



# Loneliness in Wales during the Coronavirus pandemic

Loneliness is a widespread issue, with surveys suggesting that one in six of the Welsh population is lonely (Office for National Statistics, Welsh Government, 2020; Welsh Government, Office for National Statistics 2020a; 2020b). Loneliness has a significant impact on health and wellbeing and is linked to increased risk of depression and early mortality (Campaign to End Loneliness, 2021).

Tackling loneliness and social isolation has been identified as a priority by the Welsh Government (Welsh Government, 2020a) and is one of the ways Wales measures progress towards the Well-being of Future Generations (Wales) Act 2015 goals. Key to addressing loneliness is understanding who in Wales is lonely and how loneliness affects different groups.

This is the final part of a series of insights on loneliness in Wales based on analysis of the National Survey for Wales (NSW). The series is designed to provide policy makers and public services in Wales with a greater understanding of who is lonely so that funding and interventions to tackle loneliness can be designed and delivered most effectively.

There is a general concern that loneliness has increased during the pandemic, or that certain groups may have been feeling lonelier than before. This insight explores levels of loneliness between May and September 2020, drawing on the monthly telephone version of the NSW. Whilst not directly comparable, these findings complement our bespoke analysis of data from

three waves of the full yearly survey in the other insights in the series (see below). Further details about the methodology can be found in the Appendix.

## Summary

During May-September 2020 of the Coronavirus pandemic:

- 11% of the Welsh population was lonely, lower than reported in annual surveys.
- There were gender differences in loneliness, with women lonelier in May, June and July (2020), and men lonelier in August and September (2020).
- Those with a long-term illness or disability were, on average, over twice as lonely as those without. Loneliness levels were also more stable for those without a long-term illness or disability.
- Those materially deprived were, on average, over twice as lonely as those who were not.
- Those living in urban areas were lonelier than those in rural areas.

These findings are generally consistent with research conducted elsewhere in the UK during the pandemic (Bu et al., 2020) and, whilst levels of loneliness are slightly lower than pre-pandemic levels, the group differences are consistent with prior analysis of the NSW yearly surveys (Welsh Government 2018, 2020b) and with the other data insights in this series (see below).

## Read the other data insights in this series

Goldstone, R., Hodges, H., Durrant, H., and Taylor-Collins, E. (2021). **Who is lonely in Wales?** Cardiff: Wales Centre for Public Policy.

Hodges, H., Goldstone, R., Durrant, H., and Taylor-Collins, E. (2021). **Age and loneliness in Wales.** Cardiff: Wales Centre for Public Policy.

