

Loneliness in Northern Ireland

2019/20

Factors associated with feeling Lonely in Northern Ireland
2019/20.

TABLE OF CONTENTS

Contents

Loneliness in Northern Ireland 2019/20.....	1
TABLE OF CONTENTS.....	2
1. KEY STATISTICS.....	3
2. INTRODUCTION.....	4
3. WHO IS 'MORE OFTEN' LONELY?.....	5
3.1 Frequency of Loneliness – Table 1.....	5
3.2 Loneliness by Sex and Age- Table 2.....	6
3.3 Loneliness by Marital Status and Sexual Orientation – Table 3.....	7
3.4 Loneliness by Dependents – Table 4.....	8
3.5 Loneliness by Health – Table 5.....	9
3.6 Loneliness by Employment and Qualifications – Table 6.....	10
3.7 Loneliness by Geographical location - Table 7.....	11
3.8 Loneliness by Household Characteristics – Table 8.....	13
4. WELLBEING AND LONELINESS.....	16
4.1 Loneliness and Personal Wellbeing – Table 9.....	16
4.2 Loneliness and Self-Efficacy –Table 9.....	16
ANNEX.....	17
Annex 1: Further Information.....	18
Annex 2: Useful Information for Those Feeling Lonely.....	22



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1. KEY STATISTICS

Key Statistics	Detail
1 in every 20 adults reported feeling lonely “often/always” ...	5.4% of respondents (adults aged 16+) reported feeling lonely “often/always”. Almost two-thirds (63.3%) of respondents reported feeling “hardly ever lonely” and 36.7% of respondents reported feeling “more often lonely”. (Table 1, Figure 1).
Females were more likely to be “more often lonely” than males...	Female respondents were more likely to feel “more often lonely” (39.7%) than males (34.0%) (Table 2a, Figure 2).
People aged 16-24 and 75+ were more likely to feel lonely ...	Almost half (46.3%) of respondents aged 16-24 and 43.2% of those aged 75+ felt “more often lonely”. The age group with the lowest percentage of respondents feeling “more often lonely” was those aged 55-64 (31.7%) (Table 2a, Figure 3).
People who were widowed were more likely to feel lonely...	Three-fifths (60.0%) of people who were widowed felt “more often lonely”. Those who are married and living with their spouse (25.1%) were less likely to feel “more often lonely” than any other marital status group (Table 3a, Figure 4).
People who reported having worse general health were more likely to feel lonely...	Almost two-thirds (64.0%) of the respondents who described their general health as “bad” or “very bad” felt “more often lonely”. In comparison, 25.0% of those who described their general health as “very good” felt they were “more often lonely” (Table 5a, Figure 6).
People not in paid employment are more likely to feel lonely...	Of those not in paid employment, 45.3% reported they felt “more often lonely”. In comparison, 31.1% of those currently in paid employment felt “more often lonely” (Table 6a).
People living in urban areas are more likely to feel lonely...	Around two-fifths of people living in urban areas (41.1%) were “more often lonely”. In comparison only 29.7% of people living in rural areas reported feeling “more often lonely” (Table 7a).
People who live alone are more likely to feel lonely...	Over half of people living alone (58.7%) reported being “more often lonely”. In comparison, less than a quarter (23.3%) of those living in households of five or more people felt “more often lonely” (Table 8a, Figure 10).
People without access to a car are more likely to feel lonely...	Over half of people without access to a car reported feeling “more often lonely” (58.6%). Whereas, 33.1% of those with access to a car, felt “more often lonely” (Table 8a, Figure 11).

2. INTRODUCTION

Everyone is likely to experience feelings of loneliness at some point in their lifetime and the effects of feeling lonely will differ from person to person. However, feelings of loneliness can negatively impact a person's health, wellbeing and overall quality of life¹ and so it is important to understand what factors are associated with feeling lonely. In 2017, the Jo Cox Commission for Loneliness highlighted the need to measure loneliness on a national scale to better understand the personal characteristics and circumstances associated with loneliness. Following suggestions made by the Jo Cox Commission, the Office for National Statistics (ONS) developed national measures of loneliness. One measure has been included in the Northern Ireland Continuous Household Survey (CHS) and an additional three measures of loneliness have been included in the [Annual Health Survey for Northern Ireland](#) (opens in a new window) since 2017/18. This provides four strands of data that can be used to look at the factors associated with loneliness. The direct measure for loneliness has also been included in the new [NISRA Coronavirus \(Covid-19\) Opinion Survey](#) (opens in a new window) which was designed to measure how the COVID-19 pandemic was affecting peoples' lives and behaviour in Northern Ireland.

This release presents key 2019/2020 loneliness data for Northern Ireland. The analyses in this report are based on the direct measure of loneliness included in the CHS. This measure asks people the question, "How often do you feel lonely?" with the following 5 response options: "often/always", "some of the time", "occasionally", "hardly ever" and "never". This question therefore measures the frequency with which people report feeling lonely, but not the level of loneliness they experience.

