



Safely Managing COVID-19: Greater Manchester Population Survey

Survey 6 Report

May 2021

Based on fieldwork 22 April – 3 May,
during step 2 of the roadmap relaxing national lockdown restrictions

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Introduction and methodology

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Background and methodology

Background

- Coronavirus (COVID-19) 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. Residents are unequally equipped and empowered to stop the spread of the virus and its resulting impacts.
- Although there is extensive national research into these issues, particularly from during the earlier stages of the pandemic, relying on national surveys does not give the level of detail required on who within the Greater Manchester population is being most affected, the issues they are facing, the 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 Greater Manchester 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
 - Support the behaviour change that needs to be inspired across the population to stop the spread of coronavirus and its unequal impacts.

Methodology

- BMG Research was commissioned to undertake monthly online and telephone (CATI) surveys, of at least 1,000 respondents of Greater Manchester each time, with a sample of at least 100 respondents in each Local Authority.
- Quotas were set to ensure the sample broadly reflected the profile of respondents 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.
- Five surveys have so far been completed. Details of responses are below.
- From survey 2 onwards the quantitative surveys are accompanied by deep-dive qualitative interviews, each with 10 respondents, 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 restrictions, these interviews are undertaken remotely, by video and telephone call.

Survey	Fieldwork start	Fieldwork end	Total respondents	Web respondents	Phone respondents
1	20 November 2020	2 December 2020	1016	707 (70%)	309 (30%)
2	18 December 2020	31 December 2020	1007	751 (75%)	256 (25%)
3	14 January 2021	27 January 2021	1010	757 (75%)	253 (25%)
4	11 February 2021	25 February 2021	1003	753 (75%)	250 (25%)
5	17 March 2021	29 March 2021	1008	750 (74%)	258 (26%)
6	22 April 2021	3 May 2021	1007	757 (75%)	250 (25%)

Report contents and guidance

Report contents & guidance

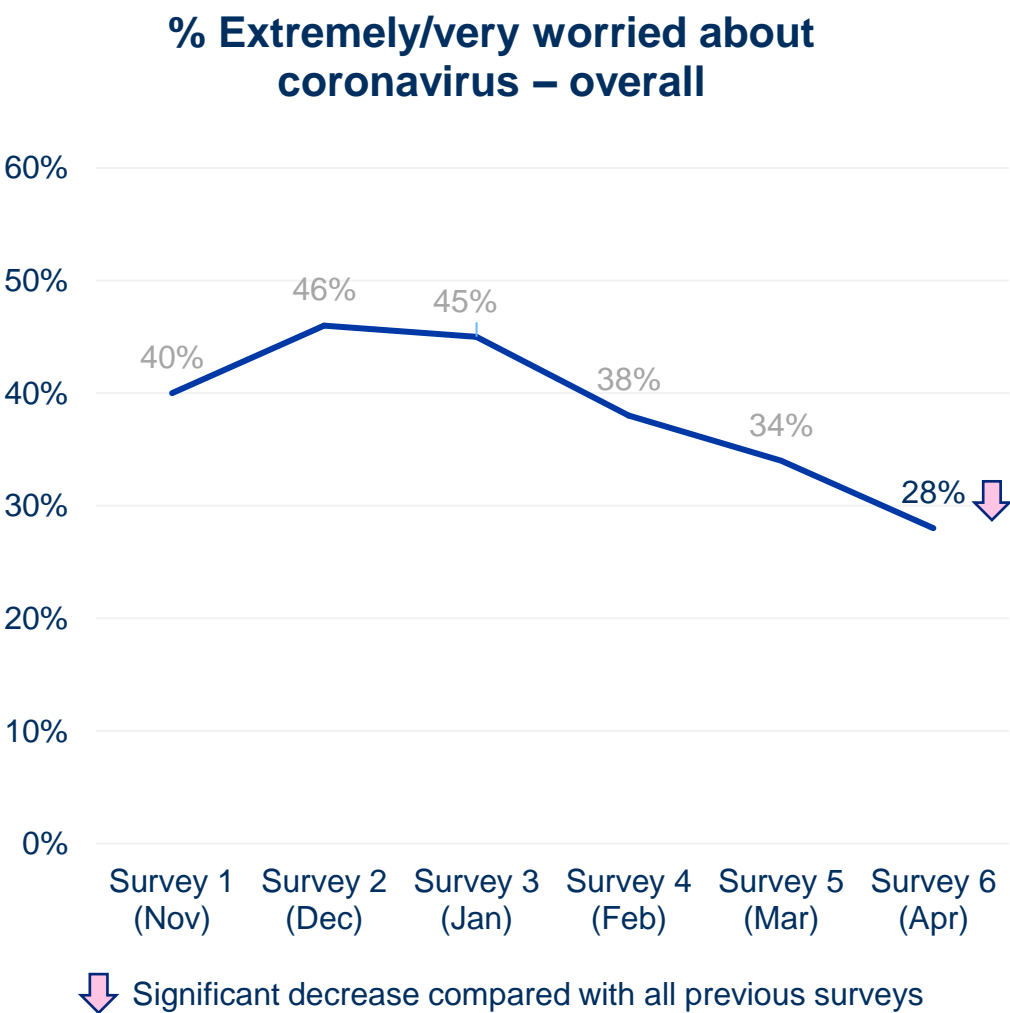
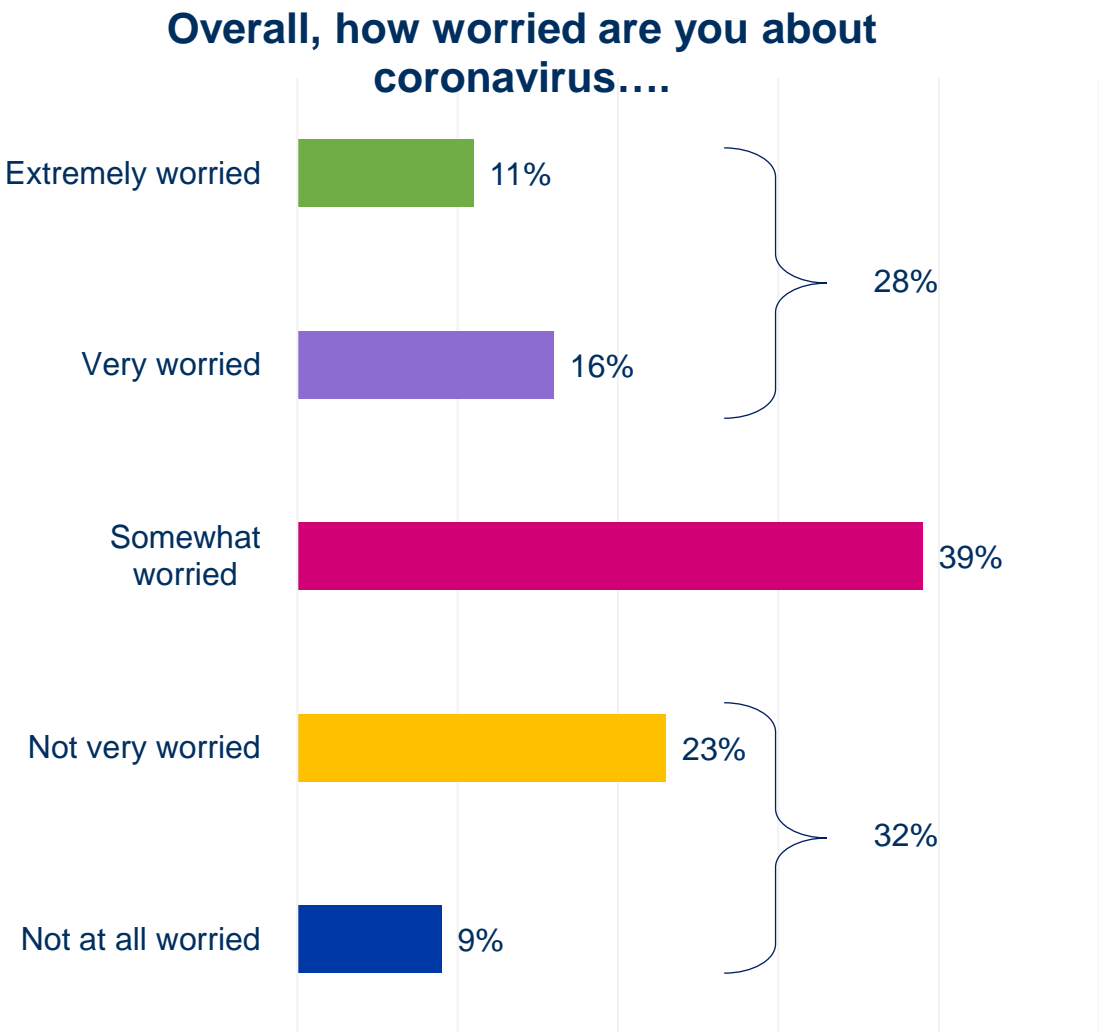
- **This report focuses on the findings from survey 6 (April)**, as England entered ‘step 2’ of the roadmap out of the national lockdown restrictions introduced in January 2021. At the point of this fieldwork, outdoor gatherings of either 6 people or 2 households are allowed, outdoor sports facilities have reopened; as has non-essential retail and outdoor hospitality, and the ‘stay at home’ rule has ended. However, many restrictions remain in place, particularly around meeting groups indoors.
- The survey provides ongoing insight into concerns and impacts of the pandemic among Greater Manchester respondents, and their attitudes and behaviours towards the easing of restrictions. Survey 6 also aims to understand more about the future of vaccination rollout – including potentially to children aged 12 and above – and attitudes towards visiting hospitality venues and urban areas.
- 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 Greater Manchester’ 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 Greater Manchester’ figures (i.e. the Greater Manchester average).
- Where questions have remained consistent, the report provides comparisons with surveys 1 (undertaken in November 2020), 2 (December), 3 (January 2021), 4 (February) and 5 (March); differences between the surveys that are statistically significant are indicated by up and down arrows.
- 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 [initial section](#) provides a “highlights” summary of key findings; it is followed by more detailed survey findings for residents’ [feelings and concerns](#), [coronavirus impacts](#), and [attitudes and behaviours](#). These are followed by analysis of the more detailed interviews focusing on [perceptions of and attitudes of coronavirus vaccines](#) in particular among those not yet vaccinated.



Highlights

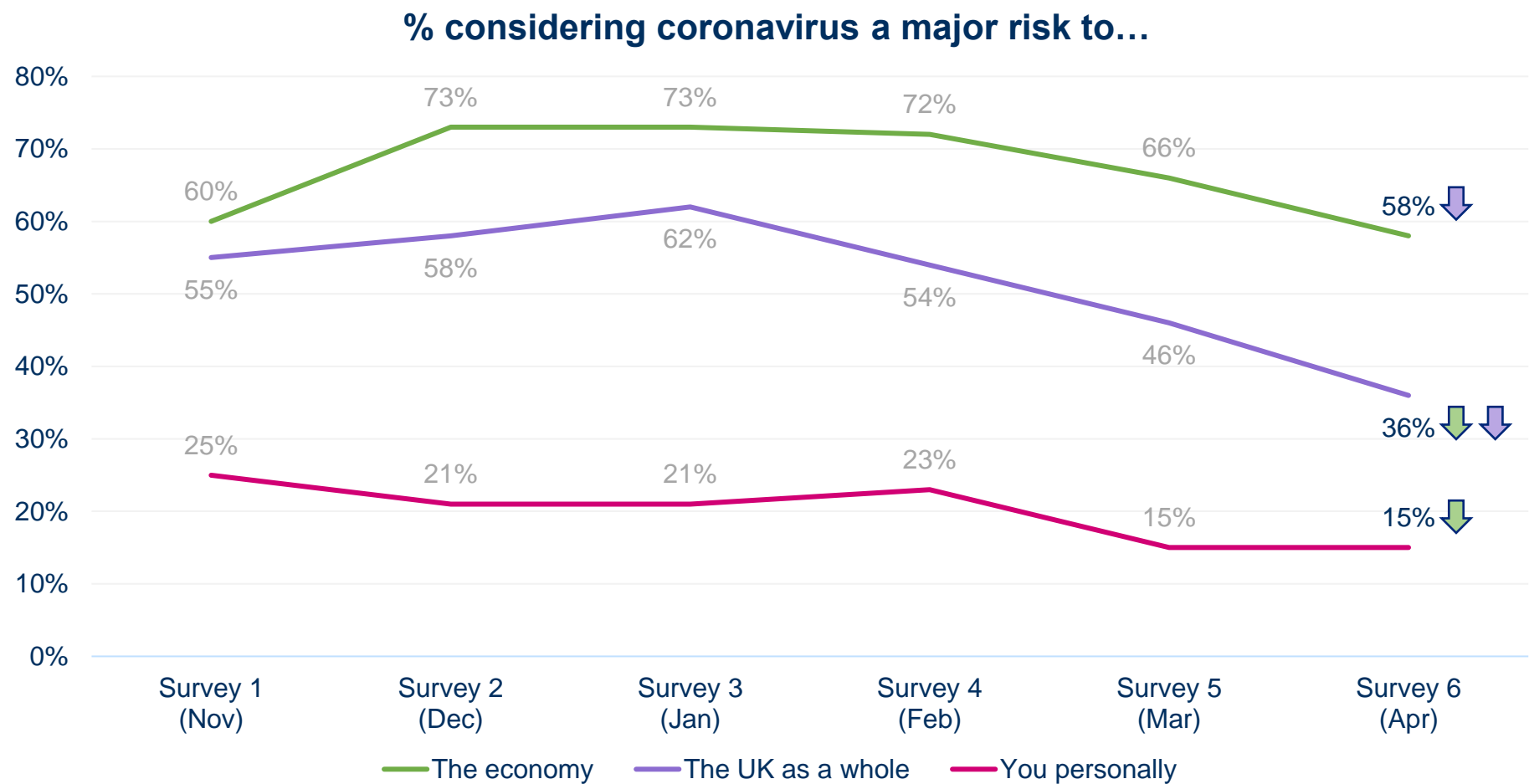
Feelings and concerns	pages 7-10	Testing	pages 21-22
Finance and employment	pages 11-14	Vaccines	pages 23-24
Activity and restrictions	pages 15-18	“COVID passports”	page 25
Self-isolation	pages 19-20		

Just under three in ten respondents (28%) now say they are **extremely or very worried about coronavirus**, the lowest level since surveys began. For the first time, the proportion of respondents who are worried is lower than those who are not.



For further detail see “feelings and concerns – levels of worry”, [page 29](#) and [page 30](#)

Proportions of respondents seeing **coronavirus as a major risk** have significantly reduced across a range of issues. Fewer than 1 in 7 (15%) now feel coronavirus is a major risk to themselves – although this remains higher among some groups.

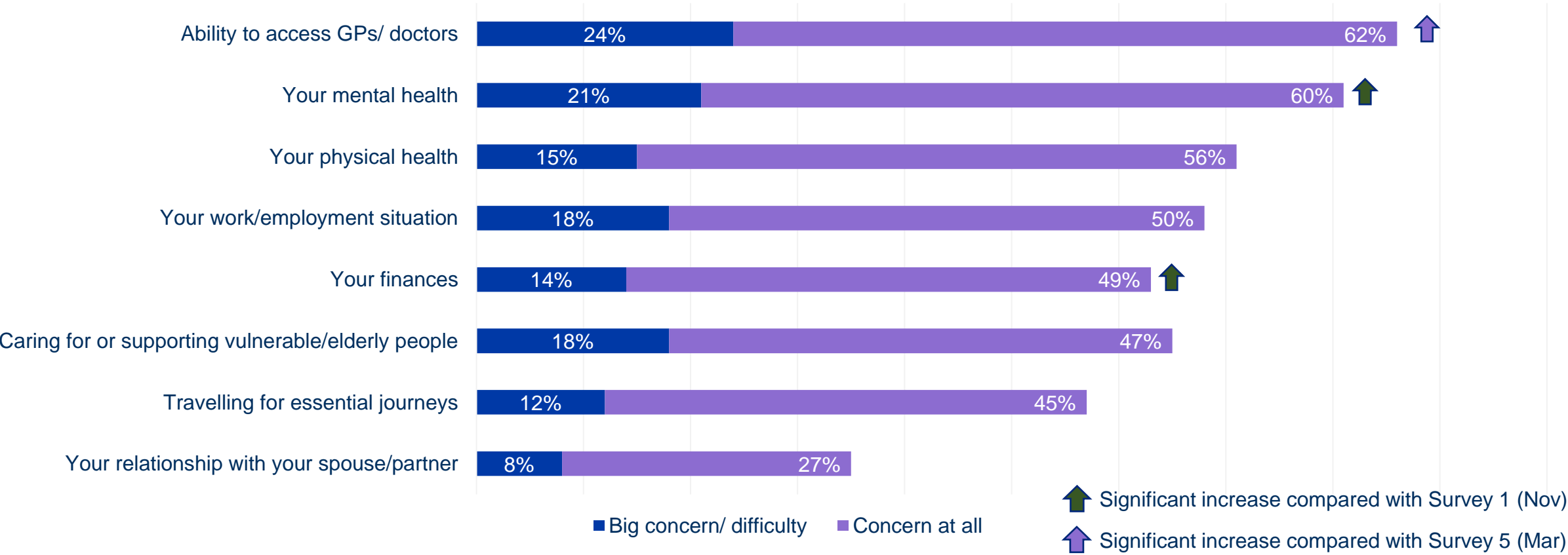


For further detail see “feelings and concerns – risks of coronavirus”, [page 31](#)

↓ Significant decrease compared with Survey 1 (Nov)
↓ Significant decrease compared with Survey 5 (Mar)

Some **specific concerns** remain. In particular, the proportion concerned about their ability to access GPs / doctors has significantly increased since March, while mental health continues to be a worry for three in five (60%) respondents.

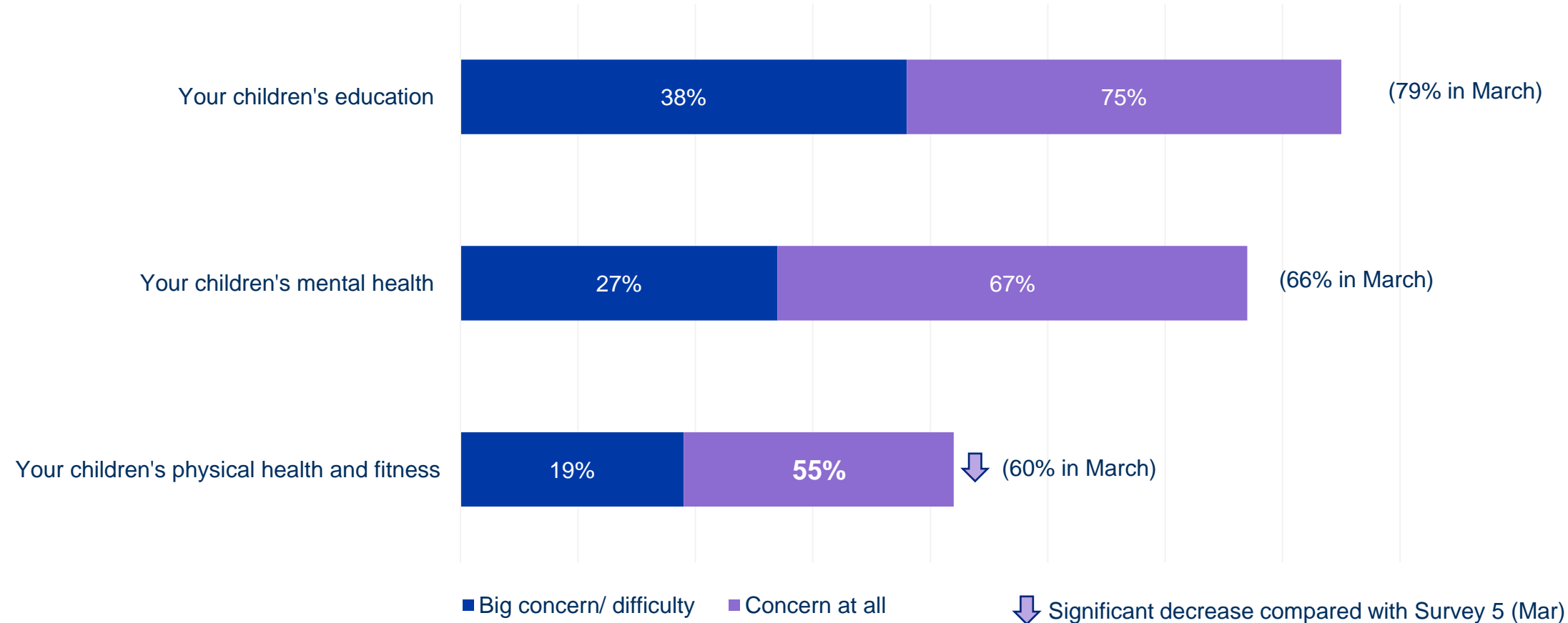
Have become a concern as a result of the pandemic...



For further detail see “feelings and concerns – specific concerns”, [page 32](#), [page 33](#), and [page 34](#)

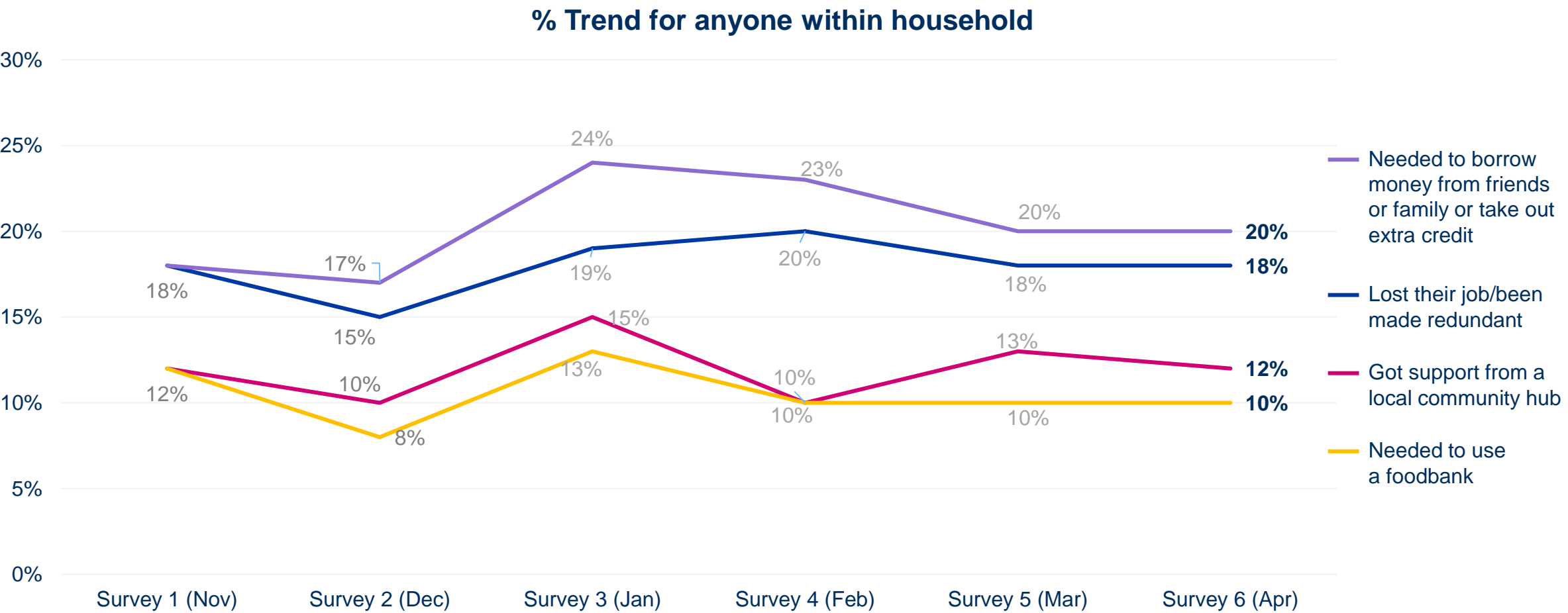
The effects of the pandemic on **children’s education and mental health** continue to concern a majority of parents. But there has been a significant decline in the proportion of parents worried about their children’s physical health and fitness.

Have become a concern as a result of the pandemic (among those who have children)...



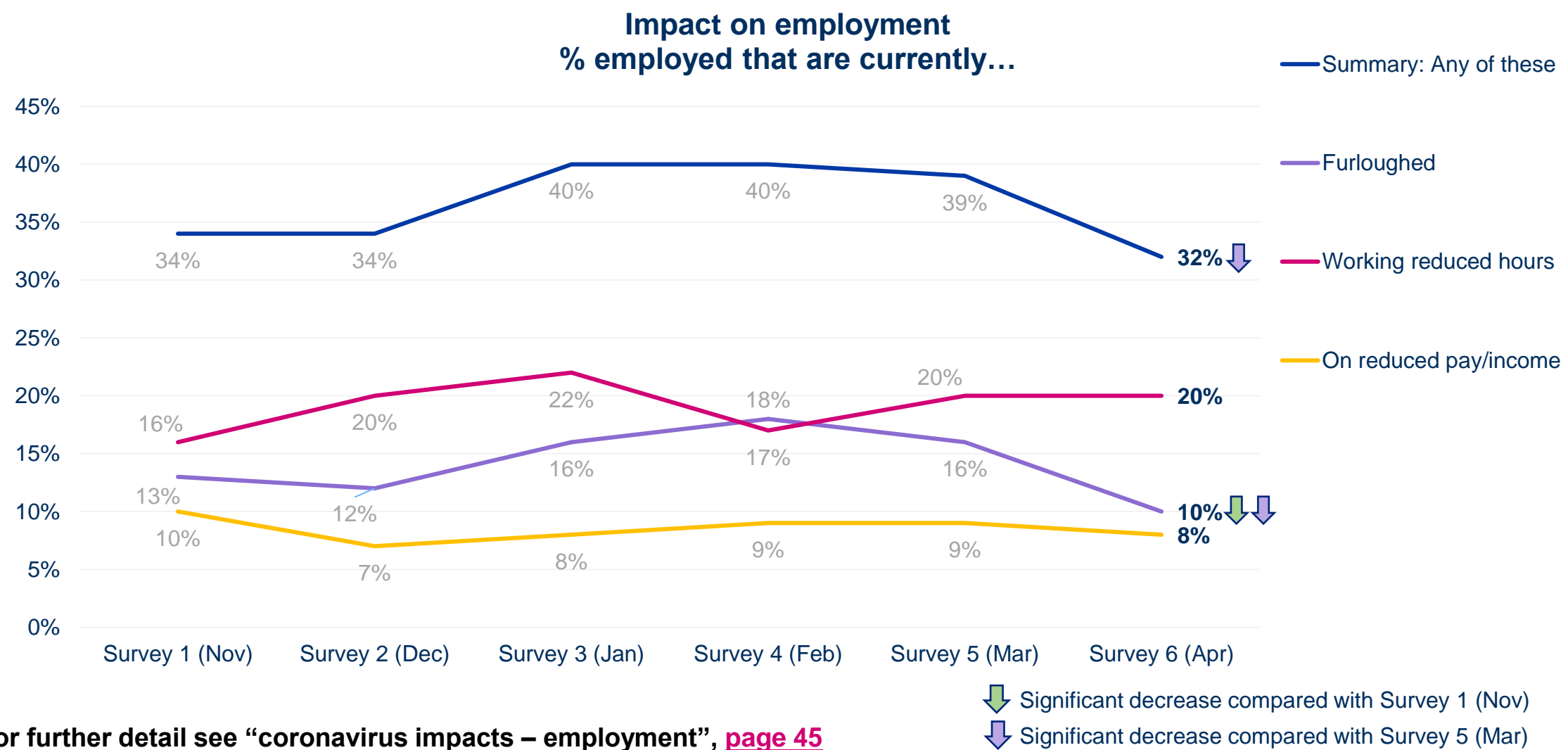
For further detail see “coronavirus impacts – children and education”, [page 49](#)

Financial impacts have been experienced by between one in ten (using foodbanks) and one in five (borrowing money) households. These levels show no significant change since February.



For further detail see “coronavirus impacts – finance”, [page 43](#) and [page 44](#)

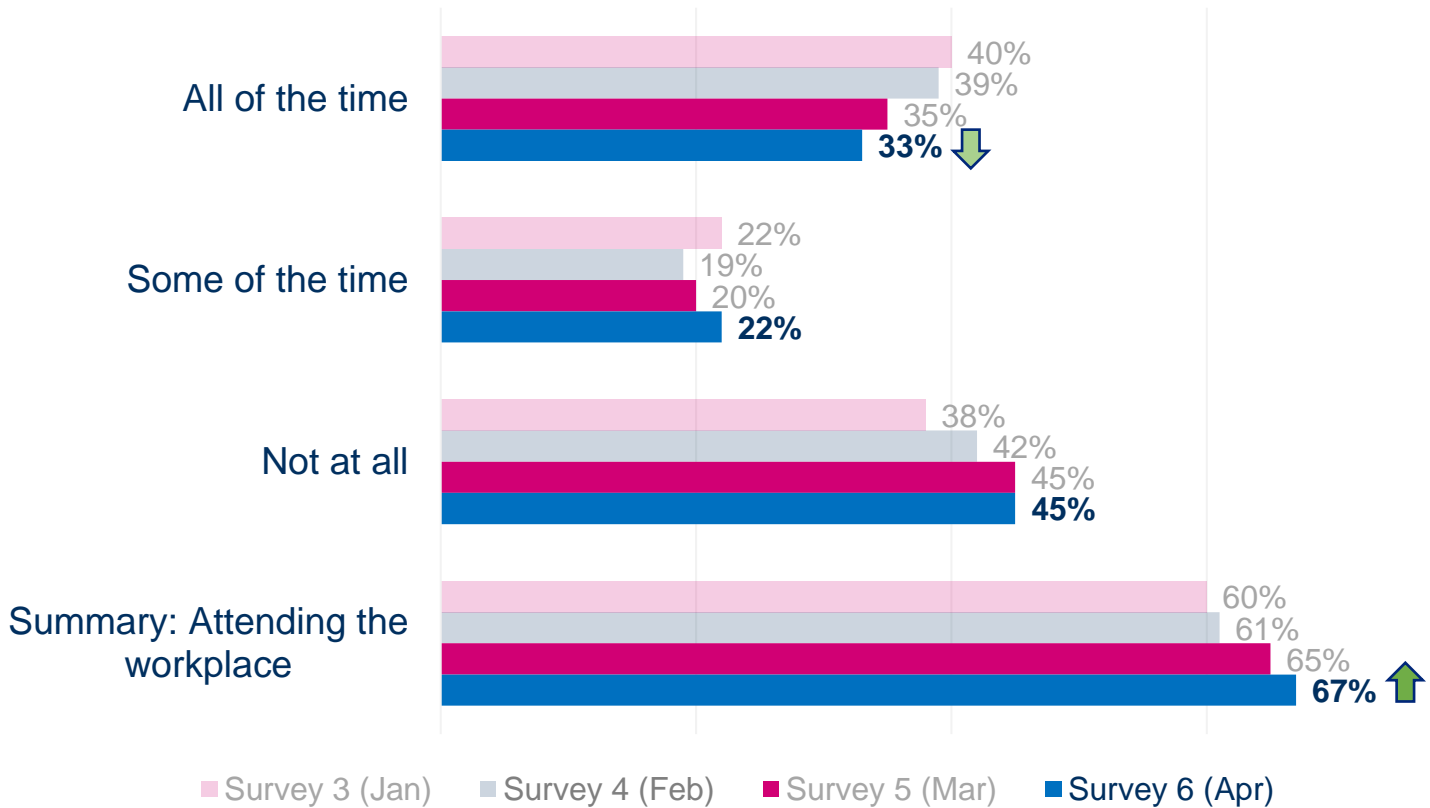
With sectors of the economy reopening, the proportion of respondents experiencing **employment impacts** has significantly decreased, in particular those on furlough (now 10%). But 1 in 5 respondents (20%) continue to work reduced hours.



