



Safely Managing COVID-19: Greater Manchester Population Survey

Extra demographic analysis

November 2021

Benchmark report, based on fieldwork undertaken in February-April 2021

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Introduction and methodology

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Background and methodology

Background

- Between November 2020 and December 2021, Greater Manchester Combined Authority – on behalf of Greater Manchester partners – have undertaken regular residents' surveys to explore the significant impacts of the coronavirus pandemic on individuals, communities and the city region of Greater Manchester (GM) as a whole.
- It was known that the nature and extent of these impacts were not evenly experienced across the population, and that different communities were unequally equipped and empowered to stop the spread of the virus and its resulting impacts.
- BMG Research was commissioned to carry out and analyse the online and telephone (CATI) surveys, each with at least 1,000 respondents of Greater Manchester each time (comprised of at least 100 from each of Greater Manchester's local authority areas).
- Quotas ensure samples broadly reflect the population by gender, age, ethnicity and disability, with further consideration for wider protected and key characteristics.
- Although some questions have varied as issues and priorities have changed during the pandemic, the surveys focus in particular on:
 - feelings and concerns (life satisfaction; anxiety; perceived risks; specific concerns)
 - Impacts (experiences of Covid and self-isolation; wider impacts inc. employment)
 - attitudes and behaviours (towards guidelines, restrictions, vaccine, test & trace)
 - profiles / characteristics (for analysing results)
- The research has provided crucial ongoing insight into the pandemic, both across Greater Manchester as a whole, and within the 10 local authorities. This has:
 - helped ensure communications and engagement activities are insight-led and appropriately delivered and targeted;
 - supported the behaviour change that needs to be inspired across the population to stop the spread of coronavirus and its unequal impacts;
 - informed wider elements of the city region and local authority pandemic responses – such as equalities impacts assessments, the vaccine roll-out, and additional support for residents to self-isolate when required.
- Detailed reports from each of the surveys undertaken are available from the [GMCA website](#), or by searching online for "GMCA Covid surveys"

Deeper analysis for some priority parts of the population

- While working to robust sample sizes with quotas and weightings for characteristics, the frequency and methodology meant results from individual surveys would primarily be analysed at a whole population level, where we could be most confident in the findings reflecting the views, behaviours and experiences of our residents overall.
- Alongside, indications are given where there are statistically significant differences in results for specific parts of the population. This helps identify potential issues that might otherwise remain hidden, for following up through communications and in more detail through more localised approaches, such as Community Champions programmes.
- As the surveys have progressed, we can obtain larger numbers of responses on issues by bringing together findings for questions asked consistently on multiple occasions. This larger combined sample size gives greater confidence in analysing the results at a more segmented level, providing an opportunity to explore in more detail how the pandemic is impacting the lives of some significant minority parts of the population.
- As part of the Greater Manchester-level activity in support of local areas' Community Champions programmes, BMG was therefore commissioned to produce this additional analysis report focusing on the coronavirus experiences of four key population groups:
 - residents of most deprived neighbourhoods (in quintile 1 of the Index of Multiple Deprivation, the most deprived 20 per cent of neighbourhoods in the country);
 - Ethnic minority residents, including Asian, Black and White non-British
 - with high anxiety and/or low life satisfaction; and
 - with disabilities and/or mental ill health.

These groups were chosen both because they each make up a significant enough part of our population to achieve robust sample sizes by combining results, and because they have been identified as priorities for a majority of Greater Manchester local areas' Community Champions activities.
- This deeper analysis is informing the development of these local Covid-19 Community Champions activities, and providing a benchmark for evaluating their effectiveness. The findings are also being made available to a wider network of partners to help plan wider actions for the city region's priorities of building back fairer from the coronavirus pandemic, tackling inequalities and transforming population health.

Report contents and guidance

Report contents & guidance

- This report focuses specifically on four demographic groups and is based on their combined responses from the three surveys conducted in February, March and April 2021.
- The analysis focuses on key indicators from the whole population surveys, and how results for these groups differ compared with the average for Greater Manchester among 'all respondents'. Where possible (i.e. where robust base sizes of at least 50 respondents are available) differences by sub-groups (e.g. by age and gender) within these broader groups are also reported.
- The combined sample sizes for the demographic groups which this report focuses on allow us to identify significant differences between these groups and the total sample. These differences have been calculated to be significant at a 95% level of confidence – i.e. where marked as such, we are 95% confident that the value is significantly different.
- The findings were primarily intended to inform local areas' Covid-19 Community Champions activities, and provide a benchmark for evaluating their effectiveness. They are also being made available to wider partners to help plan their wider actions for tackling inequalities and transforming population health.
- **It is important to note that the findings are intended to guide priorities for further activities – although based on robust sample sizes, this should not be viewed in isolation as a definitive guide to any individual groups' experiences of the coronavirus pandemic.**

Demographic group		Survey 4 (February 21)	Survey 5 (March 21)	Survey 6 (April 21)	Total	
1. Residents of most deprived neighbourhoods		376	350	372	1,098	
2. Ethnic minorities, including...	a. Asian or Asian British	52	65	73	190	487 ethnic minorities in total (i.e. any respondents not White British)
	b. White non-British	33 (14 Irish, 1 Gypsy/Irish traveller, 10 Eastern European, 8 other white)	41 (11 Irish, 13 Eastern European, 17 other white)	46 (11 Irish, 2 Gypsy/Irish traveller), 10 Eastern European, 23 other white)	120	
	c. Black or Black British	30	33	26	89	
3. Residents with high anxiety / low life satisfaction		407 high anxiety 239 low life satisfaction	371 high anxiety 191 low life satisfaction	328 high anxiety 147 low life satisfaction	1,683 (1106 high anxiety 577 low life satisfaction)	
4. Residents with disabilities / mental ill health		191 (86 mental ill health, 79 mobility, other bases below 50)	202 (87 mental ill health, 88 mobility, other bases below 50)	213 (82 mental ill health, 110 mobility, other bases below 50)	606 (255 mental ill health, 277 mobility, other bases below 50)	



Overview of findings

Residents of most deprived neighbourhoods [page 7](#)

Ethnic minority residents, including Asian, Black and White non-British [page 8](#)

Residents with high anxiety / low life satisfaction [page 9](#)

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Residents of most deprived neighbourhoods – at a glance

For full details see [pages 11 - 35](#)

Profile & characteristics

Defined as: Living in postcode areas classified as “quintile 1” in the Index of Multiple Deprivation, so among the 20% most deprived neighbourhoods in the country. Approximately 36% of Greater Manchester residents live in such areas (see [page 12](#) for further detail).

More likely to be: Aged 18-24 / Muslim / an ethnic minority / living in Manchester / living with children / disabled

Coronavirus impacts

- Significantly more likely to have tested positive for coronavirus, or think they have had the virus; this is particularly high in those under the age of 45 in the group.
- Significantly less likely to fully comply with self-isolation, with the main reason for not doing so being to get food or other essential goods.
- Significantly more likely to:
 - have lost their job/ been made redundant
 - be working reduced hours because of the pandemic, especially men and under 45s
 - needed to borrow money
 - needed to use a foodbank
 - gone without eating for a whole day because of lack of resources
- Specific impacts are especially focused on those under 45 and ethnic minorities

Feelings and concerns

- Significantly lower life satisfaction
- Anxiety levels are particularly high among women and those unemployed or self-employed
- Significantly more likely to be very or extremely worried about COVID-19.
- Significantly more likely to see COVID-19 as a risk – to them personally, their friends or relatives, their local community, and the UK as a whole.
- Significantly more likely to have big concerns / difficulties about:
 - their mental health
 - their ability to access GPs/doctors
 - their work/employment situation
 - caring for/supporting vulnerable/elderly people

Attitudes and behaviours

- Significantly less likely to agree COVID-19 restrictions are necessary, fair, focused on protecting people’s health, and effective for stopping coronavirus spreading.
- But significantly more likely to agree restrictions are focused on protecting the economy.
- Significantly less likely to comply with COVID-19 restrictions and guidelines all the time (other than opening doors and windows).
- Significantly more likely to give finances and lack of trust in Government advice as reasons for not complying with restrictions.
- Significantly more likely to have used public transport in the last 7 days.
- Significantly more likely to visit a pub, café, bar or restaurant in the next 2 weeks.
- Significantly more likely to take rapid asymptomatic COVID-19 tests once a week.

Ethnic minority residents – at a glance

For full details see [pages 36 – 58](#)

Profile & characteristics

Defined as: People describing their ethnicity as anything other than White British. Due to their size in the survey samples, and the Greater Manchester population as a whole, this section looks in particular detail at Asian, Black and White non-British residents.

More likely to be: Muslim / in the most deprived neighbourhoods / aged 18-24 / educated to degree level / working from home / living with children

Coronavirus impacts

- Significantly more likely to say they have had COVID-19.
- Significantly more likely to have had to self-isolate, especially after being in close contact with others who have tested positive.
- Significantly more likely to give work as the reason if not fully self-isolating.
- For those aged under 45, significantly more likely to have lost their job, eaten less than they should and felt the impact on their finances.
- Significantly more likely to have worked reduced hours, been furloughed, or had reduced pay/income.
 - White non-British are significantly more likely than other ethnic minorities to have been furloughed.
- Significantly less likely to feel their employer is offering a greatly safe working environment.
- Significantly less likely to feel they are working more efficiently from home.

Feelings and concerns

- Significantly less likely to express high life satisfaction
- Significantly more likely to express high anxiety
- Significantly more likely to be concerned about all areas except their children's education.
- For those aged under 45, significantly more likely to see COVID-19 as a risk to them personally.
- Asian/ Asian British respondents more likely to see COVID-19 as risk to their friends or relatives.
- Asian/ Asian British respondents significantly more likely to say their physical health, children's education, and caring for or supporting vulnerable/elderly people are big concerns/difficulties.

Attitudes and behaviours

- Significantly more likely to feel restrictions have lasted too long, and to not fully comply with restrictions for financial reasons.
- For those aged under 45, significantly more likely to disagree that restrictions are necessary, focused on protecting people's physical health, considerate of mental health, and effective at stopping coronavirus spreading.
- For those aged over 45, significantly more likely than younger people from ethnic minorities to wear a face covering when required, socially distance and limiting contact with people
- Significantly more likely to take rapid tests once a week or less frequently.
- For those not taking rapid tests, conflict with their personal beliefs is significantly more likely to be a reason why
- For those not vaccinated, significantly more likely to say it is because they have already had coronavirus so don't need the vaccine.

Residents with high anxiety / low life satisfaction – at a glance

For full details see [pages 59 - 83](#)

Profile & characteristics

Defined as: People who gave a number of between 6 and 10 when asked to rate out of 10 “how anxious did you feel yesterday”, or people who gave a number of between 0 and 4 when asked to rate out of 10 “how satisfied are you with life nowadays”.

More likely to be: Women / disabled / aged 25-34 / living with children / Asian / Muslim / unemployed

Coronavirus impacts

- Both those with low life satisfaction and high anxiety are significantly more likely to have seen their employment situation change, and not feel their employer offers a greatly safe environment.
- Those with high anxiety are significantly more likely to have tested positive for COVID-19.
- Also significantly more likely to have had to self-isolate, but less likely to have fully complied.
- Those with low life satisfaction are significantly more likely to have eaten less and gone without eating for a full day due to lack of resources.
 - Those under 45 are significantly more likely to have needed to use a foodbank and gone for a full day without eating.
- They are significantly more likely to feel their employer has not been considerate of their mental health or wellbeing issues.

Feelings and concerns

- There is a strong correlation between those with high anxiety and those with low life satisfaction (i.e. those with low life satisfaction are likely to be highly anxious and vice versa).
- Both those with low life satisfaction and high anxiety are significantly more likely to be very or extremely worried about COVID-19.
- Those with high anxiety aged 45+ are significantly more likely to see COVID-19 as a major risk to themselves, friends/relatives, their local community, the economy and the UK as a whole.
- Under 45s with high anxiety are significantly more likely to have concerns for their physical and mental health, work/employment situation and finances.

Attitudes and behaviours

- Both those with low life satisfaction and high anxiety are significantly more likely to disagree local restrictions are necessary, fair, and considerate of people’s mental health.
- Those with low life satisfaction are significantly more likely to not fully comply with restrictions due to confusion and not trusting the advice.
- Their barriers to getting vaccinated are significantly more likely to be worries about safety and side effects.
- Those aged under 45 are more likely to disagree that restrictions are necessary and considerate of people’s mental health.
- Those with high anxiety are significantly less likely to comply with COVID-19 restrictions all of the time, apart from letting fresh air indoors.
 - They are significantly more likely to give other people not complying and feeling restrictions have lasted too long as reasons.

Residents with disabilities / mental ill health – at a glance

For full details see [pages 84 - 105](#)

Profile & characteristics

Defined as: People who say they consider themselves to have one or more of either a learning, mobility, sensory or other disability, or mental ill health

More likely to be: Women / not working or working at home some of the time / educated at non-degree level / White / in the most deprived neighbourhoods

Coronavirus impacts

- Significantly less likely to fully comply with self-isolation, and give impacts on potential/future work as reason for not doing so.
- Significantly more likely to have worked reduced hours
- For those attending the workplace, significantly more likely to not feel greatly safe as employer not being considerate of mental health/wellbeing issues.
- For those not attending their usual place of work, significantly more likely to be anxious about being around more people and coming into contact with someone who has the virus when they return to their workplace
- For under 45s, significantly more likely to have had to self-isolate.
- For those with mental ill health, significantly more likely to have personally ignored any wider health worries and needed to borrow money during the pandemic.

Feelings and concerns

- Significantly more likely to be concerned about COVID-19.
- For those aged over 45, significantly more likely to see COVID-19 as a risk to themselves.
- Significantly more likely to have low life satisfaction and high anxiety – especially those with mental ill health.
- For those with mental ill health, significantly more likely to be concerned about their mental health, relationship with their partner, finances, ability to access a GP and caring for or supporting vulnerable/elderly people.

Attitudes and behaviours

- Significantly more likely to disagree that restrictions are fair, considerate of mental health and effective at stopping the spread of the virus.
- Significantly less likely to wear a face covering and limit contact with people who they do not live with.
- Significantly less likely to self-isolate for the full amount of time if told to.
- Significantly more likely to give not trusting the Government advice as a reason for not following restrictions / guidelines.
- Significantly less likely to visit a pub, café, bar or restaurant as restrictions were eased.
- If unvaccinated, significantly more likely to give being frightened of needles as a reason.
- Likelihood of using rapid COVID-19 tests is in line with the GM average.



Residents of most deprived neighbourhoods

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Indices of Multiple Deprivation

How we quantify the most deprived neighbourhoods

The Index of Multiple Deprivation, commonly known as the IMD, is the official measure of relative deprivation in England. It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions. It ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.

The measures are based on a variety of data sources most of which are from 2015/16 but range from 2008 to 2018. The overall population measure used is the ONS mid-year population estimates from 2015, 2016 and 2017.

The Index of Multiple Deprivation (IMD) combines information from the seven domains to produce an overall relative measure of deprivation. The domains are combined using the following weights:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)



Typical profiles and characteristics

Those who are in the most deprived neighbourhoods are more likely than the Greater Manchester average to be:

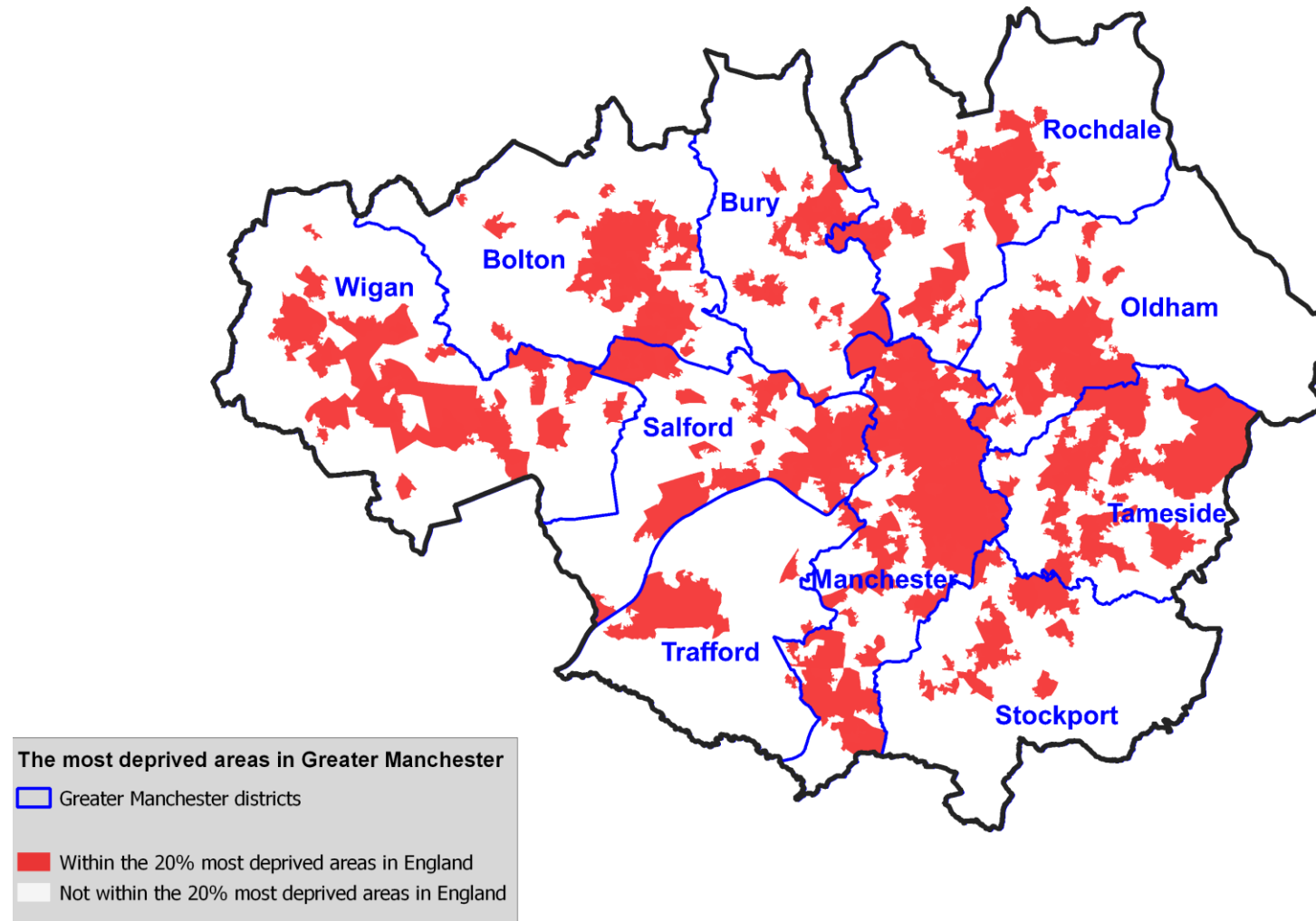
- aged 18-24 (21%; 15% GM) or 35-44 (20%; 18% GM)
- living with children (39%; 34% GM)
- in part time paid work (15%; 13% GM)
- studying at school or college (3%; 2% GM)
- out of work for more than 6 months (6%; 4% GM), and/or not in work due to ill health or disability (7%; 4% GM)
- if in work, attending their workplace at least some of the time (68%; 64% GM)
- disabled (25%; 19% GM), including a mental ill health (12%; 9% GM) or mobility disability (10%; 8% GM)
- from an ethnic minority background (31%; 20% GM), including Asian (17%; 10% GM) and Black (5%; 3% GM)
- Muslim (18%; 10% GM)
- not heterosexual (13%; 10% GM), in particular bisexual (7%; 5% GM)
- living in Manchester (28%; 19% GM), Oldham (11%; 8% GM), Rochdale (10%; 8% GM), Salford (10%; 9% GM), or Tameside (10%; 8% GM)

Those who are in the most deprived neighbourhoods are less likely than the Greater Manchester average to be:

- aged 55-64 (10%; 14% GM), 65-74 (7%; 10% GM) and 75+ (5%; 8% GM)
- without children (55%; 60% GM)
- retired (12%; 19% GM)
- educated to degree level (31%; 36% GM)
- speakers of English as a first language (86%; 91% GM)

Typical profiles and characteristics

Residents in the highlighted areas live in the most deprived neighbourhoods of Greater Manchester:



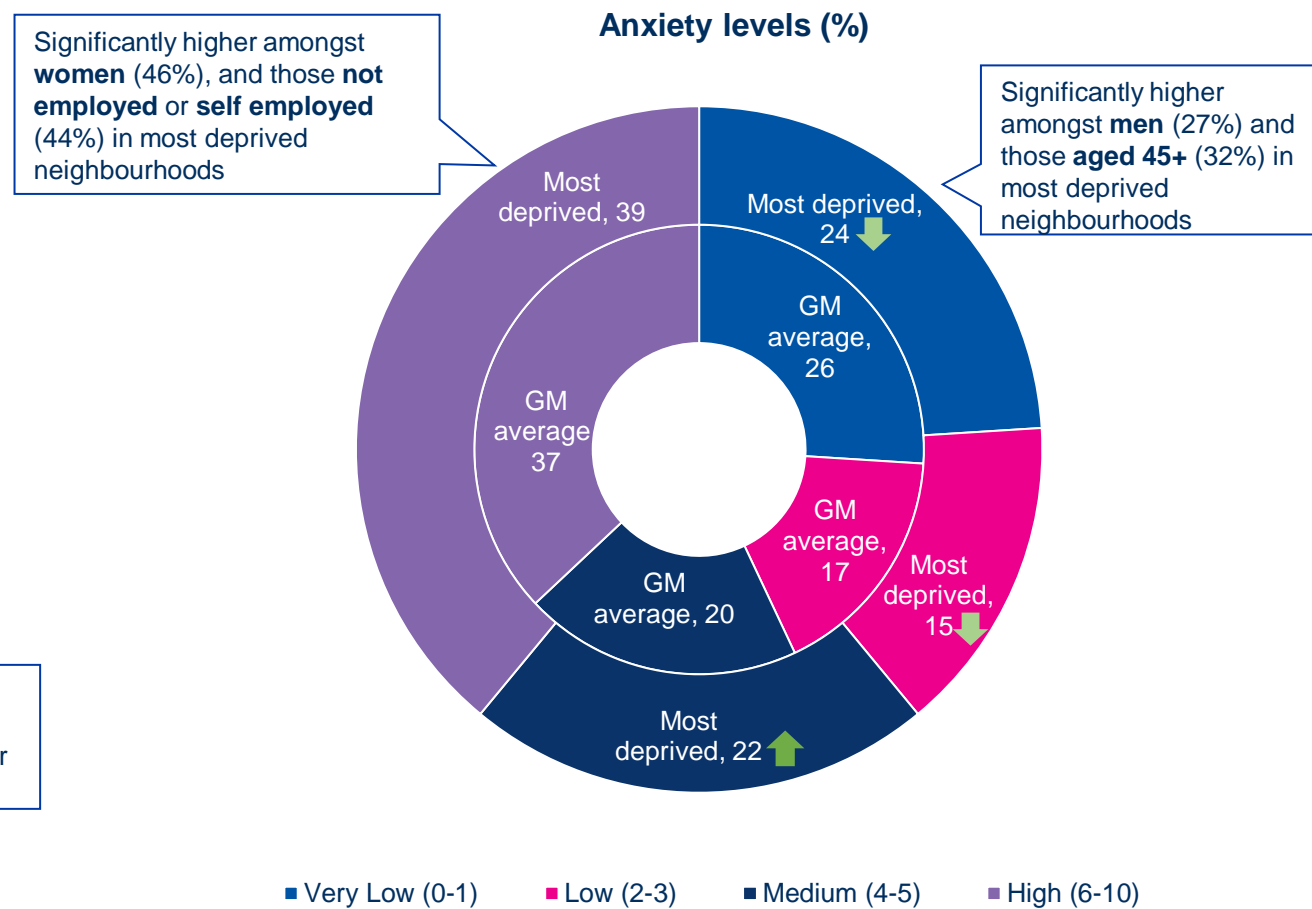
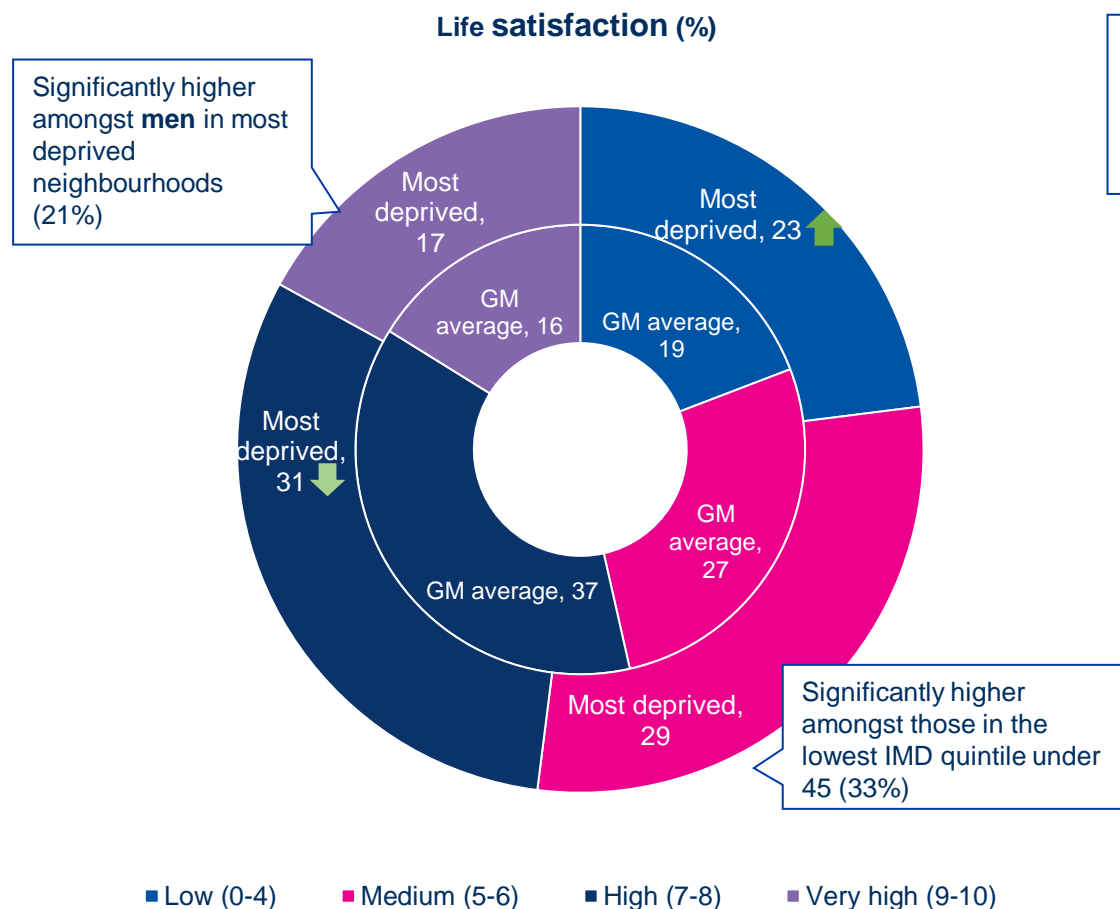


Feelings and Concerns

Residents of most deprived neighbourhoods

Life satisfaction and anxiety levels

Respondents in the most deprived neighbourhoods are significantly more likely to express low satisfaction with life, while significantly less likely to express low or very low anxiety levels.

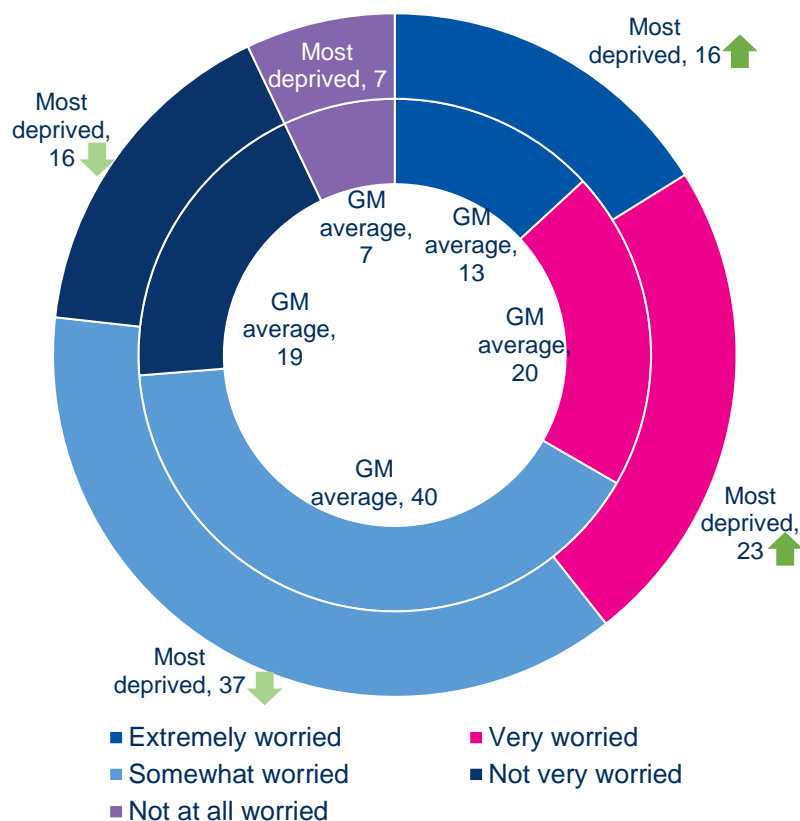


↑↓ Significantly higher/lower compared to GM average

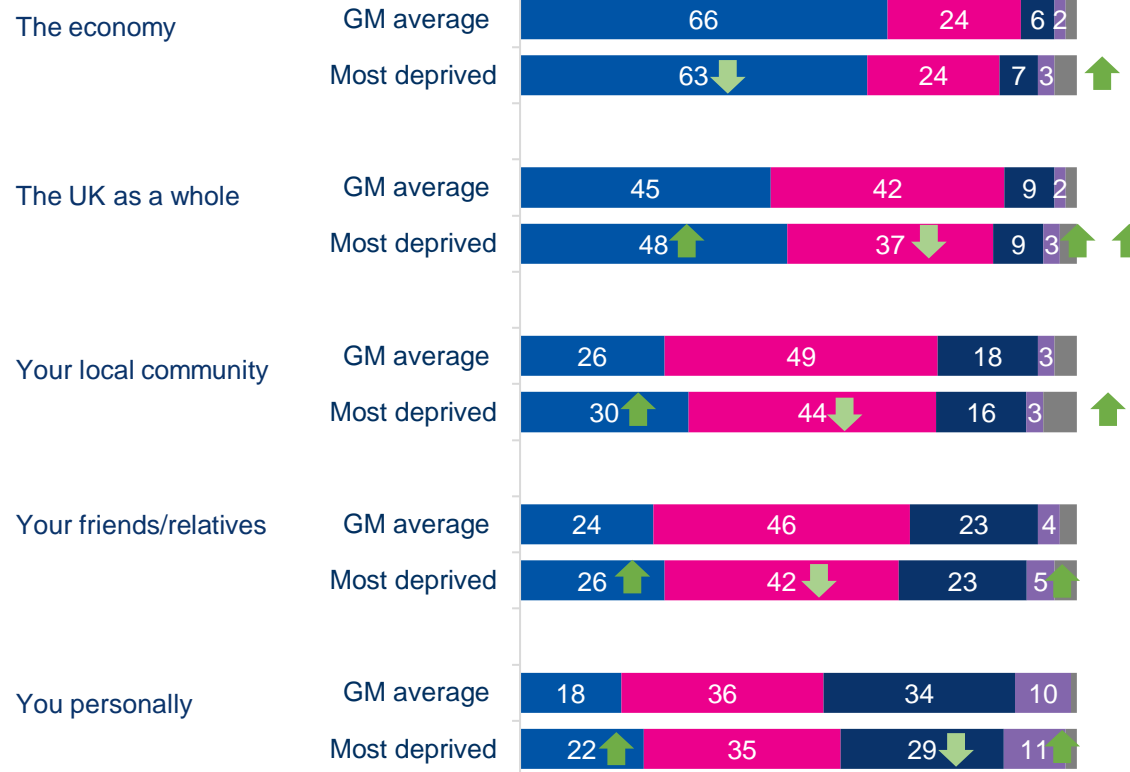
Concerns about and perceived risks of COVID-19

Respondents are significantly more likely to be extremely or very worried about COVID-19 when compared to the Greater Manchester average.

Overall level of concern about COVID-19 (%)



Perceived risk of COVID-19 (%)

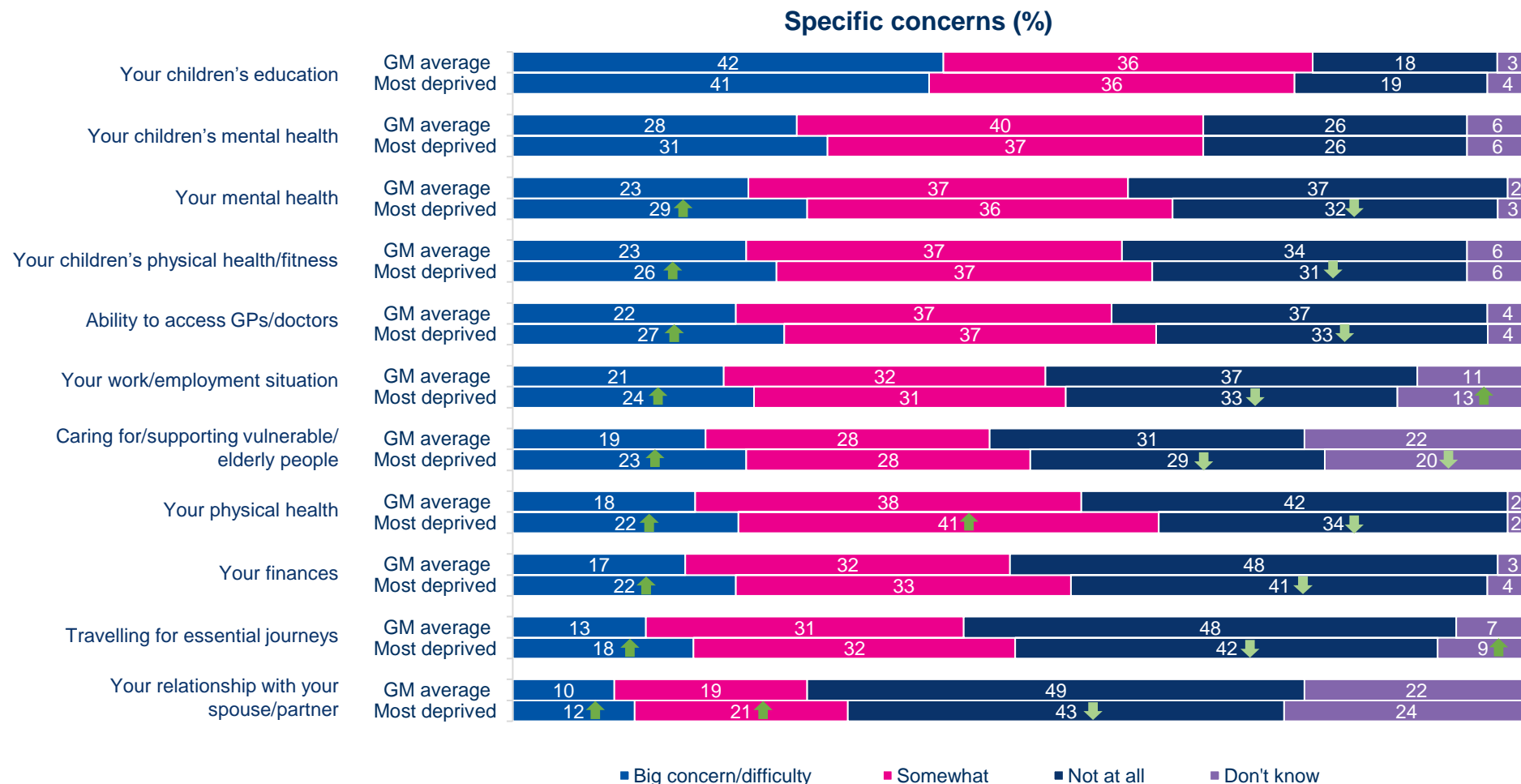


Respondents in the most deprived neighbourhoods who are **aged 45+** are significantly more likely to see COVID-19 as a major risk to:

- themselves (29% vs. 22% average GM)
- their local community (37% vs. 30% average GM)
- Their friends and relatives (32% vs. 26% average GM)

Specific concerns as a result of the COVID-19 pandemic

With the exceptions of children's education and children's mental health, a significantly higher proportion of respondents from most deprived neighbourhoods find the following areas a big concern/difficulty compared to the average for the population:



Those **under 45** in most deprived neighbourhoods are significantly more likely to see the following as a big concern/difficulty:

- physical health (25% vs 22% average GM respondent in the lowest IMD quintile)
- mental health (36% vs 29%)
- relationship with their spouse/partner (15% vs 12%)
- finances (26% vs 22%)
- caring for and supporting vulnerable/elderly people (25% vs 23%)

Women in most deprived neighbourhoods are significantly more likely to see the following as a big concern/difficulty:

- physical health (25% vs 22% average GM respondent in the lowest IMD quintile)
- finances (25% vs 22%)



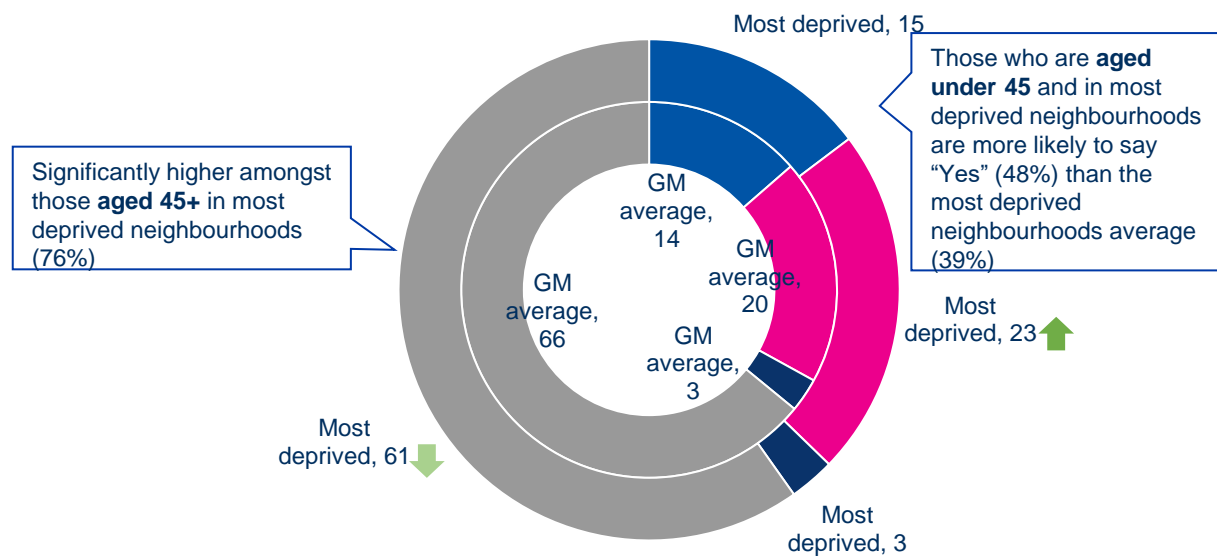
COVID-19 Impacts

Residents of most deprived neighbourhoods

Those who had COVID-19 and those who have self-isolated

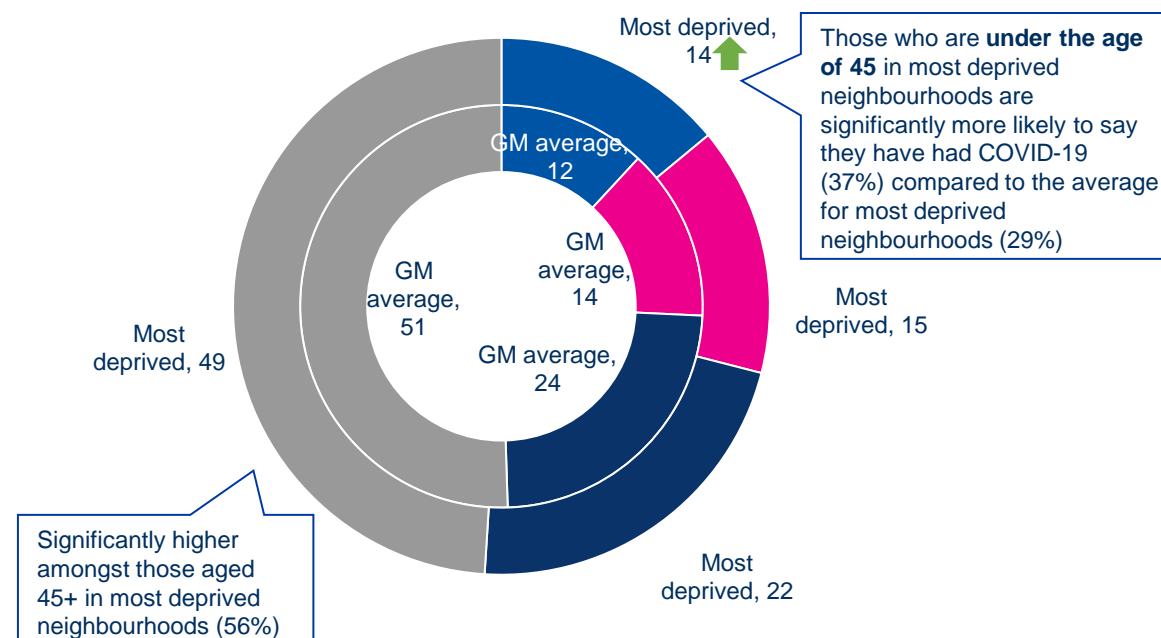
A significantly higher proportion of respondents in most deprived neighbourhoods have had to self-isolate, when compared to the Greater Manchester average. A significantly higher proportion also say they have definitely had COVID-19.

Whether they've had to self-isolate due to COVID-19 (%)



- Yes - because had symptoms/tested positive
- Yes - because of being in close contact with someone with symptoms/who'd tested positive
- Yes - other
- No

Whether they've had COVID-19 (%)



- Yes - I've definitely had it/got it and had it confirmed by a test
- Yes - I think I've probably had/got it, but not had a test to confirm
- I don't know whether I've had it
- No - I've definitely not had it

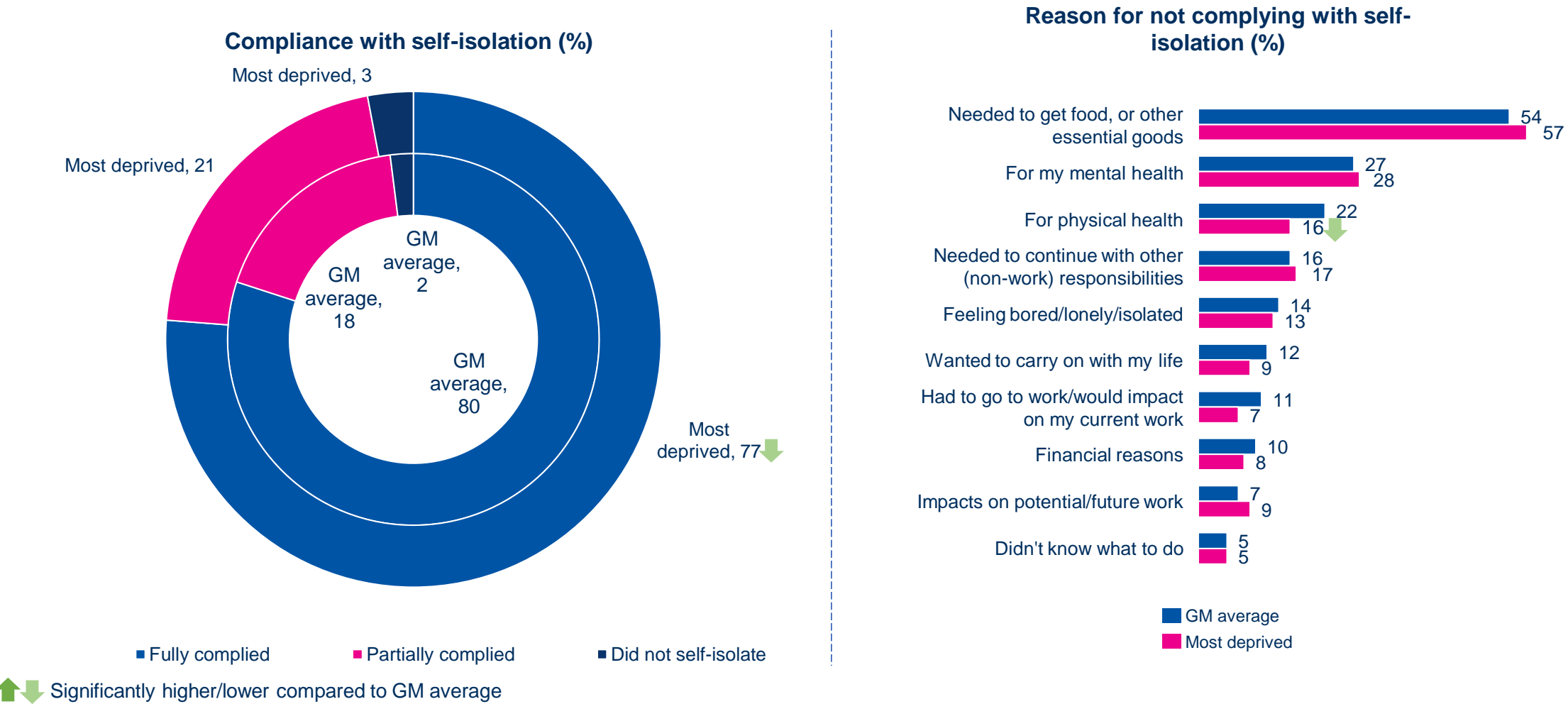
↑↓ Significantly higher/lower compared to GM average

B25. Have you needed to self-isolate due to symptoms, a positive test, or being a close contact of someone with coronavirus? / B24. Do you know, or think, you have had coronavirus?