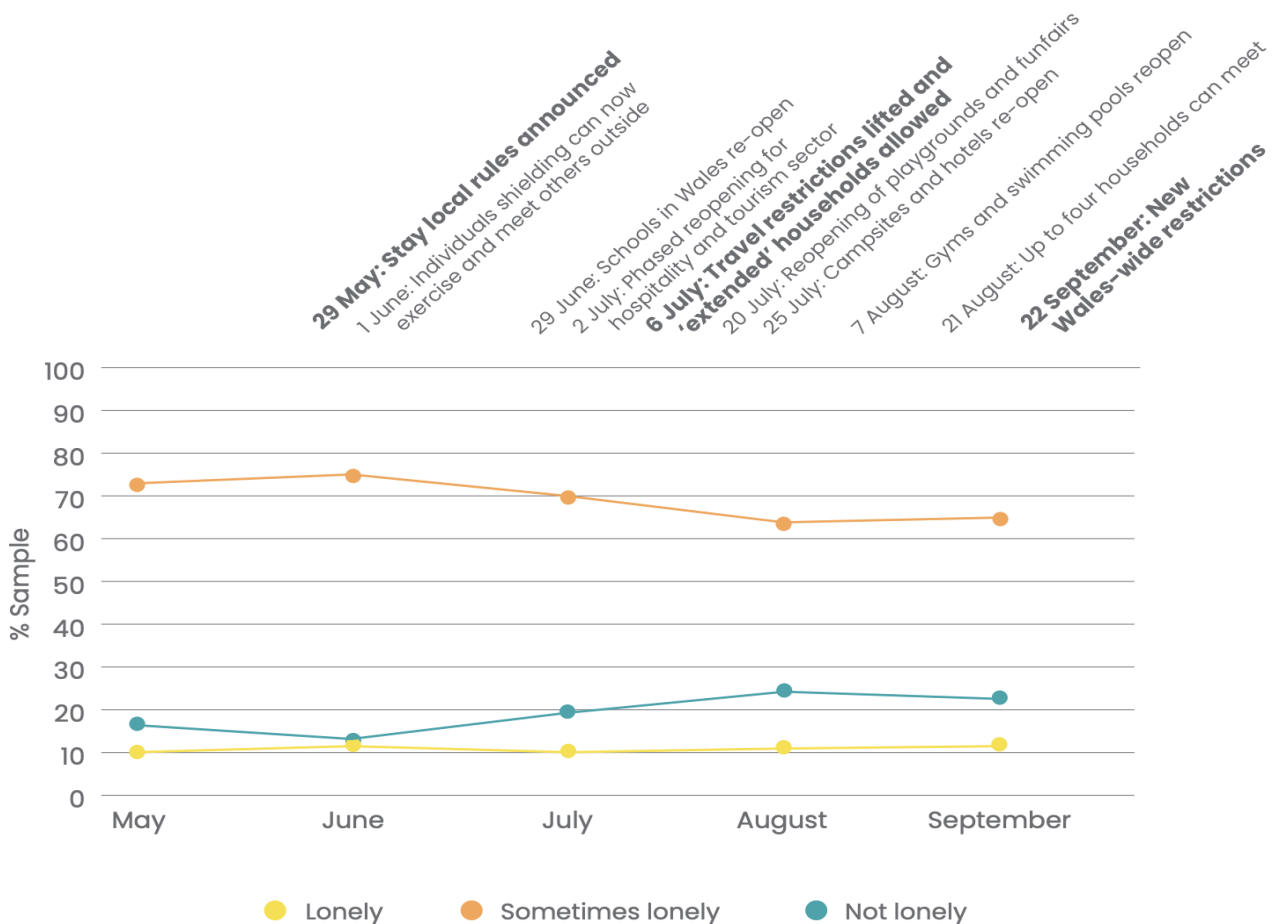
Hodges, H., Goldstone, R., Durrant, H., and Taylor-Collins, E. (2021). **Health and loneliness in Wales.** Cardiff: Wales Centre for Public Policy.

Hodges, H., Goldstone, R., Durrant, H., and Taylor-Collins, E. (2021). **Loneliness data insights: Methodological appendix.** Cardiff: Wales Centre for Public Policy.

## Findings

Before the pandemic, one person out of every six in Wales was lonely. This decreased during the pandemic, with one in nine feeling lonely<sup>1</sup> – a figure that was fairly consistent throughout May-September 2020. This aligns with UK-wide research which also shows relatively stable levels of loneliness during the pandemic (UCL, 2021). However, the proportion of people feeling ‘sometimes lonely’ in Wales fluctuated considerably throughout this period, ranging from 65-75%.

Figure 1: Proportion of respondents who were lonely, sometimes lonely, and not lonely



Source: NSW Results Viewer: Monthly Survey, Welsh Government (2021c).

<sup>1</sup> However, the data collection method used in the monthly surveys may have influenced responses provided. See the following link for further discussion: <https://gov.wales/loneliness-national-survey-wales-april-2019-march-2020.html>.

Different levels of loneliness were found according to age, gender, illness and disability, deprivation, and urban/rural respondents.