For further detail see “coronavirus impacts – employment”, [page 45](#)

This has been accompanied by a further increase in the proportion of working respondents **going into their workplace** at least some of the time. This is now more than 2 in 3 (67%) – and in some sectors above 4 in 5 (86%, in health and social care).

Currently, how often are you working from home....



Sectors in which employees are significantly more likely to be going into their workplace (vs. 67% on average):

- Health and social care (86%)
- Wholesale / retail / distribution / personal services (82%)
- Education (80%)

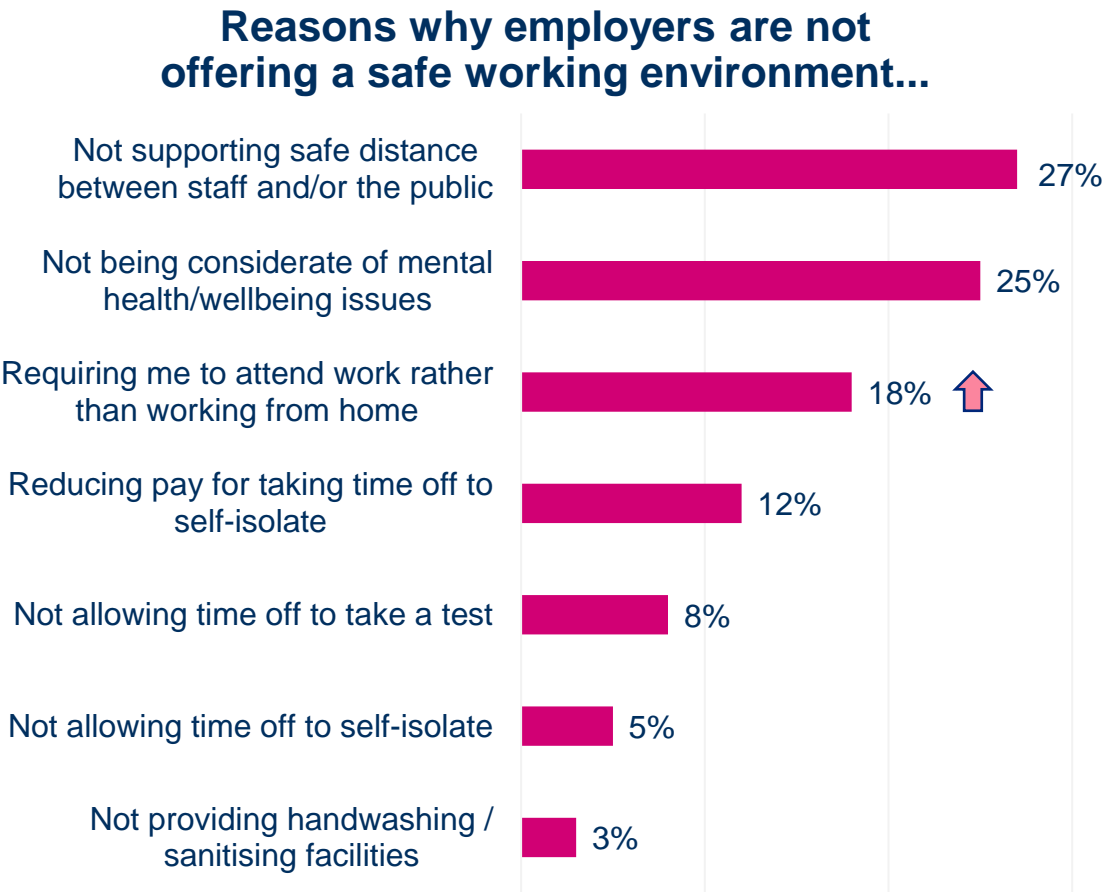
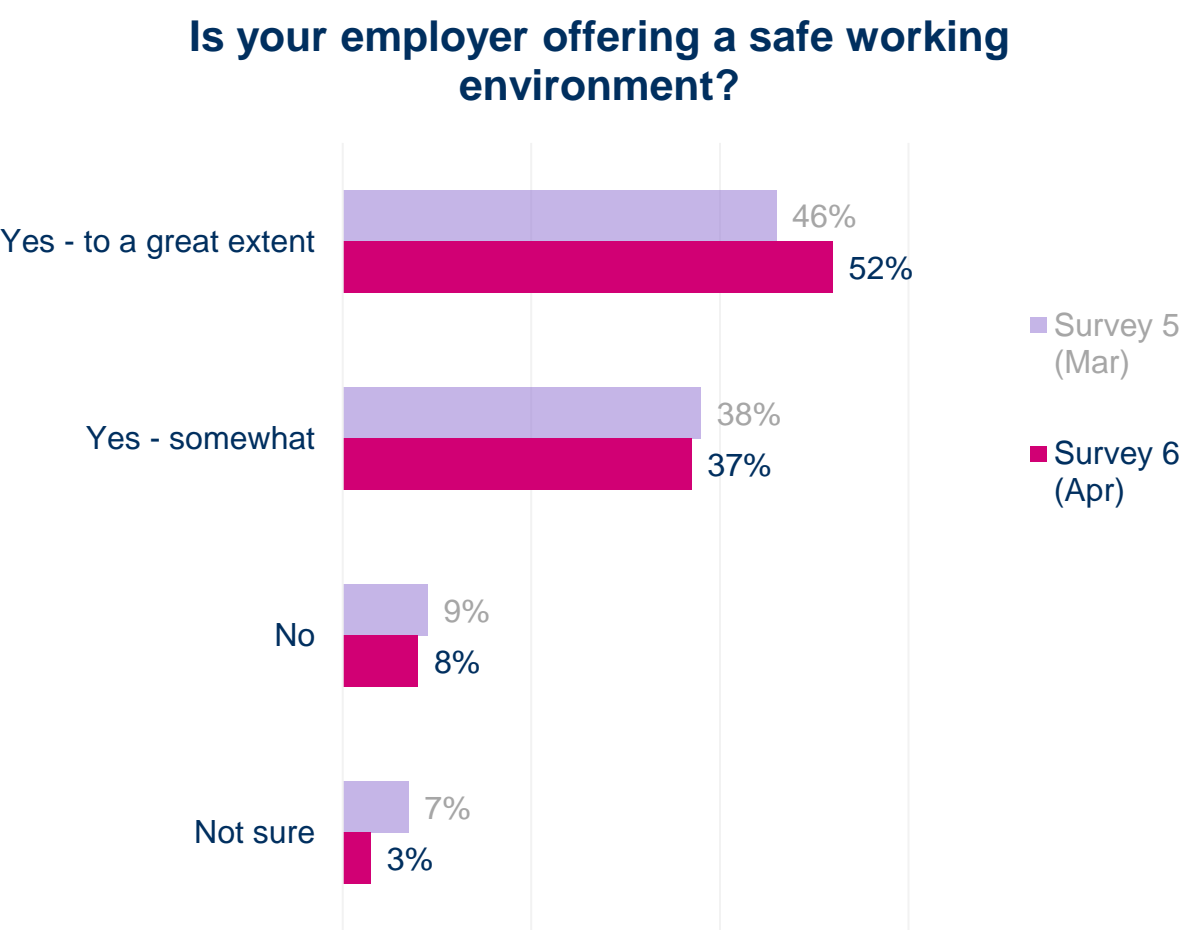
Also includes residents:

- Working part-time (80%)
- Educated to below degree level (75%)

↑↓ Significant increase / decrease compared with Survey 1 (Nov)

For further detail see “coronavirus impacts – employment”, [page 46](#)

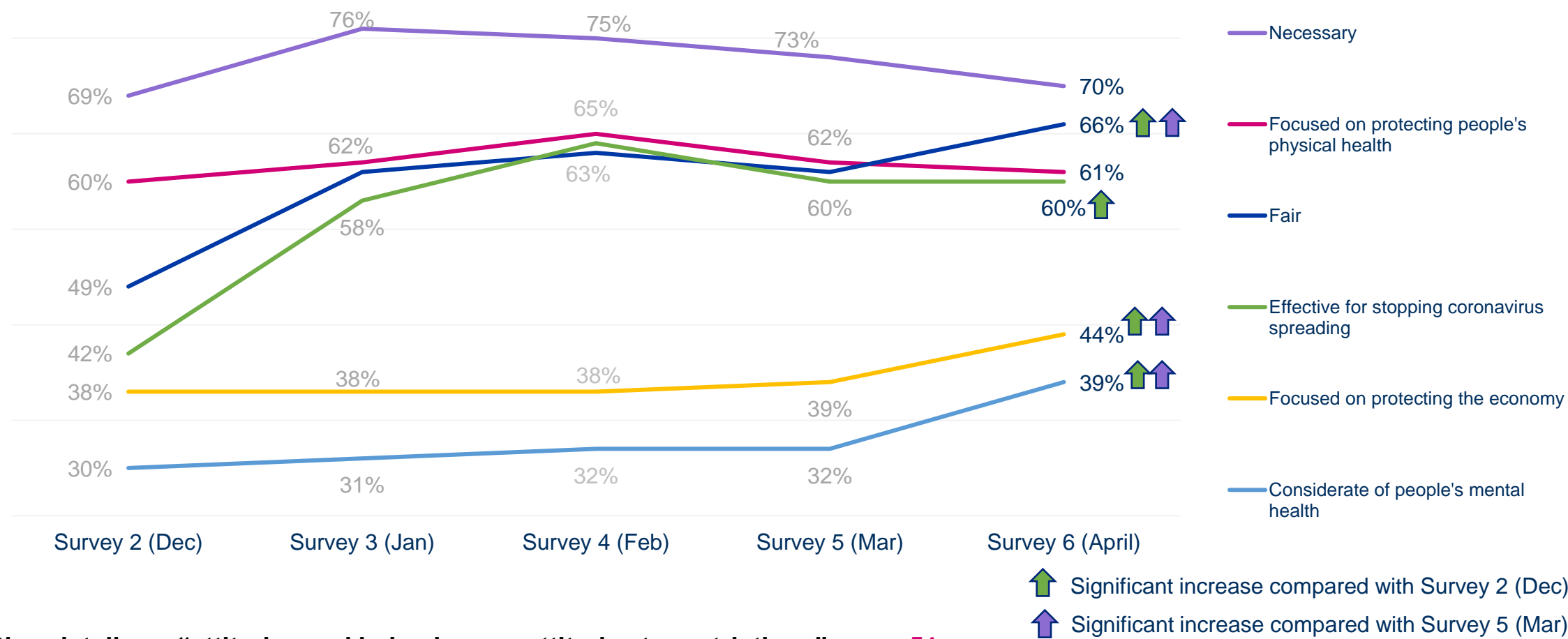
Of those attending their workplace, almost half (48%) do not consider their employer to offer a greatly **safe working environment**. Lack of safe distancing and consideration of mental health remain the biggest concerns.



↑ Significant increase compared with Survey 2 (Dec)

As **restrictions** reduce, increased proportions consider them fair, focused on protecting the economy and considerate of mental health. This has not come at the expense of people finding them effective or focused on physical health.

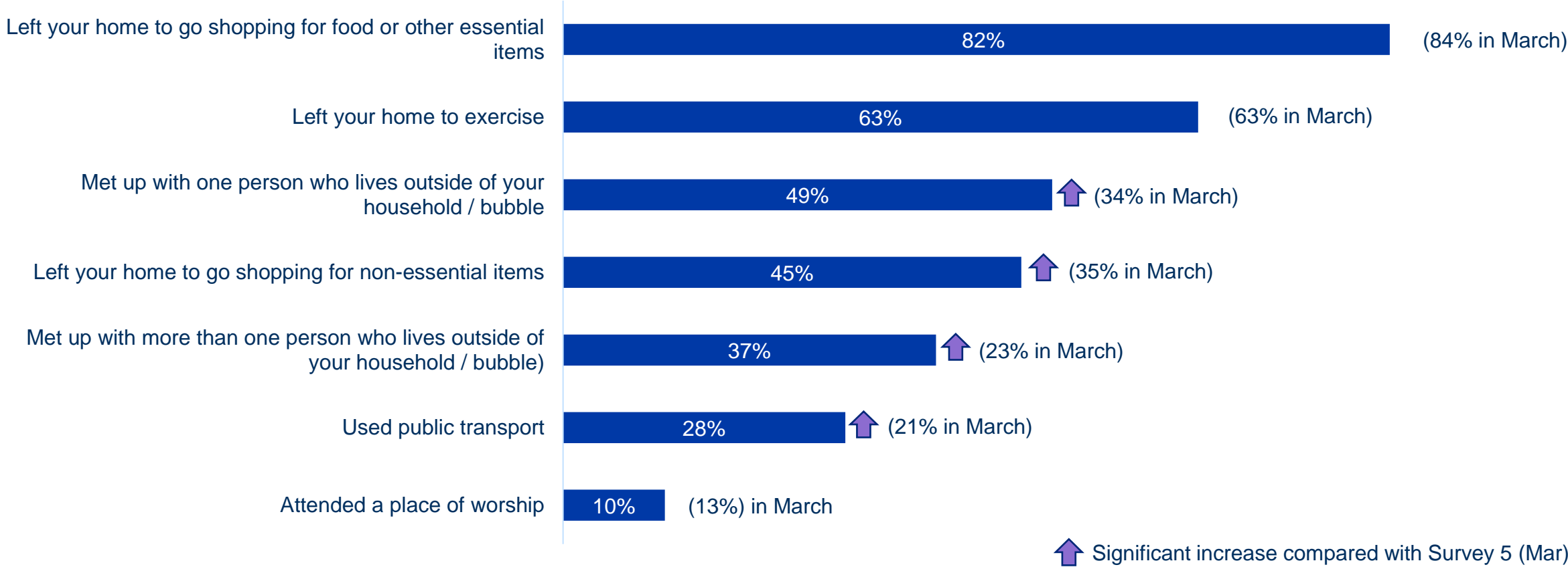
Agreement that the current restrictions & guidelines are...



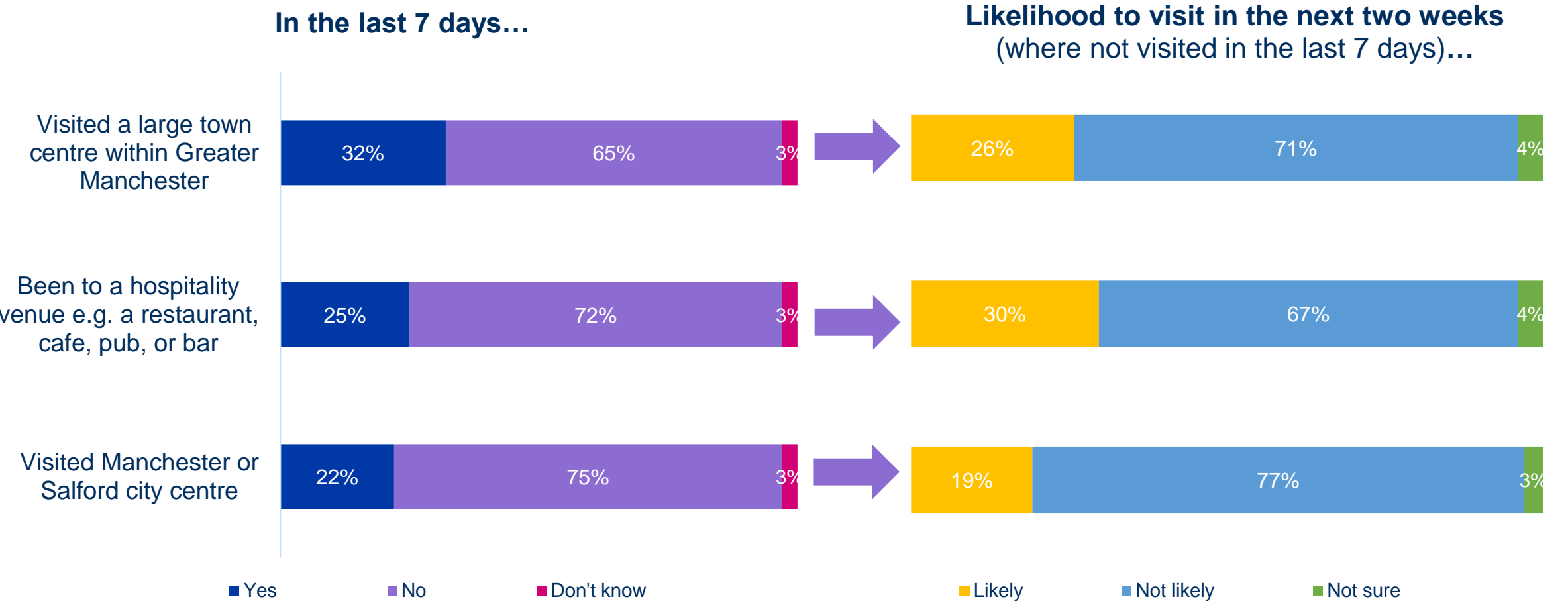
For further detail see “attitudes and behaviours – attitudes to restrictions”, [page 51](#)

Overall **activity has increased** as lockdown restrictions continue to ease and worry levels fall. There have been significant increases in people leaving home to meet with others, shop for non-essentials and use public transport.

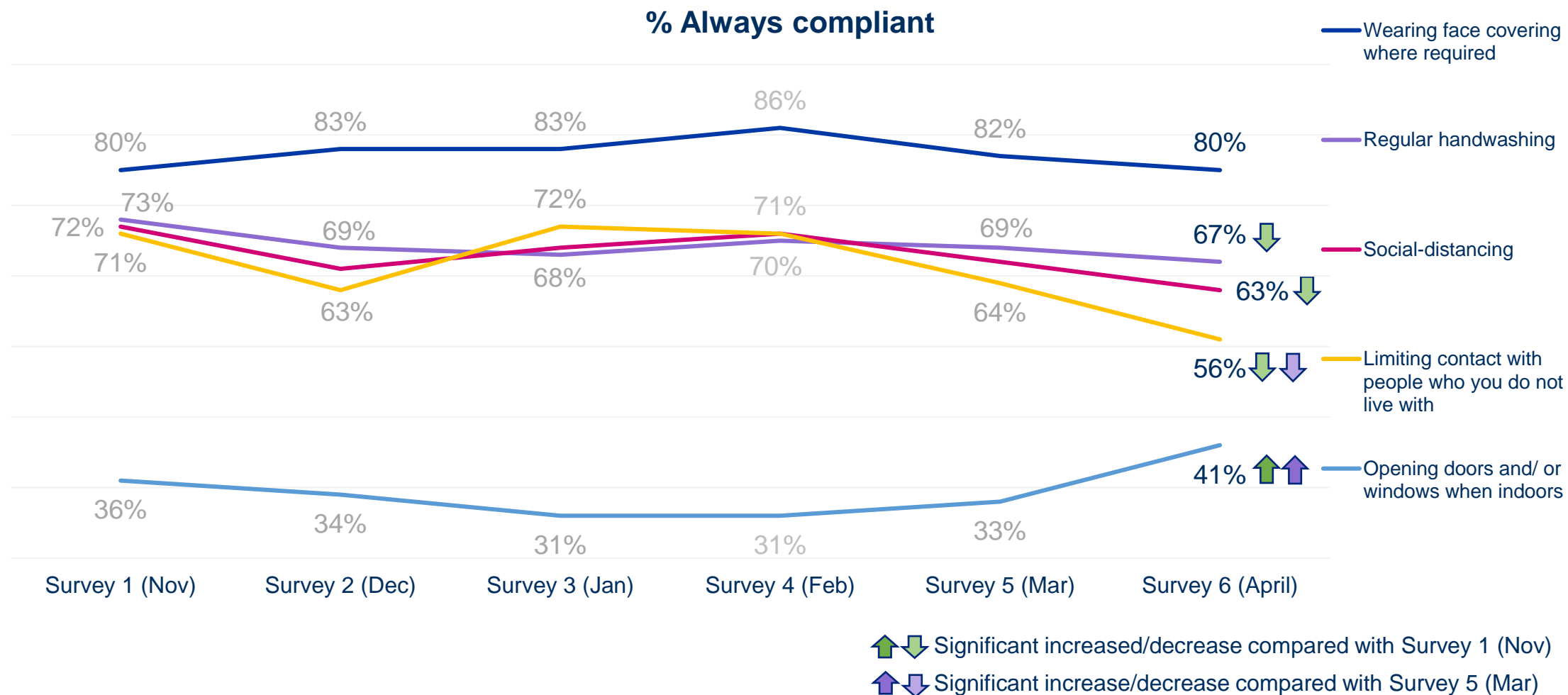
Reasons for leaving home in the last 7 days



But there is some **hesitancy around visiting hospitality venues and city / town centres** – with the majority of those not yet doing so saying they don’t intend to in next two weeks. Safety concerns are a big driver of this reluctance.



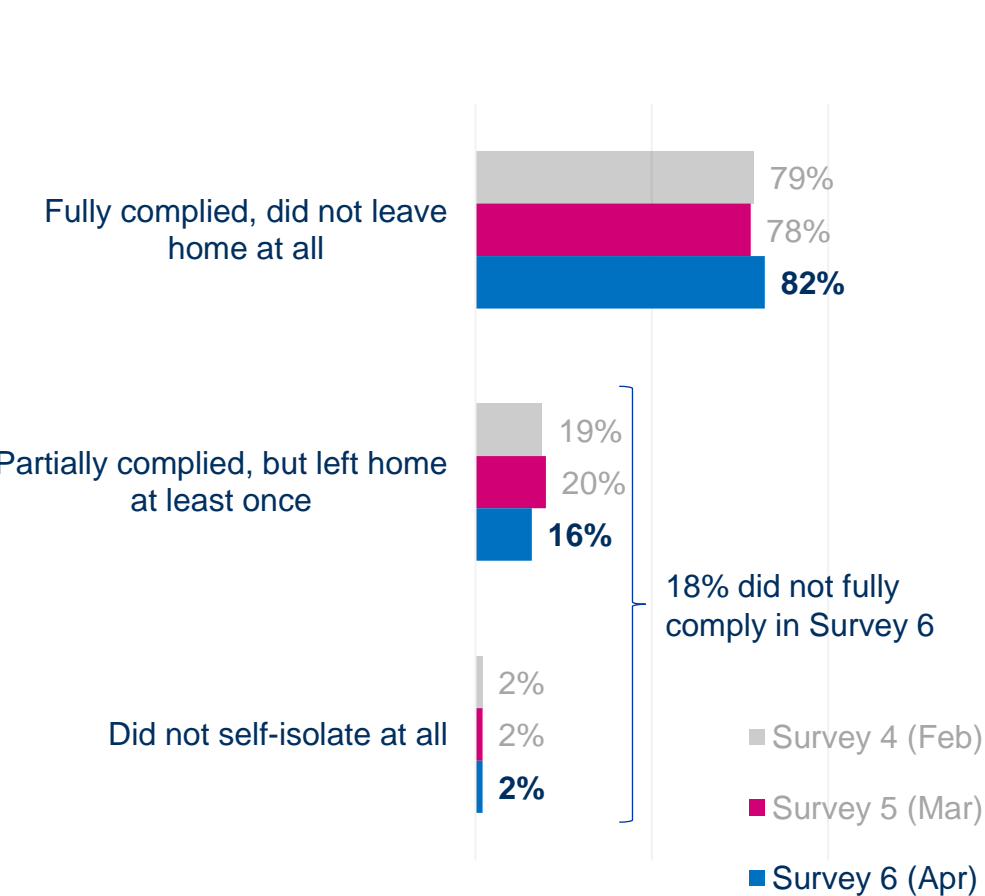
Compliance with most key measures to stop the spread of the virus has declined – particularly limiting contact with other people which is now at the lowest level yet seen. The proportion letting fresh air indoors has, however, increased.



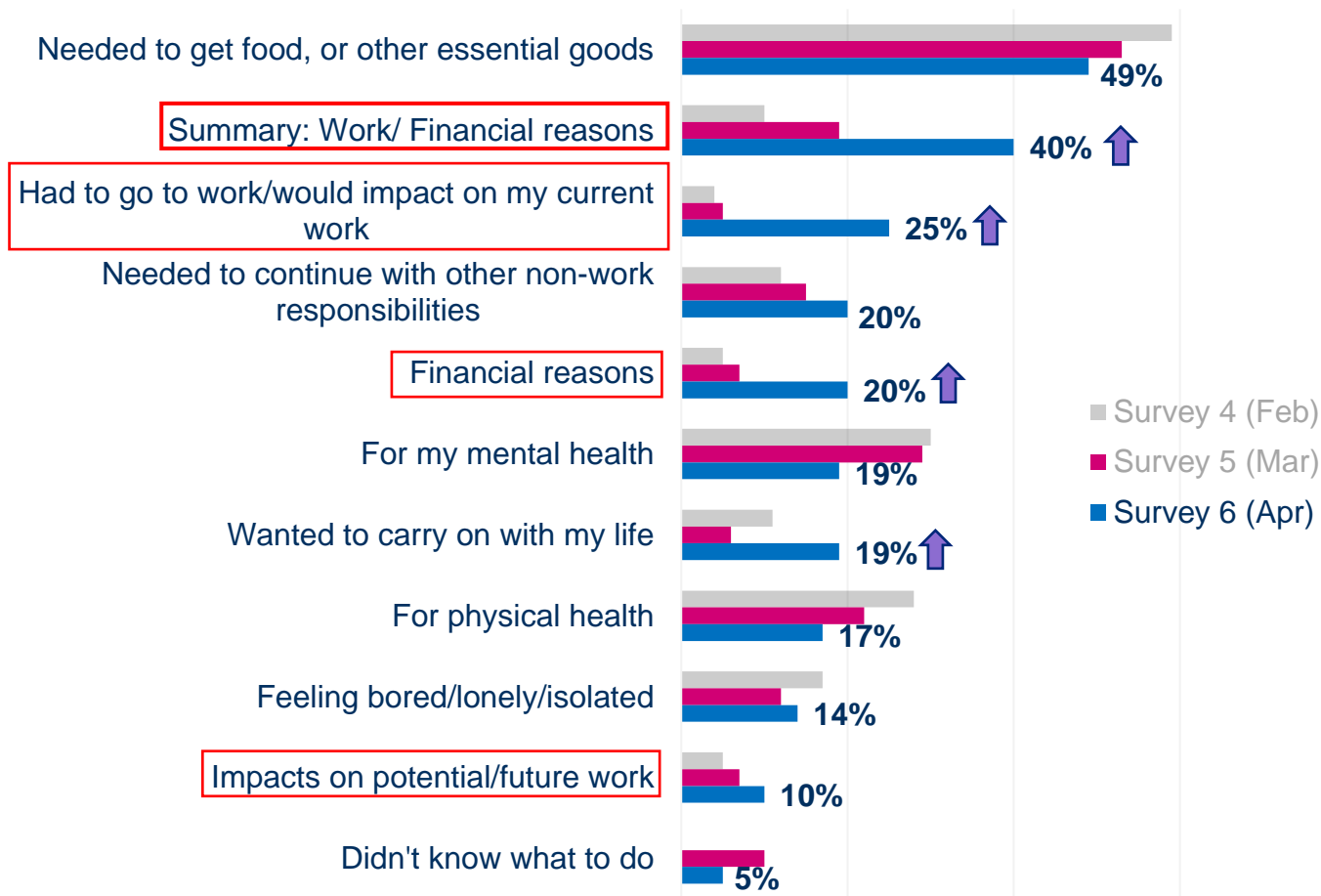
For further detail see “attitudes and behaviours – compliance with guidance”, [page 52](#) and [page 53](#)

As with previous surveys, around 1 in 5 people have not been able to fully **comply with self-isolation**. A range of financial, practical and emotional barriers are given – but since March the proportions giving work or financial reasons have increased.

Compliance with self-isolation...