Base: All Respondents from Surveys 4-6 (n=3018) and all from the lowest IMD quintile from surveys 4-6 (n=1098)

Self-isolation compliance

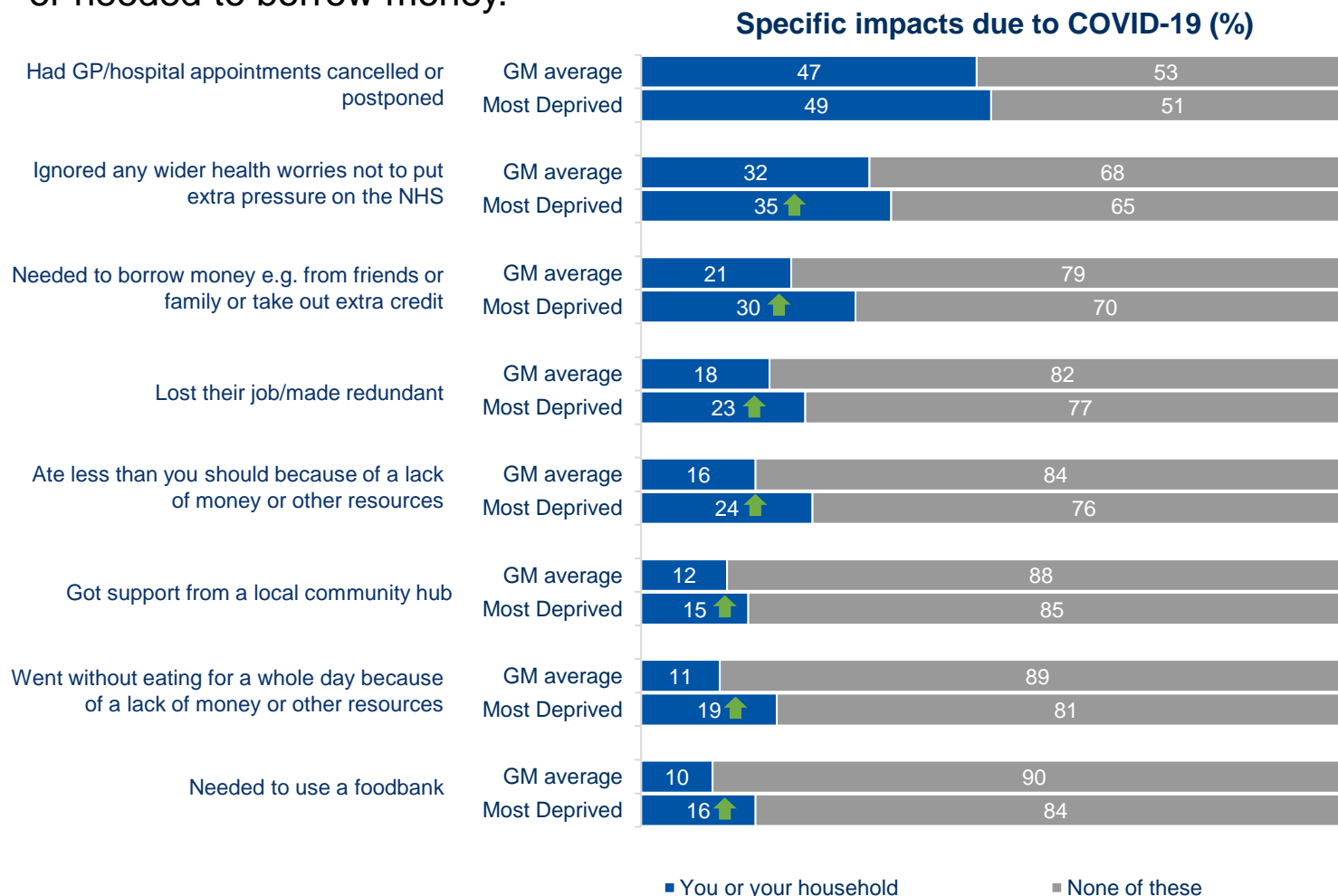
Respondents in most deprived neighbourhoods were significantly less likely to fully comply with self-isolation rules compared to the Greater Manchester average. The reason was significantly less likely to be because of physical health.



B25a. Which of the following best describes what you did in your most recent period of self-isolation? Base: All needed to self isolate from Surveys 4-6 (n=950 and all needed to self isolate in lowest IMD quintile from surveys 4-6 (n=401)
B25b. Why did you not fully comply/self-isolate? Base: All did not self isolate from Surveys 4-6 (n=186) and all did not self isolate in lowest IMD quintile from surveys 4-6 (n=91)

Specific impacts of COVID-19

When compared to the Greater Manchester average, a significantly higher proportion of respondents of most deprived neighbourhoods have lost their job/been made redundant, got support from a local community hub, needed to use a foodbank, or needed to borrow money.



Those aged **under 45** in most deprived neighbourhoods are significantly more likely to have personally experienced:

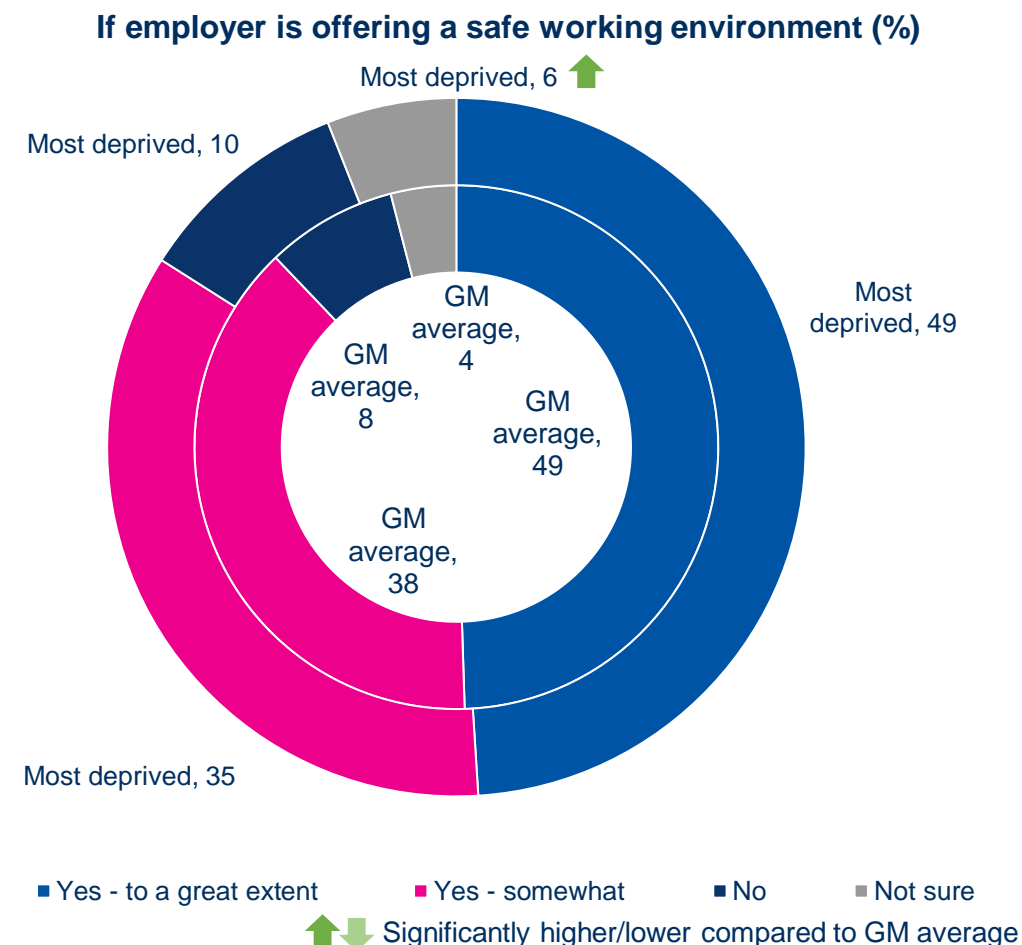
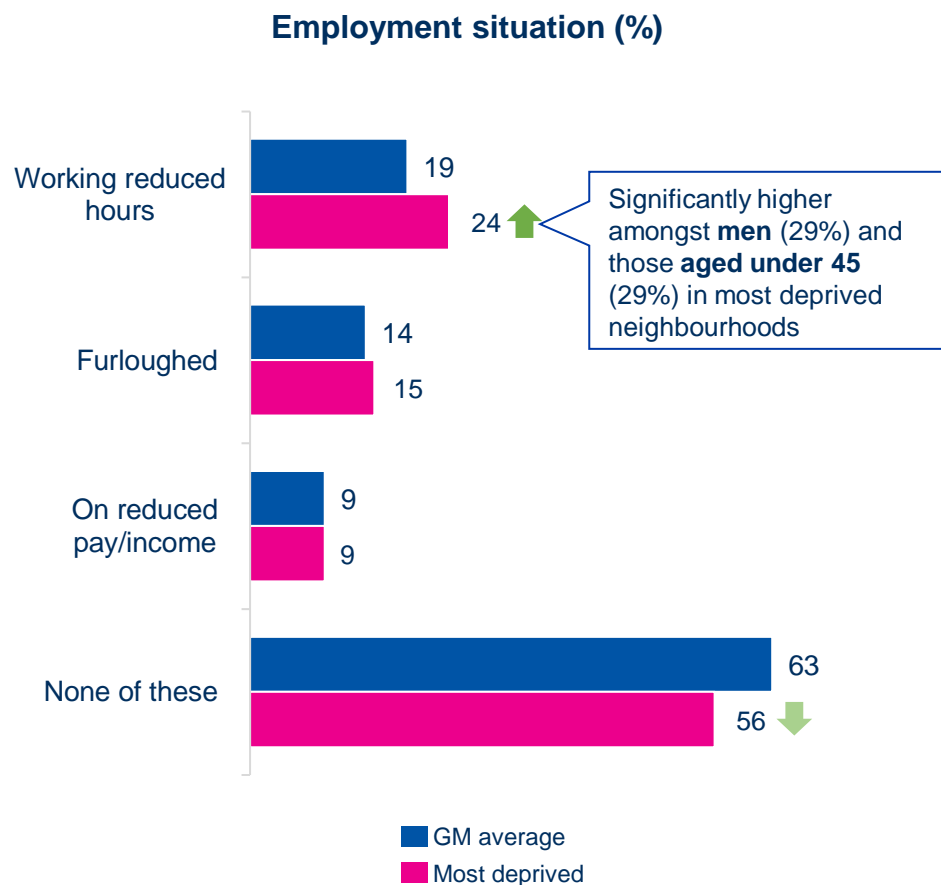
- Losing their job/being made redundant (15% vs 11% lowest IMD quintile GM average)
- Getting support from a local community hub (10% vs 8%)
- Needing to use a foodbank (12% vs 10%)
- Needing to borrow money (e.g. from friends or family or taking out extra credit) (26% vs 21%)
- Eating less than they should have because of a lack of money or other resources (21% vs 17%) or gone without eating for a whole day because of a lack of money or other resources (17% vs 13%)

Ethnic minorities in most deprived neighbourhoods are significantly more likely to report someone else in their household experiencing:

- Losing their job/being made redundant (24% vs 12% lowest IMD quintile GM average)
- Having GP/hospital appointments cancelled or postponed (36% vs 28%)
- Ignoring wider health worries so as not to put pressure on the NHS (28% vs 16%)
- Needing to borrow money (e.g. from friends or family or taking out extra credit) (18% vs 12%)

Impacts on employment

As a result of the COVID-19 pandemic a significantly higher proportion of respondents in most deprived neighbourhoods worked reduced hours. The feeling around safe working environments is largely in line with the GM average.

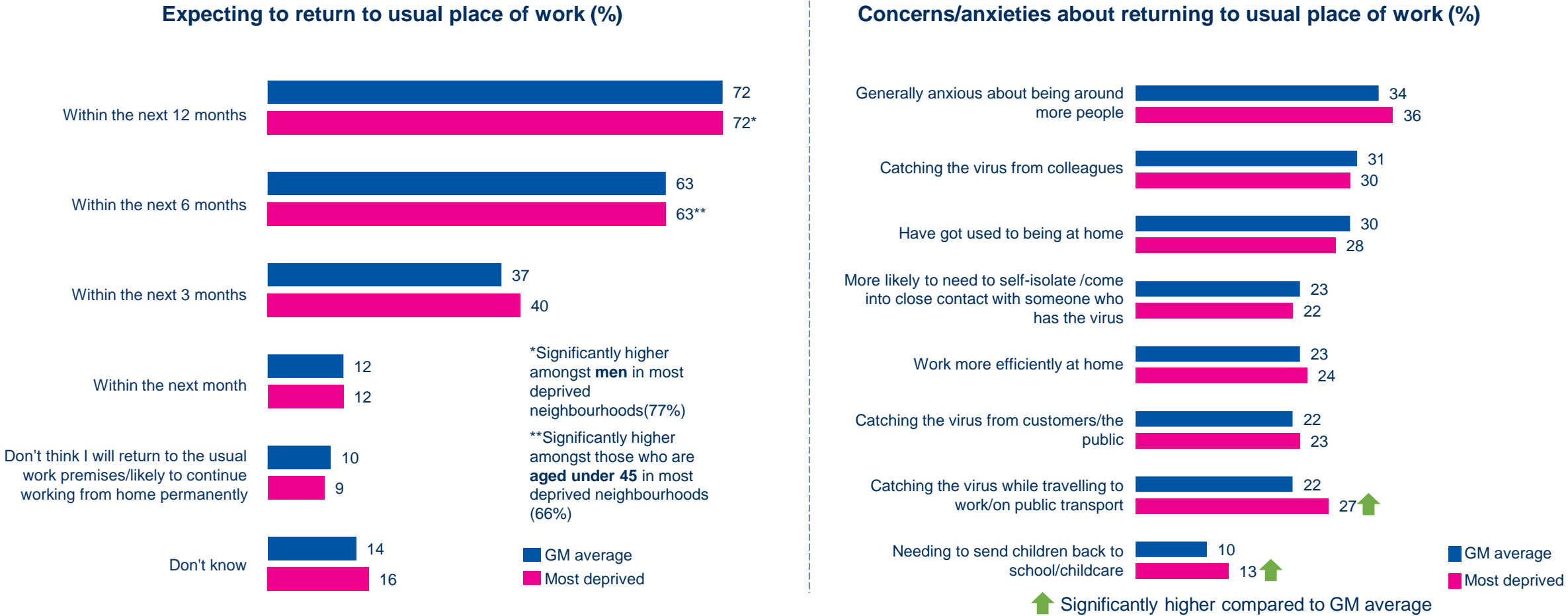


B20B. As a result of the coronavirus/COVID-19 pandemic are you currently. Base: All employed from Surveys 4-6 (n=1633) and all employed in lowest IMD quintile from surveys 4-6 (n=590)

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? Base: All employed and not working from home from Surveys 4-6 (n=1084) and all employed and not working from home in the lowest IMD quintile from surveys 4-6 (n=410)

Returning to usual place of work

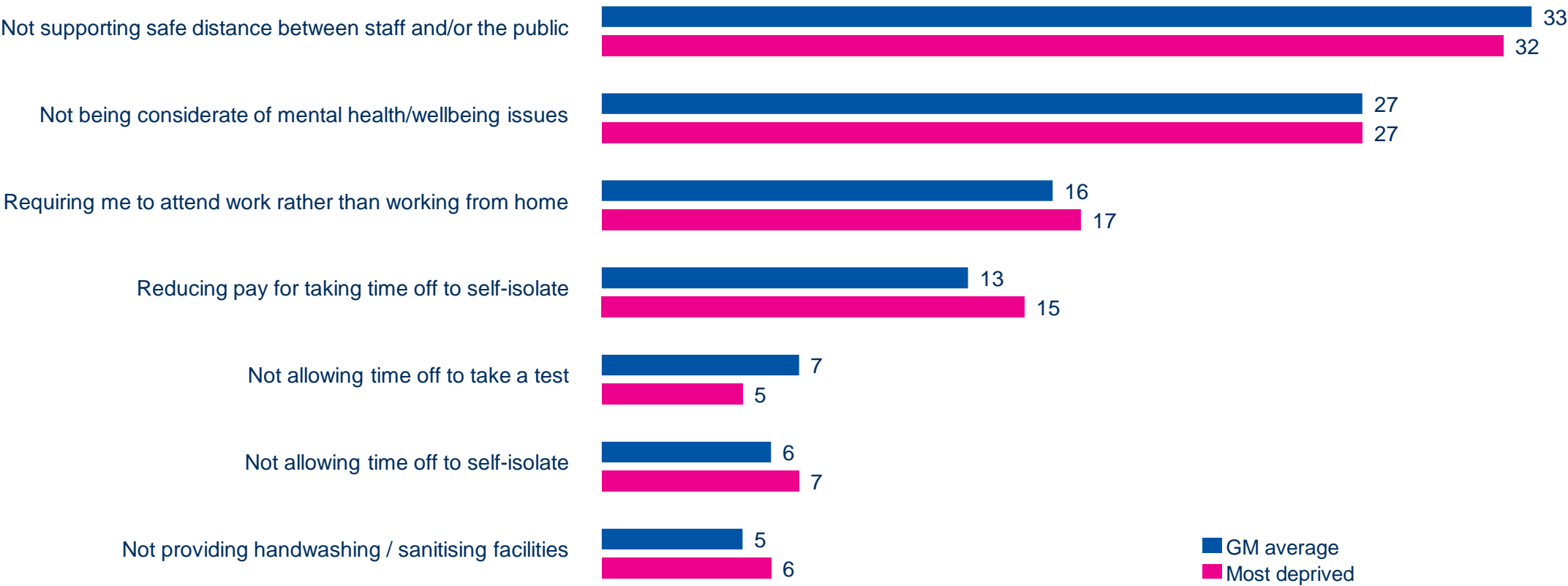
There is no significant difference around expected return to the workplace for residents in most deprived neighbourhoods, compared to Greater Manchester as a whole. But those in most deprived areas are significantly more likely to be worried about catching the virus while travelling on public transport for work, and needing to send children back to school/childcare.



Ways working environment is not safe

Respondents in most deprived neighbourhoods are generally in line with the Greater Manchester average in the ways their employer is not providing a safe working environment; not supporting safe distancing is the main issue for both.

Ways employer has not been providing safe working environment (%)



B32. In what ways has your employer not been offering a safe working environment?
Base: All employed and employer not offering safe working environment from Surveys 4-6 (n=508) and all employed and employer not offering a safe working environment from lowest IMD quintile from surveys 4-6 (n=187)



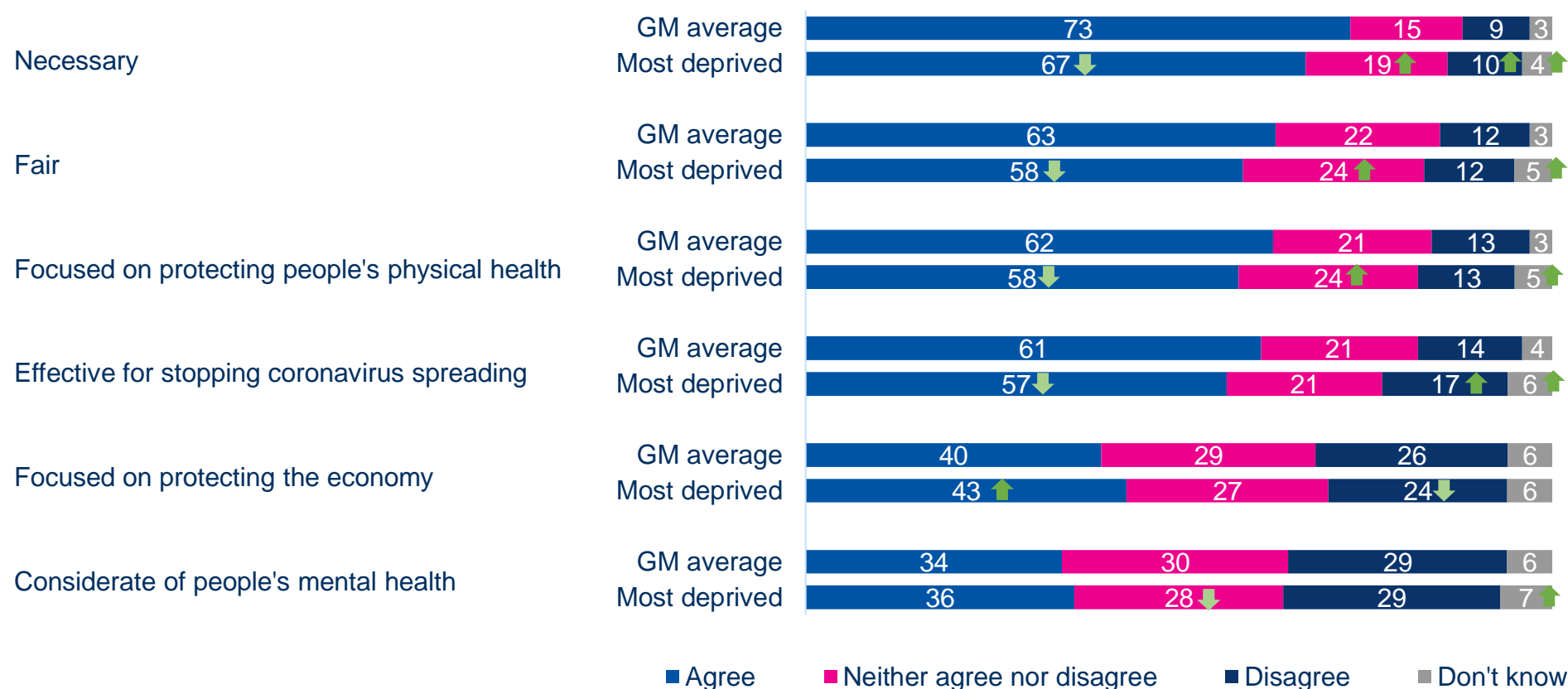
Attitudes and behaviours

Residents of most deprived neighbourhoods

Thoughts on COVID-19 restrictions and guidelines

When compared to the Greater Manchester average, those in most deprived neighbourhoods are significantly less likely to agree restrictions are necessary, fair, focused on protecting physical health, and effective for stopping COVID-19 spreading.

Current restrictions in local area are... (%)



The most deprived respondents **aged 45+** are significantly more likely to agree that the restrictions are:

- Fair (70%)
- Necessary (80%)
- Focused on protecting peoples physical health (68%)

Ethnic minority residents in the most deprived groups are significantly less likely to agree with the following statements:

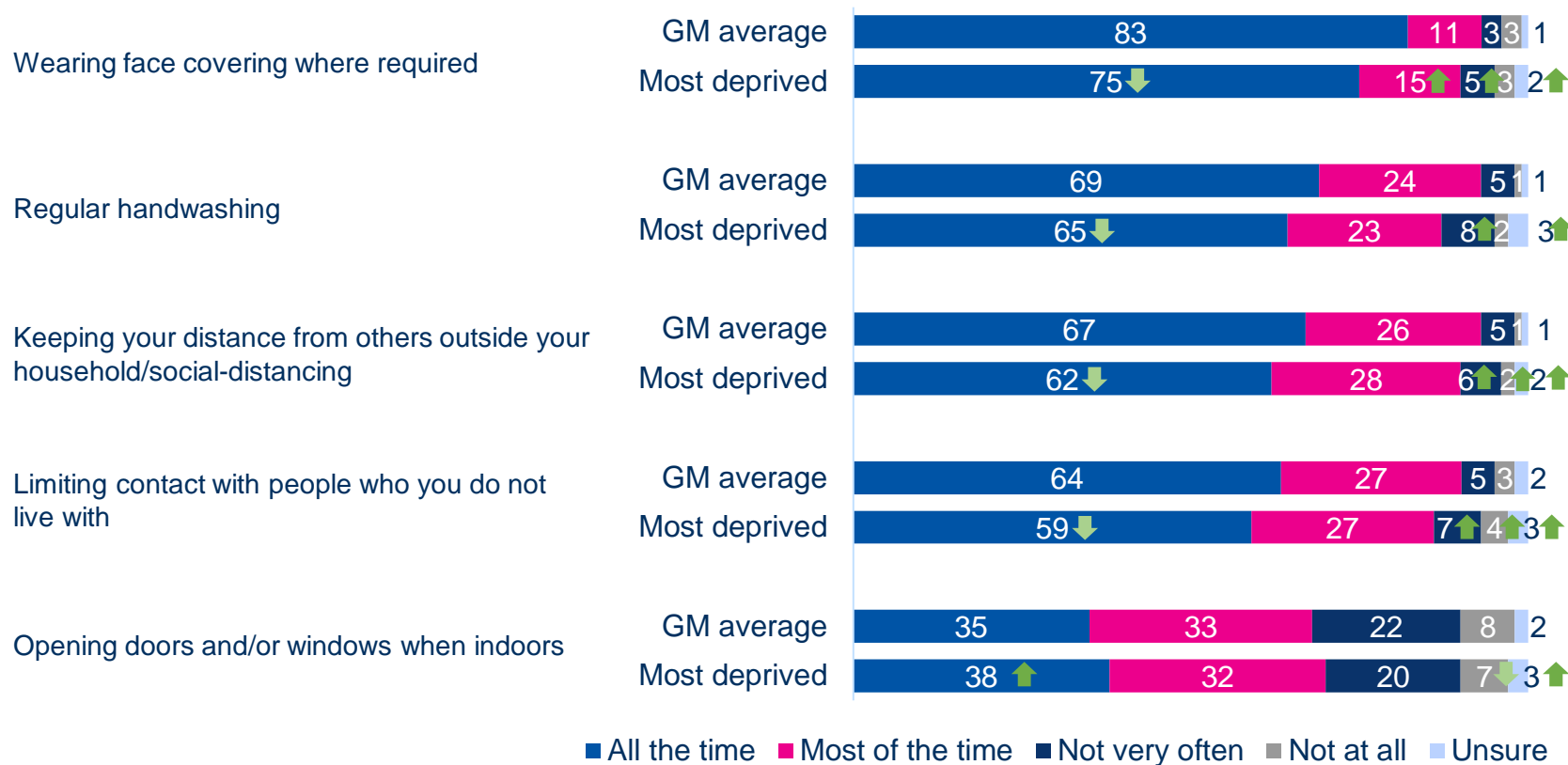
- The restrictions are fair (53%)
- Necessary (56%)
- Effective for stopping coronavirus spreading (51%)

↑↓ Significantly higher/lower compared to GM average

Extent of compliance with restrictions and guidelines

Respondents in most deprived neighbourhoods are significantly less likely to wear a face covering, regularly handwash, socially distance or limit contact with people they do not live with when compared to the Greater Manchester average.

Compliance with COVID-19 restrictions and guidelines (%)



Those **over the age of 45** in most deprived areas are significantly more likely to do the following all of the time:

- Wear face covering where required (87% vs 75% all in lowest IMD quintile)
- Regularly handwash (75% vs 65%)
- Socially distance (77% vs 62%)
- Limiting contact with people they do not live with (74% vs 59%)
- Open doors and/or windows when indoors (44% vs 38%)

Ethnic minority residents in most deprived areas are significantly more likely to comply with the following not all of the time:

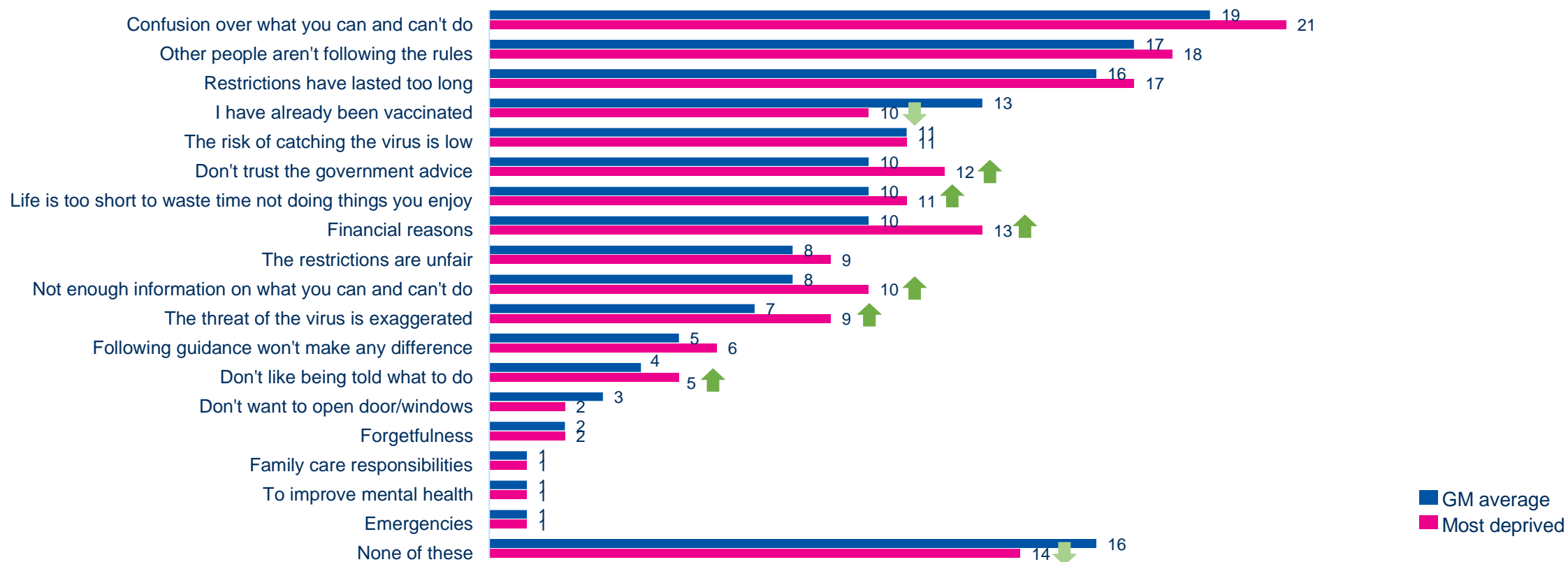
- Wearing face covering where required (36% vs 25% GM average in lowest IMD quintile)
- Regular handwashing (40% vs 35%)
- Socially distancing (53% vs 38%)
- Limiting contact with people they don't live with (54% vs 41%)

↑↓ Significantly higher/lower compared to GM average

Reasons for not fully complying with COVID-19 restrictions and guidelines

Respondents in most deprived neighbourhoods are significantly more likely to not fully comply with restrictions and guidelines for financial reasons, because there isn't enough information on what they can and can't do, and because they do not trust the government's advice.

Reasons for not always fully complying/following restrictions and guidelines (%)



↑ ↓ Significantly higher/lower compared to GM average

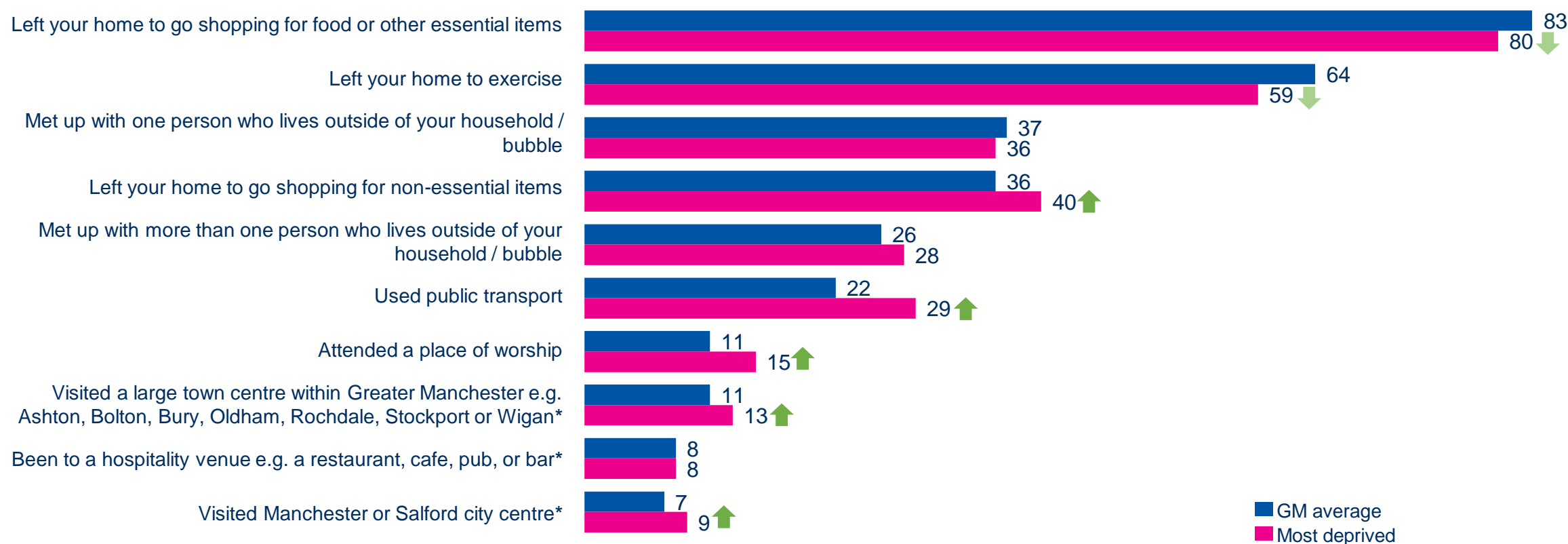
D6. Why might you not always fully comply or follow the coronavirus restrictions and guidelines?

Base: All Respondents from Surveys 4-6 that do not always comply with listed guidelines (n=2281) and all from the lowest quintile from surveys 4-6 that do not always comply with listed guidelines (n=811)

Activities done during restrictions and their easing

During a period of national restrictions and their gradual easing, respondents in most deprived neighbourhoods were significantly more likely than the Greater Manchester average to have used public transport, left their home to go shopping for non-essential items, attended a place of worship, or visited a large town centre.

Activities done in the last 7 days (%)



*Added in survey 6

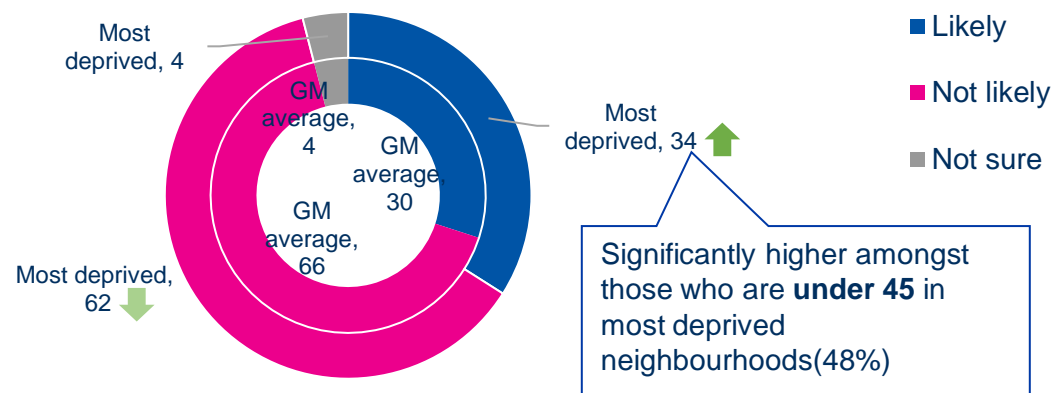
D13. In the last 7 days, how often, if at all, have you done each of the following?
Base: All Respondents from Surveys 4-6 (n=3018) and all in the lowest IMD quintile from surveys 4-6 (n=1098)

↑ ↓ Significantly higher/lower compared to GM average

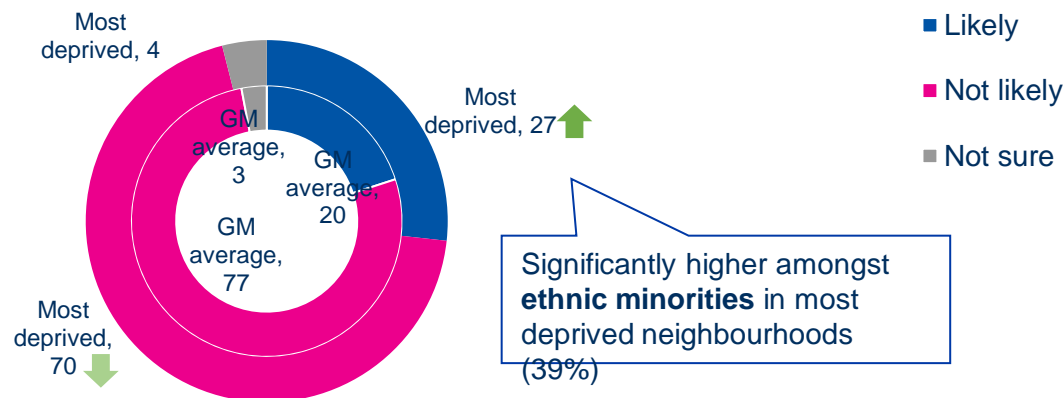
Likelihood to visit town/city centres and hospitality venues

With restrictions lifting, when compared to the Greater Manchester average, those in most deprived neighbourhoods were significantly more likely to visit a pub, café, bar or restaurant and Manchester / Salford city centre in the next 2 weeks.

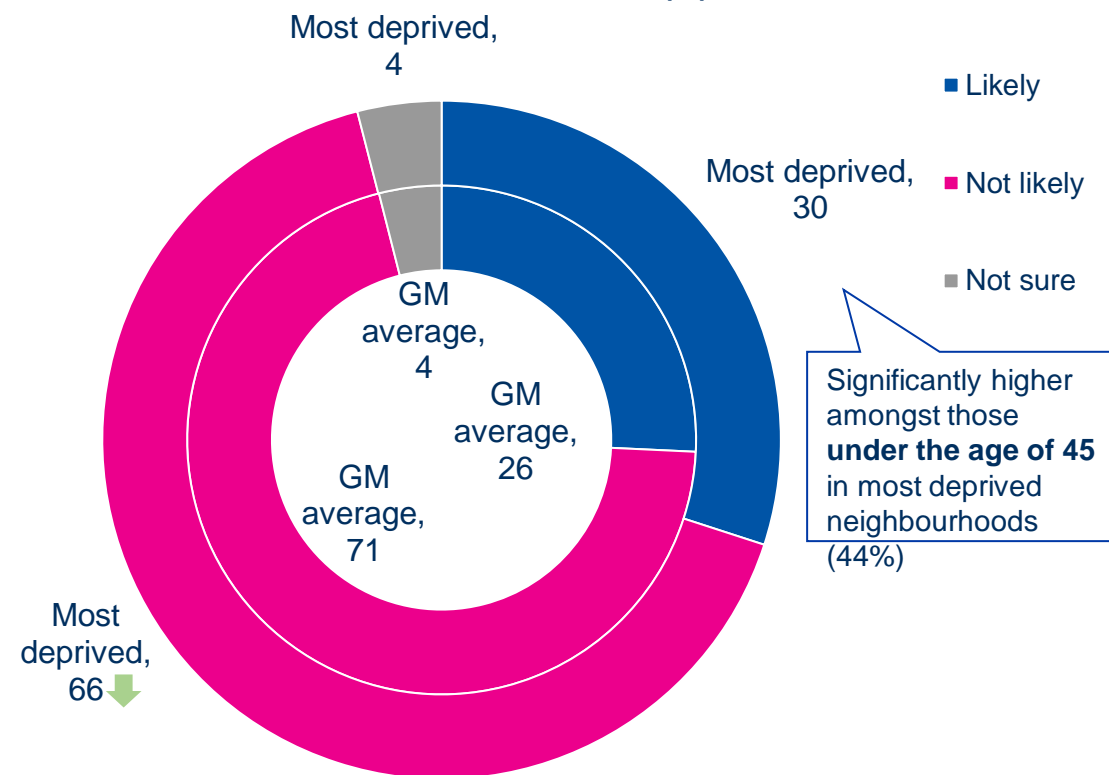
Likelihood to visit pub, café, bar or restaurant in the next 2 weeks (%)



Likelihood to visit Manchester/Salford city centre in the next 2 weeks (%)



Likelihood to visit a large town centre in Greater Manchester in the next 2 weeks (%)



↑↓ Significantly higher/lower compared to GM average

D13a. How likely are you to visit a hospitality venue in the next two weeks? Base: All Respondents not visited hospitality venue from Survey 6 (n=744) and all not visited hospitality venue in lowest IMD quintile from survey 6 (n=286)

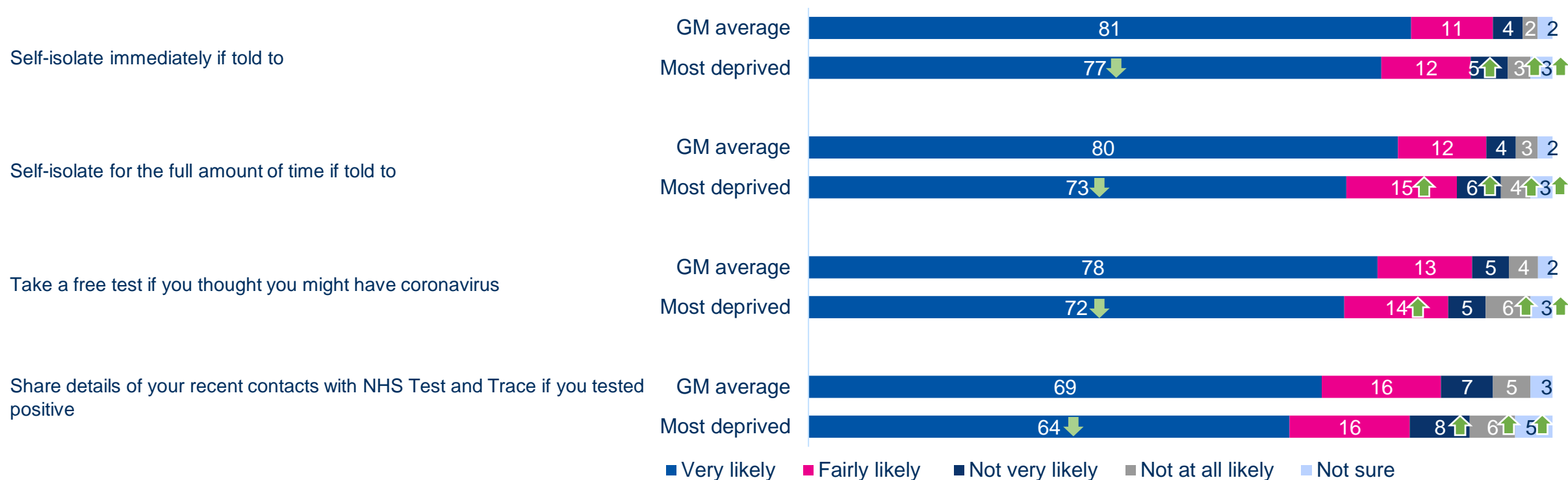
D14a. How likely are you to visit Manchester or Salford city centre in the next two weeks? Base: All Respondents not visited city centre from Survey 6 (n=802) and all not visited city centre in lowest IMD quintile from survey 6 (n=285)

D15c. How likely are you to visit a large town centre within Greater Manchester in the next two weeks? Base: All Respondents not visited large town centre from Survey 6 (n=659) and all not visited large town centre in lowest IMD quintile from survey 6 (n=220)

Compliance with test and trace requirements

Fewer respondents in most deprived neighbourhoods say they are very likely to self-isolate immediately or for the full amount of time if told to, take a free test if they think they might have COVID-19, and share details of their recent contacts with NHS Test and Trace if they tested positive, compared to the Greater Manchester average.

