

Statistical bulletin

# Coronavirus and the social impacts on Great Britain: 29 January 2021

Indicators from the Opinions and Lifestyle Survey covering the period 20 to 24 January 2021 to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

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Release date:  
29 January 2021

Next release:  
5 February 2021

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# 1 . Main points

This week, over the period 20 to 24 January 2021, based on adults in Great Britain:

- Compliance with most measures to stop the spread of the coronavirus (COVID-19) remained high, with similar proportions to last week reporting always or often handwashing after returning home (90% this week and last week), using a face covering (95% this week compared with 96% last week) and avoiding physical contact when outside their home (94% this week compared with 93% last week).
- Personal well-being scores for life satisfaction, feeling that things done in life are worthwhile and happiness remained at some of the lowest levels recorded since this survey began in March 2020; the anxiety score remained similar this week to last week, having previously declined slightly compared with early January 2021.
- The proportion of adults who felt that it will take more than a year for life to return to normal (28%) continued to gradually rise this week and is higher than those who feel life will return to normal in six months or less (20%).
- Of adults yet to be offered the COVID-19 vaccine, around 9 in 10 (88%) of adults would be likely (very or fairly likely) to have the vaccine if offered, with around 1 in 20 (4%) unlikely (very or fairly unlikely); these are similar proportions to those reported last week (89% and 5% respectively).

This week, based on data collected between 10 December 2020 and 10 January 2021, we also looked at attitudes towards COVID-19 vaccination amongst different sub-groups of the population. We found:

- A higher proportion of adults aged 80 years and over (97%) reported that they were likely to have the vaccine, compared with adults aged 16 to 64 years and in an at-risk group (83%).
- Amongst adults who said they were unlikely to have the vaccine, 44% of the clinically extremely vulnerable and 36% of those in an at-risk group reported being worried about the effect of the vaccine on an existing health condition.
- Less than half (49%) of Black or Black British adults reported that they were likely to have the vaccine; higher proportions were reported amongst White (85%) and Mixed ethnicity (80%) groups.
- Within younger age groups, a lower proportion of women were likely to have the vaccine compared with men; the biggest difference was for those aged 30 to 49 years, 76% of women compared with 82% of men in this age group.

## Statistician's comment

"This week, around 9 in 10 adults said they were likely to have the vaccine (or have already had it).

However, younger adults were less likely to report wanting the vaccine if offered compared with older adults, with rates lower in younger women compared with younger men. We also found less than half (49%) of Black or Black British adults would be likely to have the vaccine if offered, the lowest rate found across ethnic groups."

Tim Vizard, Principal Research Officer, Office for National Statistics.

## 2 . Understanding the impact on society

This bulletin contains data and indicators from a module being undertaken through the Office for National Statistics' (ONS') Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus (COVID-19) pandemic on British society.

### Weekly update

The latest weekly statistics for Great Britain over the period 20 January to 24 January 2021 are examined.

The bulletin presents a summary of the results, breakdowns by age, sex, region and country, including [confidence intervals](#) for the estimates. These are contained in the [associated dataset](#). Where changes in results from previous weeks are presented in this bulletin, associated confidence intervals should be used to assess the [statistical significance](#) of this difference.

The latest statistics in this release are based on a survey of 6,030 adults aged 16 years and above in Great Britain conducted between 20 January and 24 January 2021 (inclusive). Results from this period are based on 4,484 responding adults (74% response rate).

Throughout the bulletin:

- "this week" refers to responses collected during the period 20 January to 24 January 2021
- "last week" refers to responses collected during the period 13 January to 17 January 2021

### Attitudes to COVID-19 vaccination

This week, we focus on the attitudes towards vaccination of different sub-groups of the population in Great Britain.

Estimates are based on four waves of the OPN, with data collection taking place from 10 December 2020 to 10 January 2021. The four individual waves of data were pooled together to provide a sample of 14,133 adults aged 16 years and over in Great Britain.

## 3 . Main indicators

Compliance with most measures to help prevent the spread of the coronavirus (COVID-19) remained high this week, with 90% of adults reporting always or often handwashing after returning home (90% last week), 95% using a face covering (96% last week) and 94% avoiding physical contact when outside their home (93% last week). Around 9 in 10 (90% this week compared with 88% last week) adults reported always or often maintaining social distance when meeting up with people outside their support bubble (Table 1).

### Table 1: Main indicators

Great Britain, 13 January to 24 January 2021

Notes:

1. "This week" refers to responses collected during the period 20 January to 24 January 2021
2. "Last week" refers to responses collected during the period 13 January to 17 January 2021

## 4 . Personal well-being

Personal well-being scores for life satisfaction, feeling that things done in life are worthwhile and happiness remained at some of the lowest levels recorded since this survey began in March 2020.

This week, the score for life satisfaction was 6.5, up slightly from 6.4 last week, the score for feeling that things done in life are worthwhile declined slightly (7.0 this week compared with 7.1 last week) and the score for happiness remained the same (6.4 both this week and last week).

The anxiety score was 4.3 this week, the same level found last week. This compares with a score of 4.6 in the first week of January 2021, which was the highest score since April 2020 (Figure 1).

### **Figure 1: This week, happiness remained at its lowest level since the survey began in March 2020**

Great Britain, March 2020 to January 2021

#### **Notes:**

1. Questions: "Overall, how satisfied are you with your life nowadays?", "Overall, to what extent do you feel that the things you do in your life are worthwhile?", "Overall, how happy did you feel yesterday?" and "Overall, how anxious did you feel yesterday?".
2. This question is answered on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".
3. Base: all adults.

[Data download](#)

## 5 . Perceptions of the future

This week, the proportion of adults in Great Britain that felt that life will return to normal in six months or less continued to gradually fall, now at 20% compared with 22% last week.

The proportion of adults who felt that it will take more than a year for life to return to normal continued to gradually rise and is now higher than those who feel life will return to normal in six months or less. Just under 3 in 10 (28%) of adults felt it will take more than a year for life to return to normal, compared with 25% last week (Figure 2).