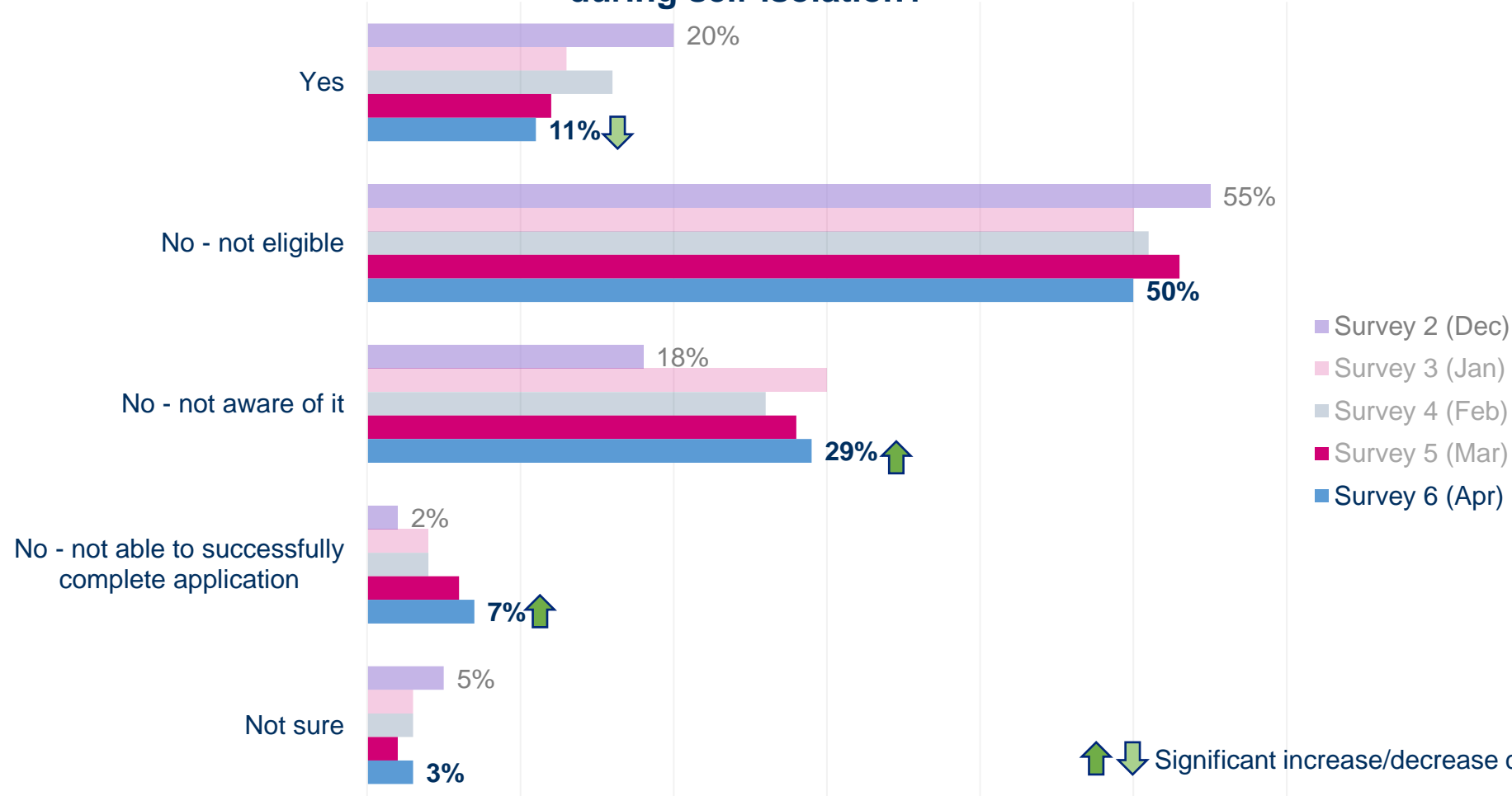
Reasons for non-compliance...



For further detail see “coronavirus impacts – self-isolation”, [page 39](#) and [page 40](#) ↑ Significant increase compared with Survey 5 (Mar)

Just 1 in 10 (11%) of those needing to self-isolate have successfully claimed the **financial support** available. Feeling that they are not eligible for the support continues to be people’s most frequently given reason for not claiming the payment.

Did you claim the financial support payment available to some people during self-isolation?



Claims are significantly higher amongst those aged 25-44 (17% - compared to 11% average).

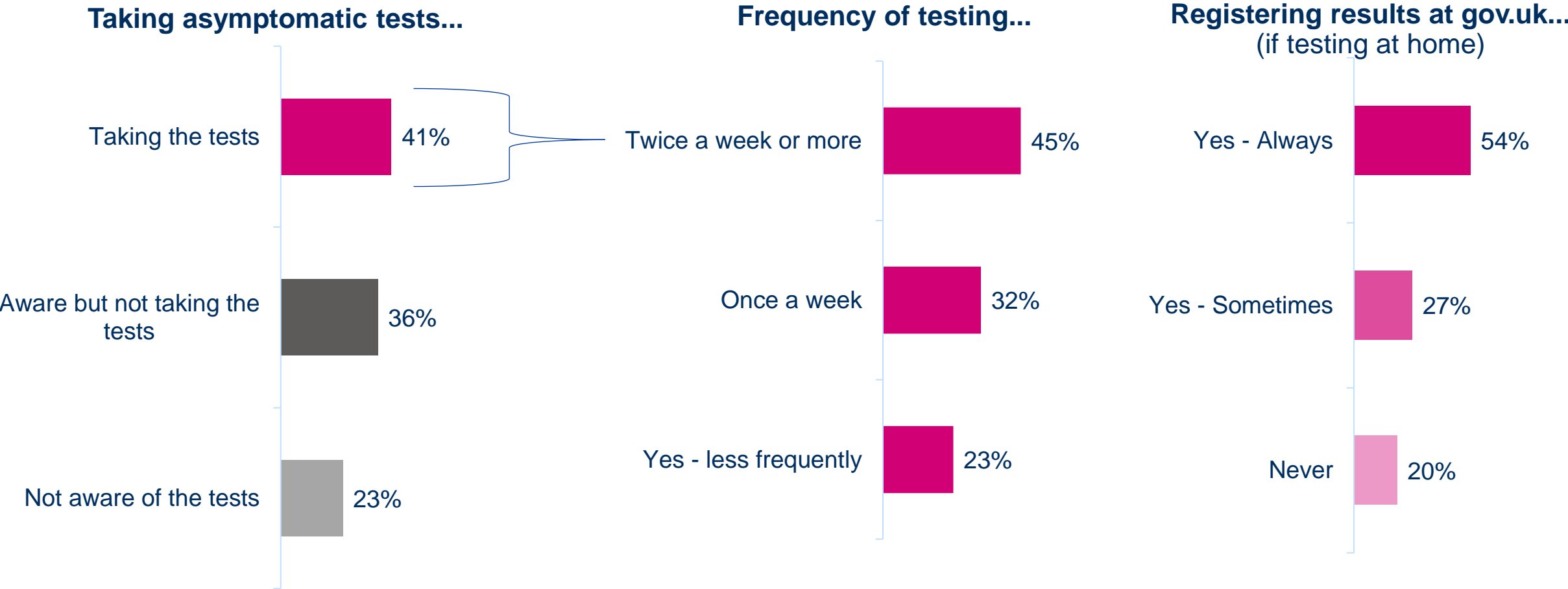
They increase to more than 1 in 4 among carers (30%), and those who have served in the armed forces (28%)**.

** = low base under 50

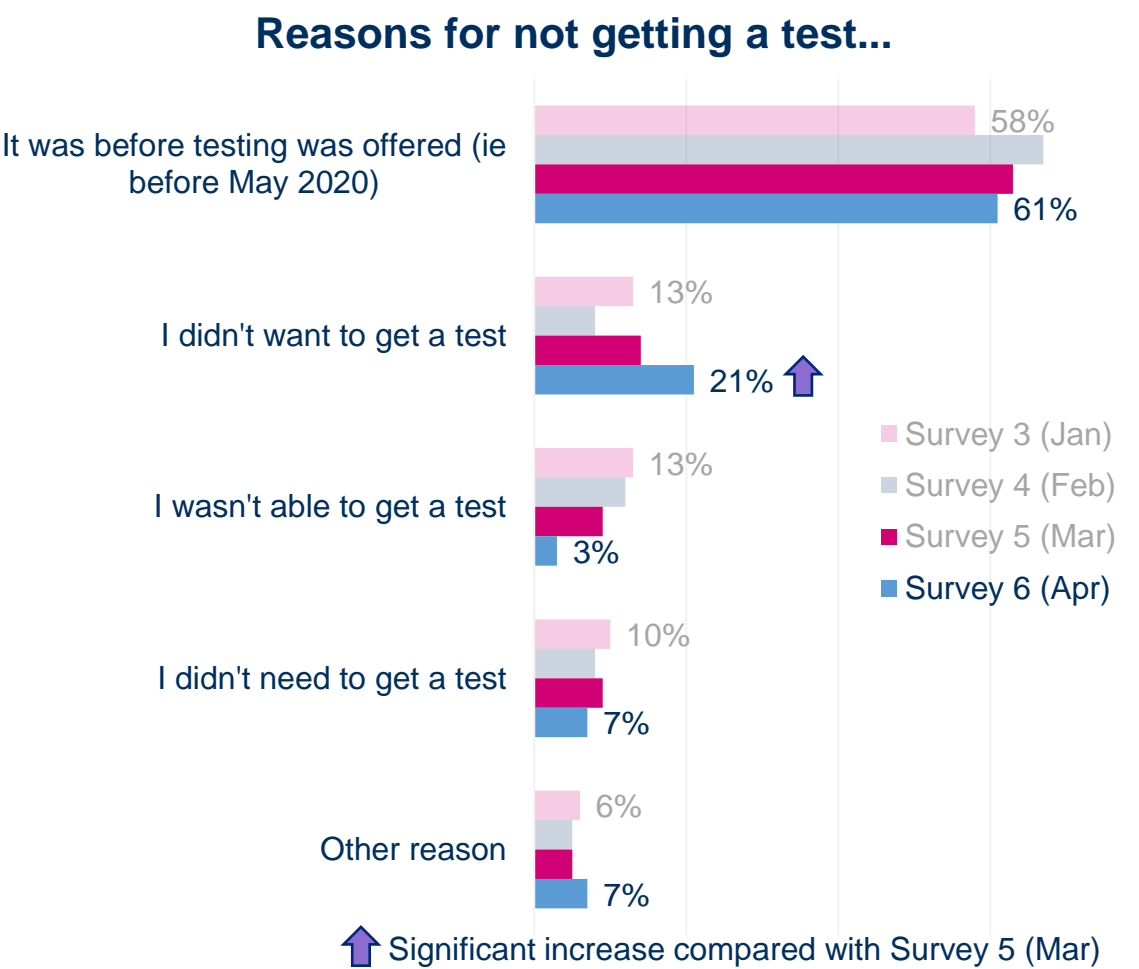
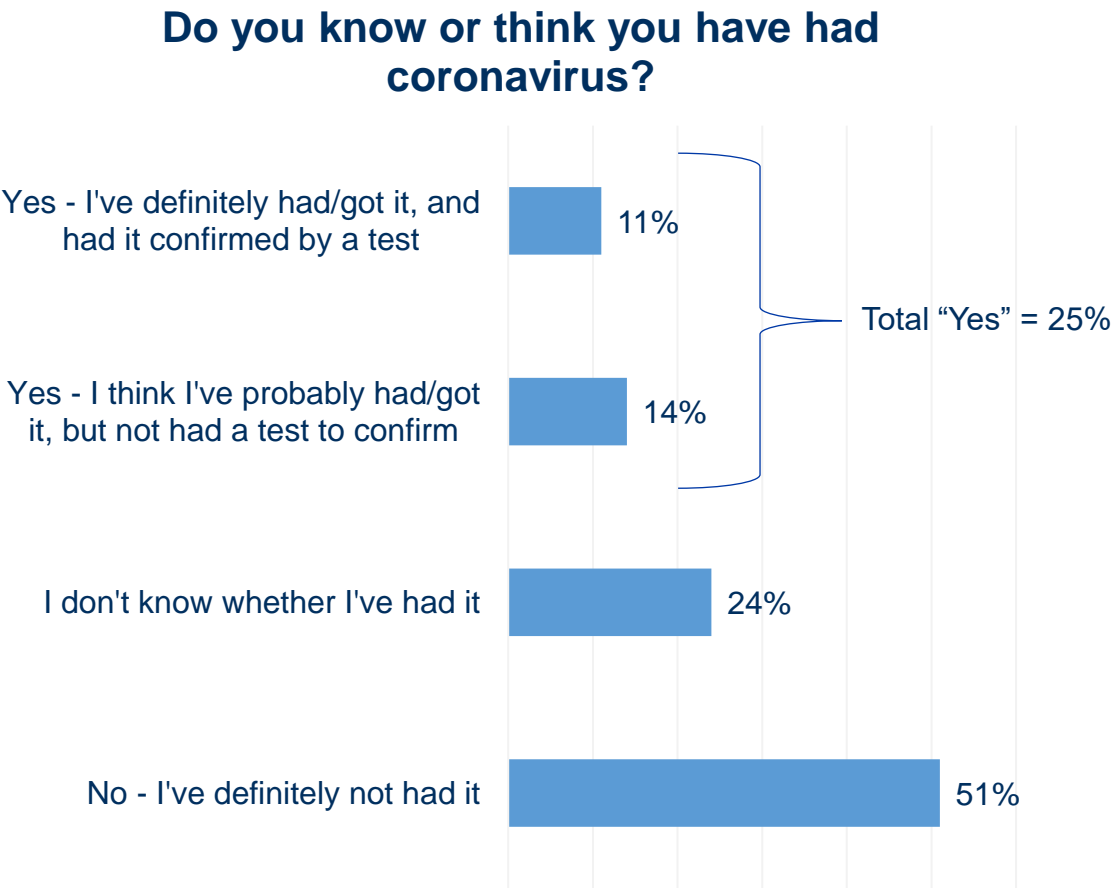
↑ ↓ Significant increase/decrease compared with Survey 2 (Dec)

For further detail see “coronavirus impacts – self-isolation”, [page 41](#)

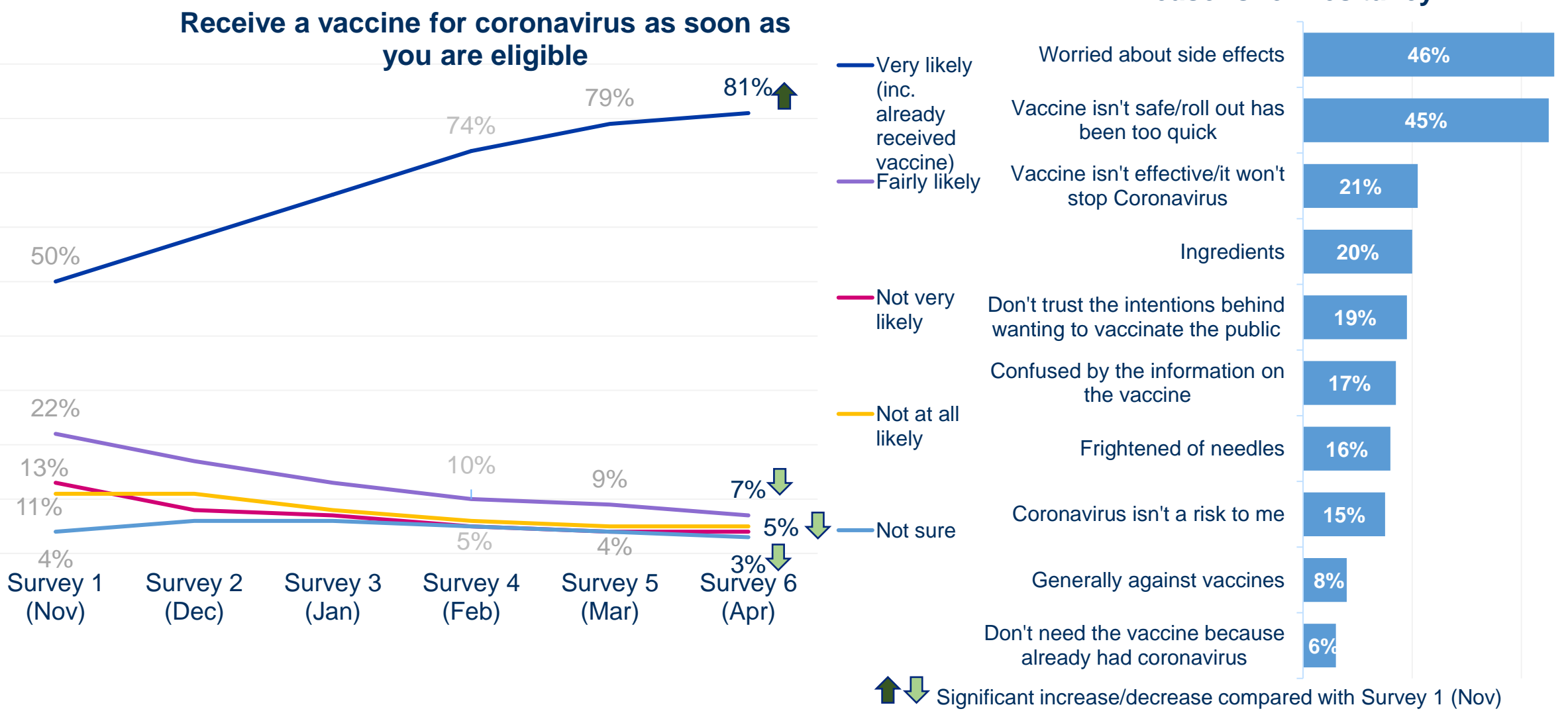
Two in five (41%) respondents are **taking asymptomatic tests** – up significantly compared to March (29%). But fewer than half of these are doing so twice a week as recommended, and many testing at home are not always registering the results.



Over half (56%) of respondents who **say they have had coronavirus** have not had this confirmed by a positive test. Among these, the proportion saying they did not want to take the test has significantly increased (now 1 in 5, 21%).

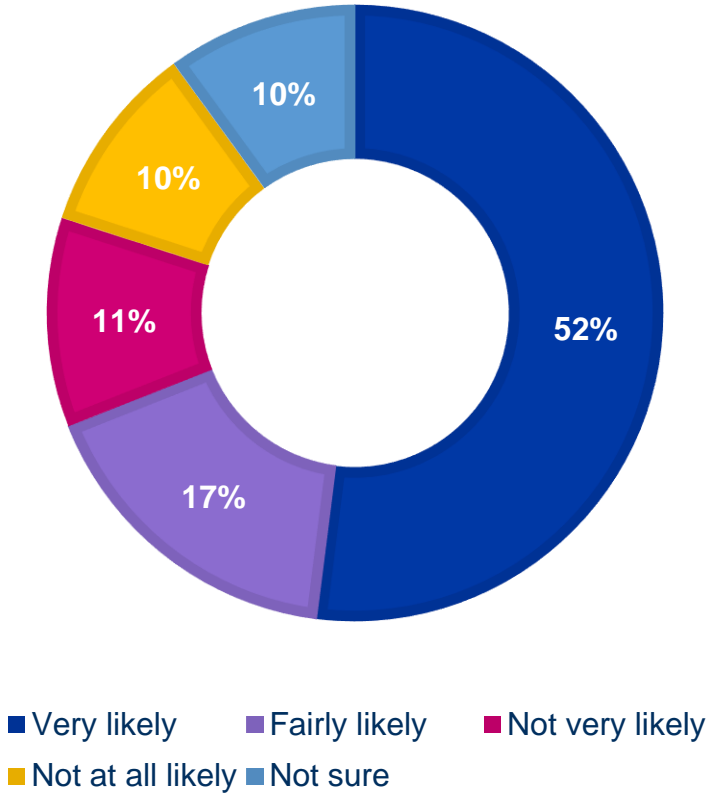


Four in five (81%) say they have or **would receive the vaccine**, the highest levels since the survey began.

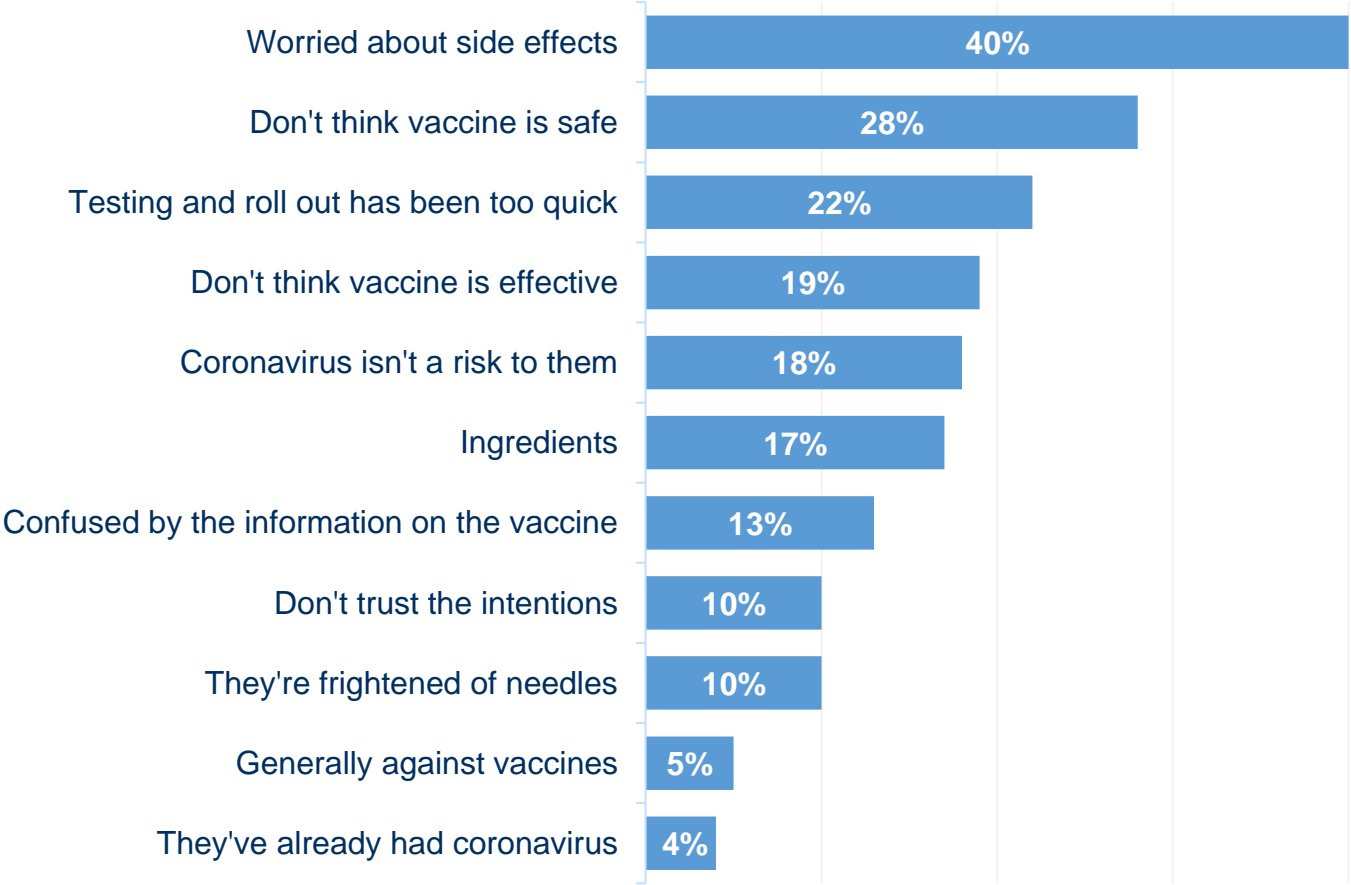


Should vaccines be made available to ages 12 and above, 7 in 10 parents (69%) said they would be likely to **have their children vaccinated**. As with adults, concerns over safety and side effects are the most common reasons for hesitancy.

Likelihood to vaccinate children...

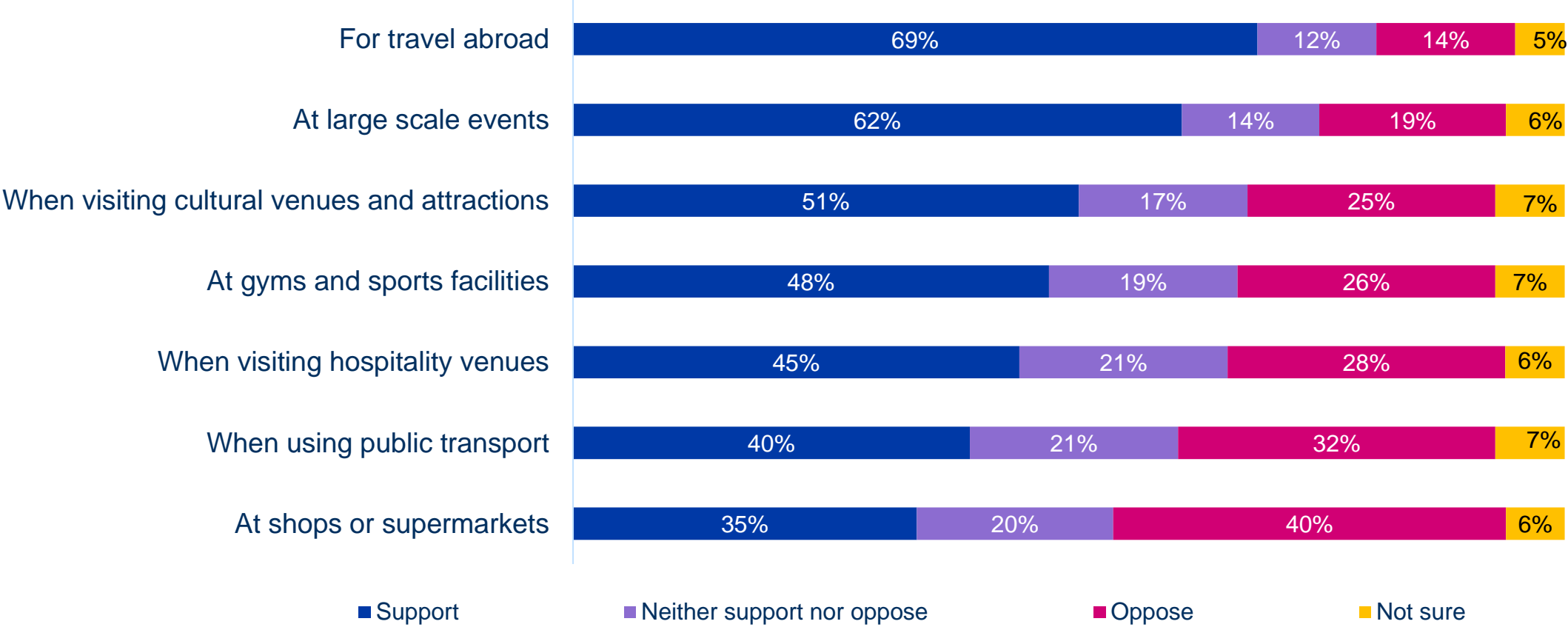


Reasons for hesitancy...



Opinion is divided on “COVID passports” with 1 in 4 respondents supporting them and 1 in 10 opposing them in any instance. Most respondents found them acceptable for travel abroad and attending large scale events.

Would you support or oppose the use of covid passports ...





Feelings and concerns

Life satisfaction

[page 27](#)

Risks of coronavirus

[page 31](#)

Anxiety

[page 28](#)

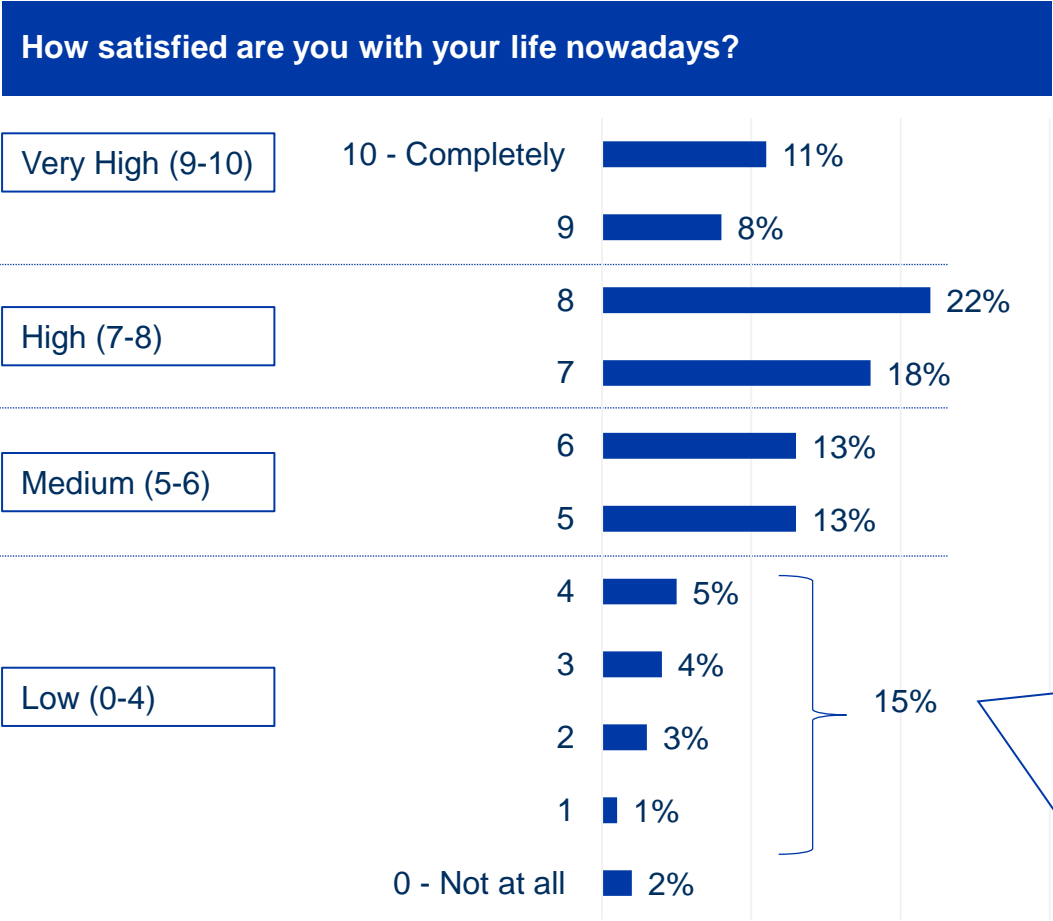
Specific concerns

[pages 32-34](#)

Levels of worry

[pages 29-30](#)

The proportion of respondents with ‘low’ levels of **life satisfaction** has fallen back to the level observed in the November baseline. The average life satisfaction score across all respondents is the highest recorded since the surveys began.