Likelihood to... (%)



↑↓ Significantly higher/lower compared to GM average

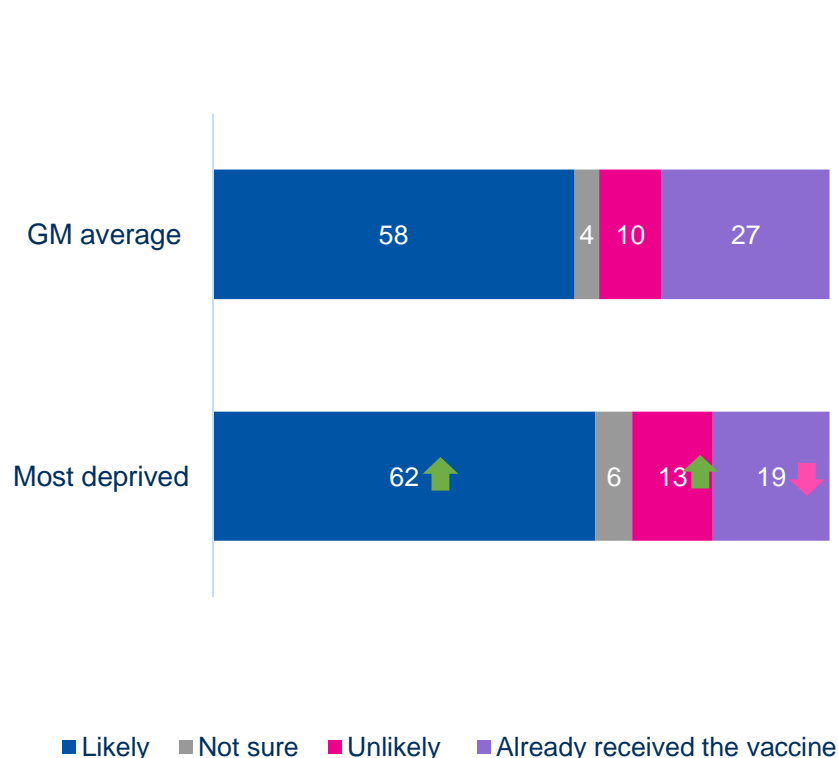
D5. How likely would you be to do each of the following?

Base: All Respondents from Surveys 4-6 (n=3018) and all in the lowest IMD quintile from surveys 4-6 (n=1098)

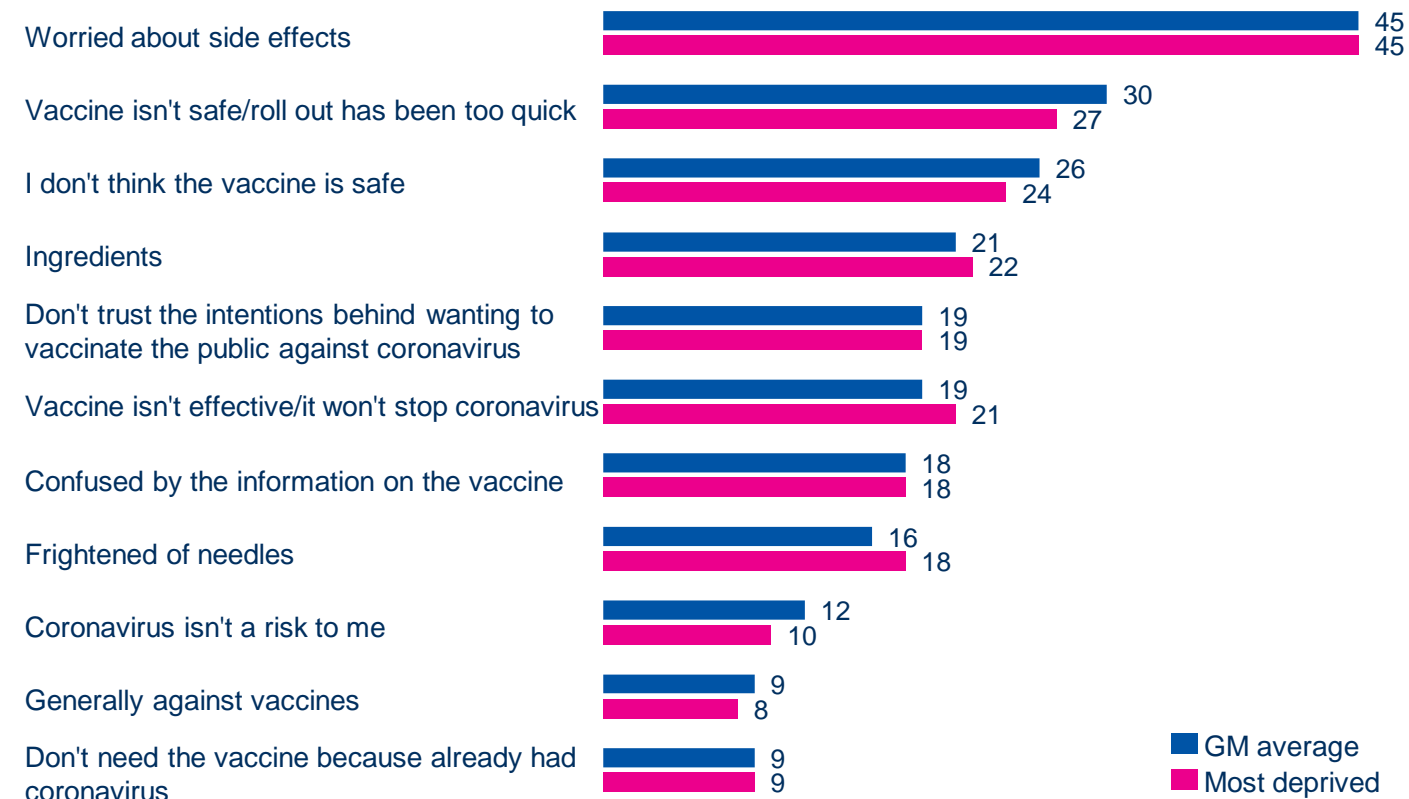
COVID-19 vaccine uptake

A significantly lower proportion of respondents from the most deprived neighbourhoods have received their vaccine. Their reasons for not getting the vaccine are not significantly different to the GM average.

Likelihood to receive vaccine (%)



Reasons for not getting vaccine (%)



↑ ↓ Significantly higher/lower compared to GM average

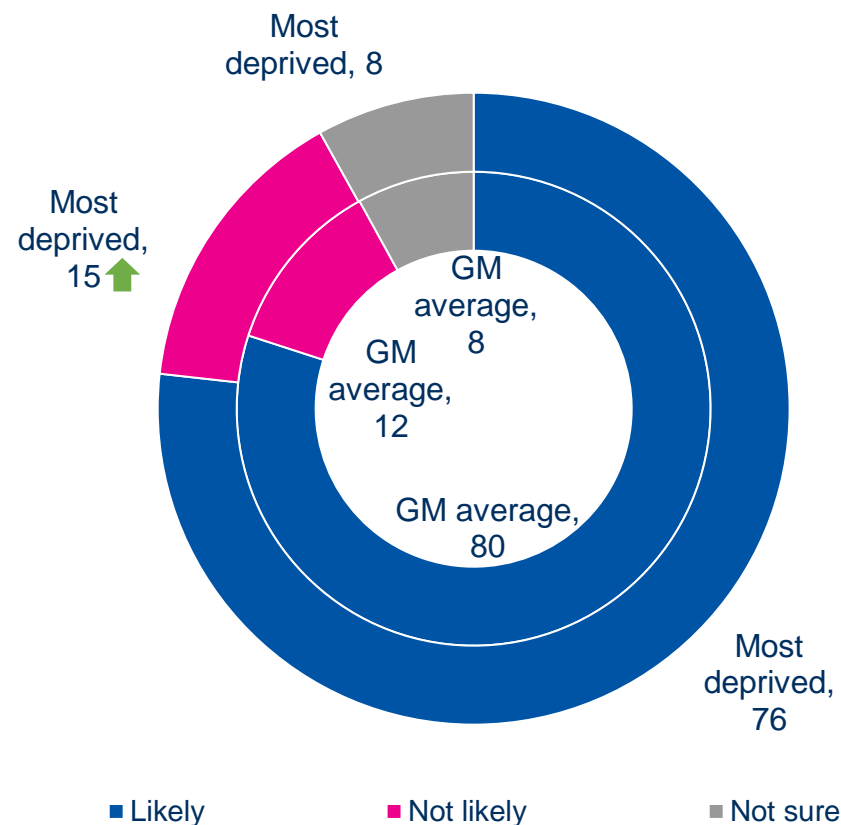
D17. Have you received your coronavirus vaccine? Base: All Respondents from Surveys 4-6 (n=3018) and all in the lowest IMD quintile from surveys 4-6 (n=1098)

D9. Why are you unlikely to get vaccinated against coronavirus? Base: All Respondents not likely to get vaccine from Surveys 4-6 (n=576) and all in the lowest IMD quintile not likely to get vaccinated from surveys 4-6 (n=290)

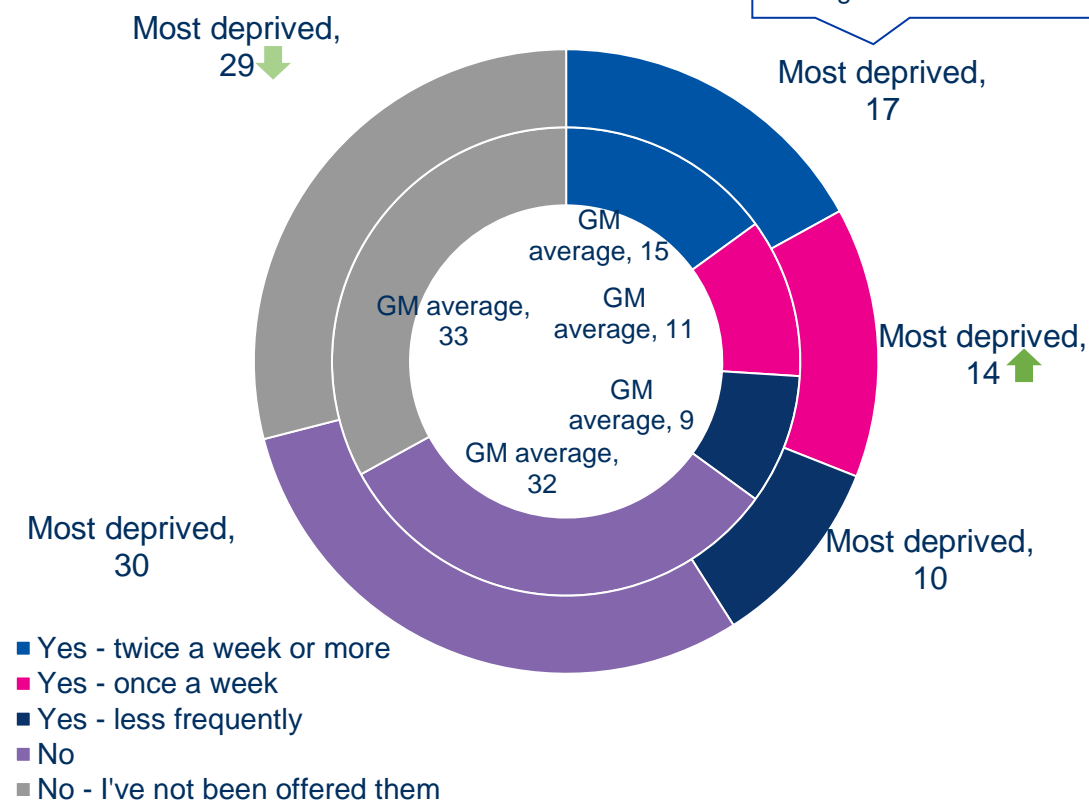
COVID-19 rapid tests for people without symptoms

There are a significantly more respondents from most deprived neighbourhoods taking rapid asymptomatic COVID-19 tests once a week, and significantly fewer saying they have not been offered them, compared to the Greater Manchester average.

Likelihood of taking free COVID-19 tests if offered (%)



Taking asymptomatic COVID-19 tests (%)



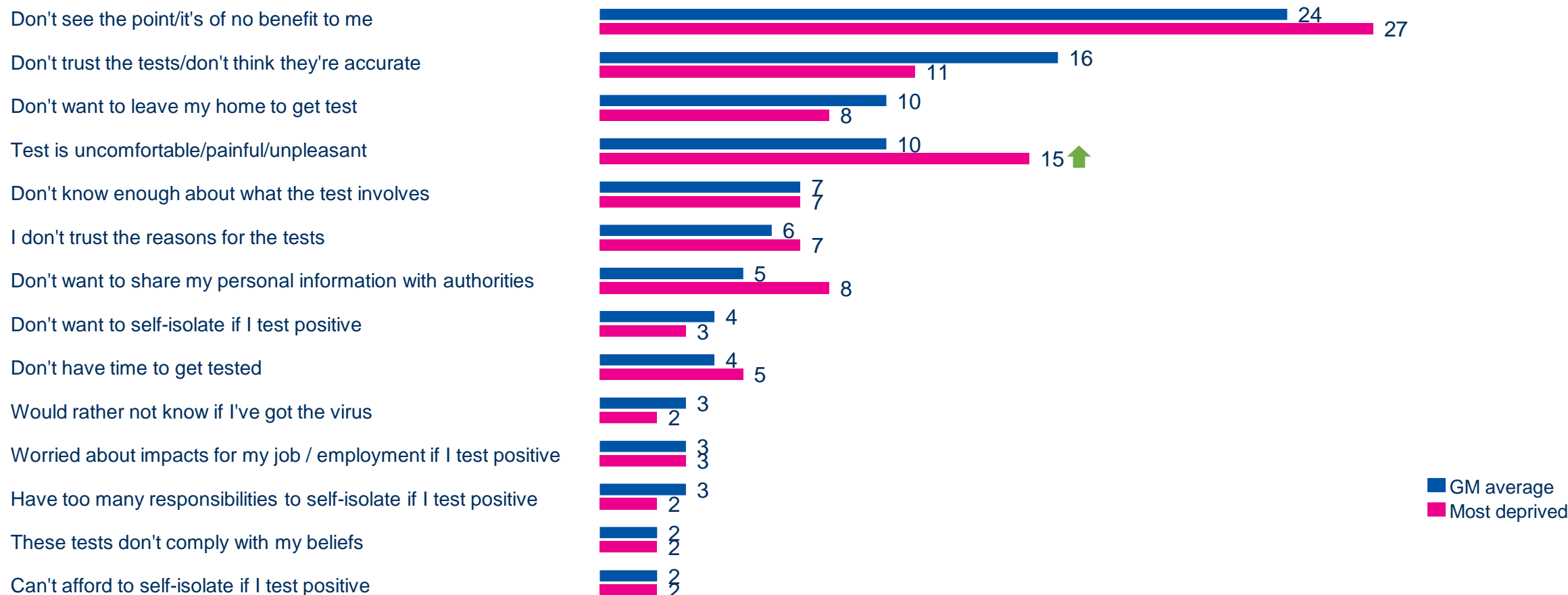
Women (22%) and those aged under 45 (20%) in most deprived areas are significantly more likely to be testing twice a week or more

↑↓ Significantly higher/lower compared to GM average

Reasons for not taking rapid COVID-19 tests

Those from the most deprived neighbourhoods who aren't using rapid tests are more likely than the Greater Manchester average not to be doing so because they find them uncomfortable/painful/unpleasant.

Reasons for not taking COVID-19 tests (%)



↑ Significantly higher compared to GM average



Ethnic minority residents, including Asian, Black and White non-British

Profile & characteristics	page 37
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COVID-19 impacts	page 42
Attitudes & behaviours	page 49

Typical profiles and characteristics

Those in ethnic minorities are **more likely** than the Greater Manchester average to be:

- aged 18-24 (34%; 15% GM) or 35-44 (25%; 18% GM)
- living with children (39%; 34% GM)
- in a full time (48%; 44% GM) or part time paid job (19%; 13% GM),
- studying at school or college (5%; 2% GM) or university (8%; 3% GM)
- working from home some of the time (30%; 20% GM)
- educated at degree level and above (50%; 36% GM)
- religious (79%; 62% GM) – including Muslim (43%; 10% GM) or Hindu (4%; 1% GM)
- living in the most deprived neighbourhoods (60%; 39% GM)
- living in Bolton (15%; 10% GM), Manchester (30%; 19% GM) or Rochdale (13%; 8% GM)

Those in ethnic minorities are **less likely** than the Greater Manchester average to be:

- aged 45-54 (11%; 17% GM) or 55-64 (5%; 14% GM)
- retired (3%; 19% GM) or not in work due to ill health or disability (1%; 4%)
- if employed, not working at home at all (35%; 44%)
- disabled (13%; 19% GM)
- speaking English as a first language (62%; 91%)
- heterosexual (81%; 85% GM)
- living in Bury (2%; 7% GM), Stockport (6%; 11% GM), Trafford (6%; 8% GM) or Wigan (3%; 12% GM)

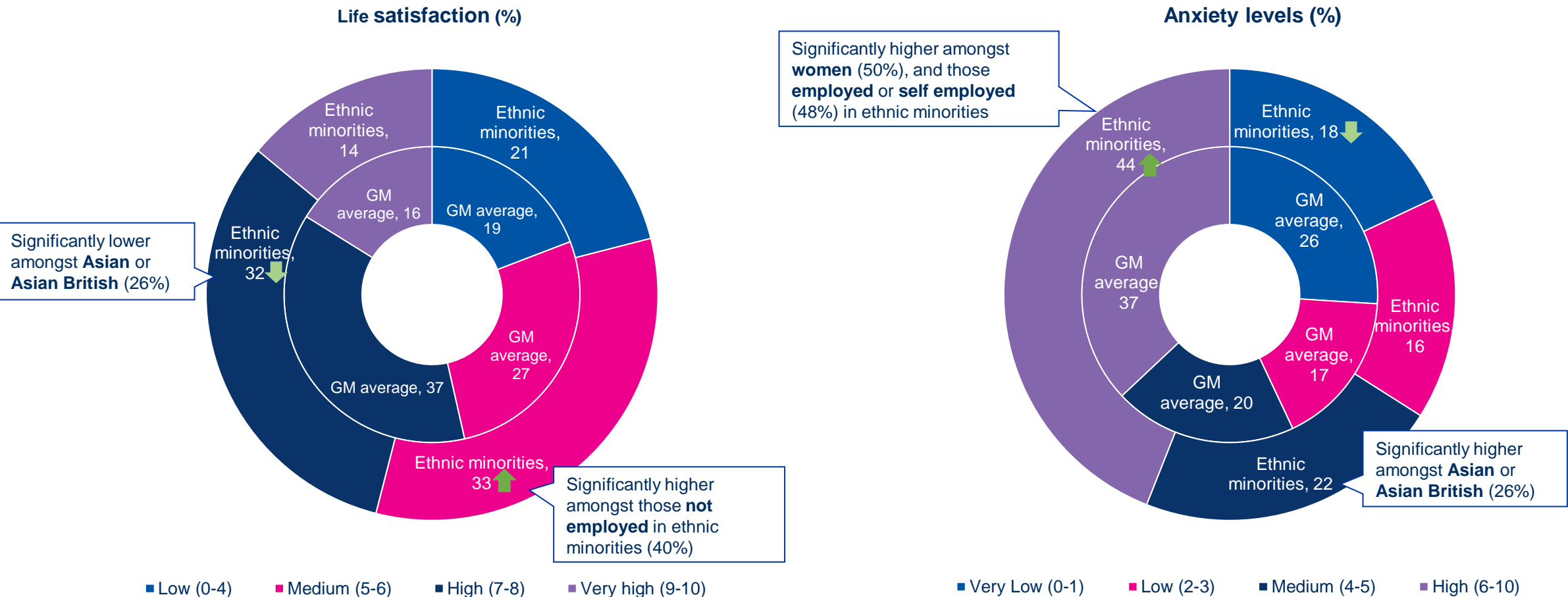


Feelings and Concerns

Ethnic minority residents

Life satisfaction and anxiety levels

Ethnic minority respondents are significantly less likely to express high satisfaction with life and significantly more likely to express high anxiety levels compared to the Greater Manchester average.



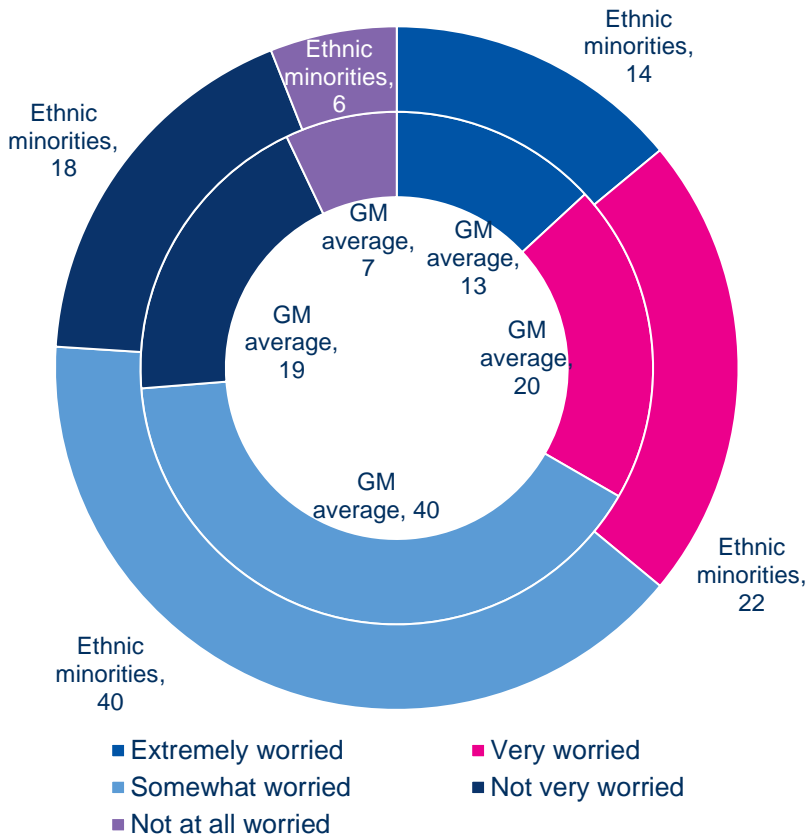
A1A. Overall ...? : ... how satisfied are you with your life nowadays / A1D. Overall ...? : ... how anxious did you feel yesterday
Base: All Respondents from Surveys 4-6 (n=3018) and all in ethnic minorities from surveys 4-6 (n=487)

Significantly higher/lower compared to GM average

Concerns about and perceived risks of COVID-19

Ethnic minority respondents have a similar level of concern about COVID-19 compared to the Greater Manchester average, but are less likely to see COVID-19 as a major risk to the economy.

Overall level of concern about COVID-19 (%)



Perceived risk of COVID-19 (%)



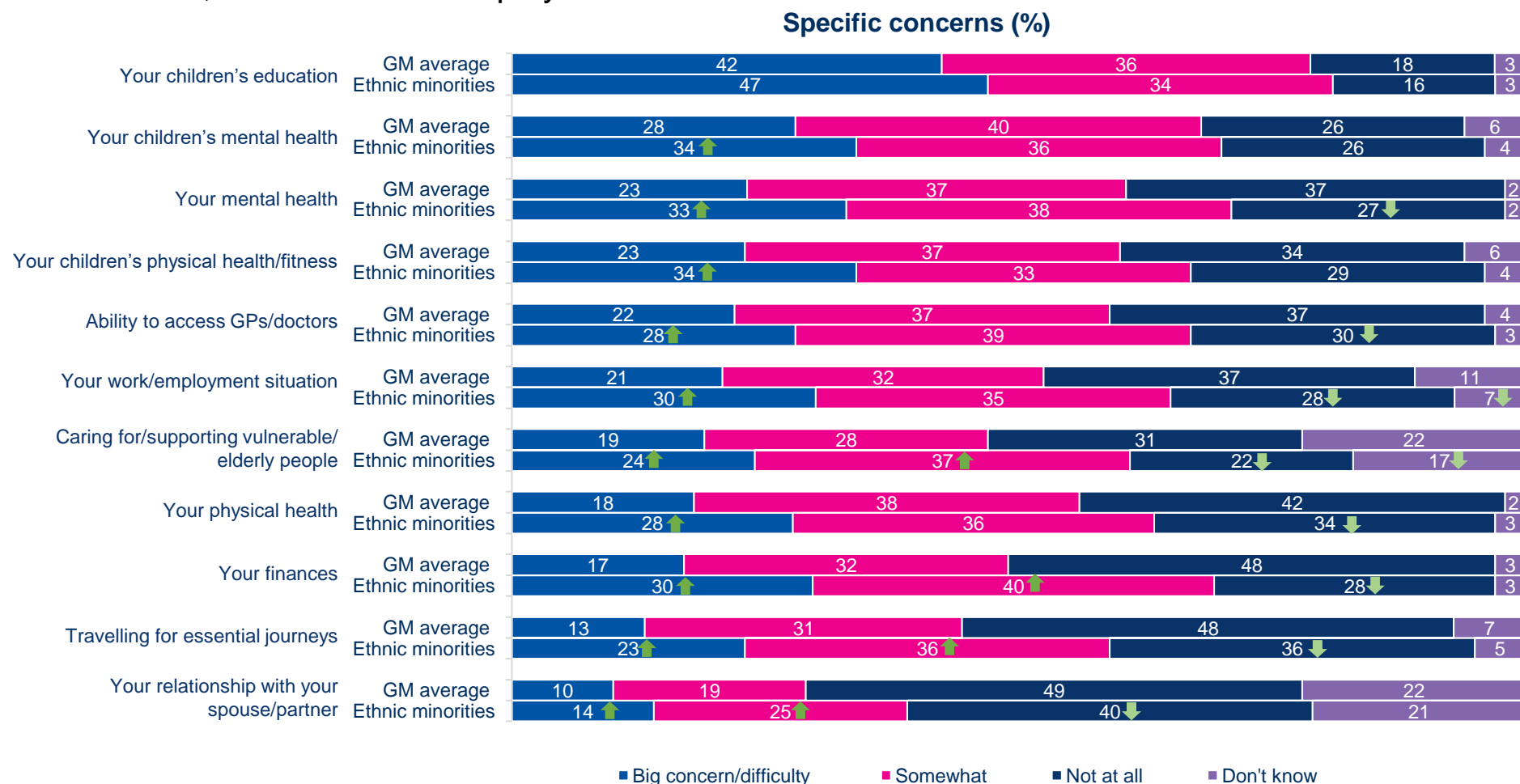
- **Asian or Asian British** respondents are significantly more likely to see COVID-19 as a major risk to their friends or relatives (27%)
- Ethnic minority respondents **aged 45+** are significantly more likely to see COVID-19 as a risk to them personally (94%), and also to the economy (99%)

B1. Overall, how worried are you about coronavirus? / D1. How much of a risk do you think coronavirus is to...?
Base: All Respondents from Surveys 4-6 (n=3018) and all in ethnic minorities from surveys 4-6 (n=487)

↑↓ Significantly higher/lower compared to GM average

Specific concerns as a result of the COVID-19 pandemic

Ethnic minority respondents are significantly more likely to see a number of areas as a big concern/difficulty as a result of the COVID-19 pandemic compared to the Greater Manchester average. These include mental health, ability to access GPs/doctors, and their work/employment situation.



Asian or Asian British respondents are significantly more likely to say the following are a big concern/difficulty:

- Their physical health (32% vs 28% ethnic minority GM average)
- Their children's education (55% vs 47%)
- Caring for or supporting vulnerable/elderly people (29% vs 24%)

Ethnic minority respondents **aged 45+** are significantly less likely to say the following are a concern at all:

- Their physical health (48% vs 64% ethnic minority GM average)
- Their mental health (50% vs 71%)
- Their relationship with their spouse/partner (28% vs 39%)
- Their ability to access GPs/doctors (56% vs 67%)
- Caring for or supporting vulnerable/elderly people (52% vs 61%)



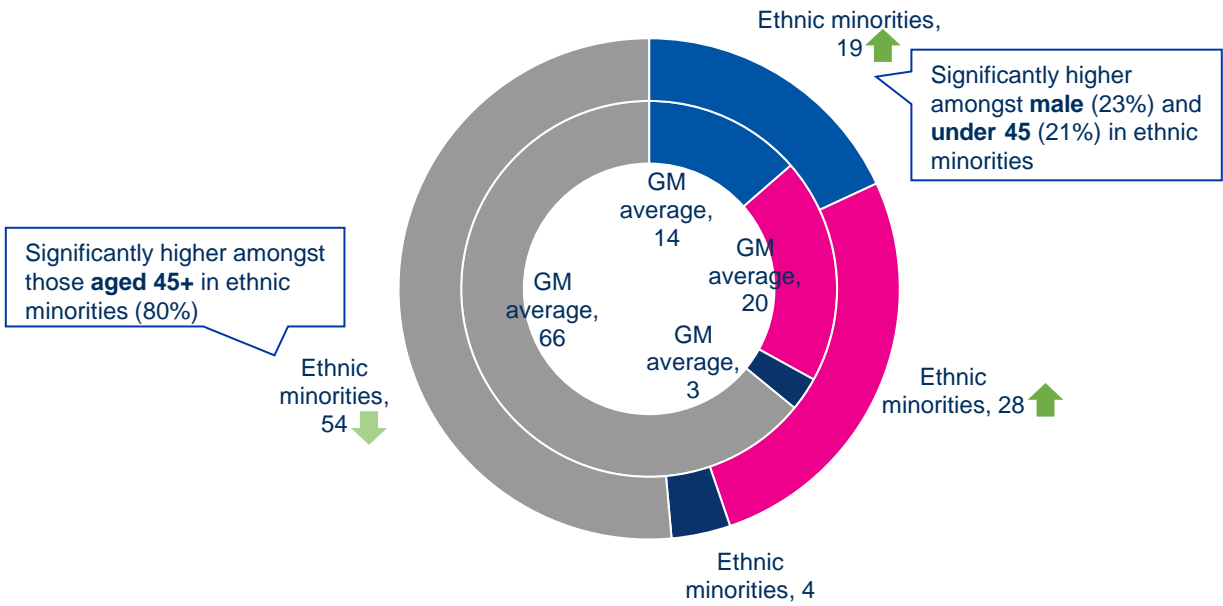
COVID-19 Impacts

Ethnic minority residents

Those who had COVID-19 and those who have self-isolated

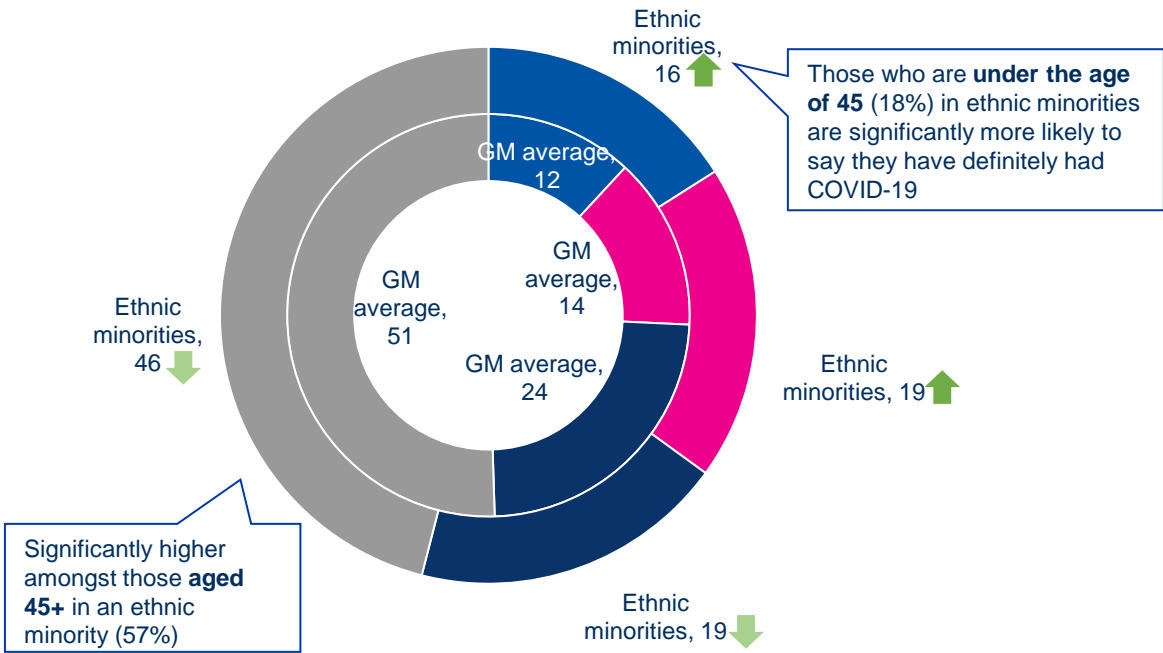
When compared to the Greater Manchester average, significantly higher proportions of ethnic minority respondents have had COVID-19, and had to self-isolate following a positive test or being a close contact of someone infected.

Whether they've had to self-isolate due to COVID-19 (%)



- Yes - because had symptoms/tested positive
- Yes - because of being in close contact with someone with symptoms/who'd tested positive
- Yes - other
- No

Whether they've had COVID-19 (%)



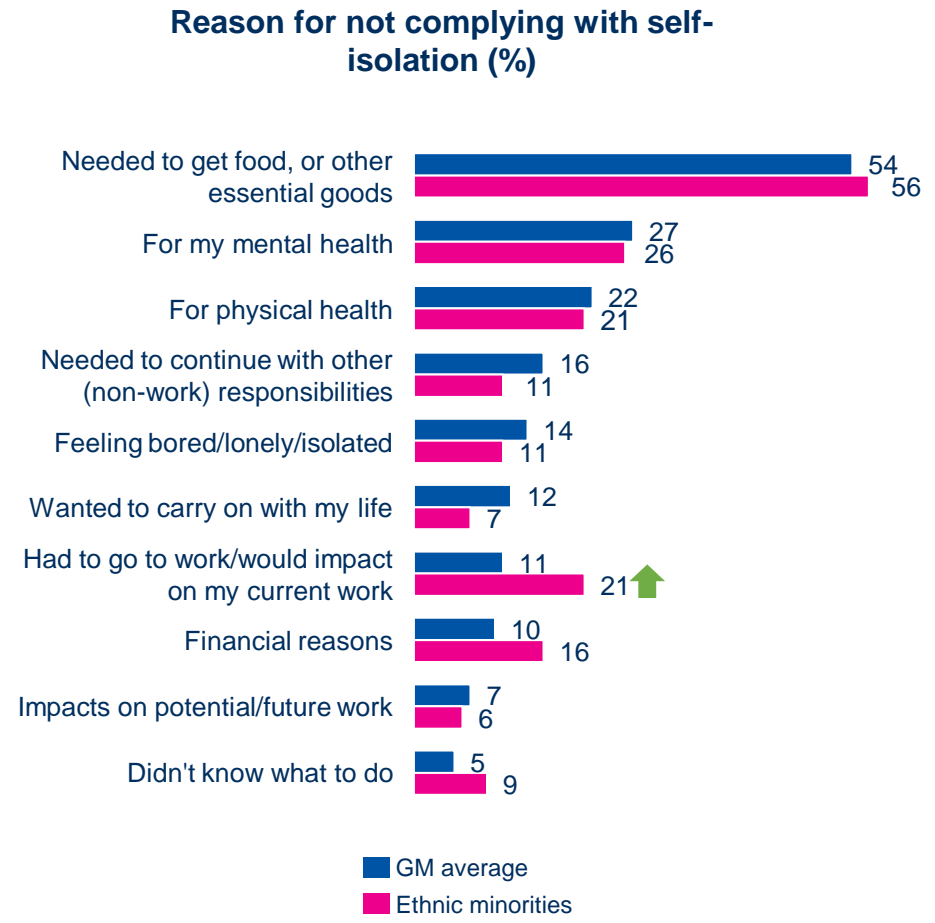
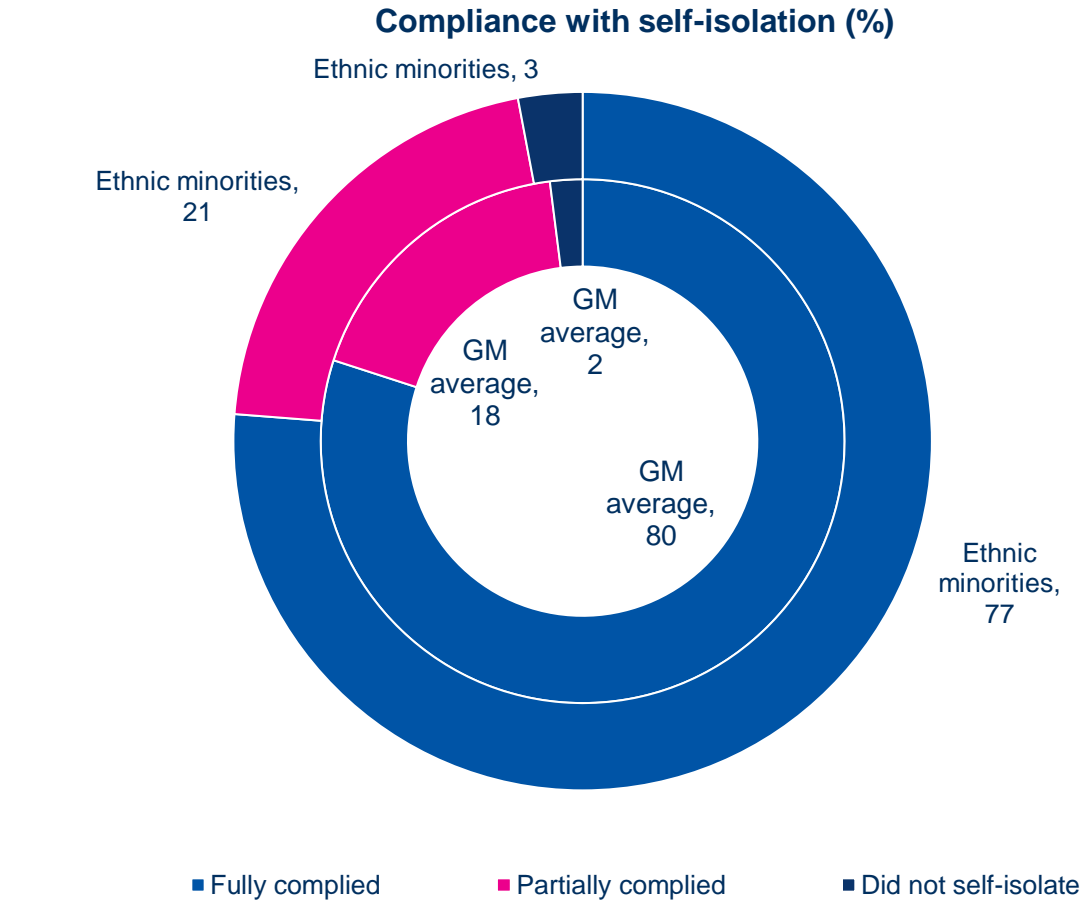
- Yes - I've definitely had it/got it and had it confirmed by a test
- Yes - I think I've probably had/got it, but not had a test to confirm
- I don't know whether I've had it
- No - I've definitely not had it

↑↓ Significantly higher/lower compared to GM average

B25. Have you needed to self-isolate due to symptoms, a positive test, or being a close contact of someone with coronavirus? / B24. Do you know, or think, you have had coronavirus?
Base: All Respondents from Surveys 4-6 (n=3018) and all in ethnic minorities from surveys 4-6 (n=487)

Self-isolation compliance

Ethnic minority respondents are slightly (but not significantly) less likely to fully comply with self-isolation rules compared to the Greater Manchester average. Their reason for not doing so is significantly more likely to be because they had to go to work or self-isolation would impact on their current work.

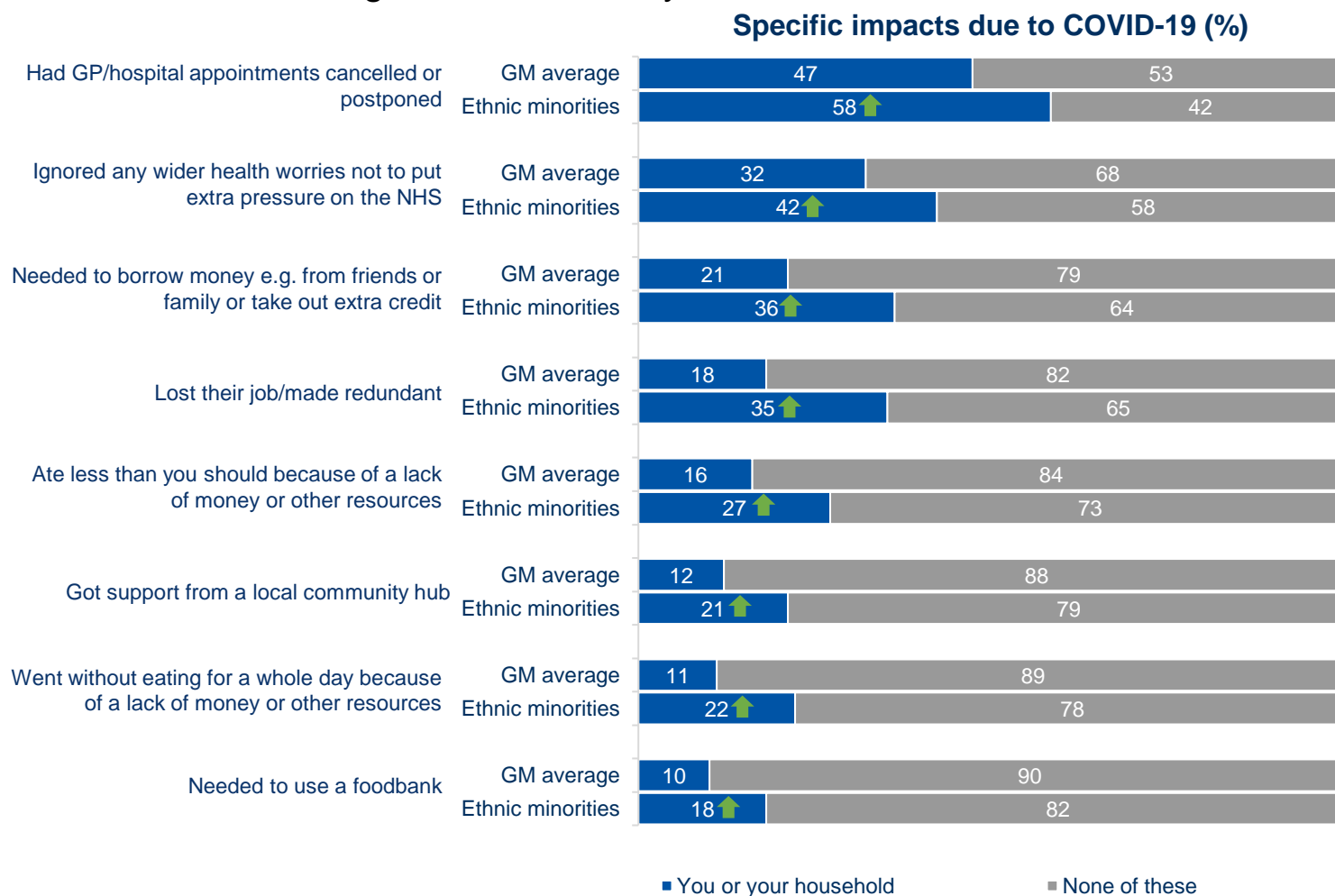


↑↓ Significantly higher/lower compared to GM average

B25a. Which of the following best describes what you did in your most recent period of self-isolation? Base: All needed to self isolate from Surveys 4-6 (n=950 and all needed to self isolate in ethnic minorities from surveys 4-6 (n=213)
B25b. Why did you not fully comply/self-isolate? Base: All did not self isolate from Surveys 4-6 (n=186) and all did not self isolate in ethnic minorities from surveys 4-6 (n=54)

Specific impacts of COVID-19

When compared to the Greater Manchester average, a significantly higher proportion of ethnic minority respondents have been impacted by COVID-19 in a number of areas, including having medical appointments cancelled, ignoring wider health worries, and needing to borrow money.