### **Figure 2: The proportion of adults who reported they felt that it will take more than a year for life to return to normal continued to increase this week**

#### **Notes:**

1. Question: "How long do you think it will be before your life returns to normal?".
2. Base population for percentage: all adults.
3. This figure only includes those who reported that life will return to normal in six months or less or more than a year. Other reported time periods are included in the datasets published with this bulletin.

[Data download](#)

## 6 . Attitudes to COVID-19 vaccination

This week, around 1 in 8 (12%) adults in Great Britain reported they had received at least one dose of COVID-19 vaccination, compared with 7% last week. Just over 8 in 10 (81%) reported they had not yet been offered the COVID-19 vaccine (87% last week). Around 1 in 20 (6%) reported that they had been offered it and were awaiting it (5% last week), and less than 1 in 100 (less than 1%) reported that they had been offered it but declined it (1% last week). Because of small sample sizes, the percentage of adults who have declined the vaccine should be treated with caution.

The estimates presented here are from a sample of adults, and may differ from the latest official administrative data on [the number of adults in Great Britain and its constituent countries who have received COVID-19 vaccination](#) are available. Our survey does not include adults living in care homes or other establishments, so will not capture vaccinations in these settings. For more information please see the [Glossary](#).

This week, of those who had not already received or been offered the COVID-19 vaccine, 88% of adults would be likely (either very or fairly likely) to have the vaccine if offered, with 4% unlikely (either very or fairly unlikely). These are similar proportions to those reported last week (89% and 5% respectively).

Amongst adults who had not already received or been offered COVID-19 vaccination, 80% of those aged between 16 and 29 years reported they would be likely to have the vaccine if offered, increasing to 85% of adults aged 30 to 49 years, 93% of adults aged 50 to 69 years and 98% of adults aged 70 years and above.

Of all adults who said they would be unlikely to have the COVID-19 vaccine if offered, or had decided not to have the vaccine when offered, the most commonly reported reasons why not remained similar this week and last week. These were:

- feeling worried about the side effects (50% this week compared with 42% last week)
- wanting to wait to see how well the vaccine works (42% this week compared with 40% last week)
- feeling worried about the long-term effects on their health (41% compared with 43% last week) (Figure 3)

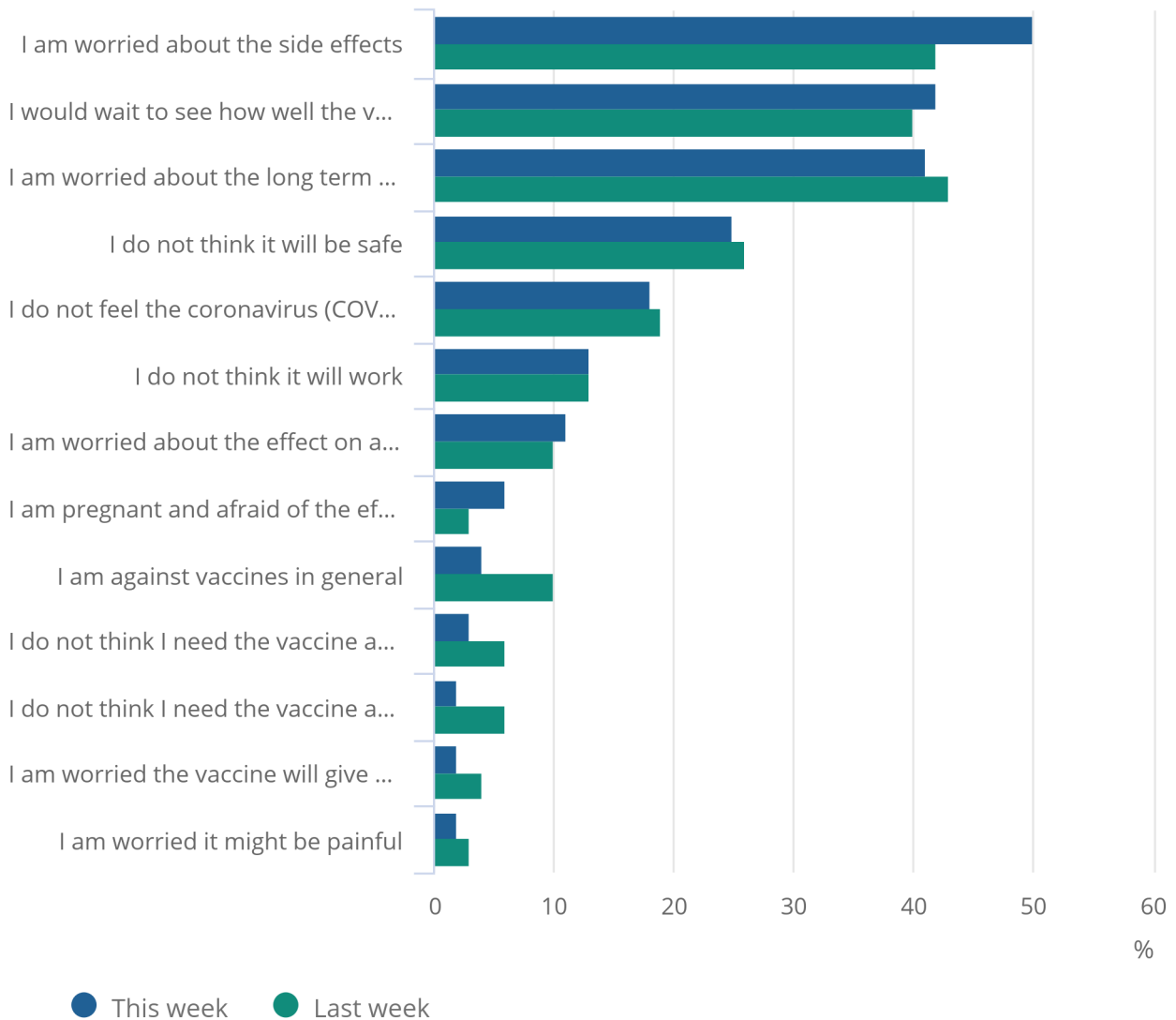
Because of small sample sizes, differences between this week and last week should be treated with caution.