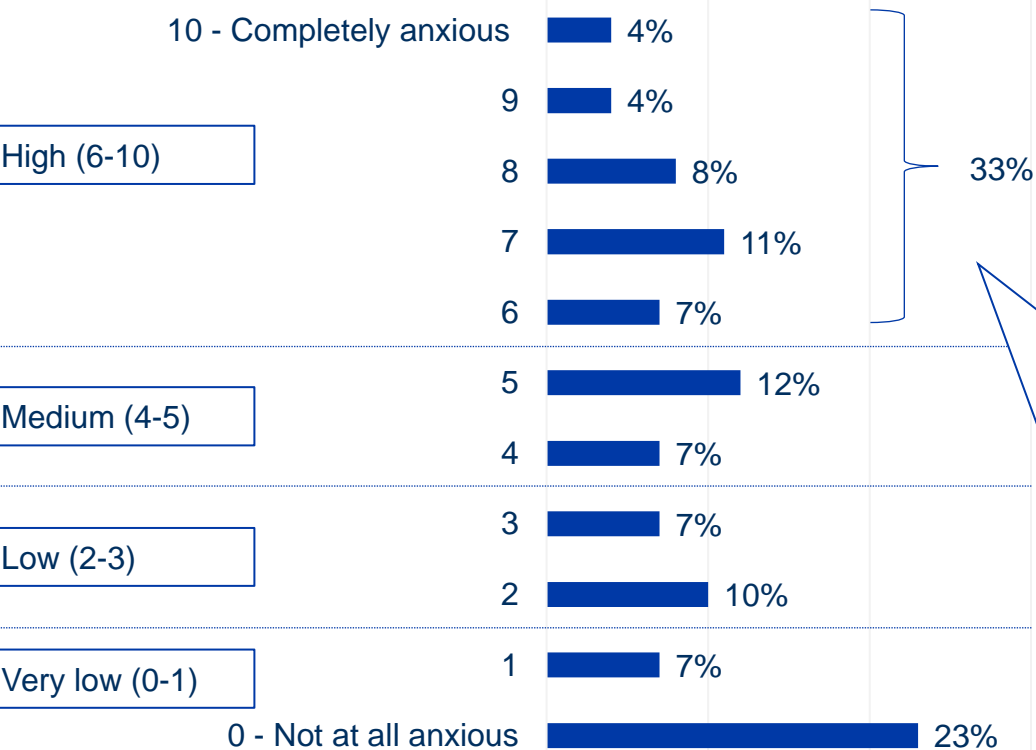
	Survey 1 (Nov)	Survey 2 (Dec)	Survey 3 (Jan)	Survey 4 (Feb)	Survey 5 (Mar)	Survey 6 (Apr)
% 'low' levels of satisfaction (0-4)	16%	19%	22%	24%	19%	15% ↓
Mean score	6.56	6.21	6.11	5.97	6.31	6.7 ↑

% ‘low’ life satisfaction is significantly higher among:

- Respondents not in work due to ill health or disability (42%)
- Respondents with a disability (31%), particularly those with mental health illnesses (44%) or mobility disabilities (28%)
- LGBTQ+ respondents (30%)
- Respondents who have previously served in the armed forces (26%)
- Those where a member of their household has lost their job to coronavirus (25%)
- Respondents where English is not their first language (24%)
- Carers (22%)
- Asian respondents (22%)
- Those aged 45-54 (21%)
- Those where a member of their household is at high risk of coronavirus (21%)
- Respondents living in the most deprived areas (20%)

Proportion of respondents reporting **high levels of anxiety** is the lowest since the surveys began (1 in 3, 33%). However, the rate is higher for those with a first language other than English, those on furlough, and those with mental ill health.

How anxious did you feel yesterday?



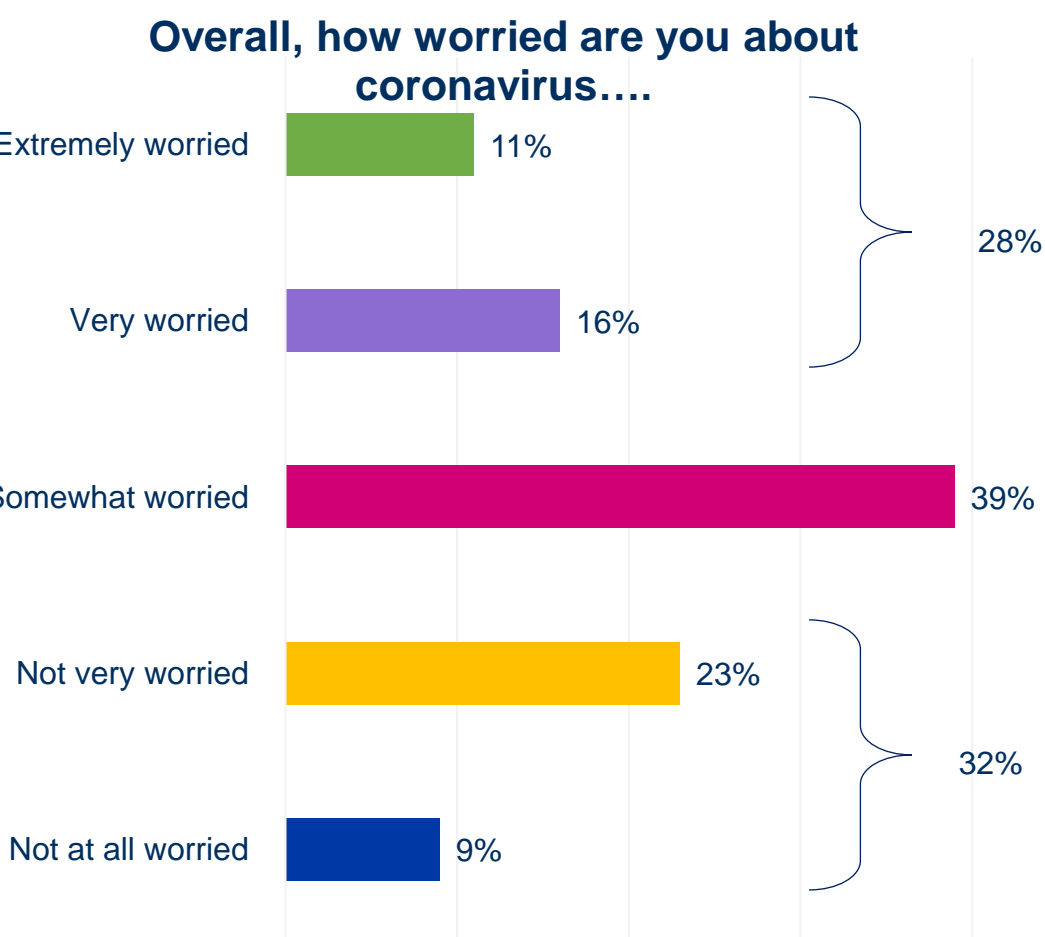
	Survey 1 (Nov)	Survey 2 (Dec)	Survey 3 (Jan)	Survey 4 (Feb)	Survey 5 (Mar)	Survey 6 (Apr)
% 'high' levels of anxiety (6-10)	39%	39%	41%	42%	37%	33% ↓
Mean score	5.63	5.50	5.46	5.5	5.8	6.08 ↑

- % with 'high' anxiety higher among:
- Respondents where English is not their first language (52%)
 - Furloughed workers (51%) or those working reduced hours (50%)
 - Respondents with a disability (47%), in particular those with mental health illnesses (61%)
 - Respondents not in work due to ill health or disability (47%)
 - Muslim respondents (46%)
 - Those working in wholesale/retail/distribution/personal services (45%)
 - Parents of primary school aged children (42%)
 - Those aged 25-44 (39%)
 - Those where a member of their household is at high risk of coronavirus (39%)
 - Women (39%; compared to 28% men)

A1. Where 0 is “not at all” and 10 is “completely”...
Unweighted base: 1007 (All respondents from Survey 6)

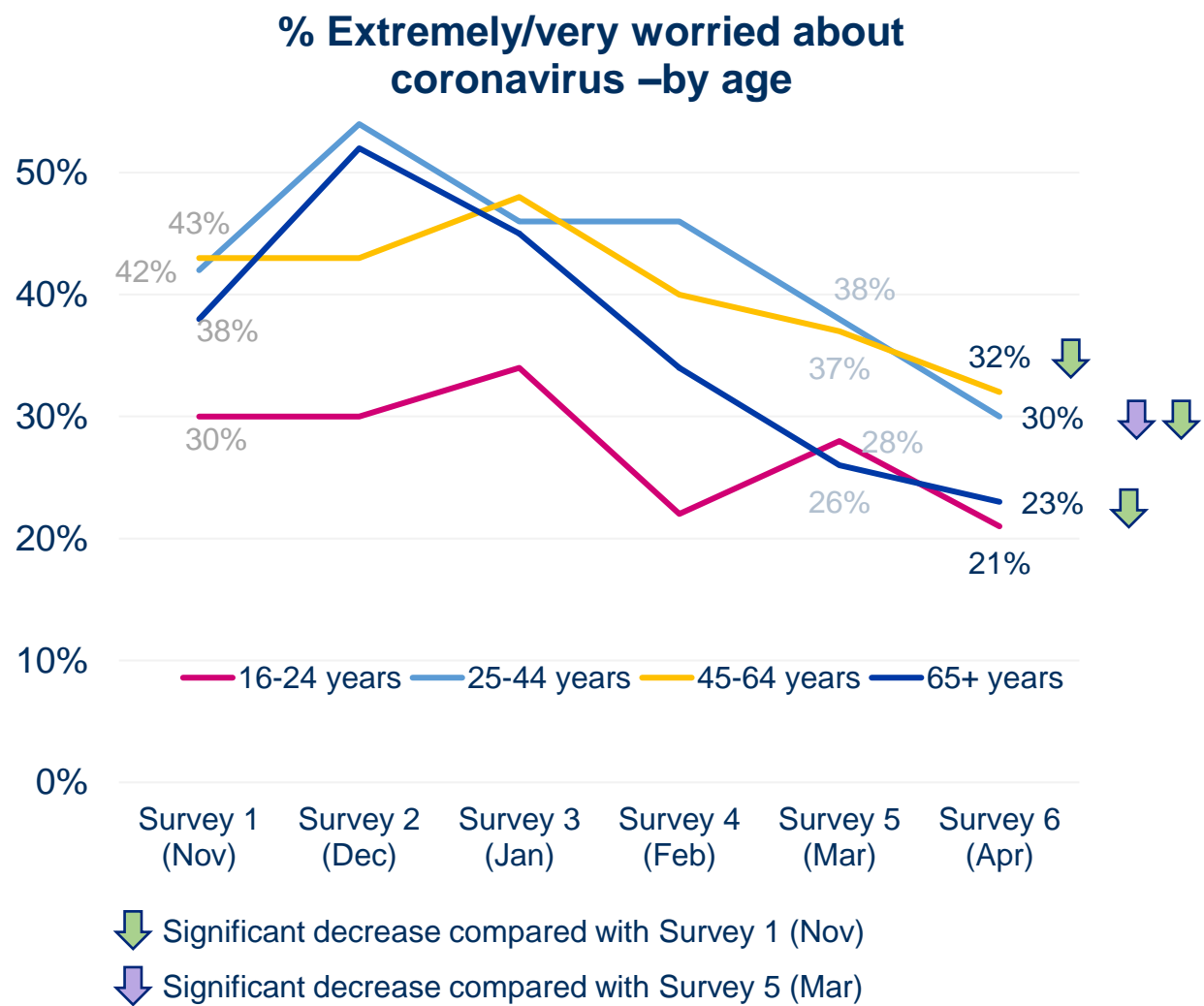
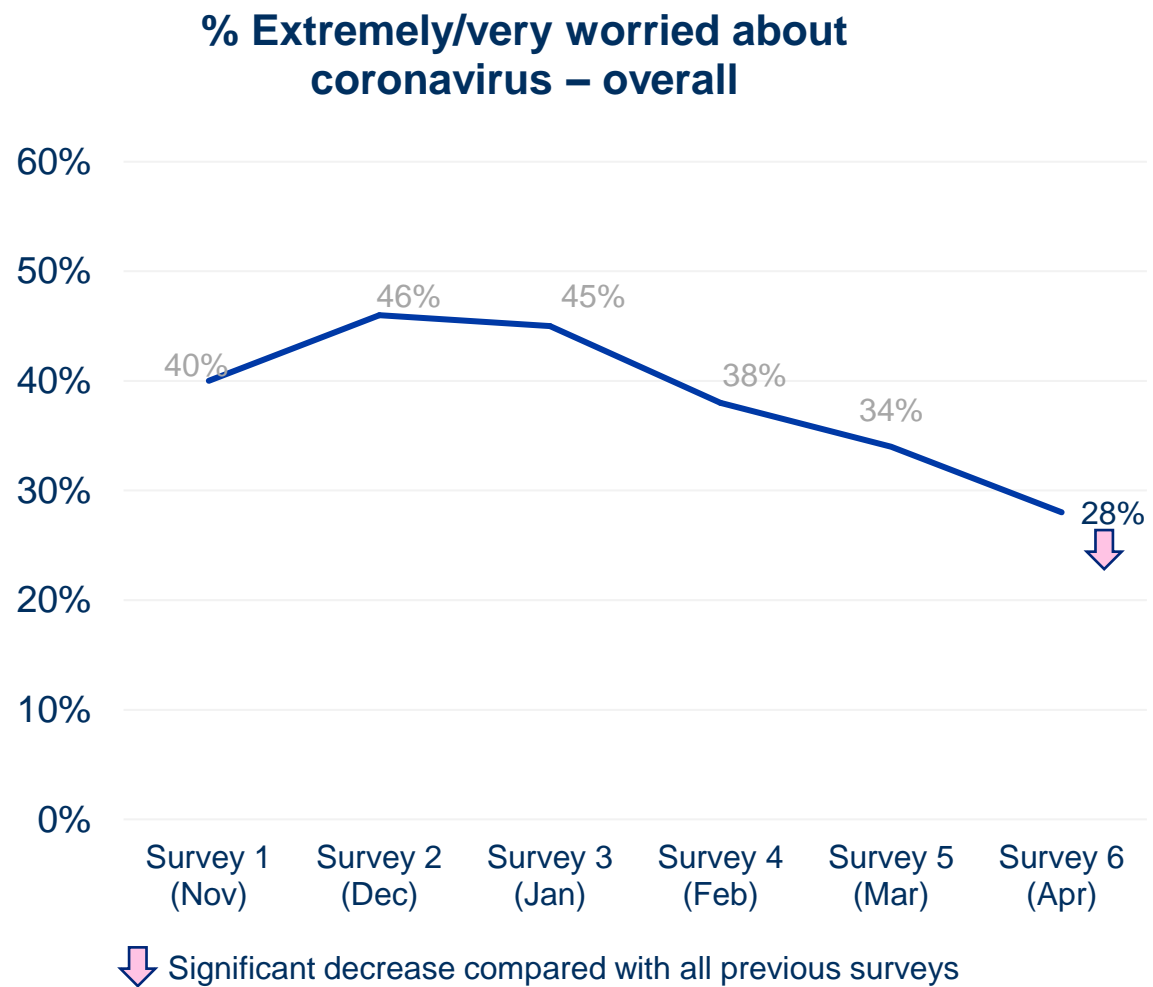
↑↓ Significant increase/decrease compared with Survey 1 (Nov)
↑ Significant increase compared with Survey 5 (Mar)

Just over one in four (28%) respondents are now extremely or very **worried about coronavirus**. This is the first survey in which more respondents say they are not worried (32%) than say they are (28%).



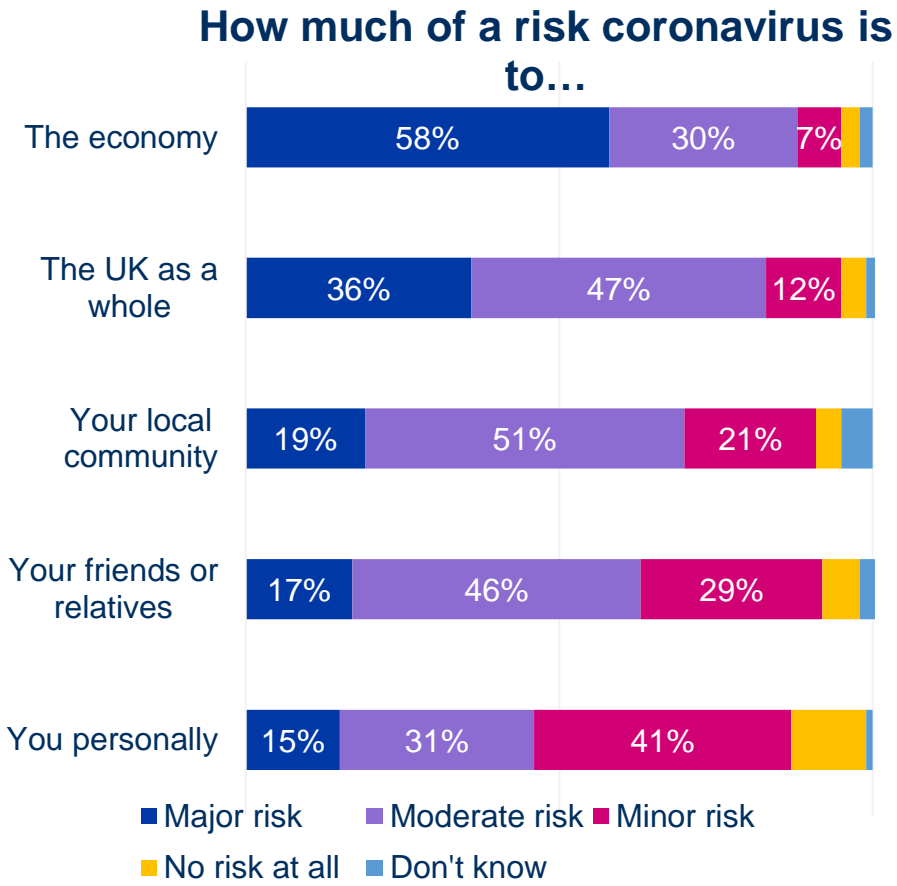
- Respondents more likely to be extremely/very worried (vs. 28% on average):
- Respondents with children in college (49%) or university (42%)
 - Respondents not in work due to ill health or disability (47%)
 - Respondents where English is not their first language (45%)
 - Pakistani respondents (43%)**
 - Respondents with a disability (42%), particularly those with mental health illnesses (46%) or mobility disabilities (46%)
 - Those where a member of their household is at high risk of coronavirus (42%)
 - Respondents living in Manchester (41%)
 - Those who have had coronavirus and had it confirmed by a test (38%)
 - LGBTQ+ respondents (3%)
 - Carers (38%)
 - Age 45-54 (34%)
 - Women (31% cf. 24% Men)

The proportion of respondents **extremely or very worried about coronavirus** is lower than in all previous surveys – both across the population as the whole and in all individual age groups.



B1. Overall, how worried are you about coronavirus?
Unweighted base: All respondents: Survey 1: 1015; Survey 2: 1007; Survey 3: 1010; Survey 4: 1003; Survey 5: 1008; Survey 6: 1007.

The proportions of respondents seeing **coronavirus as a ‘major risk’** have fallen significantly for almost every issue since March. Fewer than 1 in 5 now see the virus as a risk to themselves, their friends and family, or their local community.



% consider it a 'major risk' to...					
Survey 1 (Nov)	Survey 2 (Dec)	Survey 3 (Jan)	Survey 4 (Feb)	Survey 5 (Mar)	Survey 6 (Apr)
60%	73%	73%	72%	66%	58%↓
55%	58%	62%	54%	46%	36%↓
37%	32%	34%	32%	27%	19%↓
33%	34%	34%	31%	24%	17%↓
25%	21%	21%	23%	15%	15%↓

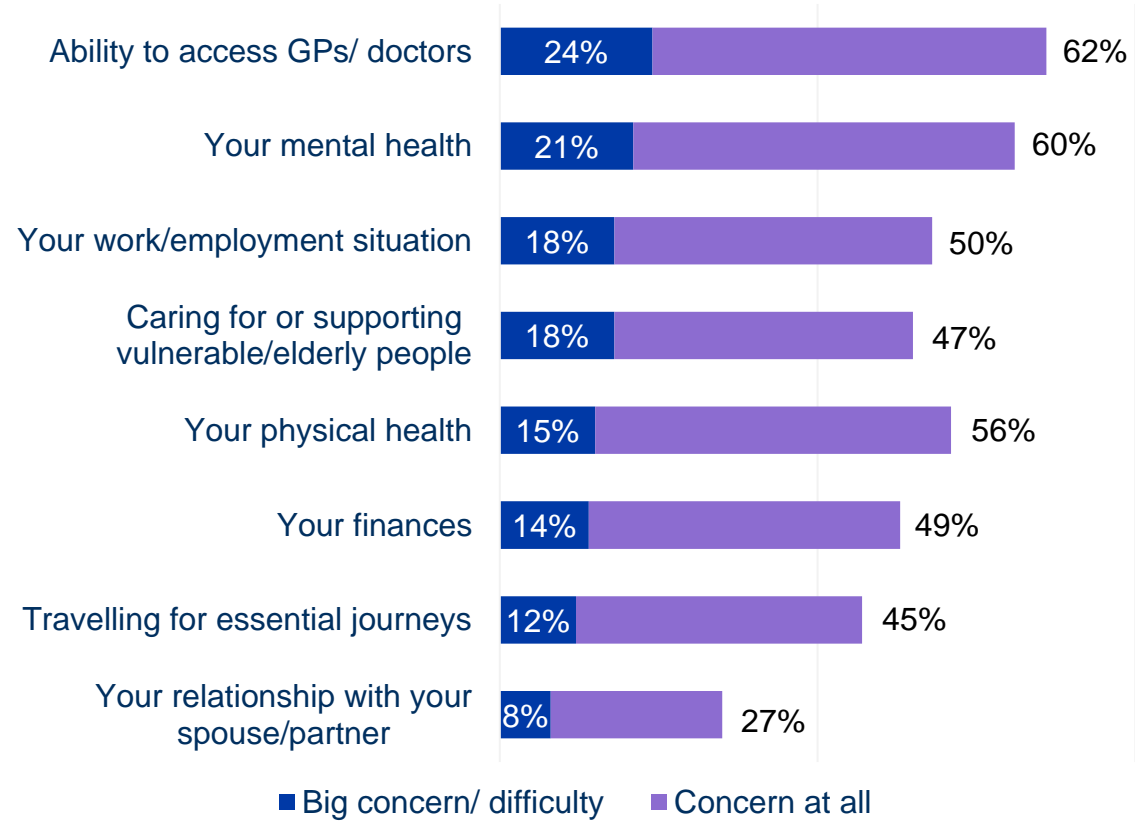
↓ Significant decrease compared with Survey 1 (Nov)
↓ Significant decrease compared with Survey 5 (Mar)

More likely to say it's a 'major risk' to them personally (vs. 15% average)

- Those not in work due to ill health or disability (38%)**
- Those with no formal qualifications (26%)
- Those where a member of their household is at high risk of coronavirus (26%)
- Respondents who have a disability (25%), in particular a mobility disability (37%)
- Respondents living in Manchester (24%)
- Respondents who have received their first dose of the vaccine (18%)

While the proportions of respondents with **specific concerns** have mostly remained consistent with the previous survey in March, there has been a significant increase in those with concerns and/or difficulties accessing GPs or doctors.

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



% Concerned at all					
Survey 1 (Nov)	Survey 2 (Dec)	Survey 3 (Jan)	Survey 4 (Feb)	Survey 5 (Mar)	Survey 6 (Apr)
N/A	66%	58%	60%	57%	62% ↑
54%	64%	59%	62%	59%	60% ↑
N/A	53%	58%	57%	51%	50%
N/A	50%	48%	50%	45%	47%
57%	60%	58%	60%	53%	56%
42%	52%	54%	52%	45%	49% ↑
47%	51%	47%	44%	44%	45%
31%	32%	31%	31%	28%	27%

Some groups are significantly more likely to say each of the following has become a **specific concern** (compared with the average for the population as a whole):

Physical health
<p>Greater Manchester Average: 56%</p> <ul style="list-style-type: none">• Self-employed respondents (76%)**• Respondents not in work due to ill health or disability (75%)• Respondents with a disability (75%), particularly those with mental health illnesses (78%) or mobility disabilities (73%)• Muslim respondents (74%)• Those where a member of their household is at high risk of coronavirus (72%)• Those where a member of their household has lost their job due to coronavirus (72%)• Respondents where English is not their first language (71%)• LGBTQ+ respondents (70%)• Aged 16-24 (69%)• Respondents living in Manchester (69%)• Households of 4 or more adults (69%)• Respondents from ethnic minorities (66%), in particular Asian respondents (67%)• Carers (66%)• Those who have had coronavirus, both those who have had it confirmed by a test (66%) and those who have not (65%)• Women (60% cf. 52% men)

Mental health
<p>Greater Manchester Average: 60%</p> <ul style="list-style-type: none">• LGBTQ+ respondents (81%)• Aged 16-24 (78%) or 25-44 (70%)• Self-employed respondents (77%)**• Respondents where English is not their first language (77%)• Respondents not in work due to ill health or disability (76%)• Those who have had coronavirus, both those who have had it confirmed by a test (75%) and those who have not (73%)• Those where a member of their household has lost their job due to coronavirus (75%)• Households of 4 or more adults (74%)• Respondents with a disability (73%), particularly those with mental health illnesses (89%)• Respondents living in Manchester (71%)• Respondents from ethnic minorities (70%)• Carers (70%)• Those where a member of their household is at high risk of coronavirus (69%)• Women (67% cf. 54% men)• Those living in the most deprived areas (65%)• Respondents yet to receive a vaccine (65%)

Some groups are significantly more likely to say each of the following has become a **specific concern** (compared with the average for the population as a whole) (cont.):

Work/employment
<p>Greater Manchester Average: 50%</p> <ul style="list-style-type: none">• Respondents where English is not their first language (83%)• Those currently on furlough (82%), working reduced hours (74%), or on reduced pay (81%)**• Those working in hospitality/arts/recreation (72%)** or the non-public sector (56%)• Self-employed respondents (68%)• Respondents where a member of their household lost their job due to coronavirus (67%)• Those living in Manchester (67%)• Respondents from ethnic minorities (65%)• Respondents where they themselves are at risk of coronavirus (64%)• Part-time workers (61%)• Respondents with three adults in their household (59%)• Those educated to degree level or above (57%)• Those who have had to self-isolate (57%)• Aged 25-44 (55%)

Finances
<p>Greater Manchester Average: 49%</p> <ul style="list-style-type: none">• Respondents where English is not their first language (83%)• Those working in hospitality / arts / recreation (77%)**, wholesale / retail / distribution / personal services (63%), IT / Finance / Business services / professional / scientific / admin (61%), or the non-public sector (60%)• Muslim respondents (77%)• Those on reduced pay (84%)**, reduced hours (76%), or furlough (67%)• Respondents from ethnic minorities (72%), in particular Asian (78%)• Where someone in household has lost their job due to coronavirus (69%)• Those with 4 or more adults in their household (67%)• Respondents living in Manchester (67%)• Respondents who are out of work (67%)**• Self-employed respondents (66%)**• Those aged 16-24 (63%) or 25-44 (62%)• Parents (58%)• Respondents where employer not offering a safe working environment (57%)• Those who live in the most deprived areas (57%)• Those where a member of their household is at high risk of coronavirus (56%)• Respondents educated to degree level or above (55%)• Full-time staff (55%)• Women (54% cf. 44% men)



Coronavirus impacts

Experience of coronavirus [pages 36-37](#)

Self-isolation [pages 38-41](#)

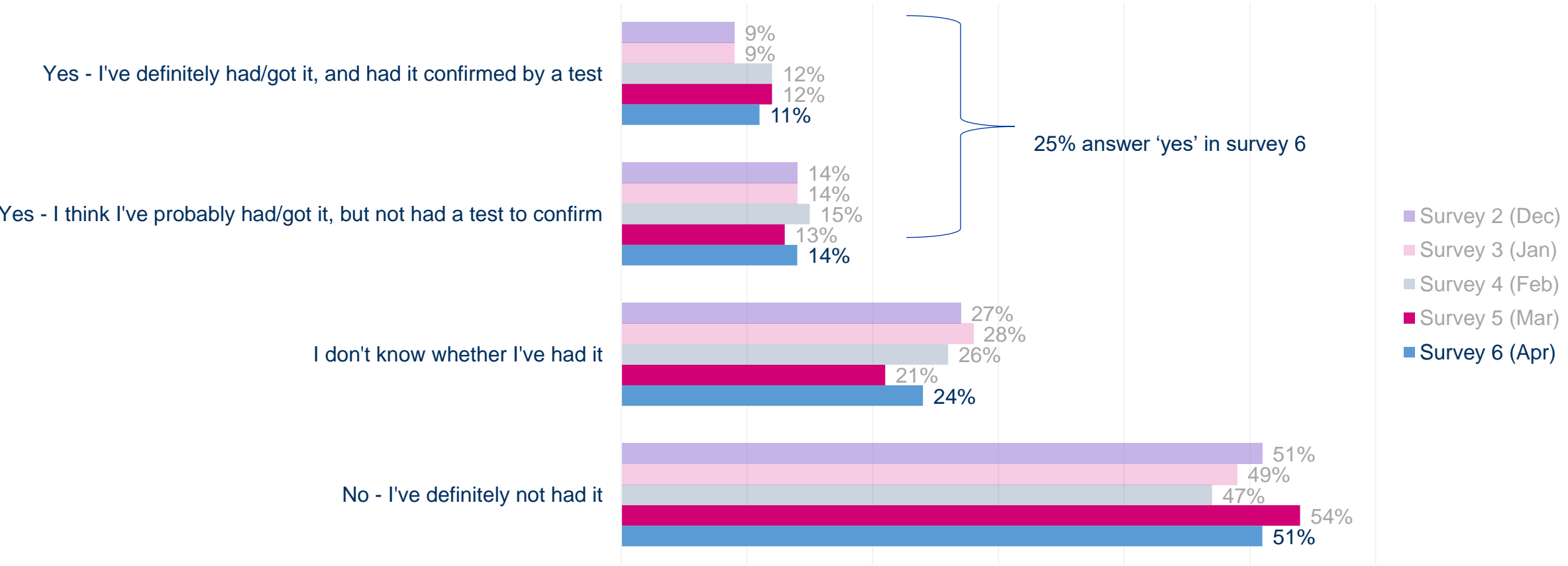
Indirect health impacts [page 42](#)

Finance and employment [pages 43-48](#)

Children and education [page 49](#)

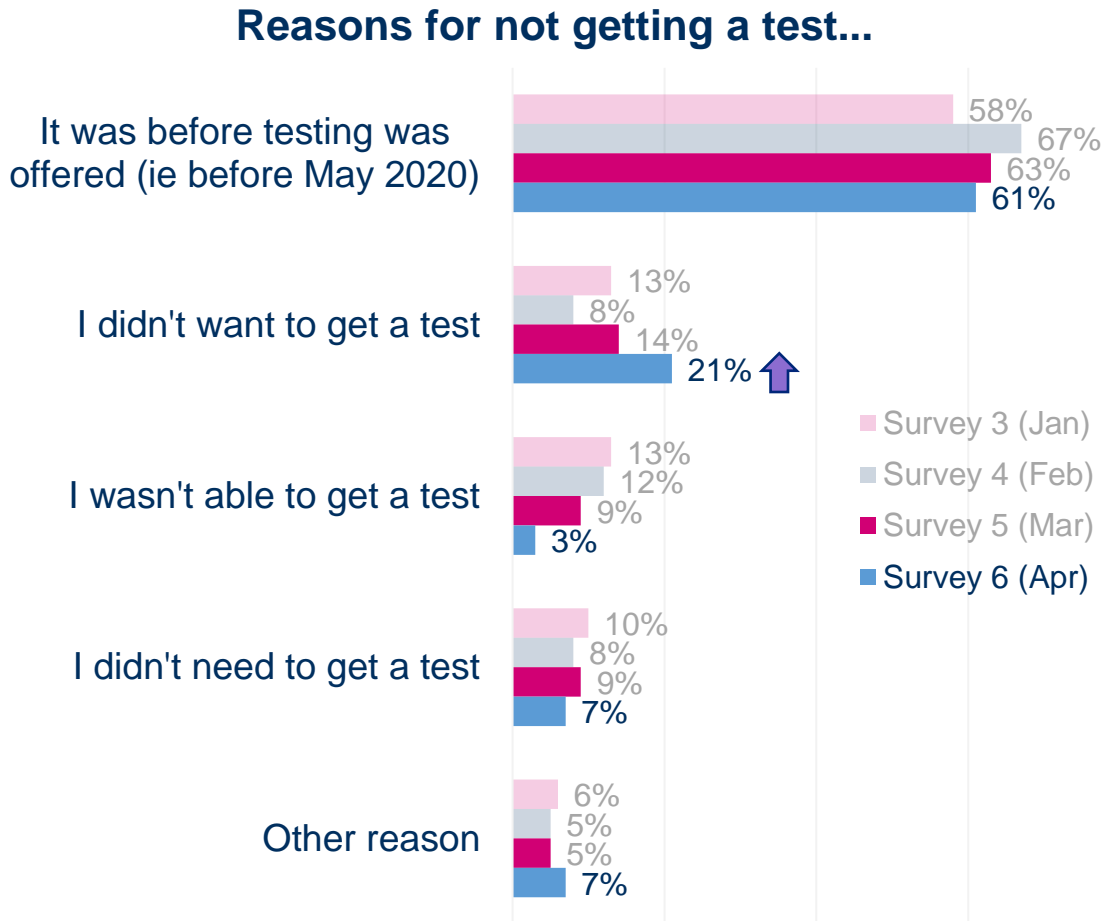
The proportion of respondents who say they have **had coronavirus** remains stable, at around 1 in 4 (25%). More than half (56%) of those who say they have had coronavirus have not had this confirmed by a test.

