Covid-19 Social Study
Results Release 16

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*The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-founder of the Nuffield Council on Bioethics and the Ada Lovelace Institute. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org).*

*The project has also benefitted from funding from UK Research and Innovation and the Wellcome Trust. The researchers are grateful for the support of a number of organizations with their recruitment efforts including: the UKRI Mental Health Networks, Find Out Now, UCL BioResource, HealthWise Wales, SEO Works, FieldworkHub, and Optimal Workshop.*
Executive summary

Background
This report provides data from the last 16 weeks of the UK COVID-19 Social Study run by University College London: a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this SIXTEENTH report, we focus on psychological responses to the first sixteen weeks of government measures requiring people to stay at home (21/03-12/07). We present simple descriptive results on the experiences of adults in the UK. Measures include:

1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction, loneliness and happiness
5. **New in this report** Changes in relationships and financial situation since lockdown

This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary weights to the national census and Office for National Statistics (ONS) data. Full methods and demographics for the sample included in this report are reported in the Appendix. The study is still recruiting and people can take part by visiting www.COVIDSocialStudy.org

Findings
- 1 in 4 respondents have reported that their relationships with colleagues or co-workers got worse over lockdown, along with more than 1 in 5 reporting that their friendships outside the household had also got worse. A worsening of relationships was also reported by some participants with their spouse/partner (18%), other adults they lived with (20%), and children they lived with (17%). For relationships outside the household, 19% reported a worsening of relations with children, 16% with parents or other relatives, and just 8% with neighbours. Younger adults were most likely to report a worsening of relationships, while older adults were least likely to report a change.
- Conversely, 35% of adults living with children reported improvements in their relationships, 27% reported improvements with their partner/spouse, 25% with other adults in their household, 20% with parents outside the household, 15% with friends, 16% with children outside the household, 17% with colleagues, 16% with other relatives, and 26% with neighbours.
- 12% of people reported a breakdown of a relationship with any family member, friend, colleague or neighbour since lockdown came in. This figure was highest amongst adults under 30 (21%) compared to adults over 60 (5%), and amongst people with a diagnosed mental illness (22% vs 10%). It was also slightly higher amongst people living alone (14% vs 11%), people with lower household income (14% vs 10%), keyworkers (14% vs 11%), people living with children (15% vs 11%), and people in urban areas (13% vs 10%).
- Nearly half of respondents (45%) reported that they are about the same financially to before lockdown, with 27% reporting improvements in their financial situation and 29% reporting that things had got worse.
- Amongst people living comfortably before lockdown came in, just 21% reported that things had got worse (6% “much worse”). But amongst people finding it very difficult before lockdown came in, nearly 3 times as many people (57%) reported that things had got worse (38% - more than 6 times as many - reporting things were “much worse”). Conversely, amongst people living comfortably before lockdown came in, 33% reported that things had improved financially for them during lockdown compared to 18% of people findings things very difficult before lockdown came in.
- “Complete” compliance has dropped further over the last fortnight but “majority” compliance remains around 90% overall in adults over 30 and 80% in adults under 30. Levels of confidence in the central government to handle the Covid-19 epidemic have risen slightly more in devolved nations, but remain lower and unchanged in England.
- In the past fortnight, depression levels, life satisfaction, happiness, and loneliness levels have shown some further improvements, while anxiety levels remain stable. Depression and anxiety are still highest in young adults, but depression levels have been falling most in this age group, as well as amongst people with a diagnosed mental illness.
1. Compliance and confidence

1.1 Compliance with guidelines

Respondents were asked to what extent they are following the recommendations from government such as social distancing and staying at home, ranging from 1 (not at all) to 7 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. Figure 1 shows the percentage of people who followed the recommendations “completely” (with a score of 7) or to a large extent (with a score of 5-7; described below as “majority” compliance).

“Complete” compliance has dropped further over the last fortnight, especially amongst younger adults (where it has reached just 20% at some points, although levels remain variable). It is now just over 40% in adults aged 30-50 and under 60% in adults over the age of 60. “Complete” compliance is lower in higher income households, in England, in urban areas, and has recently fallen lower in adults living with children compared to adults not living with children. “Majority” compliance remains around 90% overall, but is lower (under 80%) in adults under 30.

Figures 2a-2h show “complete” compliance by demographic factors, while Figures 2i-2p show “majority” compliance by demographic factors.
1.2 Confidence in Government

Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Levels of confidence in the central government to handle the Covid-19 epidemic have risen slightly more in devolved nations, but remain lower and unchanged in England.¹

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses (future analyses will look at subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30. Confidence is also lower in urban areas and in people with a mental health diagnosis. Confidence is also slightly lower in people of higher household income.