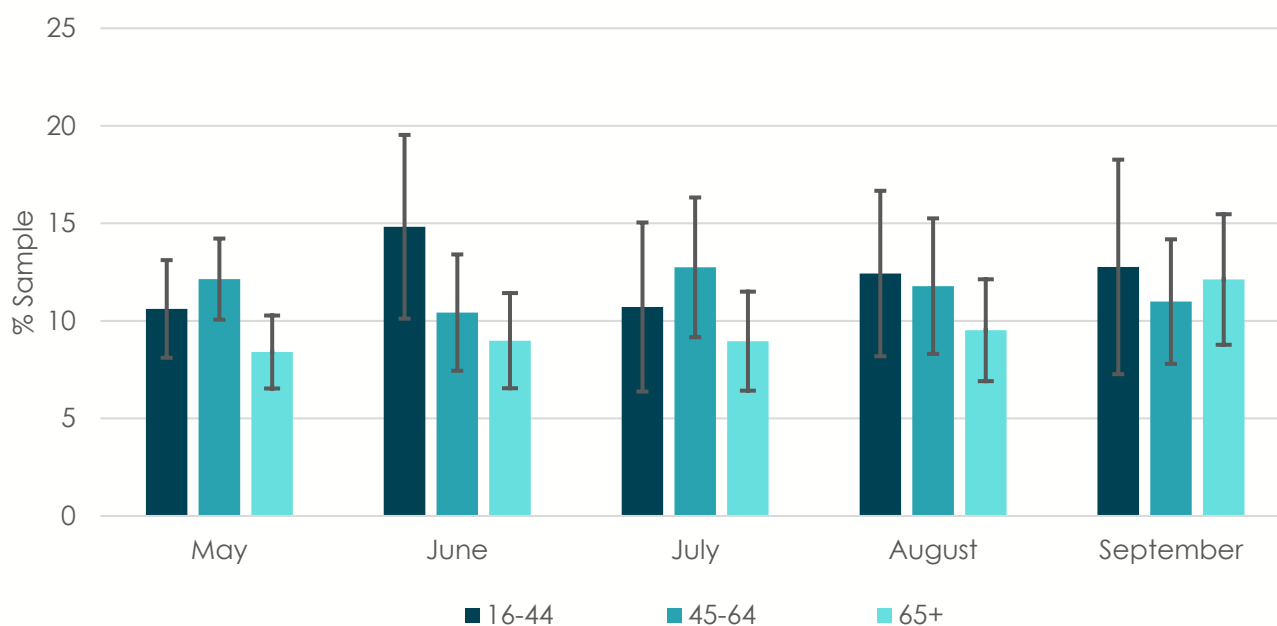


### Age & Loneliness

**Younger age groups (16-64s) were lonelier than older age groups (65+).** 16-44s<sup>2</sup> were loneliest in June (15%) and less lonely in May and July (11%). 45-64s were loneliest in July (13%) and least lonely in June (10%). For those aged 65+, loneliness remained between 8-10% from May to August and was highest in September (12%).

Whilst this indicates that age is negatively associated with loneliness, this is likely to conceal differences within the 16-44 age group, with younger people generally being lonelier than older people within this age group (Hodges et al., 2021a).

Figure 2: Levels of loneliness by age group



Source: NSW Results Viewer: Monthly Survey, Welsh Government (2021c). 95% confidence intervals are shown using error bars.