The results presented here will describe the individual, personal characteristics and circumstances associated with frequency of loneliness.

Analysing the personal characteristics and circumstances which are associated with loneliness will provide understanding and insight for policy makers and those looking to improve societal wellbeing by trying to alleviate or prevent loneliness.

For ease of understanding and interpreting results, the responses "often/always", "some of the time" and "occasionally" were grouped into a single category called "more often lonely". The responses "hardly ever" and "never" were grouped into the category "hardly ever lonely". A full breakdown of figures by grouped and individual loneliness categories is available in Excel and Open data format via the Loneliness in Northern Ireland 2019/20 [publication page](#) (opens in a new window).

In this publication differences between groups are only reported on where they are found to be statistically significant*, unless stated otherwise. Statistical significance was determined using 95% confidence intervals. A full breakdown of all significant differences can be found in the comparative tables located in the [Loneliness Estimates NI 2019/20 Tables](#) (opens in a new window).

***Statistically significant (using 95% confidence intervals)** means that we can be 95% confident that the differences seen in our sampled respondents reflect the population of Northern Ireland.

Further Background Information can be found in [Annex 1](#).

¹ [Policy Paper: A connected society: a strategy for tackling loneliness](#) (opens in a new window)

3. WHO IS 'MORE OFTEN' LONELY?

3.1 Frequency of Loneliness – Table 1

Figure 1: Frequency of loneliness in people aged 16+, 2019/20

*The graphs below display 95% Confidence Intervals

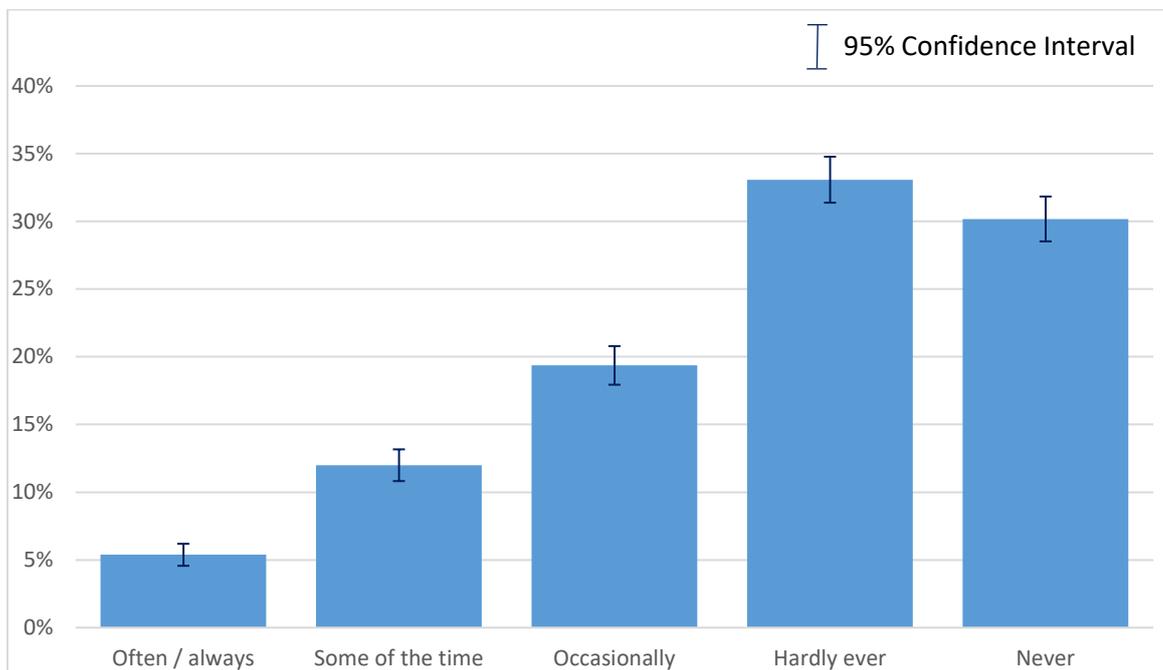


Figure 1 shows the percentage of respondents within each of the five loneliness categories, responses are skewed with “hardly ever” and “never” feeling lonely having the most respondents.

***What is a confidence interval?** The error bars included in Figure 1 indicate 95% confidence intervals. These show the ranges within which we are 95% confident that the true value for the population falls. For example, 5.4% of the Northern Ireland population reported that they were “often/always” lonely in 2019/20; we can be 95% certain that the true (if we surveyed everyone and not just a sample) 2019/20 figure for the Northern Ireland population falls between 4.6% and 6.2%.

In 2019/20, 63.3% of respondents (adults aged 16+) reported feeling lonely “hardly ever” or “never”, categorised as “hardly ever lonely”. Whereas, 36.7% of respondents reported feeling lonely “occasionally”, “some of the time” or “often/always” and were therefore described as “more often lonely”. These figures are similar to those reported for 2018/19, when 64.8% of respondents felt ‘hardly ever lonely’ and 35.2% of respondents felt “more often lonely”.