Those **aged under 45** in ethnic minorities are significantly more likely to have personally experienced:

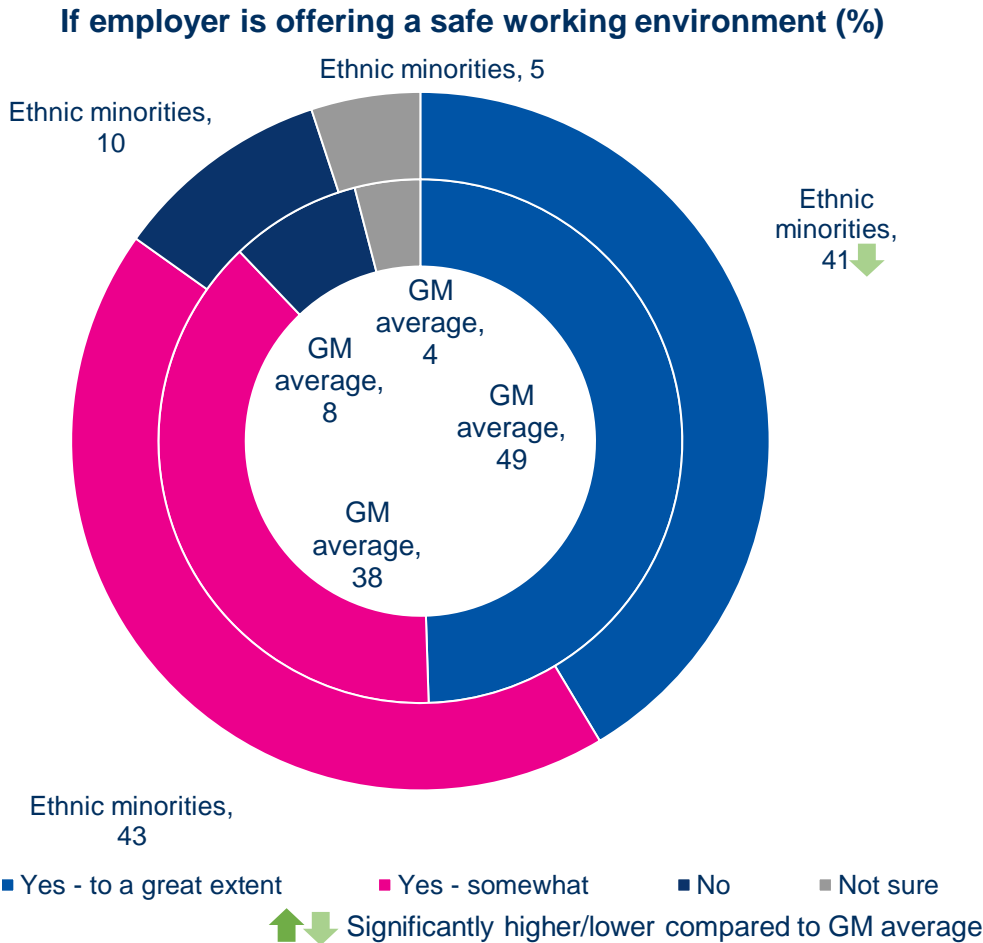
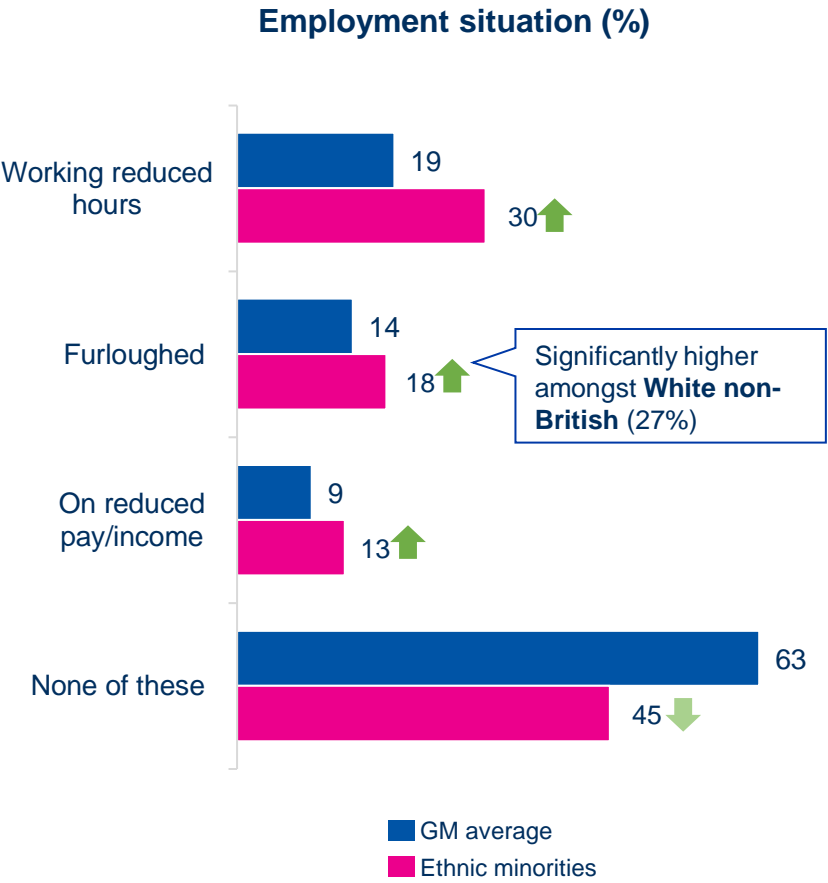
- Losing their job/being made redundant (18% vs 16% ethnic minority GM average)
- Getting support from a local community hub (10% vs 9% GM average)
- Needing to borrow money e.g. from friends or family or take out extra credit (25% vs 24%)
- Eaten less than they should because of a lack of money or other resources (20% vs 17%)
- Gone without eating for a whole day because of a lack of money or other resources (15% vs 12%)

White non-British respondents are significantly less likely to have had any experience of the following:

- Had GP/hospital appointments cancelled or postponed (43% vs 53% ethnic minority GM average)
- Ignored wider health worries so as not to put extra pressure on the NHS (29% vs 42%)
- Ate less than you should because of a lack of money or other resources (10% vs 27%)
- Went without eating a whole day because of a lack of money or other resources (7% vs 22%)

Impacts on employment

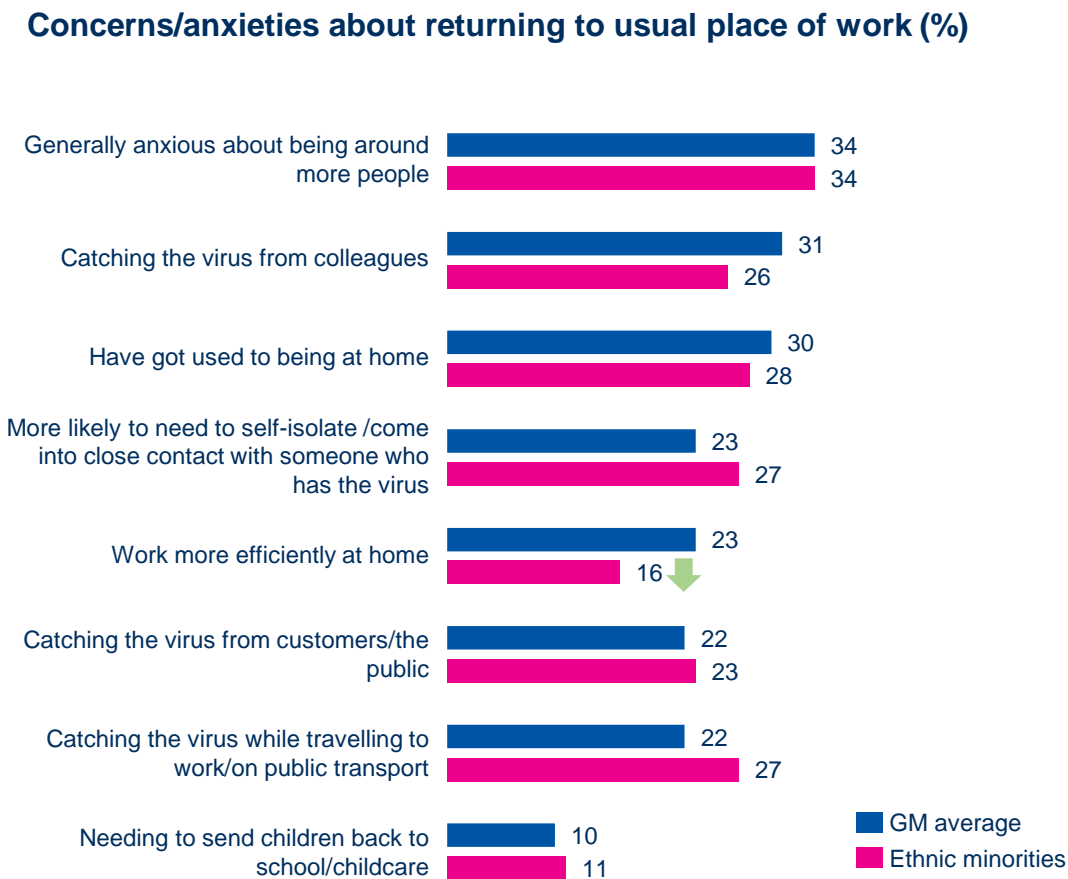
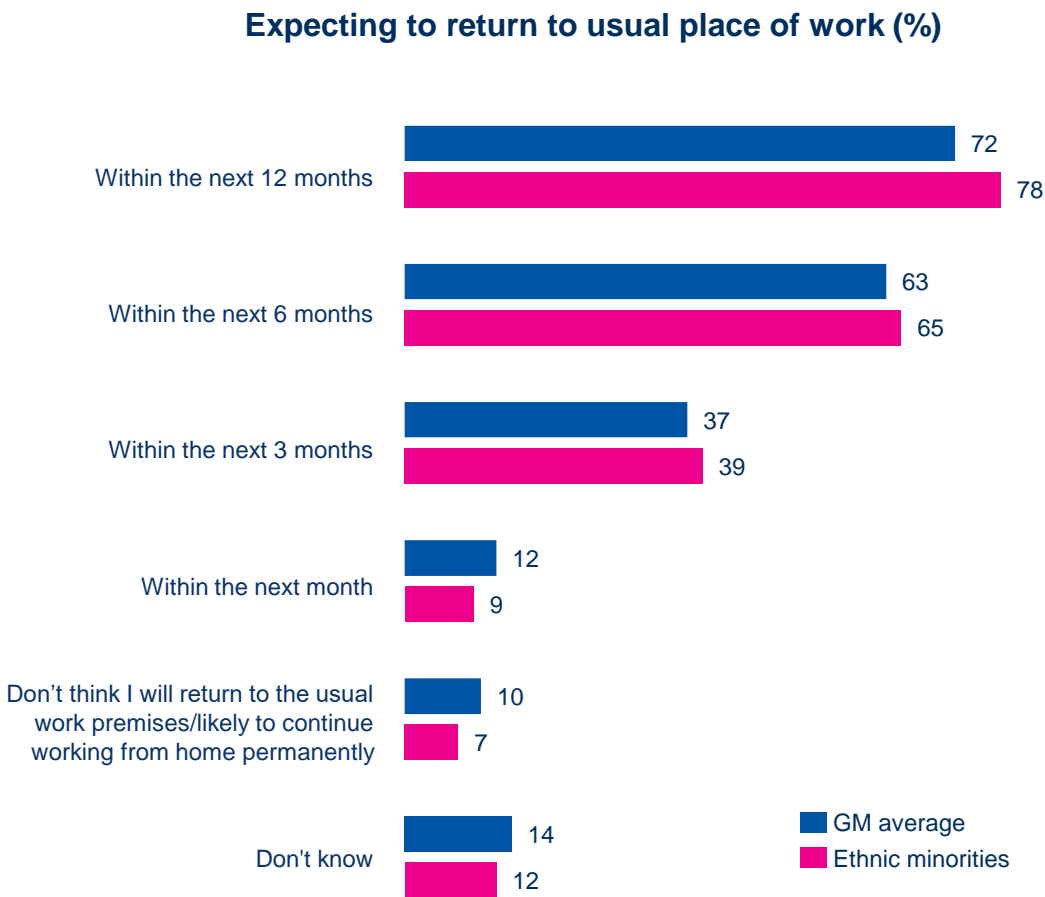
As a result of the COVID-19 pandemic a significantly higher proportion of ethnic minority respondents have had their employment situation impacted. Those attending their usual place of work are significantly less likely to say their employer is offering a safe working environment to a great extent.



B20B. As a result of the coronavirus/COVID-19 pandemic are you currently. Base: All employed from Surveys 4-6 (n=1633) and all employed in ethnic minorities from surveys 4-6 (n=319)
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? Base: All employed and not working from home from Surveys 4-6 (n=1084) and all employed and not working from home in ethnic minorities from surveys 4-6 (n=205)

Returning to usual place of work

While there are no significant differences around expectations of returning to their usual place of work, ethnic minority respondents are significantly less likely to be worried about doing so because they work more efficiently at home.

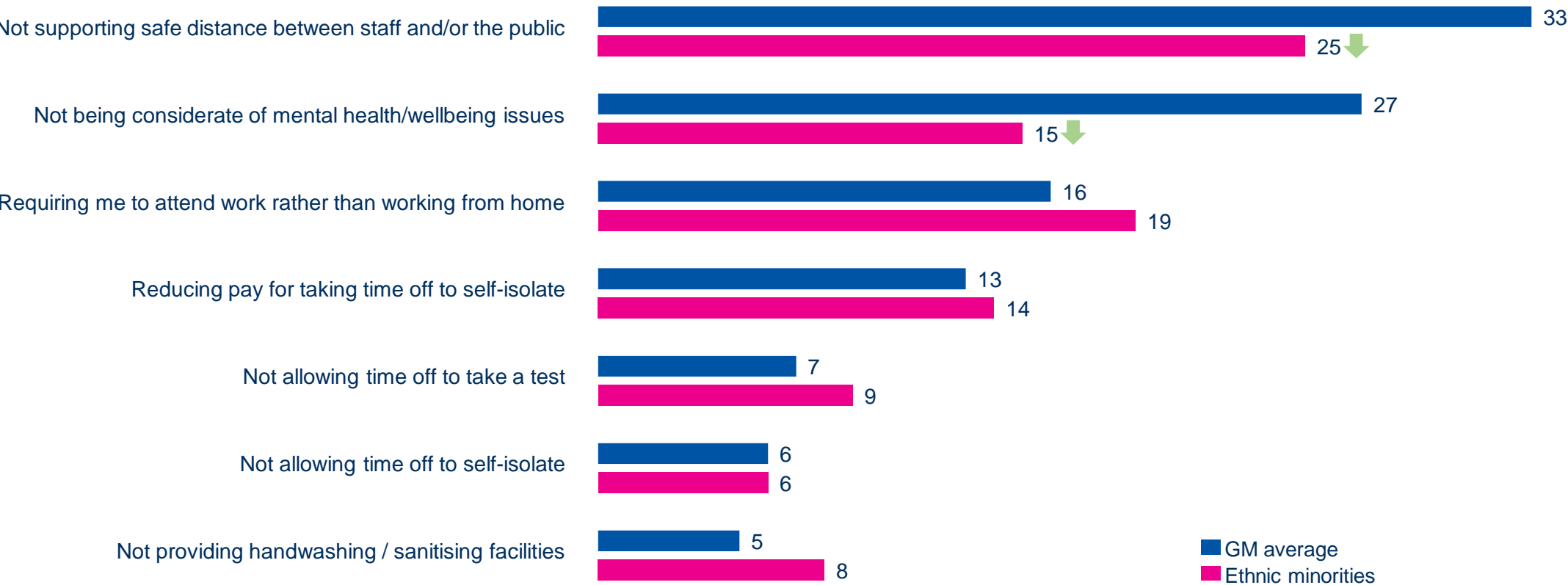


↓ Significantly lower compared to GM average

Ways working environment is not safe

Ethnic minority respondents who don't think their workplace greatly safe are significantly less likely to have experienced employers not supporting safe distancing between staff and public, and not being considerate of mental health/wellbeing issues, compared to the GM average.

Ways employer has not been providing safe working environment (%)



Significantly lower compared to GM average

B32. In what ways has your employer not been offering a safe working environment?
Base: All employed and employer not offering safe working environment from Surveys 4-6 (n=508) and all employed and employer not offering a safe working environment from ethnic minorities from surveys 4-6 (n=111)



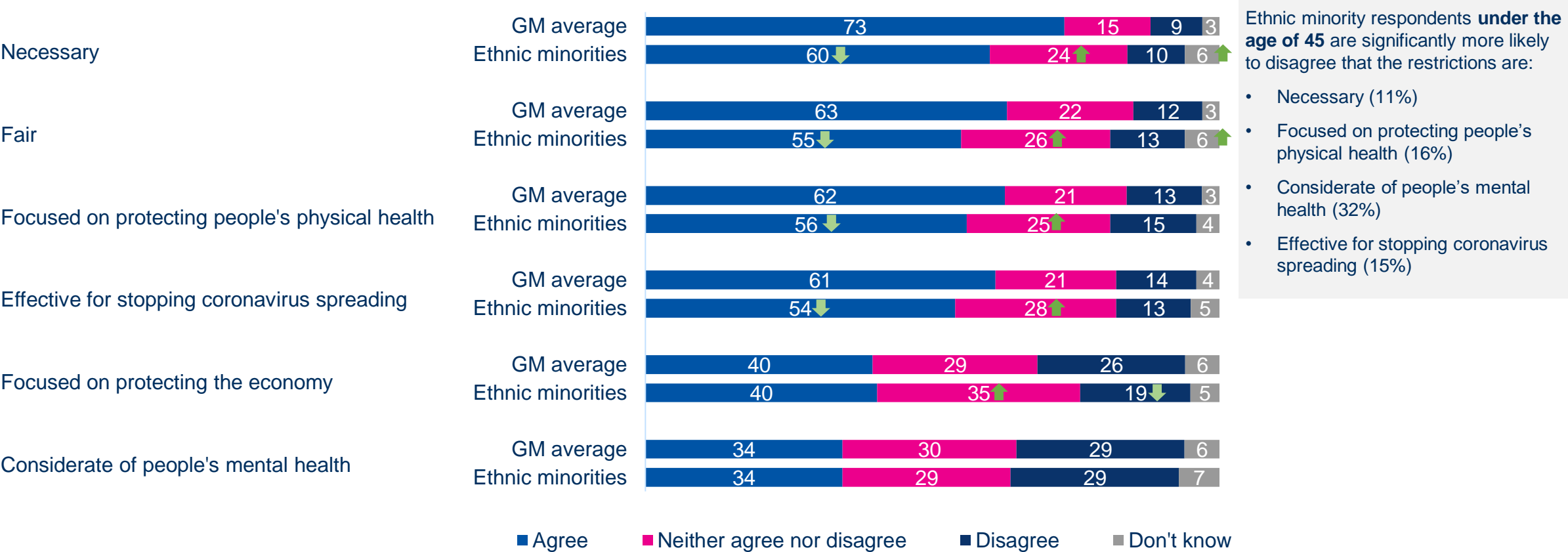
Attitudes and behaviours

Ethnic minority residents

Thoughts on COVID-19 restrictions and guidelines

When compared to the Greater Manchester average, ethnic minority respondents are significantly less likely to agree the restrictions are necessary, fair, focused on protecting people’s physical health, and effective for stopping COVID-19 spreading.

Current restrictions in local area are... (%)

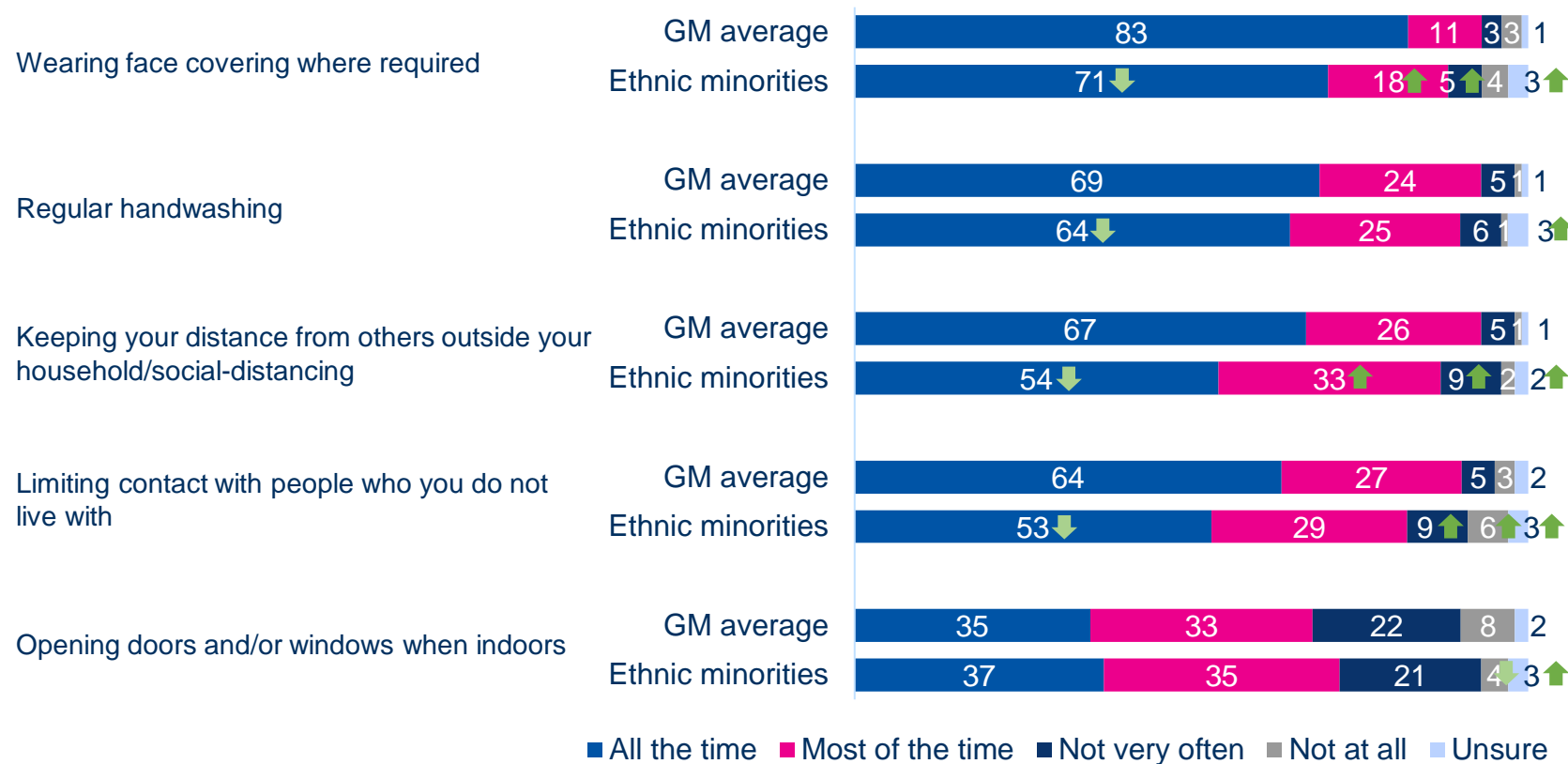


D2. Do you agree or disagree that the current restrictions and guidelines in your local area are?
Base: All Respondents from Surveys 4-6 (n=3018) and all in ethnic minorities from surveys 4-6 (n=487)

Extent of compliance with restrictions and guidelines

Ethnic minority respondents are significantly less likely to wear a face covering, regularly handwash, socially distance and limit contact with people who they do not live with, when compared to the Greater Manchester average.

Compliance with COVID-19 restrictions and guidelines (%)



Those **over the age of 45** in ethnic minorities are significantly more likely to do the following all of the time:

- Wear face covering where required (86% vs 71% all ethnic minority respondents)
- Keeping their distance from others outside their household/ social distancing (73% vs 54%)
- Limiting contact with people they do not live with (73% vs 53%)

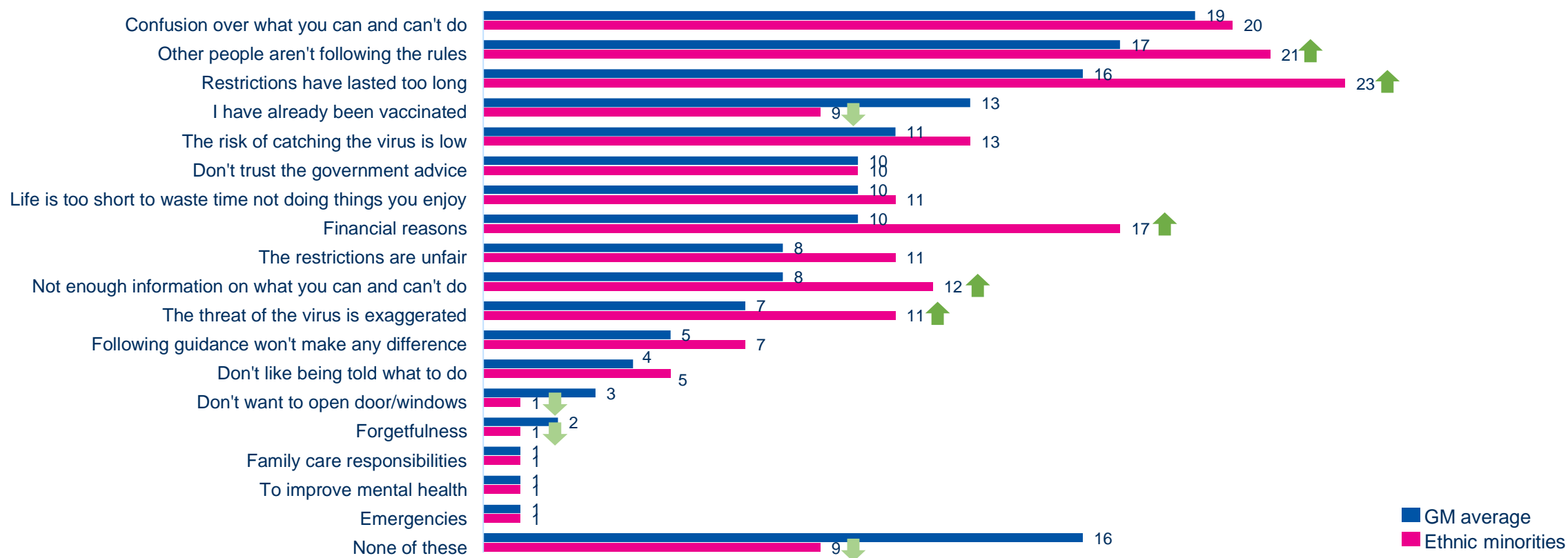
Ethnic minorities **with a disability** are significantly less likely to comply with the following all of the time:

- Wearing face covering where required (55% vs 71% GM average in ethnic minorities)
- Limiting contact with people they don't live with (39% vs 53%)

Reasons for not fully complying with COVID-19 restrictions and guidelines

Ethnic minority respondents are significantly more likely to not comply with restrictions and guidelines because other people aren't following the rules, restrictions have lasted too long, for financial reasons, because there isn't enough information, and they think the threat of the virus is exaggerated, compared to the Greater Manchester average.

Reasons for not always fully complying/following restrictions and guidelines (%)



↑ ↓ Significantly higher/lower compared to GM average

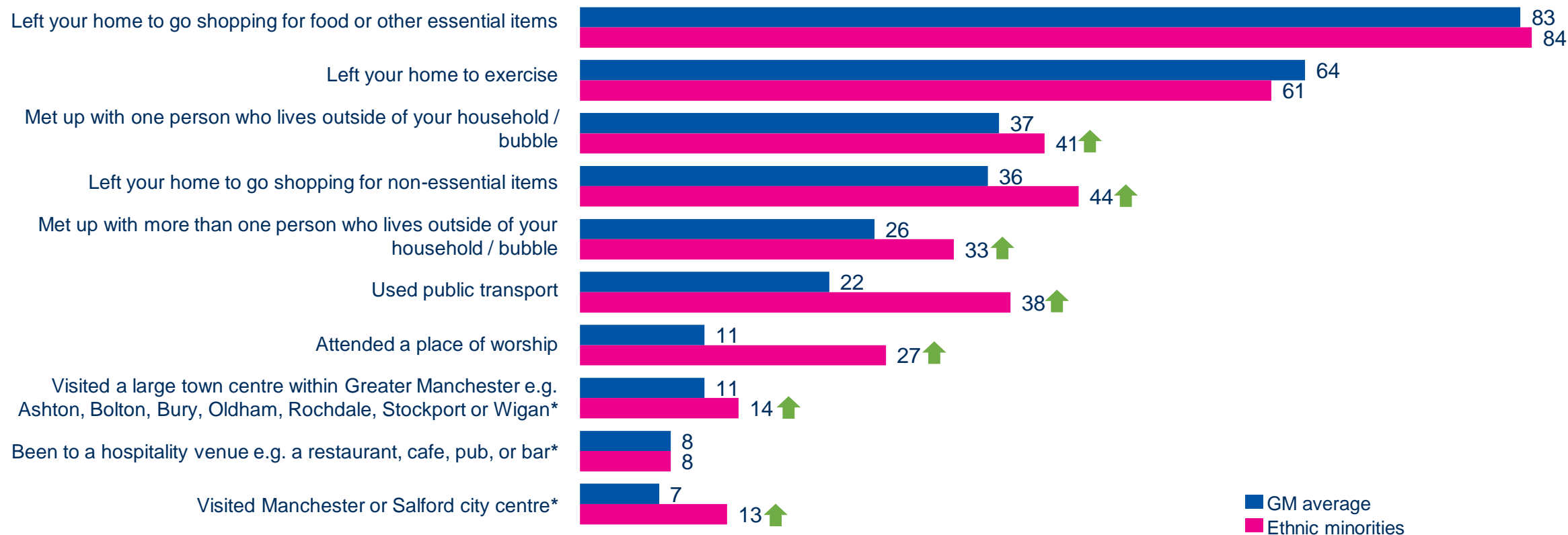
D6. Why might you not always fully comply or follow the coronavirus restrictions and guidelines?

Base: All Respondents from Surveys 4-6 that do not always comply with listed guidelines (n=2281) and all ethnic minorities from surveys 4-6 that do not always comply with listed guidelines (n=384)

Activities done during restrictions and their easing

During a period of national restrictions and their gradual easing, ethnic minority respondents were significantly more likely to have met up with someone outside of their household/bubble, left home to go shopping for non-essential items, used public transport, and attended a place of worship in the last 7 days compared to the Greater Manchester average.

Activities done in the last 7 days (%)



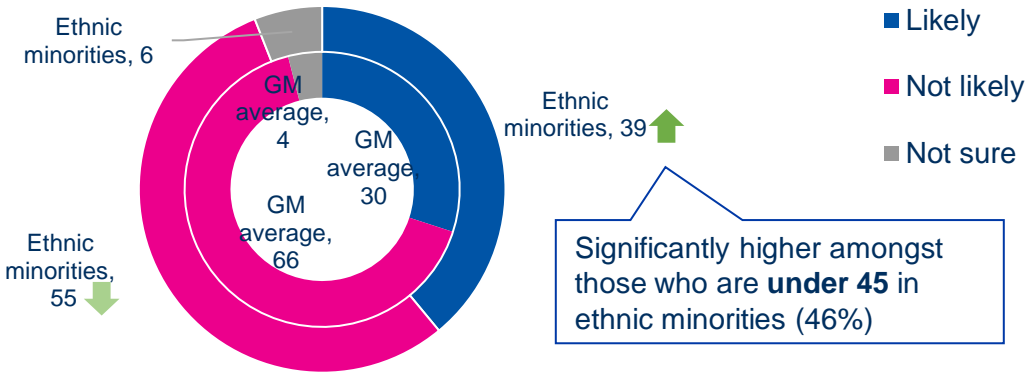
*Added in survey 6

D13. In the last 7 days, how often, if at all, have you done each of the following?
Base: All Respondents from Surveys 4-6 (n=3018) and all in ethnic minorities from surveys 4-6 (n=487)

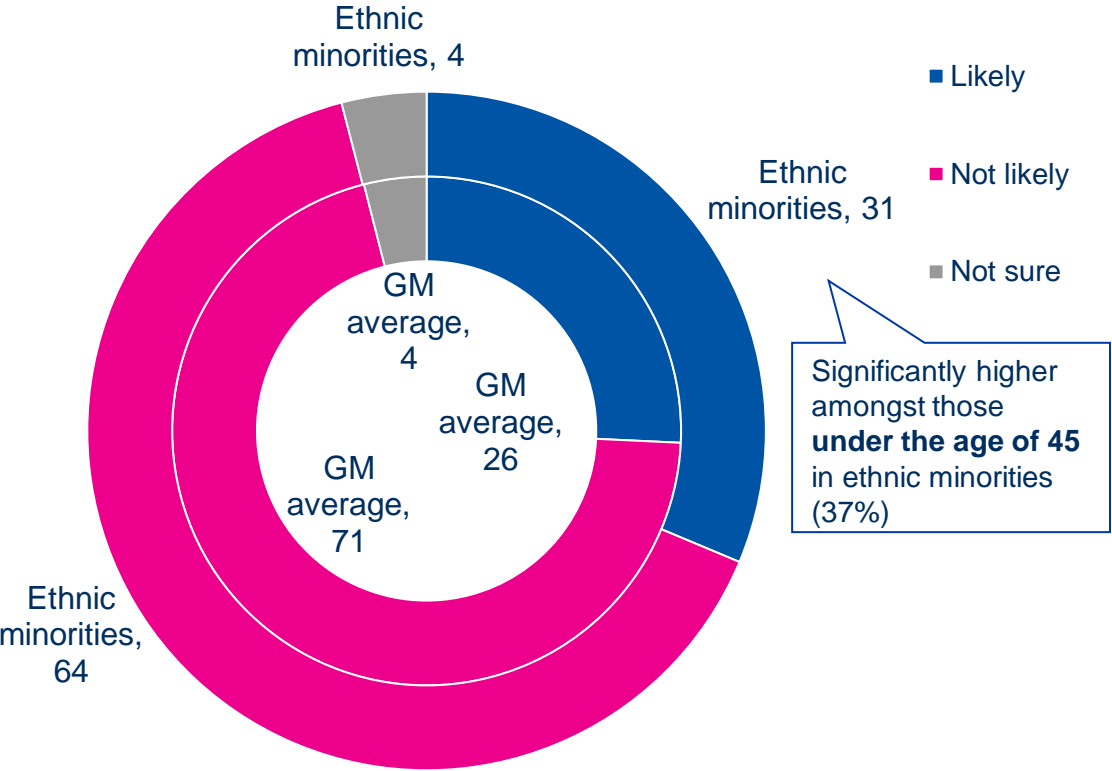
Likelihood to visit town/city centres and hospitality venues

With restrictions lifting, when compared to the Greater Manchester average, ethnic minority respondents were significantly more likely to visit a pub, café, bar or restaurant, or Manchester/Salford city centre in the next 2 weeks.

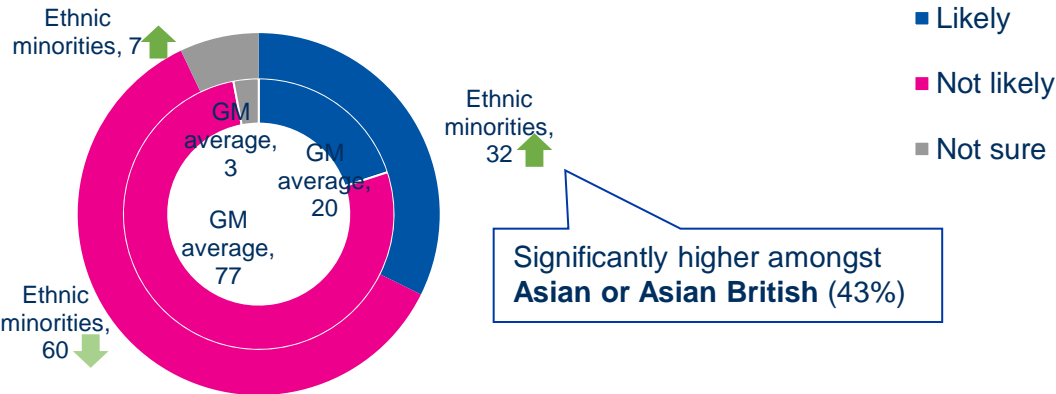
Likelihood to visit pub, café, bar or restaurant in the next 2 weeks (%)



Likelihood to visit a large town centre in Greater Manchester in the next 2 weeks (%)



Likelihood to visit Manchester/Salford city centre in the next 2 weeks (%)



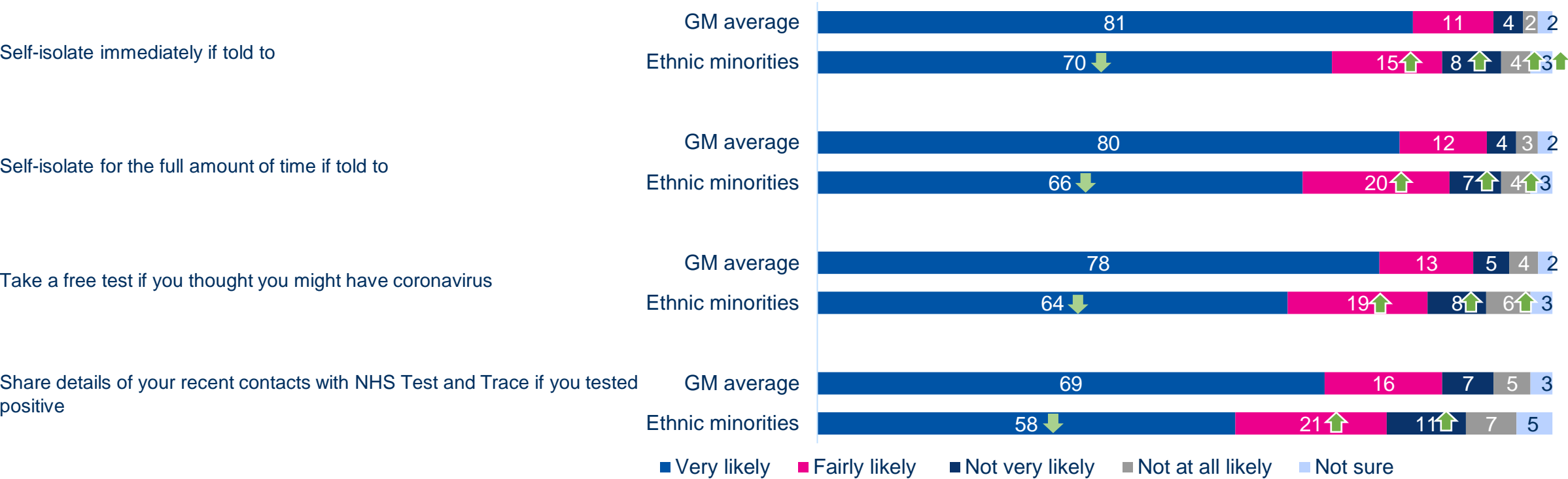
↑↓ Significantly higher/lower compared to GM average

D13a. How likely are you to visit a hospitality venue in the next two weeks? Base: All Respondents not visited hospitality venue from Survey 6 (n=744) and all not visited hospitality venue in ethnic minorities from survey 6 (n=127)
D14a. How likely are you to visit Manchester or Salford city centre in the next two weeks? Base: All Respondents not visited city centre from Survey 6 (n=802) and all not visited city centre in ethnic minorities from survey 6 (n=108)
D15c. How likely are you to visit a large town centre within Greater Manchester in the next two weeks? Base: All Respondents not visited large town centre from Survey 6 (n=659) and all not visited large town centre in ethnic minorities from survey 6 (n=95)

Compliance with test and trace requirements

Fewer ethnic minority respondents say they are very likely to self-isolate immediately or for the full amount of time if told to, take a free test if they think they might have COVID-19, and share details of their recent contacts with NHS Test and Trace if they tested positive, compared to the Greater Manchester average.

Likelihood to... (%)



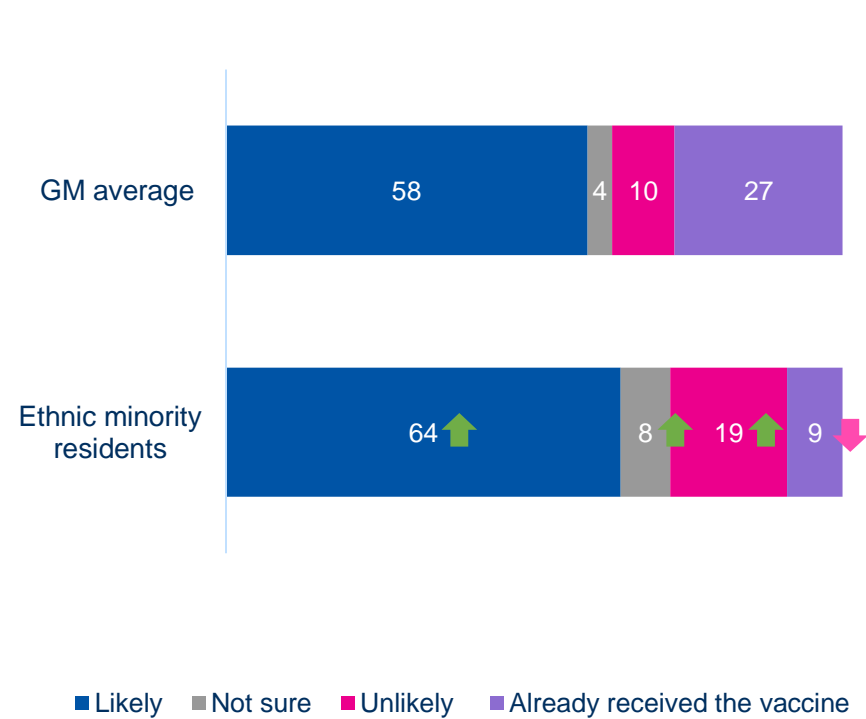
↑↓ Significantly higher/lower compared to GM average

D5. How likely would you be to do each of the following?
Base: All Respondents from Surveys 4-6 (n=3018) and all in ethnic minorities from surveys 4-6 (n=487)

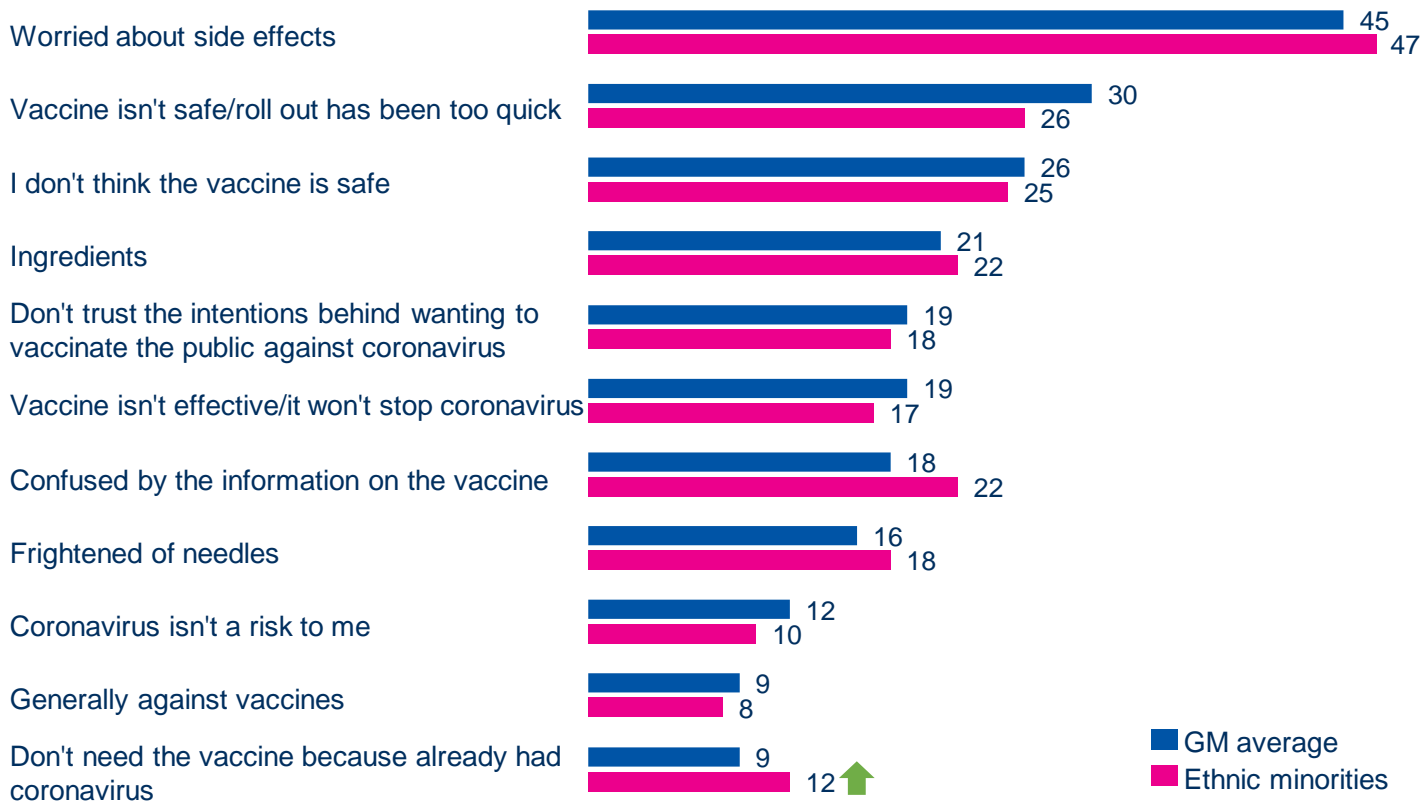
COVID-19 vaccine uptake

Ethnic minority respondents are three times less likely to say they have received their vaccine, with significantly more saying they don't need the vaccine because they already had COVID-19, compared to the Greater Manchester average.

