

Trust in government, trust in others and compliance with social distancing: findings from the CLS COVID-19 web survey across four National Longitudinal Studies during 2020-2021

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Access the survey data

The COVID-19 survey data analysed in this paper have been de-identified and are available for researchers. To download the data (SN: 8658), visit the UK Data Service website (ukdataservice.ac.uk).

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Abstract

This paper focuses on the changes in self-reported trust in government, others and compliance with social distancing during the COVID-19 pandemic for a subgroup of 9137 individuals who provided evaluations on three consecutive waves of a web survey (May 2020, September 2020 and February 2021). Sample members belong to four national longitudinal studies, covering 'baby boomers' (sixty-something's), 'Generation X' (fifty-something's), 'Millennials' (thirty-somethings) and 'Generation Z' (twenty-somethings). During the early days of the first lockdown (May 2020) members of the two older generations reported the highest levels of trust in government in contrast to their younger counterparts. This disparity between the generations held over time and whilst the tendency amongst all age groups was towards lower levels of trust a notable minority of respondents hardly changed their evaluations at all and, some cases reported higher levels of trust. At the outset of the pandemic older women tended to be more trusting of and in the younger age groups non-White (BAME) respondents reported lower levels of trust in contrast to White respondents. Longitudinal analysis consists of a series of conditional regression models which include the influence of socio-demographic characteristics, living arrangements, work status, social contact and expressions of loneliness across each generation. Notably, women remain more trusting of government than men in the oldest cohort and having a degree is associated with a negative influence on trust for the oldest and youngest. Loneliness diminishes trust in government for the youngest cohorts whereas vaccine reluctance only appears to matter for the oldest. For 'trust in others', there is little to differentiate between cohort members apart from the negative association of loneliness amongst the young. Findings for compliance with social distancing suggest that women are consistently compliant even, when reporting vaccine reluctance.

The final wave included two measures to assess 'government performance'; how the government handled the pandemic and whether or not the government was doing all it can to reduce the spread of COVID-19. In the case of the former those with a degree are consistently skeptical. Additionally, in the youngest cohort, women are typically negative in their assessment together with those who experience loneliness. For the latter measure, women together with BAME respondents are consistently positive in their evaluation whereas, vaccine reluctance tended to be associated with negative assessments.

About the survey

This paper is based on data from a web survey of 23,461 people, collected on three separate occasions during the COVID-19 pandemic. Data was collected between 2 and 30 May 2020 (wave 1) then between 10 September – 16 October 2020 (wave 2) and finally between 1 February – 21 March 2021 (wave 3). The survey participants and their families are members of four nationally representative cohort studies that have been collecting data since childhood. These were:

- The [Millennium Cohort Study](#) (MCS), born in 2000-02, part of 'Generation Z'. They have been followed since birth and were age 19 at the time of the survey; referred to as Generation Z (MCS).
- [Next Steps](#), who were born in 1989-90, so-called 'Millennials'. They have been followed since adolescence and are now age 30; referred to as Millennials (NS).
- [1970 British Cohort Study](#) (BCS70) who were born in 1970, part of 'Generation X'. They have been followed since birth and are now age 50; referred to as Generation X (BCS70).
- [National Child Development Study](#) (NCDS) who were born in 1958, into the later part of the 'baby boomers' generation. They have been followed since birth and are now age 62; referred to as Baby Boomers (NCDS).

Our initial findings briefing (Parsons and Wiggins, 2020) also included data from the National Study of Health and Development (NSHD). However, as NSHD data was only available through special license application and the dataset did not include key comparable background variables that were readily available for all other cohorts they were omitted from further investigation.

The survey was designed to help researchers understand the economic, health and social consequences of the coronavirus outbreak, to give a unique insight into how people's experiences during the pandemic vary depending on their earlier lives, and to be able to track the impact into the future.

The questionnaire covered a range of topics and also included an open question, which allowed participants to express in their own words the main ways the coronavirus outbreak has affected their lives and continues to do so.

Full use was made of all available data for respondents who completed one or more waves of the data collection using a combination of multiple imputation methodology (Seaman et al., 2012, Mostafa and Wiggins, 2015)) and re-weighting to restore the sample representativeness for each cohort (also, see Brown et al., 2021). Table 1 describes the pattern of response for each cohort.

Table 1: Response patterns across three sweeps of the four National Longitudinal Surveys covered by the Covid-19 Web Survey

Cohort/ Response Pattern (w1-w2-w3)	NCDS	BCS70	NS	MCS
111	4271	2981	1392	1500
110	226	347	126	241
101	318	417	199	505
011	1327	1284	1572	1012
100	304	387	159	363
010	404	624	519	476
001	841	1002	1004	1404
Adjusted+ sample sizes for analysis (based on filled-in data)	7691	7042	4971	5501

Note: each pattern is defined by the presence/absence of a case in a particular Wave where '1' = participation and '0' = non-participation, e.g., the pattern 111 identifies individuals who co-operated in all three waves and so on. +all UK participants and reweighted accordingly.

Introduction

This paper extends our briefing paper (Parsons and Wiggins, 2020) to include three waves of data collected on separate occasions during May 2020, September and October 2020 and February through March 2021. Using the same explanatory variables across each cohort we focus on the prediction of three principal outcomes namely, trust in government, trust in others and compliance with social distancing. In addition, during the third wave we also include analyses which covered sample members' assessments of the government's handling of the pandemic and its' policy to reduce the spread of COVID-19 along with a measure of vaccine reluctance.

According to the Oxford dictionary, trust denotes a firm belief in the honesty, veracity, justice and strength of a person or thing. In everyday conversation and political dialogue, the term is typically taken for granted. The following quote from a recent speech made by John Major (former UK prime minister) captures the spirit of this our research, "Trust matters. It matters to our parliament. It matters to our country. It matters for the long-term protection and well-being of democracy." (The Institute for Government, 10th February 2022). It is certainly the case that trust and fairness are now central to government thinking (GOV.UK, 2022).¹

Trust has been operationalised in survey research in many ways, with its origins lying in a 3-item scale developed by Rosenberg (1956) that has been included in the US General Social Survey (GSS) since the early 1970s. The 3-item scale taps into a belief about having 'faith in people' and attitudes towards 'human nature' building upon the underlying concept of misanthropy (a dislike of humankind, see Smith (1997)) and is presented as follows:

- Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? (TRUST)
- Do you think that most people would try to take advantage of you if they got a chance, or would they try to be fair? (FAIR)
- Would you say that most of the time people try to be helpful, or that they are mostly looking out for themselves? (HELPFUL)

In the UK, recent applications to capture trust during the pandemic have included a combination of Likert ratings with varying focus and follow-on filter questions. For example, a King's College Survey with Ipsos MORI (17-20 July 2020, n= 2237) ask "To what extent, if at all, do you trust... the government's advice on when it's safe to

¹ Although the publication of Sue Gray's report on law-breaking parties across Westminster casts serious doubt upon this proposition see:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078404/2022-05-25_FINAL_FINDINGS_OF_SECOND_PERMANENT_SECRETARY_INTO_ALLEGED_GATHERING_S.pdf

return to work school, or leisure activities (a great deal/a fair amount/not very much/not at all / don't know). "Respondents who trust the government's advice 'a great deal' or 'a fair amount' were asked "how stressful did they find coronavirus". Using an online questionnaire for a sample of over 9K aged 20 and above, Enria et al., (2021) applied five questions to focus on the relationship between trust in the UK government's COVID-19 response and perceptions of transparency. For example, "do you think that the government tells you the whole truth about coronavirus and COVID-19? (always/mostly/sometimes/almost never/never/don't know)", If other than always, respondents were given an open text opportunity to expand upon what they thought the government was not being truthful about.²

Against this background, trust (both in the case of 'government' and 'others') in the CLS COVID-19 Web Survey was measured on an 11-point visual analogue scale where assessments are based on a subjective positioning of trust where 0 indicates no trust at all and 10 represents complete trust. Our generalised trust score is obviously easy to administer but wholly subjective with regard to the respondents' own interpretation of the meaning of the concept. Interestingly, a similar approach was adopted by the OECD (2020) to gain an international perspective on trust in government using a broad question "in this country do you have trust in national government? (yes/no/don't know)". To put our results in perspective less than 35% of UK respondents answered 'yes' compared to over 80% in Switzerland, Norway and Finland. For further reading on the conceptualisation and measurement of trust see Zmerli and Newton (2011) and Uslaner (2012).

Resume of key findings from wave 1

Our key findings from wave 1 (Parsons and Wiggins (2020) are reproduced below to form a platform for subsequent investigation using additional variables and data for all three waves combined. Firstly, we found that:

- There were much higher average levels of 'trust in others', than 'trust in the government', expressed across all generations taking part in the survey. The average rating of trust in government ranged between 5-6, and the average level of trust in others was between 7-7.5.
- Older generations (62 and 50 years old) exhibited the highest average levels of trust both in government and in others, compared to 30 and 19 years olds.

² The survey was distributed using Facebook's premium "Boost Post" feature which targeted 113,280 Facebook users aged 13-65 plus by 'daisy chaining' in order to share the survey's URL with friends and colleagues during April 2020.

Among the two younger cohorts surveyed, it was 30-year-old millennials who were the least trusting, both in government and in others.

- Younger Black, Asian and Minority Ethnic (BAME) participants, aged 19 and 30 years, exhibited much lower levels of trust in government and in others than their white counterparts. The contrast between BAME and white respondents in trust in others is less pronounced in 30-year-olds but is quite evident amongst the 19 years olds.

Secondly, respondents were also asked to report on any change in the amount of trust in government they had in May during lockdown, compared to how much trust they had just before the coronavirus outbreak in March 2020, 'more than before', 'same/no change' and 'less than before'. In sum,

- A majority of respondents reported no change in their level of trust in the Government (54-60%) or in others (60-75%) from pre-pandemic to during lockdown in May 2020.
- However, among the notable minority who had changed their level of trust in government, in all generations there were many more who reported a decrease in trust in government than an increase. This was most marked in the two younger generations (aged 19 and 30) where around double the number of respondents reported a reduction in trust compared to an increase.
- Among those who changed their assessments of trust in government, in the younger generations (aged 19 and 30) BAME respondents were more likely than their white counterparts to express 'less' trust.
- Among those changing their level of trust in others, change was more frequently in a positive direction: greater numbers reported more trust than less trust in others in their local area, across all generations.

Thirdly, despite these generational differences of evaluation in government and others, all sample members showed remarkably high levels of compliance with the social distancing guidelines in May 2020. Again, using visual analogue scales average scores were around 9 (max. 10) with a slight age gradient, Boomers (NCDS), 9.4; Generation X (BCS70), 9.2; Millennials (NS), 9.1 and Generation Z (MCS), 8.9). Women were more likely than men to be completely compliant in all but the youngest generation.