In 2019/20, around 1 in every 20 people (5.4%) of respondents reported feeling lonely “often/always”. (Figure 1). This is similar to the 2018/19 figure, 5.3%.

Various personal characteristics and circumstances are associated with how likely a person is to report feeling lonely. A full breakdown of the data available for 2019/20 is available in Excel and Open Data format on the [publication page](#) (opens in a new window).

3.2 Loneliness by Sex and Age- Table 2

Sex (Figure 2)

Figure 2: % of respondents who were “more often lonely” by Sex, 2019/20

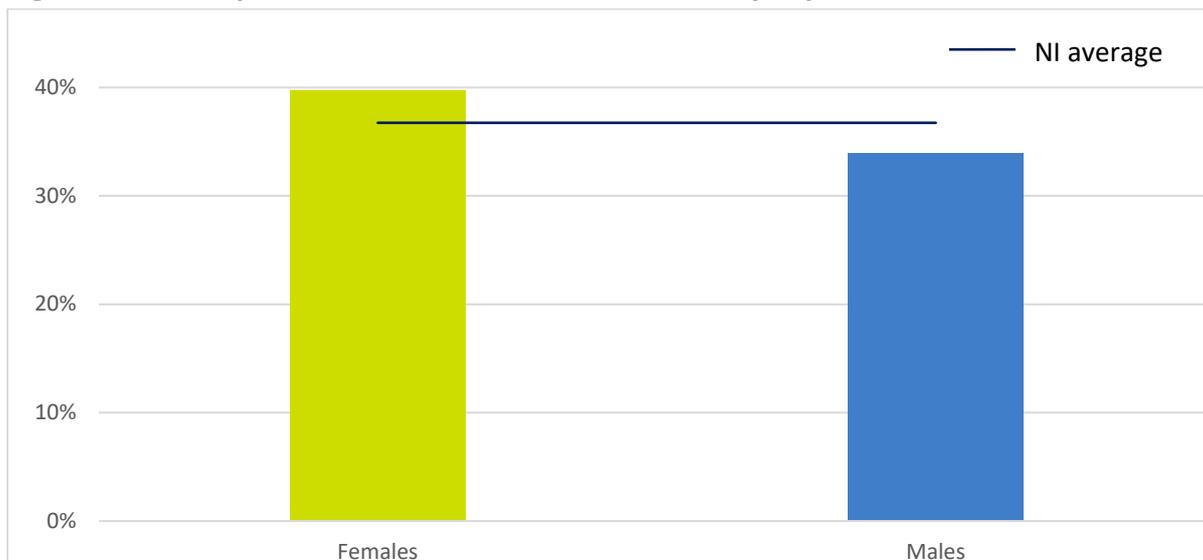


Figure 2 shows the proportion of females and of males who were “more often lonely”. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

Females were more likely to be “more often lonely” than males. Overall, 39.7% of females described themselves as “more often lonely” compared to 34.0% of males.

Age (Figure 3)

Figure 3: % of respondents who were “more often lonely” by age, 2019/20

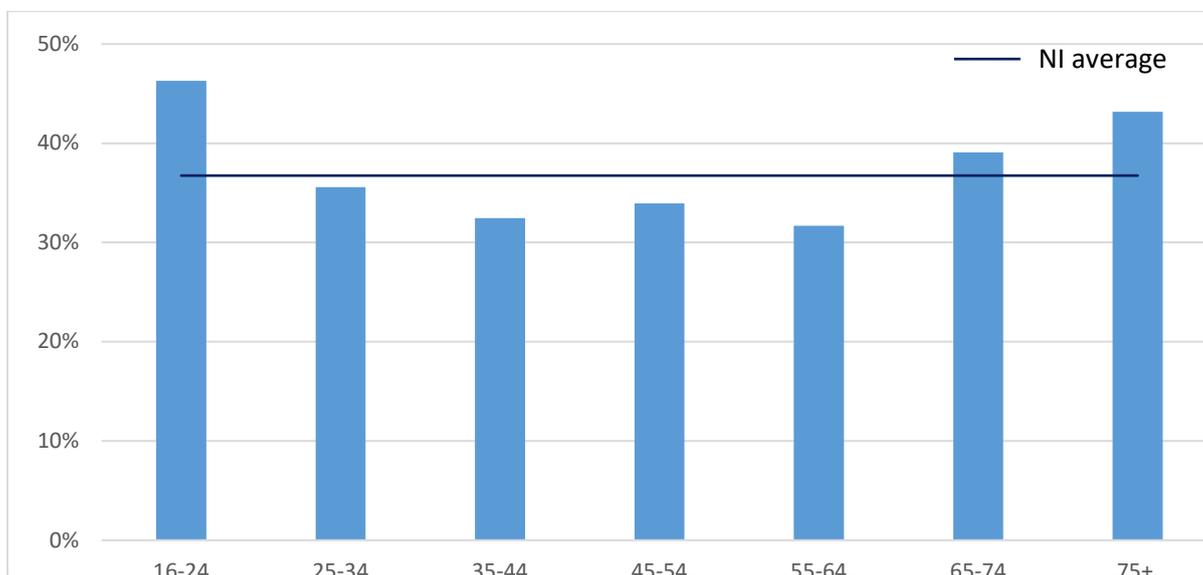


Figure 3 shows the proportion of respondents who were “more often lonely” by age category. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