Do you know or think you have had coronavirus?



B24. Do you know, or think, you have had coronavirus?
All respondents: Survey 2: 1007; Survey 3: 1010; Survey 4: 1003; Survey 5: 1008, Survey 6: 1007
N.B. Comparisons with survey 1 are not possible for this indicator due to the questions being asked in a different way

Most who say they have **had coronavirus but not had a test to confirm** say this is because they had it before testing was offered. But the proportion saying they did not want to take a test has increased further since March (to 1 in 5, 21%).



Think they've had coronavirus but not had it confirmed by a test... significantly higher among:

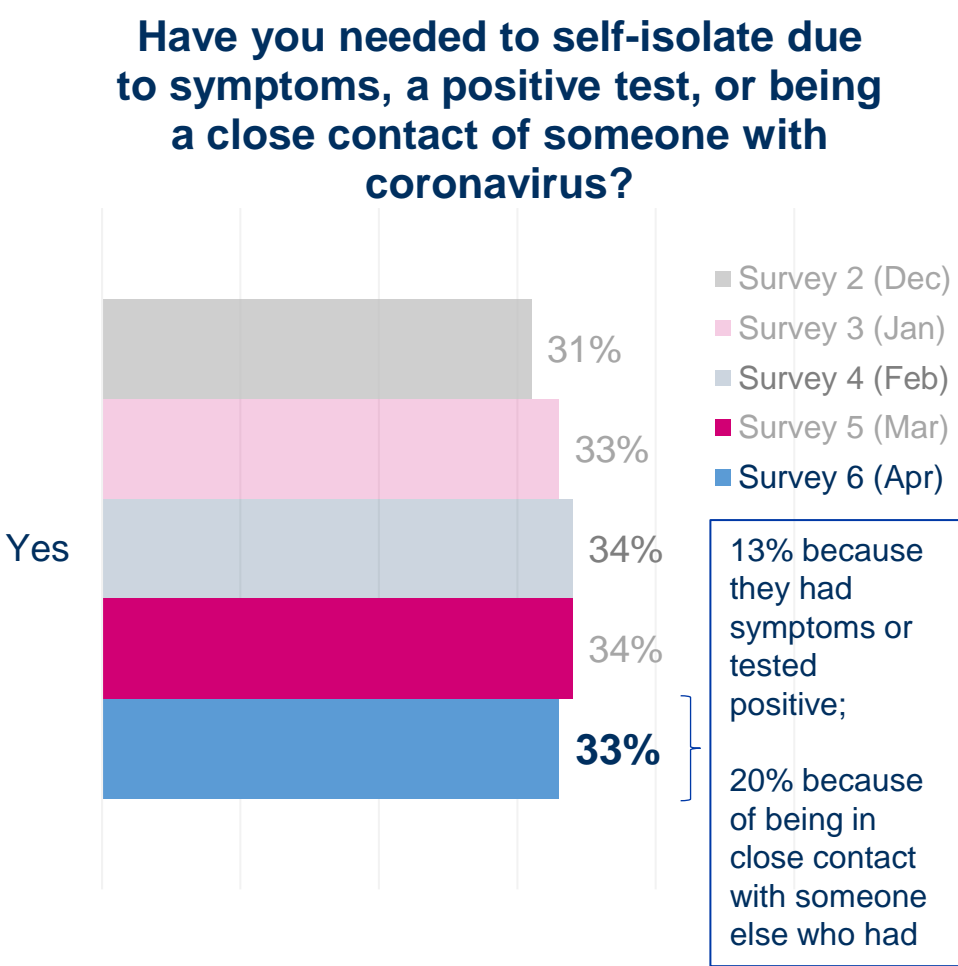
Greater Manchester Average: 14%

- Served in the armed forces (33%)
- Muslim respondents (26%)
- Not-heterosexual (24%) and in particular bisexual respondents (30%)
- Respondents in Oldham (24%) and Manchester (22%)
- Where English is not their first language (22%)
- Where someone else in household is at high risk of coronavirus (21%)
- 25-44 year olds (21%)
- Employed full time (20%)
- Ethnic minorities (20%) and in particular Asian respondents (24%)
- Respondents with primary school-age children (20%)
- Respondents qualified to degree or above (18%)
- Males (16%)

↑ Significant increase compared with Survey 5 (Mar)

B24. Do you know, or think, you have had coronavirus? All respondents: 1007
B24a. Why did you not get a test to confirm whether you had coronavirus?
Unweighted base: 122 (Those who think have had coronavirus, but did not get a test) **Low base under 50

The proportion who have **needed to self-isolate** at some point also remains stable. While nearly all (97%) who tested positive for coronavirus knew they needed to self isolate, the rate is far lower (51%) among those who didn't take a test to confirm.



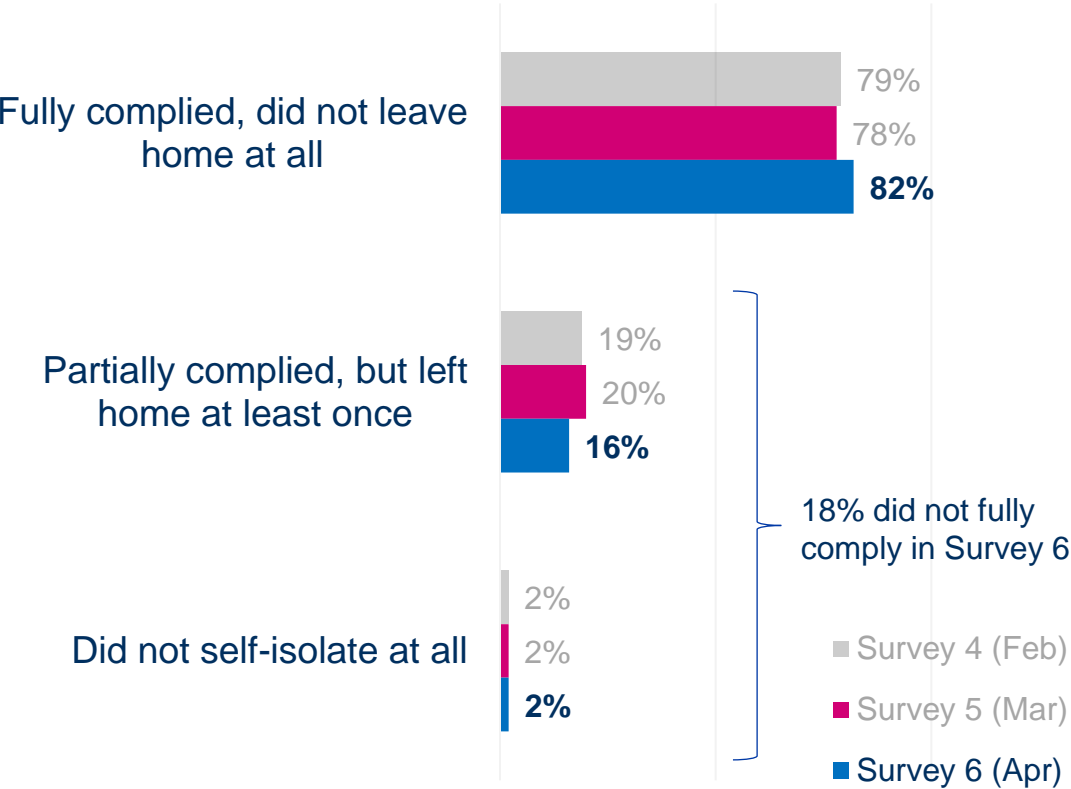
Survey 6 (Apr): Whether needed to self-isolate		
	Yes	No
All respondents	33%	67%
Had coronavirus confirmed by test	97%	3%
Think they've had coronavirus but not confirmed by test	51%	49%

The proportion that have needed to self-isolate increases to at least half among:	
<ul style="list-style-type: none">Have served in the armed forces (66%)Pakistani respondents (61%)**Aged 16-24 (56%)Muslim respondents (56%)Someone in household have lost their jo due to coronavirus (53%)Are working reduced hours (64%) or currently furloughed (53%)Respondents with children under 5 years (52%)Bisexual respondents (50%)**	

B25. Have you needed to self-isolate due to symptoms, a positive test, or being a close contact of someone with coronavirus?
Unweighted base: 1007 (All respondents) **Low base under 50

As in the previous two surveys, around one in five (18%) who needed to did not **fully comply with self-isolation**. A very small minority (2%) did not self-isolate at all, suggesting many people intend to comply but are unable to fully do so.

Compliance with self-isolation...



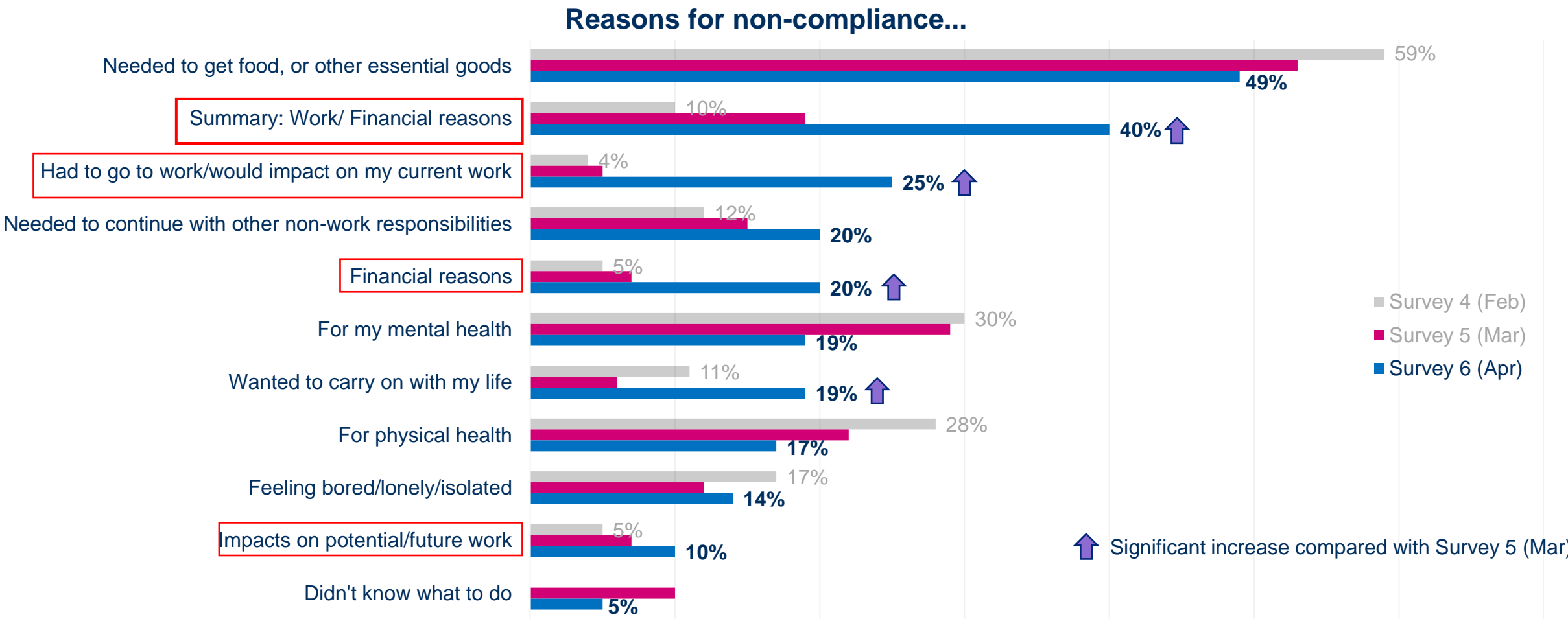
Those who are significantly more likely not to have fully complied with the self-isolation instructions (vs. 18% on average):

- Have served in armed forces (38%)
- LGBTQ+ respondents (36%)**
- Are working reduced hours (35%)
- Claimed financial support to self-isolate (33%)**
- Where someone else in household is at high risk of coronavirus (31%)
- Think they've had coronavirus, but not had test to confirm (30%)
- Someone in household has lost their job due to coronavirus (30%)
- Respondents from ethnic minorities (28%)
- Respondents with a disability (27%)
- Qualified to degree level or above (25%)
- Have children (24%)
- Had to self-isolate due to close contact with someone else (22%)

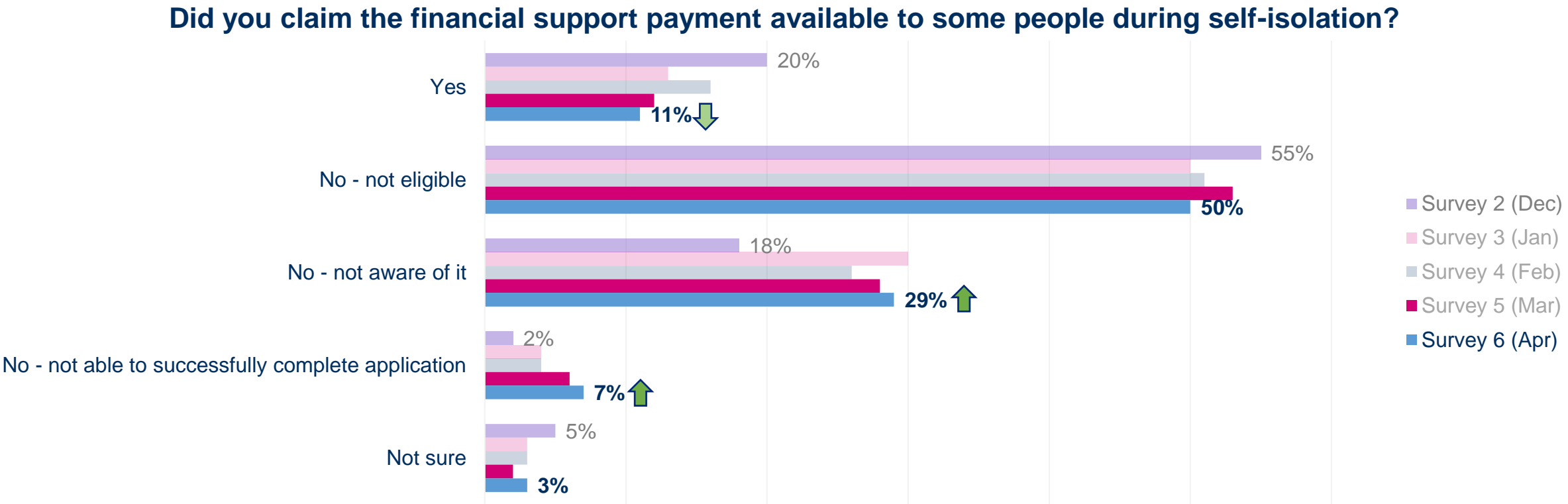
B25a. Which of the following best describes what you did in your most recent period of self-isolation?
Unweighted base: 293 (Where needed to self-isolate);

**Low base under 50

Needing to get food or other essentials remains the most common **reason for breaking self isolation**. However, the proportion leaving self-isolation who do so for work or financial reasons has doubled again since March (to 1 in 5, 40%).



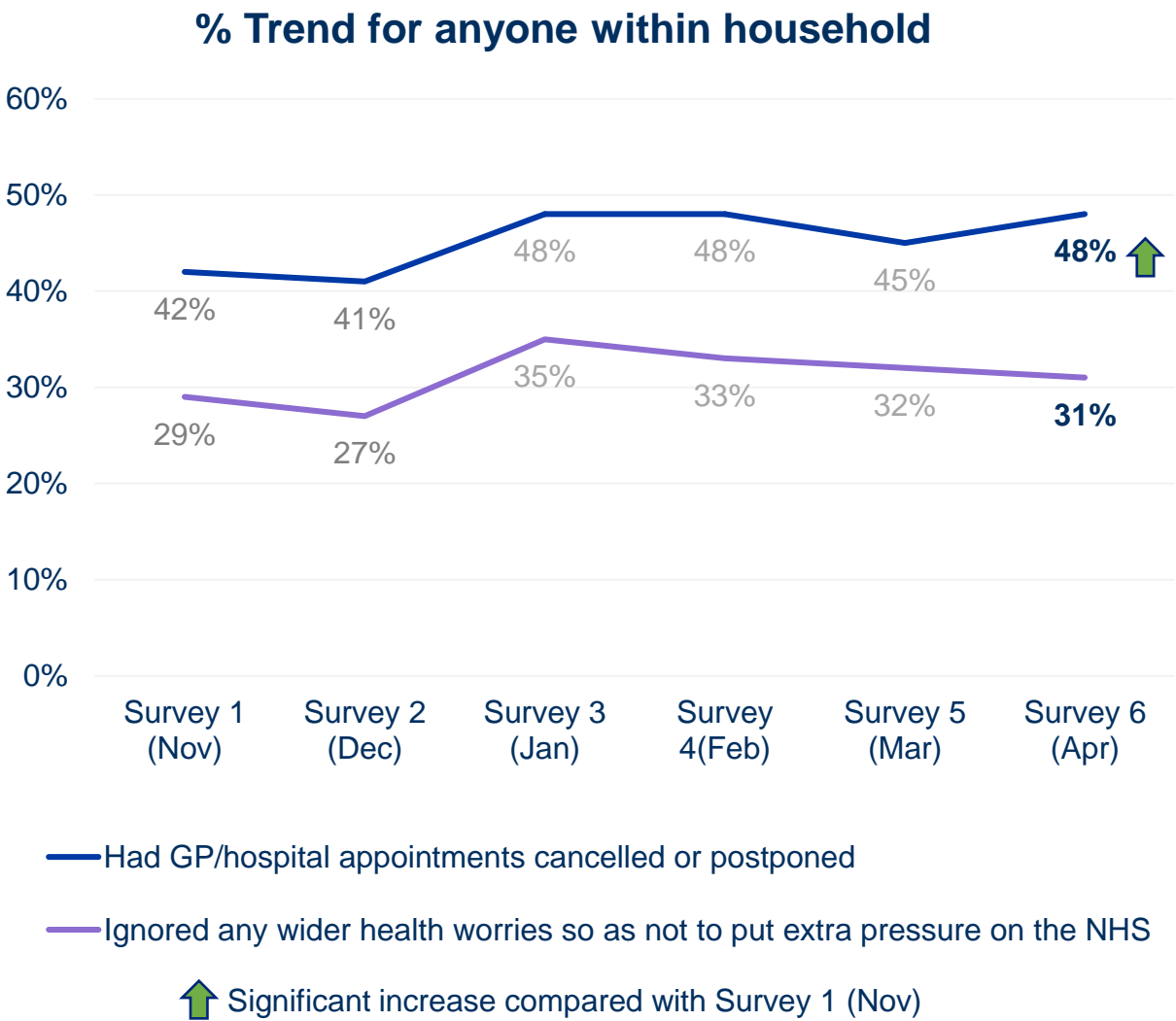
1 in 8 (12%) respondents who have had to self-isolate have successfully claimed the Test and Trace payment **financial support**. The proportions not aware of the support (29%) or not able to complete the application (7%) have increased over time.



Claims are significantly higher amongst those aged 25-44 (17%) when compared to the 11% average.
They increase to more than 1 in 4 among carers (30%), and those who have served in the armed forces (28%)**.

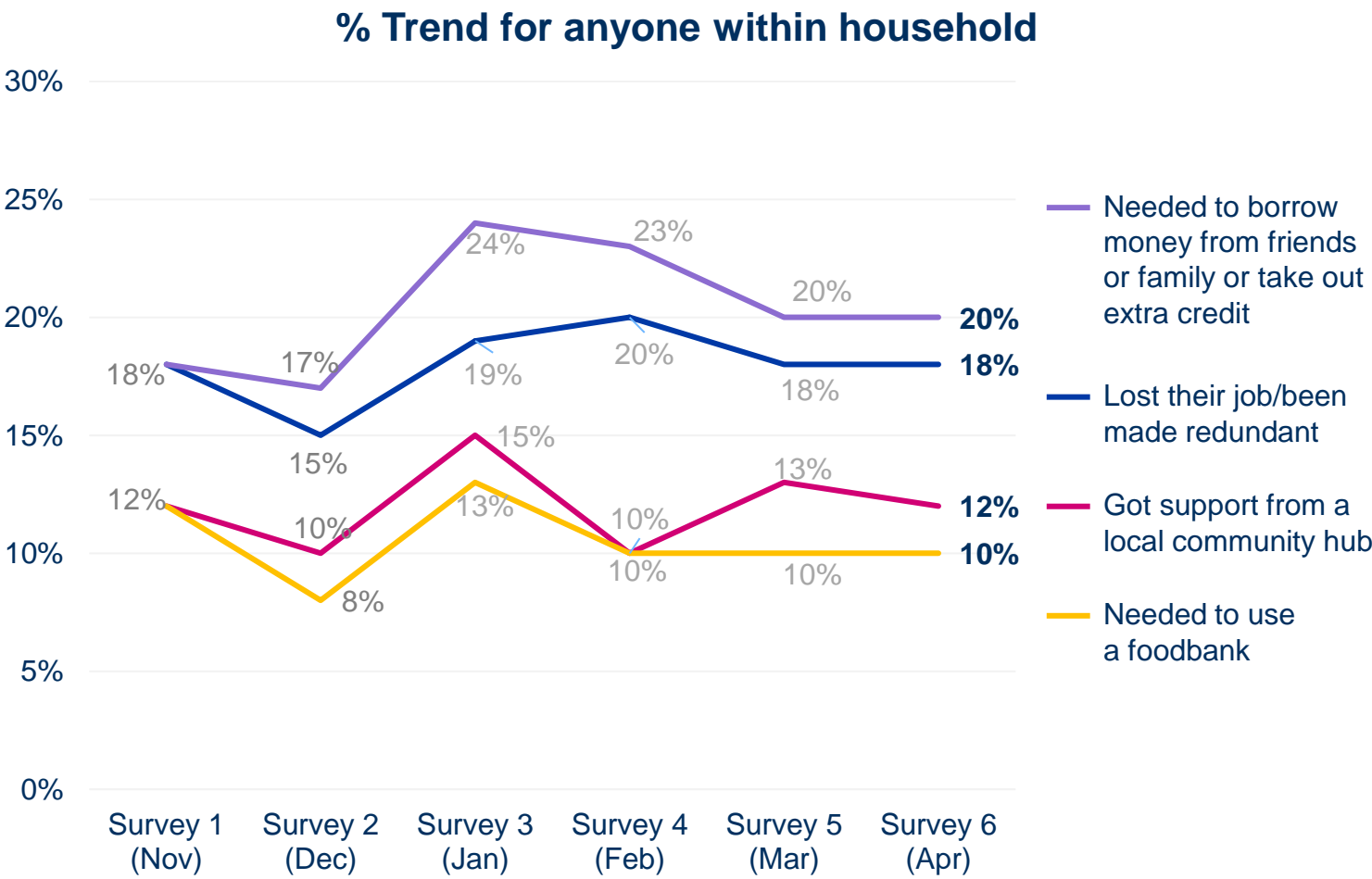
The proportion of respondents **ignoring health concerns** is stable, while the proportion having medical appointments cancelled has started to rise again.

Health impacts	Themselves	Someone else in household	Anyone in household
Had GP/hospital appointments cancelled or postponed	27%	27%	48%
Ignored any wider health worries so as not to put extra pressure on the NHS	21%	14%	31%



Financial impacts continue to have been experienced by between one in ten (using foodbanks) and one in five (borrowing money) households. These levels show no significant change since February.

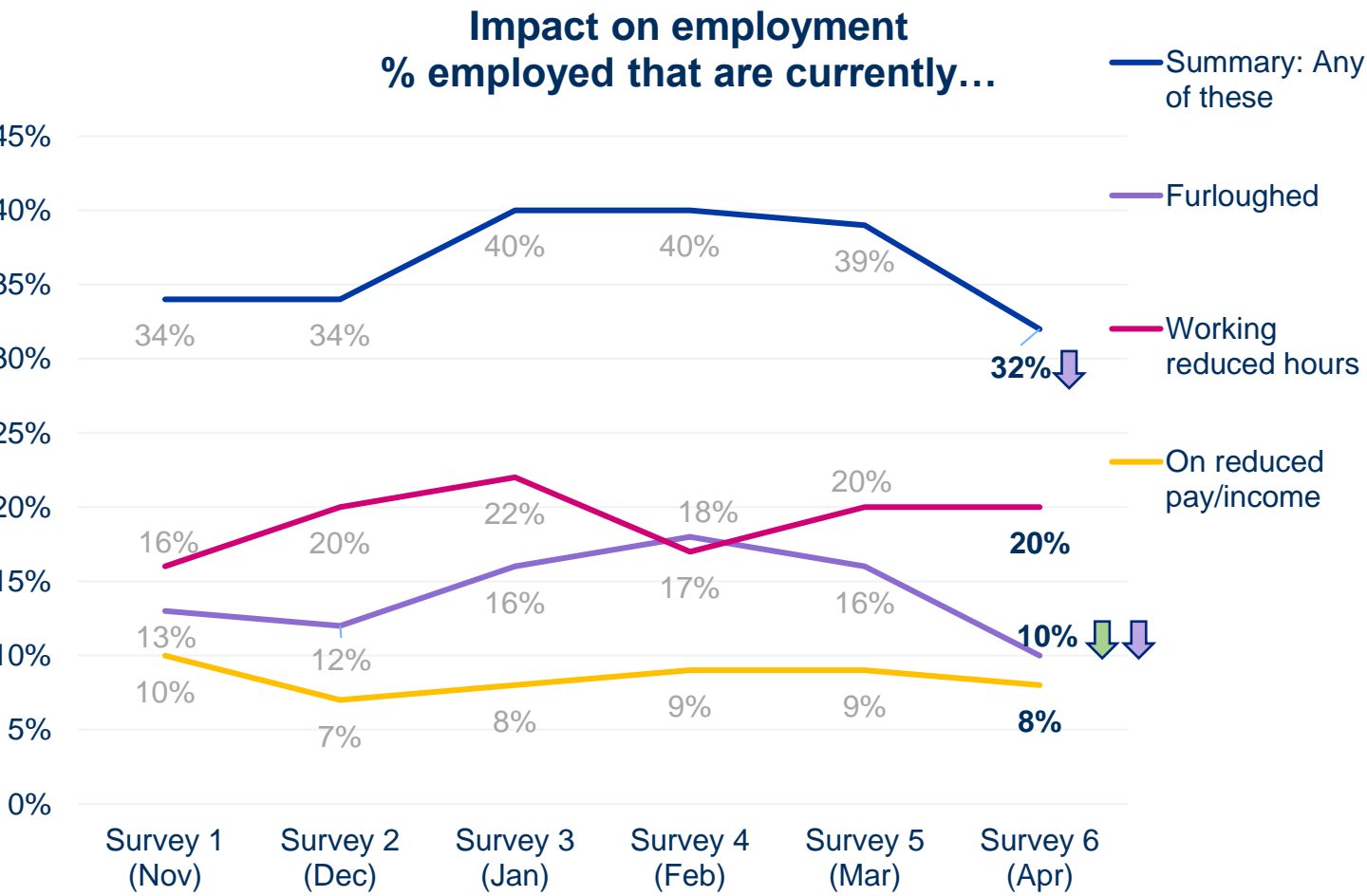
Financial impacts	Themselves	Someone else in household	Anyone in household
Needed to borrow money from friends or family or take out extra credit	14%	7%	20%
Lost their job/been made redundant	8%	10%	18%
Got support from a local community hub	7%	6%	12%
Needed to use foodbank	18%	5%	10%



Around 1 in 8 households have experienced **food poverty** as a result of the pandemic. 1 in 6 (16%) households have eaten less than they should due to money / resources, with 1 in 10 (11%) households going without eating for a whole day.