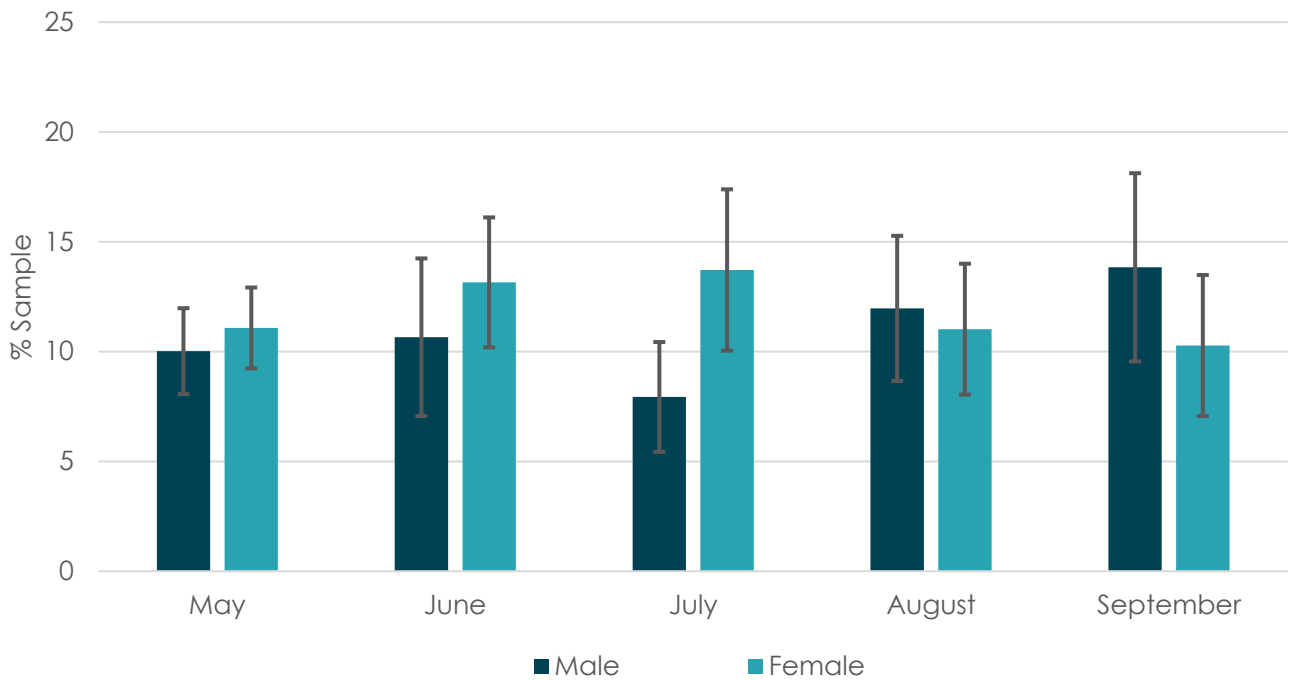
<sup>2</sup> The sample size is too small to be able to breakdown age groups into the five groups reported in the other insights in this series, hence only three age groups reported here.



### Gender & loneliness

**During May, June, and July, women were lonelier than men.** Women were loneliest in July (14%). These findings are consistent with existing evidence that finds women were at higher risk of loneliness before and during the pandemic (Bu et al., 2020). Men were least lonely in July (8%).

Figure 3: Levels of loneliness by gender



Source: NSW Results Viewer: Monthly Survey, Welsh Government (2021c). 95% confidence intervals are shown using error bars.