¹ Figures for Northern Ireland show greater volatility but this is likely a function of the sample size in Northern Ireland being smaller than for other countries.
2. Mental Health

2.1 Depression and anxiety

Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for diagnosing depression and anxiety in primary care. These are 9 and 7 items respectively with 4-point responses ranging from “not at all” to “nearly every day”, with higher overall scores indicating more symptoms. Scores of higher than 10 can indicate major depression or moderate anxiety.

In the past week, depression levels have shown some further improvements, while anxiety levels remain stable. Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression\(^2\)). Depression and anxiety are still highest in young adults, but depression levels have been falling most in this age group. They are also higher amongst people living alone, people with lower household income, people living with children, and people living in urban areas. People with a diagnosed mental illness have still been reporting higher levels of symptoms (as might be expected), but they have on average experienced improvements in the past fortnight, starting to narrow the gap in experiences compared to individuals without a diagnosed mental illness.

Figure 7a Anxiety by age groups

- Age 18-29
- Age 30-59
- Age 60+

Figure 7b Anxiety by living arrangement

- Living alone
- Not living alone

Figure 7c Anxiety by household income

- Household income <30k
- Household income >30k

Figure 7d Anxiety by mental health diagnosis

- Mental health diagnosis
- No diagnosis
We asked participants to report which factors were causing them stress in the last week, either minor stress or major stress (which was defined as stress that was constantly on their mind or kept them awake at night).

There has still been little change in people reporting major or minor stress due to catching COVID-19, unemployment, finance, or getting food in the past fortnight. Stress relating to Covid-19 (both catching Covid-19 and becoming seriously ill from Covid-19) remains the most prevalent stressor, but is still not affecting the majority of people, with fewer than 40% reporting it. Notably, worries about finance and unemployment have not risen for individuals, despite the end of furlough schemes nearing and more companies discussing redundancy measures. Just 1 in 4 people report being worried about finance and 1 in 6 worried about unemployment. Worries about access to food are still only affecting around 1 in 20 people, but this residual worry is remaining.

People with diagnosed mental illness have been more worried about all factors. But other predictors of stressors have varied. People with lower household income are becoming more worried about Covid-19 than people with higher household income, and they are more worried about finances, but less worried about unemployment. People living with children have worried more about all factors, but the differences on worries relating to Covid-19 and food access have diminished as lockdown has eased. Older adults have worried less about unemployment and food. Unemployment has worried people in England and in urban areas more.
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, someone has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated having such thoughts.

There continues to be no clear change in thoughts of death since the easing of lockdown was announced. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the past 16 weeks. They remain higher amongst younger adults, those with a lower household income, and people with a diagnosed mental health condition. They are also higher in people living alone and those living in urban areas.
3.2 Self-harm

Self-harm was assessed using a question that asks whether someone in the last week has been “self-harming or deliberately hurting yourself”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated any self-harming.

Self-harm has remained relatively stable since the easing of lockdown was announced. Consistently across lockdown, self-harm has been reported to be higher amongst younger adults, those with lower household income, and those with a diagnosed mental health condition. It is also slightly higher amongst people living in urban areas.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.
3.3 Abuse

Abuse was measured using two questions that ask if someone has experienced in the last week “being physically harmed or hurt by someone else” or “being bullied, controlled, intimidated, or psychologically hurt by someone else”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response on either item that indicated any experience of psychological or physical abuse.

Abuse has remained relatively stable since the easing of lockdown was announced. Abuse has been reported to be higher amongst adults under the age of 60, those with lower household income and those with existing mental health conditions. It is also slightly higher in people living with children compared to those living with just other adults.

It should be noted that not all people who are experiencing abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.
Figure 18a Abuse by age groups

Figure 18b Abuse by living arrangement

Figure 18c Abuse by household income

Figure 18d Abuse by mental health diagnosis
4. General well-being

4.1 Life satisfaction

Respondents were asked to rate their life satisfaction during the past week using the ONS wellbeing scale, which asks respondents about how satisfied they are with their life, using a scale from 0 (not at all) to 10 (completely).

Life satisfaction has continued to improve further in the past two weeks. These rises are apparent amongst adults with and without a diagnosed mental illness and most notably in younger adults. Whilst it was lower amongst people with children during lockdown, this difference has disappeared as lockdown has eased. It remains lowest in younger adults, people living alone, people with lower household income, people with diagnosed mental health conditions, and people living in urban areas (although the gap in differences between urban and rural areas has narrowed as further lockdown easing has taken place). It is similar across UK nations and amongst key workers.

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding lockdown.

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4.2 Loneliness

FINDINGS

Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point rating scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels have been decreasing since further lockdown easing came in around the end of May. Whilst this decrease is small, it is most clearly apparent amongst younger adults (under 30), older adults (over 60), and people living alone.
Figure 22e Loneliness by nations

Figure 22f Loneliness by keyworker status

Figure 22g Loneliness by living with children

Figure 22h Loneliness by living area
Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April onwards.