Creating an enhanced data set for longitudinal analysis

In order to prepare an enhanced data set for longitudinal and further cross-sectional analysis, it was important to inform our selection of variables not only in terms of their common availability across generations but their theoretical importance. Trust as discussed above is at the heart of this paper and both trust in government and trust in others were available as outcomes in each of the three waves of data collection. Wave 3 additionally contained two items to assess how individuals judged the government's performance namely its' handling of the pandemic and how successful the government's strategy was judged to be in reducing the spread of COVID-19. Compliance with social distancing was measured in waves 1 and 3 only and importantly, in wave 3 all respondents were asked to report on their vaccine uptake or intentions to do so. All other explanatory variables were available in every wave. To recap our initial wave 1 analysis contained biological sex, social class, education and ethnicity (for the two youngest cohorts). In addition, we added indicators of social contact, work status, household composition and feelings of loneliness. These selections were guided by the literature as outlined below.

A brief theoretical guide to the selection of variables for analysis

In our initial analysis of wave 1 data, we focussed on a limited number of influences expected to be associated with expressions of trust in government, others and the readiness to comply with government guidelines. Using longitudinal data from the NCDS and BCS70 cohort studies Schoon and Cheng (2011) develop a *lifetime learning* model whereby individuals who have accumulated more educational, socioeconomic, and motivational resources throughout their life course express higher levels of political trust in mid-life compared to those with fewer resources³. Similar evidence for the influence of education is presented by Van Elsas (2015). In our first wave analysis (Parsons and Wiggins, 2021) women tended to be consistently more trusting of government and others compared to their male counterparts. Schoon and Cheng (2011) also find that sex (*male-female*) is significantly associated with political trust. Interestingly in an American context McDermott and Jones (2020) prefer to move away from male-female (sex) contrasts to one based on a non-sex distribution of feminine personality traits to reveal greater trust in government amongst feminine personalities. *Compliance*, according to Fancourt et al (2020), was found to be

³ Their measure of political trust consisted of a summative score based on seven attitude statements about government and institutions (Wiggins and Bynner, 1993).

substantially lower and declining among those aged 18-29 years compared to older groups. In the first wave there was only slight evidence for a difference amongst the generations, but we are now in a position to examine how adherence to social distancing restrictions changed over time. Fancourt et al argue that the ability to adhere will be affected by employment, education, and housing. In their view young people are more likely to work in occupations with higher numbers of social contacts, have less recourse to sick pay which may combine to reduce their motivation to seek testing and to isolate. They are also more likely to live in all-adult, multi-occupancy housing often with poor ventilation which all raise the likelihood of rapid transmission (taken from SPI-B report (23 March 2020)). In the case of *employment* Jiang et al., (2022) report that ‘people with high levels of trust in government felt more secure in their jobs, had higher employer loyalty and were more likely to go out of their way to help co-workers’. There is evidence that the implementation in the UK of lockdown policies resulted in expressions of *loneliness* for over a quarter of the sample respondents in a cross-sectional online survey from 1964 UK adults collected between March 23rd and April 24th 2020, Groake et al. (2020). Risk factors for reports of loneliness were being in a younger age group, being separated or divorced and key socio-emotional difficulties whilst high levels of social support, being married or cohabiting and/or living with a greater number of adults were considered to be protective. As Putnam describes so vividly “trust embedded in personal relations that are strong, frequent, and wider networks is sometimes called ‘thick trust’” (Putnam, 2008), and clearly if feelings of loneliness indicate a diminution or ‘thinning’ of trust, these individual expressions may have consequences for both trust in government and others.

Another dimension of investigation is, of course *minority (ethnic) group* status. Platt (2011) suggests that “the experiences and outcomes of minority groups are subject more and more to both research and policy attention, with a particular focus on certain domains such as employment, education and social relations or ‘cohesion’”. Social cohesion is typically defined as a construct linked to community participation (Foncesca et al., 2019) where trust plays a key role (Peterson and Hughey (2004)) and the need to research the relationship between minority group status and behaviour during the pandemic. For instance, using data from the UK’s *Understanding Society* Borkowsa and James (2020) evidence a decline in perceived cohesion during June 2020 compared to selected pre-pandemic periods. This decline was high amongst deprived communities, certain ethnic groups and among lower skilled workers. Our initial analysis revealed a clear difference in trust in government between white and other respondents for the two younger cohorts which we will now examine in the presence of a wider set of explanatory variables. In particular, one of these variables includes the uptake of the vaccine, which has attracted a lot of attention in the literature, policy papers and social media. For instance, the March SPI-B report (2021) states in its executive summary (#3) “there is substantial variation in *vaccine uptake*

as of 24 February 2021 by key sociodemographic factors”. Their results suggest it is important to move beyond broad categories, such as age or ethnicity, to examine the intersectional and cumulative effects of low vaccine uptake, in particular the authors emphasise that, “There is cumulative low uptake compounded in certain groups such as those who are shielding and from deprived socioeconomic circumstances and also from non-white groups [high confidence]”. Our intention here is not to explore the reasons for vaccine hesitancy among particular groups, but to emphasise the policy implications of any association between minority group status and trust (Bajos et al., (2022), Razai et al., (2021), Reid and Mabhala (2021)).

In the analysis that follows key variables are operationalised for structural influences covering education, employment (including furlough status^{i,4} social (dis-) advantage, ethnicity, sex and age via cohort membership. At an individual level we distinguish between living arrangements from expressions of feeling alone as well as vaccine uptake and hesitancy.

Variable definitions

Box 1 below contains the definitions of our outcome variables, trust in government and trust in others measured on all three measurement occasions, compliance with social distancing measured during the first and final waves and two items dealing with an assessment of the government’s strategy to manage the pandemic measured in the final wave.

⁴ Formally, the Job Retention Scheme (JRS) (HMRC, 2021a) was merged together with those protected under the Self-Employed Income Support Scheme (SEISS) (HMRC, 2021b).

Box 1: Questions on trust, compliance with social distancing, government's handling of the pandemic and its' policy to reduce the spread of COVID-19

Levels of trust (waves 1, 2 and 3)

On a scale from 0-10 where 0 means you are 'not at all trusting' and 10 means you are 'extremely trusting', how trusting are you that British Governments, of any party, place the needs of the nation above the needs of their own political party? (TRUSTPOLP)

On a scale from 0-10 where 0 means you are 'not at all trusting' of other people and 10 means you are 'extremely trusting' of other people, how trusting of other people would you say you are? (TRUST)

Compliance (waves 1 and 3)

The next question is about the extent to which you are complying with the social distancing guidelines issued by the Government. On a scale from 0 to 10, where 0 means that you are 'not complying at all' and 10 means you are 'fully complying', how much would you say you are complying with the guidelines? (COMPLIANC).

Government strategy (wave 3 only)

On a scale from 0 to 10, where 0 means 'very badly' and 10 means 'very well', how well would you say the Government has been handling the Coronavirus crisis since the outbreak in March 2020? (GOVPAN)

On a scale from 0 to 10, where 0 means that you have 'not complied at all' and 10 means you have 'fully complied', how much would you say you have complied with Government guidelines to reduce the spread of COVID-19? (COMPLIANC2)

Box 2 below contains the common set of explanatory variables used in the regression analysis for each outcome across the cohorts. These variables cover domains for the influence of sex, education, employment, social position, living arrangements (living alone or not), social capital (social contact and feelings of loneliness) and vaccine status in wave 3. A crude proxy for ethnicity (BAME or not) is only available for NS and MCS. The advantage of asking the same questions for employment, living alone or not, social contact and feeling lonely in each wave means that we are able to construct count variables (0,1,2,3) to indicate the intensity of each state over the waves. Marginal distributions for these variables by cohort can be found in Appendix table A1.

Box 2: Explanatory variables used in the analysis

All waves

Biological sex (sex)

Family social class (prof/manual)

Degree education and above (degree)

Ethnicity (for NS and MCS only classified as BAME vs White)

Wave 1

Employed/furloughed or not (empfurlough)

Living alone or not (live alone)

Low social contact or not (social contact)

Feeling of lonely or not (lonely)

Wave 2

Counts (0,1,2) based on reports of employed/furloughed, living alone, low social contact and feeling lonely in both waves.

Wave 3

Counts (0,1,2, 3) based on reports of employed/furloughed (empfur123), living alone (lone123), low social contact (scon123) and feeling lonely *throughout all waves* (alone123).

Unlikely to have a vaccine or undecided (vaccg)

Analytical Strategy

Our analysis consists of a descriptive arm and a modelling arm. The first arm consists of descriptive accounts of difference in each of our outcomes for up to three waves of data collection for each of the four national cohorts. The second arm of the analysis consists of multiple linear regressions for five designated outcomes on lagged or conditional variables wherever appropriate. Both analyses were based on fully imputed data for respondents in each cohort who provided responses for one or more of the three waves of data collection using a combination of reweighting and multiple imputation to restore sample representativeness (Brown et al., 2021), Royston (2009), Mostafa & Wiggins, 2015). Following the approach to cross cohort comparisons adopted in our briefing paper (Parsons & Wiggins, 2020) all analyses draw upon the same set of variables apart from the inclusion of ethnicity where the data was judged to be too sparse to make any meaningful inferences in NCDS and BCS70. We begin with a graphical display of line graphs for mean levels of trust in government and trust in others for each cohort across three data points. The measure of compliance is based on 2 data points (waves 1 and 3) and for the assessment of the government's handling of the pandemic and its' policy to reduce the spread the category means and

confidence intervals are plotted alongside one another (for wave 3). The second arm of the analysis consists entirely of regression modelling:

Multiple linear regression models are applied to predict outcomes for each of the cohorts using the same pool of explanatory variables (apart from the inclusion of BAME status in the case of NS and MCS). All models included terms in distinct steps or stages beginning with a basic model which varied depending on when the outcome was measured.

MODEL 1: trust score at wave 1 as the outcome predicted in terms of sex, family social class, degree education or not, being employed/furloughed or not at wave 1, being alone at wave 1, reporting low social contact at wave 1 and feelings of loneliness at wave 1.

MODEL 2: trust score at wave 2 as the outcome predicted in terms of sex, family social class, degree education or not, being employed/furloughed or not at waves 1 and 2, being alone at waves 1 & 2, reporting low social contact at waves 1 & 2 and feelings of loneliness at waves 1 & 2 *plus* the relevant trust score at wave 1 as a lagged variable.

MODEL 3: trust score at wave as the outcome predicted in terms of sex, family social class, degree education or not, being employed/furloughed or not at waves 1, 2 and 3, being alone at waves 1, 2 and 3, reports of low social contact at waves 1, 2 and 3 and feelings of loneliness at waves 1, 2 and 3 *plus* the relevant trust scores at waves 1 & 2 as lagged variables together with their interaction effect.

