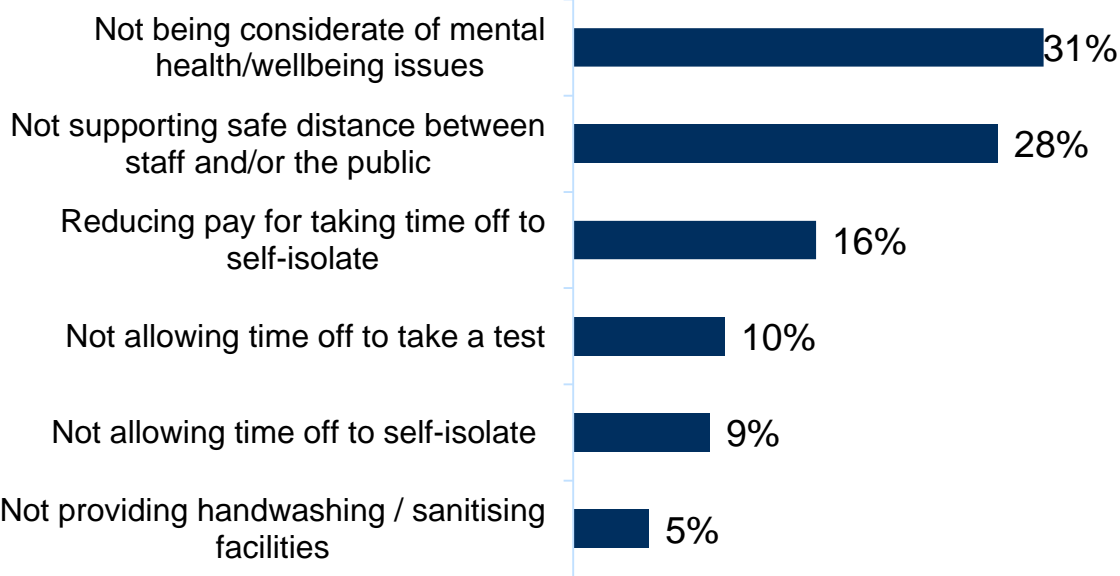


■ Yes – to a great extent   ■ Yes - somewhat   ■ No   ■ Not sure

By sector:

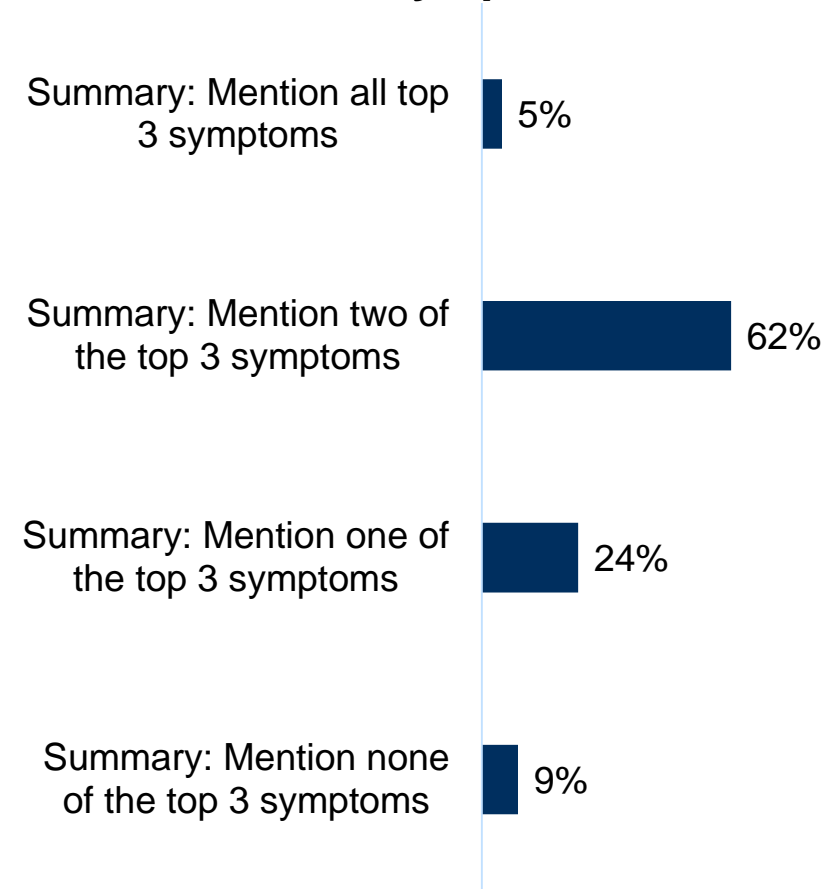
	Yes – great extent	Somewhat / No
Public services	80%	15%
IT / Finance / Business services / professional / scientific / admin	63%	31%
Health & social work	54%	41%
Wholesale / retail / distribution / personal services	52%	43%
Education	49%	51%
Primary / utilities / construction	43%	50%
Hospitality / arts / recreation	41%	51%
Manufacturing	39%	60%

Reasons why it is not felt safe...

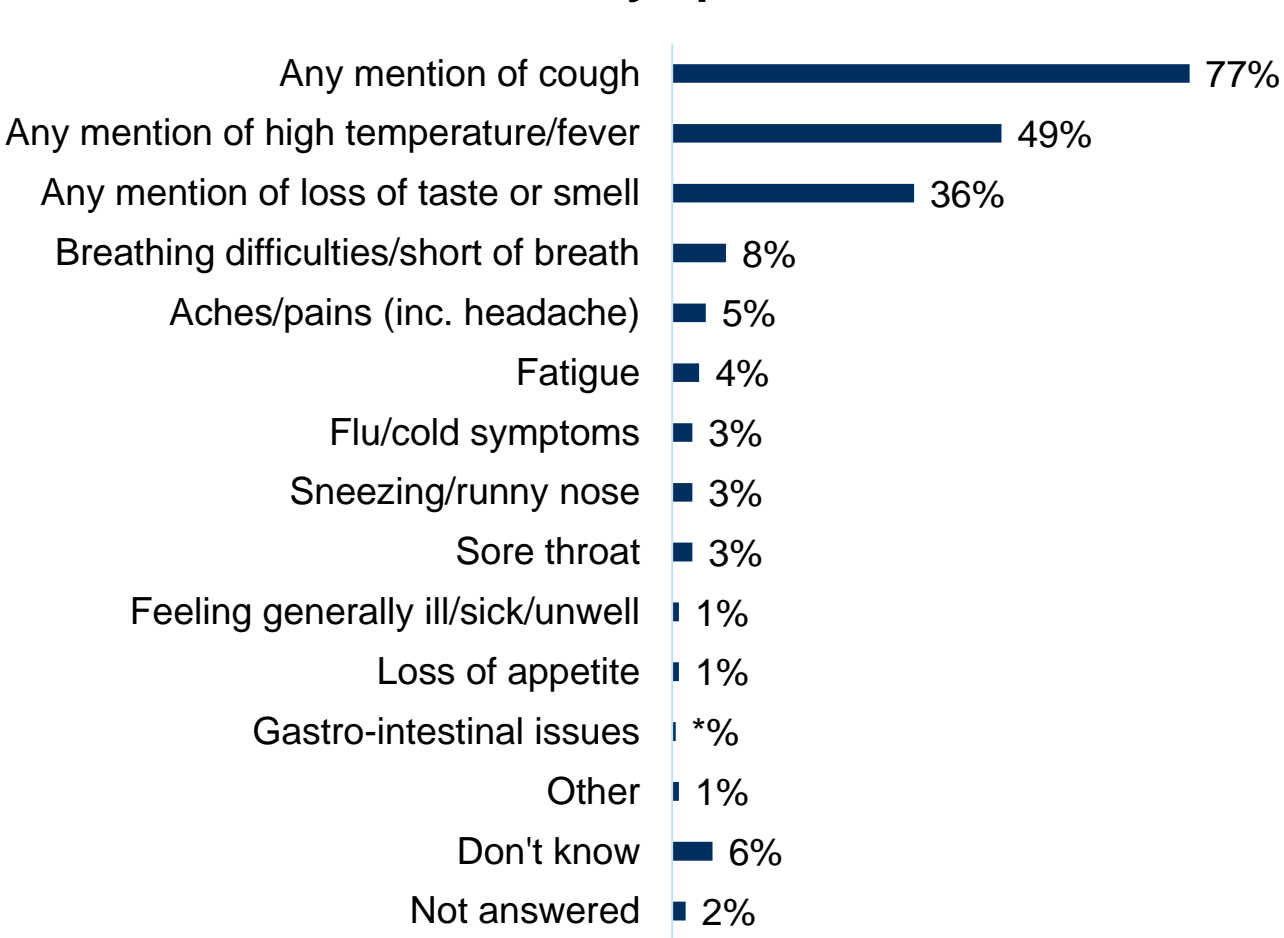


**3 in 5 respondents (62%) could recall at least two of the three key symptoms of coronavirus. But almost one in ten (9%) couldn't name any of them.**

**Overall symptom recall**

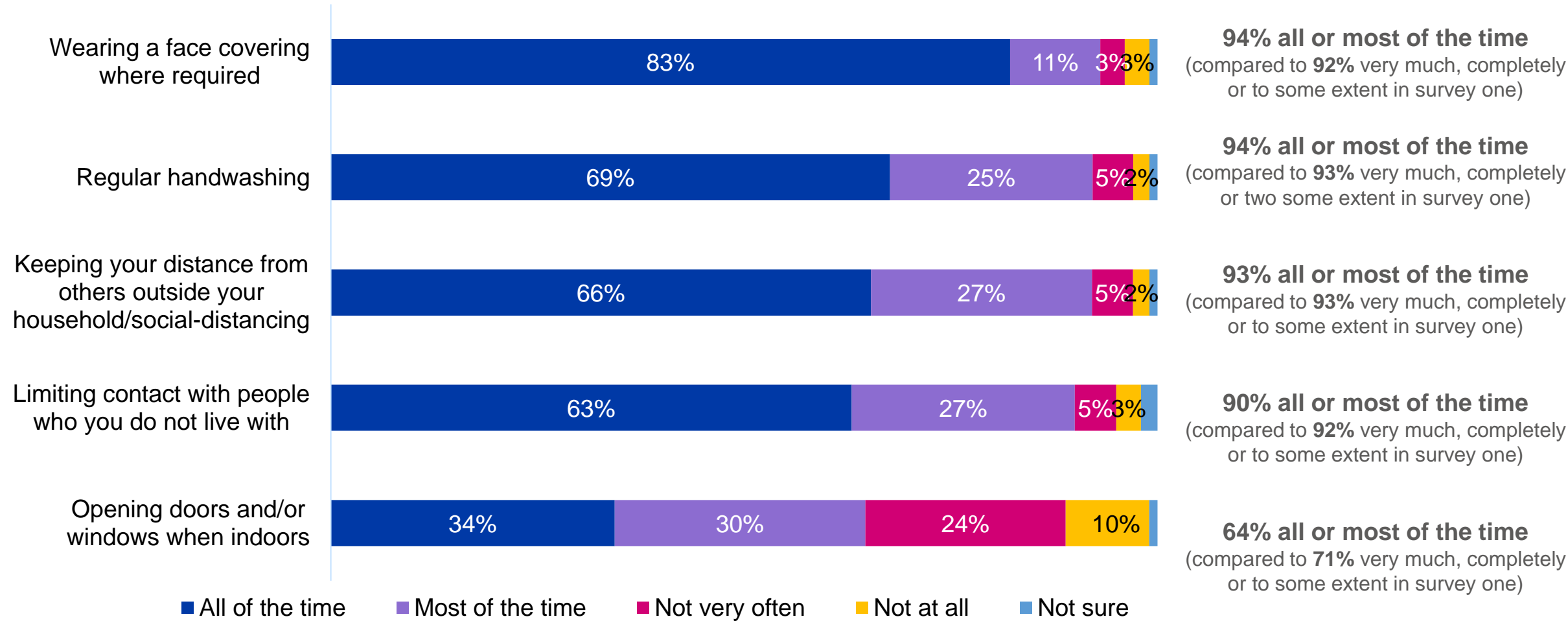


**Individual symptom recall**



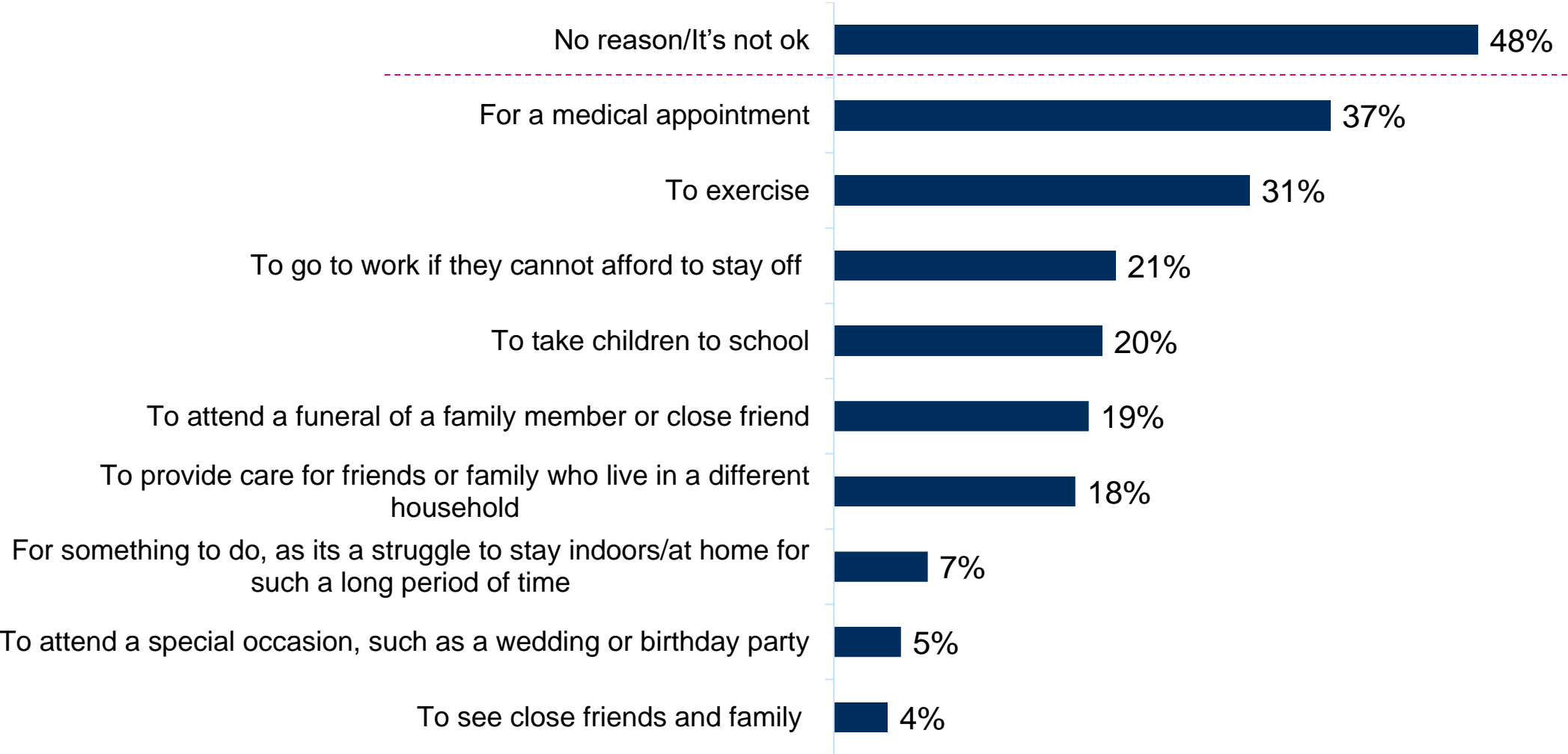
Over 9 in 10 respondents say they always or mostly follow the key guidelines for stopping the spread of the virus – except for opening doors and / or windows when indoors (cited by 64%).