People aged 16-24 (46.3%) and people aged 75+ (43.2%) were “more often lonely” than people aged 25-34, 35-44, 45-54 and 55-64. In contrast, those aged 55-64 have the lowest numbers of respondents reporting being “more often lonely” (31.7%), significantly lower than the 16-24, 65-74 and 75+ age groups.

3.3 Loneliness by Marital Status and Sexual Orientation – Table 3

Marital Status (Figure 4)

Figure 4: % of respondents who were “more often lonely” by marital status, 2019/20

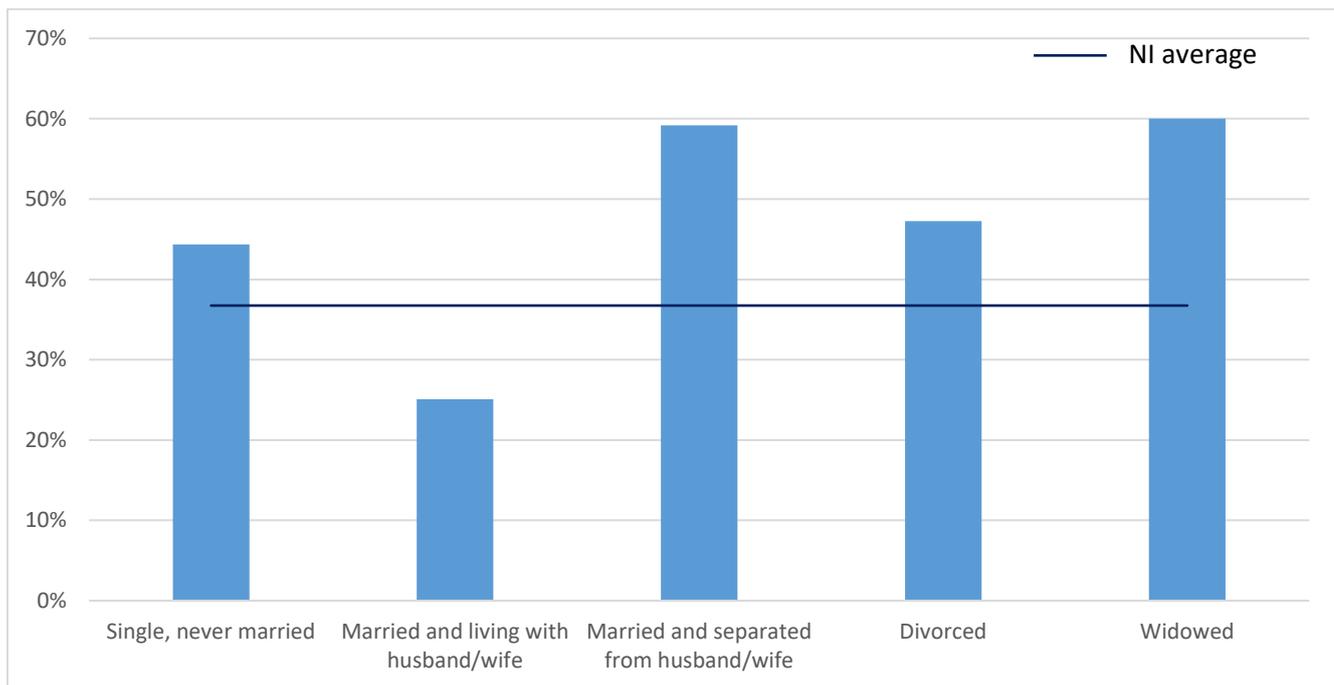


Figure 4 shows the proportion of respondents who were “more often lonely” by marital status. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

People who are “single”, “married but separated from their partner”, “divorced” or “widowed” are all more likely to be “more often lonely” than people who are “married and living with their partners”. Three-fifths of respondents whose marital status was “widowed” (60.0%), or “married and separated” (59.2%) felt “more often lonely”. In contrast, around one in four of those married and living with their spouse reported they were “more often lonely” (25.1%).

People who are “married but separated from their partner” or “widowed” are more likely to be “more often lonely” than people who are divorced (47.2%) or single (44.4%).

Although considering marital status by sex would be of interest, the numbers in some categories are too small for accurate analyses and combining groups would provide less meaningful results.

Sexual Orientation

People who identify as “gay/lesbian, bisexual and other” were more likely to be “more often lonely” than those who identified as heterosexual (51.7% and 36.1% respectively). When considering statistics by sexual orientation it is important to note the relatively small sample sizes upon which such figures are based. If and when larger sample sizes are available data may be provided by individual categories (gay/lesbian, bisexual and other).