Happiness levels have increased further in the past week, most obviously in adults aged 18-29. Nevertheless, happiness levels have been lowest across lockdown amongst younger adults, those living alone, those with lower household income, people with diagnosed mental health conditions, and people living in urban areas.
Respondents were asked how their relationships with others had changed since lockdown began in March, with ratings on a five point scale from “much worse than usual” to “much better than usual”. Participants were given the option of also selecting if a category was either not relevant (e.g. they did not have any children in the household) or too hard to assign a number to (e.g. if they felt that a relationship with one child was much better whilst with another child was much worse), and participants who responded in this way were excluded from analyses.

23% of respondents reported that their relationships with colleagues or co-workers had got worse over lockdown, along with 22% reporting that their friendships outside the household had also got worse. A worsening of relationships was also reported by some participants with their spouse/partner (18%), other adults they lived with (20%), and children they lived with (17%). For relationships outside of the household, 19% reported worsening of relations with children, 16% with parents or other relatives, and just 8% with neighbours.

Conversely, 35% of adults living with children reported improvements in their relationships, 27% reported improvements with their partner/spouse, 25% with other adults in their household, 20% with parents outside the household, 15% with friends, 16% with children outside the household, 17% with colleagues, 16% with other relatives, and 26% with neighbours.

Younger adults were most likely to report a worsening of relationships, while older adults were least likely to report a change. Adults aged 30-59 were most likely to have got closer to neighbours.
Figure 26a Changes in relationship for younger adults (ages 18-29)

Figure 26b Changes in relationship for adults (ages 30-59)

Figure 26c Changes in relationship for adults (ages 60+)

[Bar charts showing changes in relationship for different age groups]
5.2 Breakdown of relationship

Respondents were asked whether they had experienced a breakdown in their relationship with any family, friends, colleagues or neighbours since lockdown had come in. Participants were asked for each group of people listed in section 5.1, but due to small percentages in each category, responses were combined to form a binary of ‘any relationship breakdown(s)’ vs ‘no relationship breakdown’.

12% of people reported a breakdown of a relationship since lockdown came in. This figure was highest amongst adults under 30 (21%) compared to adults over 60 (5%), and amongst people with a diagnosed mental illness (22% vs 10%). It was also slightly higher amongst people living alone (14% vs 11%), people with lower household income (14% vs 10%), ethnic minorities (19% vs 10%), keyworkers (14% vs 11%), people living with children (15% vs 11%), and people in urban areas (13% vs 10%).
Figure 28a Relationship breakdown by age groups

- 60+
- 30-59
- 18-29

Figure 28b Relationship breakdown by living arrangement

- Living alone
- Not alone

Figure 28c Relationship breakdown by household income

- Household income <30k
- Household income >30k

Figure 28d Relationship breakdown by mental health diagnosis

- Mental health diagnosis
- No diagnosis
Respondents were asked how their financial situation had changed since lockdown came in from “much worse off” to “much better off”. They were also asked to report on their financial situation before lockdown came in, from “living comfortably” to “finding it very difficult”.

Nearly half of respondents (45%) reported that they were about the same financially, with 27% reporting improvements in their financial situation and 29% reporting that things had got worse. However, when splitting responses by participants’ reported financial situation before lockdown, clear differences emerged. Amongst people living comfortably before lockdown came in, just 21% reported that things had got worse (6% reporting things were “much worse”). But amongst people finding it very difficult before lockdown came in, nearly 3 times as many people (57%) reported that things had got worse (with 38% - more than 6 times as many - reporting things were “much worse”). Conversely, amongst people living comfortably before lockdown came in, 33% reported that things had improved financially for them during lockdown; nearly twice as many as amongst people finding things very difficult before lockdown came in (18%). People living comfortably were also more likely to report that things had not changed for them financially (46% compared to 26% of people who had been finding things very difficult).

When looking at findings by region, people living in Wales, Northern Ireland, the East Midlands and West Midlands were least likely to have been affected financially by lockdown, while people in the East of England and South East reported the greatest changes, although with very similar numbers of people reporting improvements and deteriorations in their financial situation.
Living comfortably
Doing all right
Just about getting by
Finding it quite difficult
Finding it very difficult
I'm much worse off
I'm a little worse off
I'm about the same
I'm a little better off
I'm much better off

Figure 30a Changes in financial status by previous financial management before Covid-19 crisis

East of England
South East England
Scotland
North West England
Yorkshire & the Humber
North East England
South West England
London
West Midlands
Northern Ireland
Wales

Figure 30b Changes in financial status by regional locations
Appendix

Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 90,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st March to the 12th July (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:

1. What are the psychosocial experiences of people in isolation?
2. How do trajectories of mental health and loneliness change over time for people in isolation?
3. Which groups are at greater risk of experiencing adverse effects of isolation than others?
4. How are individuals’ health behaviours being affected?
5. Which activities help to buffer against the potential adverse effects of isolation?