Compliance with...



**While people claim strong knowledge and likelihood of self-isolation, over half of respondents (52%) feel it is ok to leave their home if self-isolating.**

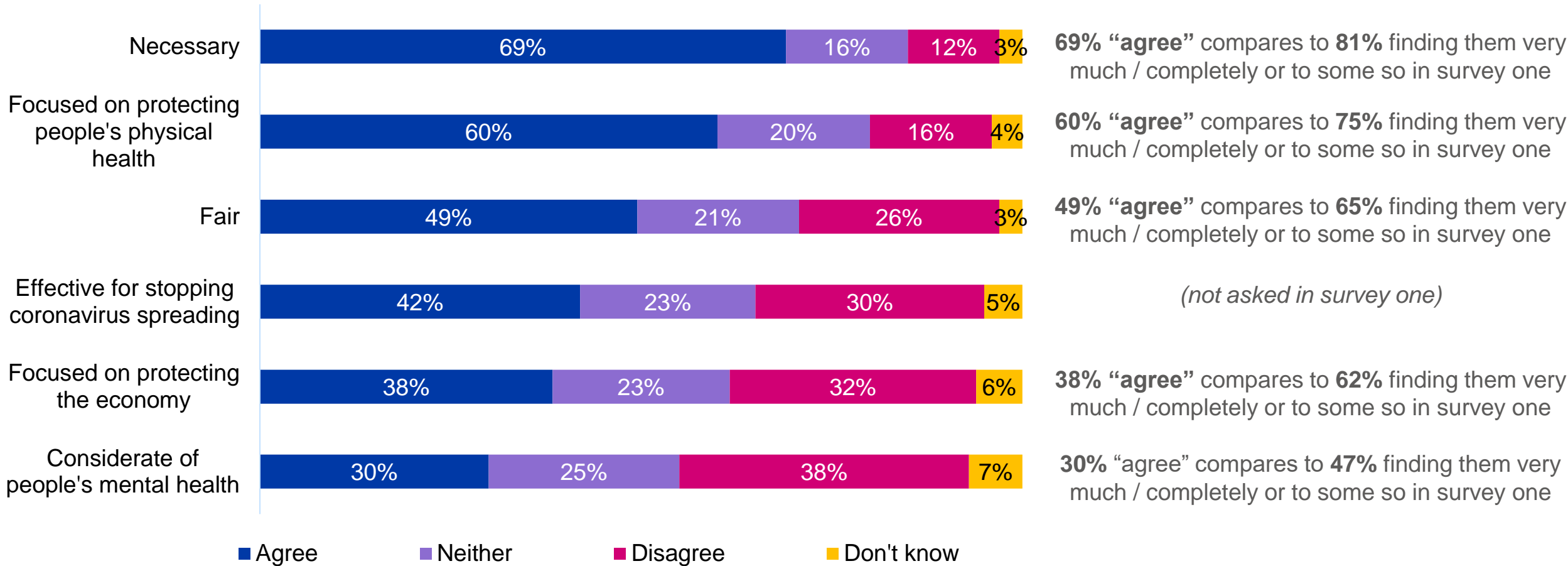
**It's ok to leave self-isolation...**





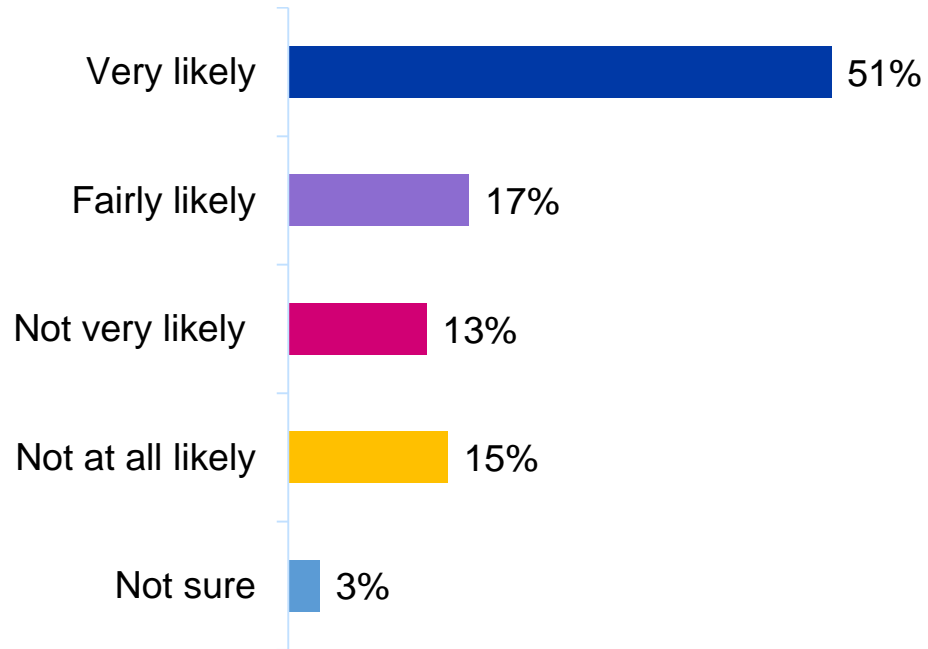
# Respondents' faith in the restrictions in place appears to be waning in many cases.

## The current restrictions are...



**Around two thirds of respondents (68%) are likely to take part in **community testing** (ie, if they had no symptoms). Those unlikely to take part showed a lack of understanding of the purpose and value of community testing.**

**Likelihood to take a coronavirus test (if no symptoms)...**

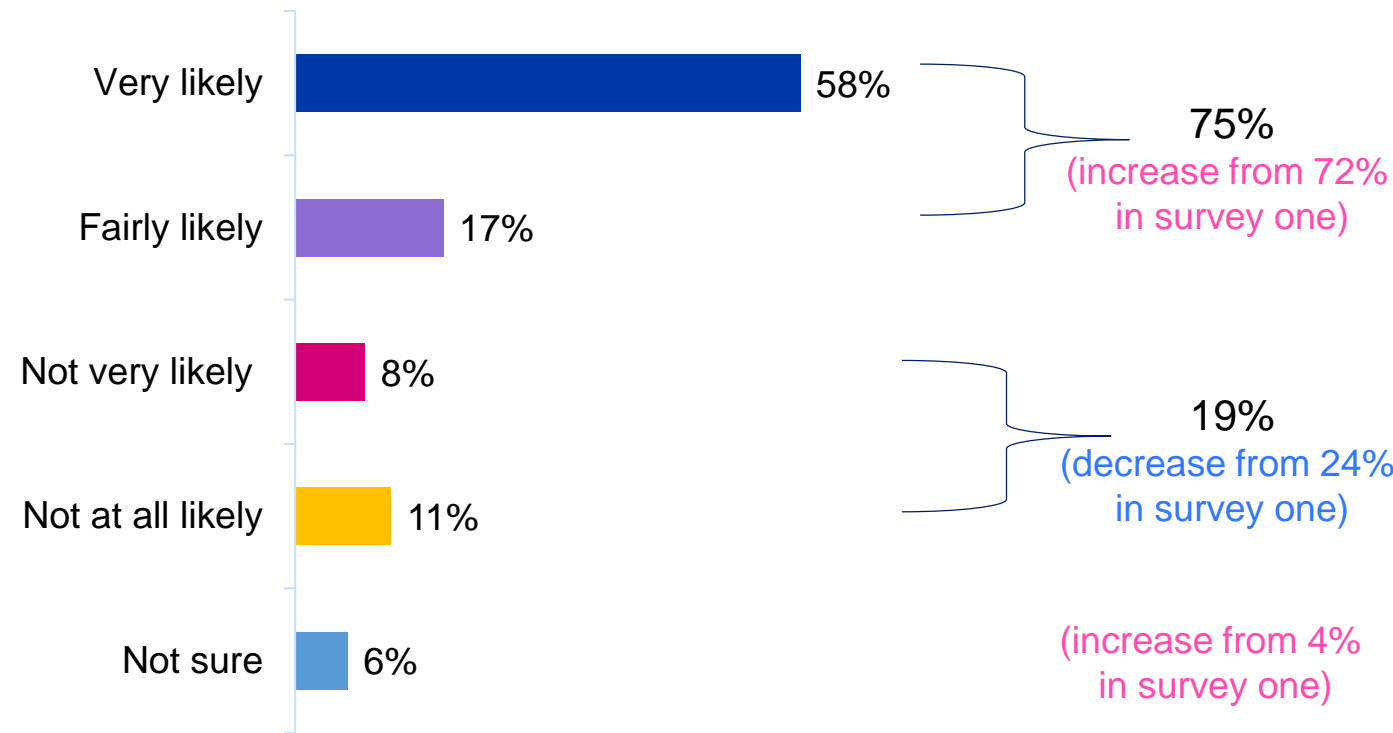


**Most commonly stated reasons for not doing so:**

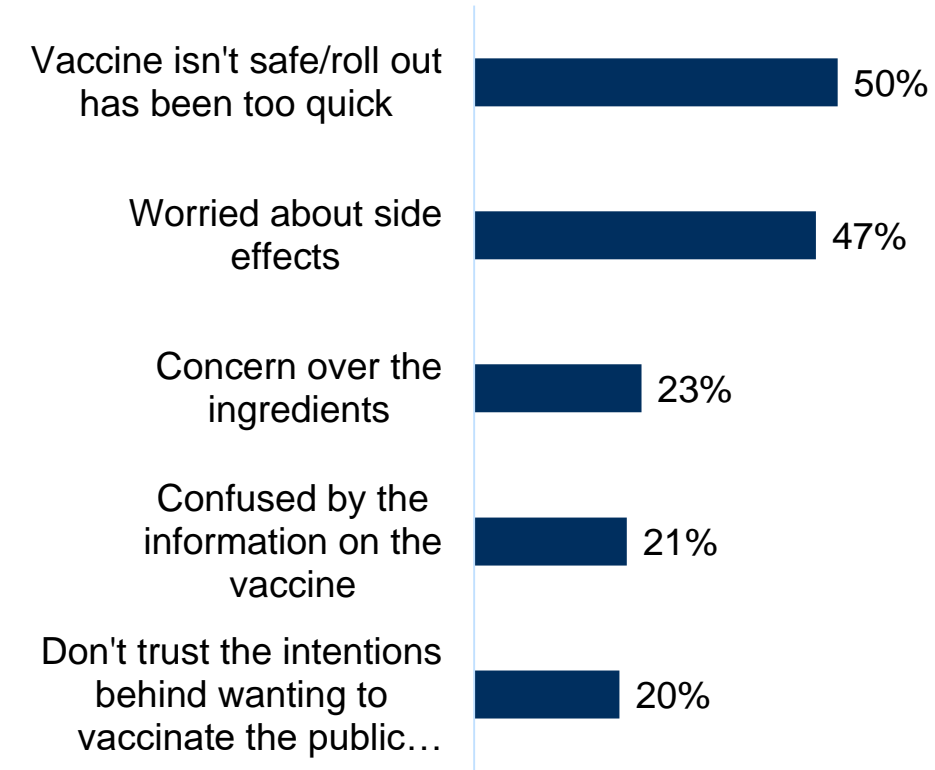
- 1) I **don't need to know** / can just self-isolate without taking a test = **23%**
- 2) I'm **not eligible** for a test = **22%**
- 3) It's **unnecessary** (ie a waste of tests / resources) = **21%**

Three quarters of people (75%) said they are **likely to get the vaccine**. Of those who are not likely, safety and concern over side effects are the most commonly given reasons.

Likelihood to get the COVID vaccine...



Reasons why they might not get a vaccine...





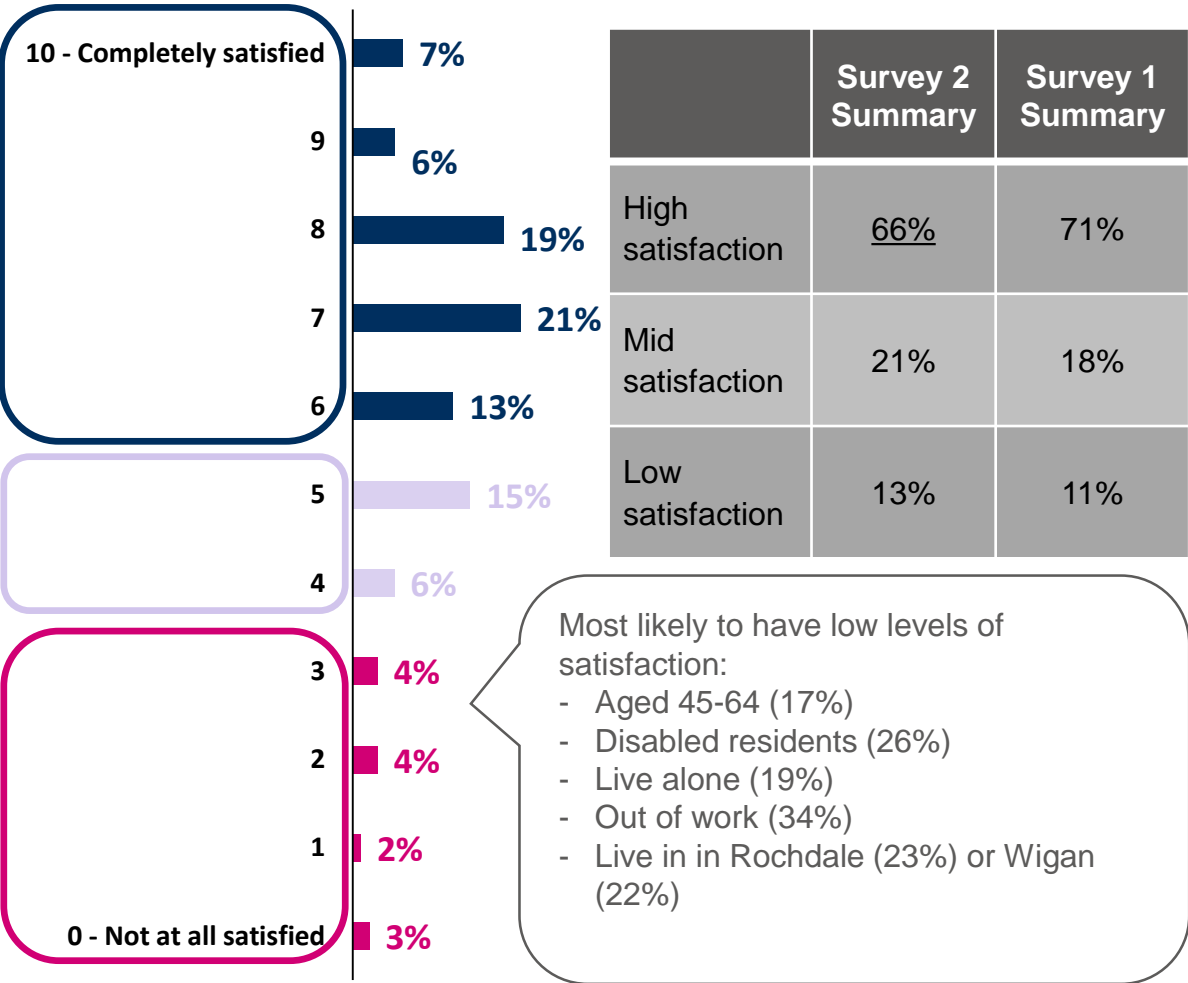
## Feelings & Concerns

Life satisfaction	<a href="#">page 21</a>
Levels of worry	<a href="#">page 22</a>
Concerns: qualitative findings	<a href="#">page 23</a>
Levels of risk	<a href="#">page 24</a>
Specific concerns	<a href="#">page 25</a>
Concerns: population differences	<a href="#">page 26</a>