The adjustment for earlier observations of each outcome when analysing wave 2 and wave 3 (models 2, 3 and those below) alters the interpretation of to essentially one of change in outcome since the last wave, which differs from the interpretation of the wave 1 models. These conditional regression models also allow for the count of reports of employment/furlough status, reports of living alone and social contact together with feelings of loneliness to accumulate in order to reflect upon changing social and emotional circumstances upon the change in the outcome.

The next three stages of modelling focus on the role of reports of vaccine reluctance or hesitancy in addition to the explanatory variables. Vaccine hesitancy was allowed to interact with each explanatory variable.

MODEL 4: as for MODEL 3 plus vaccine intention.

MODEL 5: as for MODEL 4 plus two- and three-way interactions involving trust and vaccine intention.

MODEL 6: as for MODEL 4 plus significant two- and three-way interactions involving trust and vaccine intention from MODEL 5 (in terms of their statistical influence and impact on model fit).

The strategy described above provided a framework for modelling compliance with social distancing and assessments of the government handling of the pandemic and the policy to reduce the spread of COVID-19. As compliance was measured at waves 1 and 3 the stage 3 model for compliance conditions on reported compliance at wave 1. Trust scores in government were also included as main effects in the equivalent Model 1 and Model 3 for this outcome. The two assessments of the government handling of the pandemic and the policy to reduce the spread of COVID-19 were measured only at wave 3. These models also included trust scores as covariates. Typically, under the results section we will present the models for Model 1 and Model 6.

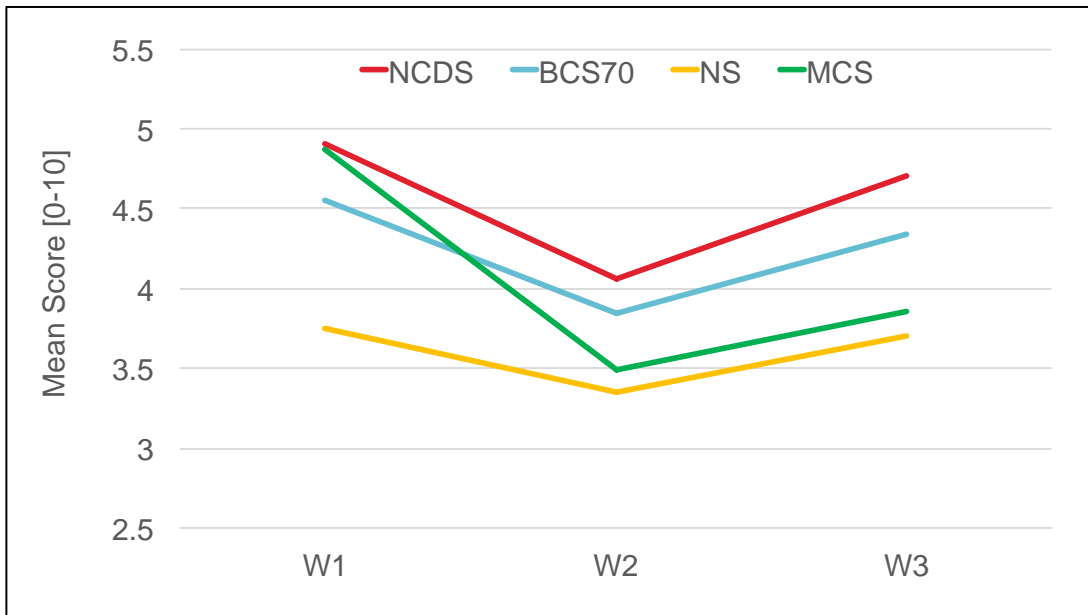
Results

Descriptive analysis

Figures 1, 2 and 3 provide average scores in three respective outcomes beginning with trust in government, trust in others and finally, compliance for each cohort. For a closer inspection of any degree of overlap in the line graphs please refer to Appendix 2 which contains the actual mean scores and 95 per cent confidence intervals for these items.

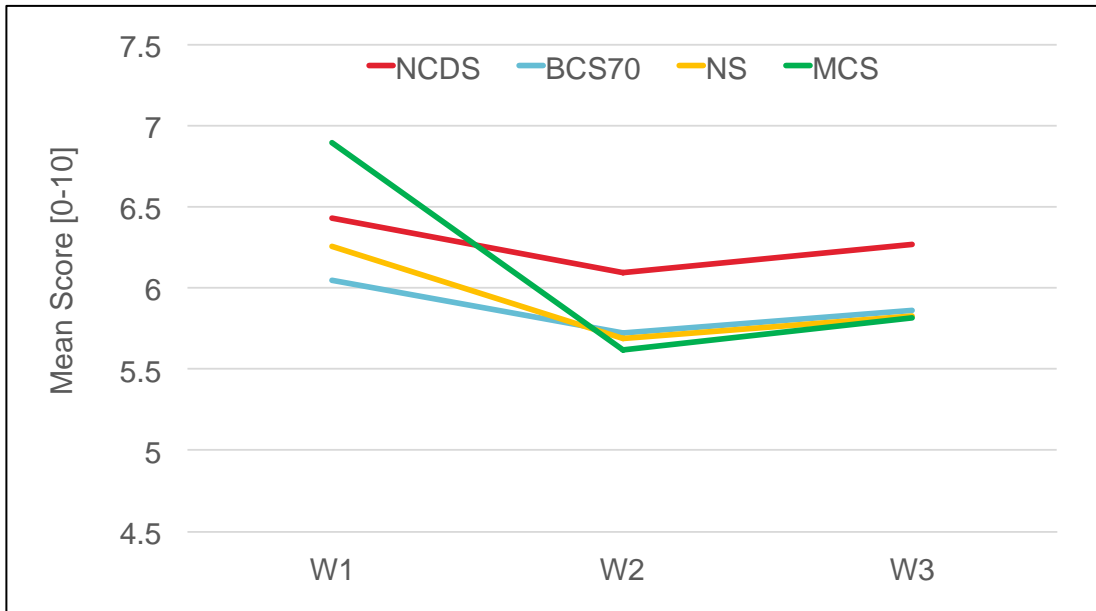
The trend for trust in government for each cohort trend exhibits a similar flat V-shape dipping in wave 2 and recovering the wave 1 levels in wave 3. The lines are virtually parallel between waves 2 and 3 with evidence of a separation between the older and younger cohorts. Interestingly, Generation Z (MCS) express similar levels of trust to the Baby Boomers (NCDS) possibly, representing the optimism of youth and the 'young old' at the outset. Among millennials, our '30-somethings' (NS) trust in government mean scores fall below other cohorts at each wave.

Figure 1: Trust in Government over three time points



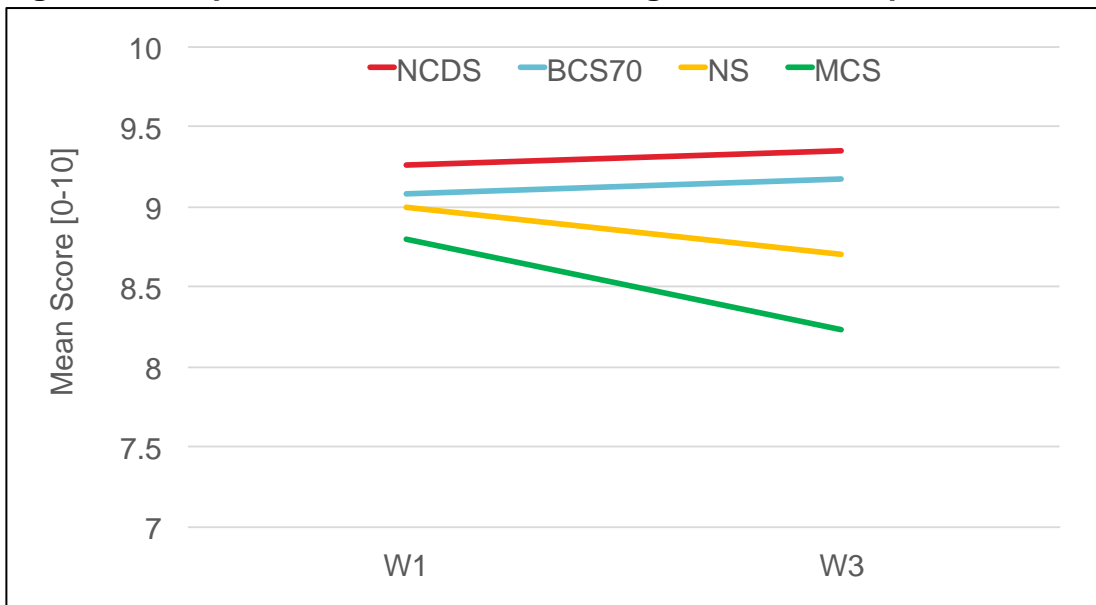
Compared to trust in government, the trust in others assessment remains high throughout our observation period. There is evidence for a sharp fall for Generation X (BCS70) after wave 1 whereas the other cohorts fall half a point on average after the first wave and remain very close thereafter. Apart from the initial high scores for Generation X the baby boomers (NCDS) appear more trusting of others than the other cohorts.

Figure 2: Trust in Others over three time points



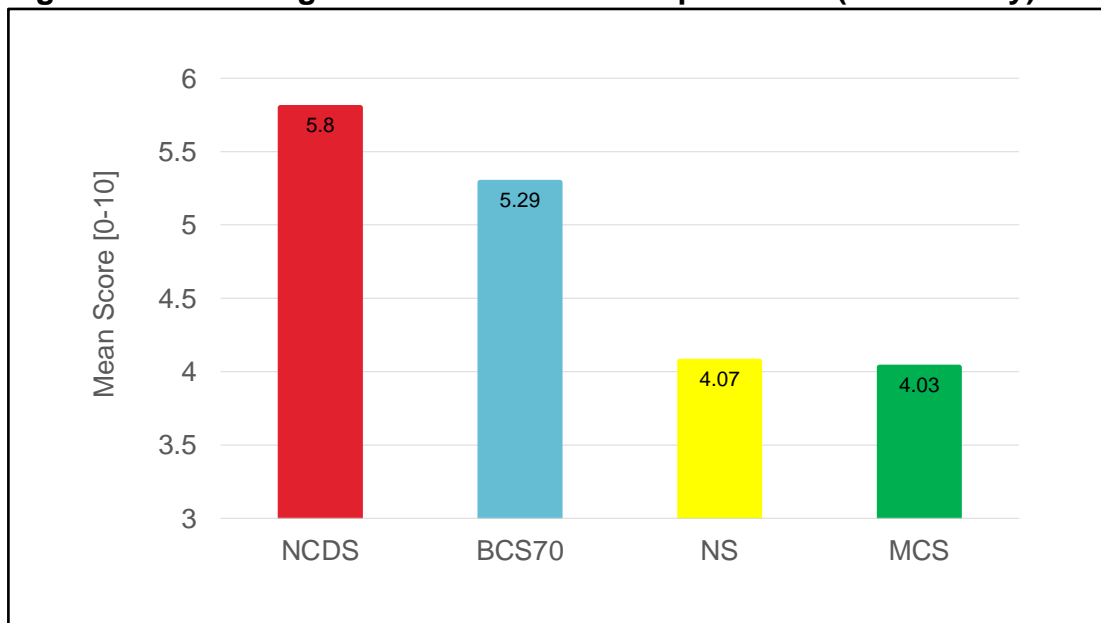
Compliance with social distancing remained high throughout the period of observation with a slight fanning out along age differences. Baby boomers and those in Generation X became slightly more likely to adhere to social distancing measures and those in the younger generations falling in their adherence to social distancing constraints.