Likelihood to receive vaccine (%)



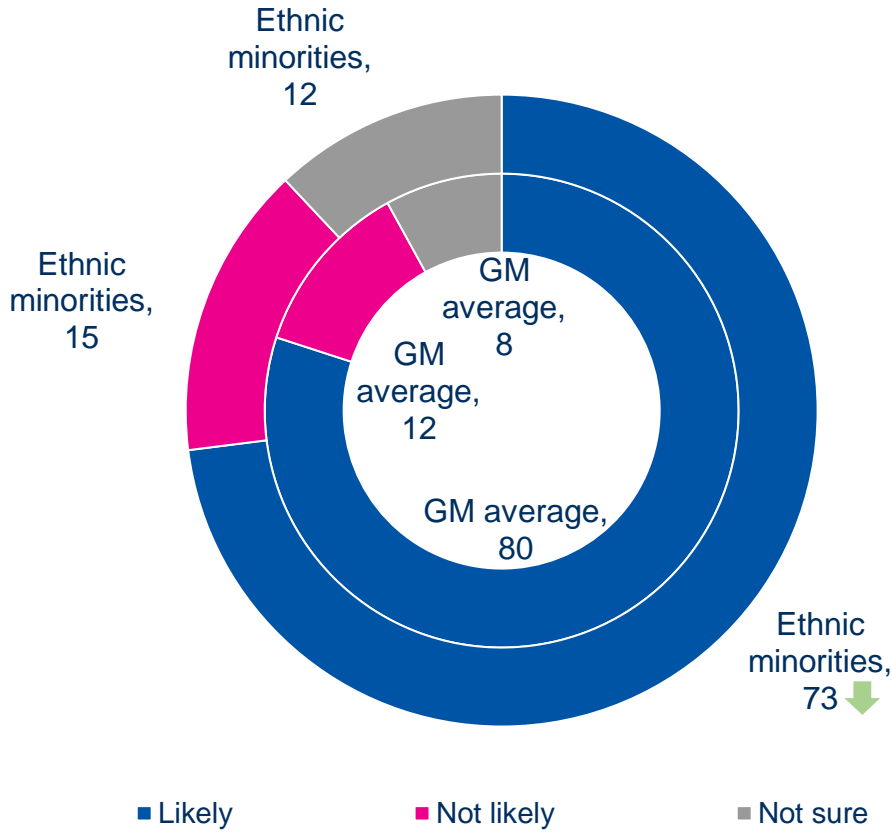
Reasons for not getting vaccine (%)



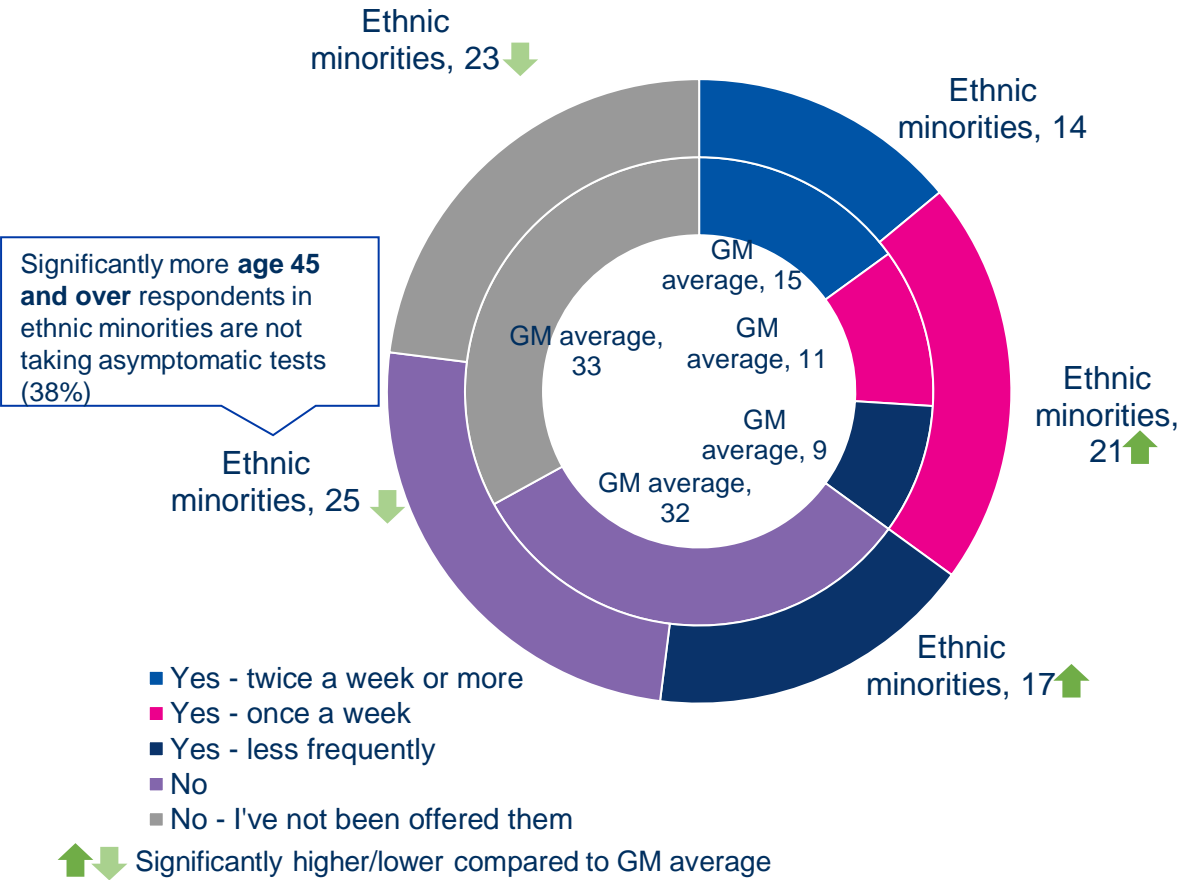
COVID-19 rapid tests for people without symptoms

Significantly fewer ethnic minority respondents say they would be likely to take free COVID-19 tests if offered. There are a significantly more people from ethnic minorities taking asymptomatic COVID-19 tests once a week, while significantly fewer say they have not been offered them.

Likelihood of taking free COVID-19 tests if offered (%)



Taking asymptomatic COVID-19 tests (%)

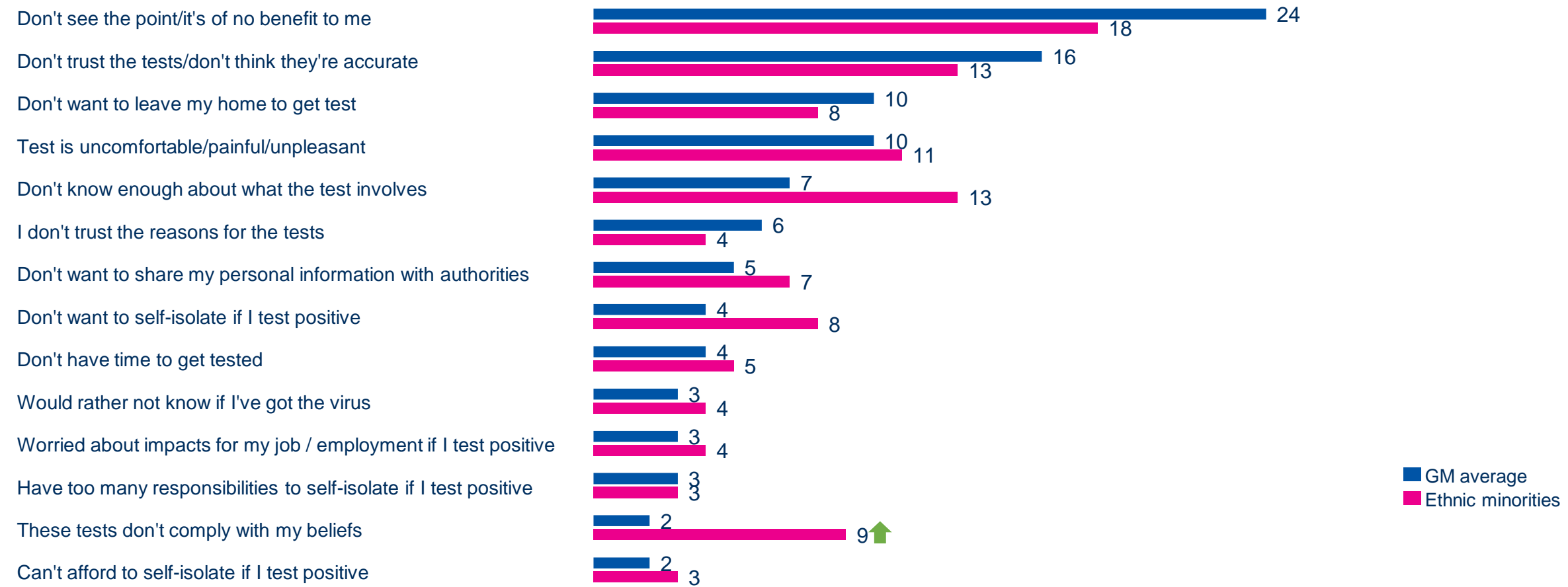


D20. How likely would you be to take these free tests if offered? Base: All respondents in survey 4 and from survey 5 where have been offered tests (n=900) and all ethnic minorities in survey 4 and from survey 5 where been offered tests (n=126)
D20a. Around 1 in 3 people who have COVID-19 don't have any symptoms and can spread it without knowing. Regular COVID testing is therefore being offered to increasing numbers of people that have no symptoms. Are you taking these tests?
Base: All respondents from surveys 5-6 (n=2015) and all in ethnic minorities from surveys 5-6 (n=338)

Reasons for not taking rapid COVID-19 tests

Ethnic minority respondents are significantly more likely to say they won't take the rapid COVID-19 tests due to their personal beliefs, compared to the Greater Manchester average.

Reasons for not taking COVID-19 tests (%)



↑ Significantly higher compared to GM average

D21a. Why have you not taken the tests?
Base: All Respondents not taking tests but have been offered from Surveys 5-6 (n=453) and all in ethnic minorities not taking tests but have been offered from surveys 5-6 (n=53)



Residents with high anxiety / low life satisfaction

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COVID-19 impacts	page 67
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Typical profiles and characteristics of those with higher anxiety

Those with higher anxiety are more likely than the Greater Manchester average to be:

- women (58%; 50% GM)
- aged 18-24 (17%; 15% GM) or 25-34 (22%; 18% GM)
- living with children some or all of the time (37%; 34% GM)
- in part time employment (15%; 13% GM) or not in work due to ill health (6%; 4% GM)
- working from home all of the time (39%; 36% GM)
- disabled (26%; 19% GM), including mental ill health (15%; 9%)
- Asian (12%; 10% GM)
- Muslim (12%; 10% GM)
- living in the most deprived neighbourhoods (41%; 39% GM)
- living in Manchester (22%; 19% GM)

Those with higher anxiety are less likely than the Greater Manchester average to be:

- aged 65-74 (7%; 10% GM) or 75+ (5%; GM)
- not working at all (40%; 44% GM)
- White British / English / Welsh / Scottish / Northern Irish (74%; 78% GM)
- Speaker of English as a first language (88%; 91% GM)
- heterosexual (83%; 85% GM)

Typical profiles and characteristics of those with low life satisfaction

Those with lower life satisfaction are more likely than the GM average to be:

- women (56% low life satisfaction; 50% GM average)
- aged 18-24 (18%; 15% GM average), 45-54 (21%; 17% GM average)
- parent of child(ren) who live elsewhere (11%; 8% GM average)
- disabled (34%; 19% GM average), including mental ill health (21%; 9% GM average) and with a mobility disability (14%; 8% GM average)
- living in the most deprived neighbourhoods (46%; 39% GM average)

Those with lower life satisfaction are less likely than the GM average to be:

- aged 75+ (6%; 8% GM average)
- living with their children some or all of the time (30%; 34% GM average)
- employed full-time (34%; 44% GM average)
- Christian (43%; 47% GM average)
- heterosexual (82%; 85% GM average)

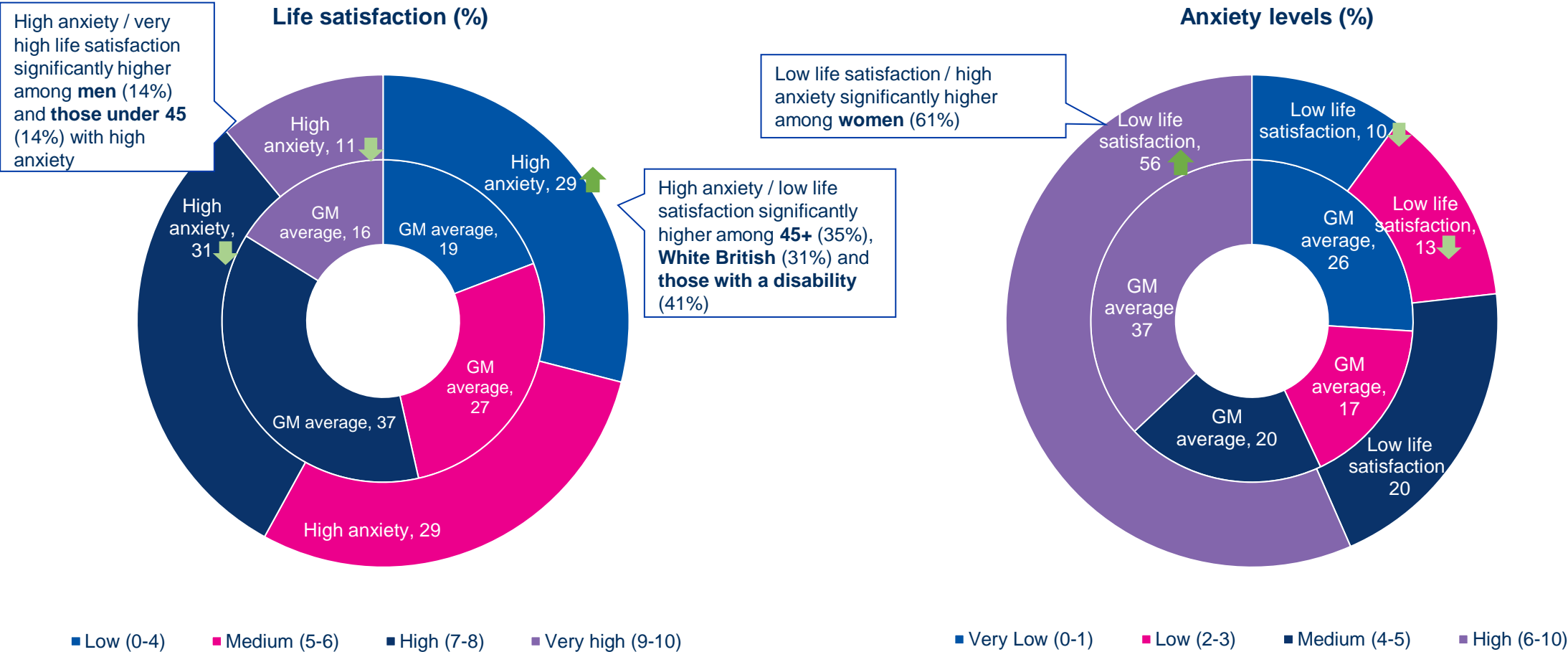


Feelings and Concerns

Residents with high anxiety / low life satisfaction

Life satisfaction and anxiety levels

There is a high correlation between those with low life satisfaction and those with high anxiety – i.e. those who are anxious are likely to also have low life satisfaction



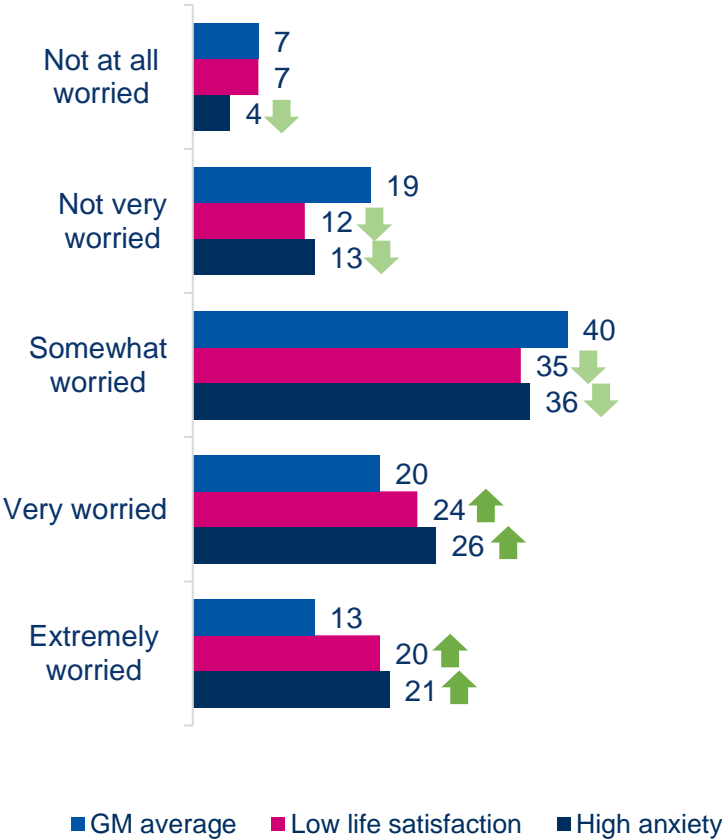
A1A. Overall ...? : ... how satisfied are you with your life nowadays / A1D. Overall ...? : ... how anxious did you feel yesterday
Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6

↑↓ Significantly higher/lower compared to GM average

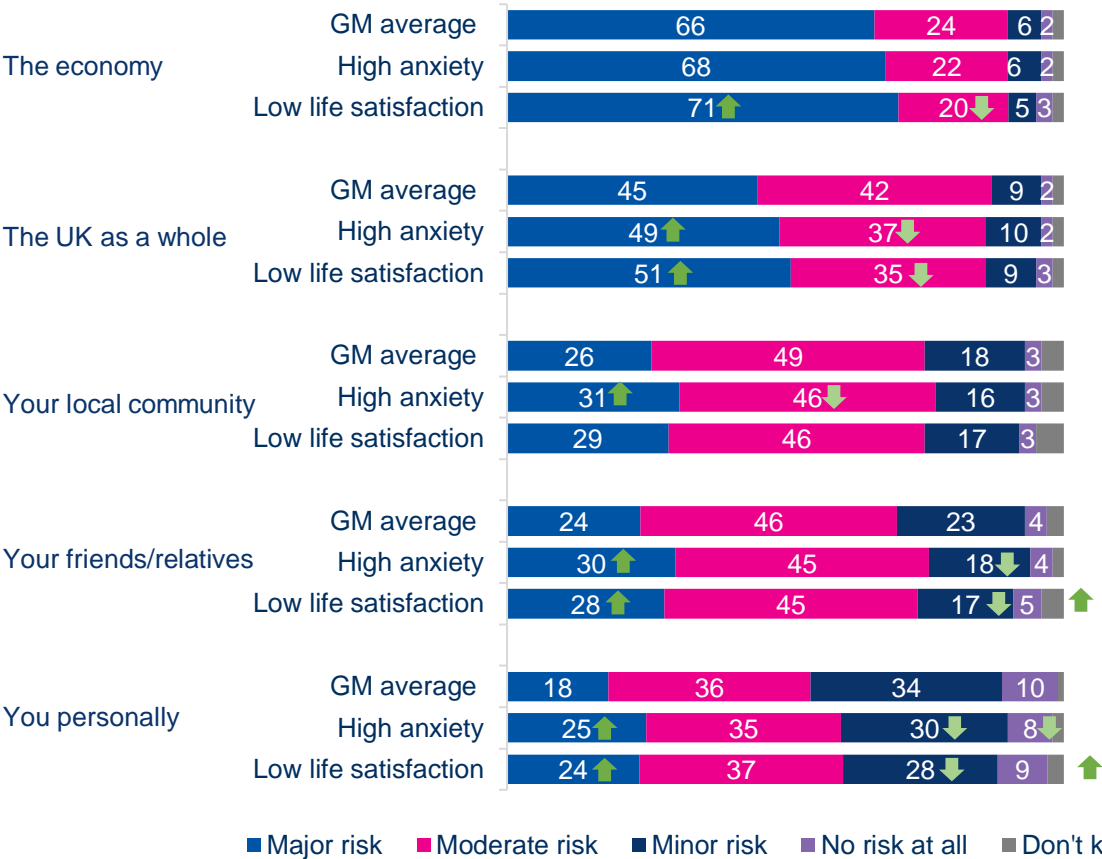
Concerns about and perceived risks of COVID-19

Those with high anxiety or low life satisfaction are significantly more worried about COVID-19 than the Greater Manchester average; they also perceive coronavirus as a higher risk to them personally.

Overall level of concern about COVID-19 (%)



Perceived risk of COVID-19 (%)



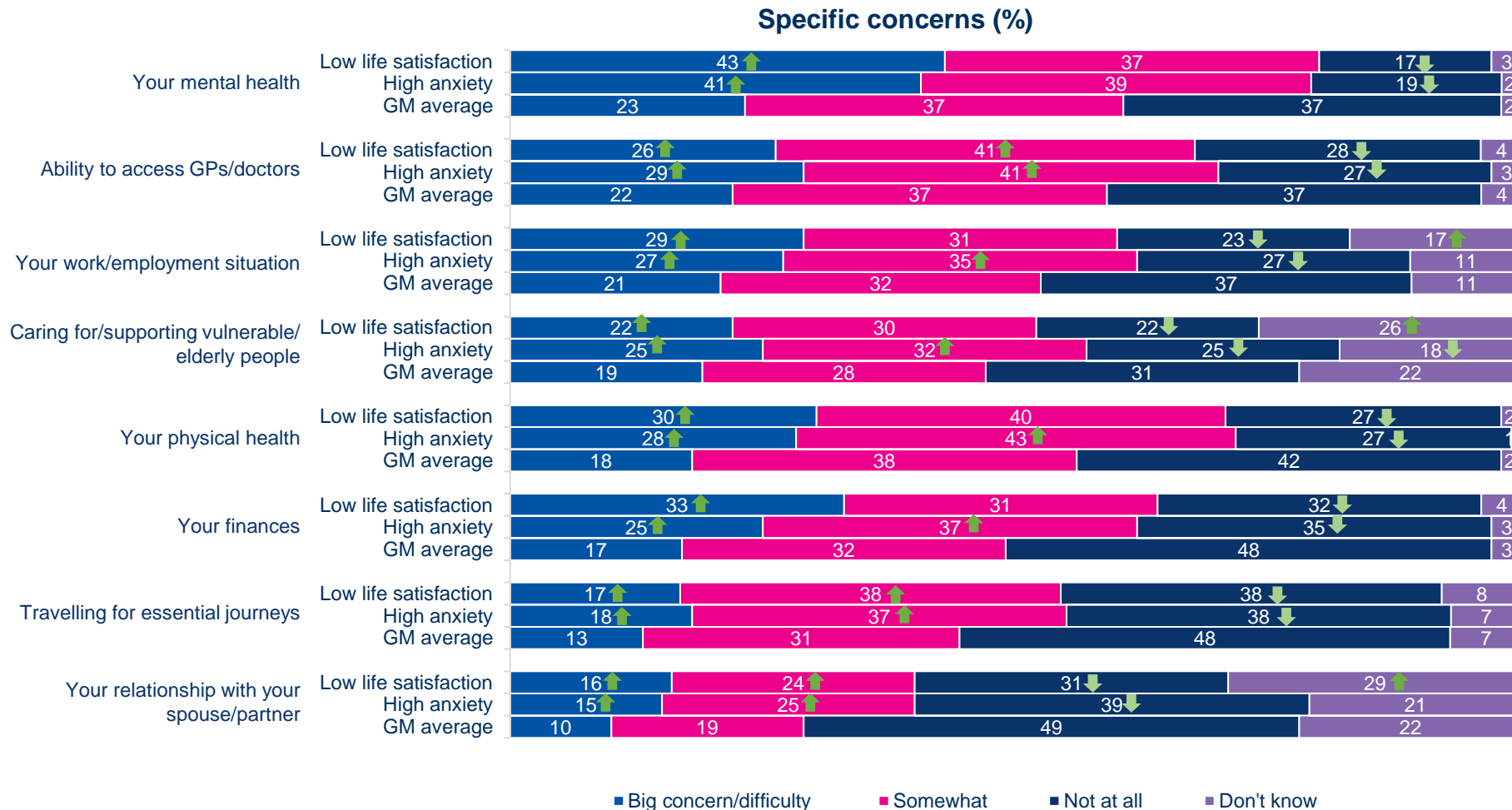
Those with high anxiety aged 45+ are significantly more likely to see COVID-19 as a major risk to the following:

- Them personally (31% vs 25% GM high anxiety average)
- Their friends or relatives (35% vs 30%)
- Their local community (35% vs 31%)
- The economy (74% vs 68%)
- The UK as a whole (54% vs 49%)

B1. Overall, how worried are you about coronavirus? / D1. How much of a risk do you think coronavirus is to...?
Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6

Specific concerns as a result of the COVID-19 pandemic

Those with high anxiety or low life satisfaction are significantly more likely to see each of the following issues as a big concern/difficulty

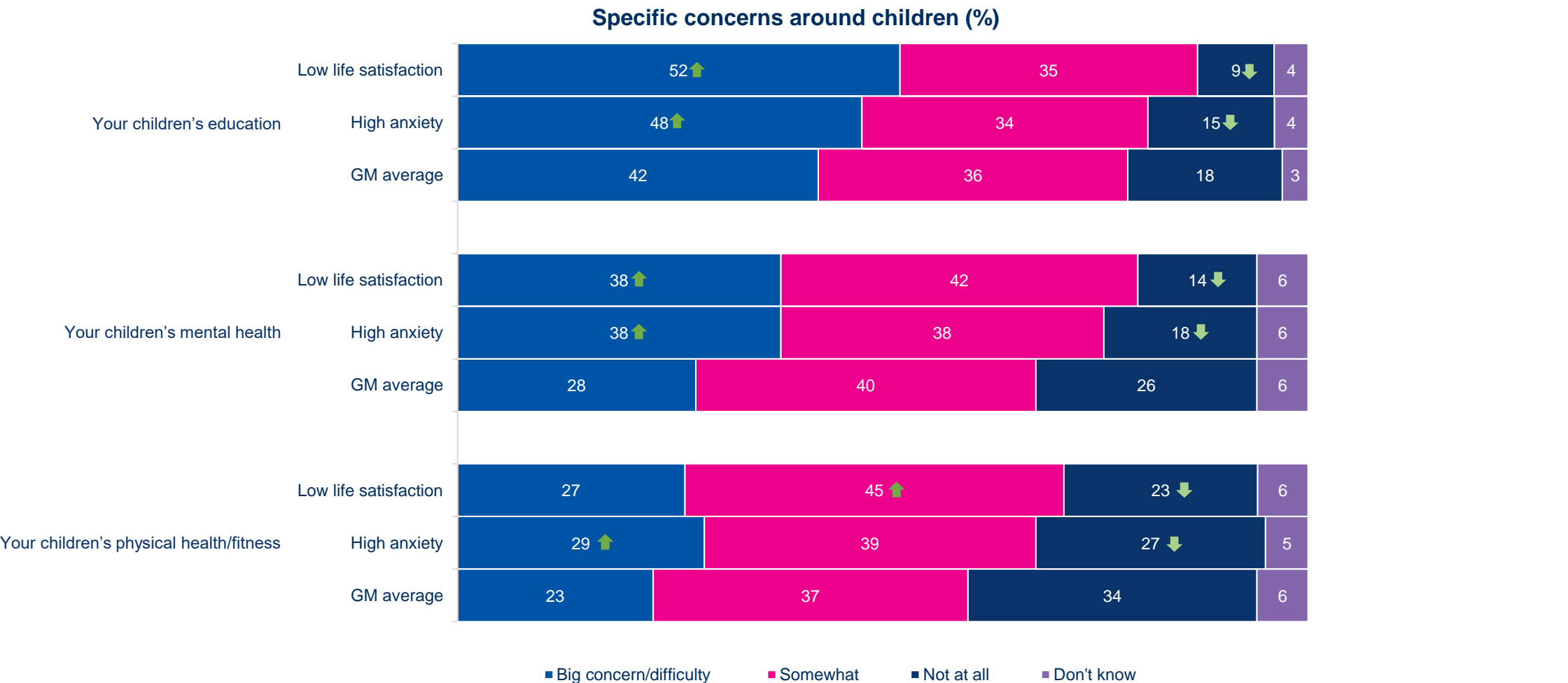


Under 45s with high anxiety are significantly more likely to say the following are a big concern/difficulty as a result of the COVID-19 pandemic:

- Their physical health (32% vs 28% high anxiety GM average)
- Their mental health (49% vs 41%)
- Their relationship with their spouse/partner (17% vs 15%)
- Their work/employment situation (29% vs 27%)
- Their finances (31% vs 25%)
- Caring for or supporting vulnerable/elderly people (27% vs 25%)

Specific concerns as a result of the COVID-19 pandemic - children

Those with low life satisfaction don't consider their children's physical health/fitness as any more of a big concern/difficulty than the Greater Manchester average.



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?
Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6



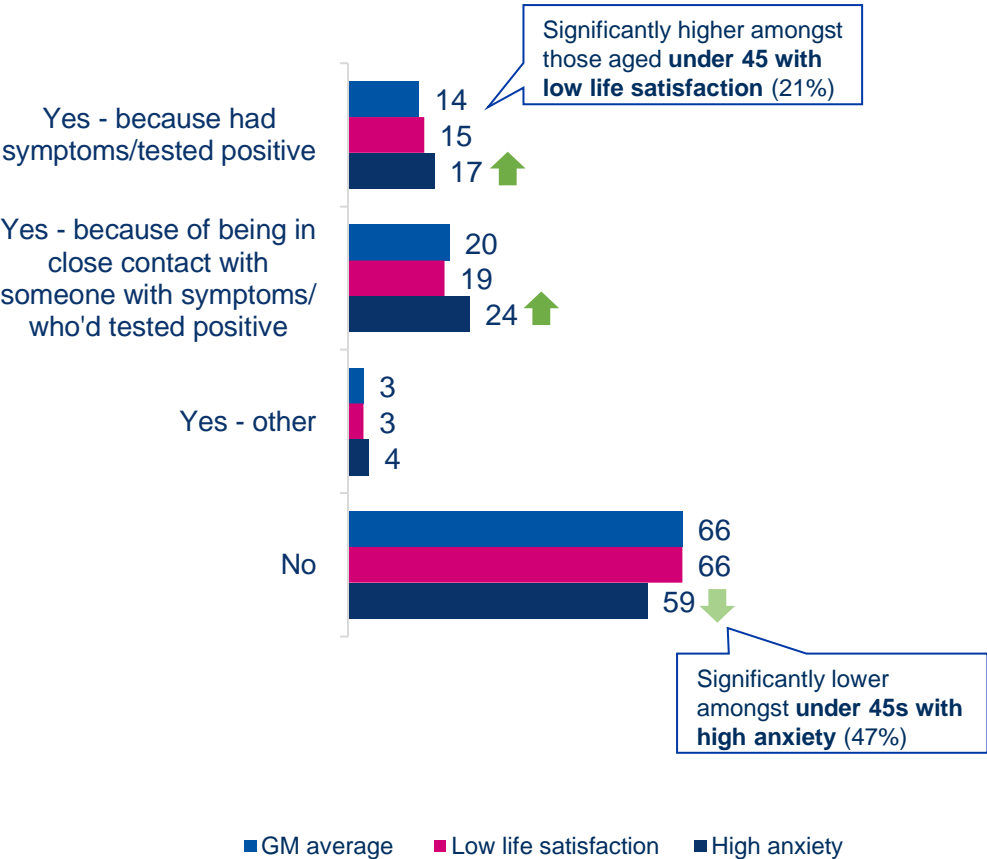
COVID-19 Impacts

Residents with high anxiety / low life satisfaction

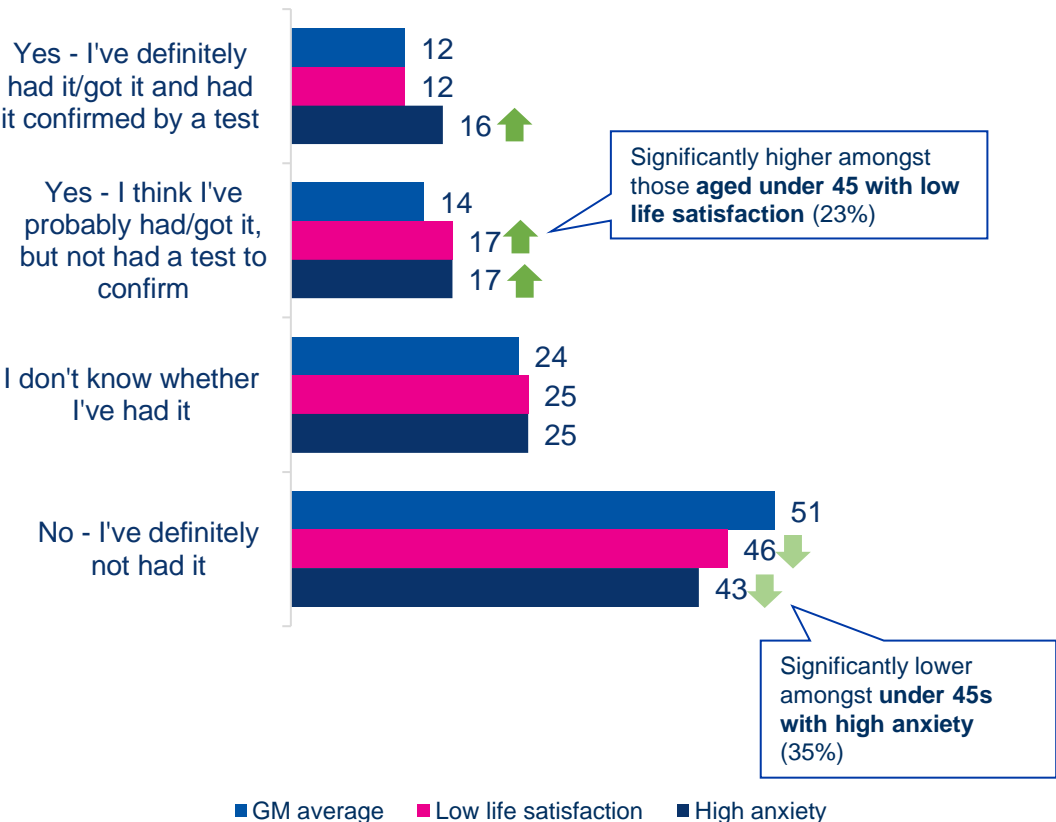
Those who had COVID-19 and those who have self-isolated

Respondents with high anxiety are more likely to say they have had to self-isolate, and that they have had COVID-19, compared to the Greater Manchester average.

Whether they've had to self-isolate due to COVID-19 (%)



Whether they've had COVID-19 (%)

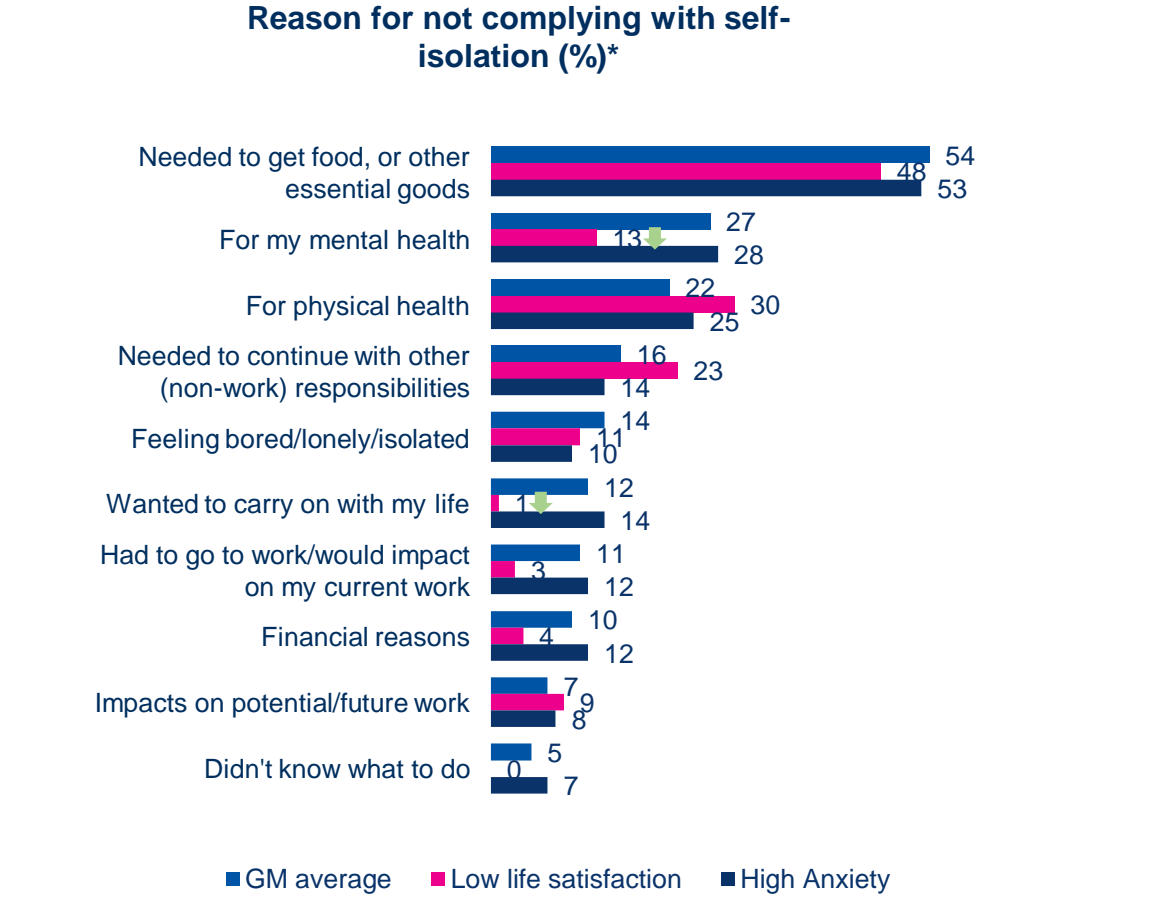
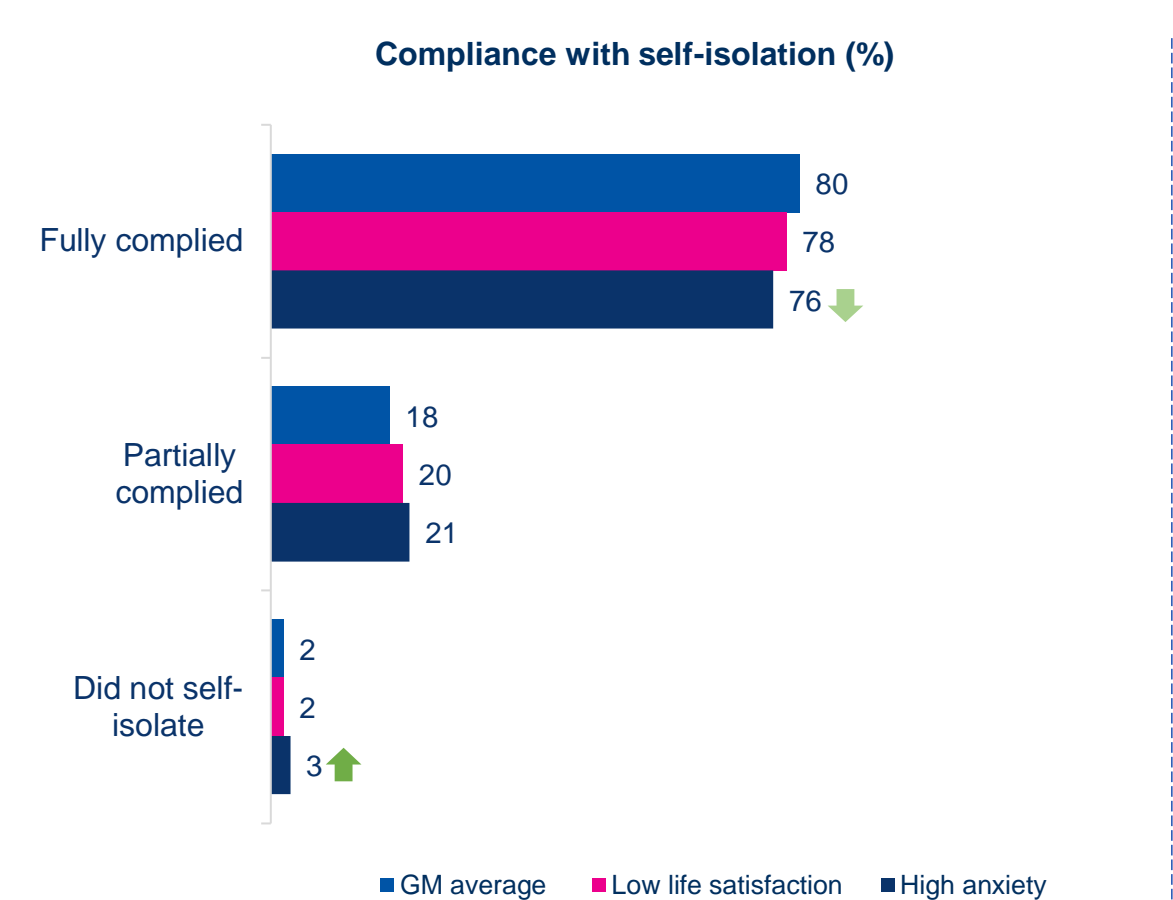


↑↓ Significantly higher/lower compared to GM average

B25. Have you needed to self-isolate due to symptoms, a positive test, or being a close contact of someone with coronavirus? / B24. Do you know, or think, you have had coronavirus?
Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6

Self-isolation compliance

Those with high anxiety are significantly less likely to fully comply with self-isolation rules, although their reasons for not doing so are not significantly different to the Greater Manchester average. Those with low life satisfaction were significantly less likely than the average to cite their mental health or wanting to carry on with their life as reasons for not complying.

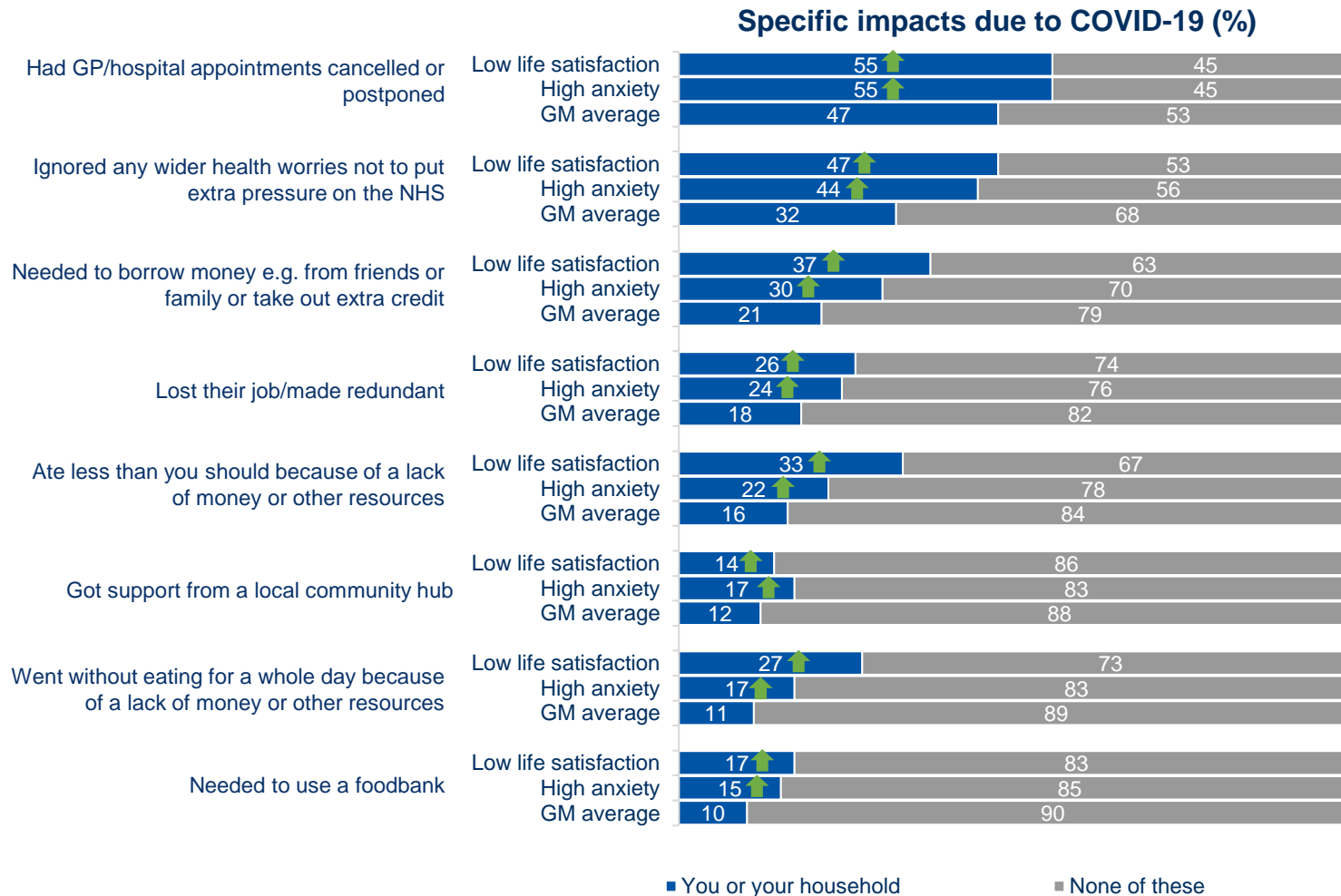


↑↓ Significantly higher/lower compared to GM average

*base size for low life satisfaction below 50

Specific impacts of COVID-19

When compared to the Greater Manchester average, a significantly higher proportion of respondents who either have low life satisfaction or high anxiety have been specifically impacted by COVID-19 in all the categories below. Those with low life satisfaction are especially likely to have been impacted by not being able to afford to eat enough food.