**Figure 3: For adults who reported being unlikely to have the vaccine or had declined it, common reasons were worries about side effects, how well the vaccine works or long-term effects on health**

Great Britain, 13 to 24 January 2021

Figure 3: For adults who reported being unlikely to have the vaccine or had declined it, common reasons were worries about side effects, how well the vaccine works or long-term effects on health

Great Britain, 13 to 24 January 2021



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Question: "For what reasons would you be unlikely to have a vaccine for the coronavirus (COVID-19) if it was offered to you?" or "For what reasons did you decide to not have the vaccine for the coronavirus (COVID-19) when it was offered to you?".
2. Base population for percentage: adults who reported they were very unlikely or fairly unlikely to have the COVID-19 vaccine if it was offered to them or who had reported deciding not to take the COVID-19 vaccine when offered it.
3. "This week" refers to responses collected during the period 20 to 24 January 2021. "Last week" refers to responses collected during the period 13 to 17 January 2021.
4. Response for the categories "I do not have the time" and "Don't know" have been suppressed because of low sample sizes.
5. Response category of "Other" and "Prefer not to say" have been removed from the chart.
6. Response category of "I have been advised by a health or medical professional not to get the vaccine" has been removed from the chart due to only being included as an answer option in the latest data collection (20 to 24 January). Estimates for this response category are available in the dataset associated with this release.
7. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

This week, we have continued to produce a combined measure looking at the percentage of adults in Great Britain who have either received the COVID-19 vaccine, have accepted an offer and are waiting to receive it, or are likely (very or fairly likely) to have the vaccine if offered. This allows us to produce a consistent measure of attitudes towards the vaccine as more adults receive and are offered the vaccine.

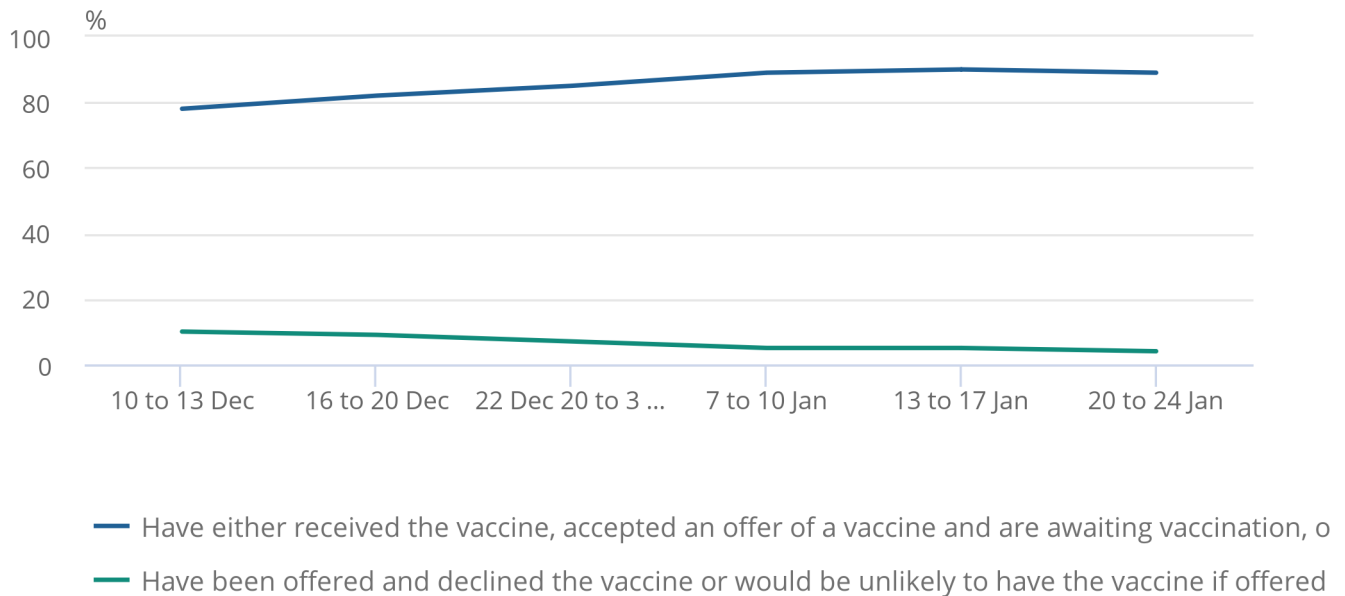
This week, around 9 in 10 (89%) adults reported they had now either received the COVID-19 vaccine, had accepted an offer and were awaiting vaccination or would be likely to have the vaccine if offered. This was similar to last week (90%). In early December 2020, around 8 in 10 (78%) adults indicated they would be likely to accept the vaccine if offered it (Figure 4).

**Figure 4: Around 9 in 10 adults have received the COVID-19 vaccine, accepted and are awaiting vaccination, or would be likely to have the vaccine if offered**

Great Britain, December 2020 to January 2021

Figure 4: Around 9 in 10 adults have received the COVID-19 vaccine, accepted and are awaiting vaccination, or would be likely to have the vaccine if offered

Great Britain, December 2020 to January 2021



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Questions: "Have you received a vaccine for the coronavirus (COVID-19)?", "Have you been offered the vaccine for the coronavirus (COVID-19)?" and "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?".
2. Base: All adults.
3. Questions asked about attitudes toward COVID-19 vaccination have changed over the survey periods shown so interpretation of this time series should be made with caution. For more information please see the datasets associated with this bulletin.
4. Response categories of "Don't know" and "Prefer not to say" are not shown on this chart.
5. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Further statistics on attitudes to vaccines and mass testing this week can be found in Table 12 of the [accompanying dataset](#).