Figure 3: compliance with social distancing over two time points



Turning to thoughts on how well the Government had handled the pandemic, average scores range between 4 and 6 points where there is a notable separation between the old and the young where the latter have lower and non-overlapping scores compared to their older counterparts.

Figure 4: How well government handled the pandemic (wave 3 only)



Note: see Appendix 2 for 95% confidence intervals.

Interpreting the import of these aggregates is constrained by the passage of time. The pace of changing policy interventions and events make it difficult to pinpoint precise influences on our outcomes during any wave although it is likely that expressions of trust and compliance will vary on any specific measurement occasion as individual's exposure to COVID-19, their response to government interventions and the impact of the media will accumulate in different ways. To recap, wave 1 covered most of May 2020, wave 2 took place between mid-September to mid-October 2020 and wave 3 ran from February to mid-March 2021. During the fieldwork stretching from May 2020 to March 2021 there were three national lockdowns as well as the introduction of a tier system of restrictions (see Institute for Government (2021) and The Health Foundation COVID-19 policy tracker (2021)), which also varied by country and region, creating a more complex and uneven playing field which could all impact on possible period effects. During wave 1 the UK overtook Italy with over 29k deaths for coronavirus (by 5th May 2020), there were mixed messages for instance 'stay alert, follow the rules' and the PM stressed that we were to be driven by the science ($R < 1$), the data and public health his key adviser, Dominic Cummings breached the lockdown rules as the Daily Mail reported and as the and 'What planet are they on?' (25th May 2020) coinciding with the end of the first wave of data collection. In mid-June Nielsen, Oxford Reuter's Institute remarked "I have never in 10 years of research in this area seen a drop in trust like we have seen for the UK government in the course of six weeks" (14th June, Guardian) and House of Commons Public Accounts Committee suggested that "care homes had been thrown to the wolves" against which in July the Treasury tweeted "grab a drink, raise a glass, pubs are reopening their doors" (subsequently withdrawn) and the public were incentivised to "eat out to help out" against a background of rising cases. The period running up to the second wave of data collection has been described as the 'reckless summer' so witnessing a dip in trust scores in government was not surprising (hardly noticeable for trust in others). In the run-up to the third wave England entered a third national lockdown (6th January 2021) and plans were announced for a return to school for primary and secondary school children. Perhaps when combined with a gradual easing of restrictions upon social gatherings during the Christmas period (23rd to 27th December 2020) and knowledge that Covid-19 vaccines were being approved and plans prepared for rolling out vaccine were being prepared (Department of Health and Social Care, 2021) the majority of the public began to feel that things were being managed effectively resulting in a rise in trust scores for government and contra wise, an easing up of compliance scores amongst the younger cohorts.

Regression Analyses

Following the stages of modelling described above tables 2 through 7 contain the initial and final OLS regression models for each cohort divided between the two older (NCDS and BCS70) and two younger generations (NS and MCS) to accommodate for the

inclusion of an ethnicity proxy for the younger cohorts. For those readers less familiar with regression modelling the modelling steps for the analysis of 'trust in government' at each wave as our outcome for the Baby Boomers (NCDS) is included in Appendix A3.

The modelling results presented in tables 2 through 5 progress across each wave where the entries in the columns labelled 'W3', (wave 3) are regarded as our final models. In the case of trust in government (tables 2 & 3) the model fit (R-square values) for these final models all range between .44 and .53 where improvements in goodness of fit are highest amongst the older cohorts. Goodness of fit measures follow a generational gradient (improving slightly across young to older). However, these satisfactory measures of goodness of fit are only achieved by conditioning on earlier trust scores; without them there is little consistency of influence across the cohorts for this outcome. The association between sex and trust in government appears to reveal something about the oldest women compared to men. The baby boomers have a relatively strong negative association of degree status with trust in government as do Generation X (MCS). Where there is consistency amongst the two youngest cohorts (NS and MCS) is in the negative association between loneliness and trust in government which may well have policy implications. For BCS70 the inclusion of 2-way interactions for each of the explanatory variables with vaccine uptake explained away the negative association with trust in government for the main effect of not having had a vaccine. However, whilst none of these individual 2-way interactions were statistically significant the direction of influence was interesting in a number of instances. Those having a negative association when combined with not having had a vaccine included being female, holding a degree, reporting low levels of social contact and/or living alone and being employed or furloughed. A similar note can be made about the youngest cohort where the model included an ethnicity proxy. Again 2-way interactions involving no take up of a vaccine explained away the negative main effect but were not statistically significant as individual joint effects. Those that revealed a negative effect were for women, degree status, having low social contact and living alone bearing some similarities to the analysis of NCDS. For the two younger cohorts there was no noticeable association of ethnicity (BAME) with trust in government once earlier trust scores were conditioned upon. Before moving on to tables 4 and 5 for 'trust in others' it is worth pausing to examine the wave 1 regression models (columns labelled 'W1') which include the ethnicity proxy (BAME) in table 3.

It would appear, as indicated in our briefing paper (Parsons and Wiggins, 2020), that BAME respondents start at a lower threshold when it comes to trust in government. Thereafter, they are relatively consistent in the scoring of trust in government across later waves. The pattern of influence is not exactly the same for both cohorts once ethnicity is included in the model. Women are more positive than men amongst Millennials at wave 1 but not so for Generation X. Having a parent with a degree for Generation X generates a negative association on their individual assessment of trust

in government. This influence is not evident for the Millennials although in their case it's their actual degree status that's included in the models. For these younger cohorts generalisability holds regarding the association of feelings of loneliness combined with BAME status to generate negative associations with trust in government.

Table 2: Trust in government: NCDS and BCS70

	NCDS			BCS70		
	W1	W2	W3	W1	W2	W3
Sex (female)	0.47*** [0.18,0.75]	0.04 [-0.17,0.26]	0.21** [0.01,0.42]	0.15 [-0.16,0.46]	-0.05 [-0.31,0.20]	0.11 [-0.09,0.31]
Social class (Prof/managerial)	0.19 [-0.15,0.53]	-0.00 [-0.26,0.25]	-0.00 [-0.23,0.22]	0.04 [-0.31,0.38]	-0.07 [-0.32,0.18]	-0.08 [-0.31,0.15]
Education (Degree)	-0.31** [-0.60,-0.01]	-0.18* [-0.37,0.02]	-0.28*** [-0.48,-0.08]	-0.22 [-0.50,0.06]	0.04 [-0.17,0.25]	-0.13 [-0.33,0.07]
Social Contact (low) {w1; w12; w123}	-0.15 [-0.80,0.50]	-0.04 [-0.33,0.26]	0.01 [-0.15,0.18]	-0.59* [-1.23,0.05]	-0.02 [-0.30,0.27]	-0.04 [-0.20,0.12]
Feeling lonely (yes) {w1; w12; w123}	-0.75*** [-1.09,-0.40]	-0.17** [-0.33,-0.01]	-0.03 [-0.13,0.07]	-0.63*** [-0.99,-0.27]	-0.08 [-0.24,0.09]	-0.03 [-0.13,0.06]
Emp or Furloughed (yes) {w1; w12; w123}	-0.02 [-0.29,0.24]	-0.01 [-0.11,0.10]	-0.00 [-0.07,0.07]	0.29* [-0.00,0.58]	-0.05 [-0.18,0.07]	-0.04 [-0.13,0.04]
Living alone (yes) {w1; w12; w123}	-0.10 [-0.45,0.24]	-0.10 [-0.28,0.07]	-0.02 [-0.12,0.08]	-0.24 [-0.67,0.18]	-0.05 [-0.24,0.14]	-0.01 [-0.14,0.11]
Trust score wave 1		0.61*** [0.56,0.66]	0.39*** [0.30,0.47]		0.60*** [0.56,0.65]	0.40*** [0.32,0.49]
Trust score wave 2			0.53*** [0.42,0.63]			0.52*** [0.43,0.60]
2-way interaction for trust scores 1 & 2			-0.02* [-0.03,0.00]			-0.01* [-0.03,0.00]
Vaccine Uptake (no, unlikely)			-0.72** [-1.36,-0.09]			-0.48** [-0.95,-0.01]
Constant	5.05*** [4.71,5.39]	1.28*** [0.94,1.63]	1.07*** [0.69,1.45]	4.73*** [4.33,5.13]	1.27*** [0.94,1.60]	0.99*** [0.60,1.39]
N	7691	7691	7691	7042	7042	7042
pseudo R^2	.03	.43	.51	.03	.41	.53

95% confidence intervals in brackets; * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$, **** $p < 0.001$

Table 3: Trust in government: NS and MCS

	NS			MCS		
	W1	W2	W3	W1	W2	W3
Sex (female)	0.39*	-0.01	0.08	0.12	-0.42**	-0.03
	[-0.07,0.85]	[-0.35,0.33]	[-0.26,0.42]	[-0.29,0.53]	[-0.76,-0.07]	[-0.31,0.25]
Ethnicity (BAME)	-0.61***	0.16	-0.15	-0.57**	0.24	0.04
	[-1.00,-0.23]	[-0.20,0.51]	[-0.47,0.18]	[-1.06,-0.07]	[-0.18,0.67]	[-0.31,0.38]
Social class (Prof/managerial)	0.01	-0.02	-0.10	0.47	0.05	-0.23
	[-0.44,0.46]	[-0.36,0.33]	[-0.41,0.22]	[-0.15,1.09]	[-0.31,0.40]	[-0.61,0.14]
Education (Degree)	0.06	-0.08	-0.14	0.39*	-0.29*	-0.27*
	[-0.33,0.45]	[-0.43,0.26]	[-0.41,0.13]	[-0.00,0.78]	[-0.58,0.00]	[-0.54,0.01]
Social Contact (low)	-0.22	-0.11	0.01	-0.56	-0.21	0.14
{w1; w12; w123}	[-1.25,0.80]	[-0.50,0.28]	[-0.26,0.29]	[-1.67,0.55]	[-0.57,0.15]	[-0.15,0.44]
Feeling lonely (yes)	-0.61*	-0.23**	-0.14*	-0.73**	-0.29***	-0.27***
{w1; w12; w123}	[-1.27,0.06]	[-0.44,-0.02]	[-0.29,0.00]	[-1.42,-0.03]	[-0.50,-0.09]	[-0.41,-0.12]
Emp or Furloughed (yes)	0.14	-0.12	-0.03	0.15	0.04	0.04
{w1; w12; w123}	[-0.35,0.63]	[-0.28,0.05]	[-0.12,0.06]	[-0.28,0.58]	[-0.16,0.24]	[-0.10,0.19]
Living alone (yes)	0.45	0.18	0.04	-1.08	-0.57	-0.03
{w1; w12; w123}	[-0.37,1.28]	[-0.12,0.48]	[-0.15,0.23]	[-3.79,1.64]	[-1.68,0.54]	[-0.77,0.70]
Trust score wave 1		0.52****	0.34****		0.46****	0.22****
		[0.45,0.58]	[0.22,0.46]		[0.37,0.54]	[0.13,0.31]
Trust score wave 2			0.46****			0.54****
			[0.33,0.60]			[0.40,0.68]
2-way interaction for trust scores 1 & 2			-0.00			-0.01
			[-0.02,0.02]			[-0.03,0.01]
Vaccine Uptake (no, unlikely)			-0.28			-0.41**
			[-0.69,0.14]			[-0.81,-0.01]
Constant	3.89****	1.72****	1.31***	4.96****	1.91***	1.85****
	[2.64,5.14]	[1.13,2.30]	[0.44,2.17]	[4.02,5.89]	[0.70,3.11]	[0.91,2.78]
N	4971	4971	4971	5501	5501	5501
pseudo R ²	.04	.32	.49	.05	.31	.44