Those **aged under 45** with low life satisfaction are significantly more likely to have personally experienced:

- Losing their job/being made redundant (21% vs 15% GM low life satisfaction average)
- Getting support from a local community hub (10% vs 8%)
- Needing to use a foodbank (15% vs 11%)
- Needing to borrow money from friends or family, or taking out extra credit (41% vs 30%)
- Going for a whole day without eating because of lack of money or other resources (21% vs 15%)

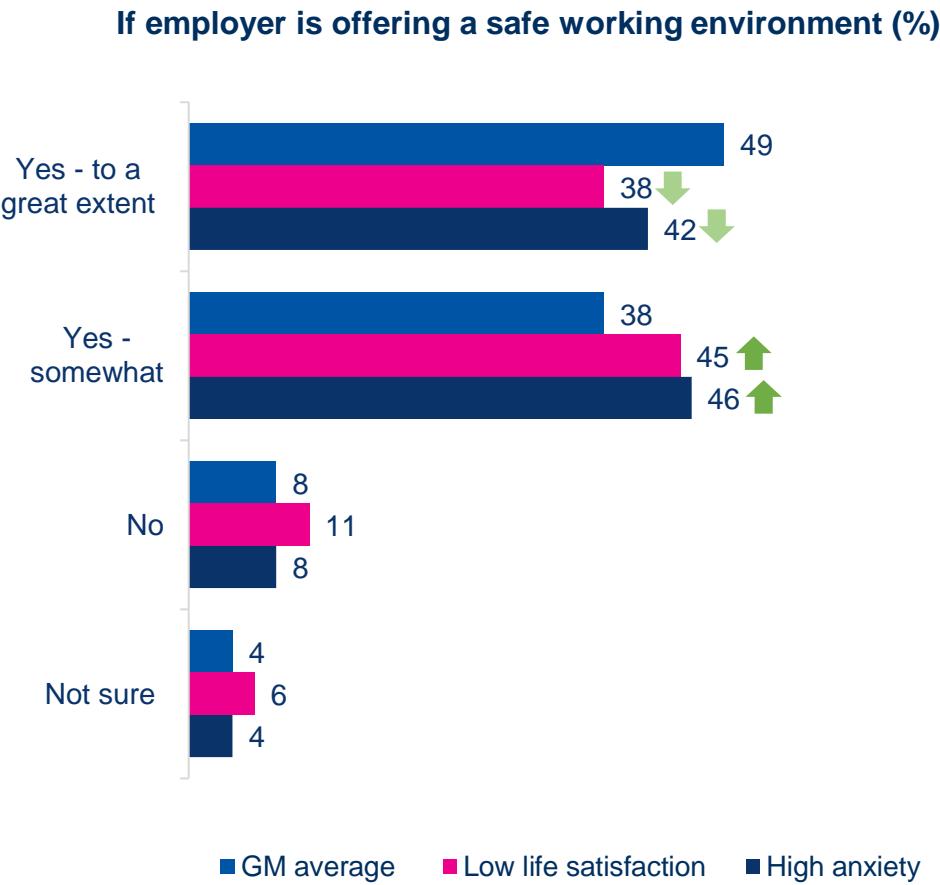
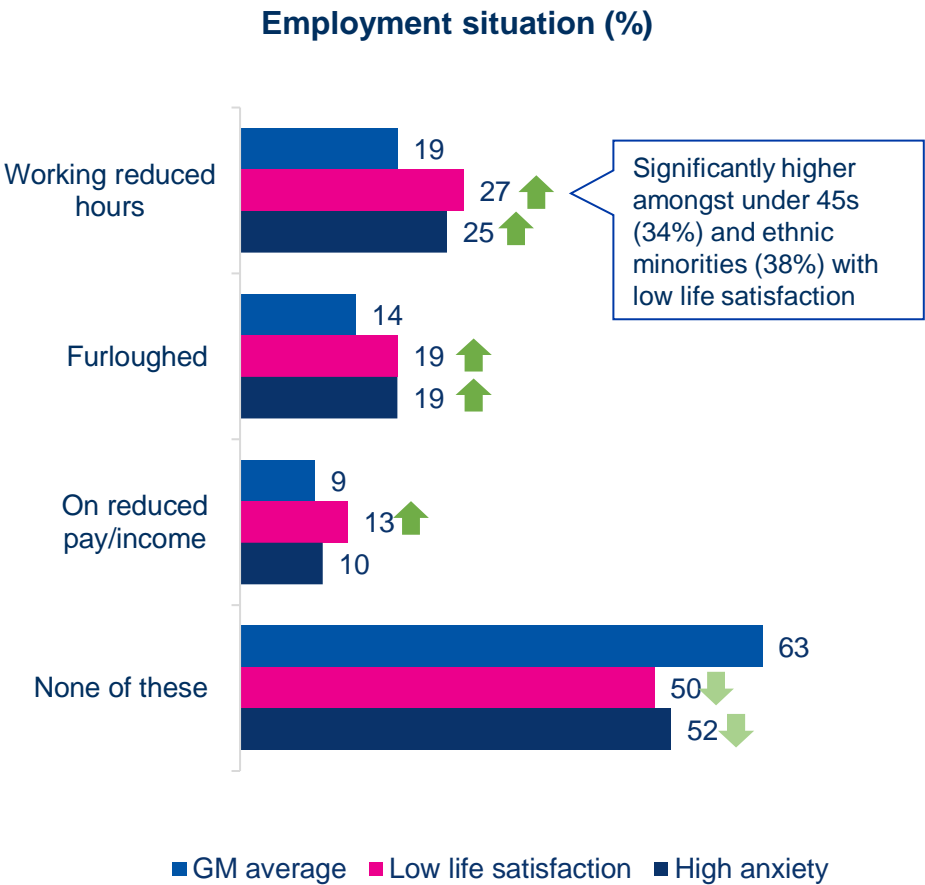
Those in **ethnic minorities** with high anxiety are significantly more likely to have had any experience of the following:

- Losing their job/being made redundant (41% vs 24% GM high anxiety average)
- Having GP/hospital appointments cancelled or postponed (66% vs 55%)
- Ignoring any wider health worries so as not to put extra pressure on the NHS (52% vs 44%)
- Getting support from a local community hub (27% vs 17%)
- Needing to use a foodbank (24% vs 15%)
- Needing to borrow money from friends or family, or taking out extra credit (45% vs 30%)
- Going for a whole day without eating because of a lack of money or other resources (27% vs 17%)

↑ Significantly higher compared to GM average

Impacts on employment

People with low life satisfaction or high anxiety are significantly more likely to have worked reduced hours or been furloughed; those attending their place of work are significantly less likely to think their employer offers a greatly safe working environment.

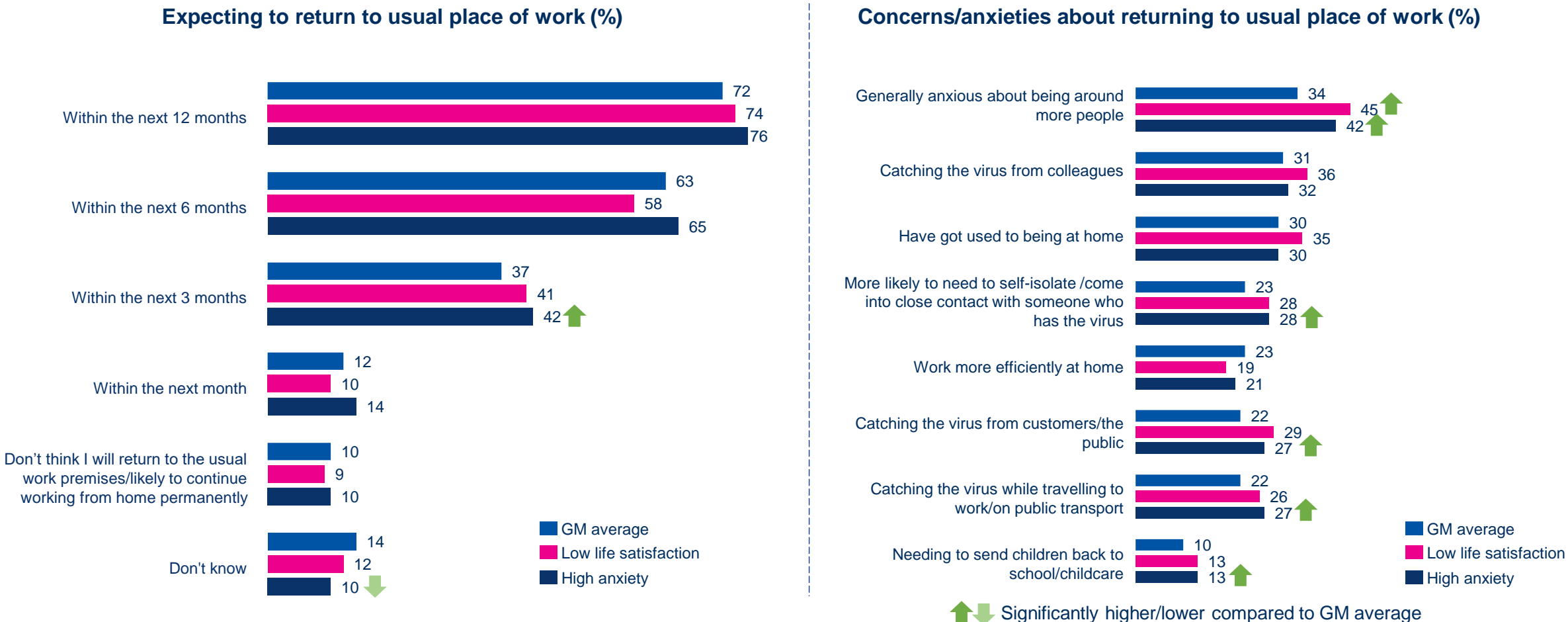


Significantly higher/lower compared to GM average

B20B. As a result of the coronavirus/COVID-19 pandemic are you currently. Base: All employed from Surveys 4-6 (n=1633) and all employed with low life satisfaction (n=263) or high anxiety (n=623) from surveys 4-6
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? Base: All employed and not working from home from Surveys 4-6 (n=1084) and all employed and not working from home with low life satisfaction (n=179) or high anxiety (n=400) from surveys 4-6

Returning to usual place of work

Those with high anxiety are significantly more likely to expect to return to their usual place of work in the next 3 months. Along with respondents with low life satisfaction, they are significantly more likely to be generally anxious about being around more people when doing so, compared to the Greater Manchester average.



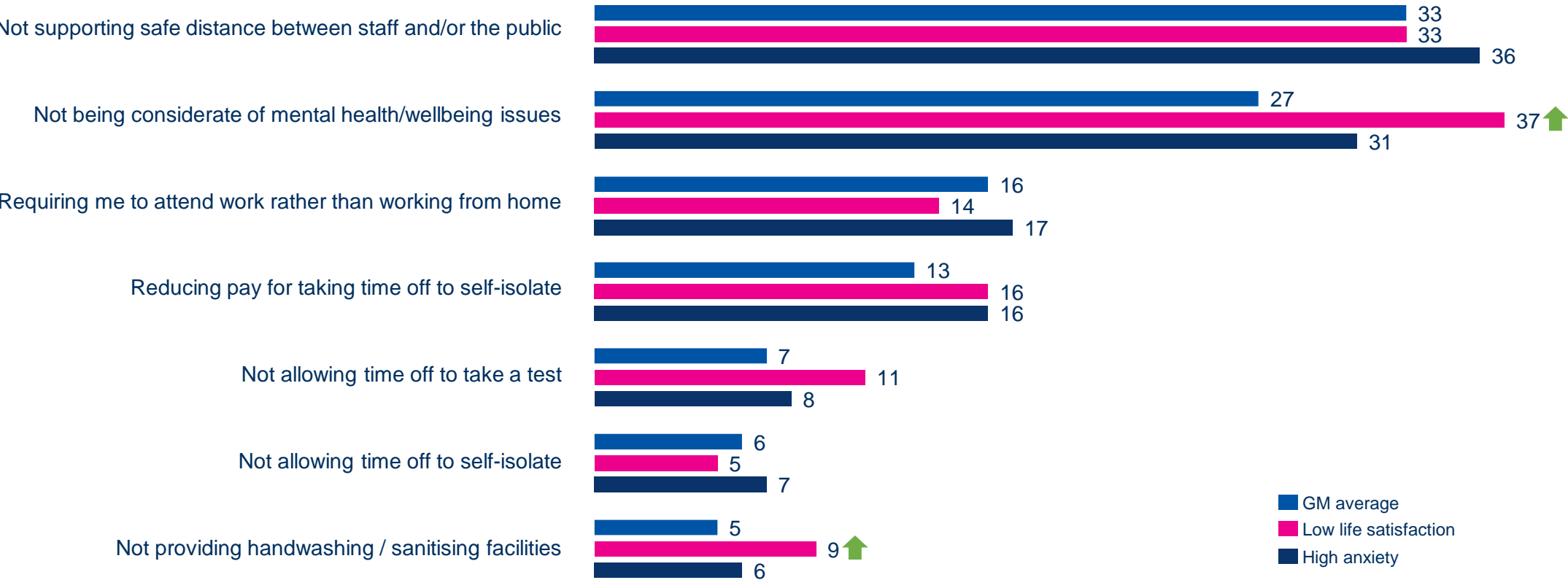
B38. When do you expect to return to your usual place of work i.e. your employer's premises, or to be working there as often as you usually would, before COVID? / B39. Do you have any concerns or anxieties about returning to your usual place of work, or going there more often than you do now?
Base: All employed and working from home from Surveys 4-6 (n=701) and all employed and working from home with low life satisfaction (n=106) or high anxiety (n=278) from surveys 4-6

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Ways working environment is not safe

Those with low life satisfaction who don't think their workplace is greatly safe are significantly more likely than the Greater Manchester average to feel their employer is not being considerate of mental health/wellbeing issues, or providing handwashing / sanitising facilities.

Ways employer has not been providing safe working environment (%)



↑Significantly higher compared to GM average



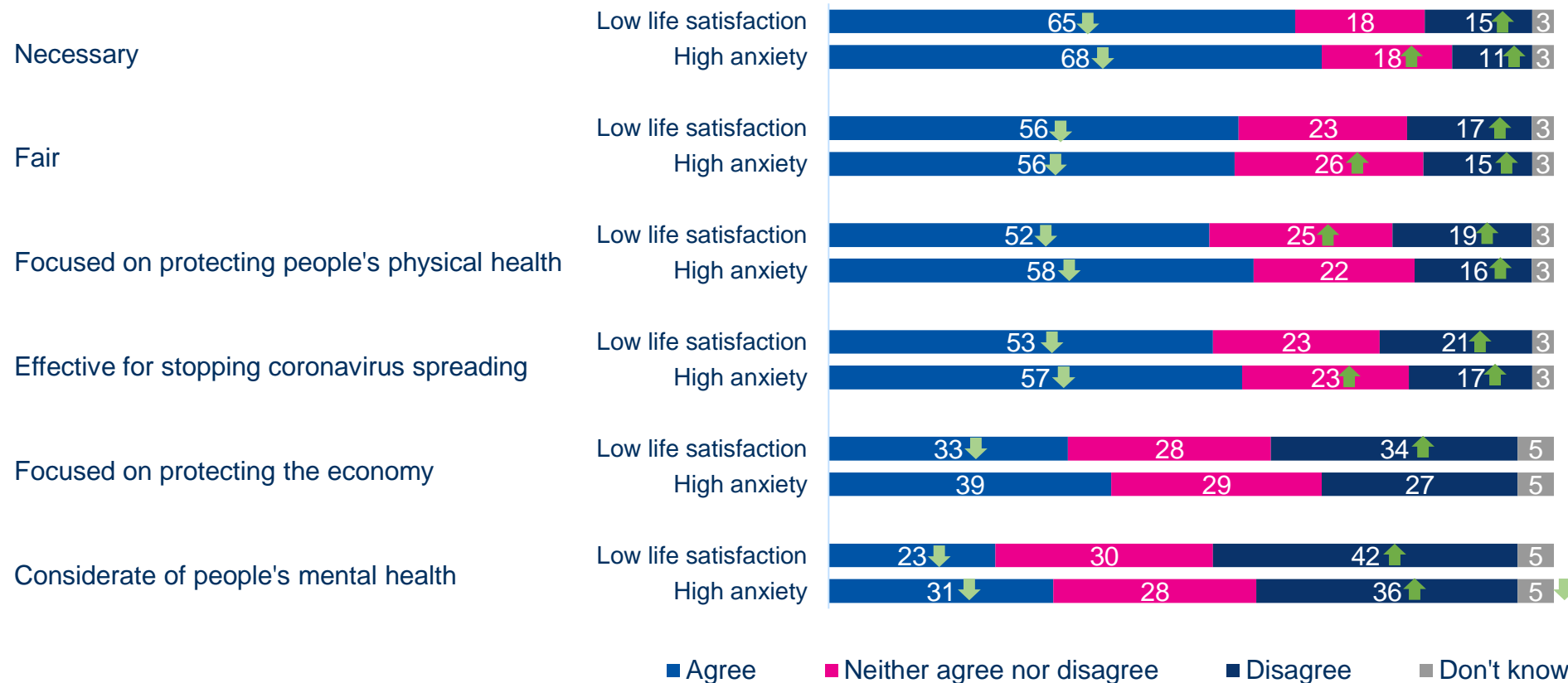
Attitudes and behaviours

Residents with high anxiety / low life satisfaction

Thoughts on COVID-19 restrictions and guidelines

Those with low life satisfaction or high anxiety are significantly more likely to disagree that restrictions are considerate of people's mental health, focused on protecting people's physical health, fair and necessary, compared to the Greater Manchester average.

Current restrictions in local area are... (%)



Those **under the age of 45** with low life satisfaction are significantly more likely to disagree that the restrictions are:

- Necessary (18%)
- Focused on protecting people's physical health (22%)
- Considerate of people's mental health (50%)

D2. Do you agree or disagree that the current restrictions and guidelines in your local area are?

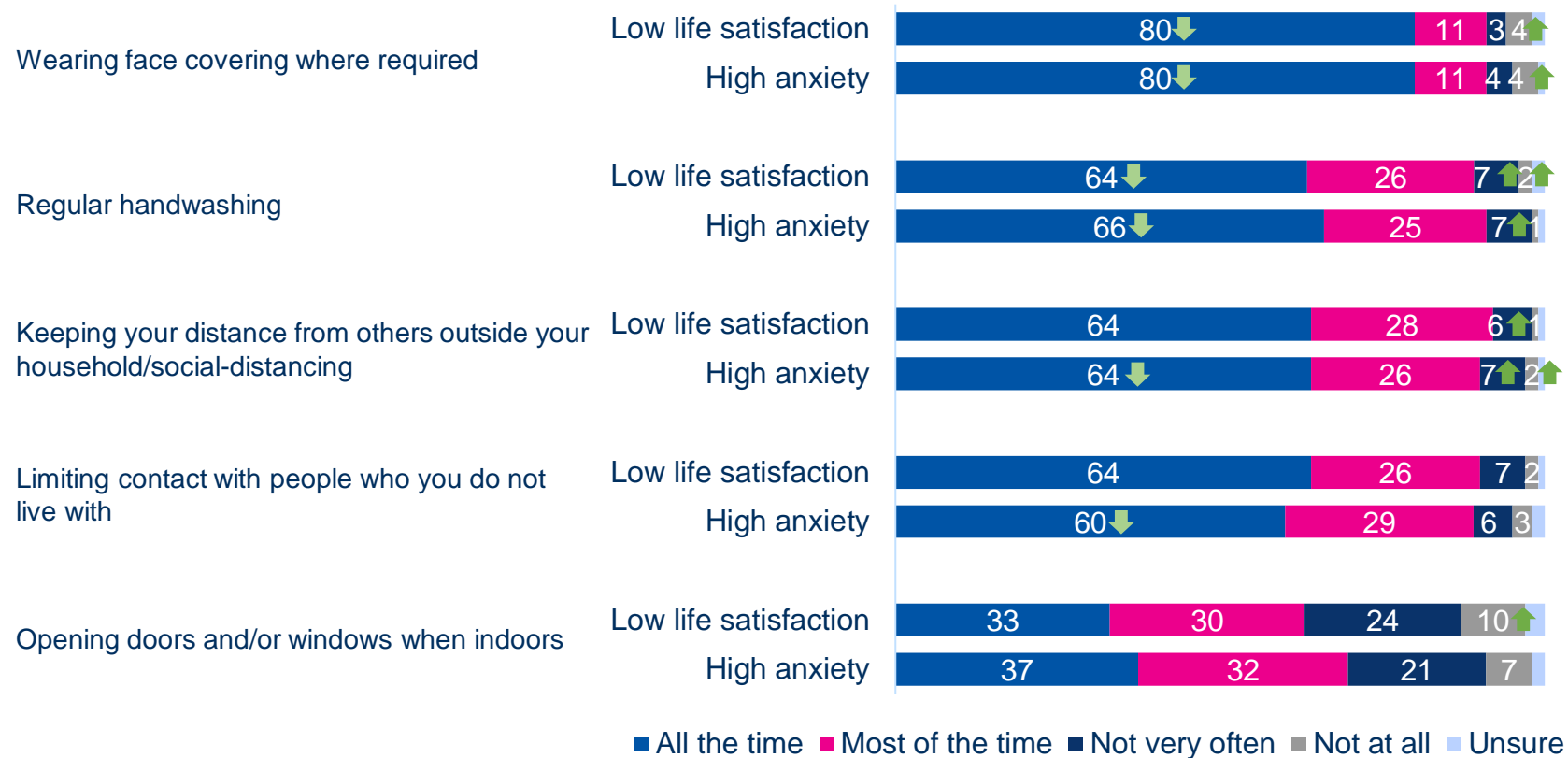
Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6

↑↓ Significantly higher/lower compared to GM average

Extent of compliance with restrictions and guidelines

Those with low life satisfaction or high anxiety are significantly less likely to wear a face covering where required or regularly handwash, compared to the Greater Manchester average.

Compliance with COVID-19 restrictions and guidelines (%)



Those **under the age of 45** with high anxiety are significantly less likely to do the following all of the time:

- Wear face covering where required (73% vs 80% all high anxiety respondents)
- Regular handwashing (60% vs 66%)
- Keeping their distance from others outside their household/ social distancing (54% vs 64%)
- Limiting contact with people they do not live with (51% vs 60%)
- Opening doors and/or windows when indoors (34% vs 37%)

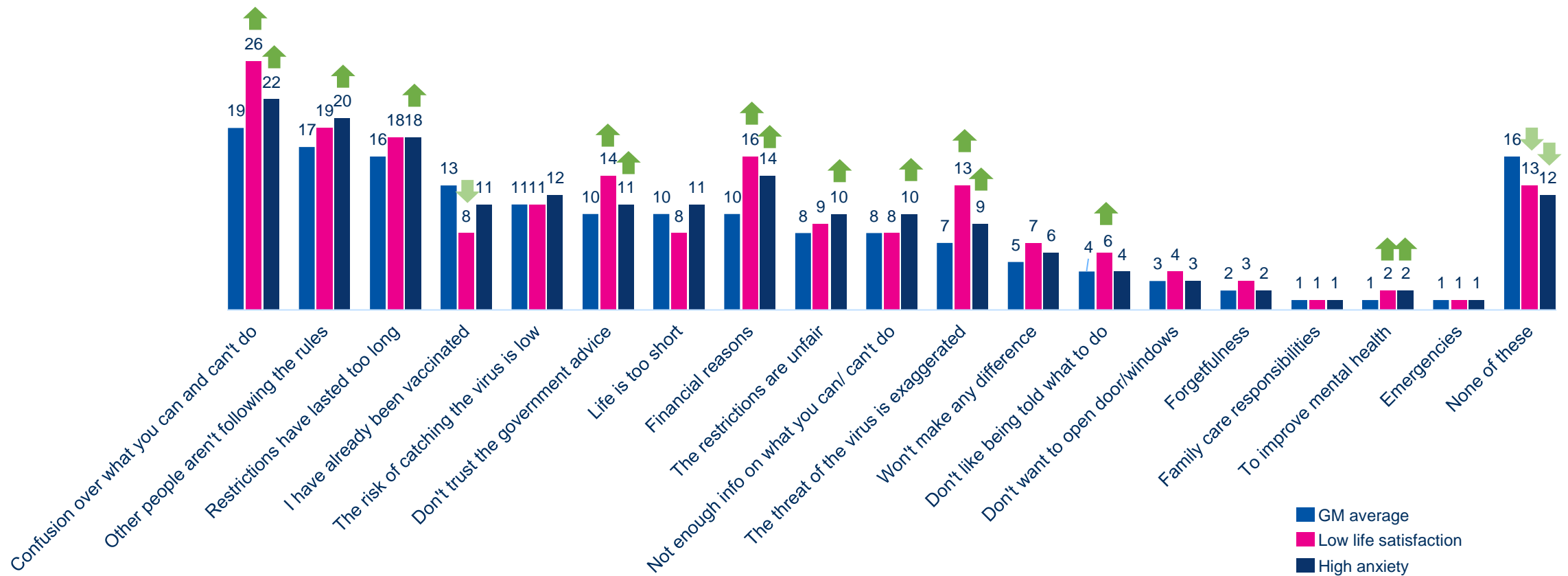
Ethnic minorities with low life satisfaction are significantly less likely to comply with the following all of the time:

- Wearing face covering where required (68% vs 80% GM average with low life satisfaction)
- Keeping their distance from others (53% vs 64%)
- Limiting contact with people they don't live with (51% vs 64%)

Reasons for not fully complying with COVID-19 restrictions and guidelines

Respondents with low life satisfaction or high anxiety are significantly more likely to cite confusion and financial issues as reasons for not always complying/following restrictions and guidelines, compared to the Greater Manchester average.

Reasons for not always fully complying/following restrictions and guidelines (%)



D6. Why might you not always fully comply or follow the coronavirus restrictions and guidelines?

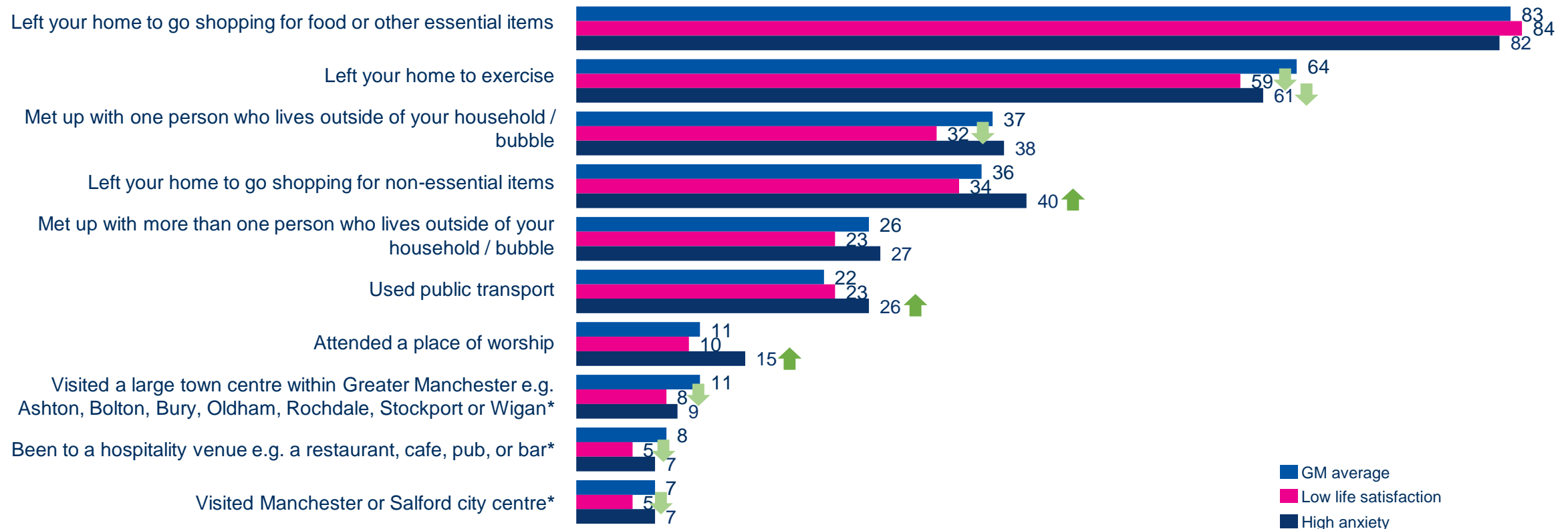
Base: All Respondents from Surveys 4-6 that do not always comply with listed guidelines (n=2281) and low life satisfaction (n=438) or high anxiety (n=844) from surveys 4-6 that do not always comply with listed guidelines

↑↓ Significantly higher/lower compared to GM average

Activities done during restrictions and their easing

During a period of national restrictions and their gradual easing, those with high anxiety were significantly more likely to have used public transport or attended a place of worship in the past 7 days, compared to the Greater Manchester average. Those with low life satisfaction were significantly less likely to have left their home to exercise, met up with someone outside their household / bubble, or visited a large town centre.

Activities done in the last 7 days (%)



*Added in survey 6

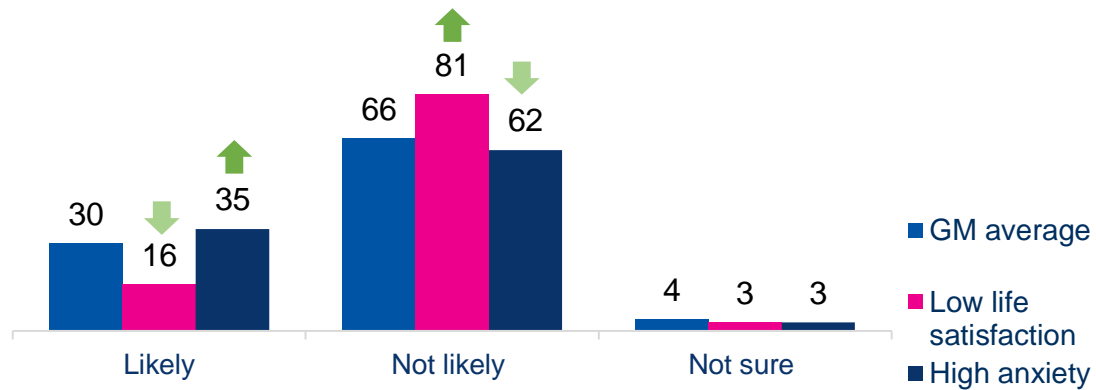
D13. In the last 7 days, how often, if at all, have you done each of the following?

Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6

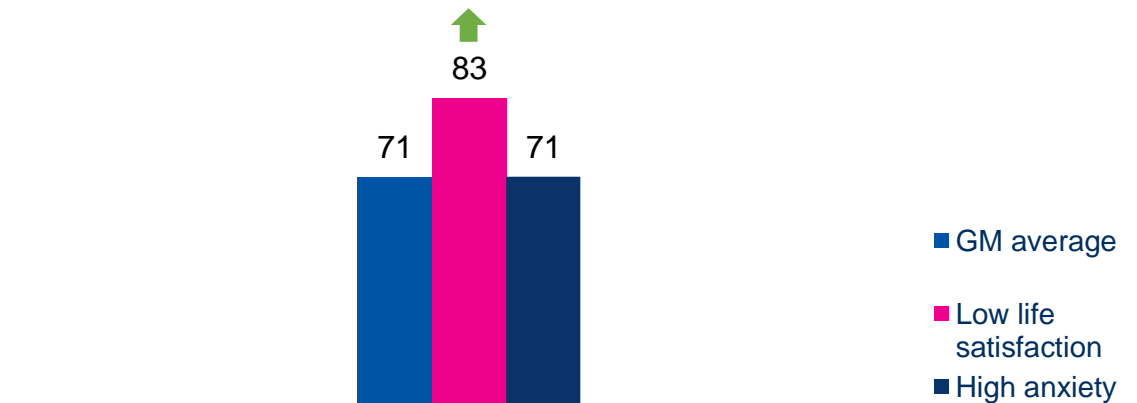
Likelihood to visit town/city centres and hospitality venues

With restrictions lifting, those with low life satisfaction were significantly less likely to visit a pub, café, bar or restaurant, or visit a large town centre in Greater Manchester in the next 2 weeks, compared to the Greater Manchester average.

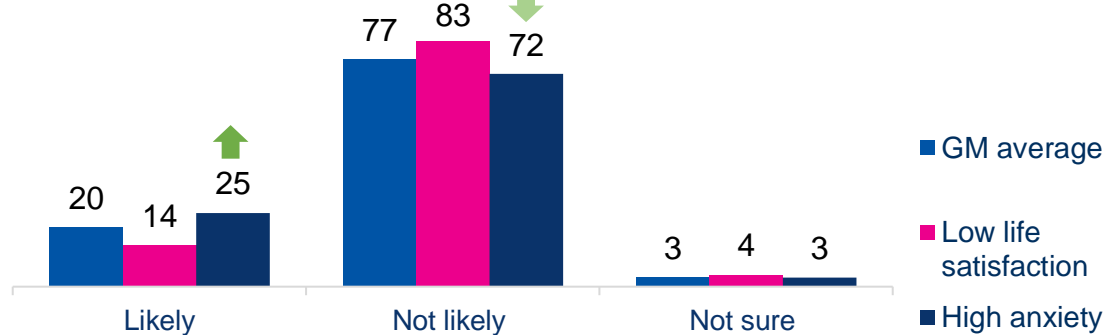
Likelihood to visit pub, café, bar or restaurant in the next 2 weeks (%)



Likelihood to visit a large town centre in Greater Manchester in the next 2 weeks (%)



Likelihood to visit Manchester/Salford city centre in the next 2 weeks (%)



↑↓ Significantly higher/lower compared to GM average

D13a. How likely are you to visit a hospitality venue in the next two weeks? Base: All Respondents not visited hospitality venue from Survey 6 (n=744) / low life satisfaction (n=118) / high anxiety (n=248)

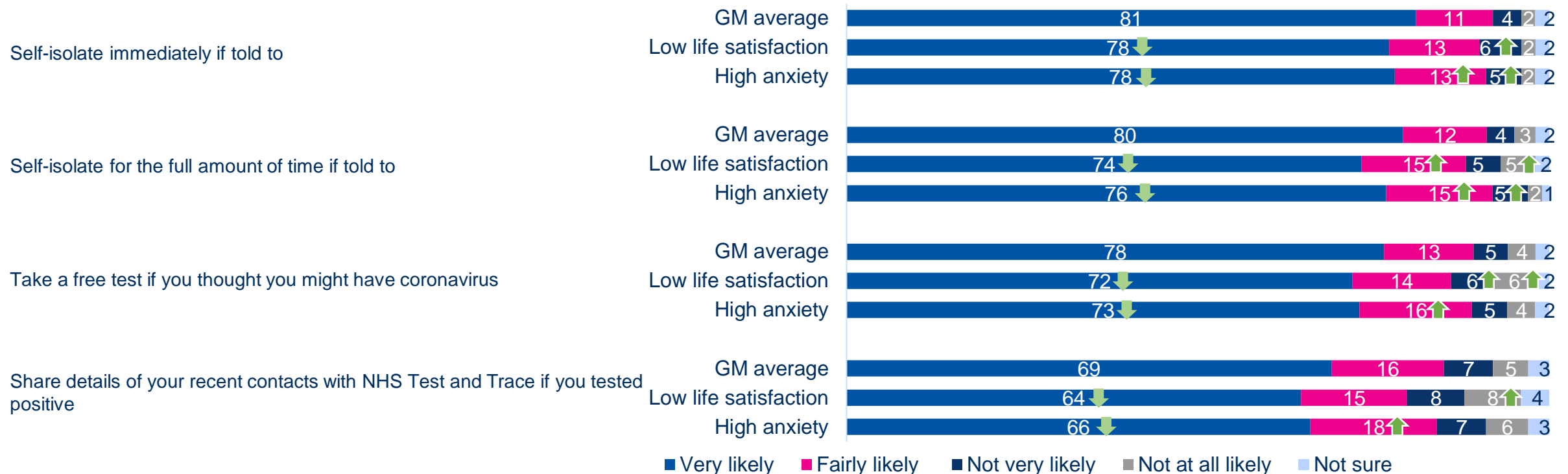
D14a. How likely are you to visit Manchester or Salford city centre in the next two weeks? Base: All Respondents not visited city centre from Survey 6 (n=802) / low life satisfaction (n=121) / high anxiety (n=265)

D15c. How likely are you to visit a large town centre within Greater Manchester in the next two weeks? Base: All Respondents not visited large town centre from Survey 6 (n=659) / low life satisfaction (n=105) / high anxiety (n=212)

Compliance with test and trace requirements

Those with low life satisfaction or high anxiety are significantly less likely to do all of the below Test & Trace behaviours, compared to the Greater Manchester average.

Likelihood to... (%)



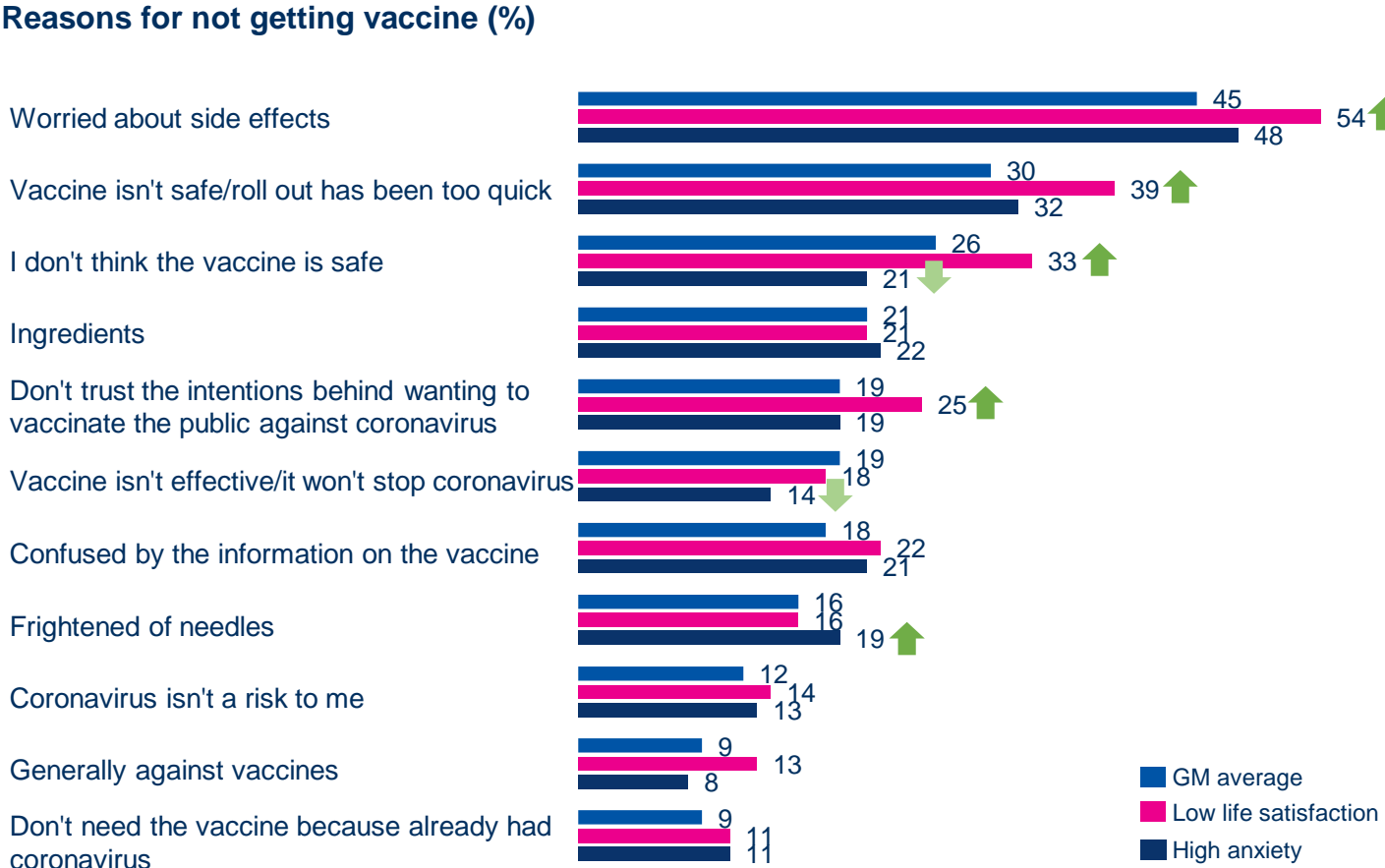
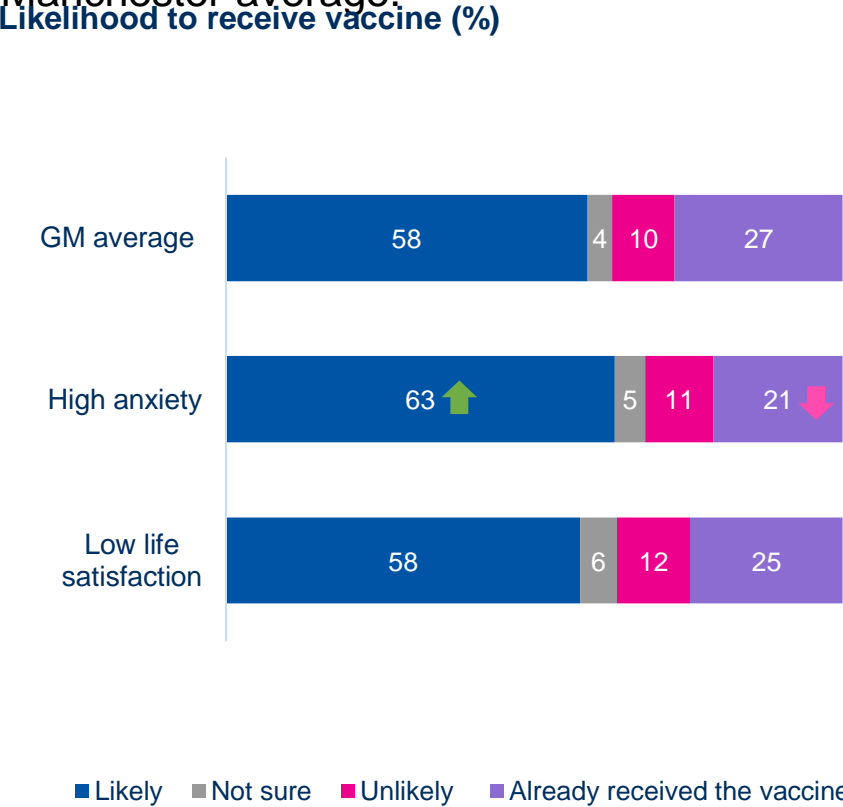
↑↓ Significantly higher/lower compared to GM average

D5. How likely would you be to do each of the following?

Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6

COVID-19 vaccine uptake

Those with high anxiety are less likely than the GM average to have received their vaccine, but they are more likely to say they will receive it in future. Those with low life satisfaction or high anxiety are significantly more likely to be worried about side effects, think the vaccine rollout has been too quick and not think the vaccine is safe, compared to the Greater Manchester average.



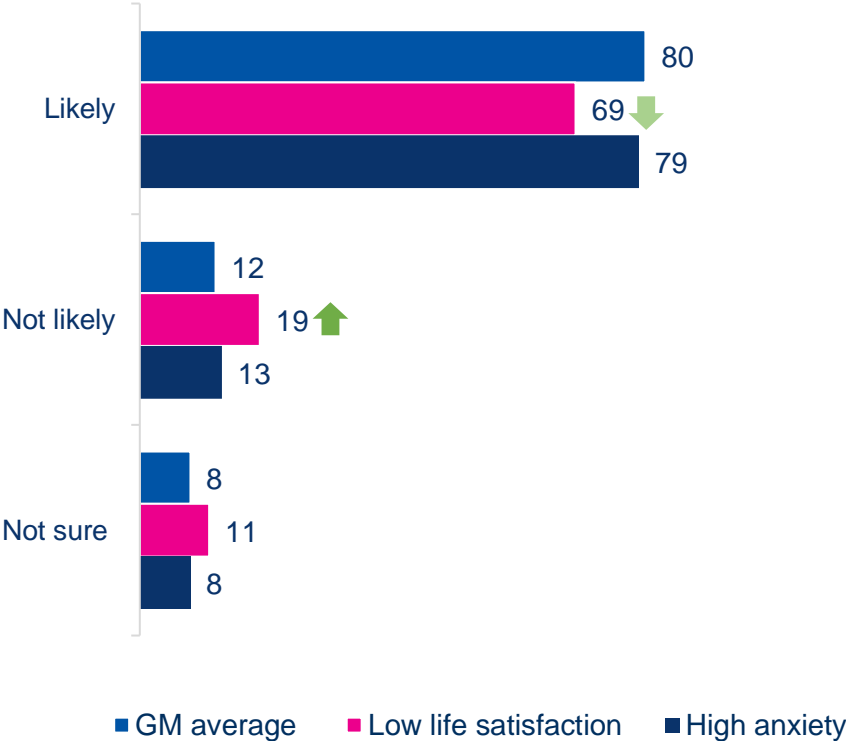
↑ ↓ Significantly higher/lower compared to GM average

D17. Have you received your coronavirus vaccine? Base: All Respondents from Surveys 4-6 (n=3018) and all with high anxiety (n=1106) or low life satisfaction (n=577) from surveys 4-6
D9. Why are you unlikely to get vaccinated against coronavirus? Base: All Respondents not likely to get vaccine from Surveys 4-6 (n=576) and low life satisfaction (n=146) or high anxiety (n=248) not likely to get vaccinated from surveys 4-6

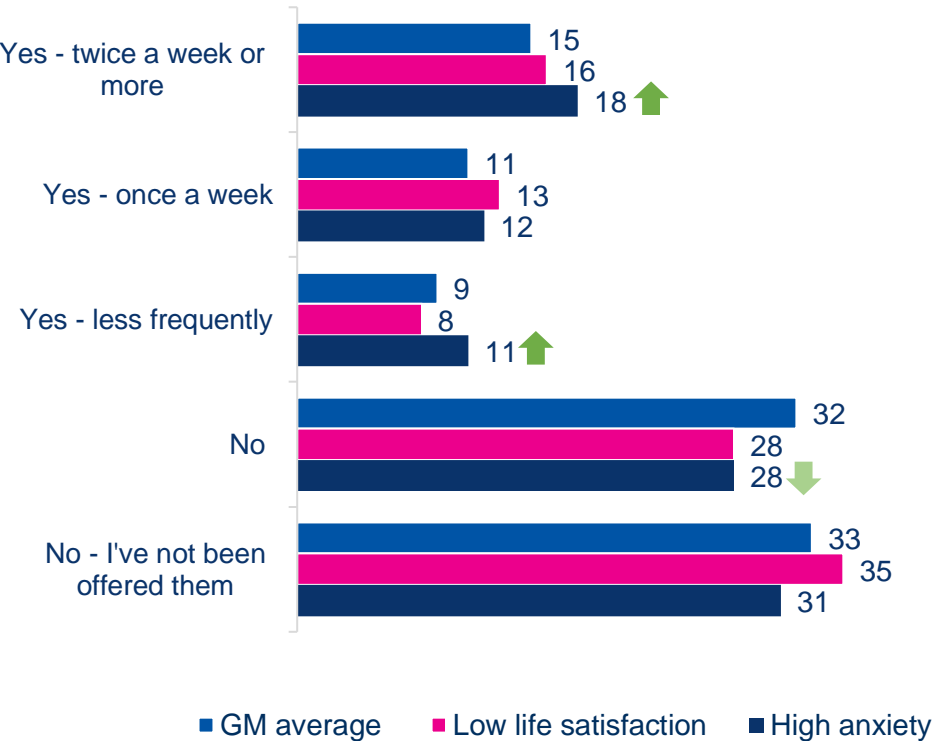
COVID-19 rapid tests for people without symptoms

Those with low life satisfaction are significantly less likely to take free rapid COVID-19 tests, while those with high anxiety are significantly more likely to be testing twice a week or more, compared to the Greater Manchester average.