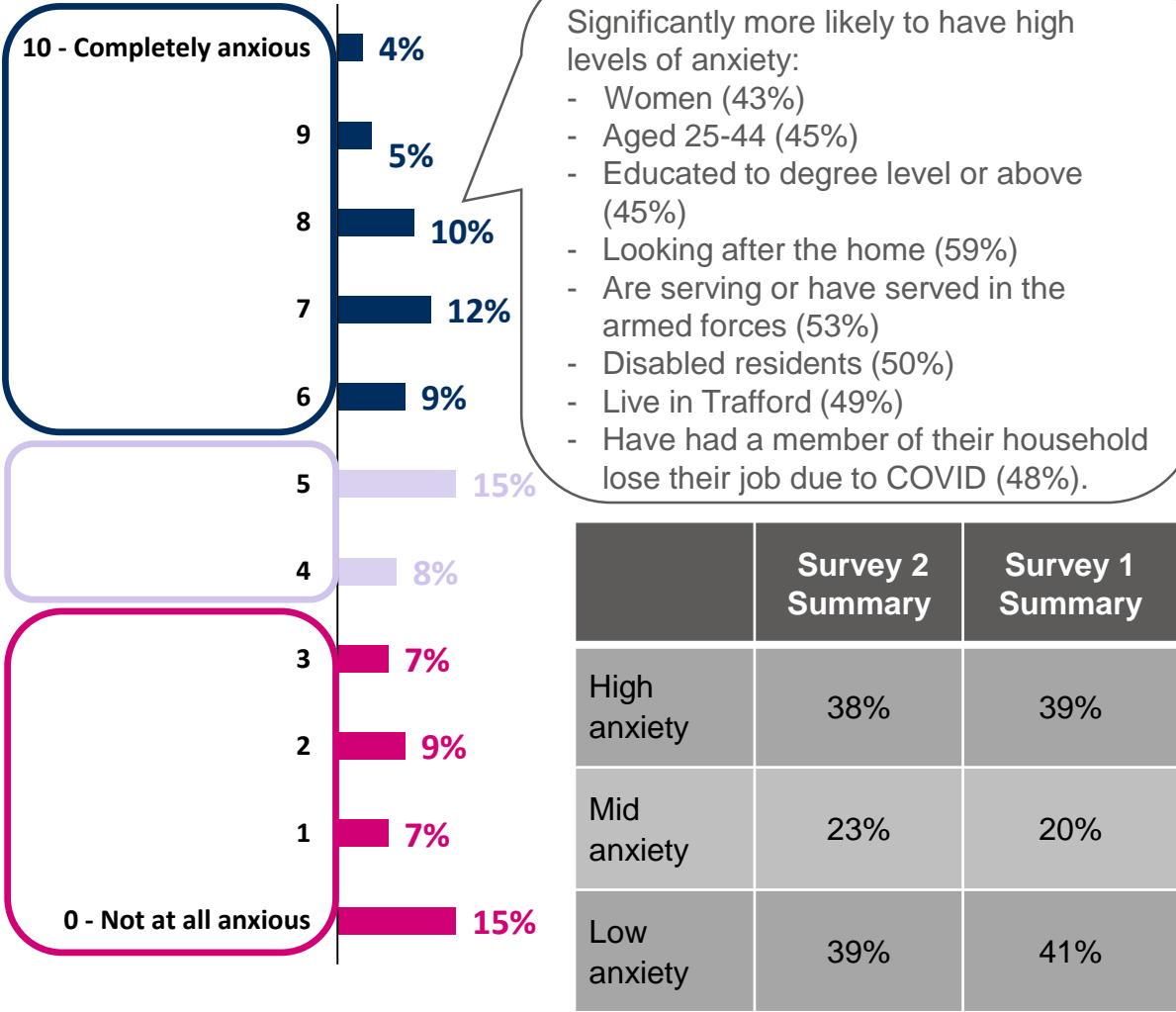


# The proportion of respondents **satisfied with their life** (66%) has significantly declined since survey 1; however levels of anxiety have remained largely unchanged.

## How satisfied are you with your life nowadays?

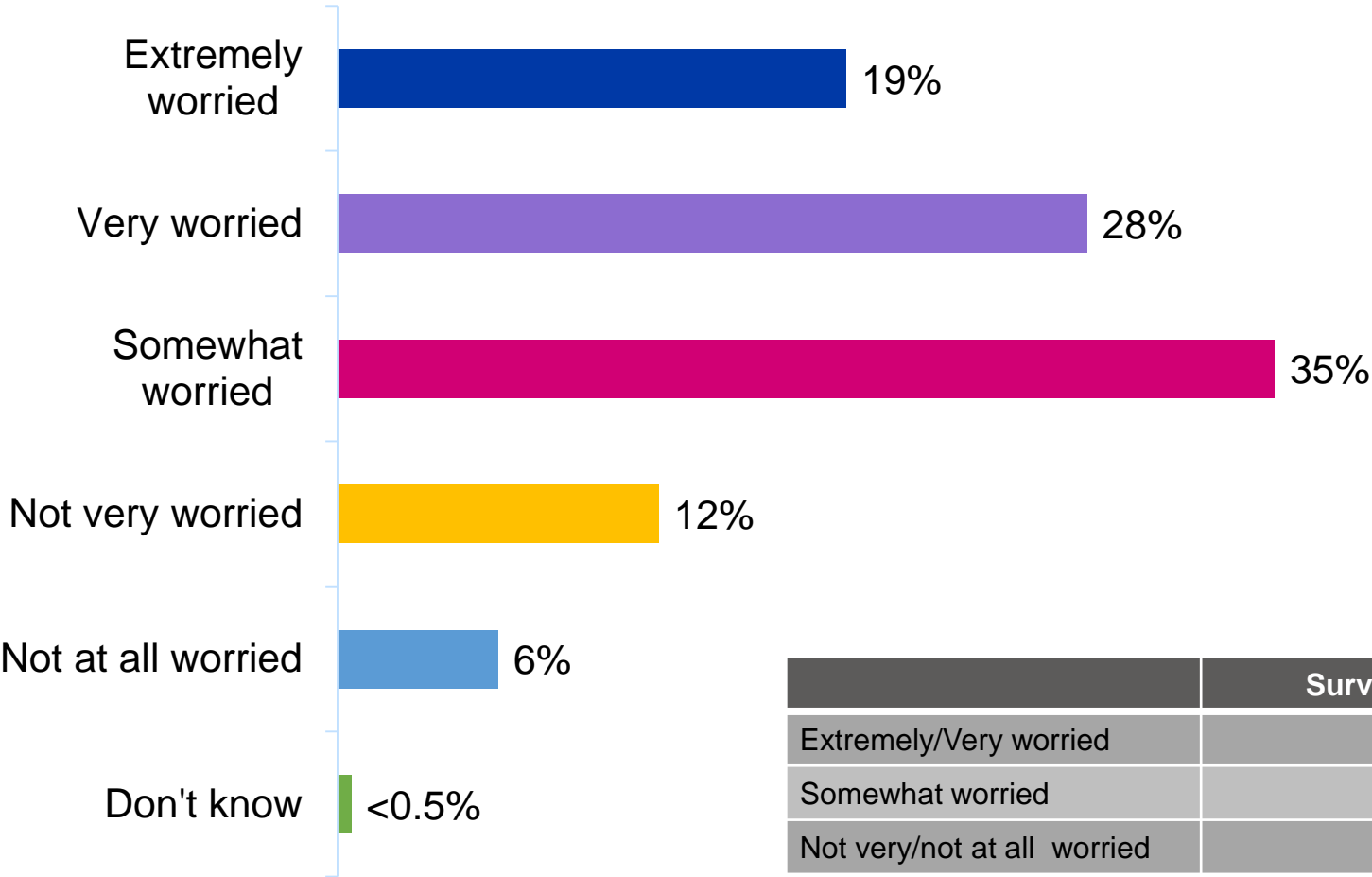


## How anxious did you feel yesterday?



Just under half of all respondents (46%) are either extremely or very worried about coronavirus, this is up by 6% points from survey 1 which is a significant increase.

Overall, how worried are you about coronavirus...



**Those who are significantly more likely to be extremely/very worried about coronavirus**

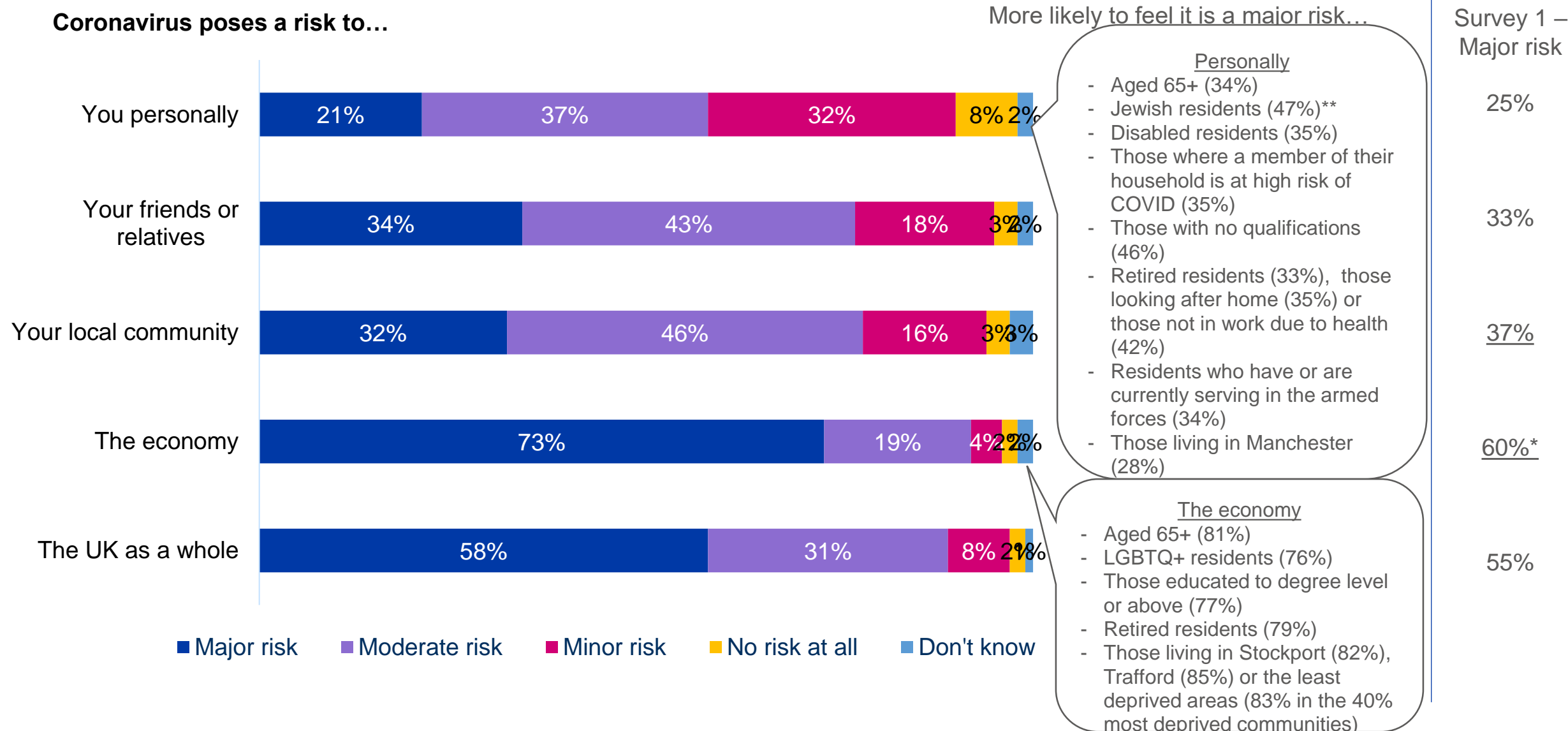
- Aged 25-44 (54%) and 65+ (52%)
- Jewish residents (65%)\*\*
- Have a disability (58%)
- Parents (51%), in particular those with children under 5 (60%)
- Residents living in Manchester (55%) or Wigan (58%)

	Survey 2 Summary	Survey 1 Summary
Extremely/Very worried	<u>46%</u>	40%
Somewhat worried	<u>35%</u>	40%
Not very/not at all worried	18%	20%