## 7 . Attitudes to COVID-19 vaccination: by different sub-groups of the population

This week, based on data collected between 10 December 2020 and 10 January 2021, we also looked at attitudes towards COVID-19 vaccination by different sub-groups of the population. We also explored the reasons for those who said they were unlikely to have the vaccine.

Throughout the sub-groups analysis:

- “likely to have the vaccine” refers to respondents who said they were very or fairly likely to have the vaccine if offered, or who reported they have already had the vaccine
- “unlikely to have the vaccine” refers to respondents who said they were very or fairly unlikely to have the vaccine if offered

### Priority groupings

Across the UK, COVID-19 vaccinations are being offered to adults at an increased risk from the coronavirus (COVID-19), identified as [high priority](#) groups for the government’s first phase of COVID-19 vaccination rollout. These include adults aged 50 years and older, the clinically extremely vulnerable, and those in an at-risk group because of underlying health conditions. For information on the definition of the vaccine rollout priority groups used in this analysis please see the [Glossary](#).

The percentage of adults likely to have the vaccine appeared to be highest amongst older adults. A higher percentage of adults aged 80 years and over (97%) reported that they were likely to have the vaccine, compared with adults aged 16 to 64 years and in an at-risk group because of an underlying health condition (83%) (Table 2).

Table 2: Attitudes to COVID-19 vaccination amongst different priority groups  
Great Britain, 10 December 2020 to 10 January 2021

| <b>Vaccine rollout priority group</b>                    | <b>Very or fairly likely to have the vaccine (%)</b> | <b>Fairly or very unlikely to have the vaccine (%)</b> |
|--|--|--|
| 80 years of age and over                                 | 97   | 1  |
| 75 to 79 years of age                                    | 96   | 1  |
| 70 to 74 years of age or clinically extremely vulnerable | 94   | 2  |
| 65 to 69 years of age                                    | 95   | 2  |
| 16 to 64 years of age in an at risk group                | 83   | 7  |
| 60 to 64 years of age                                    | 93   | 3  |
| 55 to 59 years of age                                    | 87   | 7  |
| 50 to 54 years of age                                    | 86   | 5  |
| Rest of the population                                   | 76   | 12   |

Source: Office for National Statistics – Opinions and Lifestyle Survey

#### Notes

1. Question: "If a vaccine for the coronavirus (COVID-19) was offered to you how likely to unlikely would you be to have the vaccine?"
2. Base population for percentage: all adults.
3. A response option was added for data collected over the period 7 to 10 January to say "I have already received the vaccine". Respondents who chose this response, have been included in the "Very/fairly likely" response category.
4. The priority groupings are based on the government's COVID-19 vaccination first phase priority groups. For more information on the definition of priority groups used this in analysis see the glossary.

## Clinically extremely vulnerable and adults in an at-risk group

The clinically extremely vulnerable (CEV) and those in an at-risk group are included in the government's priority vaccine rollout as they are at an increased risk of complications because of the coronavirus (COVID-19). Analysis is based on self-reported information and may not align with the government's [high priority groups](#). For further information on how we have defined these groups see the [Glossary](#).

Around 9 in 10 CEV adults (93%) and adults in an at-risk group (89%) said they were likely to have the vaccine.

Of adults who said they were unlikely to have the vaccine, similar common reasons for not having the vaccine were seen for CEV adults and those in an at-risk group compared with all adults:

- waiting to see how well the vaccine works (CEV: 42%, at-risk group: 37%, all adults: 44%)
- being worried about the side effects (CEV: 38%, at-risk group: 39%, all adults: 48%)
- being worried about the long-term effects on my health (CEV: 34%, at-risk group: 37%, all adults: 46%)

Amongst adults who said they were unlikely to have the vaccine, around 4 in 10 CEV adults (44%) and those in an at-risk group (36%) reported being worried about the effect of the vaccine on an existing health condition. It should be noted that for these estimates of CEV adults and those in an at-risk group respondents could be included in both groups, for information on the definitions used see the [glossary](#).

## Age and sex

As age increased the percentage of adults reporting that they were likely to receive the vaccine also increased as reported in [Section 6: Attitudes to COVID-19 vaccination](#). Using the pooled data covering the period 10 December 2020 to 10 January 2021 we were able to further examine if there were any differences when sub-groups of different ages and sex were considered (Figure 5).

A slightly higher percentage of men (85%) reported that they were likely to have the vaccine compared with women (82%). Within younger age groups, this difference was greater. The biggest difference between men and women who reported they were likely to have the vaccine was observed for those aged 30 to 49 years (82% and 76% respectively).

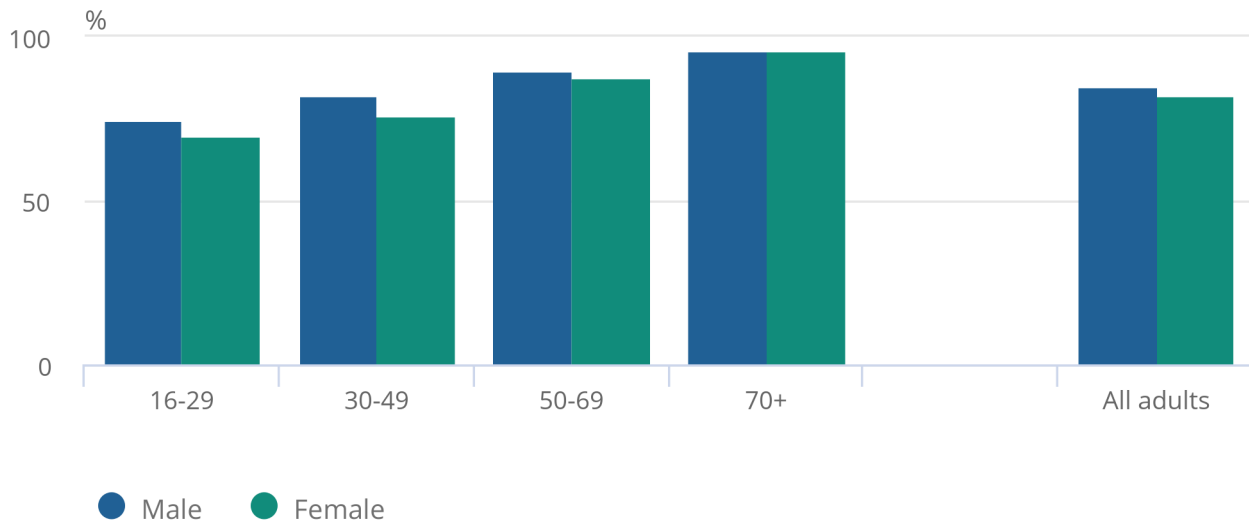
For those aged 70 years and over there was no difference between the percentage of men and women who said they were likely to have the vaccine (96% for both groups).