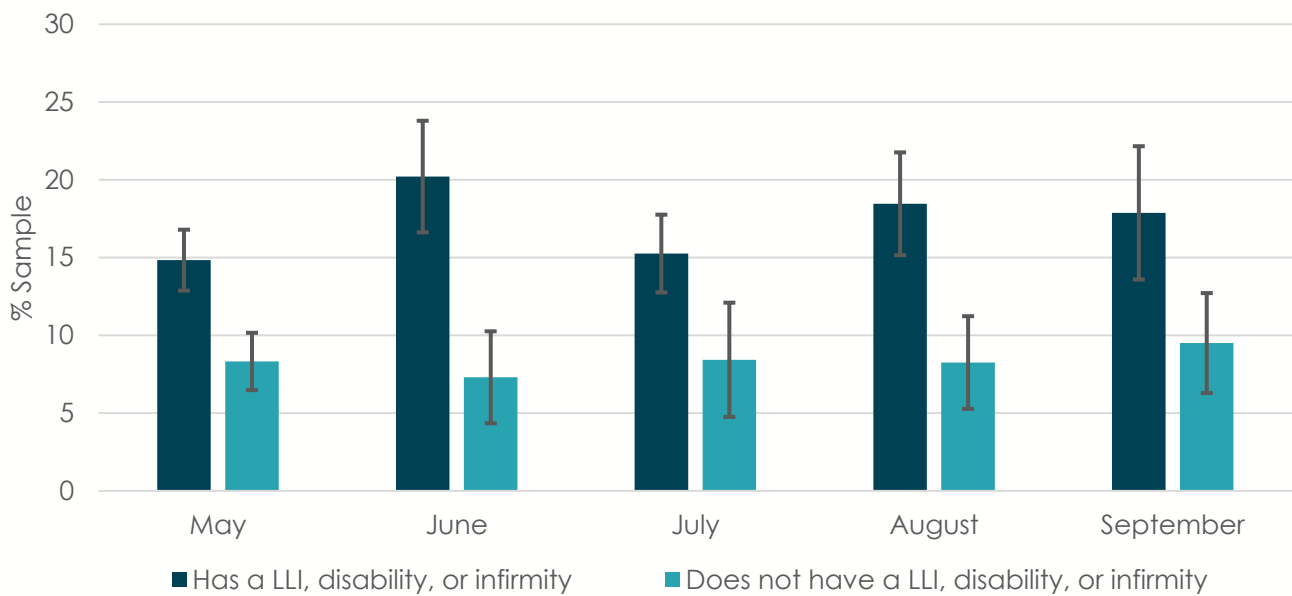
**However, in August and September, men were lonelier than women, and loneliest in September (14%).** This suggests that the relationship between gender and levels of overall loneliness during the pandemic is complex, with different groups lonelier at different stages. It is difficult to pinpoint the reasons for these differences, though it is possible that they reflect the different implications of the easing of restrictions between May-September for different groups.



### Having a long-term illness, disability or infirmity & loneliness

There were significant differences in loneliness for those with and without a long-term illness or disability (Figure 4). Levels of loneliness for those with a long-term illness, disability or infirmity were 15% in May and July but rose to 20% in June. It is possible that these higher levels of loneliness were prompted by unequal restrictions and shielding requirements during this period (see Figure 1). By comparison, 7 to 8% of those without a long-standing illness, disability or infirmity were lonely throughout the period, rising to 10% in September. This shows that **levels of loneliness were lower and more stable for those without a long-standing illness, disability or infirmity.**

Figure 4: Levels of loneliness by whether respondent has a long-term illness, disability or infirmity



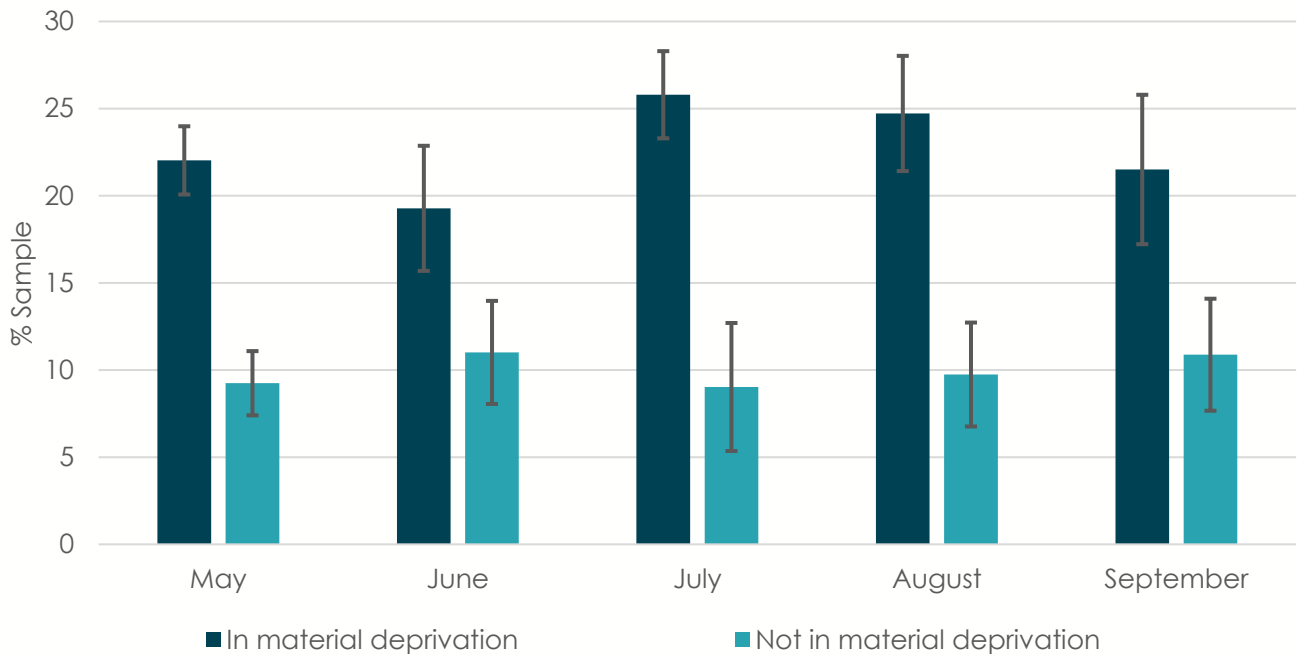
Source: NSW Results Viewer: Monthly Survey, Welsh Government (2021c). 95% confidence intervals are shown using error bars.