# Concern about Covid-19 – Qualitative findings

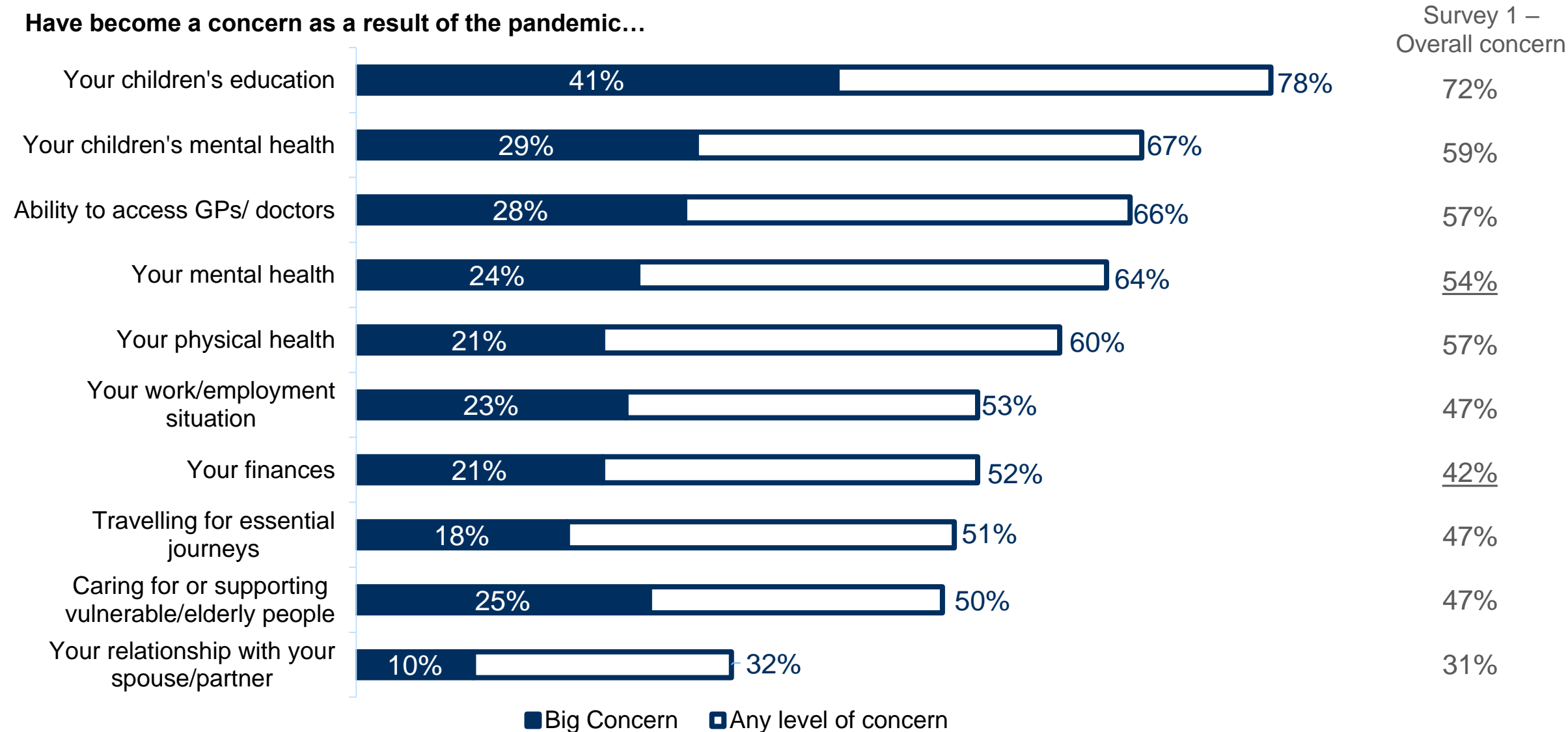
- Qualitative interviews suggested concern about Covid-19 has increased, particularly due to the new strain of the virus:  
*“I’m very worried at the moment...with the new variant that is spreading much more easily, and the admissions to hospitals and the hospitals get overwhelmed.”*
- Some suggested that the introduction of vaccines had made them feel more positive about the future, feeling there is a pathway towards a more normal life on the horizon, although this was often expressed through language of hope rather than expectation:  
*“Hopefully this vaccine will work and everything will be alright afterwards with no social distance rules and regulations. I don’t know, we are just going to have to see. I’m not positive until it happens, really.”*
- However, some feel that the Covid-19 situation will not improve significantly this year:  
*“I think this year is going to be just like last year. I don’t think the virus is going anywhere soon.”*  
*“I’ve no idea if we’ll ever go back to normality or to the way things were before the coronavirus. I can’t imagine going into a nightclub or going to a concert or anything like that at the moment... or even in the near future, like 12-18 months.”*
- Some also expressed concern about the mental health impact of Covid-19 and lockdown, and this was particularly true of those living alone, or concern about younger people in the family:  
*“My anxiety has increased over the last few weeks. It has got worse, thinking about it.”*  
*“My main worry with it is the mental health of the younger generation”*
- Other impacts were in relation to not seeing friends and family:  
*“I’ve not been able to go over to my mother’s house. Well, I haven’t been able to go out at all, really. I’m a cancer patient so I’ve been told to stay home.”*
- Some also expressed concern about the UK economy and the impact on jobs.

# The majority of people still feel coronavirus poses at least a minor risk, although they are least likely to feel it is a risk to themselves (8% no risk at all personally).





**Concerns over mental health and finances have risen significantly since the first survey. Concern remain highest around children’s education and mental health.**



# Concerns – Key demographic differences

Physical health	Mental health	Work/employment	Finances
<p><b>GM average - 60% of people concerned</b></p> <p><b>But higher than this for:</b></p> <ul style="list-style-type: none"> <li>- Muslim residents (78%)</li> <li>- Asian residents (76%)</li> <li>- People from an ethnic minority background (74%)</li> <li>- Disabled residents (72%)</li> <li>- LGBTQ+ residents (70%)</li> <li>- Aged 16-24 (69%)</li> <li>- Those who live with an individual at high risk of coronavirus (67%)</li> <li>- Residents educated to degree level or above (64%)</li> </ul>	<p><b>GM Average - 64% of people concerned</b></p> <p><b>But higher than this for:</b></p> <ul style="list-style-type: none"> <li>- Those for whom English is not their first language (81%)</li> <li>- Muslim residents (78%)</li> <li>- People from an ethnic minority background (77%)</li> <li>- Parents with children aged 0-4yrs (77%)</li> <li>- Aged 16-24 (77%) and 25-44 (76%)</li> <li>- Those with a disability (73%)</li> <li>- Women (71%)</li> </ul>	<p><b>GM Average - 53% of people concerned</b></p> <p><b>But higher than this for:</b></p> <ul style="list-style-type: none"> <li>- Those working in: <ul style="list-style-type: none"> <li>- Manufacturing (73%)</li> <li>- IT / Business services / Finance / scientific / professional / admin (61%)</li> </ul> </li> <li>- Those in part-time (63%) and full-time (57%) employment (63%)</li> </ul> <p>Plus:</p> <ul style="list-style-type: none"> <li>- Residents who are serving or have served in the armed forces (72%)</li> <li>- Aged 16-24 (63%)</li> <li>- Residents educated to degree level or above (62%)</li> <li>- Men (59%)</li> </ul>	<p><b>GM Average - 52% of people concerned</b></p> <p><b>But higher than this for:</b></p> <ul style="list-style-type: none"> <li>- Residents who are or have served in the armed forces (72%)</li> <li>- People from an ethnic minority background (70%), inc. Asian (69%)</li> <li>- Muslim residents (67%)</li> <li>- Aged 16-24 (66%), 25-44 (66%)</li> <li>- Parents (59%) – particularly with children under 5 (72%) or in primary school (68%)</li> <li>- Those living with an individual at high risk of Covid (59%)</li> <li>- Educated to degree level or above (58%)</li> <li>- Those out of work (68%)** or working full-time (57%) or part-time (65%)</li> <li>- Those living in the most deprived areas (58-59%) or Manchester (62%)</li> </ul>



# Coronavirus impacts

Specific impacts	<a href="#">page 28</a>
Impacts on education	<a href="#">page 29</a>
Impacts on employment	<a href="#">page 30</a>
Workplace safety	<a href="#">page 30</a>

Only a minority of respondents have been impacted by COVID in most of the instances listed. However over half have had or know someone who has had medical appointments postponed or cancelled (54%).

	Themselves	Someone in their household	Close relative that doesn't live with them	Summary: At All
Had coronavirus (confirmed by positive test)	9%	N/A	N/A	N/A
Has to self-isolate due to symptoms, positive test, or being a close contact of someone with coronavirus	31%	N/A	N/A	N/A
Had GP/hospital appointments cancelled or postponed	28%	21%	20%	54%
Ignored any wider health worries so as not to put extra pressure on the NHS	20%	11%	12%	35%
Lost their job/been made redundant	7%	8%	15%	28%
Needed to borrow money from friends or family or take out extra credit	13%	5%	9%	25%
Been seriously ill/hospitalised from Coronavirus	3%	4%	17%	24%
Died directly from Coronavirus	N/A	3%	12%	14%
Got support from a local community hub	7%	4%	7%	16%
Needed to use a foodbank	5%	4%	5%	13%

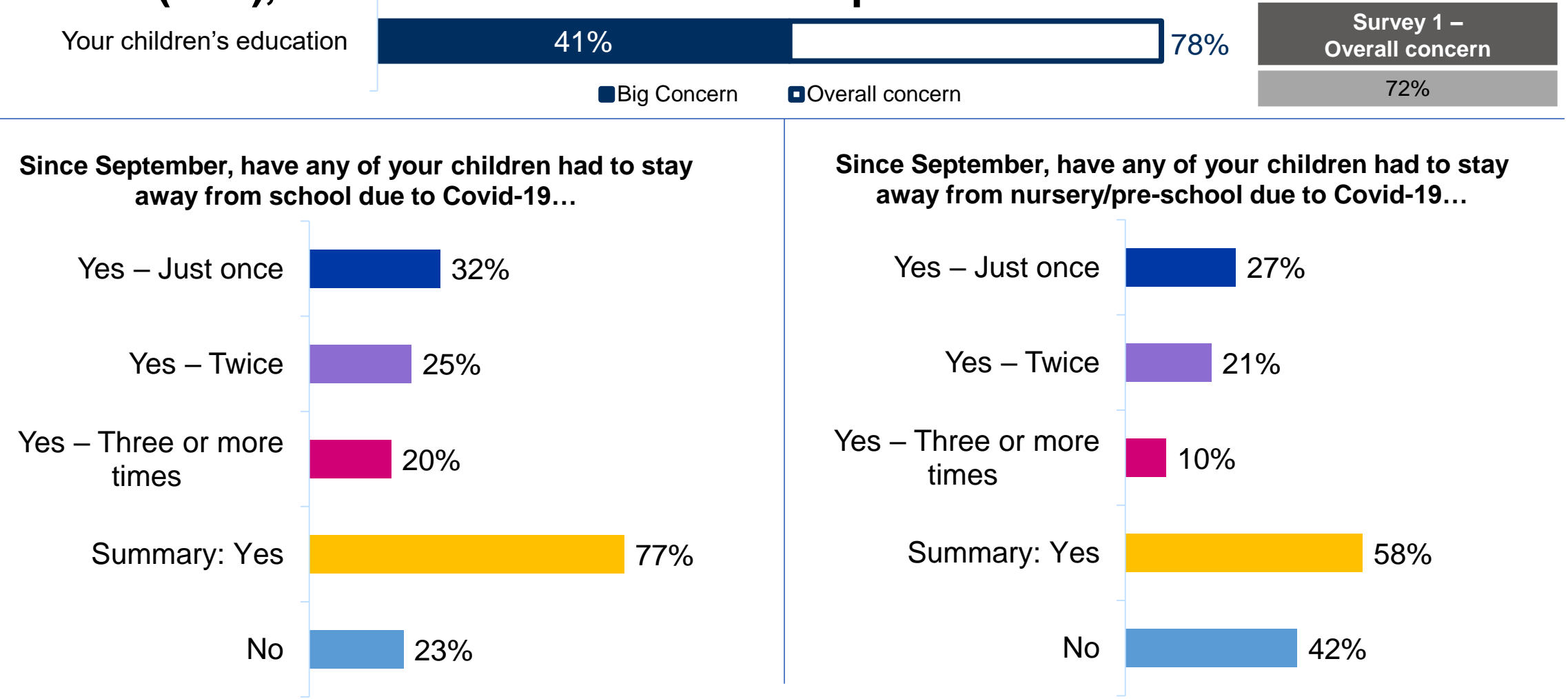
B24. Do you know, or think, you have had coronavirus?

B25. Have you needed to self-isolate due to symptoms, a positive test, or being a close contact of someone with coronavirus?

B8. Have any of the following happened to you, someone else in your household, or a close relative as a result of the Coronavirus pandemic?

Unweighted base: 1007 (All respondents)

Three quarters of parents (78%) are concerned about their **children's education**. This is consistent with the proportion of parents who have had children miss school due to COVID (77%), outside of national lockdown periods.



B4. Which if any of the following have become a concern or difficulty for you as a result of the Coronavirus pandemic?  
B27. Have any of your children had to stay away from school, since returning in September/after the summer holidays, due to Covid-19?  
B29 Have any of your children had to stay away from nursery/pre-school since returning in September/after the summer holidays, due to Covid-19?  
Unweighted base: 57-295 (All respondents)

The number of respondents on **reduced pay/income** has fallen since survey 1 – although around a third of residents (34%) are still seeing their work impacted by COVID. Moreover, most employees (55%) felt they have a very **safe working environment**; when they do not, it tends to be a lack of wellbeing support or social-distancing practices.



B20b. As a result of the coronavirus/COVID-19 pandemic are you currently...?  
 B31 To what extent if at all is your employer offering a safe working environment for you and your colleagues during the COVID-19 pandemic?  
 B32. In what ways has your employer not been offering a safe working environment?  
 Unweighted base: 196-491 (All respondents)