**Figure 5: Within older age groups there is a smaller difference between the proportion of men and women who say they are likely to have the vaccine**

Great Britain, 10 December 2020 to 10 January 2021

Figure 5: Within older age groups there is a smaller difference between the proportion of men and women who say they are likely to have the vaccine

Great Britain, 10 December 2020 to 10 January 2021



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Question: “If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?”
2. Base population for percentage: All adults.
3. The chart includes those who reported that they were “fairly likely” or “very likely” to have the vaccine. Additional response options were available for this question, these estimates can be found in the [accompanying datasets](#).
4. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

## Ethnicity

We have also examined differences in attitudes to COVID-19 vaccination by ethnicity, looking first at any differences between White and all ethnic minority groups. Where possible we have also provided analysis using a five-category ethnicity breakdown. These are emerging findings based on small sample sizes for some groups and therefore should be treated with caution. For the definitions of ethnicity used in this analysis see the [Glossary](#).

A higher percentage of adults of White ethnic background (85%) reported they were likely to have the vaccine, compared with 69% of adults of ethnic minority background.

When looking at differences by ethnicity in more detail, less than half (49%) of Black or Black British adults reported that they were likely to have the vaccine. Higher percentages were reported amongst White (85%) and Mixed ethnicity (80%) backgrounds (Figure 6).

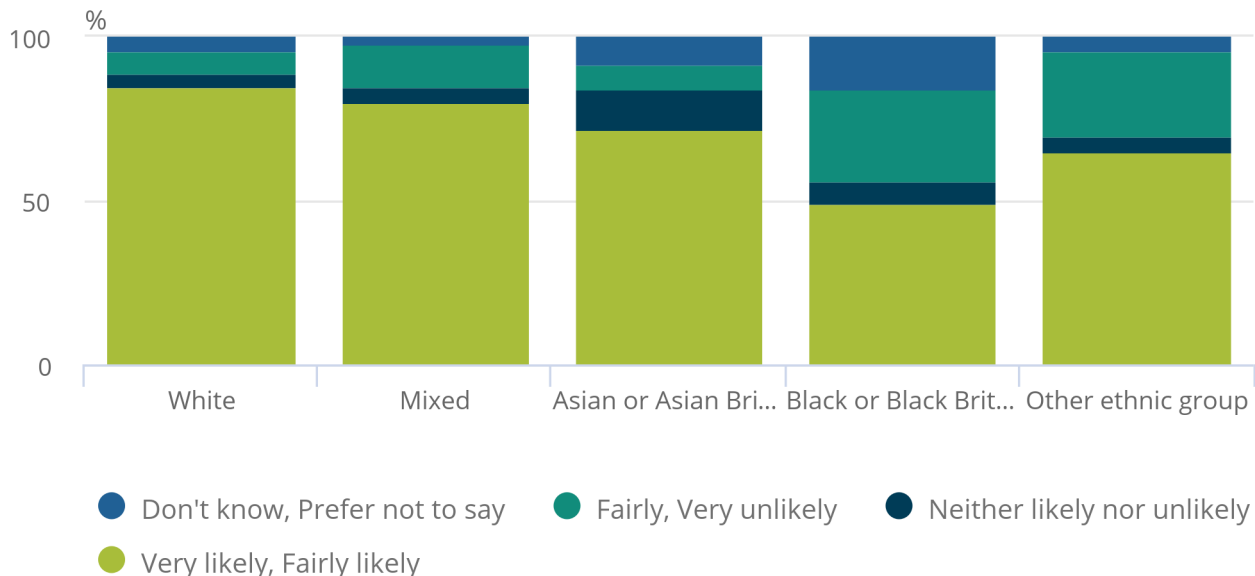
A higher proportion of Black or Black British adults (28%) reported that they would be unlikely to have the vaccine compared with adults of White (7%), Asian or Asian British (8%) or Mixed ethnicity (13%) background (Figure 6).

**Figure 6: Around half (49%) of Black or Black British adults reported that they were likely to have the COVID-19 vaccine**

Great Britain, 10 December 2020 to 10 January 2021

Figure 6: Around half (49%) of Black or Black British adults reported that they were likely to have the COVID-19 vaccine

Great Britain, 10 December 2020 to 10 January 2021



Source: Office for National Statistics - Opinions and Lifestyle Survey

Notes:

1. Question: "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely to unlikely would you be to have the vaccine?".
2. Base population for percentage: All adults
3. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
4. The chart includes the five-category ethnicity breakdown, information on the ethnicity definition used is included in the [glossary](#).