Food poverty impacts	Themselves	Someone else in household	Anyone in household	Groups significantly more likely to have eaten less than they should because of a lack of money/resources (vs. 16% on average):
Ate less than you should because of a lack of money or other resources	11%	7%	16%	<ul style="list-style-type: none"> • Respondents working reduced hours (58%), on reduced pay (47%) or currently furloughed (26%) • Respondents where someone in their household have lost their job due to coronavirus (47%). • Those who have served in the armed forces (45%) • Muslim respondents (42%) • Aged 16-24 (33%) or 25-44 (22%) • Respondents whose first language is not English (31%) • Those out of work (27%) • Ethnic minorities (27%) and in particular Asian respondents (37%) • Carers (26%) • Respondents in Bolton (24%) and in the most deprived communities (24%) • Respondents not heterosexual (24%) and in particular bisexual (28%)** • Respondents with a disability (24%) and in particular mental ill health (31%) • Those personally at high risk of coronavirus (22%) • Those with children (20%) and particularly where they are at college (25%), university (29%)** or under 5 years (25%)
Went without eating for a whole day because of a lack of money or other resources	7%	5%	11%	

Of those in employment, the proportion **furloughed** has fallen significantly to around 1 in 3 (32%), while the proportion **working reduced hours** remains at 1 in 5 (20%)



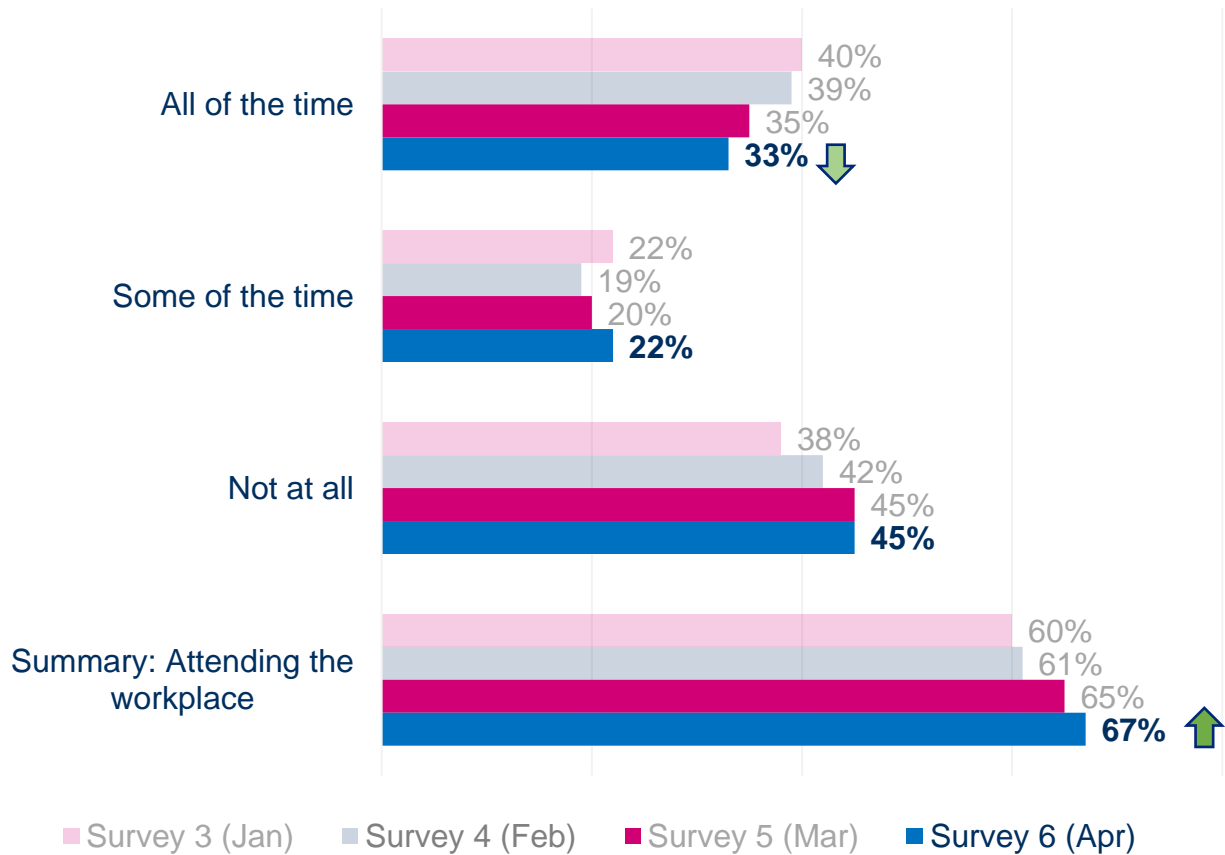
- Some of the groups significantly more likely to be affected by any of these (vs. 32% on average):**
- Those who have served in the armed forces (73%)**
 - Respondents whose first language is not English (64%)**
 - Muslim respondents (56%)**
 - Those working in hospitality/arts/recreation (55%)** or non-public sectors generally (39%)
 - 16-24 year olds (54%)**
 - Ethnic minorities (52%) and in particular Asian respondents (59%)**
 - Those personally at high risk of coronavirus (49%)
 - Carers (47%)
 - Respondents that have had coronavirus (47%)
 - Part-time workers (45%)
 - Respondents not heterosexual (44%)
 - Respondents with a disability (44%) and in particular mental ill health (50%)**
 - Respondents in Manchester (42%) and the most deprived communities (42%).
 - Males (38%)

↓ Significant decrease compared with Survey 1 (Nov)
↓ Significant decrease compared with Survey 5 (Mar)

B20b. As a result of the coronavirus/COVID-19 pandemic are you currently?
Unweighted base: 538 (Those who are in employment) **Low base under 50

The proportion of those in work **going into their workplace** at least some of the time has continued to increase. Around 2 in 3 (67%) employees are now attending their workplace at least some in the time, and just under half (45%) all of the time.

Currently, how often are you working from home....



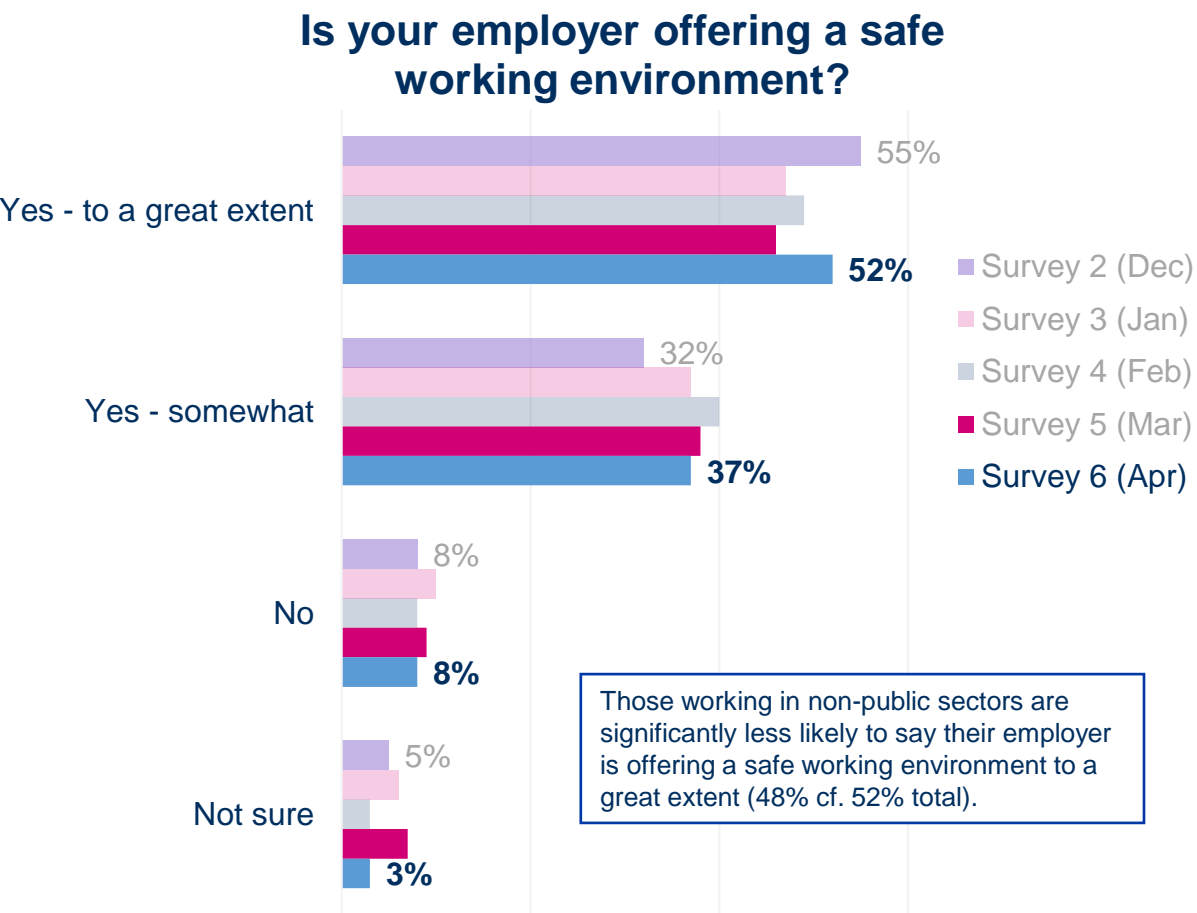
Significantly more likely to be going into their workplace (vs. 67% on average):

- Those living in Stockport (84%)
- Those working in: wholesale / retail / distribution / personal services (82%), and health and social work (86%) or education (80%)
- Have children at college (82%) or university (86%)
- Part-time employees (80%)
- Educated to below degree level (75%)
- Those being tested for coronavirus (74%)
- Where no one in household is at high risk of coronavirus (71%)

Significant decrease compared with Survey 1 (Nov)

B14. Are you currently working from home...?
B37. You mentioned that you are currently working from home at least some of the time. Is this because of the COVID-19 pandemic, or is that your usual arrangement?
Unweighted base: 574 (Those who are in employment), 303 (Where working from home)

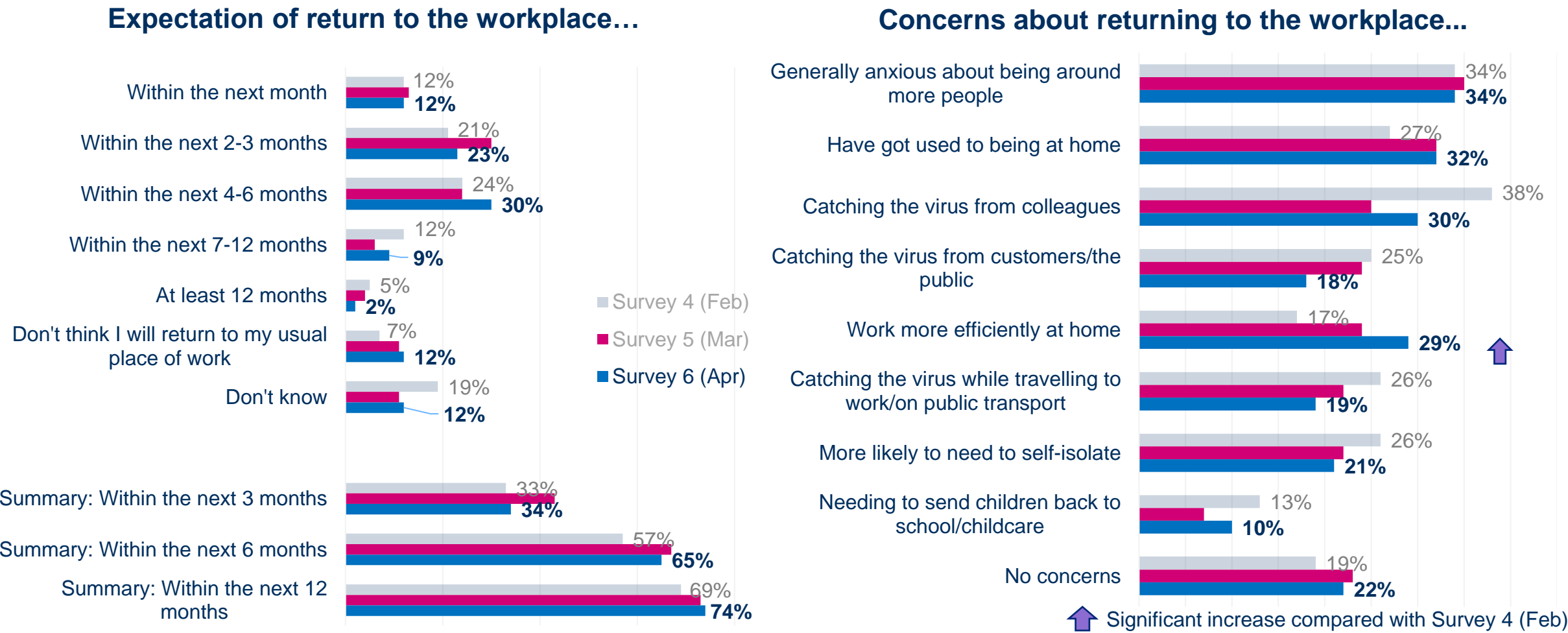
Just over half (52%) of those attending their workplace consider their employer to be offering a greatly **safe working environment**. Those working in the public sector are more likely to feel they have a **COVID-safe working environment**.



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: 367 (Those who were employed and not working from home all the times), 166 (Those whose employer is not offering a safe working environment to a great extent)

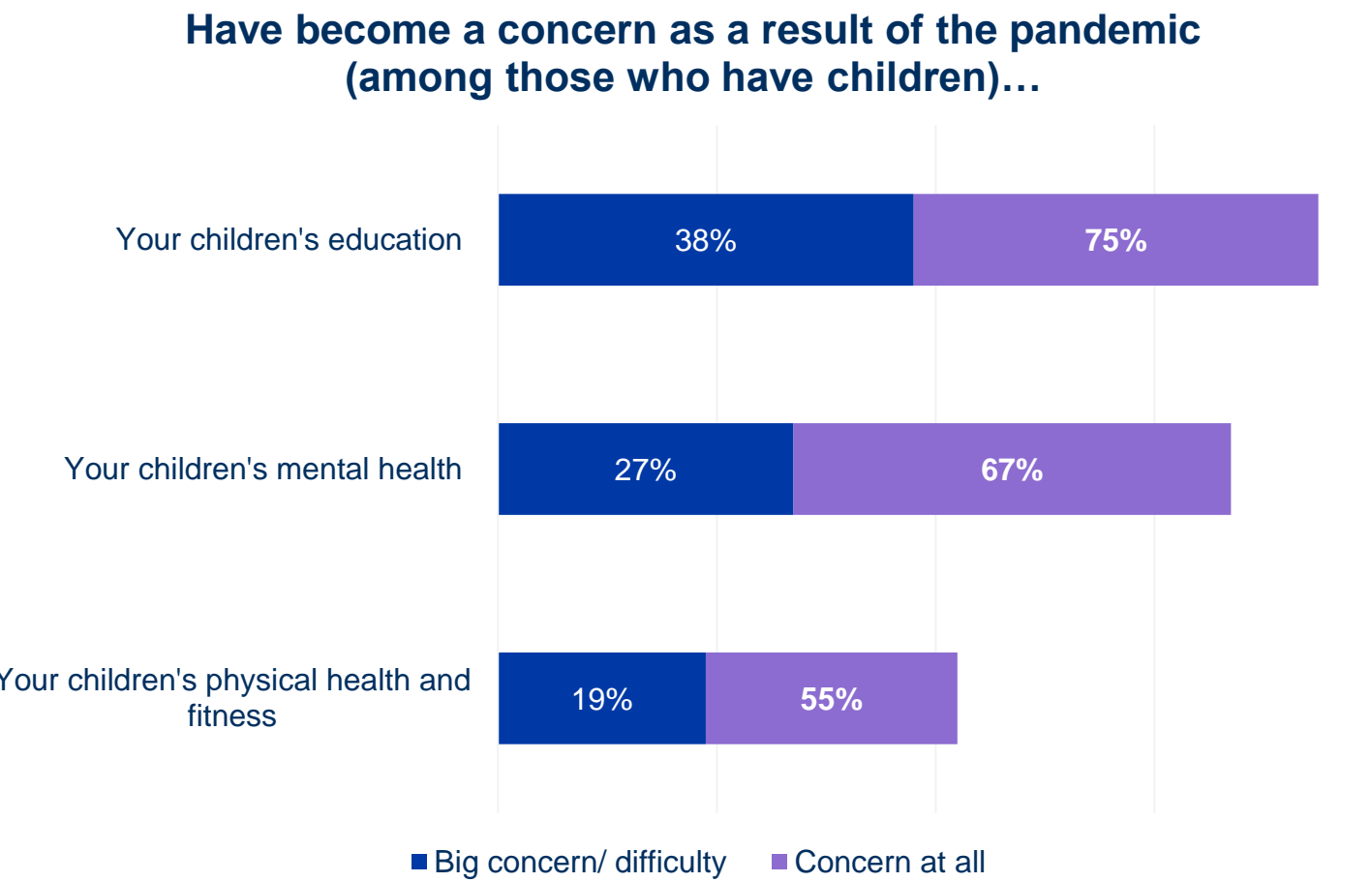
↑ Significant increase compared with Survey 2 (Dec)

Four in five (78%) of those currently working from home express some concern about **returning to the workplace**. The proportion believing they work more efficiently at home continues to increase.



B38. When do you expect to return to your usual place of work i.e., your employer's premises, or to be working there as often as you usually would, before COVID?
B39. Do you have any concerns or anxieties about returning to your usual place of work, or going there more often than you do now?
Unweighted base: 234 (where working from home due to the pandemic)

Three quarters (75%) of parents continue to be concerned about their **children's education** – although those seeing this as a big concern has declined significantly since the start of the year. Concerns for their physical health / fitness have also fallen.



Survey 1 (Nov)	Survey 2 (Dec)	Survey 3 (Jan)	Survey 4 (Feb)	Survey 5 (Mar)	Survey 6 (Apr)
N/A	80%	85%	83%	79%	75%
N/A	67%	71%	72%	66%	67%
N/A	N/A	62%	65%	60%	55%↓

B4. To what extent, if at all have each of the following become a concern or difficulty for you, as a result of the Coronavirus pandemic?
Unweighted base: 306-415 (Those who have children)

↓ Significant decrease compared with Survey 3 (Jan)



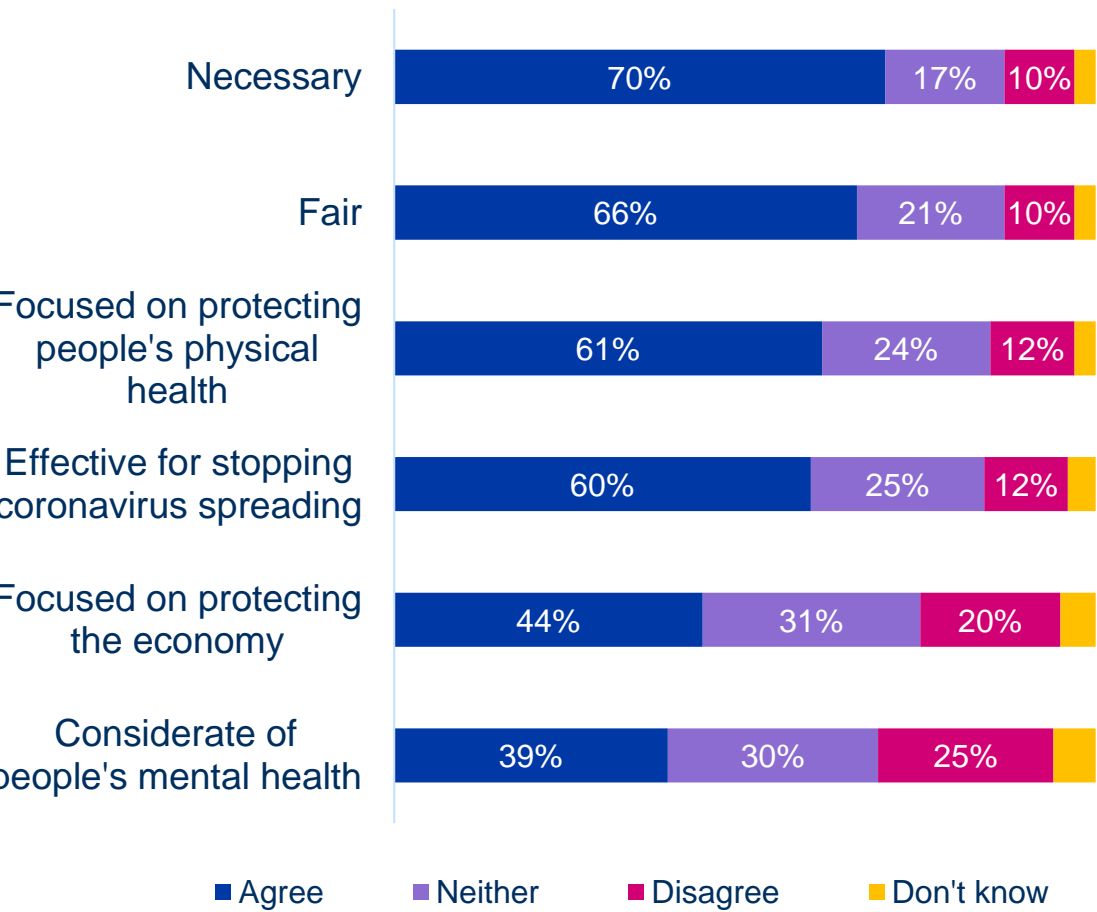
Attitudes and behaviours

Attitudes to restrictions [page 51](#)
Compliance with guidance [pages 52-53](#)
Activity levels [pages 54-57](#)
Bubbles [page 58](#)

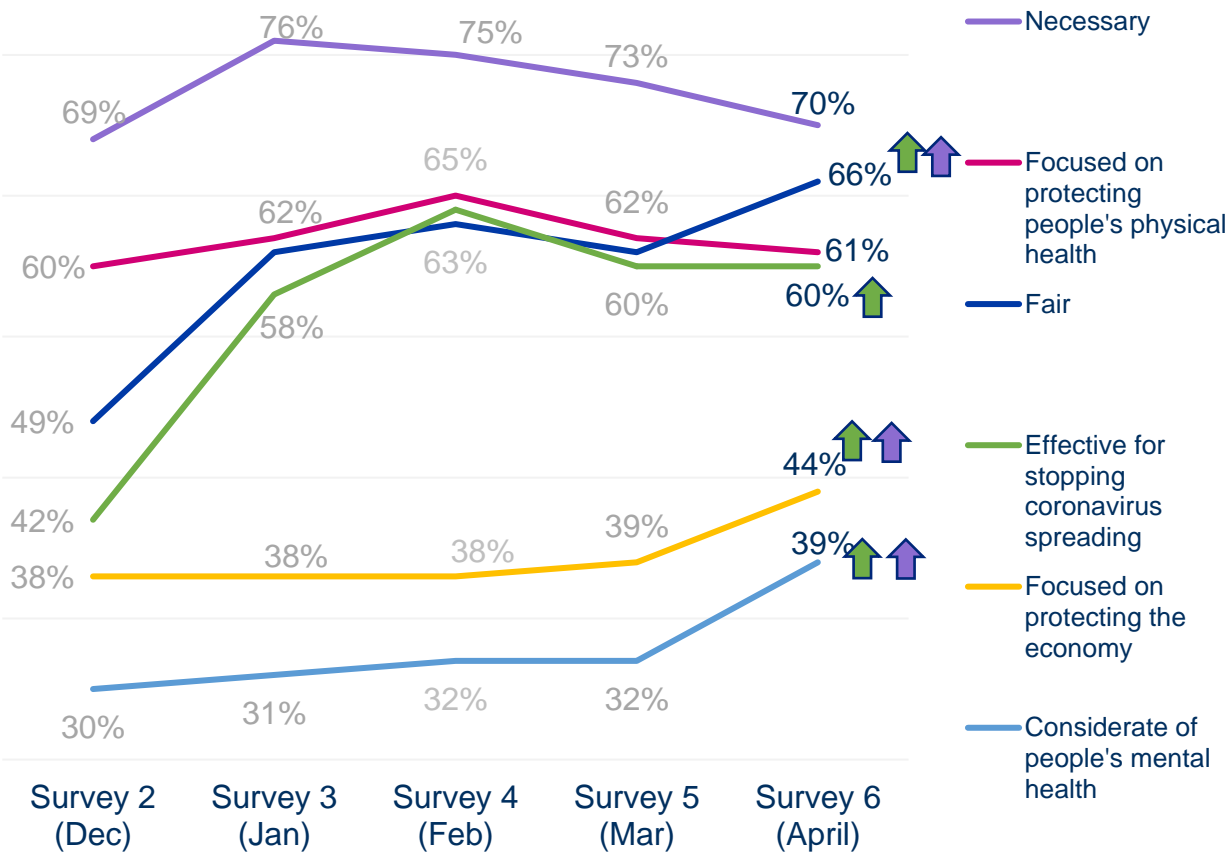
Support for Test and Trace [page 59](#)
Vaccines [pages 60-63](#)
Asymptomatic testing [pages 64-65](#)
“COVID passports” [pages 66-67](#)

With **restrictions** easing, there has been a significant increase in those feeling they are fair, considerate of people’s mental health, and protecting the economy. There has been a slight decline in respondents feeling they are necessary.

The current restrictions are ...



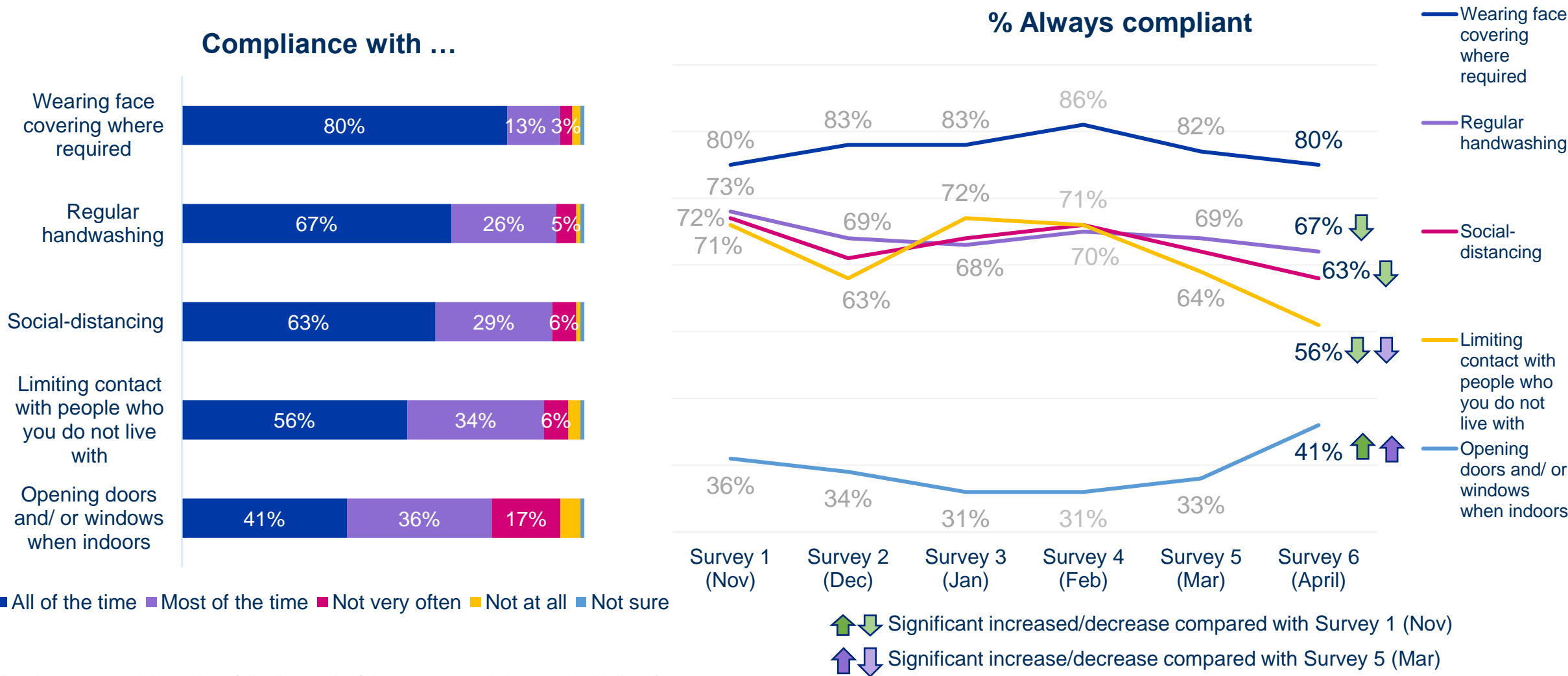
Agreement that the current restrictions & guidelines are...



D2. Do you agree or disagree that the current restrictions and guidelines in your local area are...
Unweighted base: All respondents: Survey 1: 1015; Survey 2: 1007; Survey 3: 1010; Survey 4: 1003;
Survey 5: 1008; Survey 6: 1007

↑ Significant increase compared with Survey 2 (Dec)
↑ Significant increase compared with Survey 5 (Mar)

The relaxation of some restrictions has also seen the proportion of respondents **limiting contact with other people** decline to the lowest level since surveys began. Those opening doors and windows for ventilation have increased significantly.



D4. Are you complying with or following each of the current restrictions and guidelines?
Unweighted base: All respondents: Survey 1: 1015; Survey 2: 1007; Survey 3: 1010; Survey 4: 1003; Survey 5: 1008; Survey 6: 1007

The ‘vaccine effect’ is increasingly affecting people’s behaviour. Having been vaccinated is now the most frequently given reason for not always complying with the guidelines for stopping the virus.