3.4 Loneliness by Dependents – Table 4

Figure 5: % of respondents who were “more often lonely” by dependents, 2019/20

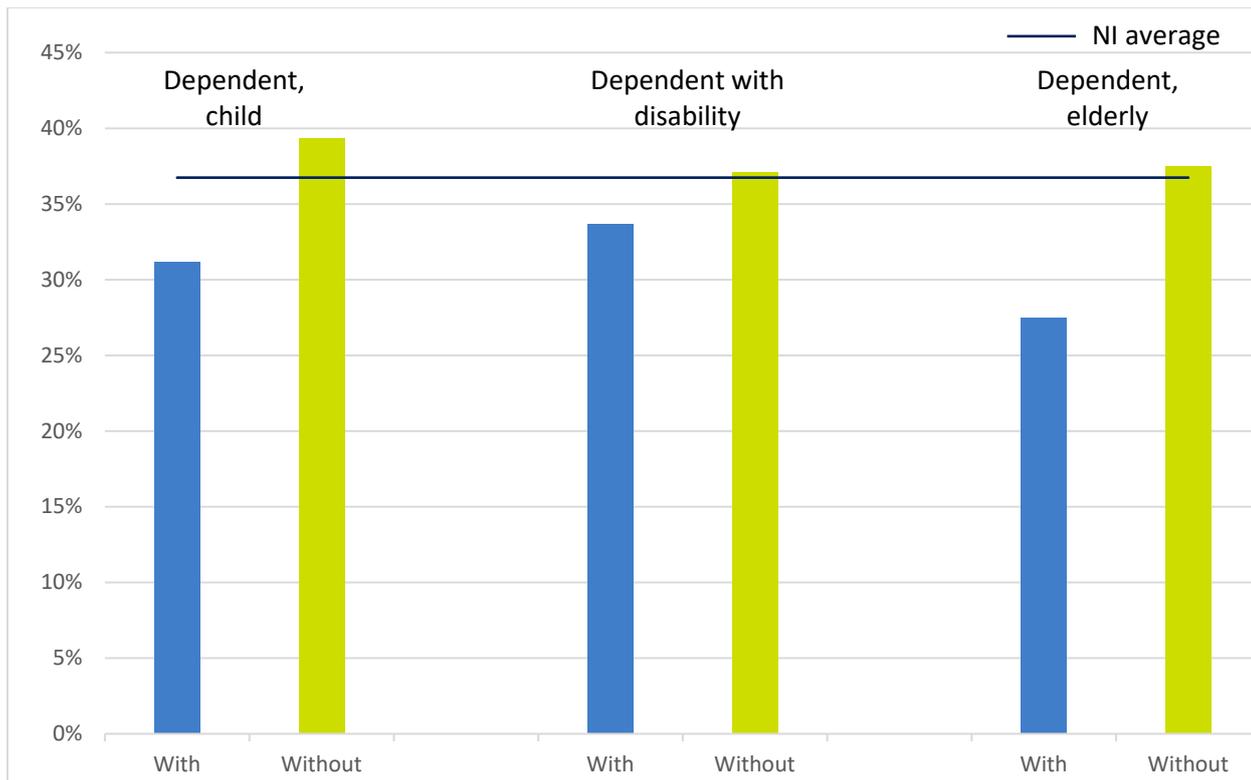


Figure 5 shows the proportion of respondents who were “more often lonely” by dependents (a child, person with disability or elderly person). The overall proportion of NI respondents who reported being “more often lonely” is also provided.

People who have responsibility for the care of a child (31.2%) or an elderly person (27.5%) are significantly less likely to be “more often lonely” than those without such dependents (39.3% and 37.5%, respectively).

Whilst those with dependents with a disability seem less likely to be “more often lonely” than those without such dependents (33.7% and 37.1% respectively), the difference is not statistically significant.

3.5 Loneliness by Health – Table 5

General Health (Figure 6)

Figure 6: % of respondents who were “more often lonely” by general health, 2019/20