Likelihood of taking free COVID-19 tests if offered (%)



Taking asymptomatic COVID-19 tests (%)



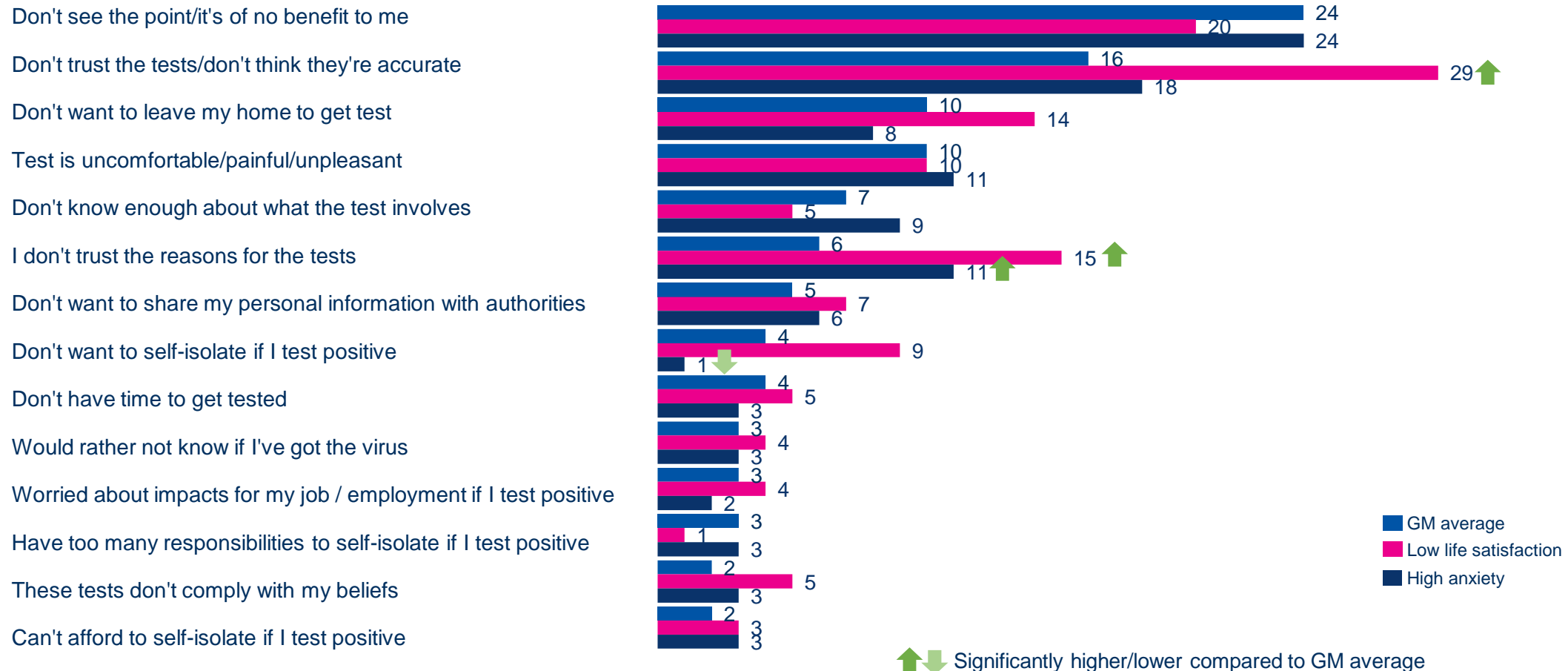
↑↓ Significantly higher/lower compared to GM average

D20. How likely would you be to take these free tests if offered? Base: All respondents in survey 4 and from survey 5 where have been offered tests (n=900) / low life satisfaction (n=172) / high anxiety (n=298)
D20a. Around 1 in 3 people who have COVID-19 don't have any symptoms and can spread it without knowing. Regular COVID testing is therefore being offered to increasing numbers of people that have no symptoms. Are you taking these tests?
Base: All respondents from surveys 5-6 (n=2015) and low life satisfaction (n=338) or high anxiety (n=699) from surveys 5-6

Reasons for not taking rapid COVID-19 tests

Those with low life satisfaction who are not taking rapid tests are significantly more likely to say it is because they don't trust the tests or think they're accurate and don't trust the reasons for the tests, compared to the Greater Manchester average.

Reasons for not taking COVID-19 tests (%)



D21a. Why have you not taken the tests?

Base: All Respondents not taking tests but have been offered from Surveys 5-6 (n=453) and low life satisfaction (n=59) or high anxiety (n=132) not taking tests but have been offered from surveys 5-6



Residents with disabilities / mental ill health

Profile & characteristics	page 85
Feelings & concerns	page 86
COVID-19 impacts	page 90
Attitudes & behaviours	page 97

Typical profiles and characteristics

Those who describe themselves as being disabled are more likely than the Greater Manchester average to be:

- women (55%; 50% GM)
- parent of child(ren) living elsewhere (12%; 8% GM)
- not working (51%; 33% GM)
- if employed, working from home at least some of the time (66%; 56% GM)
- educated at non-degree level (61%; 56% GM) or have no qualifications (9%; 5% GM)
- White ethnic background (89%; 83% GM)
- not heterosexual (19%; 10% GM)
- living in the most deprived neighbourhoods (50%; 39% GM)
- living in Wigan (14%; 12% GM)

Those who describe themselves as being disabled are less likely than the Greater Manchester average to be:

- aged 25-34 (15%; 18% GM) or 35-44 (13%; 18% GM)
- working (43%; 60% GM)
- if employed, not working from home at all (34%; 44% GM)
- educated at degree level and above (28%; 36% GM)
- of an ethnic minority background (14%; 20% GM)
- heterosexual (76%; 85% GM)



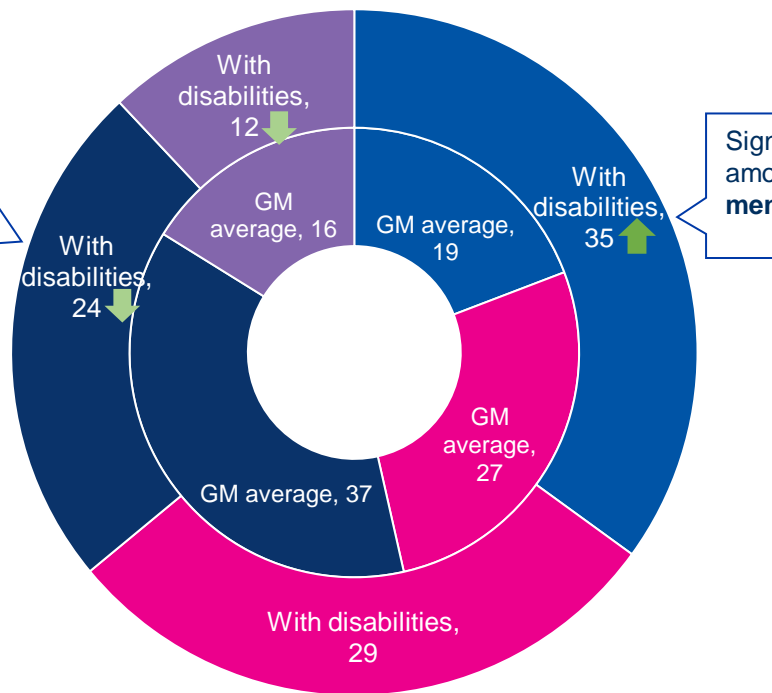
Feelings and Concerns

Residents with disabilities / mental ill health

Life satisfaction and anxiety levels

Respondents with disabilities (including mental ill health) are significantly more likely to express low satisfaction with life and/or have high levels of anxiety when compared to the Greater Manchester average.

Life satisfaction (%)

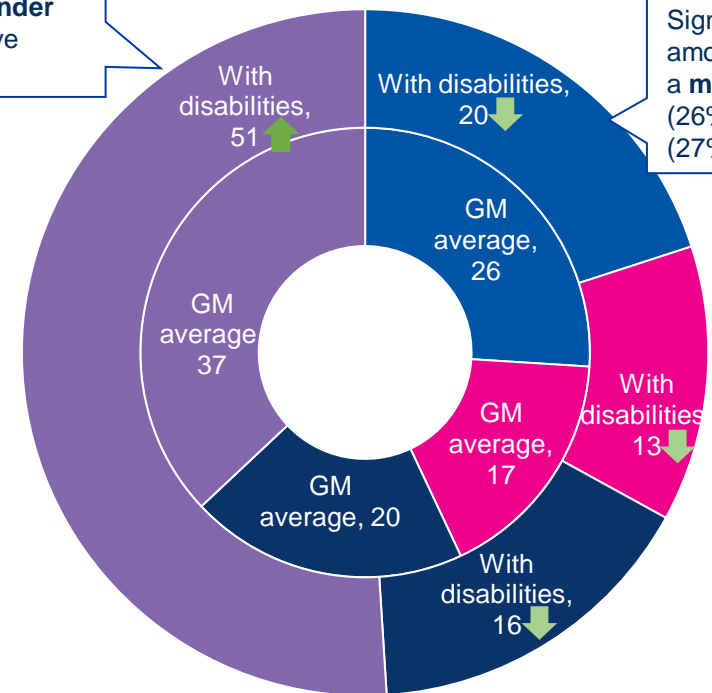


Significantly higher amongst those respondents with a disability who are aged **over 45+** (29%)

Significantly higher amongst those respondents with a disability who are **aged under 45** years old (56%) or have **mental ill health** (66%)

Significantly higher amongst those with **mental ill health** (48%)

Anxiety levels (%)



Significantly higher amongst those who have a **mobility disability** (26%) or are **aged 45+** (27%)

■ Low (0-4) ■ Medium (5-6) ■ High (7-8) ■ Very high (9-10)

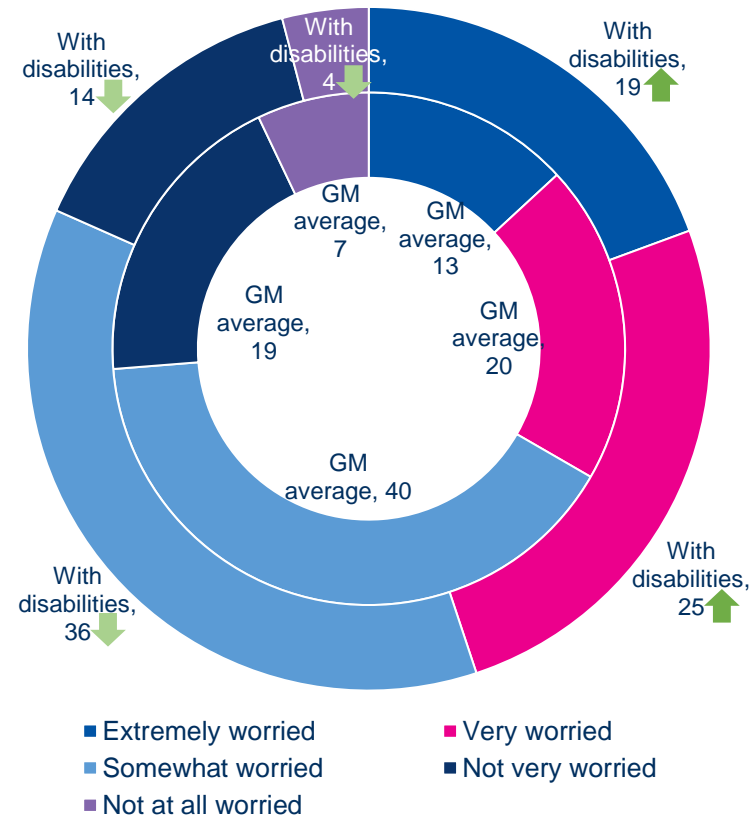
■ Very Low (0-1) ■ Low (2-3) ■ Medium (4-5) ■ High (6-10)

↑↓ Significantly higher/lower compared to GM average

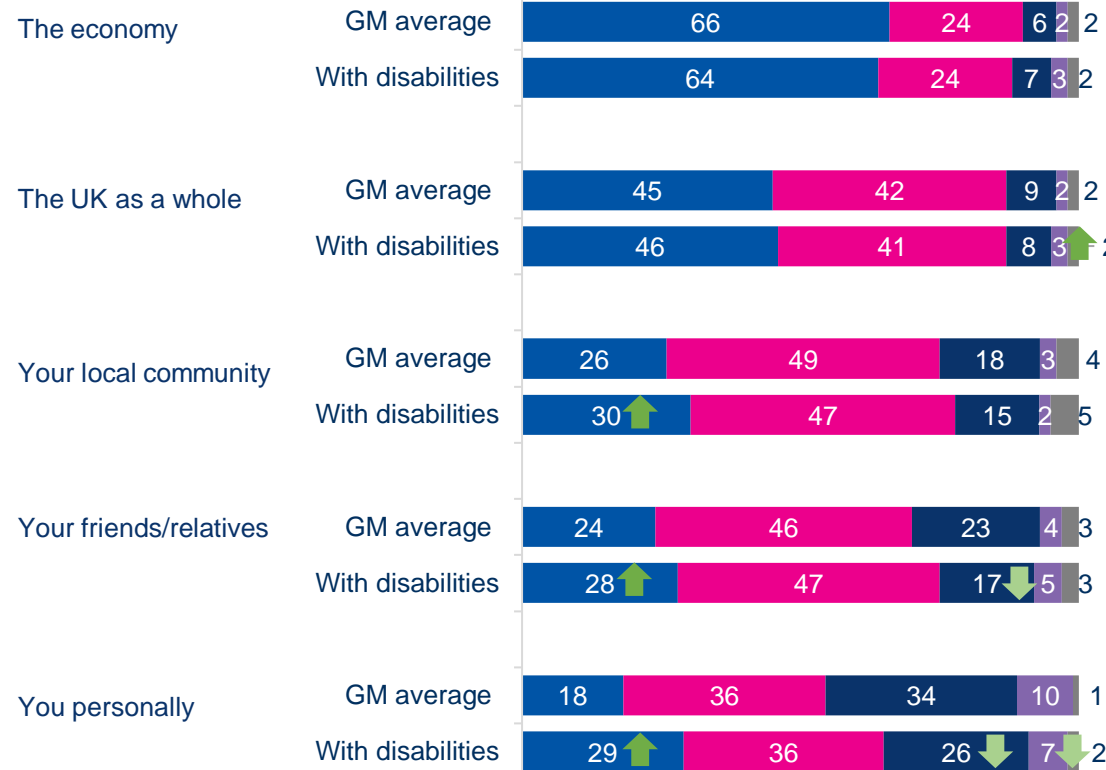
Concerns about and perceived risks of COVID-19

Respondents with disabilities (including mental ill health) are significantly more likely to be extremely or very worried about COVID-19 when compared to the Greater Manchester average. They are significantly more likely to perceive COVID-19 as a major risk to them personally, their friends or relatives or their local community.

Overall level of concern about COVID-19 (%)



Perceived risk of COVID-19 (%)



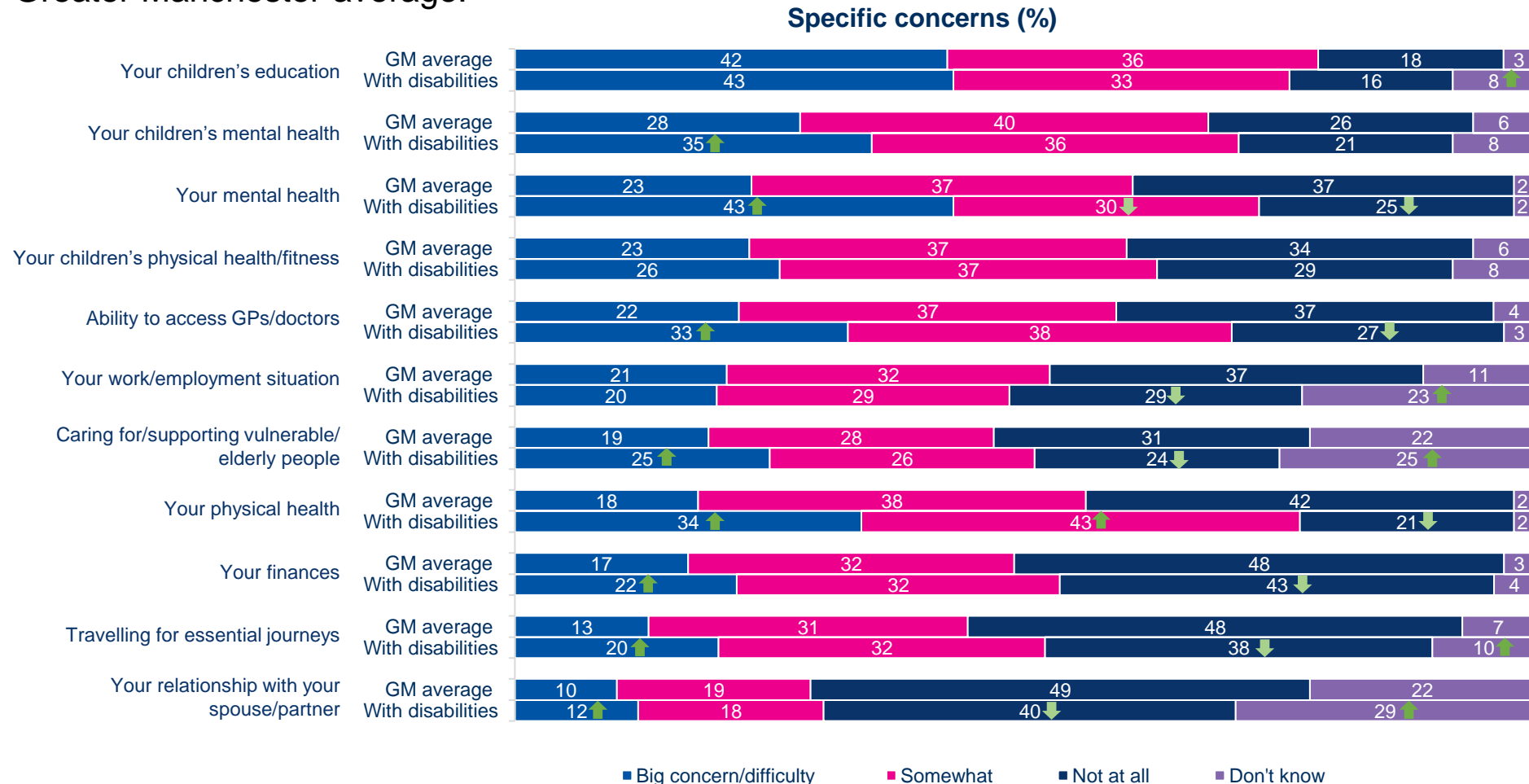
GM respondents with a disability who are **aged 45+** are significantly more likely to see COVID-19 as a risk to:

- Themselves (94% vs. 91% average GM respondent with disability)
- The economy (97% vs. 95% average GM respondent with disability)
- The UK as a whole (98% vs. 94% average GM respondent with disability)

↑ ↓ Significantly higher/lower compared to GM average

Specific concerns as a result of the COVID-19 pandemic

With the exception of work situation and relationships with partner/spouse, a significantly higher proportion of disabled respondents (including those with mental ill health) see the following areas as a big concern/difficulty, when compared to the Greater Manchester average.



Those who have a **mental health disability** are significantly more likely to see the following as a concern:

- Their mental health (91% vs. 72% average GM respondent with disability)
- The relationship with their spouse (35% vs 31%)
- Travel for essential journeys (57% vs 52%)
- Their finances (68 vs. 54%)
- Ability to access GP (76% vs. 70%)
- Caring for and supporting for vulnerable/elderly people (58% vs. 51%)



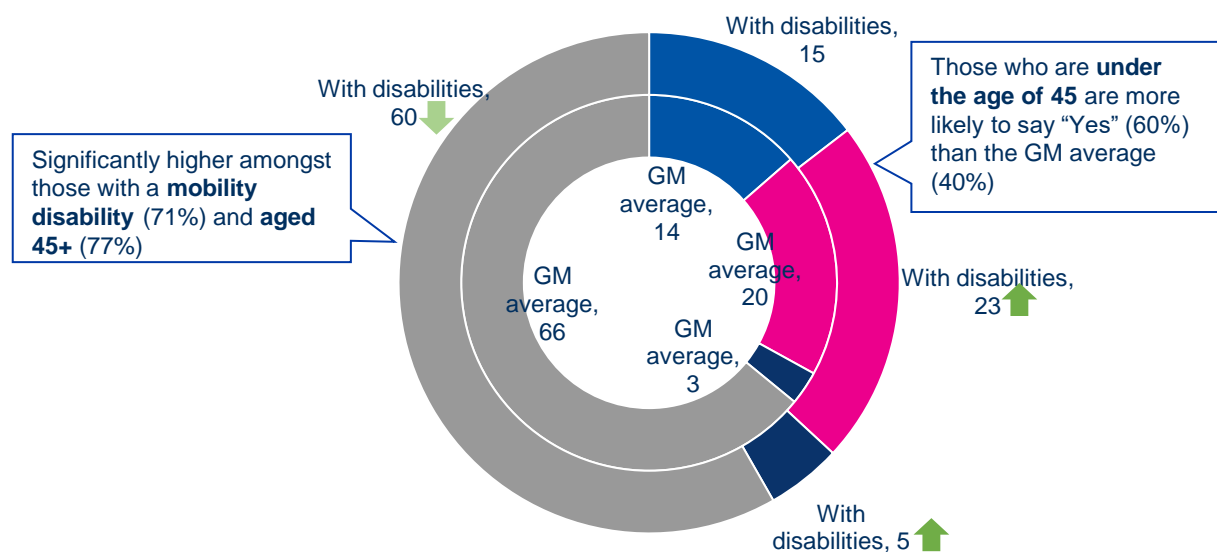
COVID-19 Impacts

Residents with disabilities / mental ill health

Those who had COVID-19 and those who have self-isolated

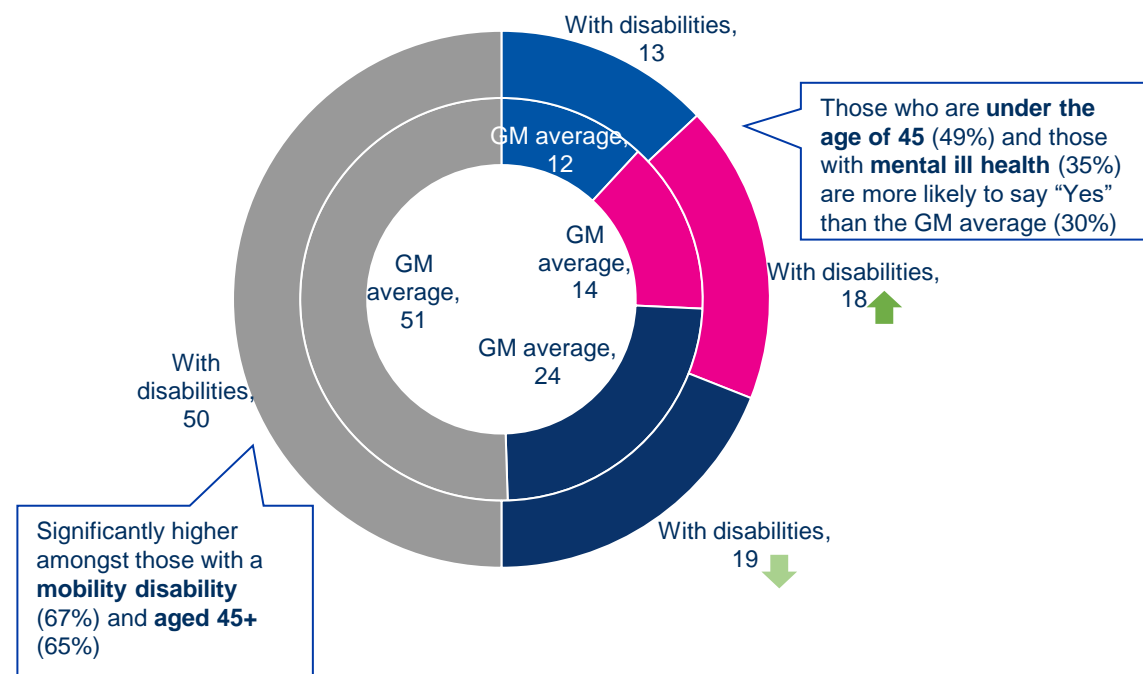
When compared to the Greater Manchester average, a significantly higher proportion of respondents with disabilities (including mental ill health) had to self-isolate. A significantly higher proportion of disabled respondents also think they have probably had COVID-19 but not had it confirmed by a positive test.

Whether they've had to self-isolate due to COVID-19 (%)



- Yes - because had symptoms/tested positive
- Yes - because of being in close contact with someone with symptoms/who'd tested positive
- Yes - other
- No

Whether they've had COVID-19 (%)



- Yes - I've definitely had it/got it and had it confirmed by a test
- Yes - I think I've probably had/got it, but not had a test to confirm
- I don't know whether I've had it
- No - I've definitely not had it

↑↓ Significantly higher/lower compared to GM average

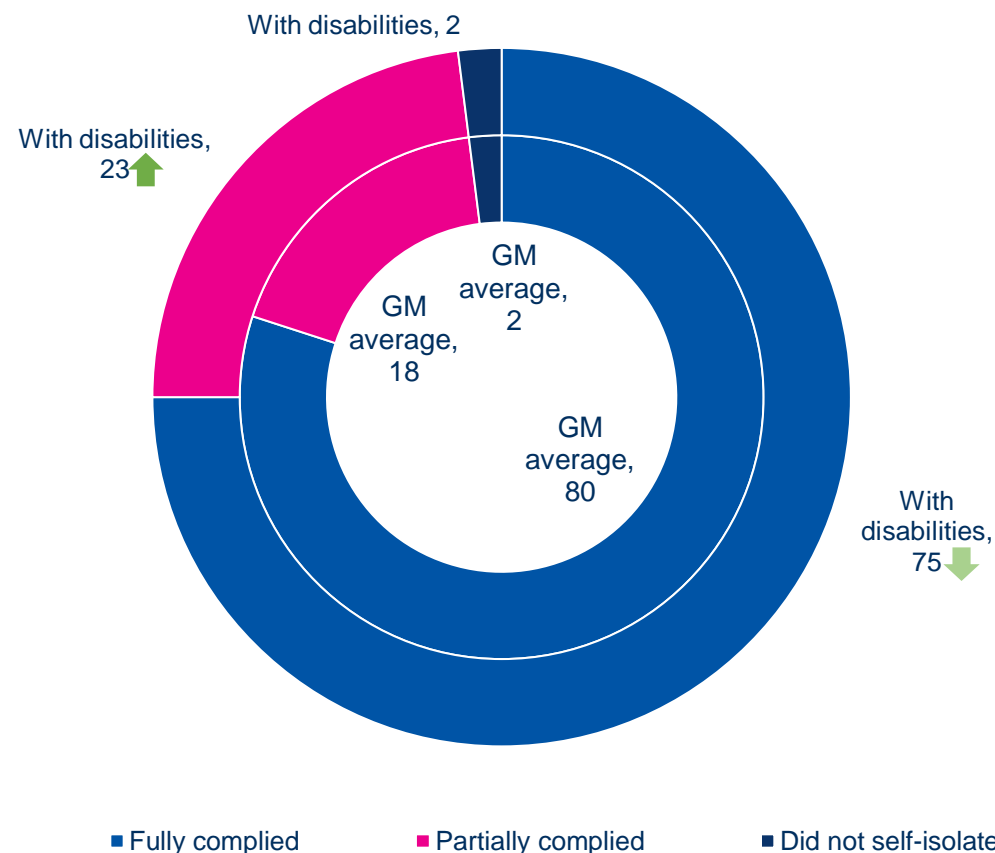
B25. Have you needed to self-isolate due to symptoms, a positive test, or being a close contact of someone with coronavirus? / B24. Do you know, or think, you have had coronavirus?

Base: All Respondents from Surveys 4-6 (n=3018) and all with disabilities from surveys 4-6 (n=606)

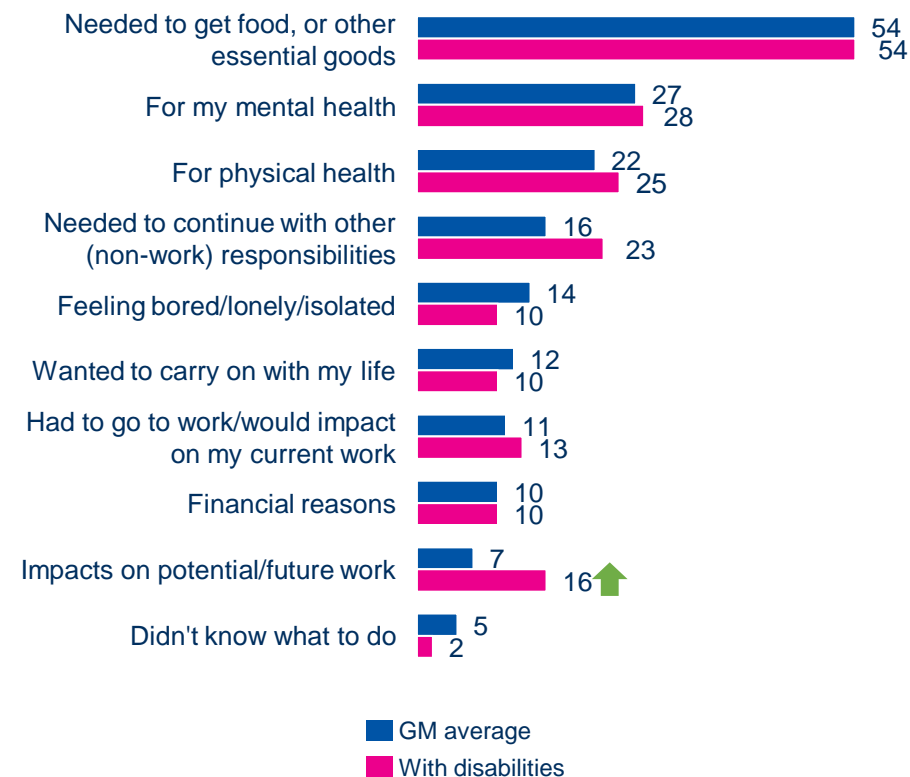
Self isolation compliance

Respondents with disabilities (including mental ill health) were significantly less likely to fully comply with self-isolation rules compared to the Greater Manchester average. Their reason for not doing so was significantly more likely to be because of the impact on potential/ future work.

Compliance with self-isolation (%)



Reason for not complying with self-isolation (%)*



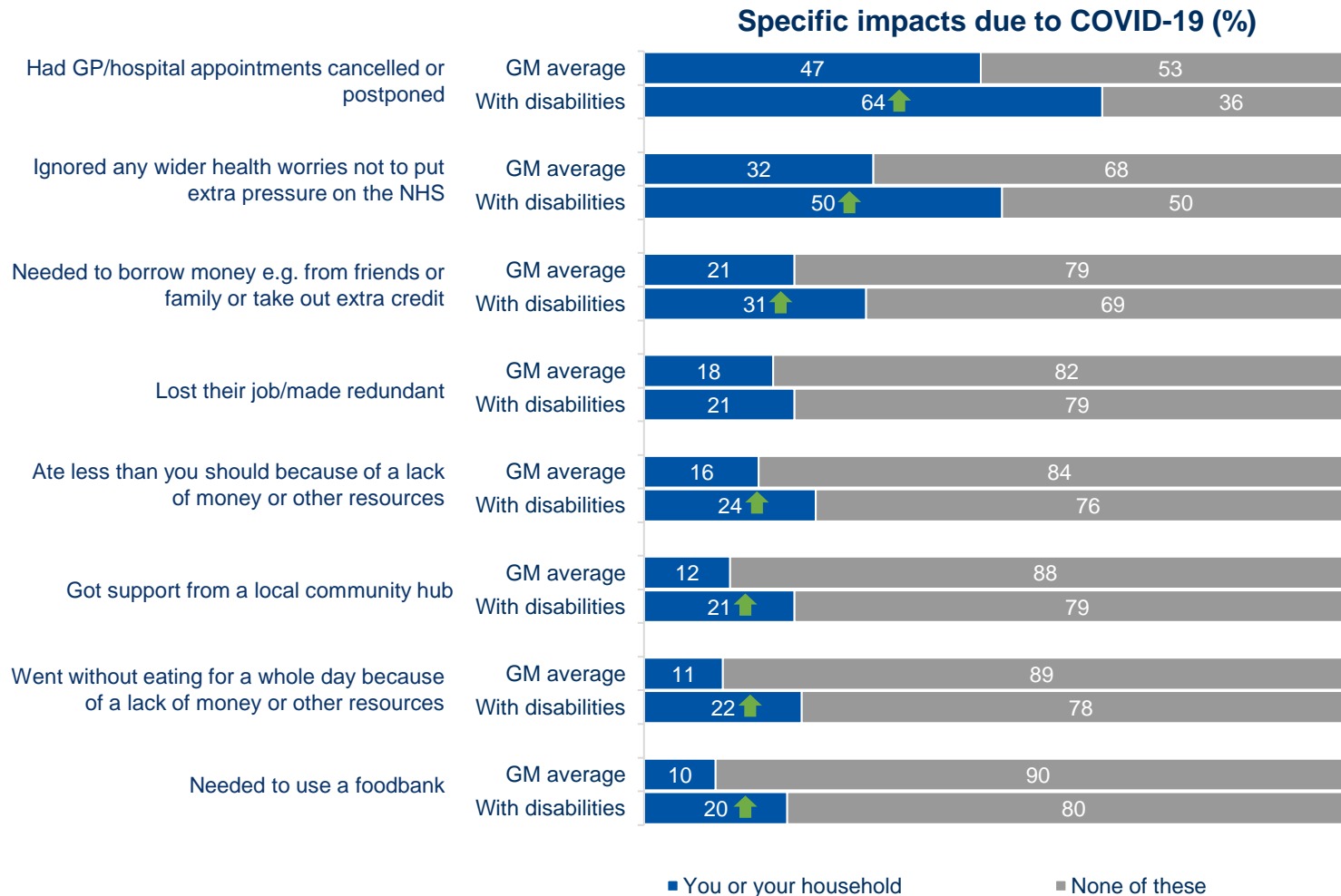
↑↓ Significantly higher/lower compared to GM average

*Base size for disabled respondents below 50

B25a. Which of the following best describes what you did in your most recent period of self-isolation? Base: All needed to self isolate from Surveys 4-6 (n=950) and all needed to self isolate with disabilities from surveys 4-6 (n=216)
 B25b. Why did you not fully comply/self-isolate? Base: All did not self isolate from Surveys 4-6 (n=186) and all did not self isolate with disabilities from surveys 4-6 (n=49)

Specific impacts of COVID-19

When compared to the Greater Manchester average, a significantly higher proportion of respondents with disabilities (including mental ill health) personally experienced their healthcare appointments being cancelled or postponed, ignored any wider health worries to not put extra pressure on the NHS and needed to borrow money.



Those who have **mental ill health** are significantly more likely to have personally experienced:

- Ignoring any wider health worries to not put extra pressure on the NHS (45% vs. average GM respondent with disability 38%)
- Needing to borrow money (33% vs. 24%)

Disabled respondents who are **aged under 45** are significantly more likely to have personally experienced:

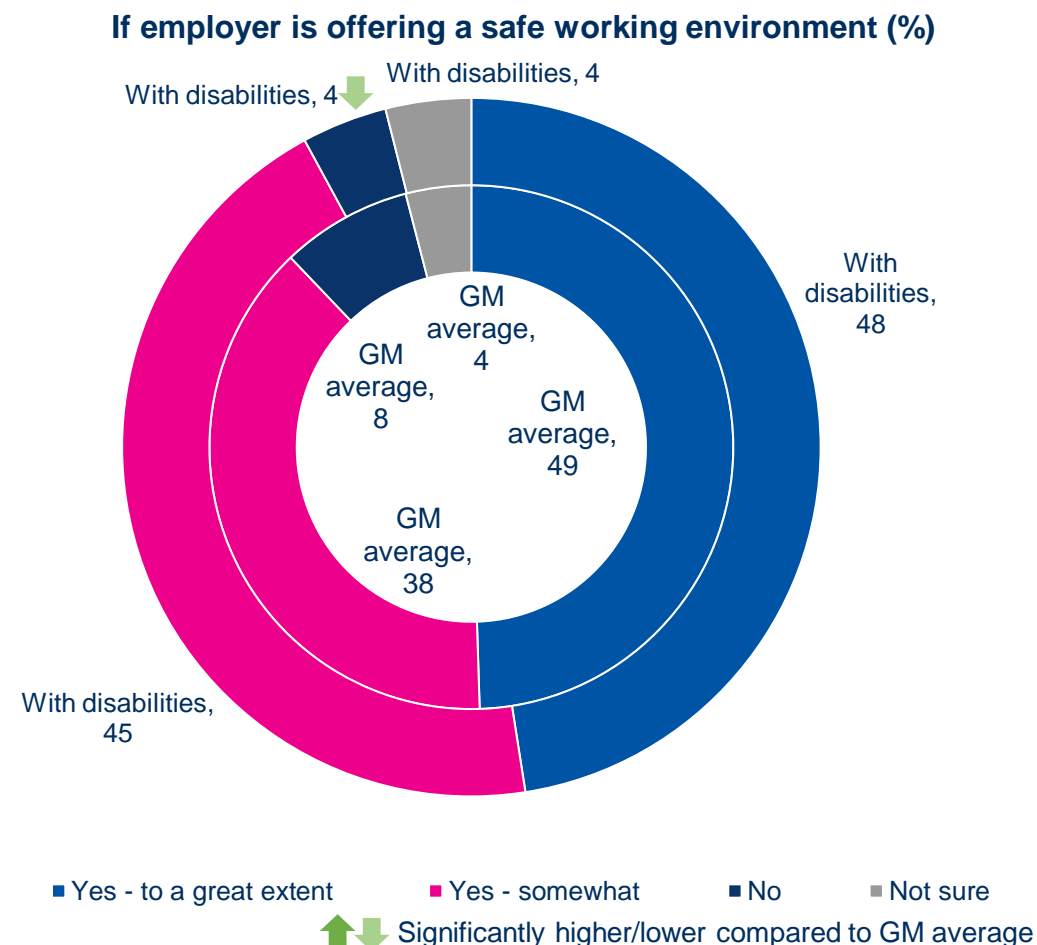
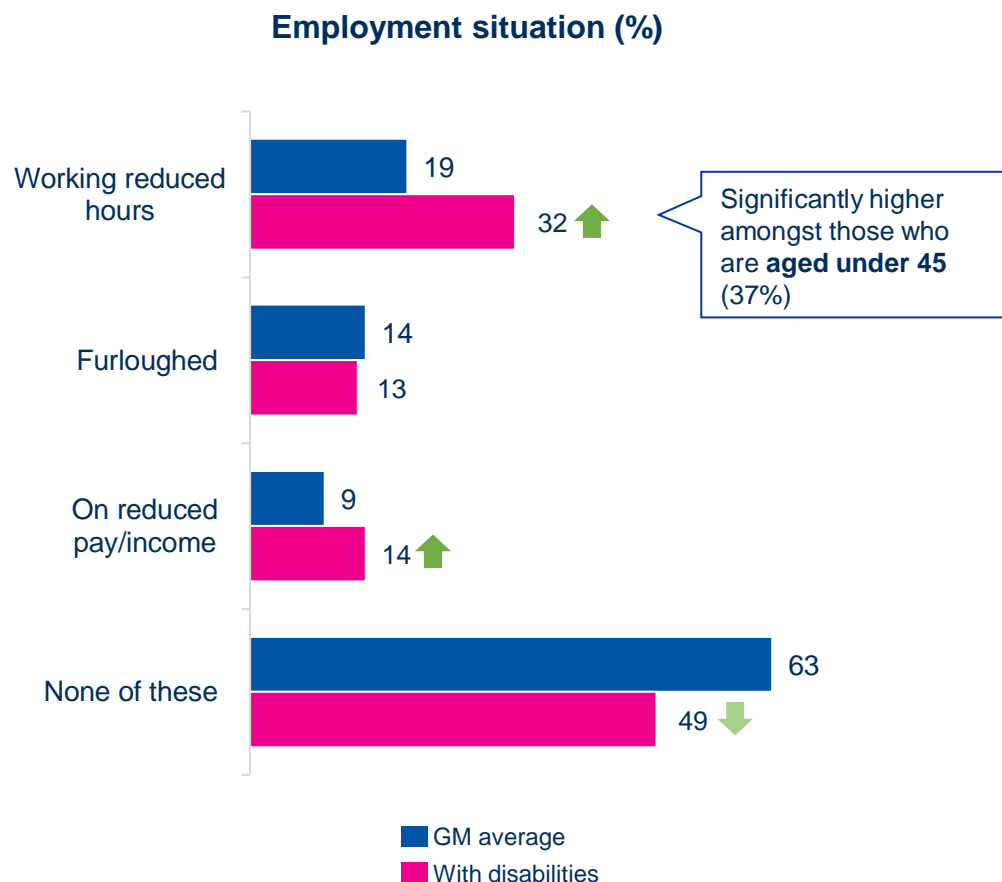
- Ignoring any wider health worries to not put extra pressure on the NHS (42% vs. 38%)
- Needing to use foodbanks (21% vs. 13%)
- Needing to borrow money (38% vs. 24%)

Disabled respondents who are **aged 45+** are more likely to have not experienced any of these:

- Lost their job (92% vs. 79%)
- Had healthcare appointment cancelled (43% vs. 36%)
- Ignored any wider health worries to not put extra pressure on the NHS (62% vs. 50%)
- Got support from local community hub (91% vs. 79%)
- Needed to use foodbanks (93% vs. 80%)
- Needed to borrow money (86% vs. 69%)

Impacts on employment

As a result of the COVID-19 pandemic a significantly higher proportion of respondents with disabilities (including mental ill health) experienced employment repercussions – including working reduced hours or being on reduced pay – than the Greater Manchester average.