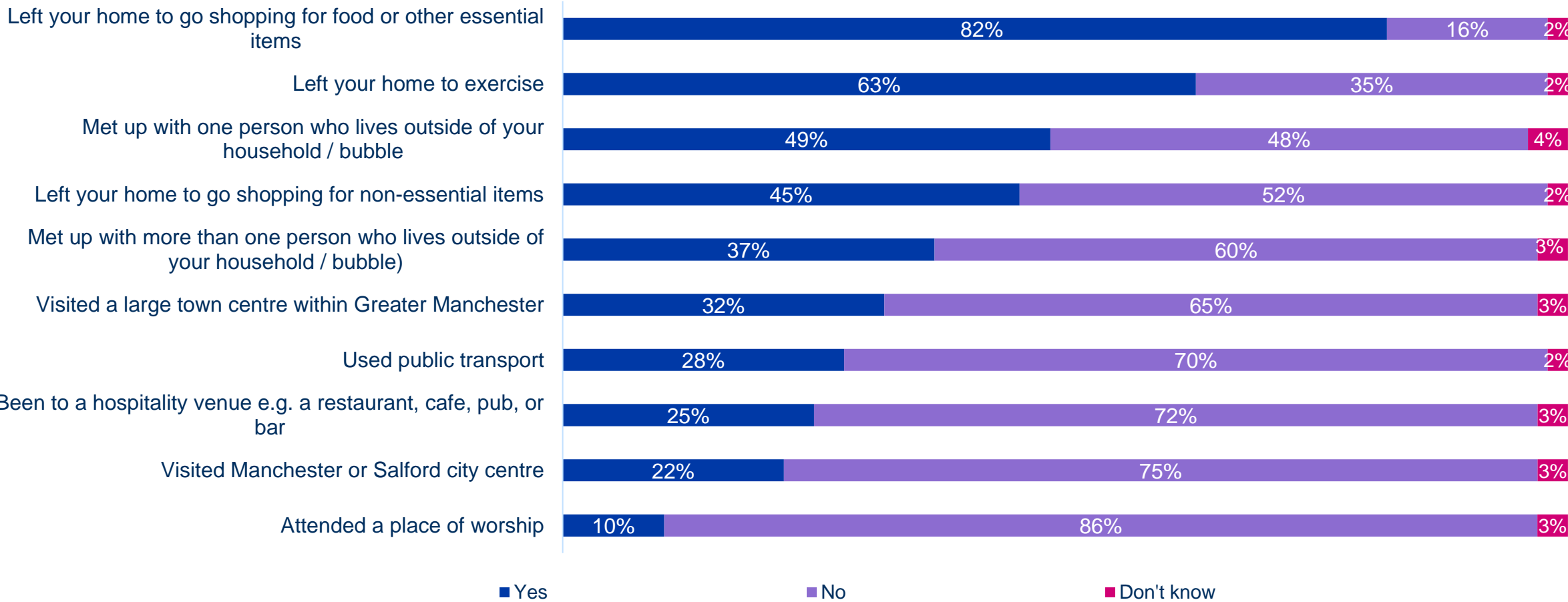


D4. Are you complying with or following each of the current restrictions and guidelines?
D6. Why might you not always fully comply or follow the coronavirus restrictions and guidelines?
Unweighted base: 1007 (All respondents); 746 (Those who do not comply with restrictions all the times) **Base below 50

↑ Significant increase compared with Survey 5 (Mar)

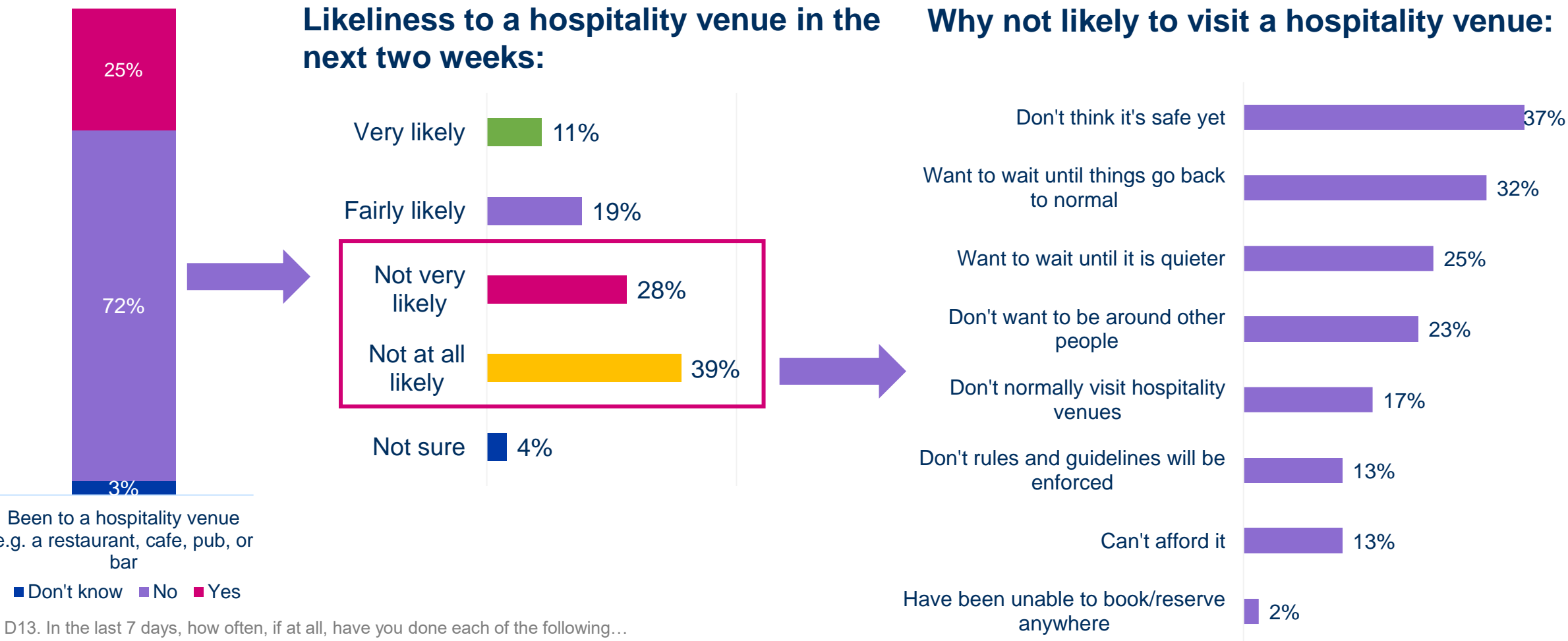
95% of respondents say they **left home in the 7 days prior to the survey**. Shopping for essentials and exercise continue as the most common reasons; meeting up with others, shopping for non-essentials and using public transport have all increased.

Reasons for leaving home in the last 7 days



D13. In the last 7 days, how often, if at all, have you done each of the following...
Unweighted base: 1007 (All respondents)

1 in 4 (25%) respondents had **visited a hospitality venue** in the previous seven days. Of those who haven't, 2 in 3 (67%) say they are not likely to in the next two weeks – with safety concerns the most frequently given reason.



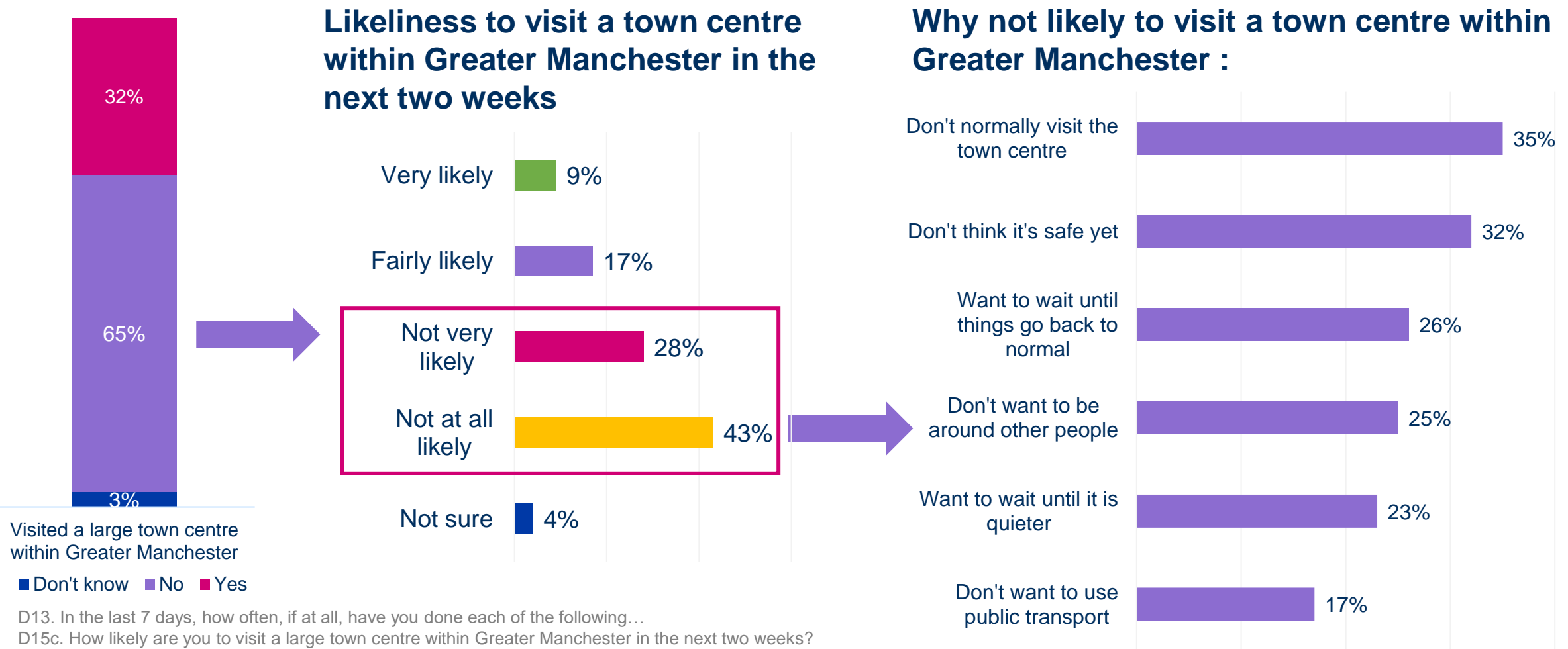
D13. In the last 7 days, how often, if at all, have you done each of the following...
D13a. How likely are you to visit a hospitality venue in the next two weeks?
Unweighted base: 1007 (All respondents), 744 (Where not visited a hospitality venue), 528 (Where unlikely to visit)

Safety concerns are also deterring some people from **visiting Manchester / Salford city centres**. Fewer than 1 in 4 (22%) respondents had done so in the previous week – and over three quarters (77%) who hadn't weren't likely to imminently do so.



D13. In the last 7 days, how often, if at all, have you done each of the following...
D14a. How likely are you to visit Manchester or Salford city centre in the next two weeks?
D14b. Why are you not likely to visit a city centre in the next two weeks?
Unweighted base: 1007 (All respondents), 802 (Where not visited a city centre), 650 (Where unlikely to visit)

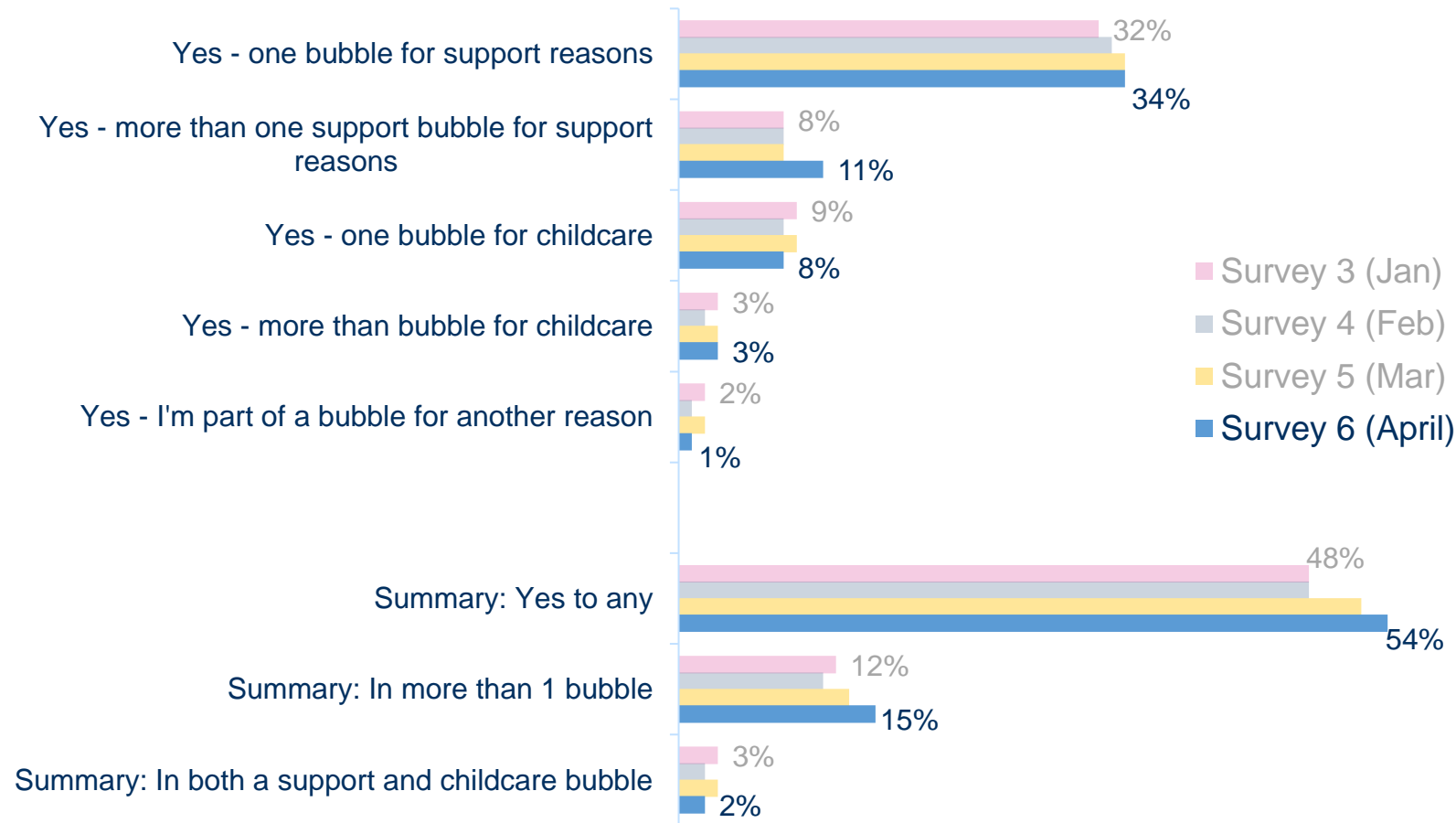
More respondents (1 in 3, 32%) had **visited a local town centre** than the main city centres, but a similar proportion of those who had not (71%) say they are not likely to imminently. Safety concerns are likewise the main reason among those hesitant.



D13. In the last 7 days, how often, if at all, have you done each of the following...
D15c. How likely are you to visit a large town centre within Greater Manchester in the next two weeks?
D15d. Why are you not likely to visit a town centre in the next two weeks?
Unweighted base: 1007 (All respondents), 659 (Where not visited a town centre), 481 (Where unlikely to visit)

The numbers of respondents in **childcare or support bubbles** remains unchanged (54%), as rules over social gatherings start to relax. Although only 2% say they have both kinds of bubble, as permitted, 15% still say they are in more than one bubble.

Are you part of a bubble....

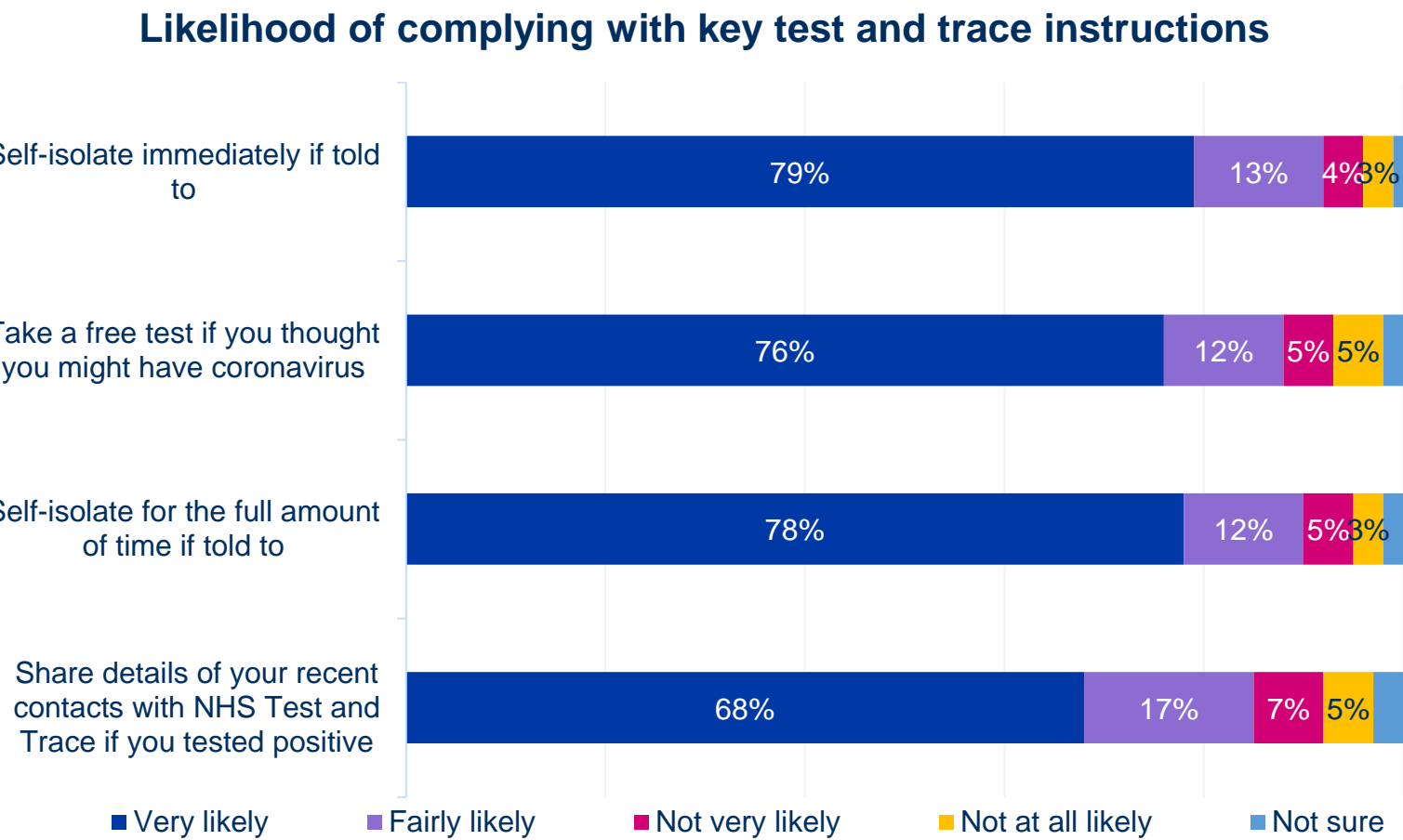


Some of those who are significantly more likely to be in more than one bubble (vs. 15% on average):

- Have served in the armed forces (34%)
- Respondents who have had coronavirus, both those who have had it confirmed by a test (26%) and those who have not (27%)
- Those who are educated up to higher education level (23%)
- Part-time workers (23%)
- Those who have had to self-isolate (22%)
- Respondents aged 18-24 (22%) or 35-44 (22%)
- Respondents with children (22%)
- Respondents from ethnic minorities (21%)
- Those taking asymptomatic tests (21%)

B35. Are you part of a bubble with another household?
Unweighted base: 1007 (All respondents) **Base below 50

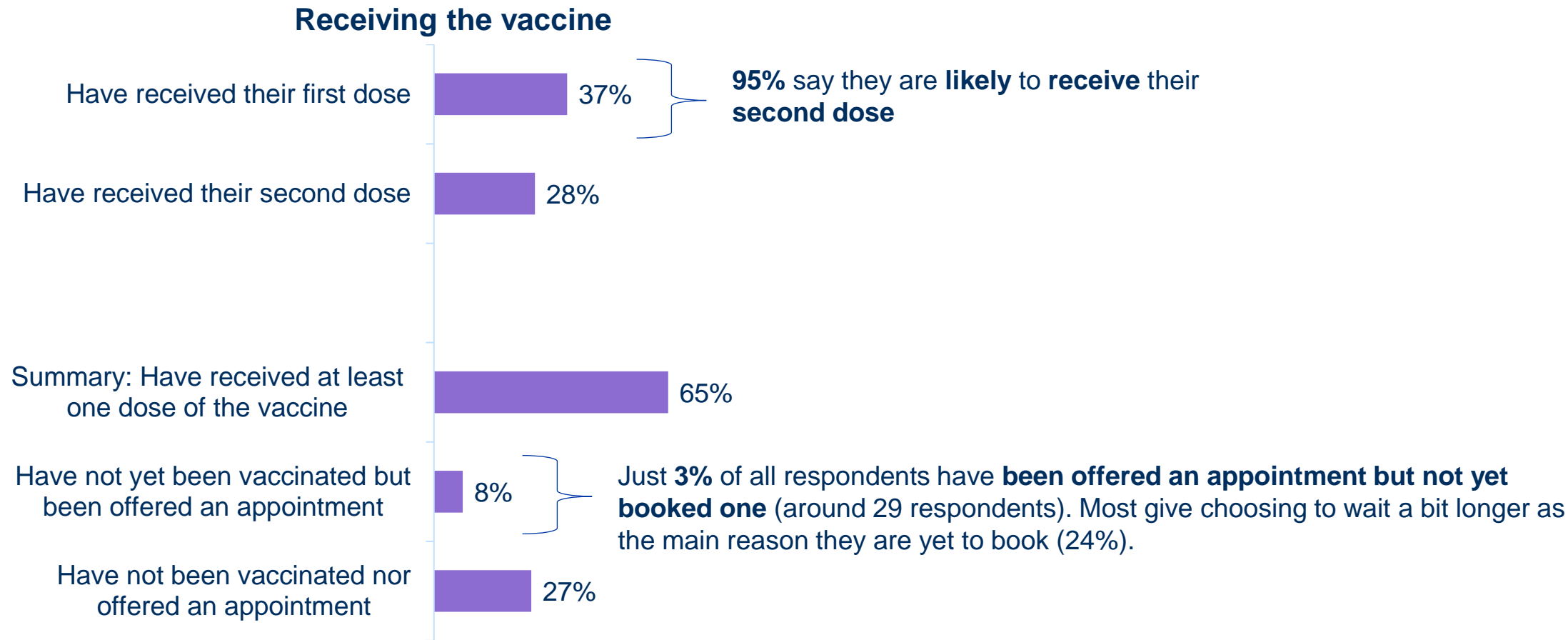
Levels of **likely compliance NHS Test and Trace** remain broadly constant. But there has been an increase in those unlikely or unsure to get tested if symptomatic – mirroring the increase in those saying they had the virus but didn’t wanted to take a test to confirm.



% not very / not at all likely / not sure					
Survey 1 (Nov)	Survey 2 (Dec)	Survey 3 (Jan)	Survey 4 (Feb)	Survey 5 (Mar)	Survey 6 (Mar)
7%	7%	8%	7%	9%	8%
9%	11%	11%	8%	10%	12% <div>↑</div>
7%	8%	9%	8%	8%	10%
15%	18%	17%	13%	18%	15%

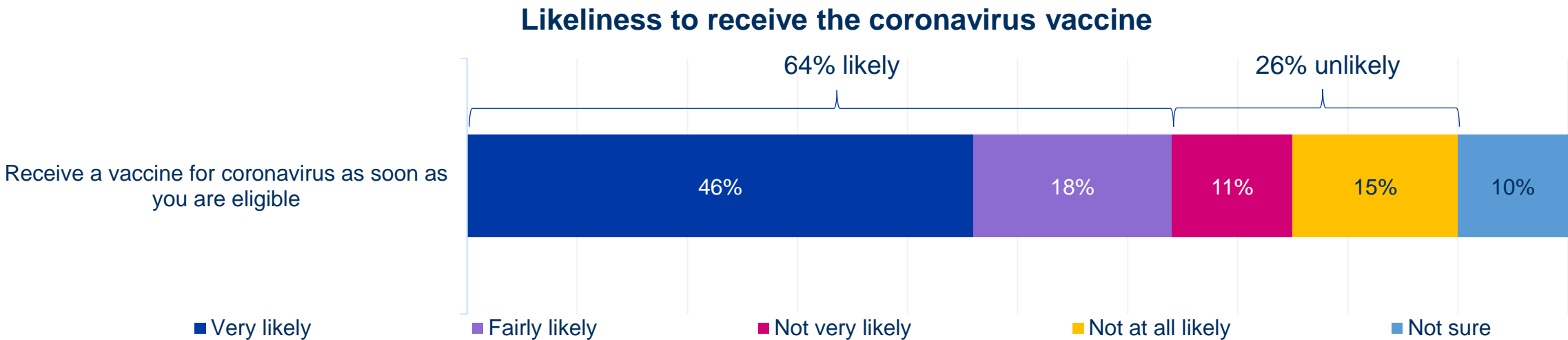
↑ Significant increased compared with Survey 1 (Nov)

Around 2 in 3 (65%) respondents had **received at least one dose of the vaccine**. Almost all who have received their first dose are likely to receive their second (95%).



D17. Have you received both doses of your vaccine or just one?
D17a. How likely are you to receive your second dose?
D18. Have you been offered an appointment yet for a COVID vaccine?
D19. Why have you not booked an appointment yet?
Unweighted base: 1007 (All) respondents; 397 (Where had 1st dose), 293 (Those who were not already vaccinated); 29 (Where offered an appointment but not yet booked)
At time of fieldwork, vaccines were available to over 40s: care home residents and staff; frontline health and social care; clinically extremely vulnerable.

Around 2 in 3 (64%) of those yet to **receive the vaccine** say will do so when they are offered it, including almost half (46%) who say they are very likely.

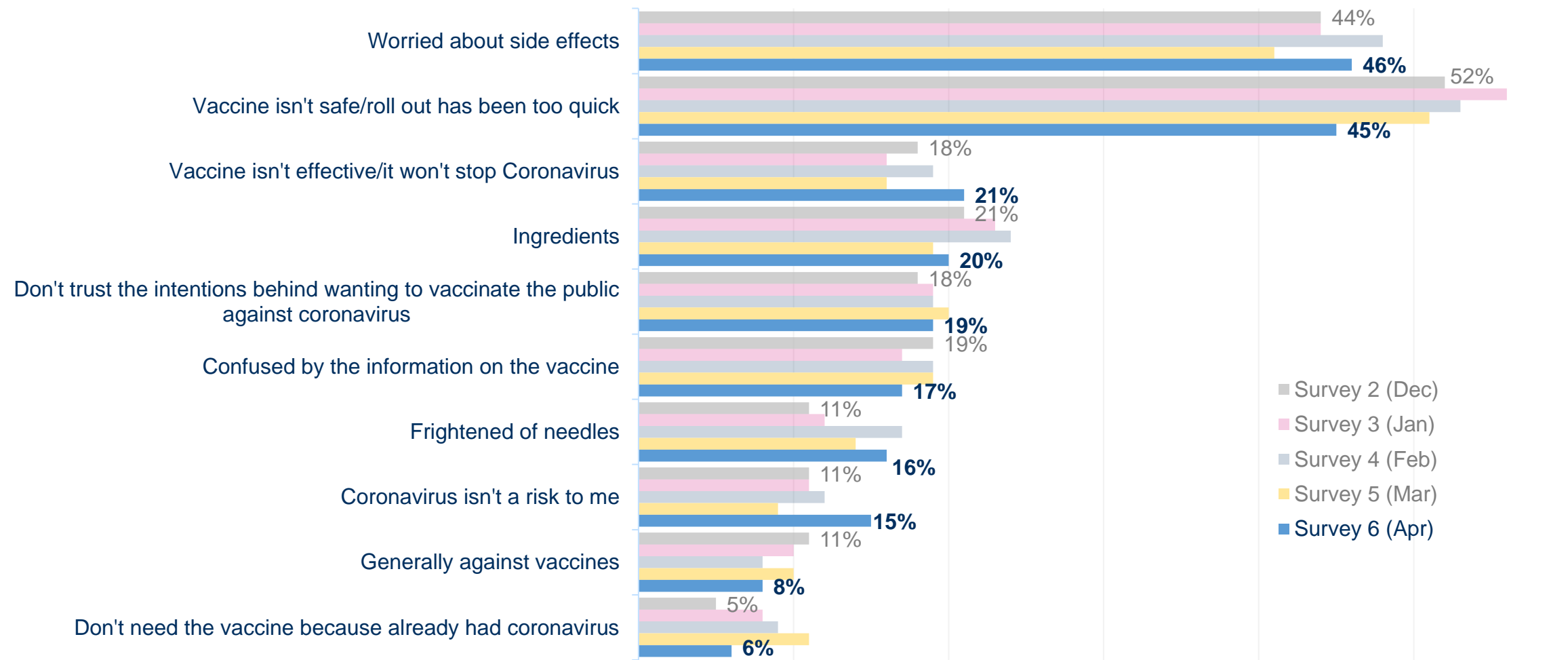


- More respondents from the following groups are not very/not at all/not sure about getting the vaccine (compared to 36% average among all respondents):**
- Those who oppose in all cases the use of the “COVID passports” (69%)
 - Respondents aged 45-64 (61%) and 16-24 (49%)**
 - Part-time workers (56%)**
 - Respondents who are not worried about the virus (50%)
 - Those educated to GCSE and below (48%)
 - Those who did not think they had the virus (40%)

D5. How likely would you be to do each of the following? Receive the coronavirus vaccine **Base below 50
Unweighted base: 293 (Those who have not had the vaccine)
At time of fieldwork, vaccines were available to over 40s: care home residents and staff; frontline health and social care; clinically extremely vulnerable

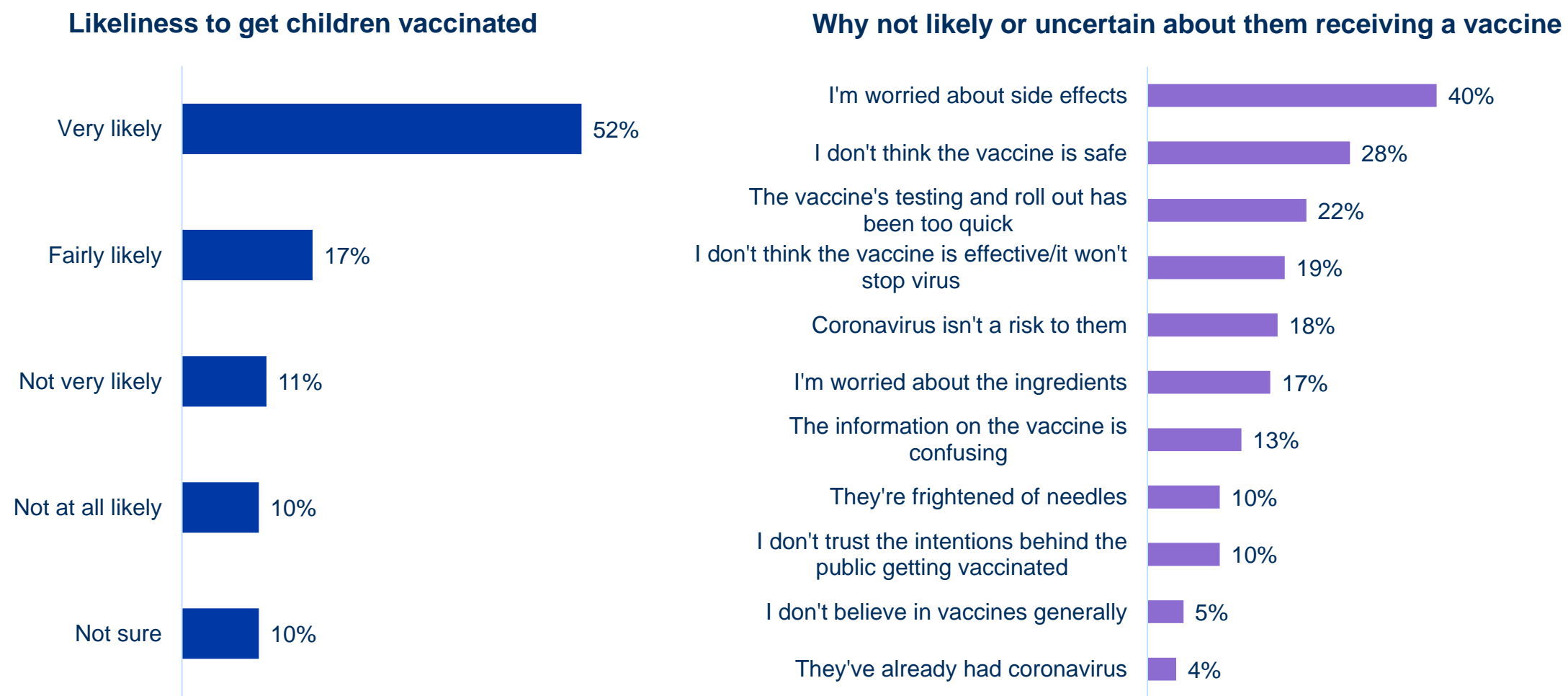
Safety concerns and worries about the side effects remain the two main reasons why respondents are **hesitant to be vaccinated**.