Of those who said they were unlikely to have the vaccine:

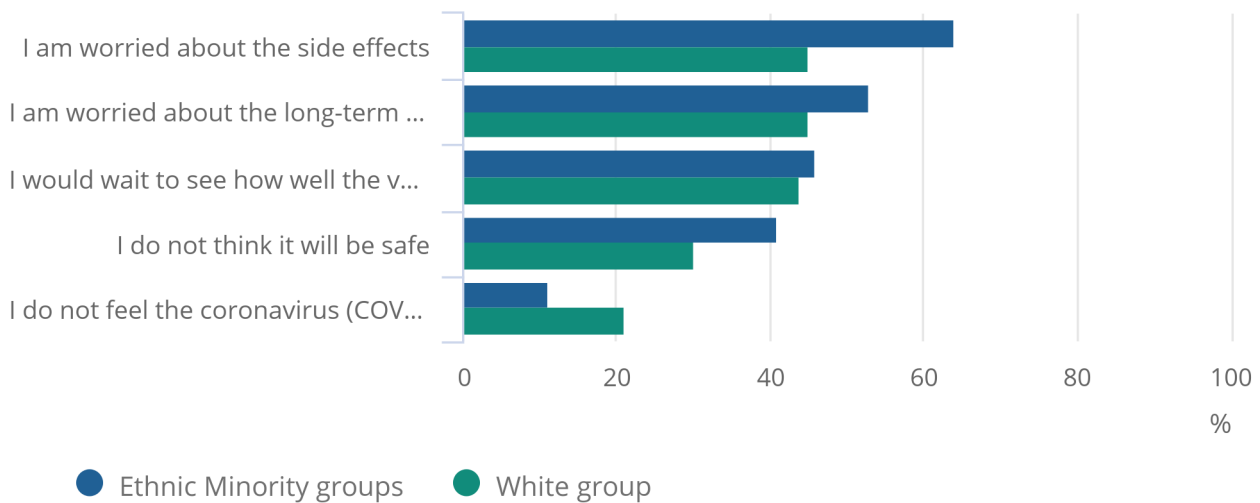
- over 6 in 10 adults of ethnic minority background (64%) reported they were worried about the side effects of the vaccine, compared with 45% of adults of White ethnic background
- around 2 in 10 adults of White ethnic background (21%) reported they did not feel the coronavirus was a personal risk, compared with 11% of ethnic minority background (Figure 7)

**Figure 7: Among those unlikely to have the vaccine, “I am worried about the side effects” was the most common reason given by ethnic minority groups**

Great Britain, 10 December 2020 to 10 January 2021

## Figure 7: Among those unlikely to have the vaccine, “I am worried about the side effects” was the most common reason given by ethnic minority groups

Great Britain, 10 December 2020 to 10 January 2021



Source: Office for National Statistics - Opinions and Lifestyle Survey

**Notes:**

1. Question: "For what reasons would you be unlikely to have a vaccine for the coronavirus (COVID-19) if it was offered to you?" Respondents asked to select all that apply.
2. Base population for percentage: adults who reported they were “very unlikely” or “fairly unlikely” to have the COVID-19 vaccine if it was offered to them or who had reported deciding not to take the COVID-19 vaccine when offered it.
3. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
4. The chart includes some of the common reasons for not having the vaccine. The full list of reasons can be found in the [accompanying datasets](#).

### Disability

A slightly higher percentage of non-disabled adults (8%) reported that they were unlikely to have the vaccine compared with disabled adults (6%).

Among adults who said they were unlikely to have the vaccine, the most common reasons among both disabled and non-disabled adults were:

- being worried about the long-term effects on their health (42% amongst disabled adults compared with 45% amongst non-disabled adults)
- being worried about the side effects (41% compared with 49%)
- waiting to see how well the vaccine works (36% compared with 45%)

Nearly a third (30%) of disabled adults, who said they were unlikely to have the vaccine, said they were worried about the effect on an existing health condition, compared with 6% of non-disabled adults who said they were unlikely to have the vaccine (Figure 8).

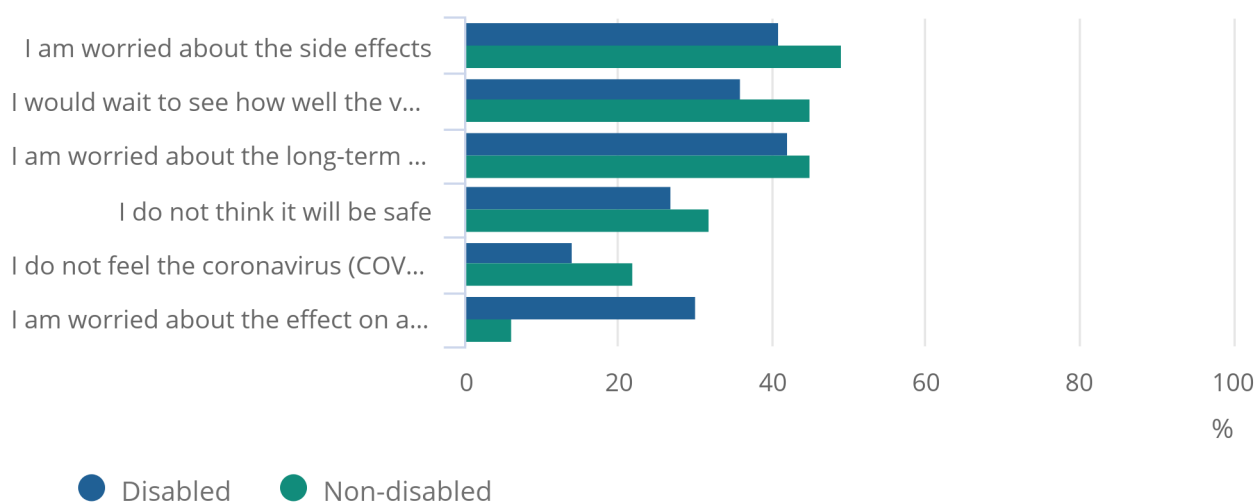


**Figure 8: Of disabled adults who were unlikely to have the vaccine, around a third said they were worried about the effect of the vaccine on an existing health condition**

Great Britain, 10 December 2020 to 10 January 2021

Figure 8: Of disabled adults who were unlikely to have the vaccine, around a third said they were worried about the effect of the vaccine on an existing health condition

Great Britain, 10 December 2020 to 10 January 2021



Source: Office for National Statistics - Opinions and Lifestyle Survey

Notes:

1. Question: "For what reasons would you be unlikely to have a vaccine for the coronavirus (COVID-19) if it was offered to you?" Respondents asked to select all that apply.
2. Base population for percentage: adults who reported they were "very unlikely" or "fairly unlikely" to have the COVID-19 vaccine if it was offered to them or who had reported deciding not to take the COVID-19 vaccine when offered it.
3. Confidence intervals are provided in the datasets associated with this bulletin. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
4. The chart includes some of the common reasons for not having the vaccine. The full list of reasons can be found in the [accompanying datasets](#).