95% confidence intervals in brackets; * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$, **** $p < 0.001$

We will now turn to the results for 'trust in others'. On face value, there is little to distinguish between the generations when it comes to this outcome. In and of itself this could well be an encouraging form of consistency; 'trust in others' remains fairly stable at an individual level irrespective of socio-economic circumstances, ethnicity and living arrangements. The wave 3 evaluation of trust in others holds a strong association with earlier trust scores. Interestingly, the absence of vaccine uptake is independent of all other characteristics in the model. Someone can be unvaccinated yet still be trusting in others. Older women tend to be more trusting of others than men for Baby Boomers (NCDS) and feelings of loneliness for both of the younger cohorts has a negative association with trust in others (as for trust in government). These feelings are independent of living alone.

Table 4: Trust in others: NCDS and BCS70

	NCDS			BCS70		
	W1	W2	W3	W1	W2	W3
Sex (female)	0.37*** [0.14,0.60]	0.07 [-0.11,0.25]	0.10 [-0.07,0.28]	0.08 [-0.15,0.32]	0.04 [-0.19,0.26]	-0.01 [-0.20,0.19]
Social class (Prof/managerial)	0.09 [-0.14,0.32]	0.03 [-0.15,0.21]	-0.02 [-0.19,0.16]	0.11 [-0.16,0.38]	0.10 [-0.13,0.32]	-0.01 [-0.21,0.19]
Education (Degree)	0.11 [-0.14,0.36]	0.08 [-0.11,0.27]	-0.03 [-0.21,0.14]	0.20 [-0.05,0.44]	0.10 [-0.11,0.32]	0.02 [-0.14,0.18]
Social Contact (low) {w1; w12; w123}	-0.44* [-0.96,0.07]	-0.18* [-0.38,0.03]	-0.07 [-0.23,0.09]	-0.79*** [-1.33,-0.25]	-0.21 [-0.48,0.06]	-0.10 [-0.25,0.04]
Feeling lonely (yes) {w1; w12; w123}	-0.54**** [-0.78,-0.29]	-0.23*** [-0.37,-0.09]	-0.04 [-0.12,0.04]	-0.85**** [-1.11,-0.58]	-0.27**** [-0.41,-0.13]	-0.04 [-0.11,0.03]
Emp or Furloughed (yes) {w1; w12; w123}	0.10 [-0.13,0.33]	0.04 [-0.05,0.13]	-0.01 [-0.08,0.05]	0.34*** [0.09,0.60]	0.07 [-0.04,0.17]	-0.02 [-0.09,0.04]
Living alone (yes) {w1; w12; w123}	-0.07 [-0.37,0.23]	-0.01 [-0.15,0.13]	0.01 [-0.08,0.10]	-0.28 [-0.69,0.13]	-0.08 [-0.26,0.10]	-0.04 [-0.13,0.06]
Trust score wave 1		0.63**** [0.58,0.68]	0.43**** [0.32,0.55]		0.62**** [0.57,0.67]	0.49**** [0.39,0.60]
Trust score wave 2			0.55**** [0.43,0.66]			0.56**** [0.43,0.69]
2-way interaction for trust scores 1 & 2			-0.02** [-0.03,-0.00]			-0.02** [-0.04,-0.00]
Vaccine Uptake (no, unlikely)			0.10 [-0.51,0.72]			0.08 [-0.37,0.54]
Constant	6.41**** [6.12,6.70]	2.15**** [1.72,2.57]	0.91** [0.20,1.62]	6.17**** [5.87,6.48]	2.08**** [1.70,2.47]	0.50 [-0.13,1.12]
N	7691	7691	7691	7042	7042	7042
pseudo R ²	.03	.44	.48	.07	.45	.55

95% confidence intervals in brackets; * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$, **** $p < 0.001$

Table 5: Trust in others: NS and MCS

	NS			MCS		
	W1	W2	W3	W1	W2	W3
Sex (female)	-0.05 [-0.46,0.36]	0.22 [-0.08,0.53]	-0.12 [-0.44,0.20]	-0.05 [-0.32,0.23]	-0.05 [-0.32,0.22]	-0.16 [-0.40,0.08]
Ethnicity (BAME)	0.05 [-0.40,0.50]	-0.12 [-0.42,0.18]	-0.12 [-0.41,0.17]	-0.32 [-0.81,0.18]	-0.09 [-0.46,0.27]	0.02 [-0.41,0.44]
Social class (Prof/managerial)	0.17 [-0.30,0.65]	-0.05 [-0.37,0.27]	0.08 [-0.15,0.31]	0.21 [-0.30,0.73]	0.40* [-0.07,0.87]	0.07 [-0.32,0.45]
Education (Degree)	-0.01 [-0.29,0.27]	0.23* [-0.04,0.50]	-0.10 [-0.41,0.20]	0.30** [0.01,0.58]	0.02 [-0.29,0.33]	-0.08 [-0.35,0.19]
Social Contact (low) {w1; w12; w123}	-0.59 [-1.68,0.50]	-0.33 [-0.81,0.15]	-0.11 [-0.39,0.17]	-0.95** [-1.67,-0.23]	-0.40** [-0.80,-0.01]	-0.11 [-0.46,0.24]
Feeling lonely (yes) {w1; w12; w123}	-0.84*** [-1.44,-0.24]	-0.25*** [-0.44,-0.07]	-0.02 [-0.12,0.09]	-0.92*** [-1.28,-0.55]	-0.39*** [-0.61,-0.17]	-0.21*** [-0.33,-0.08]
Emp or Furloughed (yes) {w1; w12; w123}	-0.03 [-0.44,0.38]	0.15 [-0.04,0.34]	-0.00 [-0.10,0.10]	0.13 [-0.20,0.46]	-0.07 [-0.24,0.10]	0.04 [-0.06,0.14]
Living alone (yes) {w1; w12; w123}	-0.02 [-0.61,0.56]	0.11 [-0.15,0.36]	-0.03 [-0.22,0.16]	-0.93 [-3.32,1.46]	-0.55 [-1.47,0.37]	-0.32 [-1.07,0.42]
Trust score wave 1		0.53*** [0.44,0.62]	0.39*** [0.18,0.60]		0.60*** [0.53,0.67]	0.42*** [0.27,0.57]
Trust score wave 2			0.51*** [0.36,0.66]			0.55*** [0.37,0.73]
2-way interaction for trust scores 1 & 2			-0.01 [-0.04,0.01]			-0.02* [-0.04,0.00]
Vaccine Uptake (no, unlikely)			0.00 [-0.35,0.35]			-0.08 [-0.44,0.29]
Constant	6.64*** [5.35,7.94]	2.40*** [1.61,3.19]	1.15** [0.06,2.23]	7.38*** [6.72,8.05]	1.86*** [0.86,2.86]	1.17** [0.01,2.33]
N	4971	4971	4971	5501	5501	5501
pseudo R^2	.06	.35	.46	.08	.42	.47

95% confidence intervals in brackets; * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$, **** $p < 0.001$

We will now turn to the analyses for compliance with social distancing and government strategy of handling the pandemic together with attempts to reduce the spread of COVID-19 where the measurement of compliance is only available for waves 1 & 3 and for government strategy in wave 3 alone. In terms of the legacy of previous scores for compliance (wave 1) and trust in government (waves 1 & 2) upon compliance with social distancing at wave 3, there is a strong association between the compliance scores across all cohorts whereas the association with prior trust scores in government is negligible. This might suggest that individual behaviour during the pandemic is quite independent of whether a person trusts in government or not. Otherwise, the three older cohorts (apart from Generation X (MCS) women) exhibit a consistent positive association for females compared to their male counterparts. Interestingly, Generation Z (MCS) and X (BCS70) provide a positive association of low social contact and compliance in wave 3. For the first time employment/furlough status shows up as a negative influence on compliance in the final model for Generation X (BCS70). Possibly, born out of the necessity of having to work away from home (those remaining on furlough in this wave were a tiny minority in this group). For the younger cohorts there are individual interaction terms worthy of note. In the case of the Millennials (NS) there is a negative association between compliance at wave 1 and vaccine reluctance by wave 3 suggesting that a millennial can be compliant but yet to be vaccinated. For Generation Z (MCS) parental degree status and vaccine reluctance produce a negative association with compliance suggesting that educational advantage does not always imply vaccine take-up and compliance.