### Material deprivation & loneliness

Deprivation was also related to loneliness. **Levels of loneliness were higher among those living in material deprivation<sup>3</sup> compared to those who were not, especially in July** (26% and 9%, respectively). These findings are consistent with other research conducted on loneliness during the pandemic, which shows that people with lower incomes were and continue to be at greater risk of loneliness (Bu et al, 2021).

Figure 5: Levels of loneliness by whether household is in material deprivation



Source: NSW Results Viewer: Monthly Survey, Welsh Government (2021c). 95% confidence intervals are shown using error bars.

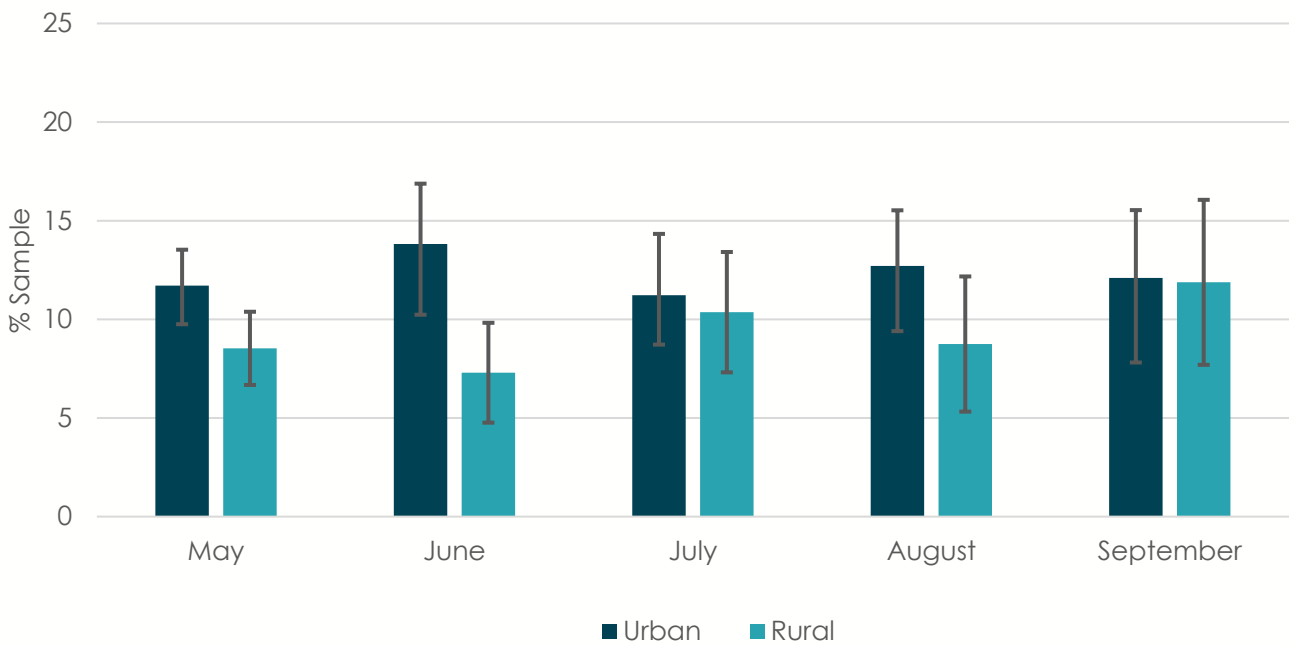
<sup>3</sup> In contrast to area-based deprivation which has been considered in the other insights in this series, material deprivation relates to the circumstances within the household. The measure used is designed to capture the consequences of long-term poverty on households, rather than short-term financial strain (Welsh Government, 2018).