## Region

A similar percentage of adults reported that they were likely to have the vaccine across all regions in England. Whilst a seemingly lower percentage of adults in London (78%) compared with England (83%) reported that they were likely to have the vaccine, this was not significantly different to all other regions. For estimates of attitudes towards vaccination amongst the different regions of England please see the [accompanying datasets](#).

## 8 . Social impacts on Great Britain data

### [Coronavirus and the social impacts on Great Britain](#)

Dataset | Released 29 January 2021

Indicators from the Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. Includes breakdowns by at-risk age, sex and underlying health condition.

### [Coronavirus and the social impacts on Great Britain: Attitudes to vaccines](#)

Dataset | Released 29 January 2021

Indicators from the Opinions and Lifestyle Survey (OPN) between 10 December 2020 and 10 January 2021, to understand attitudes to coronavirus (COVID-19) vaccines between different sub-groups. Includes breakdowns by priority group, age and sex, region, health condition, clinically extremely vulnerable, disability and ethnicity.

## 9 . Glossary

### At-risk group

"At-risk group" refers to those with an underlying health condition, which includes those with:

- angina or long-term heart problem
- asthma
- a learning disability such as Autism spectrum disorder (ASD) or Asperger's (Asperger syndrome)
- conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease or multiple sclerosis
- cancer
- chronic obstructive pulmonary disease (COPD), cystic fibrosis or long-term lung problem
- diabetes
- kidney or liver disease
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines
- problems with your spleen - for example, sickle cell disease, or if you've had your spleen removed
- being very overweight (having a BMI of 40 or above)
- given an organ transplant

It should be noted that this list of conditions is not directly comparable with the "at risk" groups included in the government's [priority groups](#).

## Clinically extremely vulnerable (CEV)

Adults who said they had a physical or mental condition or illness were then asked the following question:

"Some people have been advised that they are clinically extremely vulnerable. If you are in this group, you will have received a letter from the NHS or your GP advising you of this. You may have been advised to shield in the past. Have you been identified as clinically extremely vulnerable?".

From this question, adults answered they were clinically extremely vulnerable.

It is important to note this may not be representative of the whole CEV population (for example, children and those living outside of private residential addresses are not included).

## Disability

To define disability in this publication, we refer to the [Government Statistical Service \(GSS\) harmonised "core" definition](#): this identifies as "disabled" a person who has a physical or mental health condition or illness that has lasted or is expected to last 12 months or more that reduces their ability to carry-out day-to-day activities.

The GSS definition is designed to reflect the definitions that appear in legal terms in the [Disability Discrimination Act 1995 \(DDA\)](#) and the subsequent [Equality Act 2010](#).

The GSS harmonised questions are asked of the respondent in this survey, meaning that disability status is self-reported.

## Ethnicity

The ethnicity disaggregation used in this publication has been chosen to provide the most granular breakdown possible, whilst producing robust estimates, in line with the [GSS Ethnicity Harmonised standard](#).

The two-category ethnicity breakdown includes:

- White: White British, White Irish, Other White
- Ethnic minority groups: White and Black Caribbean, White and Black African, White and Asian, Any other Mixed ethnic background, Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background, African, Caribbean, Any other Black/African/Caribbean background, Arab or Any other ethnic group

The five-category ethnicity breakdown includes:

- White: White British, White Irish, Other White
- Mixed/Multiple ethnic groups: White and Black Caribbean, White and Black African, White and Asian or Any other Mixed/Multiple ethnic background
- Asian or Asian British: Indian, Pakistani, Bangladeshi, Chinese or any other Asian background
- Black or Black British: African, Caribbean or Any other Black/African/Caribbean background
- Other ethnic background group: Arab or Any other ethnic group

## Lockdown

On 5 January 2021, the UK government announced a further national lockdown for [England](#). Similar rules applied for [Scotland](#) and [Wales](#), particularly the message to "stay at home" meaning that adults in Great Britain were under a national lockdown at the start of the year in 2021.

## Personal well-being

Personal well-being measures ask people to evaluate, on a scale of 0 to 10, how satisfied they are with their life overall, whether they feel the things they do in life are worthwhile, and happiness and anxiety yesterday.

## Priority groups

In [Section 7](#), analysis is provided by priority groups for vaccination based on the UK government's [COVID-19 vaccination first phase priority groups](#).

Priority groups are mutually exclusive. If a person could be categorised into more than one group, they have been included in the highest priority group that applies to them.

The estimates for priority groups exclude "frontline health and social care workers" and "staff working in care homes for older adults", as information on occupation was not included on the dataset.

We are also unable to capture residents in care homes as they are not included in household survey populations.

## Vaccination for COVID-19

Following the first coronavirus (COVID-19) vaccine being given in the UK on 8 December 2020, the COVID-19 vaccination is now being provided in various locations across the country. The vaccine is currently being offered in some hospitals and pharmacies, at local vaccination centres run by GPs and at larger vaccination centres.

[National Health Service \(NHS\) guidance on the COVID-19 vaccine](#) is available.

More information on [the number of people who have received the COVID-19 vaccine to date](#) is available.