Table 6: Compliance with social distancing across all cohorts

	NCDS		BCS70		NS		MCS	
	W1	W3	W1	W3	W1	W3	W1	W3
Sex (female)	0.36**** [0.24,0.49]	0.21**** [0.12,0.30]	0.35**** [0.24,0.45]	0.18*** [0.07,0.30]	0.25** [0.05,0.44]	0.24** [0.03,0.45]	0.22** [0.04,0.40]	0.12 [-0.07,0.32]
Ethnicity (BAME)					0.01 [-0.19,0.20]	0.02 [-0.23,0.27]	-0.03 [-0.35,0.30]	0.22 [-0.07,0.52]
Social class (Prof/man)	-0.00 [-0.12,0.11]	-0.05 [-0.15,0.05]	0.01 [-0.12,0.13]	0.01 [-0.10,0.12]	0.03 [-0.13,0.20]	-0.05 [-0.26,0.16]	0.01 [-0.23,0.25]	-0.26** [-0.50,-0.03]
Education (Degree)	0.06 [-0.05,0.16]	0.05 [-0.05,0.14]	0.04 [-0.05,0.14]	-0.01 [-0.12,0.10]	0.01 [-0.16,0.19]	-0.05 [-0.27,0.16]	0.16 [-0.03,0.36]	-0.40**** [-0.61,-0.20]
Social Contact (low) {w1; w12; w123}	0.17 [-0.04,0.38]	0.08 [-0.03,0.19]	0.05 [-0.17,0.27]	0.16** [0.03,0.29]	0.16 [-0.19,0.52]	0.19 [-0.05,0.42]	0.13 [-0.38,0.63]	0.32** [0.04,0.59]
Feeling lonely (yes) {w1; w12; w123}	-0.14** [-0.27,-0.00]	-0.00 [-0.05,0.04]	-0.08 [-0.21,0.06]	0.02 [-0.03,0.07]	-0.05 [-0.31,0.20]	0.00 [-0.10,0.10]	-0.05 [-0.28,0.19]	-0.01 [-0.11,0.09]
Emp or Furlough (yes) {w1; w12; w123}	-0.05 [-0.18,0.08]	-0.03 [-0.06,0.01]	-0.01 [-0.13,0.12]	-0.03* [-0.07,0.00]	-0.09 [-0.27,0.09]	-0.04 [-0.12,0.03]	-0.23** [-0.45,-0.01]	-0.05 [-0.15,0.05]
Living alone (yes) {w1; w12; w123}	-0.05 [-0.19,0.09]	-0.02 [-0.07,0.03]	-0.07 [-0.27,0.13]	0.03 [-0.04,0.11]	-0.24* [-0.54,0.05]	-0.08 [-0.21,0.06]	-0.26 [-1.34,0.81]	0.09 [-0.46,0.65]
Compliance wave 1		0.50**** [0.40,0.60]		0.43**** [0.35,0.51]		0.44**** [0.31,0.56]		0.46**** [0.33,0.59]
Trust score wave 1		0.01 [-0.02,0.04]		0.01 [-0.03,0.05]		0.03 [-0.03,0.08]		-0.04 [-0.14,0.05]
Trust score wave 2		0.01 [-0.03,0.04]		0.02 [-0.02,0.05]		-0.00 [-0.06,0.06]		0.03 [-0.10,0.16]
2-way int. trust scores 1&2								0.00 [-0.01,0.02]
Vaccine Uptake (no, unlikely)		-5.67*** [-9.08,-2.27]		-3.76*** [-6.54,-0.98]		-4.60**** [-7.53,-1.67]		-0.35** [-0.67,-0.02]
ComplianceW1#Anti-Vacc		0.57*** [0.21,0.92]		0.38** [0.08,0.68]		0.45*** [0.13,0.77]		
Constant	9.14****	4.58****	8.93****	5.09****	8.90****	4.70****	8.71****	4.48****

	NCDS		BCS70		NS		MCS	
	W1	W3	W1	W3	W1	W3	W1	W3
	[9.00,9.28]	[3.60,5.57]	[8.79,9.08]	[4.30,5.87]	[8.41,9.39]	[3.55,5.85]	[8.35,9.07]	[3.19,5.76]
N	7691	7691	7042	7042	4971	4971	5501	5501
pseudo R2	.04	.28	.03	.22	.03	.23	.02	.14

95% confidence intervals in brackets; * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$, **** $p < 0.001$

Finally, in table 7 below, we turn our attention to cross-sectional analyses of the assessment of the government's handling of the pandemic and its attempts to reduce the spread of COVID-19. We comment on each outcome separately.

The analysis of the assessment of the government's handling of the pandemic reveals a uniform scepticism amongst all generations with respect to degree status (consistent negative association for all cohorts although for Generation Z (MCS) this is non-significant). There is a strong association in the evaluation of the government's handling of the pandemic and prior trust scores which suggests a consistency in an individual's assessment. Baby Boomer (NCDS) women are positive in their evaluations unlike their youngest counterparts. BAME respondents also differ in their evaluations where BAME status matters more for the Millennials (NS). Interestingly, low social contact produces a positive association for Generation Z (MCS) whereas feelings of loneliness have the reverse effect for this group. For the baby boomers (NCDS) the influence of vaccine reluctance is negatively related to the evaluation of the government's handling of the pandemic and whilst the direction of influence is negative for the other cohorts the associations remain non-significant (the exception being for Generation Z (MCS)) where living alone and vaccine reluctance combine to produce a negative joint effect on the outcome.

Continuing our inspection of table 7 we now focus on the assessment of the government's attempts to reduce the spread of COVID-19. Women are consistently more generous than their male counterparts when it comes to assessing the extent to which the government is doing everything to reduce the spread of COVID-19 by wave 3. Vaccination status consistently drives a negative association with the outcome (in the youngest cohort the negative main effect is explained by a 2-way interaction involving having a parent with a degree). What's more, these results appear to be independent of previous scores trust in government. What also appears to matter is reporting low social contact, which typically has a positive association with the evaluation. It may well be that reporting low social contact implies taken action to avoid company in order to stay safe and being 'on message' in some sense. Amongst the older generations (NCDS and BCS70) those in employment/furloughed produce a negative association with the outcome. Notably, BAME membership produces a positive association with the evaluation of the government's attempt to reduce the spread of COVID-19. In addition, living alone for Millennials (NS) suggests evidence of a negative association.

Table 7: Government handling of the pandemic and attempts to reduce the spread of COVID-19 across all cohorts in wave 3.

	Government Handling				Reducing Spread			
	NCDS	BCS70	NS	MCS	NCDS	BCS70	NS	MCS
Sex (female)	0.23*	-0.04	0.17	-0.23*	0.35****	0.34****	0.22**	0.17*
	[-0.02,0.48]	[-0.33,0.24]	[-0.14,0.49]	[-0.48,0.03]	[0.25,0.44]	[0.25,0.43]	[0.04,0.40]	[-0.00,0.34]
Ethnicity (BAME)			-0.71****	-0.31			0.25**	0.34***
			[-1.03,-0.39]	[-0.71,0.09]			[0.05,0.45]	[0.11,0.58]
Social class (Prof/man)	-0.19	-0.17	-0.11	-0.14	-0.00	-0.03	-0.11	-0.20*
	[-0.47,0.08]	[-0.43,0.10]	[-0.42,0.20]	[-0.56,0.28]	[-0.09,0.10]	[-0.13,0.07]	[-0.29,0.07]	[-0.42,0.03]
Education (Degree)	-0.82****	-0.58****	-0.30*	-0.28	0.03	-0.01	-0.11	-0.35****
	[-1.07,-0.57]	[-0.82,-0.34]	[-0.64,0.03]	[-0.63,0.07]	[-0.06,0.12]	[-0.10,0.08]	[-0.30,0.08]	[-0.54,-0.16]
Social Contact (low)	0.11	0.05	-0.01	0.31*	0.09	0.14**	0.17**	0.34****
{w1; w12; w123}	[-0.27,0.49]	[-0.31,0.40]	[-0.35,0.32]	[-0.01,0.63]	[-0.05,0.22]	[0.01,0.27]	[0.00,0.34]	[0.17,0.50]
Feeling lonely (yes)	0.04	0.05	-0.04	-0.17**	-0.02	0.02	0.02	-0.07
{w1; w12; w123}	[-0.08,0.17]	[-0.07,0.17]	[-0.18,0.10]	[-0.33,-0.02]	[-0.08,0.03]	[-0.03,0.06]	[-0.06,0.10]	[-0.17,0.03]
Emp or Furloughed (yes)	-0.02	-0.07*	-0.05	0.05	-0.03*	-0.04****	-0.03	-0.05
{w1; w12; w123}	[-0.11,0.07]	[-0.16,0.01]	[-0.15,0.06]	[-0.10,0.21]	[-0.06,0.00]	[-0.07,-0.01]	[-0.09,0.03]	[-0.14,0.04]
Living alone (yes)	0.02	0.04	-0.05	0.50	-0.04	0.00	-0.16**	-0.08
{w1; w12; w123}	[-0.14,0.17]	[-0.12,0.20]	[-0.27,0.16]	[-0.26,1.27]	[-0.09,0.01]	[-0.05,0.06]	[-0.30,-0.01]	[-0.59,0.42]
Trust score wave 1	0.34****	0.43****	0.33****	0.26****	0.02	0.03	0.02	-0.02
	[0.22,0.46]	[0.32,0.54]	[0.17,0.49]	[0.15,0.37]	[-0.01,0.06]	[-0.01,0.07]	[-0.05,0.10]	[-0.10,0.06]
Trust score wave 2	0.50****	0.46****	0.38****	0.42****	0.01	0.02	0.01	0.07
	[0.36,0.64]	[0.32,0.59]	[0.22,0.54]	[0.24,0.59]	[-0.02,0.04]	[-0.03,0.08]	[-0.10,0.11]	[-0.04,0.18]
2-way int. trust scores 1 & 2	-0.02*	-0.02**	-0.01	-0.01	-0.00	-0.00	-0.00	-0.00
	[-0.04,0.00]	[-0.04,-0.00]	[-0.03,0.02]	[-0.04,0.01]	[-0.01,0.01]	[-0.01,0.01]	[-0.02,0.02]	[-0.02,0.02]
Vaccine Uptake (no, unlikely)	-1.66***	-0.45	-0.32	-0.20	-1.80**	-0.43***	-0.77****	-0.10
	[-2.66,-0.66]	[-1.09,0.18]	[-0.80,0.16]	[-0.63,0.23]	[-3.37,-0.23]	[-0.76,-0.11]	[-1.09,-0.45]	[-0.53,0.32]
Female#Anti-Vacc					1.42*			
					[-0.26,3.09]			
Prof/Man#Anti-Vacc								-0.53*
								[-1.12,0.07]
Lives alone#Anti-Vacc				-1.47^				

	Government Handling				Reducing Spread			
	NCDS	BCS70	NS	MCS [-3.01,0.06]	NCDS	BCS70	NS	MCS
Constant	2.74**** [2.18,3.31]	2.33**** [1.82,2.84]	2.12**** [1.30,2.95]	2.17**** [1.34,3.00]	9.20**** [9.01,9.38]	9.00**** [8.77,9.22]	8.84**** [8.42,9.26]	8.56**** [8.05,9.06]
<i>N</i>	7691	7042	4971	5501	7691	7042	4971	5501
pseudo <i>R</i> ²	.32	.35	.34	.28	.07	.05	.07	.06

95% confidence intervals in brackets; * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$, **** $p < 0.001$; Note: ^ coefficient was significant in model with all interactions

Limitations

In line with our briefing paper (Parsons & Wiggins, 2020), all of our outcomes were based on the use of self-reports along visual analogue scales. Alternative, more nuanced assessments of trust are noted in the introduction were ruled out on the basis of time constraints as well as resources. All key explanatory variables are binary or count items which may lead to oversimplification in our interpretation. In particular, the proxy variable used to describe ethnicity amongst the younger cohorts. Here we recognise the recommendations implicit in this crude categorisation arising from a recent SPI-B report (2021), and suggestions for disaggregation in future classifications and analyses providing there is sufficient data to make any conclusions meaningful. To quote from the report:

“Amongst ethnic groups, supporting previous work from SAGE ethnicity sub-group work on this topic (2020) we see that compared to ‘White’ there is low uptake amongst Black, followed by Mixed and Other ethnic groups, and then South Asian groups. This suggests a more disaggregated examination of ethnicity beyond broad BAME categorisation may capture relevant mixed and other ethnic categories and disadvantaged groups (e.g., Gypsy, Roma Travellers, mixed, Eastern European groups).”