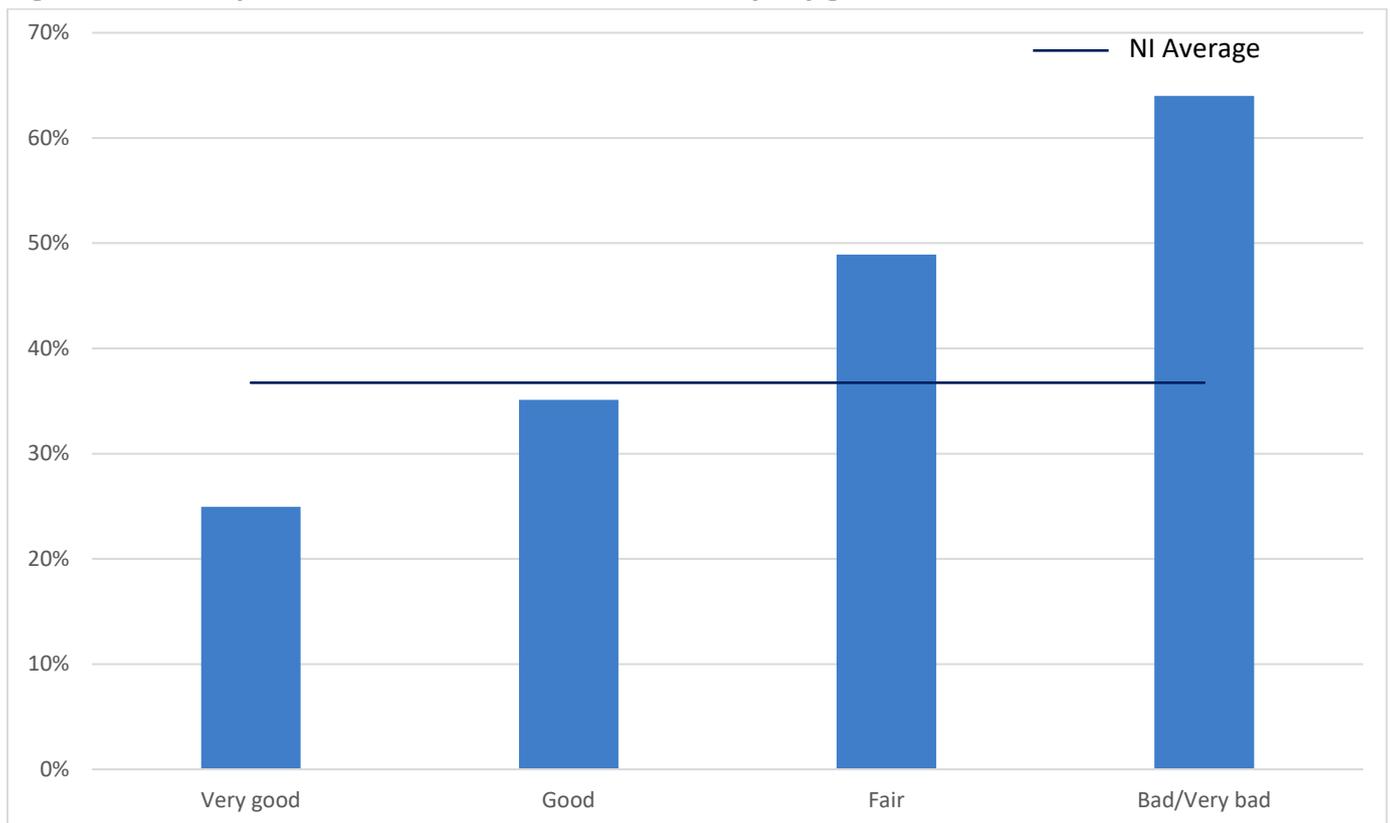


Figure 6 shows the proportion of respondents who were “more often lonely” by general health, the overall proportion of NI respondents who reported being “more often lonely” is also provided.

People who reported having worse general health were more at risk of feeling “more often lonely”. People who rated their general health as “very good” were less likely to be “more often lonely” than people who described their health as “good”, “fair” or “bad/very bad”.

Values for “more often lonely” varied from one in four (25.0%) for those who rated their general health as “very good”, to almost two-thirds (64.0%) for those who rated their general health as “bad/very bad”.

Limiting Long-standing Illness

Over half (55.4%) of people who reported having a limiting long-standing illness were “more often lonely”. Of those without a limiting long-standing illness, the proportion who were “more often lonely” was much lower (29.4%).

Respondents are defined as having a **limiting long-standing illness** if they have any physical or mental health conditions or illness lasting or expected to last for 12 months or more, and these condition(s) or illness(es) reduce their ability to carry out day to day activities.

3.6 Loneliness by Employment and Qualifications – Table 6

Employment

People who are currently not in paid employment are more likely to be “more often lonely” (45.3%) than those who are in paid employment (31.1%).

Qualifications (Figure 7)

Figure 7: % of respondents who were “more often lonely” by qualification, 2019/20