Reasons for not getting vaccinated...



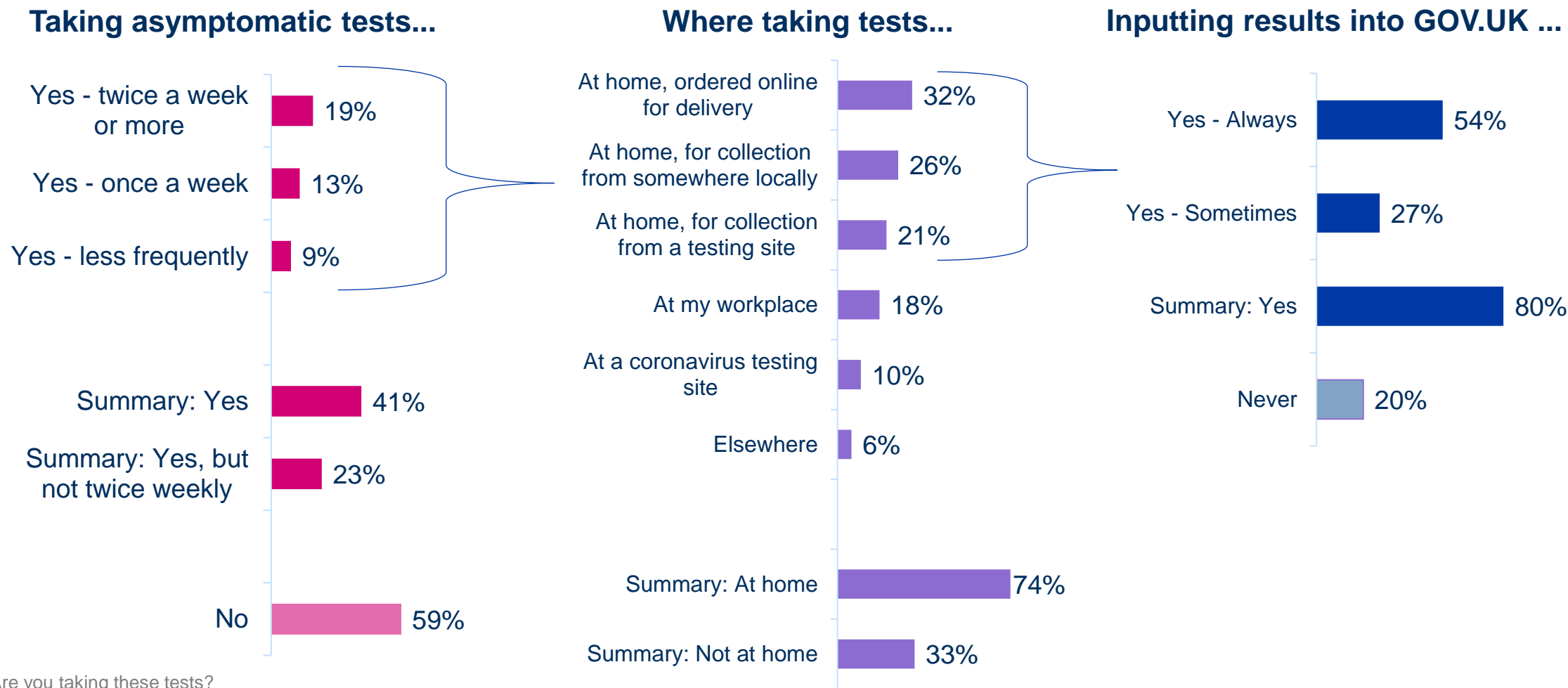
D9. Why are you unlikely to get vaccinated against coronavirus?
Unweighted base: 157 (Those who aren't already vaccinated or not very likely to get the vaccine when offered)
At time of fieldwork, vaccines were available to over 40s: care home residents and staff; frontline health and social care; clinically extremely vulnerable

7 in 10 (69%) parents said it would be likely for their **children to get vaccinated** should vaccines be offered to those aged 12+. Like for adults themselves, concerns over safety and side effects are the most common barriers.



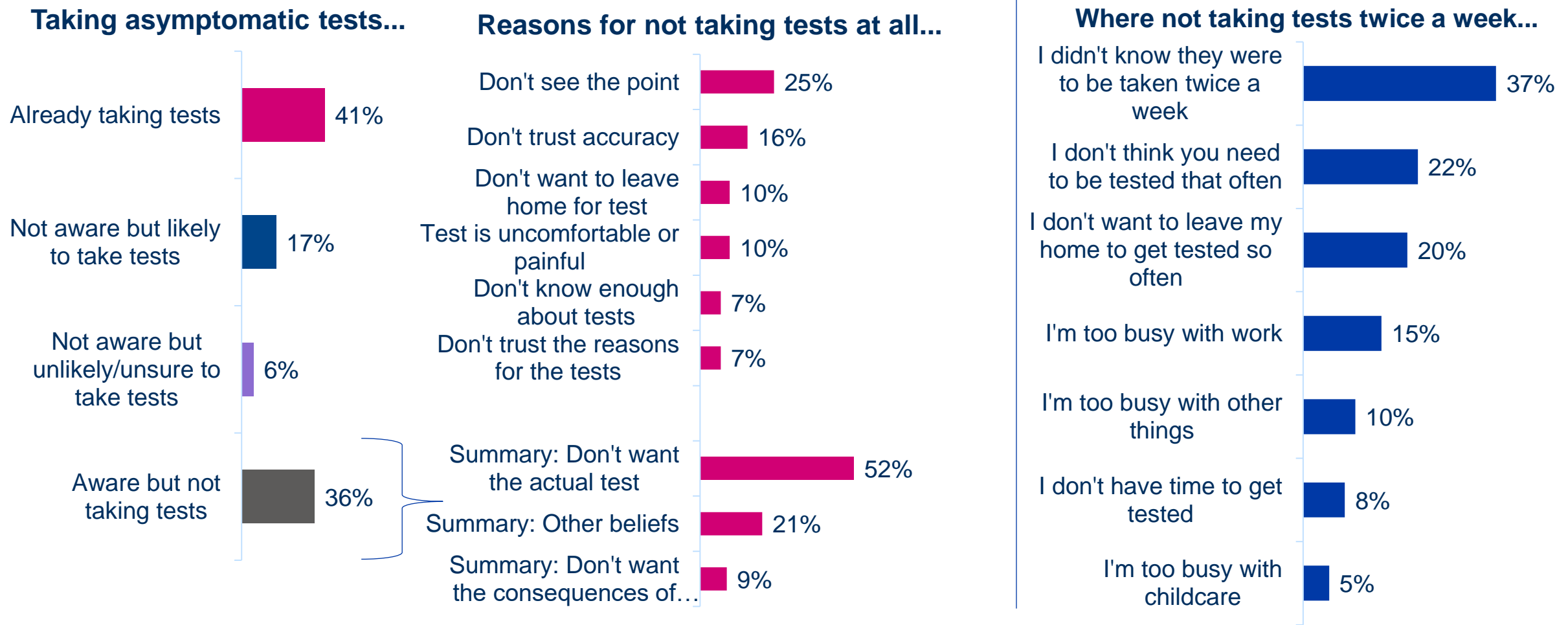
D23. How likely would you be to get your children of secondary school age vaccinated against coronavirus?
D23a. Why are you not likely/uncertain about them receiving a vaccine against coronavirus?
Unweighted base: 138 (Those who have at least one child of secondary school age); 68 (Those who say their child\children are unlikely or uncertain to receive a vaccine)

2 in 5 (41%) respondents are **taking asymptomatic tests**, but fewer than half of these are doing so twice a week as recommended. Only 54% of those taking tests at home always register their results at gov.uk as required.



D20a. Are you taking these tests?
D20b. Where are you taking these tests?
D20d. After taking these tests, do you input your results into gov.uk?
Unweighted base: 1007 (All respondents); 380 (Where taking tests); 280 (Where taking tests at home)

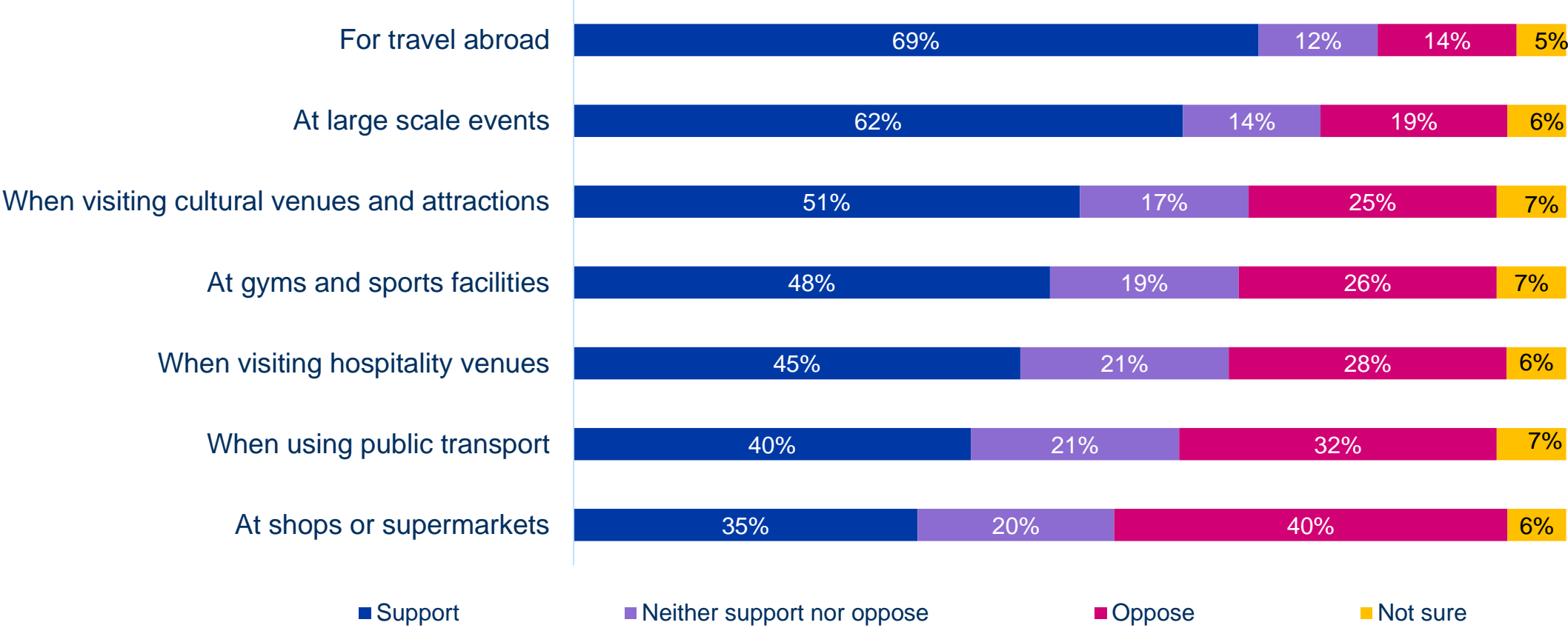
3 in 5 (61%) of those **not taking asymptomatic tests** are aware that they are available to them, but they choose not to. Not seeing the point or trusting the accuracy are most frequently given reasons.



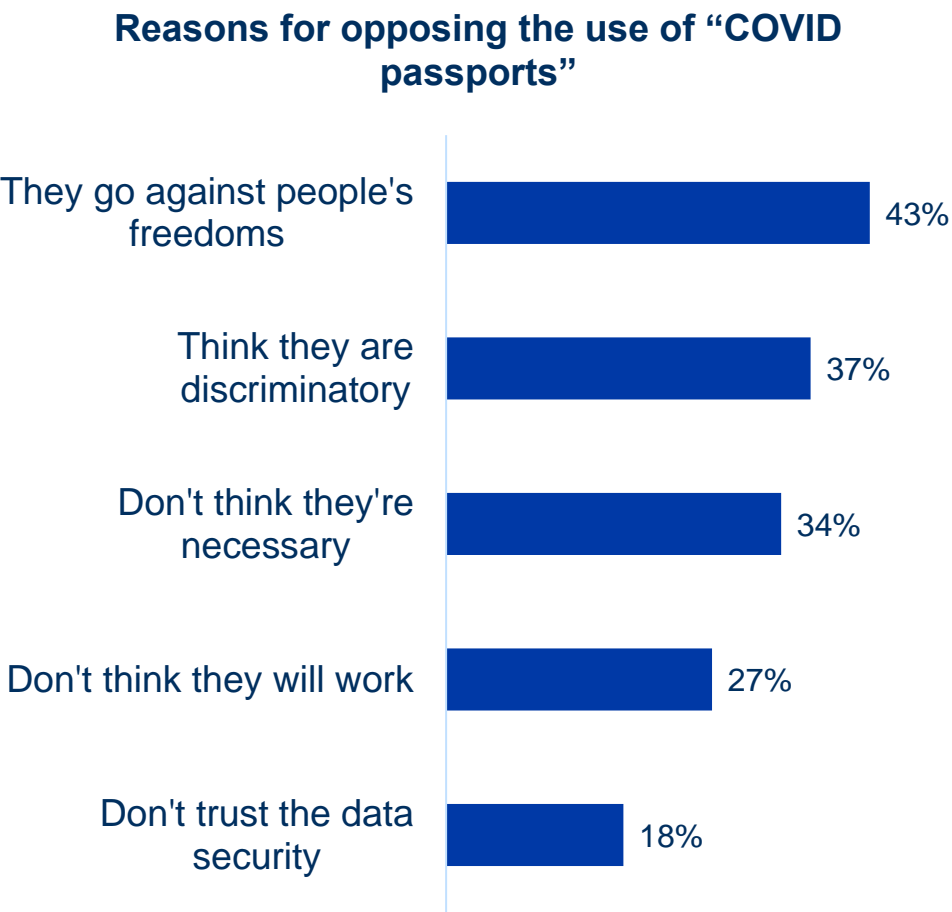
D20a. Are you taking these tests? D20e. These tests are now available to everyone without symptoms living in England, were you aware you could receive these tests?
D20. How likely would you be to take these free tests? D21a. Why have you not taken the tests?
D20c. It is recommended these tests are taken at least twice a week, has anything prevented you from doing so?
Unweighted base: 1007 (All respondents); 627 (Where not taking tests); 227 (Where not aware); 400 (Where aware but not taking tests); 200 (Where taking tests less than twice weekly)

Overall, support for potential “COVID passports” is greater than opposition. The only location where respondents are more likely to oppose their use are for visiting shops and supermarkets.

Would you support or oppose the use of covid passports ...



Freedom and discrimination are the two most frequently given reasons for **opposing the use of COVID passports** should they be introduced.



- Those significantly more likely to oppose the use of “COVID passports” in all cases (compared to 10% average among all respondents) :
- Respondents who are unlikely to receive the vaccine (50%) or who have not yet received the vaccine (22%)
 - Respondents who say they unlikely to let their children of secondary school age receive the vaccine (29%)**
 - Self-employed respondents (23%)**
 - Respondents living in Oldham (19%) and Rochdale (17%)
 - Part-time staff (17%)
 - Those attending the workplace all of the time (16%)
 - Those not extremely or very worried about coronavirus (16%)
 - Those who are not aware of the free lateral flow tests (16%)
 - Households with 3 adults (16%)
 - Aged 25-44 (13%)
 - Those with no religion (13%)

D22. Would you support or oppose the use of covid passports...?
D22b. Why would you oppose the use of covid passports?
Unweighted base: 1007(All respondents); 456 (Those who opposed the use of covid passport at least once) **Base below 50



Deeper insight: COVID vaccine perceptions and attitudes

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Qualitative research – overview of approach

- **10 in-depth qualitative telephone interviews**, ranging from 25 to 45 minutes, were held focusing on the current vaccine roll-out and related issues, including the potential availability of vaccines to younger people.
- They **focused particularly on people who had not yet been vaccinated**, exploring:
 - General perceptions of the vaccine
 - Concerns surrounding the vaccine
 - Barriers to accessing the vaccine
 - General awareness and information of the different types of vaccine
 - More specific understanding of awareness and information in relation to news sources
 - Their views of school age children (12+) accessing the vaccine.
 - Perceptions of the vaccine and potential “COVID passports”.
 - Coronavirus variants, including that first found in India (emerging naturally in conversation).
- Participants had all taken part in the main surveys and were **selected for interview on the basis of their responses**.
- Every effort was made to ensure that the composition of the ten interviews reflected a **broad range of different life situations and experiences**. The final sample included:
 - Seven females and three males.
 - Three are from ethnic minority backgrounds.
 - Spread of ages: one aged 18-24 / three aged 25-34 / two aged 35-44 / two aged 45-54 / two aged 55+.
 - This included seven people who have not had the vaccine, with a range of likelihoods to receive it, and three people who have had either one or both doses.
 - And a mixture of employment situations: five full-time employment / one part-time / three out of work / one retired.

Perceptions of the vaccine

- Those who have had the vaccine (one or both doses) did not report **changes in their behaviours**, with most remaining cautious with strict hygiene measures in place. However, for one family the vaccination of the parents allowed meeting their grandparents again, while ensuring their children who have not yet had the vaccine adhere to strict hygiene measures.
- For some of those who had not yet had the vaccine, they describe having worked in ‘*high-risk*’ situations including schools and nurseries and having been fine till now – suggesting that **those who have not been offered the vaccine yet feel they do not need it**.

“They’ve thought ‘well, if you’re not offering it us first then clearly, we don’t need it.’” 25-34, Female.

- This mainly comes from **younger people**, who speak for themselves and on behalf of their friends and family, as they **believe they are safe from severe disease** and **do not have as much responsibility** as older people.

“They’re not even weighing it up, they’re just like ‘no, I’m not getting it [the vaccine] ... I’m young... If I get it [coronavirus], I get it. I think it is just a case of being young and thinking you’re invincible.” 25 to 34, Female.

“They don’t have anybody to care about so they’re like ‘why would I go get it?’” 25-34, Female.

- One participant mentioned her family was not ‘*overly happy*’ that she decided not to have the vaccine as they see the vaccine as a ‘*magic medicine*’ which they believe can protect against everything, while she does not believe it is necessary.

Concerns of the vaccine

- Of those who have not yet had the vaccine, a key concern is the **speed of approval for the vaccine**, making some sceptical of the safety of the vaccine due to quick-testing and emergency testing. Furthermore, some believe regulatory bodies including the UK's MHRA and USA's FDA had not thoroughly tested vaccine.

"I don't trust them. They've been rolled out far too quick, they haven't been tested, they haven't been clinically tested, they haven't been passed by any drug authority and they're being shoved in people's arms." 45 to 54, Male.

- Moreover, because some feel the vaccine was created and approved quickly, they also question **possible unknown long-term side effects**, which they believe will only become apparent with time.
- For most of these individuals more **information from Government or scientific officials would not reassure them**. Instead many feel only with time, becoming aware of side effects and further testing could create a peace of mind.

"I'm happy to wait a little longer, for my own peace of mind, I won't get the vaccine until they've done more trials and time has passed so long term side effects are seen and I know it's safe to take", 25 to 34, Female.

- Another key concern for women who have not yet had the vaccine was **possible side effects of infertility**, with most seeing in the news stories of women becoming infertile after receiving the vaccine.

"I just don't know the long term effects on fertility, I'm wanting to have more children and there's not yet been any long term studies on what this means for fertility and how it would affect if I were to get pregnant." 25 to 34, Female.

- While another mother expressed concerns of the unknown side effects of having the **vaccine while breastfeeding**, stating it was not worth the risk to her child.

"I was offered it through work but I was breastfeeding when I was offered it, so I basically said there wasn't enough evidence that said it was safe for me at that time, and my work agreed. I don't understand the complications it could cause while I am breastfeeding and I don't really want to put my baby's immune system at risk." 25 to 34, Female.

Barriers to accessing the vaccine

- For one young mother, the issue of **childcare was a barrier to accessing the vaccine**. As the side effects of the vaccine can leave people feeling very unwell for some length of time, she said that she would need to make sure she had someone who could take care of her three children while she was ill.

“I have nobody else here to look after the kids whilst I’m in bed throwing up, or I’m in bed and I can’t get up. It’s like, can I risk being ill when I’ve got three children that riot?” 25-34, Female

“I would have to physically make sure that if I had the vaccine, I had somebody available that’s able to take care of the children if I am ill. So, it’s gone from yes I want it to I’m not really sure anymore.” 25-34, Female

- Another potential barrier is **fear of needles**. One participant mentioned that she has a strong fear of needles and vaccinations, stating that she would have a panic attack. She has heard that you are unable to bring people with you for the vaccine, which puts her off getting one due to her fear.
- However, while this fear is shared by other participants, some do not feel as though their fear of needles would have a big impact on their decision to get the vaccine.

“I’ve always felt like if there’s a vaccine, get it. Because, you know, it is helpful even if it’s just a little bit... I just don’t like needles” 18 to 24, Female.

Awareness and information of vaccines - General

- Most respondents are aware there are **different brands of the vaccine**, with many stating there are two key types – the Pfizer and the AstraZeneca vaccines. However, only one individual was able to name others, including Moderna, Johnson and Johnson and Sputnik.
- There also appeared confusion surrounding AstraZeneca and ‘*the Oxford vaccine*’ with a few questioning whether they were the same thing.

“It confuses me as to whether the Oxford vaccine is the same as one of those two [AstraZeneca or Pfizer] or if it’s a different thing.” – 25 to 34, Female

- When describing the differences between vaccines, **negative side effects or stories were often mentioned**. Most described the AstraZeneca vaccine as ‘*the one that causes blood clots*’ and report it can no longer be given to under 30s.

“The AstraZeneca vaccine, which I think is the one everyone's talking about blood cloths with, under 30s can choose whether they want that one, and then the Pfizer vaccine, I’ve not really heard if that badly affects anything.” – 25 to 34, Female.

- While other individuals report **news coverage of vaccines** having been positive at the beginning of the roll-out but has since turned negative.

“I’m not seeing anything positive about it if I’m honest, it’s all negative stuff... It could be false; it could be true... everything I’ve seen has been negative.” 25 to 34, Female.

- One individual believes vaccines, particularly the AstraZeneca have **become politicised**, describing some countries in the EU including France as scaremongering for political gain.

“The EU I would say have totally tried to undermined the AstraZeneca jab and then complained to the British Government they weren’t getting it, that all in my opinion came down to politics which is a disgrace.” – 55+, Male.

Awareness and information of vaccines – News

- A majority, both those who are vaccinated and those who are not, use **online sources for their information**, consulting the NHS and Government website, as well as other news websites and medical journals.
- However, those who **have not yet had the vaccine report being less trusting of public websites** including the NHS, the Government and public broadcasting services including the BBC – believing they peddle their own agenda to encourage others to have the vaccine.
- Another believes that **Government and official websites are not updated regularly enough**, and therefore are withholding changes of information surrounding the vaccine.

“The government website is going to tell you what it wants, and the NHS website is going to tell you what it wants and what it knows. But they don’t get updated every single day... It’s not every day that they’re updating the risks.” 25 to 34, Female.

- While one individual who has not yet had the vaccine describes an **overall distrust of information**, believing most is based on personal opinion and not fact, taking anything with a ‘pinch of salt’.

“It’s based on everyone’s opinions, it’s not facts anymore.” 25 to 34, Female.

- A majority of participants make a distinction between ‘reputable’ and ‘reliable’ websites with factual information, compared to ‘gossip’ websites or social media platforms described as having conspiracy theories and fake news articles.
- However, a couple of older parents report their children sending them **Facebook posts of vaccine stories** with negative side effects, to persuade them not to take the vaccine. These parents appear to place a lot of trust in their children’s opinions and the information they see and circulate could have adverse effects on likelihood to get the vaccine.

“[participant reads Facebook posts she has received from her son about medical issues people have had after having the vaccine] I mean I know its a low percentage but it makes me more wary than I already am, it makes me think I am right to be cautious.” 45 to 54, Female.

- For one participant who experiences chronic health issues including endometriosis and fatigue, she actively uses **social media including Instagram** to gather information from those who experience similar health issues to her. Currently, she feels there is not enough information about the possible side effects for people with illnesses like hers and instead gathers information and understanding from others.

“I follow people who experience similar health issues to me, who have had the vaccine or who have not, to see their experiences, if the vaccine has triggered any side effects or flared up our illnesses.” 25 to 32, Female.

Views of vaccines in school age children aged 12+

- A majority of parents **who have already had the vaccine are keen** for their children aged 12+ to partake in a school roll-out and would encourage them to do so as long as their children were happy to.
- Many saw the key benefits of vaccinating those in school age (12+) as ensuring the safety of their children while they interact with others in school and **reducing the risk to older members of their family and society**.
- A few commented that vaccinating children, the perceived key spreaders of the virus, could hopefully create a **firebreak and reduce the numbers of cases of Covid-19**.

“Yes, definitely. All of them. I think we’ve got to make a firebreak somewhere and it’s the youngsters they mingle a lot more at school and the rest of it, I think it’s a sensible thing to do, to push the number down, and to keep them and everybody else safe.” 45 to 54, Male.

- Some parents described the Covid-19 vaccine **as no different to administering the flu or HPV vaccine** to children while at school.
- However, **parents who have not yet had the vaccine are less keen** on their children to do so, echoing concerns of the speed of approval and unknown side effects.

“As far as I know, there’s not a lot of research on vaccines for children yet, more tests need to be done.” 25-34, Female

- Worries of **fertility** are mentioned here - with parents of school age girls concerned of the long-term impacts of having the vaccine during puberty, and wanting more information and research before allowing it.
- Likewise, some parents raise general health concerns and possible long-term side effects affecting **growth and development**, that are currently unknown, and for a few parents they are unwilling to take risks with their child’s health.

“Not at all because there’s been cases where women have become infertile through having the vaccine and they can’t have children, there’s no way I’m going to let her have a jab like that at 13 years old.” 35 to 44, Female.

Perceptions of the vaccine and “COVID passports”

- When asked if participants had heard of either a vaccine or covid passport, **all described being aware of the vaccine passport**, a form of document detailing whether an individual has had the vaccine or not.
- **Opinions** towards a vaccine passport were divided.
- For some who currently do not want the vaccine, they strongly felt the **passport would infringe their human rights**, questioning the legality of the concept.

“If people are discriminated against because of these passports directly, the government is going to face a lot of legal concerns because of human rights and civil rights... that brings up a whole other ball game, are the passports legal in the first place?” 45 to 54, Male.

- While others describe the passport as an unfair **form of punishment for exercising personal choice** and also hindering their quality of life by not being allowed to do the same as everyone else.

“I think it’s disgusting, you’re taking away people’s human rights on a choice that they have on their own, it is a choice to have the vaccine or not, you shouldn’t be punished by not being able to go on holiday, or shopping, or watch football matches or anything like that.” 35 to 44, Female

- While a few who describe the passport as unfair are **willing to sacrifice not being able to do certain activities**, either out of a sense of principle not being forced to take the vaccine or because they are not interested in socialising or activities the passport would permit.

“Yeah I would forfeit things at this moment in time, I don’t want to be forced to take it.” 25-34, Female

- A few believed the introduction of a vaccine passport would be **discriminatory for individuals who cannot have the vaccine** due to medical reasons. One individual who experiences chronic illness and allergies (including penicillin) was concerned a vaccine passport was not fair on people like herself, possibly taking chances away to do things because they might not be able to get the vaccine.

“There are those who cannot have vaccines, not for political reasons but for medical reasons, it’s wrong that they can’t travel, what do you do with that percentage that can’t have it?” 55+, Male.

Perceptions of the vaccine and “COVID passports” – continued

- Most individuals **who have had at least one dose support the vaccine passport** believing it would keep others safe while allowing things to reopening.
- One person referenced **seeing concerns online of how the data gathered from vaccine passports could be maliciously used** for an all-knowing and controlling Big Brother state; they however disregarded this notion and believed if individuals have nothing to hide they should be willing to have the passport.

“I’ve seen various things on social media about Big Brother and all the rest of it, but as with anything, if you’ve got nothing to hide, what’s the problem?” 55+, Male.

- Another concern of the vaccine passport for a mother is by not allowing certain individuals into pubs, it could **encourage anti-social behaviour** with more people, especially young, to loiter on the streets and parks drinking instead, making areas which her family live unsafe.

“I don’t think that would work personally because I think young people would go to the shop, get a bottle of cider and sit in a park. If they don’t get to go to the pub, it’s going to be worse, you’re going to have them sat on the streets.” 25 to 34, Female.

- Once explained potential alternative “COVID passports” – drawing on a negative test or anti-bodies after recently having coronavirus, not only due to having the vaccine – **most who had not yet had the vaccine preferred this idea**. Many believed a passport based on testing addressed inequalities of not having the vaccine, being able to have the same experiences as those with vaccines.

“I’d be OK with it if it’s just to do with covid testing, I think it’s helpful.” 18 to 25, Female.

- Although one individual remains sceptical that Covid passports for going on holiday describing it **money-making scheme** benefiting private businesses, reporting seeing online that tests at airports are often around £150-200, in turn excluding the chance for young families to afford to go on holiday.

“In the UK the airport tests are between £150 and £200 so it’s a business and that’s wrong. I would support the Covid passport if tests were reasonably priced but not something extortionate.” 55+, Male.

The vaccine and coronavirus variants

- With the **spread of the new variant** many raised concerns as to whether the current vaccines will be effective, stating there is currently not enough information in the public domain addressing this question.

“It makes me think ‘[will] people that have had the vaccine now...be immune from the Indian variant or not?’ So that is another question, will they have to have another vaccine for that variant” 55+, Female.

- One individual reported seeing on the news an **increase of those taking the vaccine in Bolton and other areas**, after the spread of the new variant first found in India, believing this has been a good outcome but remains slightly sceptical about whether it is a scheme by the government to increase uptake of the vaccine.

“I think the new variant has pushed people in some areas to get the vaccine, but I hope this wasn’t a ploy by the Government, but it was a good thing if it did.” 55+, Male.

- Meanwhile, the emergence of the often referred to ‘Indian’ variant has **increased the experience of racism** for one family, with their children at school experiencing comments from their peers.

“ My daughters hear, ‘you shouldn’t be in school because you lot are spreading the virus’, but my daughter is witty and will say just don’t come near me if you think I’ve got the virus.” 35 to 44, female