## Working adults

For this survey, a person is said to be a "working adult" if:

- they had a paid job, either as an employee or self-employed
- they did any casual work for payment
- they did any unpaid or voluntary work in the previous week

## 10 . Measuring the data

### Weekly update

The Opinions and Lifestyle Survey (OPN) is a monthly omnibus survey. In response to the coronavirus (COVID-19) pandemic, we have adapted the OPN to become a weekly survey used to collect data on the impact of the coronavirus on day-to-day life in Great Britain. In the latest wave, 6,030 individuals were sampled, with a response rate of 74% (or 4,484 individuals) for the survey conducted from 20 January to 24 January 2021.

The survey results are weighted to be a nationally representative sample for Great Britain, and data are collected using an online self-completion questionnaire. Individuals who did not want to or were unable to complete the survey online had the opportunity to take part over the phone.

Where changes in results from previous weeks or differences between groups are presented in this bulletin, associated [confidence intervals](#), which are included in the [associated datasets](#), indicate their significance.

Estimates in this bulletin are rounded to the nearest whole number. Where individual answer categories for a question have been combined to provide an estimate, this total may not appear to sum to the total of individual categories because of this rounding.

Estimates of attitudes towards vaccination provided for this week and last week should be used with caution when compared with any weeks prior to this. In the weeks prior to this, adults were asked their likelihood of having the vaccine if offered, but were not specifically asked if they had already been offered or received the vaccine.

### Sampling

A sample of 6,030 households was randomly selected from those that had previously completed the Labour Market Survey (LMS). From each household, one adult was selected at random but with unequal probability. Younger people were given higher selection probability than other people because of under-representation in the sample available for the survey. The survey also includes a boosted sample for England, to allow more detailed analysis at a regional level, which are available in the datasets.

### Weighting

The responding sample in the week 20 January to 24 January 2021 contained 4,484 individuals (74% response rate). Survey weights were applied to make estimates representative of the population.

Weights were first adjusted for non-response and attrition. Subsequently, the weights were calibrated to satisfy population distributions considering the following factors: sex by age, region, tenure, highest qualification and employment status. For age, sex and region, population totals based on projections of mid-year population estimates for January 2021 were used. The resulting weighted sample is therefore representative of the Great Britain adult population by a number of socio-demographic factors and geography.

## Attitudes to COVID-19 vaccination: by sub-groups of the population

The attitudes to vaccination by sub-groups of the population analysis provided in [Section 7](#) of this report is based on data collected over the period December 2020 to January 2021.

The pooled data comprises four waves of data collection covering the following periods: 10 to 13 December 2020, 16 to 20 December 2020, 22 December 2020 to 3 January 2021, 7 January to 10 January 2021, and included 14,133 adults aged 16 years and over in Great Britain. Pooling four waves of data together increases sample sizes, allowing us to explore vaccine sentiment by detailed sub-groups for the first time.

Households were randomly selected from those that had previously completed the Labour Market Survey. Data were weighted to be representative of adults in Great Britain based on December 2020 population estimates.

Between 7 January and 10 January an extra response option was added to the question, "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?" - "I have already received the vaccine". Respondents surveyed from 7 January to 10 January who chose this response have been included in the response option "Very likely/fairly likely".

When interpreting the findings in this section, it is important to note that some of the differences between groups (for example, ethnicity and region) could be because of differences in the age profile between sub-groups. The analysis presented in this release uses descriptive statistics, and therefore do not control for other factors. Differences between sub-groups could be because of other factors. For this reason, these estimates should be used with caution.

## 11 . Strengths and limitations

The main strengths of the Opinions and Lifestyle Survey (OPN) include:

- it allows for timely production of data and statistics that can respond quickly to changing needs
- it meets data needs: the questionnaire is developed with customer consultation, and design expertise is applied in the development stages
- robust methods are adopted for the survey's sampling and weighting strategies to limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of the OPN include:

- analysis of estimates in Wales and Scotland are based on low sample sizes, and therefore caution should be used with these estimates
- comparisons between periods and groups must be done with caution as estimates are provided from a sample survey; as such, [confidence intervals](#) are included in the datasets to present the sampling variability, which should be taken into account when assessing differences between periods, as true differences may not exist

## 12 . Related links

### [Coronavirus \(COVID-19\) latest data and analysis](#)

Web page | Updated as data become available

Latest data and analysis on the coronavirus (COVID-19) in the UK and its effects on the economy and society.

### [Deaths registered weekly in England and Wales, provisional: week ending 15 January 2021](#)

Bulletin | Released 26 January 2021

Provisional counts of the number of deaths registered in England and Wales, including deaths involving COVID-19, by age, sex and region, in the latest weeks for which data are available.

### [Coronavirus and the social impacts on disabled people in Great Britain: September 2020](#)

Article | Released 11 November 2020

The social impacts of the coronavirus pandemic on disabled people in Great Britain based on indicators from the Opinions and Lifestyle Survey (OPN). Insights from qualitative research commissioned by the Cabinet Office Disability Unit and conducted by Policy Lab help illustrate how these indicators can be experienced by disabled people in day-to-day life.

### [Personal and economic well-being in Great Britain: January 2021](#)

Bulletin | Released 20 January 2021

Estimates looking across personal and economic well-being covering the period from March to December 2020, to understand the impact of the coronavirus pandemic on people and households in Great Britain.

### [Coronavirus \(COVID-19\) roundup](#)

Blog | Updated as data become available

Catch up on the latest data and analysis related to the coronavirus pandemic and its impact on our economy and society.

### [Coronavirus and the social impacts on the countries and regions of Britain: April 2020](#)

Bulletin | Released 26 May 2020

Indicators from the OPN to understand the impact of the coronavirus pandemic on people, households and communities in the countries and regions of Great Britain. This release uses four waves of survey results covering April 2020 to present results for Wales, Scotland and the nine English regions.