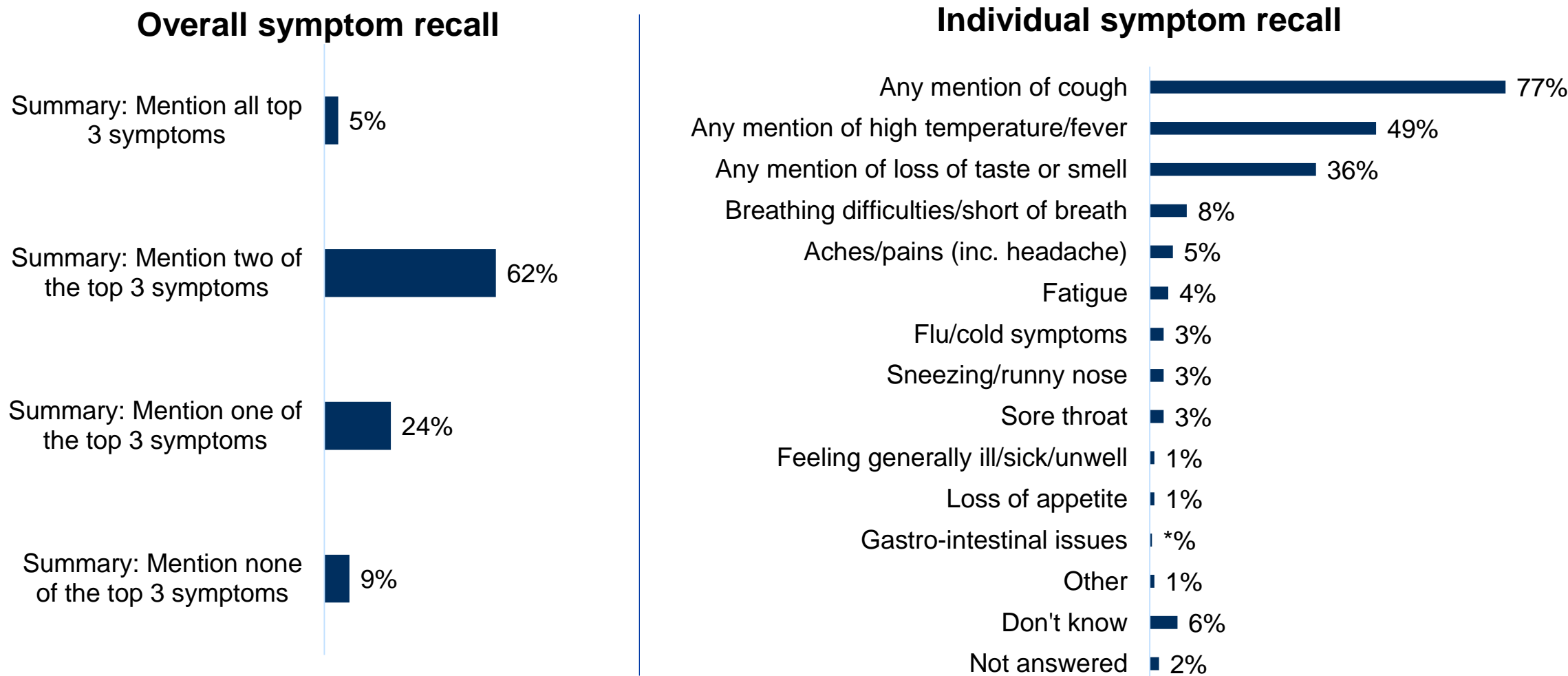




# Knowledge and understanding

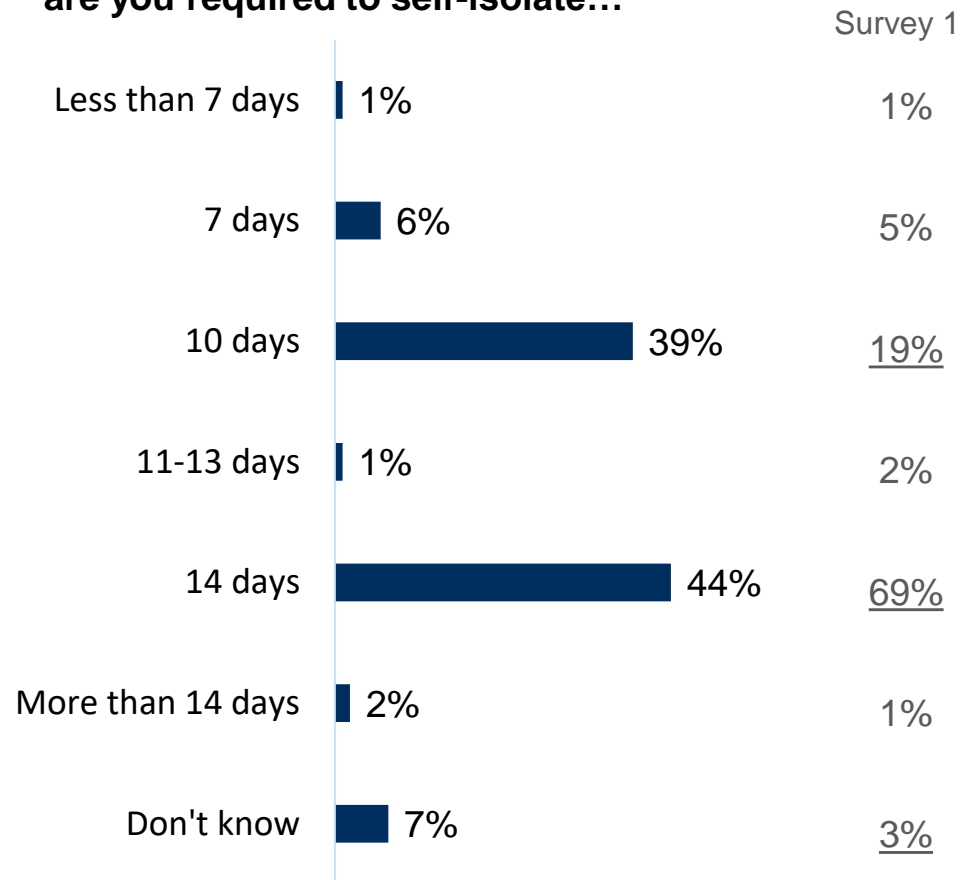
Knowledge of symptoms [page 32](#)  
Knowledge of self-isolation [page 33](#)

3 in 5 respondents (62%) can recall at least two of the top three **symptoms of coronavirus**, with cough being the most commonly recalled symptom (by 77%).

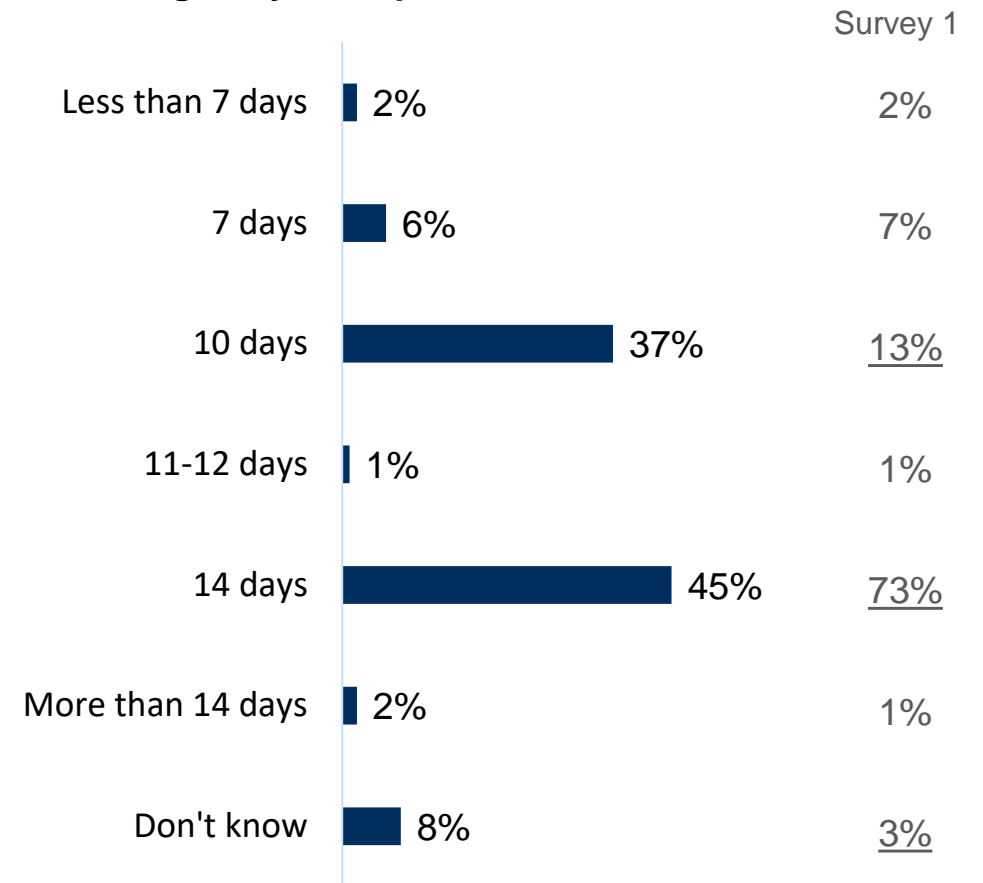


Residents are still more likely to believe you **need to self-isolate** for 14 days in both instances. However the proportion of respondents correctly knowing that the self-isolation period is 10 days has increased by 20% points.

If you have symptoms of coronavirus, how long are you required to self-isolate...



If you've been in close contact with someone who's tested positive, how long are you required to self-isolate...



Q4b. If you have symptoms of coronavirus, how long are you required to stay at home and isolate for, from when your symptoms started?  
C5B. If you find out you have been in close contact with someone who has tested positive with COVID-19, how long are you required to stay at home and isolate for?

Unweighted base: 1007 (All respondents)



## Attitudes and behaviours

Compliance with key guidelines [page 35](#)

Attitudes on restrictions [page 36](#)

Compliance with test & trace [page 37](#)

Test & trace – survey 1 v survey 2 [page 38](#)

Compliance with self-isolation [page 39](#)

Confidence to get tested [page 40](#)

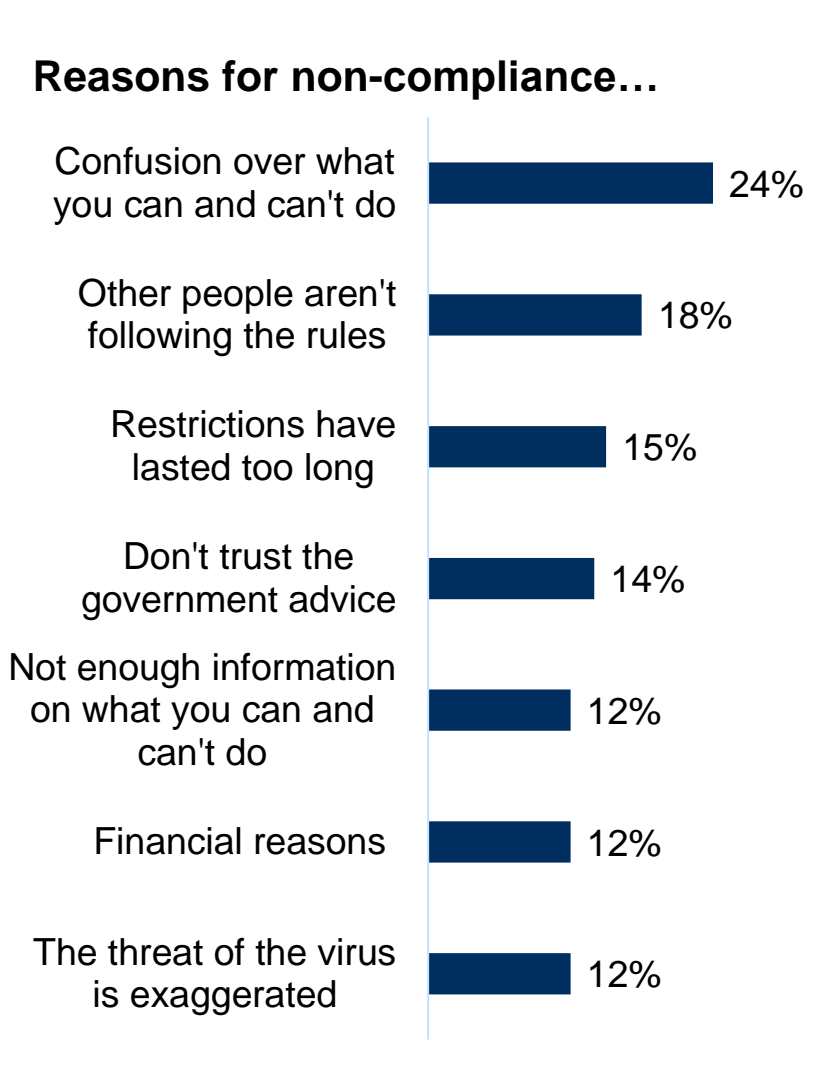
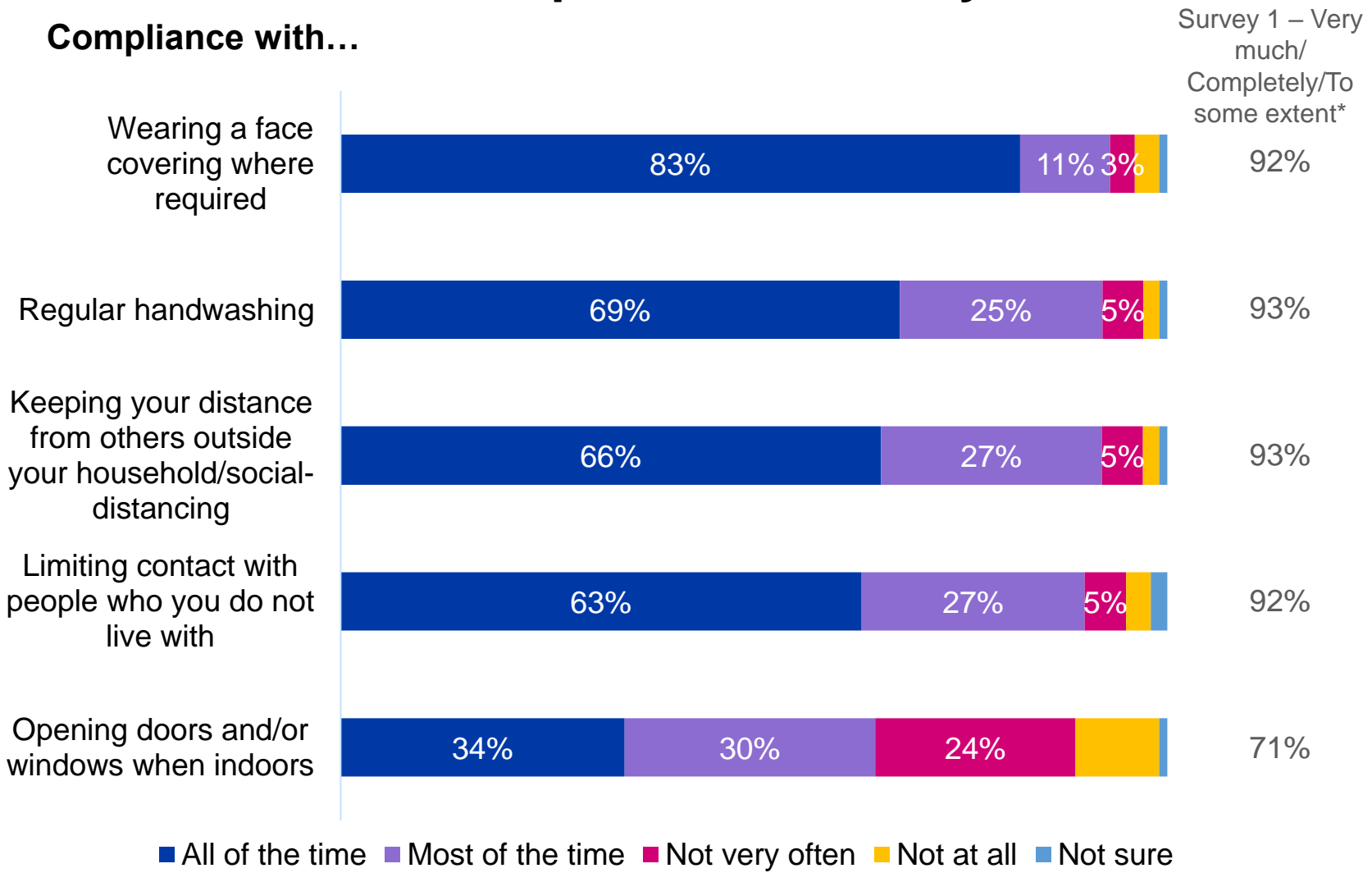
Attitudes on community testing [page 41](#)

Community testing: qualitative [page 42](#)

Attitudes on vaccines [page 43](#)

Vaccines: qualitative findings [pages 44-46](#)