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt d.fancourt@ucl.ac.uk. To participate, visit www.COVIDSocialStudy.org

Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; data are weighted for analyses)

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of observations</th>
<th>Any diagnosed mental health conditions</th>
<th>Number of observations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>35,984</td>
<td>No</td>
<td>439,656</td>
<td>6.76 82.6</td>
</tr>
<tr>
<td>30-59</td>
<td>303,998</td>
<td>Yes</td>
<td>92,620</td>
<td>57.1 17.4</td>
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<td>60+</td>
<td>192,294</td>
<td>Yes</td>
<td>115,154</td>
<td>36.1 24.4</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td>24.4 24.4</td>
</tr>
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<td>Male</td>
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<td>Female</td>
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<td>Yes</td>
<td>115,154</td>
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<td>UK nations</td>
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<td>Living with children</td>
<td></td>
<td>74.9 21.6</td>
</tr>
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<td>England</td>
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<td>81.2 70.1</td>
</tr>
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<td>60,493</td>
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<td>136,779</td>
<td>11.4 29.9</td>
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<td>Scotland</td>
<td>34,148</td>
<td>Village/hamlet/isolated dwelling</td>
<td>129,667</td>
<td>6.42 24.4</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>5,308</td>
<td>City/large town/small town</td>
<td>402,607</td>
<td>1.00 75.6</td>
</tr>
<tr>
<td>Living arrangement</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not living alone</td>
<td>424,112</td>
<td></td>
<td>297,333</td>
<td>79.7</td>
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<tr>
<td>Living alone</td>
<td>108,164</td>
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<td>297,333</td>
<td>79.7</td>
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<td>Annual household income</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>&gt;30k</td>
<td>291,402</td>
<td>60.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30k</td>
<td>189,720</td>
<td>39.4</td>
<td></td>
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Descriptive statistics of geographical regions and financial situation (unweighted; data are weighed for analyses)

<table>
<thead>
<tr>
<th>Region</th>
<th>Much worse %</th>
<th>Little worse %</th>
<th>About the same %</th>
<th>Little better %</th>
<th>Much better %</th>
<th>Total %</th>
<th>Total number of observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East England</td>
<td>9%</td>
<td>22%</td>
<td>46%</td>
<td>19%</td>
<td>5%</td>
<td>3.42</td>
<td>1,003</td>
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<tr>
<td>North West England</td>
<td>10%</td>
<td>19%</td>
<td>46%</td>
<td>21%</td>
<td>4%</td>
<td>7.85</td>
<td>2,301</td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td>7%</td>
<td>18%</td>
<td>46%</td>
<td>24%</td>
<td>5%</td>
<td>6.40</td>
<td>1,877</td>
</tr>
<tr>
<td>West Midlands</td>
<td>10%</td>
<td>19%</td>
<td>46%</td>
<td>18%</td>
<td>7%</td>
<td>6.34</td>
<td>1,860</td>
</tr>
<tr>
<td>East Midlands</td>
<td>7%</td>
<td>20%</td>
<td>47%</td>
<td>23%</td>
<td>3%</td>
<td>5.55</td>
<td>1,626</td>
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<tr>
<td>East of England</td>
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<td>20%</td>
<td>42%</td>
<td>23%</td>
<td>5%</td>
<td>7.38</td>
<td>2,163</td>
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<td>London</td>
<td>9%</td>
<td>18%</td>
<td>46%</td>
<td>22%</td>
<td>5%</td>
<td>15.8</td>
<td>4,639</td>
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<td>South East London</td>
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<td>21%</td>
<td>42%</td>
<td>24%</td>
<td>5%</td>
<td>17.4</td>
<td>5,086</td>
</tr>
<tr>
<td>South West London</td>
<td>11%</td>
<td>22%</td>
<td>46%</td>
<td>19%</td>
<td>3%</td>
<td>10.3</td>
<td>3,031</td>
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<tr>
<td>Wales</td>
<td>6%</td>
<td>18%</td>
<td>51%</td>
<td>21%</td>
<td>4%</td>
<td>12.8</td>
<td>3,745</td>
</tr>
<tr>
<td>Scotland</td>
<td>11%</td>
<td>21%</td>
<td>43%</td>
<td>22%</td>
<td>3%</td>
<td>5.91</td>
<td>1,732</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>17%</td>
<td>14%</td>
<td>50%</td>
<td>18%</td>
<td>1%</td>
<td>0.88</td>
<td>258</td>
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</tbody>
</table>