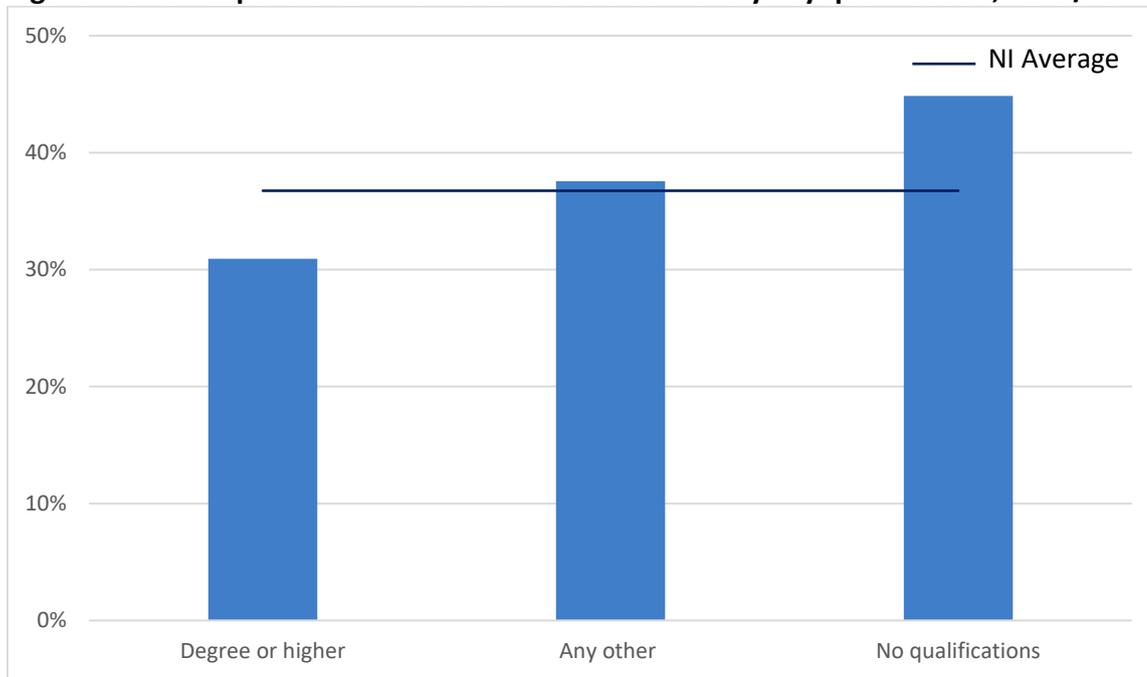


Figure 7 shows the proportion of respondents who were “more often lonely” by highest level of qualification. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

People with no qualifications are more likely to be “more often lonely” than those with qualifications. More than two in five of those with no qualifications (44.8%) reported being “more often lonely”. In contrast, those whose highest level of qualification is ‘degree or higher’ were less likely to be “more often lonely” (30.9%).

Highest level of qualification is split into three groups:

- ‘Degree or higher’ which includes degree, or degree equivalent, and above;
- ‘Any other’ qualification, which includes other higher education below degree level, A levels, vocational level 3 and equivalents, GCSE/O level grade A*-C, vocational level 2 and equivalents, qualifications at level 1 and below and other qualifications; and
- ‘No qualifications’

3.7 Loneliness by Geographical location - Table 7

Figure 8: % of respondents who were “more often lonely” by Local Government District, 2019/20

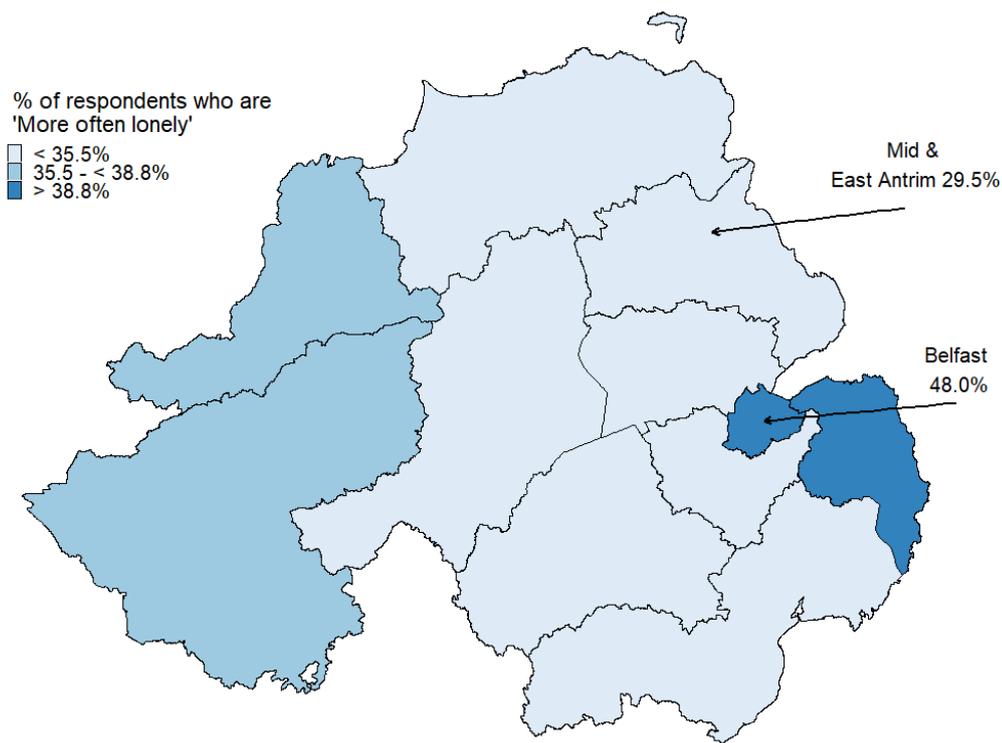


Figure 8 shows a map of NI, displaying each LGD, colour coded by the proportion of respondents who were “more often lonely”. Lighter shaded areas have fewer respondents who are “more often lonely” while darker areas have higher proportions of “more often lonely” respondents.