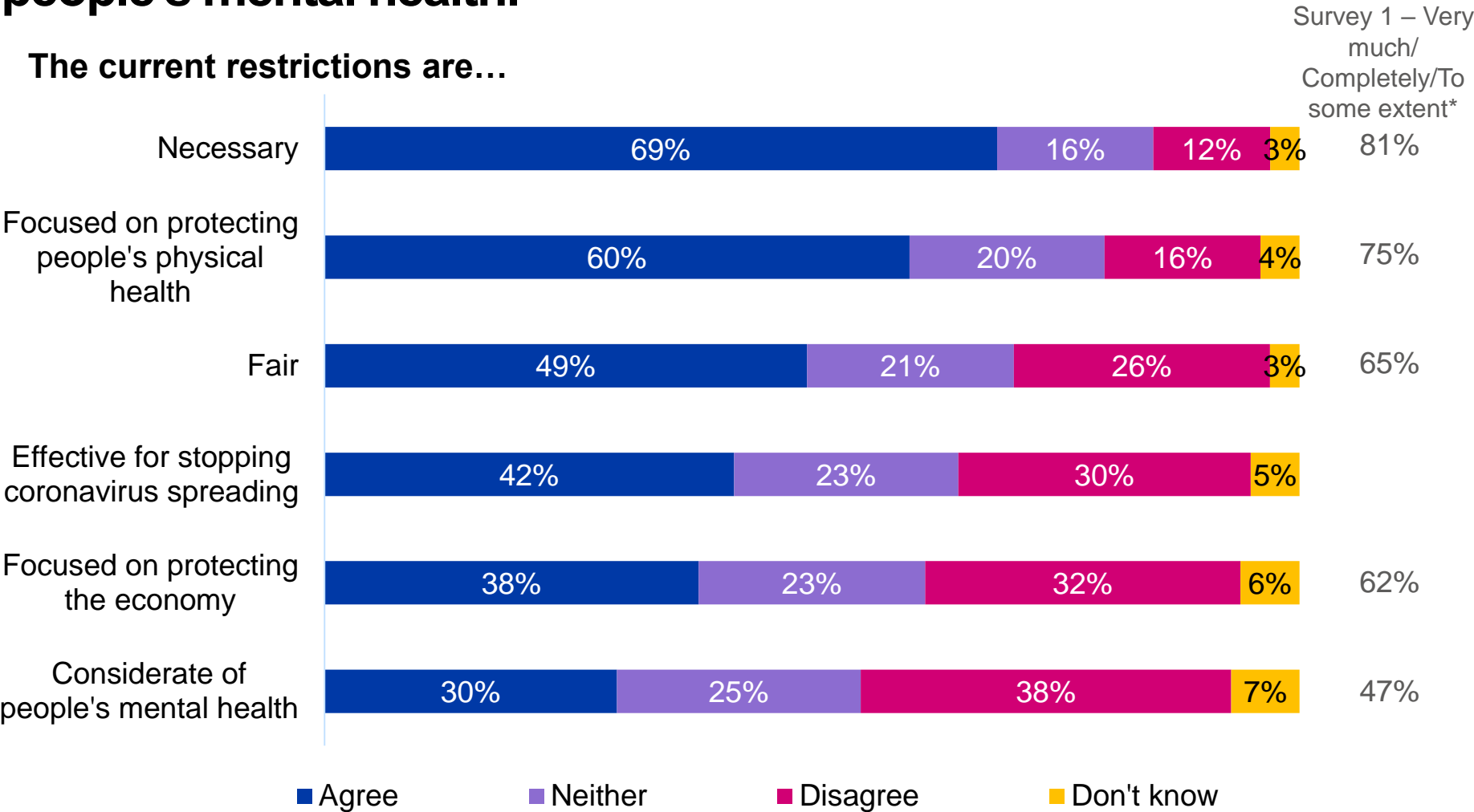
A quarter of respondents (24%) are always **compliant with the guidance**. There are very few demographic differences between those who are compliant and those who are not. Where there is non-compliance, it is mainly due to confusion over the restrictions.



D4. Are you complying with or following each of the current restrictions and guidelines?  
D6. Why might you not always fully comply or follow the coronavirus restrictions and guidelines?  
Unweighted base: 767-1007 (All respondents)  
\* Variation in how question was asked between surveys 1 and 2

The restrictions are generally seen as necessary and that they are focused on protecting people’s physical health. However only 30% agree they are considerate of people’s mental health.

The current restrictions are...



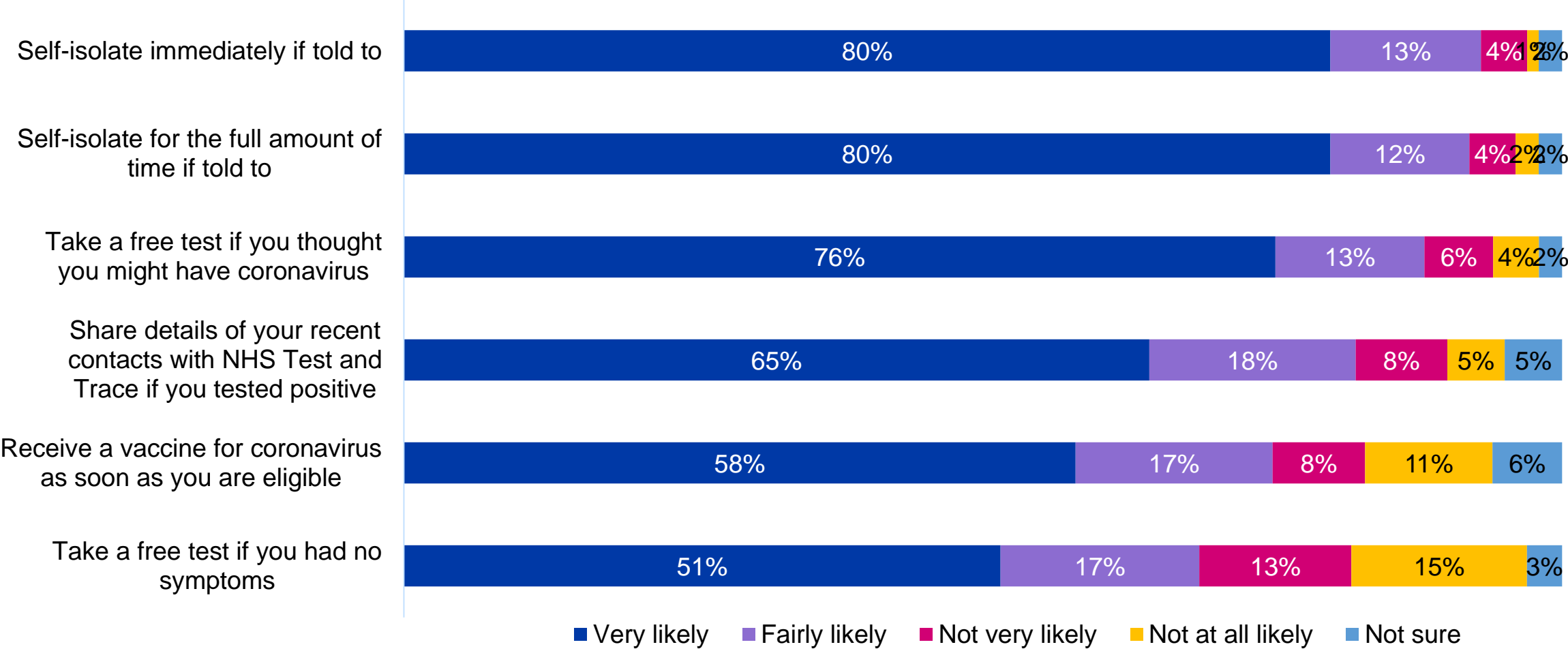
**More likely to disagree that the restrictions are considerate of mental health**

- Women (42%)
- Disabled residents (45%)
- Residents living in the least deprived areas (42-46%)
- Those who are not worried about coronavirus (45%)



Nine in ten (93%) said they would **self-isolate if told to do so**, and for the full amount of time (92%). However, it should be recognised that a sizeable proportion of residents feel there are situations where you can leave your home when self-isolating. People said they are less likely to **take a test without showing symptoms** (68%) or **get a vaccine** (75%).

Likelihood to...

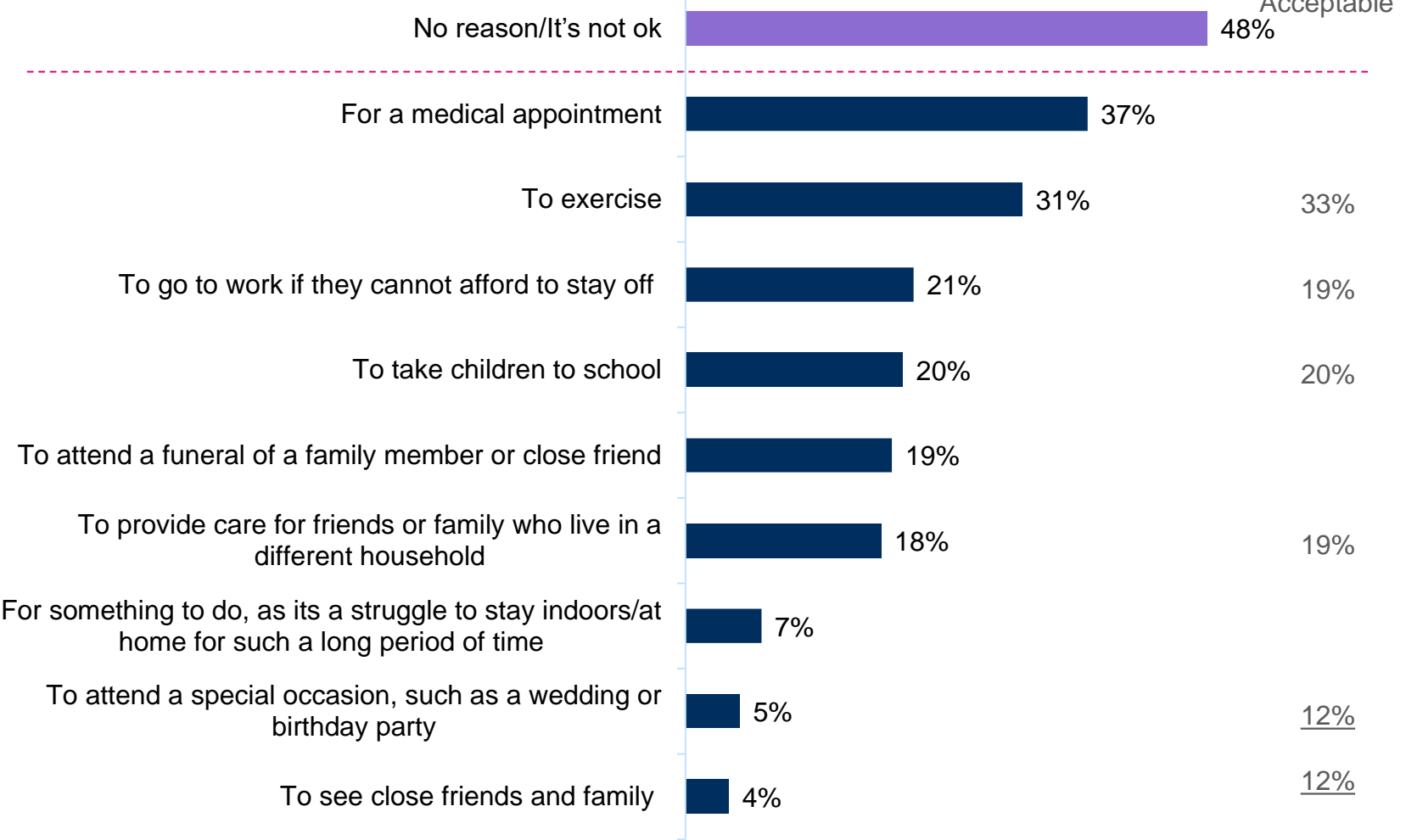


**For self-reported compliance, the only significant change since survey 1 is the decline in the proportion of residents unlikely to get the vaccine (19% cf. 24%).**

	Survey 2 Likely	Survey 2 Unlikely	Survey 1 Likely	Survey 1 Unlikely
Self-isolate immediately if told to	93%	5%	93%	6%
Self-isolate for the full amount of time if told to	92%	6%	93%	6%
Take a free test if you thought you might have coronavirus	89%	9%	91%	7%
Share details of your recent contacts with NHS Test and Trace if you tested positive	82%	13%	85%	12%
Receive a vaccine for coronavirus as soon as you are eligible	75%	<u>19%</u>	72%	24%
Take a free test even if you had no symptoms	68%	29%	69%	28%

Around half of respondents (52%) feel it ok to **leave self-isolation in some situations** – most commonly for a medical appointment (37%) or to exercise (31%). Notably, the proportion of residents who believe you can leave self-isolation to see friends or family or to attend special occasions has fallen significantly since survey 1.

It's ok to leave self-isolation...



People more likely to feel it is ok to leave home for specific reason(s) during self-isolation

- Men (42%)
- Aged 16-24 (31%)
- Aged 65+ (41%)
- Jewish residents (27%)\*\*
- LGBTQ+ residents (36%)
- Residents with a disability (41%)
- Carers (34%)
- Those where a member of their household is at high risk of COVID (34%)
- Those who have or are currently serving in the armed forces (17%)
- Those where a member of their household has lost their job due to COVID (33%)
- Those living in the most deprived areas (40%)

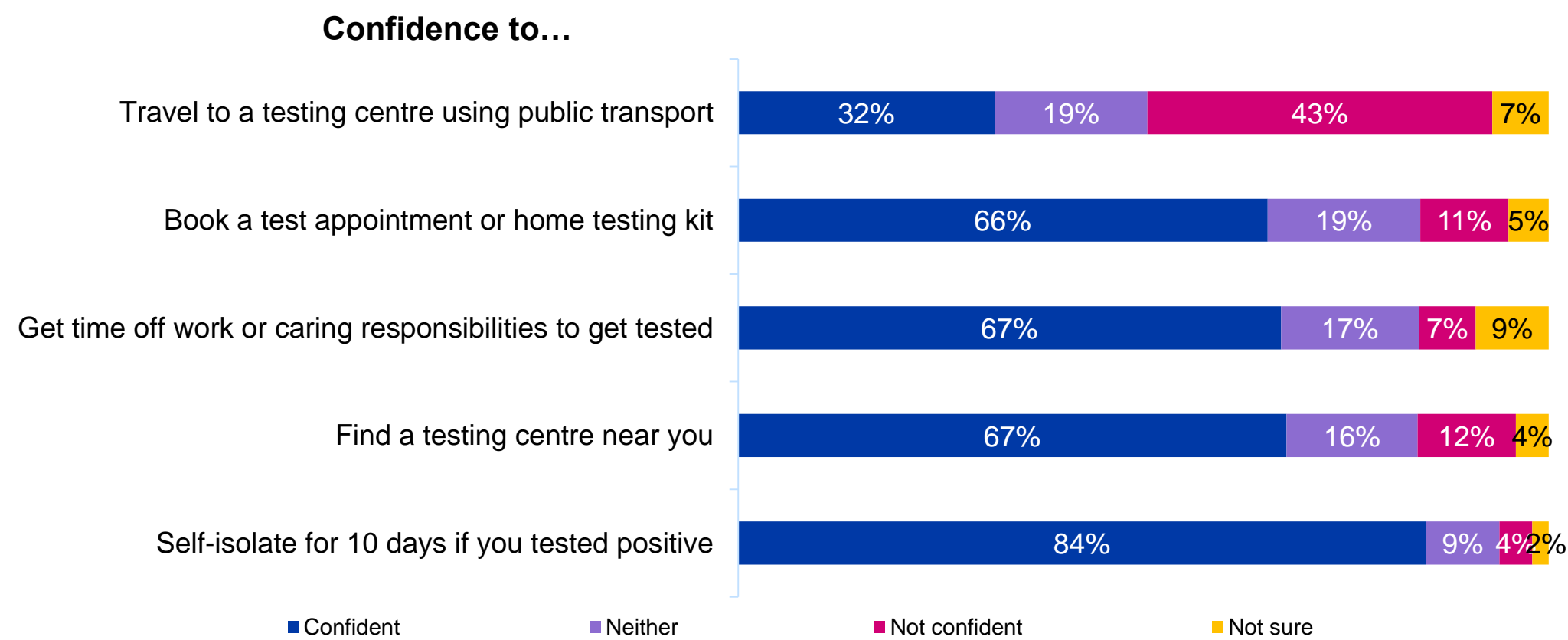
C6. In which, if any, of the following circumstances is it OK for someone to leave their home during self-isolation?