Following on directly from this view the GOV.UK’s report ‘Inclusive Britain’ (2022) included an explicit acceptance to stop using the term ‘BAME’ as ‘the term aggregates based on skin colour rather than more appropriate classifications’ (taken from paragraph 3.3). Deeper nuance in the classification of ethnicity together with finer grained definitions of trust (distinguishing between government, health authorities and scientists) would permit a better understanding of the meaning of trust, compliance and the motivation to take up vaccinations (Reid & Mabhala, (2021), Lindholt et al., (2021).

Discussion

Trust in government and trust in others are different concepts. They are not strongly associated (average around .35 across cohorts, see Appendix A4) whereas trust in government has a stronger relationship with the assessment of the government’s handling of the pandemic (c.60). However, trust in government and compliance are weakly correlated (<.10) suggesting that individuals are making their own decisions about their behaviour independently of trust. This association is even weaker for trust in others (<.04). These findings chime with recent results for Finnish longitudinal study (Kestilä-Kekkonen et al., 2022) where political competence was negatively associated with trust and indicate a direction for further investigation.

Aggregate scores for trust in government were lower than trust in others throughout our observation period. Baby Boomers (NCDS) with a degree are less likely to trust in government as our those whose parents possess a degree (Generation Z (MCS)). Unlike trust in

government, trust in others is less likely to be associated with specific explanatory variables. Interestingly, an individual who is vaccine reluctant can remain trusting of others but not so for expressions of trust in government. Equally, compliance with government guidelines on social distancing may be treated quite differently from expressions of trust. Individuals are free to take their own views on the effectiveness of restrictions upon their behaviour independently and these scores remained high for all generations despite a slight decline for the younger cohorts. Women are consistently more likely to express trust in government compared to men and similar sex differences can be observed for trust in others and compliance with social distancing. Feelings of loneliness have a consistent negative association with trust in government for the young. It is important that policy measures distinguish between reports of loneliness and living alone. For the young, living with others is not necessarily a protective factor for feeling lonely.

From our cross-sectional analysis it would also appear that trust in the government's handling of the pandemic has more to do with trust in government than is the case for assessing the government's attempts to reduce the spread of COVID-19. For the latter it may well be that people are more pragmatic and recognise that some aspects of the pandemic are outside of the government's control simply because of the role of science in producing an effective vaccine in a timely manner which involves effective cooperation with foreign governments and commercial organisations. For the former, how government responds to the challenges presented by the virus and people's behaviour like their willingness to be vaccinated or conform to the rules has a lot to do with government strategy (Royal Society, 2020), (regional differences notwithstanding) and less to do with science.

Conditional regression modelling for our three key outcomes, trust in government, trust in others and compliance highlights a strong and therefore, consistent association between outcomes in later waves and those from earlier waves. However, Wave 1 regressions for our trust outcomes suggest that trust is not easily predicted from the key variables sex, age, socio-economic circumstances, education, and ethnicity in the case of the Millennials (NS) and Generation Z (MCS). This raises the question as to whether a more nuanced approach to predicting trust based upon the rich store of antecedent data available in the surveys that formed the sample source for the web survey can reveal a better understanding of trust. It would appear that once an individual makes an evaluation in wave 1 their subsequent scores in wave 2 and 3 are pretty consistent with their first evaluation subject to the passage of time and how they experience the pandemic and their evaluation of government action. Schoon & Cheng (2011) argue that trust is largely 'fixed' in early adulthood and this provides a platform for further investigation in future work. Another avenue of investigation would be to include the political affiliation of individuals in order to examine whether or not trust in government is aligned with party loyalty.

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Appendices

Appendix A1

Wave specific mean scores for trust in government, trust in others and compliance and government handling with attempts for reducing the spread of COVID (wave 3 only) across all cohorts

Table A1.1: Trust in Government

covariate	W1: Trust in Government				W2: Trust in Government				W3: Trust in Government			
	NCDS	BCS70	NS	MCS	NCDS	BCS70	NS	MCS	NCDS	BCS70	NS	MCS
men	4.74	4.48	3.58	4.84	3.95	3.84	3.29	3.69	4.51	4.26	3.62	4.00
women	5.13	4.62	3.89	4.89	4.19	3.85	3.41	3.27	4.93	4.43	3.77	3.71
White			3.92	4.96			3.40	3.50			3.82	3.88
BAME			3.29	4.31			3.23	3.42			3.39	3.75
manual	4.87	4.50	3.66	4.42	4.04	3.84	3.34	3.31	4.69	4.37	3.71	3.86
non-manual	5.04	4.60	3.83	4.72	4.12	3.85	3.37	3.58	4.73	4.31	3.70	3.86
low edu	4.98	4.58	3.71	4.66	4.14	3.86	3.37	3.48	4.83	4.40	3.76	3.93
degree+	4.77	4.49	3.80	5.24	3.86	3.82	3.33	3.51	4.38	4.22	3.61	3.73
work	4.87	4.73	3.87	5.10	4.06	3.90	3.36	3.73	4.66	4.34	3.57	4.20
furlough	4.98	4.75	3.98	4.95	3.97	4.12	3.12	3.60	4.64	4.51	4.00	3.88
lost job	5.08	4.78	3.49	4.78	4.31	3.95	3.18	3.31	5.13	4.54	3.64	3.73
got job	5.00	4.61	3.45	4.56	4.24	4.01	3.59	3.46	4.95	4.57	3.73	3.91
unem	4.83	4.39	3.71	4.51	4.08	3.77	3.47	3.60	4.80	4.25	3.92	4.20
other	4.89	4.05	3.71	4.97	3.98	3.41	3.09	3.42	4.56	4.01	3.56	3.74
alone	4.76	4.25	4.09	3.52	3.83	3.56	3.45	2.96	4.50	4.12	3.59	3.27
partner	4.98	4.61	3.90	3.10	4.15	4.01	3.39	2.99	4.74	4.48	3.83	4.24
part+other	4.98	4.74	3.84	4.34	4.13	3.96	3.55	3.49	4.86	4.48	3.91	3.82
kids/other	4.81	4.09	3.46	5.14	4.13	3.59	3.06	3.51	4.76	3.97	3.42	3.87
soc con	4.94	4.61	3.81	4.93	4.09	3.88	3.38	3.53	4.74	4.42	3.73	3.86
low contact	4.67	3.96	3.38	4.25	3.81	3.60	3.14	3.10	4.46	3.87	3.43	3.79
not lonely	5.15	4.80	3.98	5.34	4.29	4.08	3.72	4.11	4.94	4.61	4.07	4.71
lonely	4.46	4.13	3.46	4.63	3.55	3.45	2.96	3.13	4.26	3.94	3.45	3.39
will/vaccine	4.93	4.61	3.87	4.97	4.07	3.90	3.45	3.54	4.72	4.42	3.83	3.95
not vaccine	3.74	3.56	3.01	4.24	3.13	2.88	2.77	3.18	3.19	3.10	2.97	3.30

Table A1.2: Trust in Others

covariate	W1: Trust in Others				W2: Trust in Others				W3: Trust in Others			
	NCDS	BCS70	NS	MCS	NCDS	BCS70	NS	MCS	NCDS	BCS70	NS	MCS
men	6.27	6.01	6.32	6.96	5.98	5.68	5.60	5.70	6.12	5.83	5.86	5.96
women	6.62	6.09	6.22	6.84	6.23	5.76	5.77	5.53	6.46	5.90	5.80	5.66
White			6.27	6.96			5.74	5.67			5.90	5.86
BAME			6.23	6.59			5.54	5.29			5.64	5.57
manual	6.38	5.91	6.16	6.66	6.04	5.55	5.58	5.17	6.24	5.73	5.68	5.49
non-manual	6.54	6.19	6.35	7.02	6.22	5.89	5.78	5.84	6.36	6.00	5.96	5.98
low edu	6.37	5.93	6.25	6.76	6.02	5.58	5.56	5.46	6.23	5.74	5.80	5.72
degree+	6.56	6.29	6.29	7.16	6.26	6.00	5.89	5.90	6.38	6.11	5.88	6.00
work	6.51	6.34	6.28	6.99	6.25	6.03	5.94	5.72	6.37	6.10	6.03	6.11
furlough	6.52	6.27	6.31	7.06	6.05	5.78	5.92	5.48	6.31	6.03	5.85	5.75
lost job	6.23	6.15	6.29	7.04	6.08	5.88	5.88	5.59	6.17	5.94	5.89	5.77
got job	6.44	6.14	6.30	6.35	6.04	5.81	5.72	5.45	6.34	6.04	6.10	5.74
unem	6.29	5.88	6.25	6.64	5.95	5.41	5.50	5.52	6.31	5.66	5.86	5.65
other	6.42	5.36	6.21	6.97	6.04	4.91	5.16	5.67	6.21	5.14	5.36	5.82
alone	6.31	5.67	6.11	5.83	5.98	5.22	5.73	5.16	6.21	5.30	5.67	4.28
partner	6.49	6.17	6.55	6.12	6.17	5.93	5.97	5.08	6.31	5.96	6.35	6.34
part+other	6.44	6.23	6.21	6.73	6.06	5.97	5.78	5.49	6.28	6.15	5.93	5.61
kids/other	6.41	5.70	6.15	7.00	6.10	5.28	5.39	5.67	6.26	5.53	5.37	5.88
soc con	6.48	6.13	6.34	6.99	6.17	5.83	5.80	5.69	6.36	6.00	5.95	5.89
low contact	5.92	5.25	5.76	5.99	5.43	4.95	4.68	4.83	5.72	5.10	5.26	5.21
not lonely	6.60	6.41	6.64	7.51	6.31	6.16	6.14	6.40	6.45	6.23	6.23	6.64
lonely	6.08	5.46	5.78	6.58	5.61	4.98	5.20	5.16	5.95	5.32	5.55	5.36
will/vaccine	6.43	6.09	6.40	7.01	6.10	5.77	5.78	5.74	6.28	5.90	5.92	5.92
not vaccine	6.08	5.30	5.48	6.26	5.72	4.86	5.15	4.87	6.09	5.22	5.31	5.19