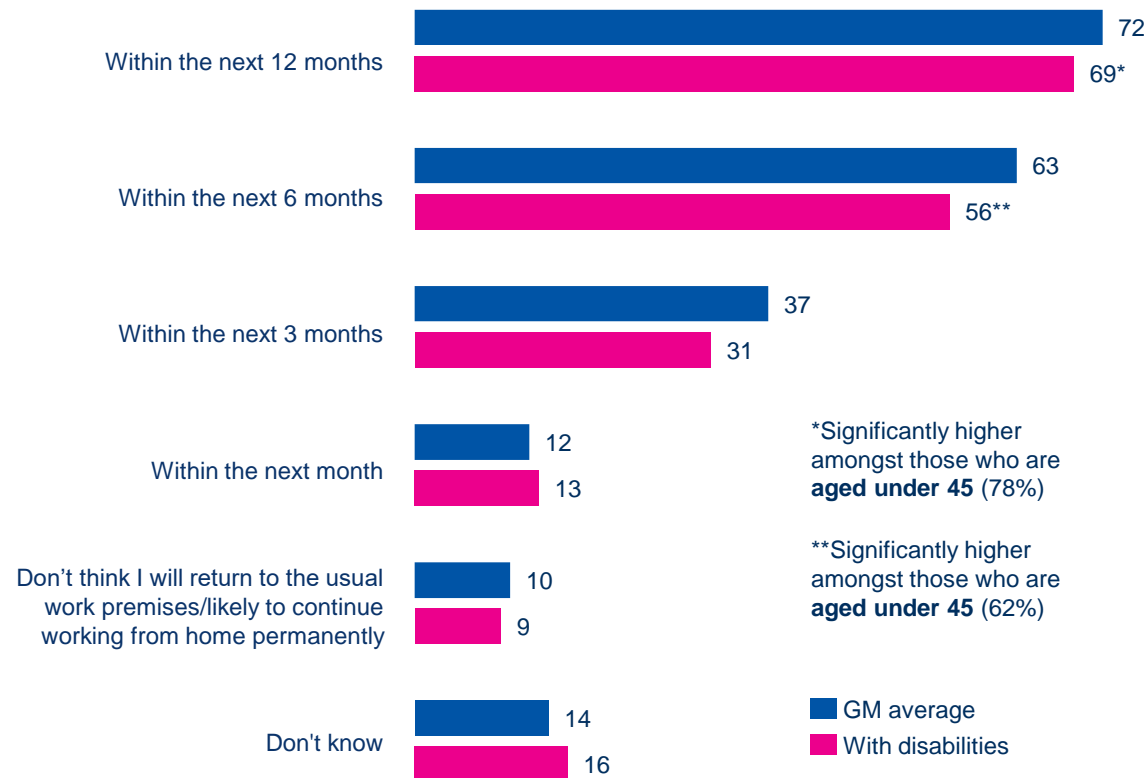
B20B. As a result of the coronavirus/COVID-19 pandemic are you currently. Base: All employed from Surveys 4-6 (n=1633) and all employed with disabilities from surveys 4-6 (n=219)

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? Base: All employed and not working from home from Surveys 4-6 (n=1084) and all employed and not working from home with disabilities from surveys 4-6 (n=134)

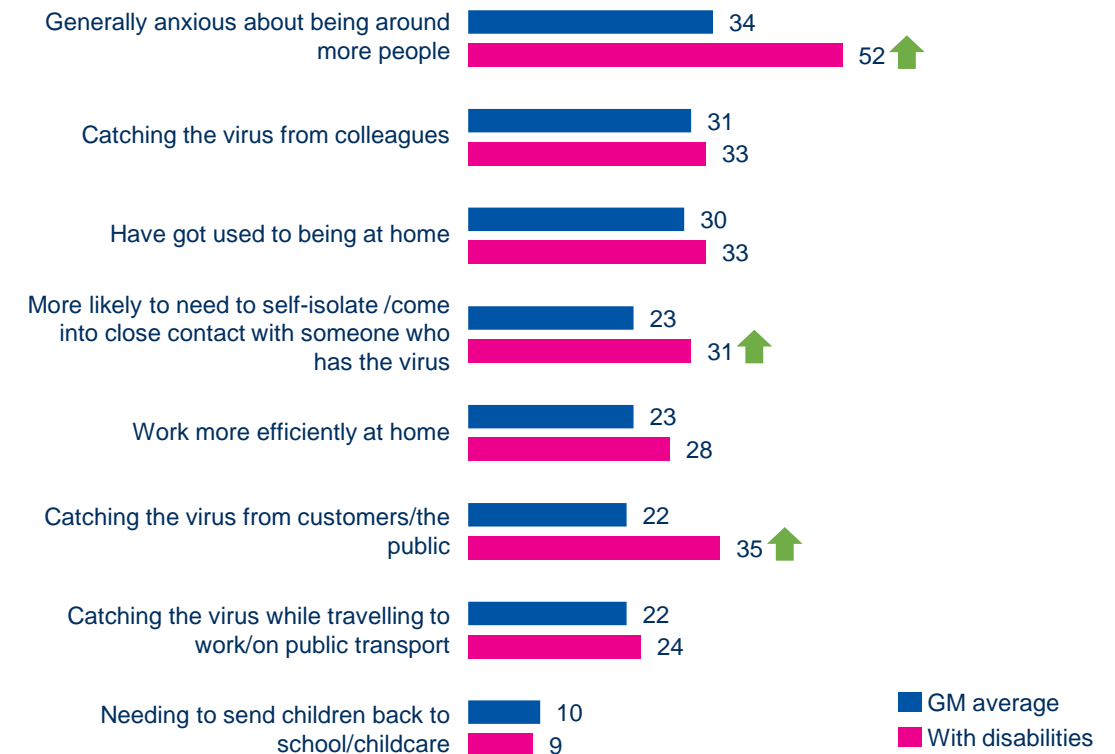
Returning to usual place of work

There is no significant difference around expected return to usual place of work for people with disabilities (including mental ill health) compared to the Greater Manchester average. They are significantly more likely to be anxious about being around more people, being close to someone who has the virus, or catching the virus from customers/the public, when returning.

Expecting to return to usual place of work (%)



Concerns/anxieties about returning to usual place of work (%)



↑ Significantly higher compared to GM average

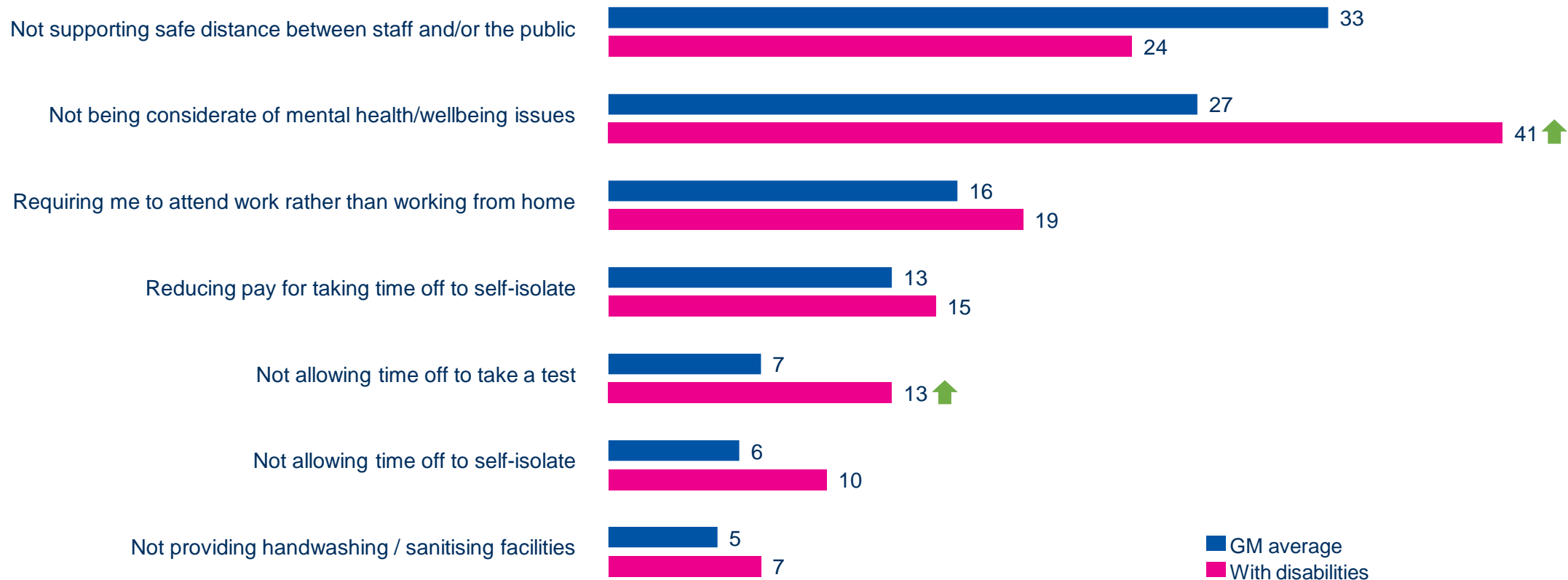
B38. When do you expect to return to your usual place of work i.e. your employer's premises, or to be working there as often as you usually would, before COVID? / B39. Do you have any concerns or anxieties about returning to your usual place of work, or going there more often than you do now?

Base: All employed and working from home from Surveys 4-6 (n=701) and all employed and working from home with disabilities from surveys 4-6 (n=108)

Ways working environment is not safe

When compared to the Greater Manchester average, respondents with disabilities (including mental ill health) who feel their workplace is not greatly safe are significantly more likely to say their employer is not being considerate of mental health/wellbeing issues, and not allowing time off to take a test.

Ways employer has not been providing safe working environment (%)



↑ Significantly higher compared to GM average

B32. In what ways has your employer not been offering a safe working environment?

Base: All employed and employer not offering safe working environment from Surveys 4-6 (n=508) and all employed and employer not offering a safe working environment with disabilities from surveys 4-6 (n=66)



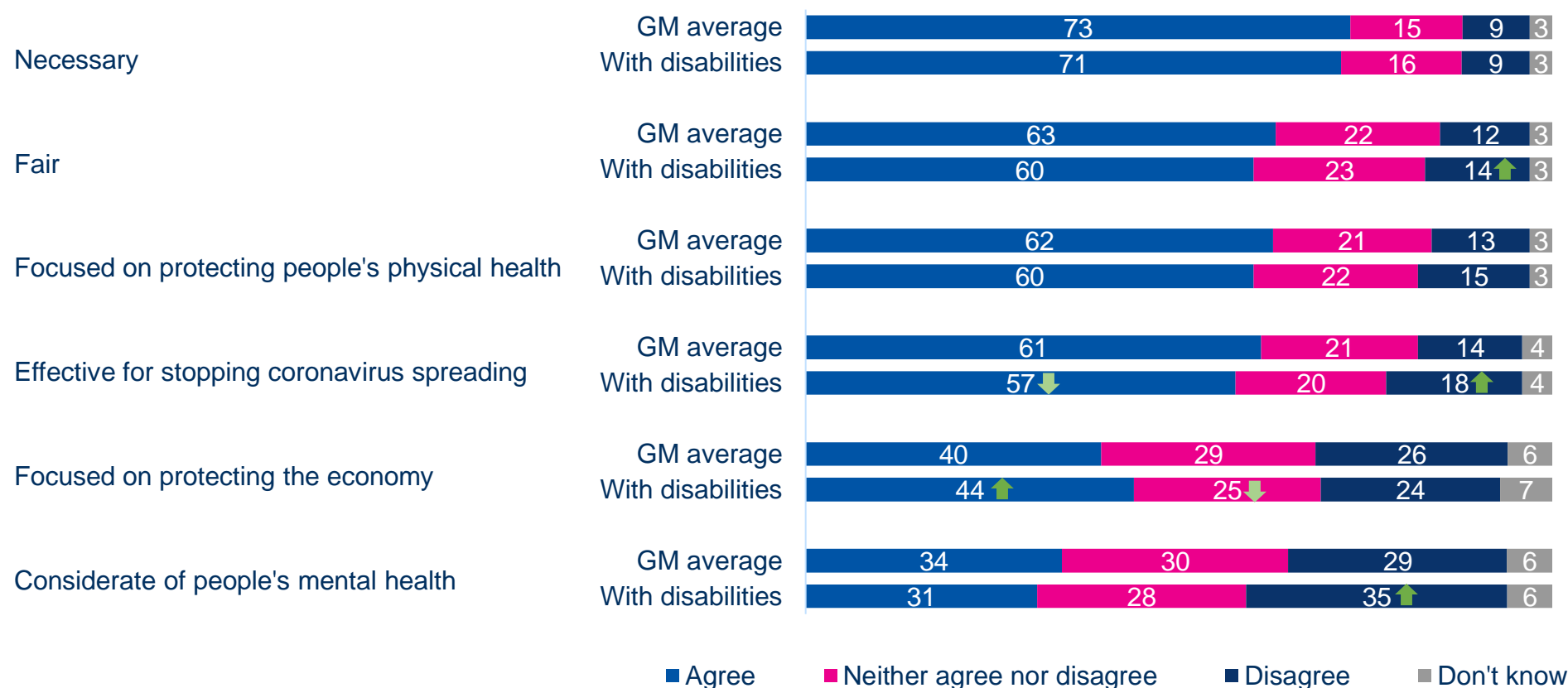
Attitudes and behaviours

Residents with disabilities / mental ill health

Thoughts on COVID-19 restrictions and guidelines

When compared to the Greater Manchester average, disabled respondents (including those with mental ill health) are significantly more likely to disagree that the current restrictions are fair, considerate of people's mental health and effective at stopping the spread of the virus.

Current restrictions in local area are... (%)



Disabled respondents who are **aged 45+** are significantly more likely to agree with the following statements:

- The restrictions are fair (71%)
- Necessary (84%)
- Focused on protecting people's physical health (69%)

Similarly, those who have a **mobility disability** are significantly more likely to agree with the following statements:

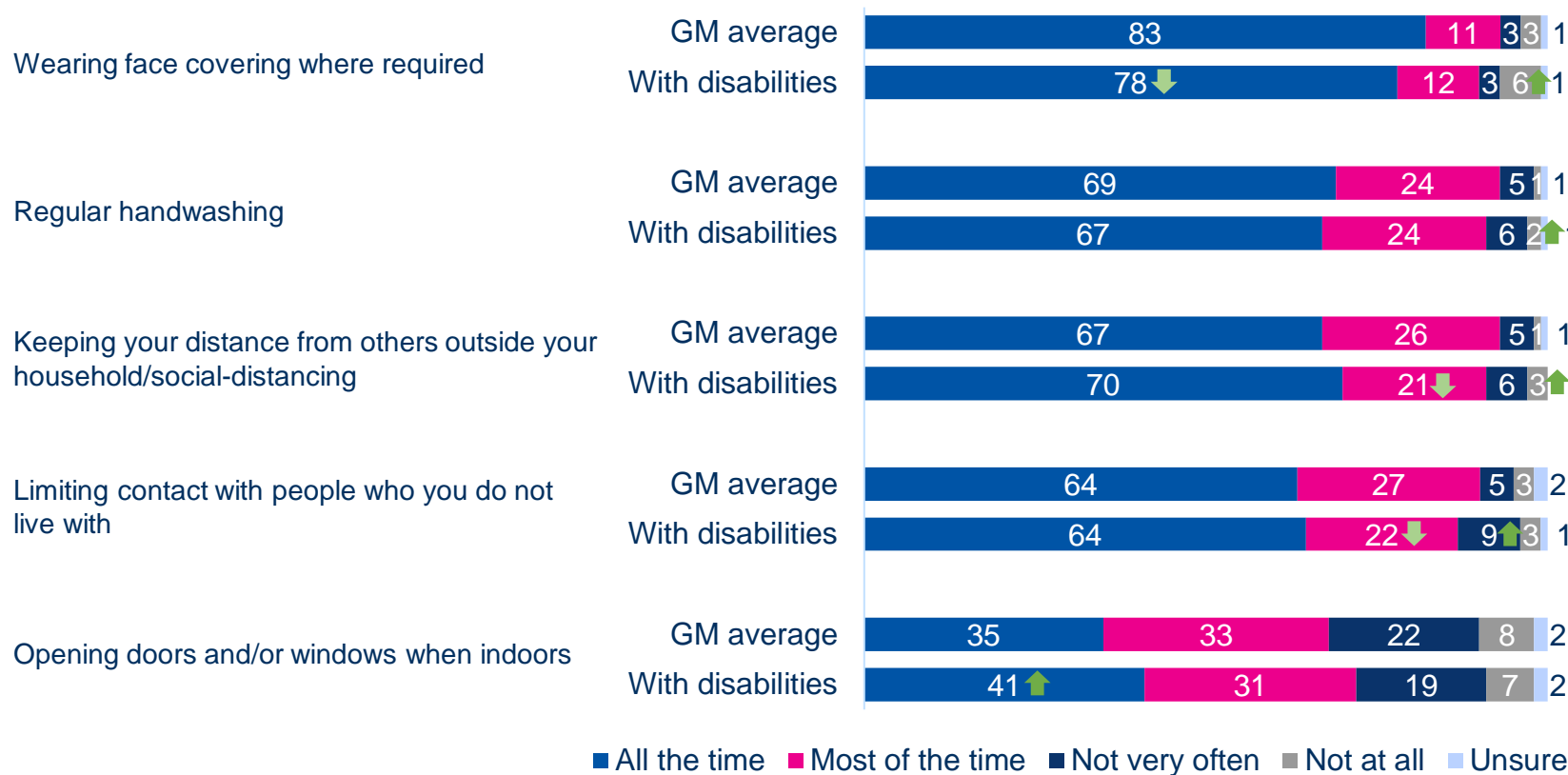
- The restrictions are fair (67%)
- Necessary (81%)
- Focused on protecting people's physical health (68%)

↑↓ Significantly higher/lower compared to GM average

Extent of compliance with restrictions and guidelines

Respondents with disabilities (including mental ill health) are significantly less likely to wear a face covering and limit contact with people who they do not live with all or most of the time when compared to the Greater Manchester average.

Compliance with COVID-19 restrictions and guidelines (%)



Those who have **mental ill health** are significantly more likely to do the following not all of the times:

- Regularly wash their hands (41%)
- Social distance (37%)

Disabled respondents who are **aged under 45** are significantly more likely to do the following not all of the times:

- Wear face-covering (35%)
- Regularly wash their hands (47%)
- Social distance (47%)
- Limit contact with people who do not live with (53%)

Disabled respondents who have a **mobility disability** are more likely to do the following all or most of the time:

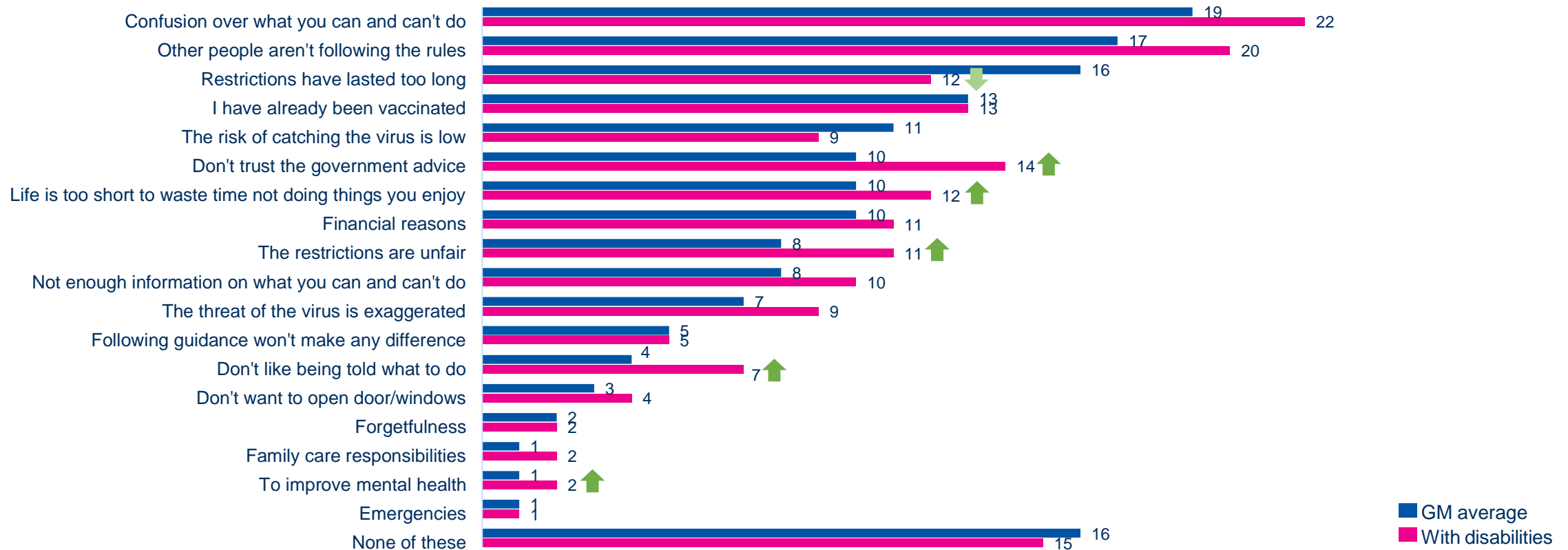
- Regularly wash hands (95%)
- Social distance (95%)
- Limit contact with people who do not live with (93%)

↑ ↓ Significantly higher/lower compared to GM average

Reasons for not fully complying with COVID-19 restrictions and guidelines

Disabled respondents (including those with mental ill health) are significantly more likely to not fully comply with restrictions and guidelines because they do not trust the government's advice and believe that life is too short to waste time not doing what they enjoy.

Reasons for not always fully complying/following restrictions and guidelines (%)



↑↓ Significantly higher/lower compared to GM average

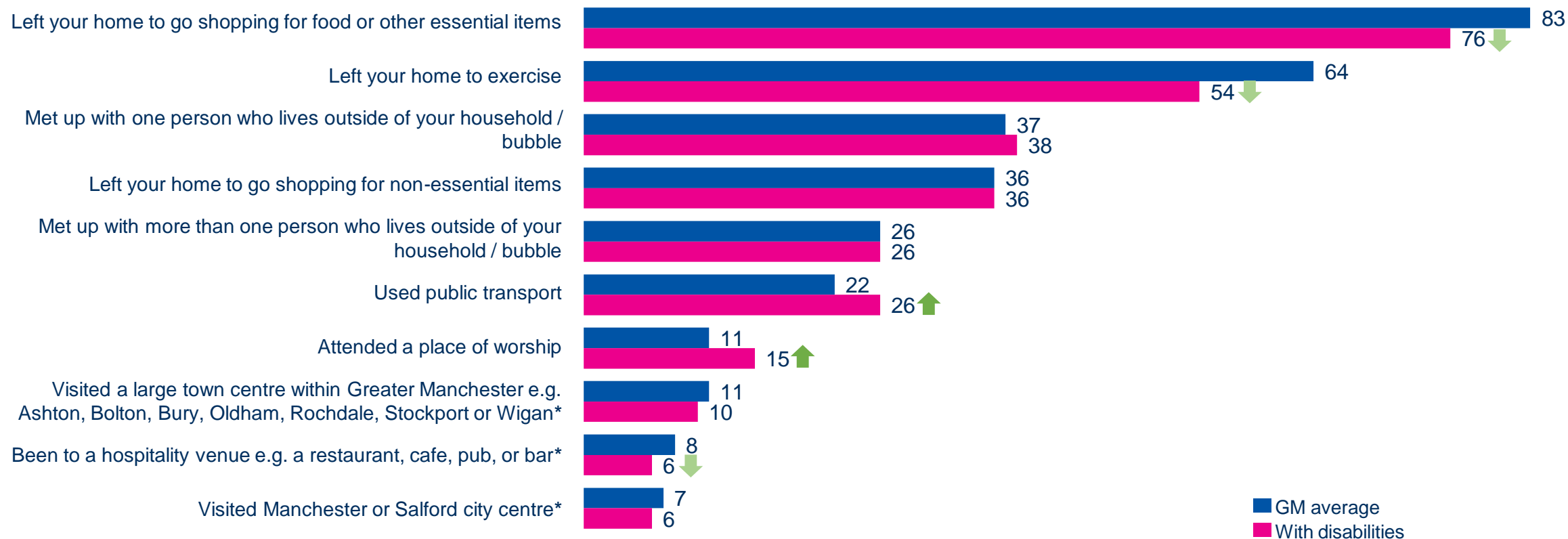
D6. Why might you not always fully comply or follow the coronavirus restrictions and guidelines?

Base: All Respondents from Surveys 4-6 that do not always comply with listed guidelines (n=2281) and all with disabilities from surveys 4-6 that do not always comply with listed guidelines (n=434)

Activities done during restrictions and their easing

During a period of national restrictions and their gradual easing, respondents with disabilities (including mental ill health) were significantly more likely to have used public transport or attended a place of worship than the Greater Manchester average.

Activities done in the last 7 days (%)



*Added in survey 6

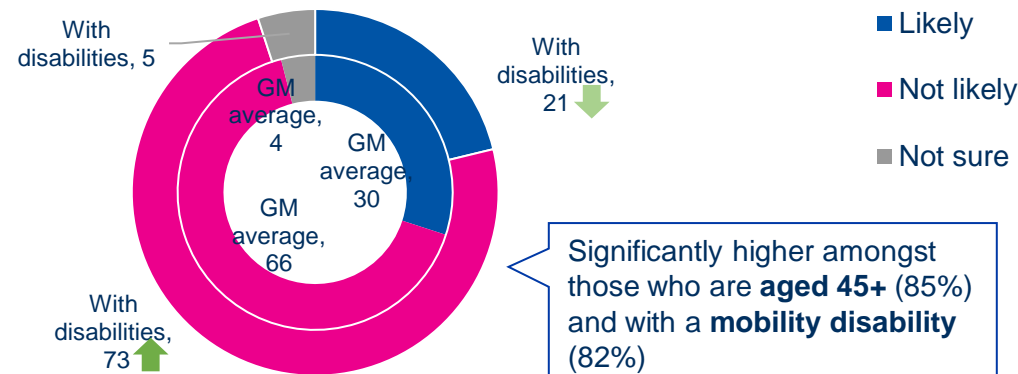
D13. In the last 7 days, how often, if at all, have you done each of the following?
Base: All Respondents from Surveys 4-6 (n=3018) and all with disabilities from surveys 4-6 (n=606)

↑ ↓ Significantly higher/lower compared to GM average

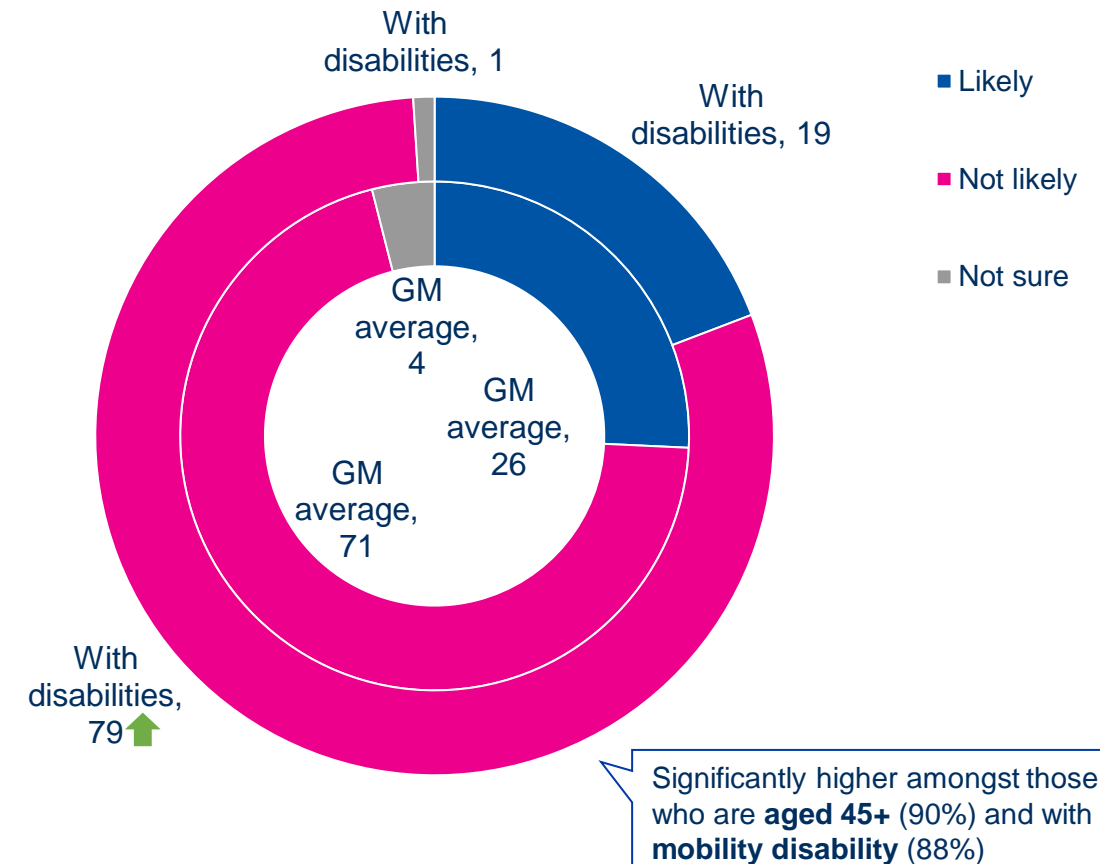
Likelihood to visit town/city centres and hospitality venues

With restrictions lifting, when compared to the Greater Manchester average, disabled respondents (including those with mental ill health) were less likely to visit a hospitality venue or a large town in the next two weeks.

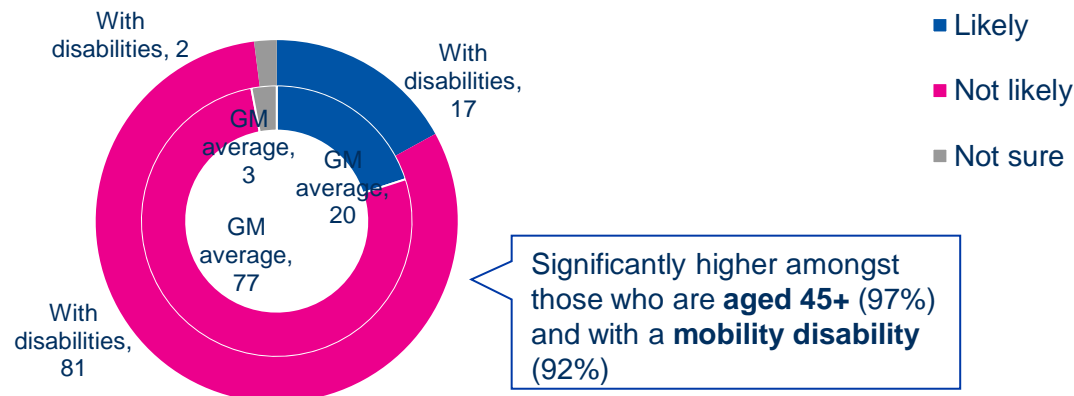
Likelihood to visit pub, café, bar or restaurant in the next 2 weeks (%)



Likelihood to visit a large town centre in Greater Manchester in the next 2 weeks (%)



Likelihood to visit Manchester/Salford city centre in the next 2 weeks (%)



↑↓ Significantly higher/lower compared to GM average

D13a. How likely are you to visit a hospitality venue in the next two weeks? Base: All Respondents not visited hospitality venue from Survey 6 (n=744) and all not visited hospitality venue with disabilities from survey 6 (n=172)

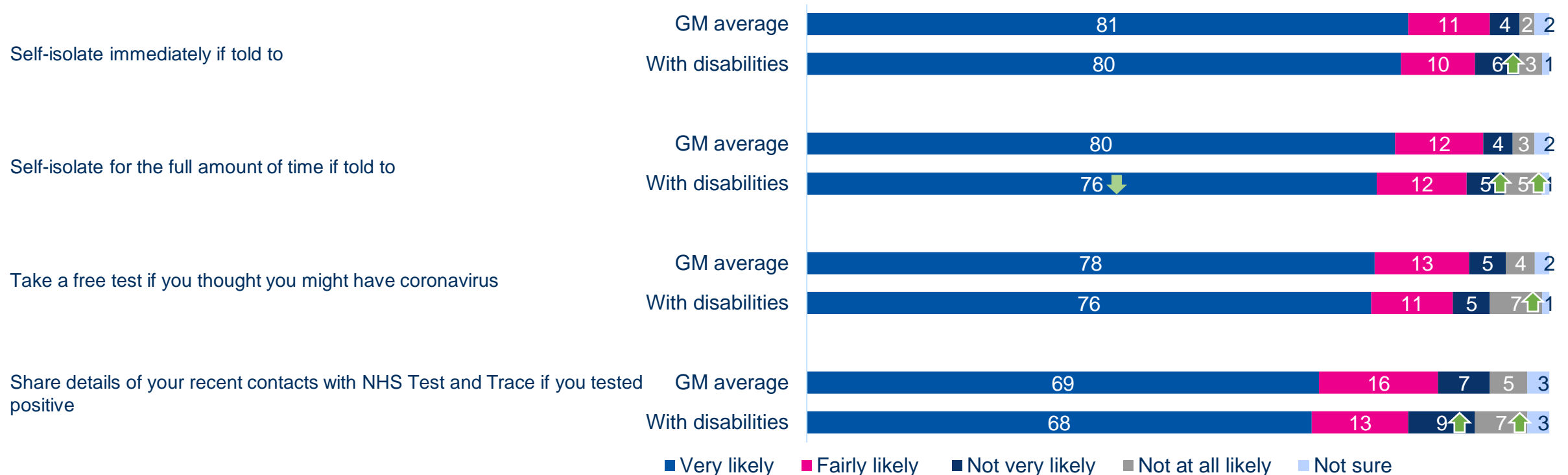
D14a. How likely are you to visit Manchester or Salford city centre in the next two weeks? Base: All Respondents not visited city centre from Survey 6 (n=802) and all not visited city centre with disabilities from survey 6 (n=178)

D15c. How likely are you to visit a large town centre within Greater Manchester in the next two weeks? Base: All Respondents not visited large town centre from Survey 6 (n=659) and all not visited large town centre with disabilities from survey 6 (n=147)

Compliance with test and trace requirements

A relatively high proportion of respondents with disabilities (including mental ill health) say they are not likely or not at all likely to follow the key Test and Trace behaviours, compared to the Greater Manchester average.

Likelihood to... (%)

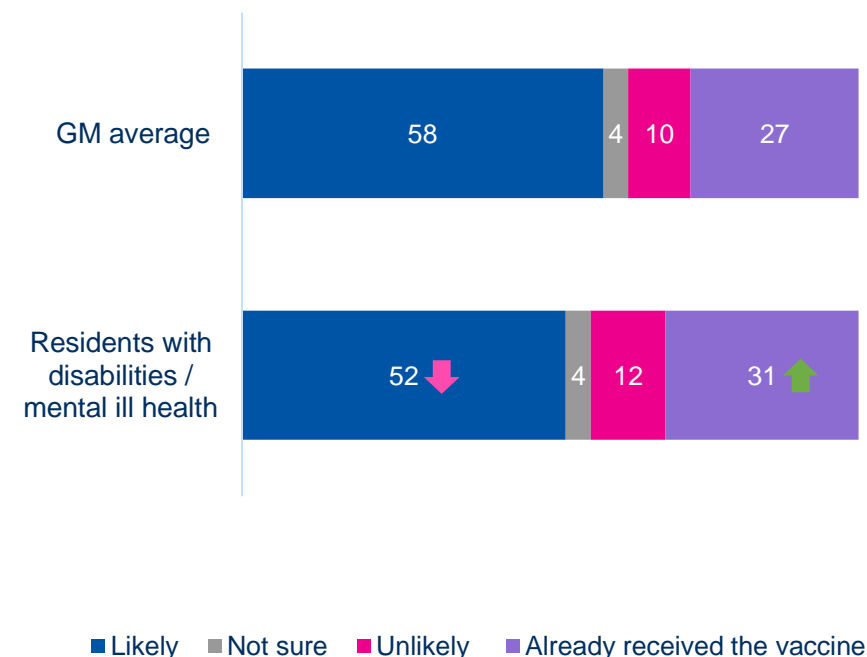


↑↓ Significantly higher/lower compared to GM average

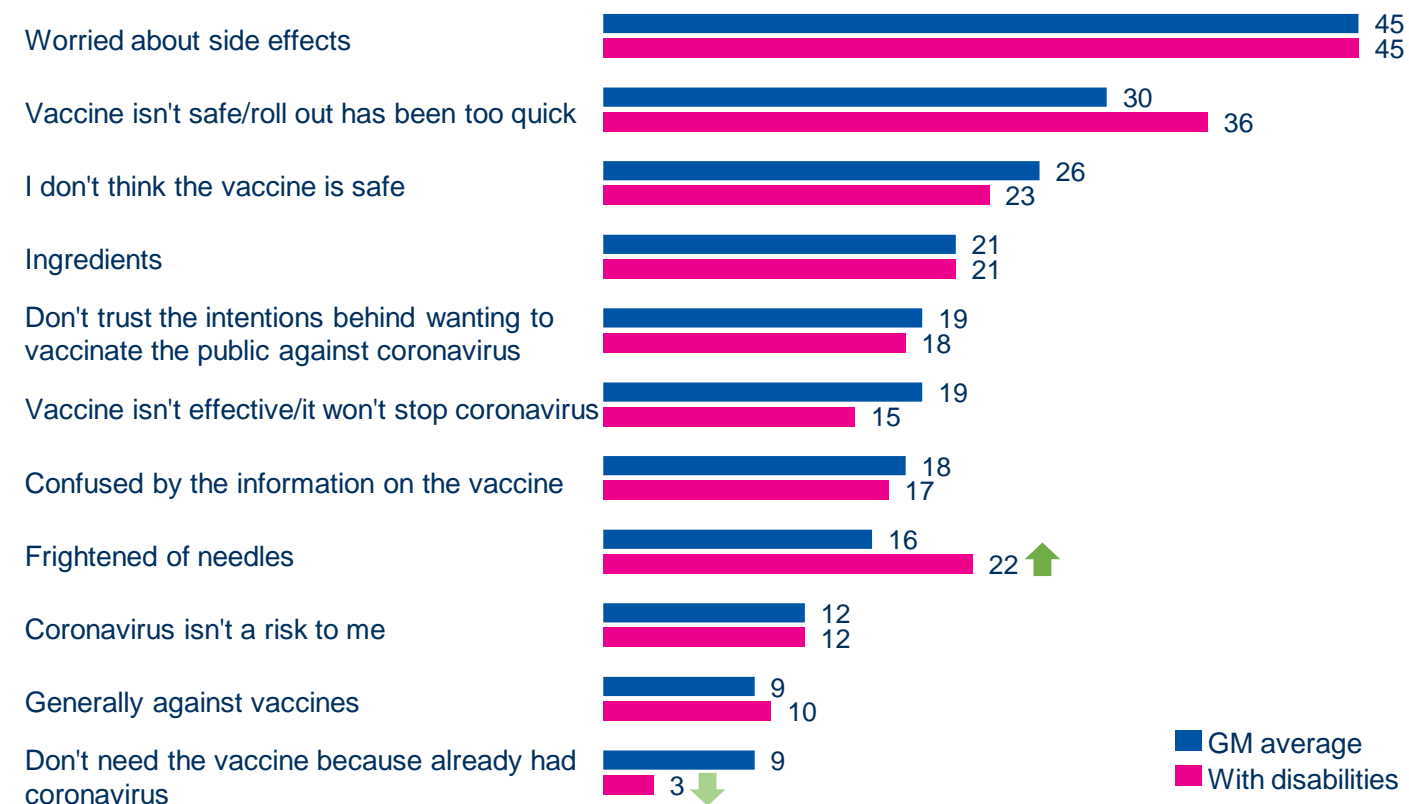
COVID-19 vaccine uptake

A significantly lower proportion of respondents with disabilities (including mental ill health) say they are likely to receive a vaccine when compared to the Greater Manchester average. However, a higher proportion had already received a vaccine when the fieldwork was undertaken, reflecting the prioritisations in the vaccine rollout.

Likelihood to receive vaccine (%)



Reasons for not getting vaccine (%)



↑ ↓ Significantly higher/lower compared to GM average

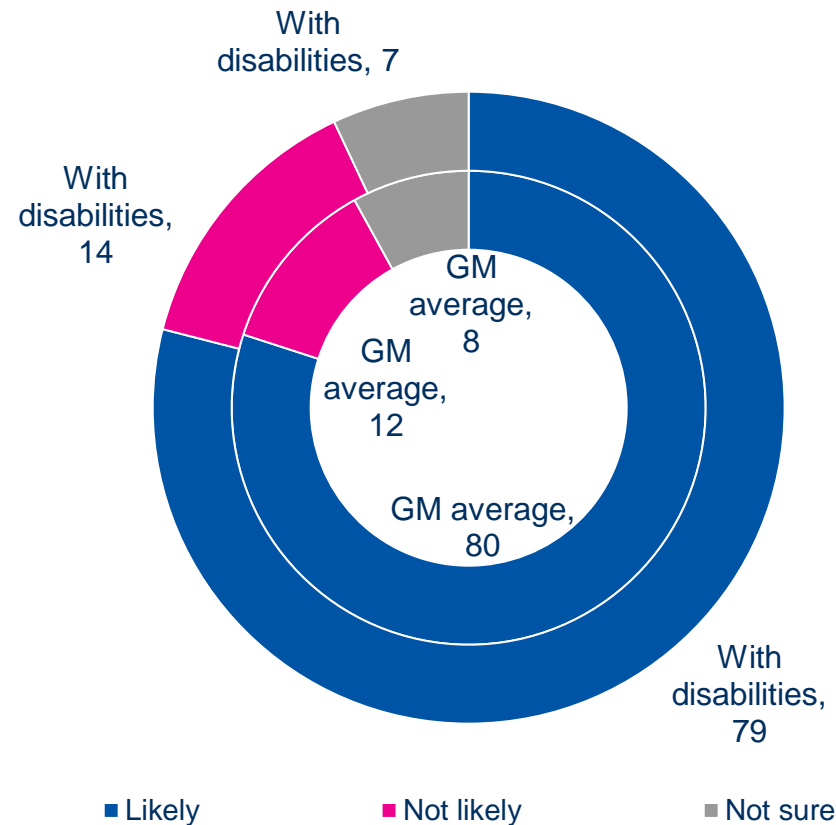
D17. Have you received your coronavirus vaccine? Base: All Respondents from Surveys 4-6 (n=3018) and all with disabilities from surveys 4-6 (n=606)

D9. Why are you unlikely to get vaccinated against coronavirus? Base: All Respondents not likely to get vaccine from Surveys 4-6 (n=576) and all with disabilities not likely to get vaccinated from surveys 4-6 (n=119)

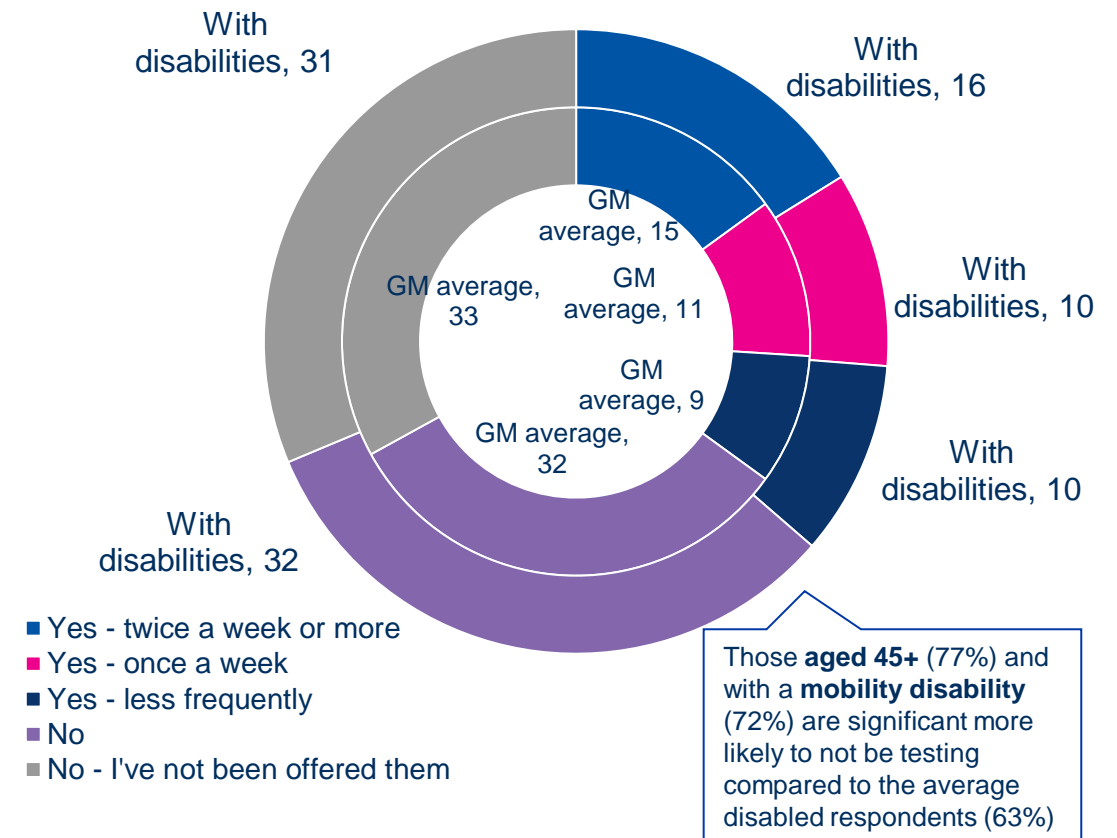
COVID-19 rapid tests for people without symptoms

The likelihood and actual taking of free rapid COVID-19 tests among disabled respondents (including those with mental ill health) is in line with the Greater Manchester average.

Likelihood of taking free COVID-19 tests if offered (%)



Taking asymptomatic COVID-19 tests (%)



Reasons for not taking rapid COVID-19 tests

Disabled respondents (including those with mental ill health) who are not taking rapid tests are more likely to not be doing so because they don't know what they involve and don't want to self isolate if a positive result, compared to the Greater Manchester average.

Reasons for not taking COVID-19 tests (%)



↑ ↓ Significantly higher/lower compared to GM average

D21a. Why have you not taken the tests?

Base: All Respondents not taking tests but have been offered from Surveys 5-6 (n=453) and all with disabilities not taking tests but have been offered from surveys 5-6 (n=88)