Unweighted base: 1007 (All respondents)

\* Variation in how question was asked between surveys 1 and 2

\*\*Base below 50

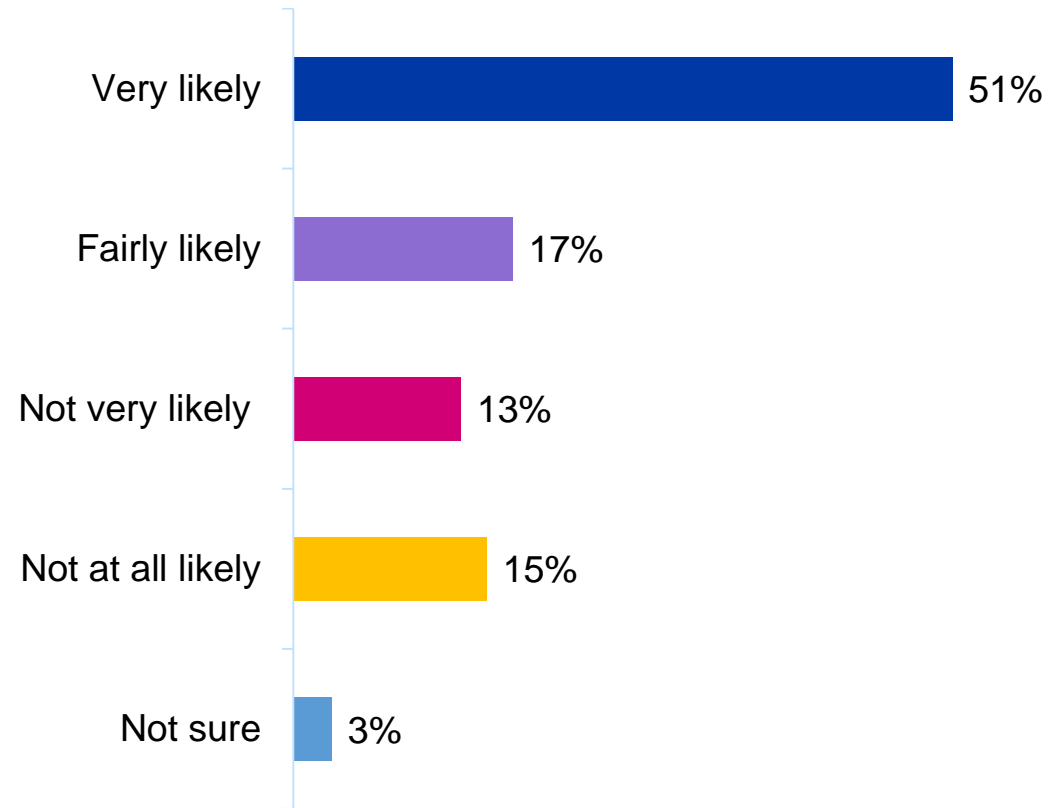
The majority of respondents are confident accessing a **test if they had coronavirus symptoms** and being **able to self-isolate** if they tested positive. But only 32% are confident traveling to a test centre using public transport.



D8. Thinking about Covid tests more generally, how confident are you that, if you wanted to, you could ...  
Unweighted base: 1007 (All respondents)

Around two thirds of respondents (68%) are likely to take part in **community testing** (ie, if they had no symptoms). Those unlikely to take part showed a lack of understanding of the purpose and value of community testing.

Likelihood to get a test (if no symptoms)...



Most commonly stated reasons for not doing so:

- 1) I **don't need to know** / can just self-isolate without taking a test = **23%**
- 2) I'm **not eligible** for a test = **22%**
- 3) It's **unnecessary** (ie a waste of tests / resources) = **21%**

Least likely to say “very likely”	
-	Aged 25-44 (42%)
-	Muslim residents (39%)
-	Carers (43%)
-	Parents (45%, particularly those with children under 5 (39%) or at secondary school (42%), and those who have had their children miss school due to Covid (33%-38%))
-	Households with 3+ adults (41-42%)
-	Residents in work (49%), particularly part-time (37%)
-	Those living in Rochdale (38%)

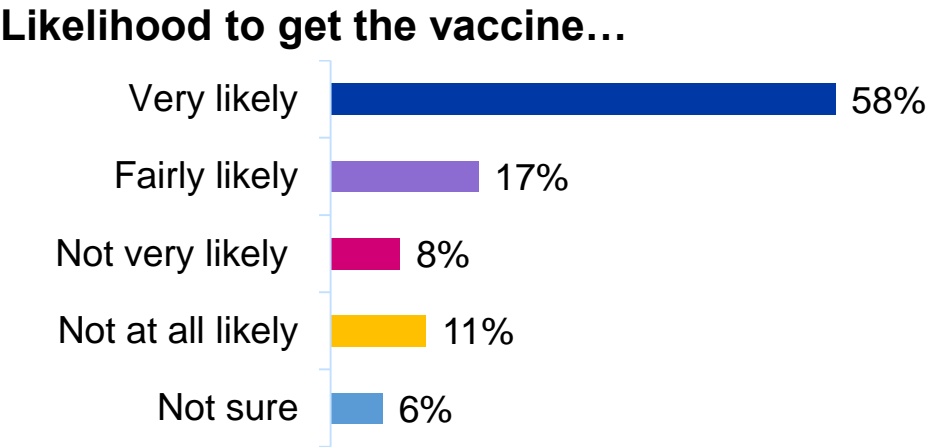
D5. How likely would you be to do each of the following?  
D7. Why are you not likely/uncertain about taking a free test for coronavirus if you had no symptoms?  
Unweighted base: 429-1007 (All respondents)

# Community testing – Qualitative findings

- Most would be happy to take part in a community testing programme, believing this to be useful in protecting their community through identifying asymptomatic cases and ensuring people isolate as appropriate.
- Some reported that logistics would be the main consideration, particularly for those with mobility issues; opinions were split around a preference for a formal appointment or a drop-in centre for this.
- A small number would not be happy to take part if asked, feeling it will be unnecessary:  
*“Given a choice, I would not go. If it’s an unnecessary test, I don’t feel I need to go. If I feel I have symptoms, then yes. But if I’m sitting at home, why should I go for the test?”*
- A small number were also concerned by the idea of testing at home, fearing that they or others might not be collecting the sample correctly and produce an incorrect result.
- There was a high level of awareness of a community testing approach, with many recognising that this approach has been followed in Liverpool.
- Some concerns were raised about the need for them and others to self-isolate after a positive test, believing this would be contrary to their interests particularly if self-employed and needing to work. One individual would also reject this on the grounds that the tests are flawed and produce false positives.

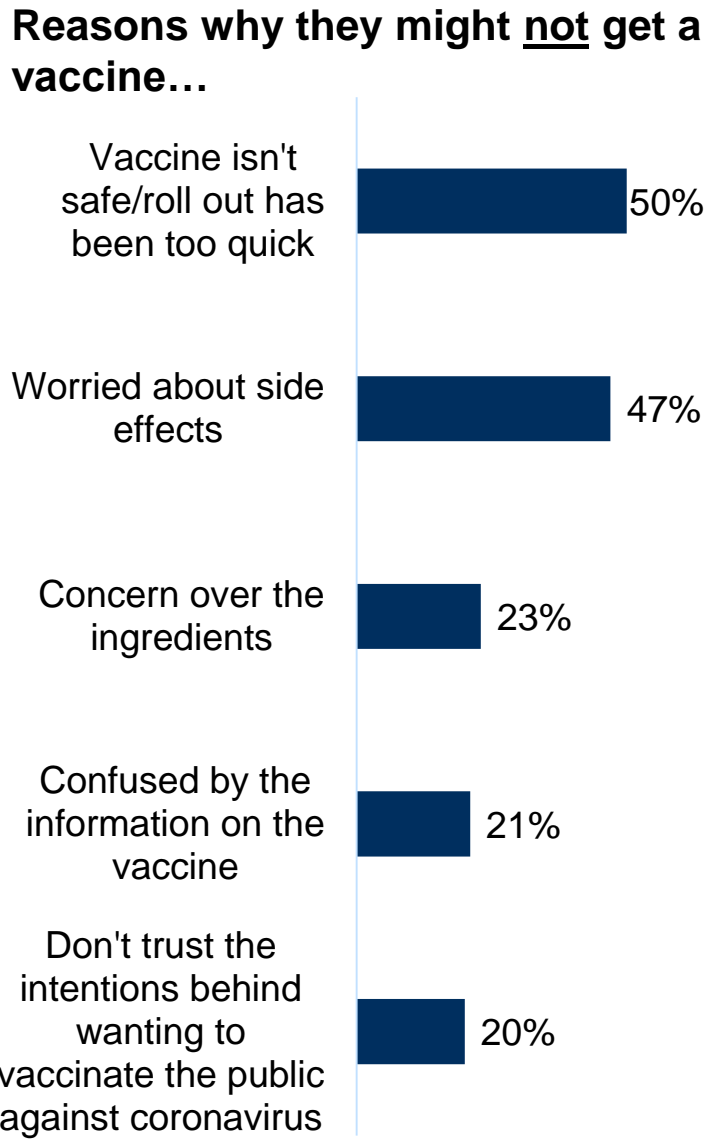
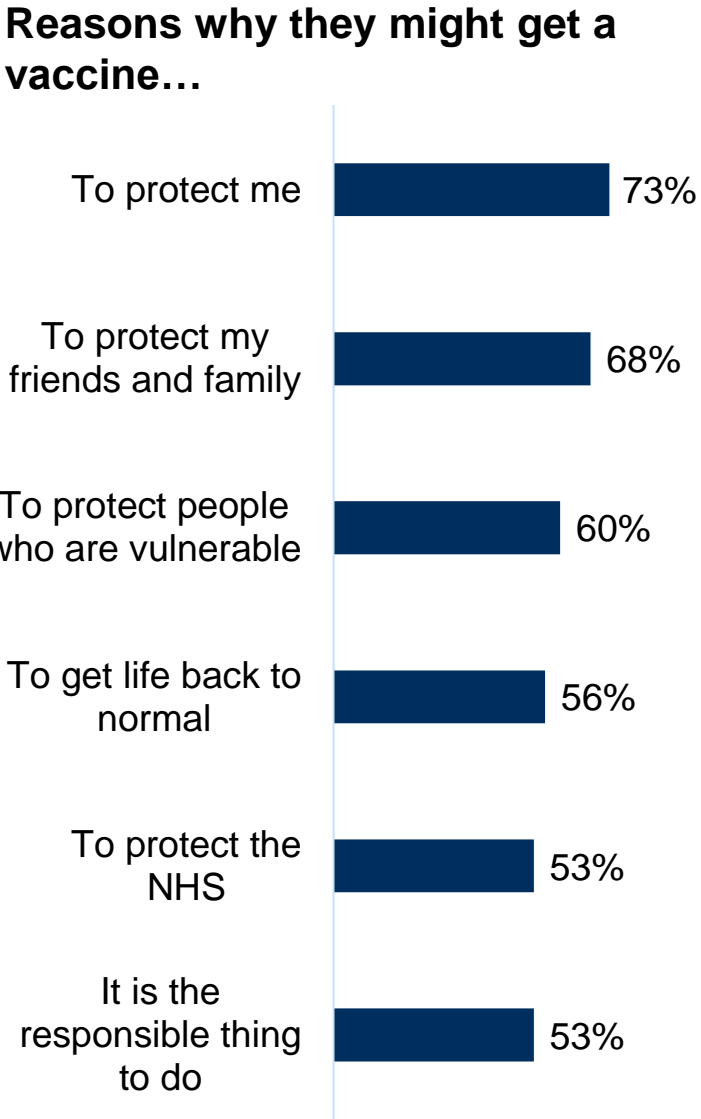


# Half of those who are not very likely to get the vaccine (50%) cite safety concerns as a reason why; a similar proportion (47%) are concerned about side effects.



**Least likely to say “very likely”**

- Women (53%)
- Aged 16-24 (36%) and 25-44 (45%)
- People from an ethnic minority background (34%), inc. Asian (37%)
- Those whose first language is not English (33%)
- Muslim residents (30%)
- Those who have served/currently serve in armed forces (43%)
- Parents (51%), esp. those with children under 5 (41%), in secondary school (45%) and who have missed school due to Covid (43%-49%)
- Those who live in households with 4+ adults (42%)
- Residents in work (52%), particularly part-time (41%)
- Residents living in the most deprived areas (50%)
- Residents living in Rochdale (45%)



D5. How likely would you be to do each of the following?  
D10. What are the main reasons FOR getting vaccinated against coronavirus?  
D9. Why are you not likely/uncertain about receiving a vaccine against coronavirus? Unweighted base: 286 - 1007 (All respondents)

# Vaccines - Qualitative findings: information on vaccines

- Many reported awareness of the new variant of Covid-19 first discovered in the South East, and this appeared to heighten concern about the virus, and potentially make respondents more open to vaccination.
- Most reported having come across information about the vaccine via online and television news, particularly the BBC, which was seen as trustworthy. Some also reported coming across information through social media, but believe this to be less reliable. Only one mentioned official NHS communications.
- Personal networks were also sources of information, particularly where family members are employed by the NHS or in related occupations such as carers.
- A couple of individuals felt more needed to be done by GPs to proactively communicate with patients, answer questions, and encourage take-up of the vaccine.
- Many were aware of the two different vaccines available, with some expressing a preference for receiving the Oxford/AstraZeneca one. Sometimes this was because it does not have to be stored at low temperatures, with a couple reassured by this being British.
- Few reported any need for further information, and information gaps were typically around longer-term side effects. One young female reported concerns about a vaccination affecting fertility.

# Vaccines - Qualitative findings: opinions on vaccines

- The majority reported that they intend to get the vaccine when this is offered to them, suggesting that as they have seen further information about the subject and considered this over time, they have become more positive about doing so.
- Various reasons were given where individuals wanted to take the vaccine, typically around protecting themselves and others and moving back towards a normal life:

*“People are dying every day and this is the only thing that has been offered to save lives, nothing else. So why not take a chance on it?”*

*“If you don’t get the vaccination, you could get Covid and you pass it on to other people. You might be OK but if you pass Covid to people like my mum, that could kill her. You could literally kill someone.”*

- A couple specifically mentioned that having the vaccine could enable aspects of normal life to resume, such as social activities and going on holiday:

*“If we have the vaccine then we may be allowed to go and live a normal life. It’s almost like a passport, that’s how I’m thinking of it.”*

- Some reported that friends and personal networks have influenced their decision to get the vaccine when available, and some believe there will be significant social pressure to do so.

- Where there was reluctance around getting the vaccine, this was typically related to the fear of side effects:

*“People are suspicious because it’s brand new – it could put people off.”*

- Concern about side effects was sometimes coupled with a belief that as a young, healthy individual, Covid will present little danger in any case. Even where respondents themselves were reluctant to get the vaccine, they felt older and vulnerable people should do so.