Table A1.3: Compliance with Social Distancing

covariate	W1: Compliance				W3: Compliance			
	NCDS	BCS70	NS	MCS	NCDS	BCS70	NS	MCS
men	9.11	8.92	8.88	8.71	9.17	9.02	8.88	8.14
women	9.45	9.25	9.10	8.90	9.56	9.33	9.10	8.33
White			9.03	8.80			8.69	8.19
BAME			8.99	8.80			8.73	8.50
manual	9.26	9.07	9.00	8.76	9.36	9.18	9.00	8.50
non-manual	9.27	9.09	8.99	8.82	9.32	9.17	8.99	8.10
low edu	9.24	9.06	9.00	8.74	9.33	9.17	9.00	8.39
degree+	9.31	9.12	8.99	8.90	9.40	9.17	8.99	7.95
work	9.18	9.07	8.88	8.49	9.24	9.13	8.88	7.98
furlough	9.29	9.14	9.02	8.71	9.28	9.11	9.02	7.91
lost job	9.21	8.99	9.00	8.66	9.42	9.14	9.00	8.06
got job	9.10	9.01	8.96	8.57	9.22	9.20	8.96	8.31
unem	9.14	9.03	9.01	8.75	9.27	9.20	9.01	8.41
other	9.38	9.18	9.15	8.91	9.45	9.29	9.15	8.29
alone	9.20	8.98	8.74	8.42	9.26	9.20	8.74	8.44
partner	9.29	9.14	9.12	8.49	9.36	9.30	9.12	8.42
part+other	9.27	9.10	9.04	8.63	9.40	9.13	9.04	8.17
kids/other	9.22	9.05	8.94	8.87	9.43	9.10	8.94	8.22
soc con	9.25	9.08	8.98	8.79	9.33	9.16	8.98	8.18
low contact	9.33	9.04	9.10	8.88	9.45	9.24	9.10	8.64
not lonely	9.29	9.09	9.01	8.81	9.34	9.15	9.01	8.23
lonely	9.20	9.05	8.98	8.79	9.36	9.21	8.98	8.24
will/vaccine	9.27	9.09	9.05	8.83	9.36	9.20	9.05	8.27
not vaccine	8.68	8.83	8.68	8.60	8.32	8.65	8.68	8.00

Table A1.4: Reduce Spread and Government Handling

covariate	W3: Reduce Spread				W3: Government Handling			
	NCDS	BCS70	NS	MCS	NCDS	BCS70	NS	MCS
men	9.29	9.14	8.80	8.40	5.62	5.30	3.94	4.24
women	9.64	9.47	9.00	8.52	6.02	5.30	4.19	3.82
White			8.84	8.40			4.34	4.10
BAME			9.08	8.81			3.37	3.66
manual	9.44	9.32	9.01	8.73	5.88	5.43	4.04	3.99
non-manual	9.45	9.27	8.82	8.32	5.59	5.17	4.10	4.06
low edu	9.44	9.31	8.95	8.62	6.10	5.53	4.20	4.10
degree+	9.47	9.28	8.84	8.17	5.08	4.84	3.86	3.92
work	9.36	9.24	8.83	8.35	5.66	5.16	3.92	4.40
furlough	9.40	9.24	8.76	8.16	5.80	5.46	4.37	4.04
lost job	9.50	9.28	8.94	8.28	6.11	5.39	4.08	4.01
got job	9.37	9.30	8.97	8.68	6.08	5.40	4.18	4.14
unem	9.37	9.37	8.98	8.62	5.95	5.29	4.30	4.45
other	9.53	9.43	8.96	8.48	5.72	5.41	3.86	3.88
alone	9.35	9.29	8.57	8.52	5.70	5.24	3.82	3.67
partner	9.46	9.40	8.92	8.46	5.79	5.61	4.21	4.33
part+other	9.52	9.27	8.97	8.41	5.97	5.28	4.26	3.86
kids/other	9.50	9.25	9.03	8.46	5.75	5.01	3.89	4.06
soc con	9.43	9.29	8.87	8.41	5.81	5.36	4.12	4.04
low contact	9.52	9.35	9.16	8.75	5.72	4.96	3.79	3.95
not lonely	9.45	9.27	8.90	8.57	5.93	5.44	4.33	4.67
lonely	9.44	9.34	8.92	8.40	5.57	5.08	3.89	3.69
will/vaccine	9.46	9.32	9.01	8.49	5.84	5.36	4.20	4.11
not vaccine	8.38	8.85	8.32	8.26	3.53	4.24	3.32	3.58

Appendix A2

Overall Mean Outcome Scores [with 95 per cent confidence intervals] by wave for trust in government, trust in others, compliance, government's handling of the pandemic and attempts to reduce the spread of COVID-19 by cohort

	Cohort			
	NCDS	BCS70	NS	MCS
W1: Trust in Government	4.91 [4.77-5.06]	4.55 [4.40-4.70]	3.75 [3.00-4.49]	4.87 [4.39-5.34]
W2: Trust in Government	4.06 [3.91-4.21]	3.84 [3.71-3.98]	3.35 [3.07-3.64]	3.49 [3.08-3.89]
W3: Trust in Government	4.70 [4.56-4.84]	4.34 [4.21-4.47]	3.70 [3.53-3.88]	3.86 [3.71-4.01]
W1: Trust in Others	6.43 [6.28-6.57]	6.05 [5.91-6.18]	6.26 [5.43-7.10]	6.90 [6.54-7.26]
W2: Trust in Others	6.09 [5.98-6.21]	5.72 [5.57-5.86]	5.69 [5.41-5.96]	5.62 [5.27-5.96]
W3: Trust in Others	6.27 [6.17-6.38]	5.86 [5.74-5.98]	5.83 [5.67-5.99]	5.82 [5.67-5.96]
W1: Compliance Social Distancing	9.26 [9.20-9.32]	9.08 [9.02-9.14]	9.00 [8.68-9.32]	8.80 [8.58-9.02]
W3: Compliance Social Distancing	9.35 [9.29-9.40]	9.17 [9.11-9.23]	8.70 [8.60-8.81]	8.23 [8.13-8.34]
W3: Compliance to reduce spread COVID-19	9.45 [9.40-9.50]	9.30 [9.25-9.34]	8.92 [8.82-8.99]	8.46 [8.37-8.55]
W3: How well Government Handled Pandemic	5.80 [5.65-5.96]	5.30 [5.15-5.45]	4.07 [3.89-4.36]	4.04 [3.88-4.19]

Appendix A3

Stages of regression modelling for the Baby Boomers' (NCDS) at age 64 years

Table A3.1 below contains the regression estimates for the first stage of the analysis using 'trust in government'.

Table A3.1: Baby Boomers: stage 1 analysis for trust in government (wave 1)

Explanatory variables	Regression coefficient estimates
Sex (female)	0.47 ****
Social class (Prof/managerial)	0.19
Education (Degree)	-0.31***
Social Contact (low)	-0.15
Feeling lonely wave 1 (yes)	-0.75 ****
Employed/furloughed wave 1 (yes)	-0.02
Living alone wave 1 (yes)	-0.10
Constant	5.05
R-square (N=7691)	.03

**** p<0.001, *** p<0.01, ** p<0.05, * p<0.10

Trust in government during wave 1 is largely influenced by negative associations of being educated to degree or above and feelings of loneliness. Notably, women appear to be more positive in their reports of trust in government than men in this generation of early baby boomers. The model fit is unimpressive which suggest that expressions of individual trust at the outset of the study are shaped by a broad set of antecedents. Table 3 below conditions on an individual's trust score at wave 1 and introduces the influence of consecutive reports of employment, social contact, living alone and feelings of loneliness.

Table A3.2: Baby Boomers: stage 2 conditional regression model for trust in government (wave 2)

Explanatory variables	Regression coefficient estimates
Sex (female)	0.04
Social class (Prof/managerial)	-0.00
Education (Degree)	-0.18 *
Social Contact (low) {waves 1 & 2}	-0.04
Feeling lonely wave 1 (yes) {waves 1 & 2}	-0.17 **
Employed/furloughed wave 1 (yes) {waves 1 & 2}	-0.01
Living alone wave 1 (yes) {waves 1 & 2}	-0.10
Trust score wave 1	0.61****
Constant	5.05
R-square (N=7691)	.43

**** p<0.001, *** p<0.01, ** p<0.05, * p<0.10

There is a strong positive association in the report of trust in government at wave 1 and the corresponding wave 2 outcome, and this association clearly lifts the model fit. Beyond this conditional effect, feeling lonely over two waves has a negative association with trust in government and education now borders on significance. In table 4 we examine the results for trust in government measured at wave 3 conditioning on two lagged trust scores and introducing the influence of vaccine status:

Table A3.3: Baby Boomers: stage 3 conditional regression model for trust in government (wave 3) for baby boomers

Explanatory variables	Regression coefficient estimates
Sex (female)	0.21 **
Social class (Prof/managerial)	-0.00
Education (Degree)	-0.28 *
Social Contact (low) {waves 1, 2 & 3}	-0.01
Feeling lonely wave 1 (yes) {waves 1,2& 3}	-0.03
Employed/furloughed wave 1 (yes) {waves 1 &2}	-0.00
Living alone wave 1 (yes) {waves 1 & 2}	-0.02
Trust score wave 1	0.39****
Trust score wave 2	0.53****
2-way interaction for trust scores 1 & 2	-0.02 *
Vaccine Uptake (no, unlikely)	-0.72 **
Constant	5.05
R-square (N=7691)	.51

*** p<0.001, ** p<0.01, * p<0.05, * p<0.10

In our final model the positive influence of being female cp. male and the negative effect of having a degree education persist in the presence of lagged effects of trust during the previous waves. Interestingly, there was little difference in the influence of being female cp. male in wave 2, but females return to have a positive influence in wave 3 which may account for the rise in the aggregate analysis shown in figure 1 in the main text. There are relatively strong lagged effects for previous trust scores and a small negative interaction effect which may indicate a change in evaluation for some sample members. The inclusion of an item for vaccine uptake by early 2021 has a negative association with trust in government and appears to diminish the impact of loneliness for this cohort. There were no significant 2- and 3-way interaction effects involving vaccine uptake thus we regard the model above as our final model for this outcome.

Appendix A4

Pairwise product moment correlations for key outcomes by cohort

	NCDS	BCS70	NS	MCS
T-POL & T-OTH	.37	.35	.33	.40
T-POL & GOV HAND	.57	.60	.60	.62
T-POL & COMP1	.10	.10	.04	.11
T-POL & COMP2	.12	.10	.04	.14
T-OTH & GOV HAND	.10	.12	.13	.23
T-OTH & COMP1	.03	.02	.02	-.01
T-OTH & COMP2	.04	.02	.01	-.00
GOV HAND & COMP1	.11	.08	.10	.14
GOV HAND & COMP2	.14	.11	.07	.16
COMP1 & COMP2	.80	.77	.81	.79

Note: T-POL: Trust in government; T-OTH: Trust in others; COMP1: Compliance with social distancing in wave 1; COMP2: Compliance with social distancing in wave 1; GOV HAND: Government handling of the pandemic