### Urban or rural residency & loneliness

Levels of loneliness also varied between urban and rural areas. Other than in September, data show **that those living in urban Wales were lonelier than those in rural Wales**. In June, 14% of those in urban Wales were lonely compared to 7% in rural Wales. This represents the largest differential in loneliness by area found in any month. In contrast, the gap between the respective proportions who were lonely was between 1 and 4 percentage points in each of the other months.

Figure 6: Levels of loneliness by urban & rural residency



Source: NSW Results Viewer: Monthly Survey, Welsh Government (2021c). 95% confidence intervals are shown using error bars.

## Reflections

This data insight has investigated levels of loneliness during the Coronavirus pandemic between May and September 2020. Consistent with other research in the UK, levels of loneliness were lower during the pandemic than before. This may be due to changes in data collection methods. However, it may also be that the increased attention paid to fostering social connections in Wales (and beyond) during the pandemic, such as through volunteering (see Boelman, 2021, Havers et al., 2021, and Taylor-Collins et al., 2021), meant that people felt less lonely than usual.

Nonetheless, differences by sociodemographic characteristics remained and levels of loneliness were higher for those experiencing inequality, particularly those in material deprivation and those with a long-term illness, disability or infirmity. This could be related to the various restrictions introduced or eased at different points (see Figure 1), and implications of requirements to shield or policies such as furlough. But it may also be the case that the longer-term differences we have identified elsewhere (Goldstone et al., 2021; Hodges et al., 2021a, 2021b) in levels of loneliness have not diminished during the pandemic. Supporting these groups as the pandemic eases will be particularly important in Wales' recovery.

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## Appendix: Methodology

The NSW: 2020 monthly survey series uses a random sample of the Welsh population (Welsh Government, 2021d). The sample for the monthly surveys was selected from previous participants in the face-to-face survey of the NSW who consented to take part in further research. Each monthly survey contained approximately 1,000 respondents, with the exception of May, when over 3,000 respondents participated in the survey (Welsh Government, 2021a). The survey lasted approximately 20 minutes and covered a range of topics, some of which are not included across all monthly surveys (Welsh Government, 2021b).