# Vaccines - Qualitative findings: access to vaccines

- Generally, practical elements would not be a significant factor in a decision on whether or not to get the vaccine.
- Most would prefer to receive the vaccine with a designated appointment rather than at a drop-in centre, particularly because of potentially having to wait a long time, as well as concerns about how social distancing could be enforced with a large crowd of people at these sites.
- A designated appointment was also deemed to be advantageous from a practical point of view, with one elderly respondent saying this would make it easier to arrange transport to the site. Most suggested that arranging this would be most convenient online, with telephone as an option for those lacking internet access.
- The GP surgery was the most common suggestion for where the vaccination should take place, particularly as this seemed the most logical place which would be easy for people to travel to. Some felt other venues such as the adult education centre and places of worship could also be used.
- Some also suggested that nurses could visit private residences to ensure those with severe mobility issues are able to get vaccinated, but that this would not be required for them personally. A couple also suggested visits to large workplaces would be beneficial.
- Similarly, some noted that many older people would require the vaccination to be held locally due to issues around mobility and limited public transport.
- Only one individual mentioned that practical considerations would be a significant factor in their decision on getting the vaccination, with organising time away from work a potential difficulty. This individual suggested mobile vans similar to those used for donating blood, or visits to the home.



## Access to information

Availability of information	<a href="#">page 48</a>
Sources of information	<a href="#">page 49</a>
Access to internet	<a href="#">page 49</a>
Confidence using internet	<a href="#">page 50</a>

Most respondents feel they have enough **information**, with the exception of getting a COVID vaccine where just under half of the population (46%) want more information.

Have enough information on...



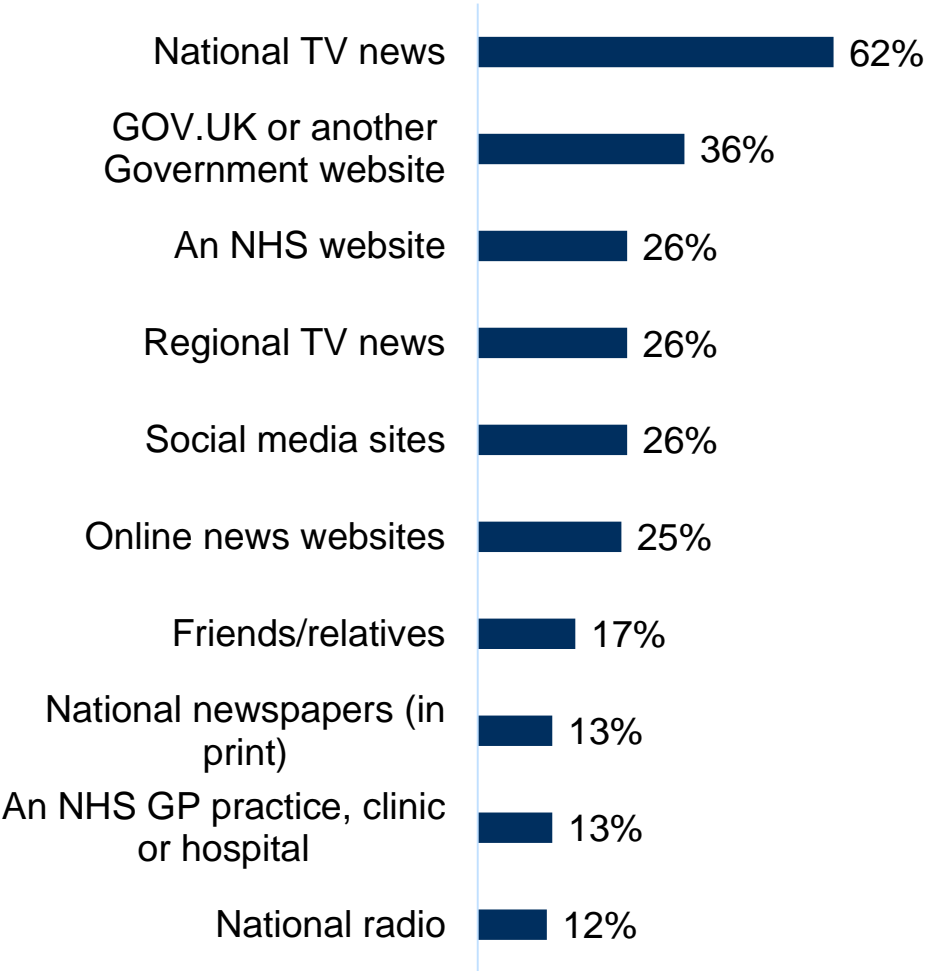
**Those who are most likely to say they do not have enough information**

- Parents (10%), in particular those with children in primary school (15%), secondary school (14%), or college/university (13%)
- Residents with no religion (9%)
- Those who are looking after the home / homemaker (19%)
- Residents living in Wigan (13%)
- Those living in the most deprived areas (10%)

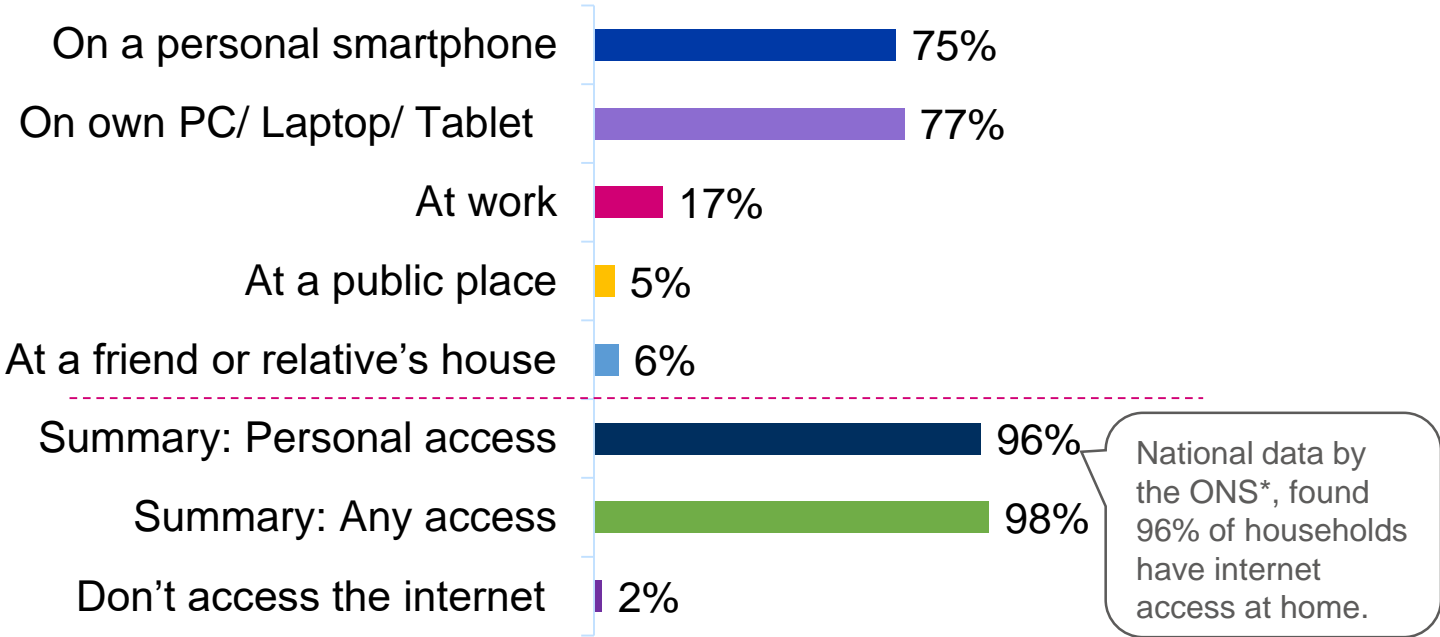


National TV news is the most commonly used **source of information** on coronavirus (used by 62%) followed by Government websites (36%). In line with ONS data\*, almost all residents have access to the internet on a personal device.

Sources of information on coronavirus...



Access to the internet...

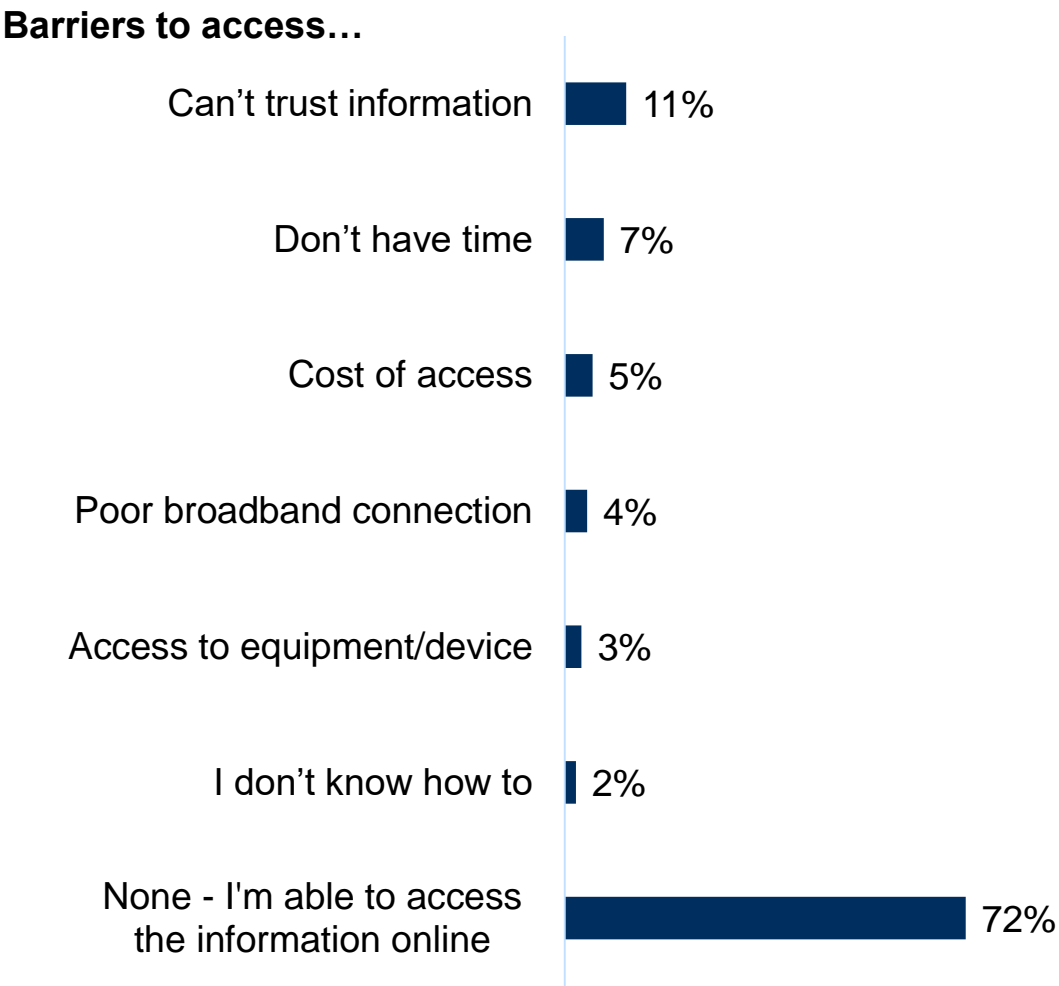
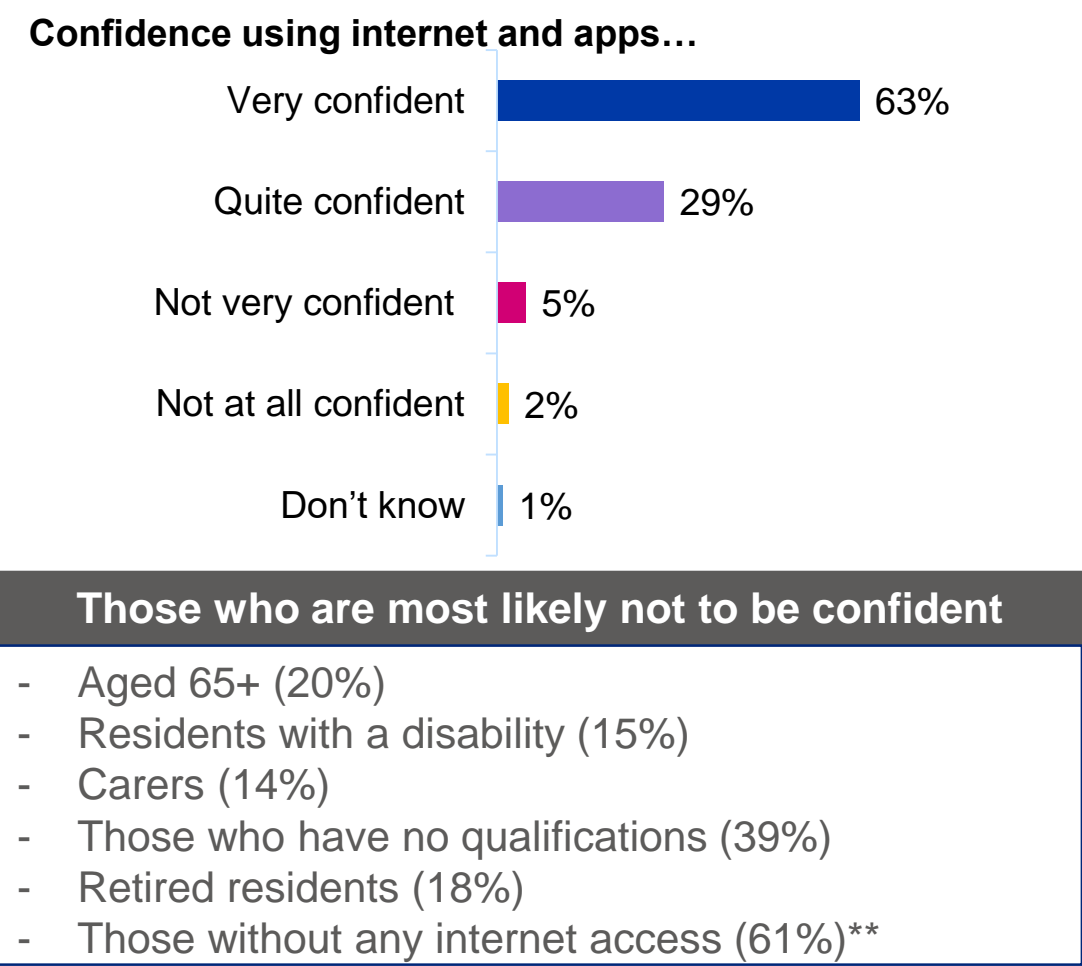


**Those who are least likely to have personal internet access**

- Aged 65+ (90% have personal internet access)
- Live alone (91% have personal internet access)
- Have no qualifications (78% have personal internet access)
- Are retired (91% have personal internet access)
- Residents with a disability (91% have personal internet access)

E6. What are your three main sources for information about coronavirus? \*Data available: ONS - Internet access – households and individuals, Great Britain: 2020  
E3. How do you access the internet for personal use?  
<https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2020>  
Unweighted base: 1007 (All respondents)

Those who are less **confident using the internet or apps** are similar in profile to those without personal internet access, and are generally older, retired, and without qualifications. Moreover, the most common barrier to using the internet is trusting the information online.



E7. How confident are you using apps and websites to access information or services?  
E8. What barriers, if any, are there to you accessing Coronavirus information online?  
Unweighted base: 1007 (All respondents) \*\*Base below 50