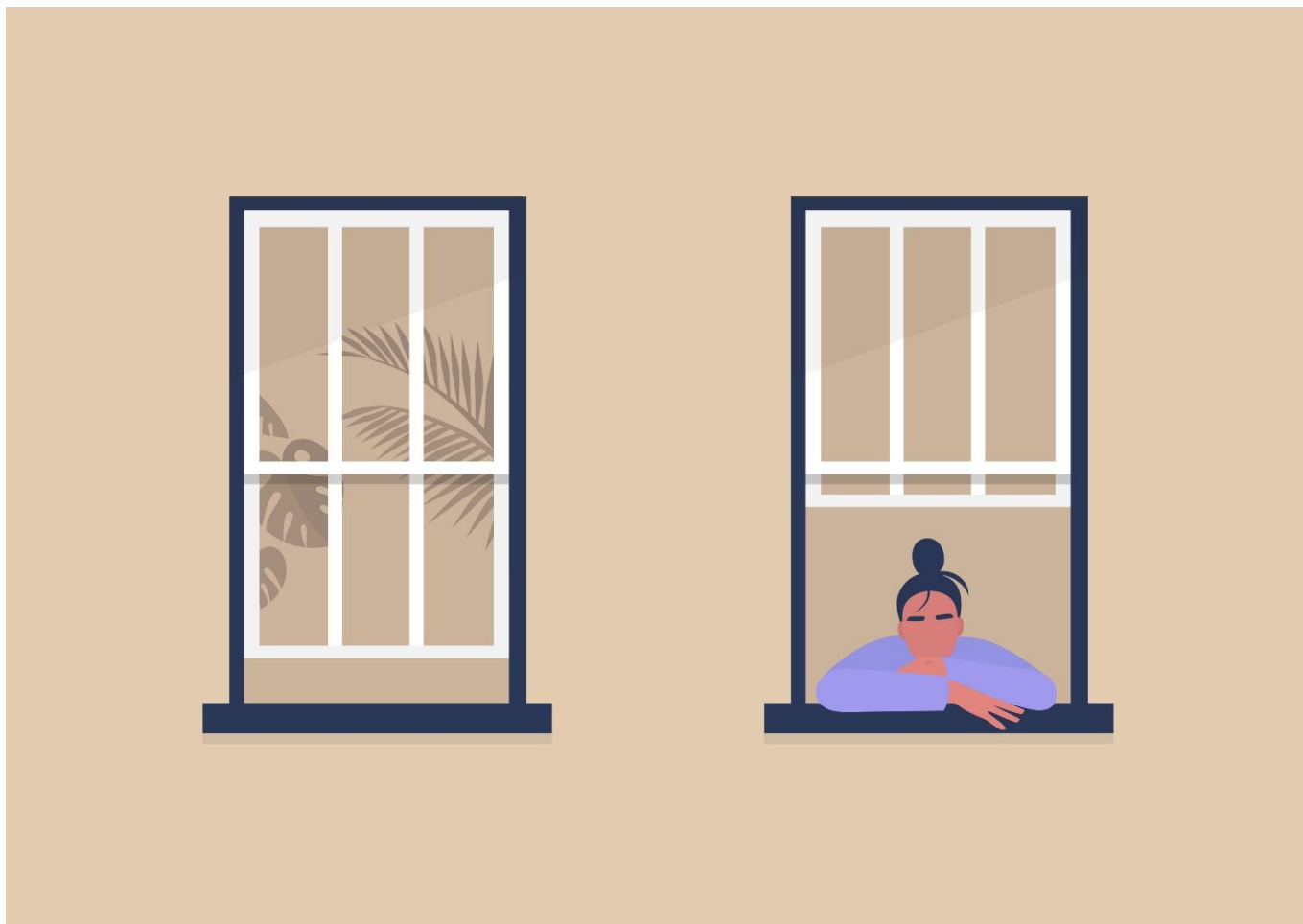
The De Jong Gierveld loneliness scale is used by the Welsh Government to assess levels of loneliness (De Jong Gierveld & Van Tilburg, 2010).<sup>4</sup>

Owing to low numbers, it is not possible to obtain a breakdown of the extent to which someone felt that they were lonely or types of loneliness using the Results Viewer (Welsh Government, 2021c). There are also limitations in terms of the range of socio-demographic characteristics that can be considered. In the case of material deprivation and having a long-term limiting illness, disability or infirmity, the respondents' status from the full yearly survey was used. It is therefore possible that the individual may have moved in/out of material deprivation or lost/acquired a long-term illness in the intervening time between questions.

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<sup>4</sup> More details on this scale can be found in Hodges et al., 2021c.

Comparing the monthly data collected during 2020 with previous data collected, such as the 2019-20 full year survey data, is possible yet problematic. This is because the loneliness questions were self-completed on a computer for the full year survey. In contrast, the monthly survey was conducted via telephone interviews. It is possible that respondents felt less willing to admit to being lonely when interviewed over the phone than when answering alone on a computer.



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