Local Government District (LGD) (Figure 8)

Belfast had the highest proportion of people who reported being “more often lonely”, at 48.0%. This was higher than all other LGDs.

Mid and East Antrim had the lowest proportion of people who reported being “more often lonely” (29.5%), significantly lower than Belfast and Ards and North Down.

Multiple Deprivation Measure 2017 (MDM) (Figure 9)

Figure 9: % of respondents who were “more often lonely” by Deprivation Quintile, 2019/20

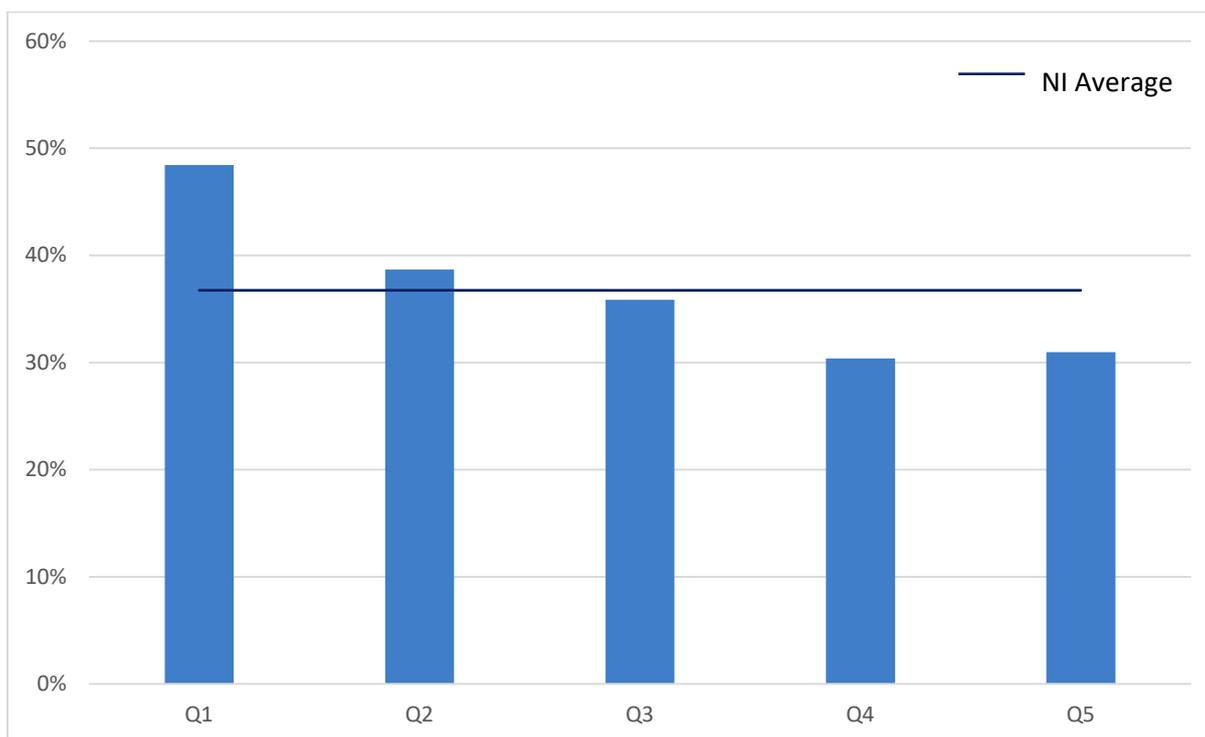


Figure 9 shows the proportion of respondents who were “more often lonely” by deprivation quintile. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

People living in the most deprived areas (quintile 1) were more likely to feel “more often lonely” (48.4%) than all other quintiles (Q2-38.7%, Q3-35.9%, Q4-30.4% and Q5-31.0%). Those living in quintile 4 were least likely to be “more often lonely”, with a significantly lower proportion of respondents feeling ‘more often lonely’ than quintiles 1, 2 and 3.

Deprivation Quintiles categorise an area of deprivation; Quintile 1 (Q1) represents the 20% most deprived areas and Quintile 5 (Q5) represents the 20% least deprived. See [Annex 1](#) for more information on the 2017 MDM.

Urban/Rural

People living in urban areas are more likely to be “more often lonely” (41.1%) than people living in rural areas (29.7%).

The urban/rural data are based on the settlement classifications developed by NISRA in 2015. Guidance and supporting information on the statistical classification of urban/rural areas and settlements in Northern Ireland can be found on the [NISRA website](#) (opens in a new window).

3.8 Loneliness by Household Characteristics – Table 8

Figure 10: % of respondents who were “more often lonely” by household characteristics, 2019/20

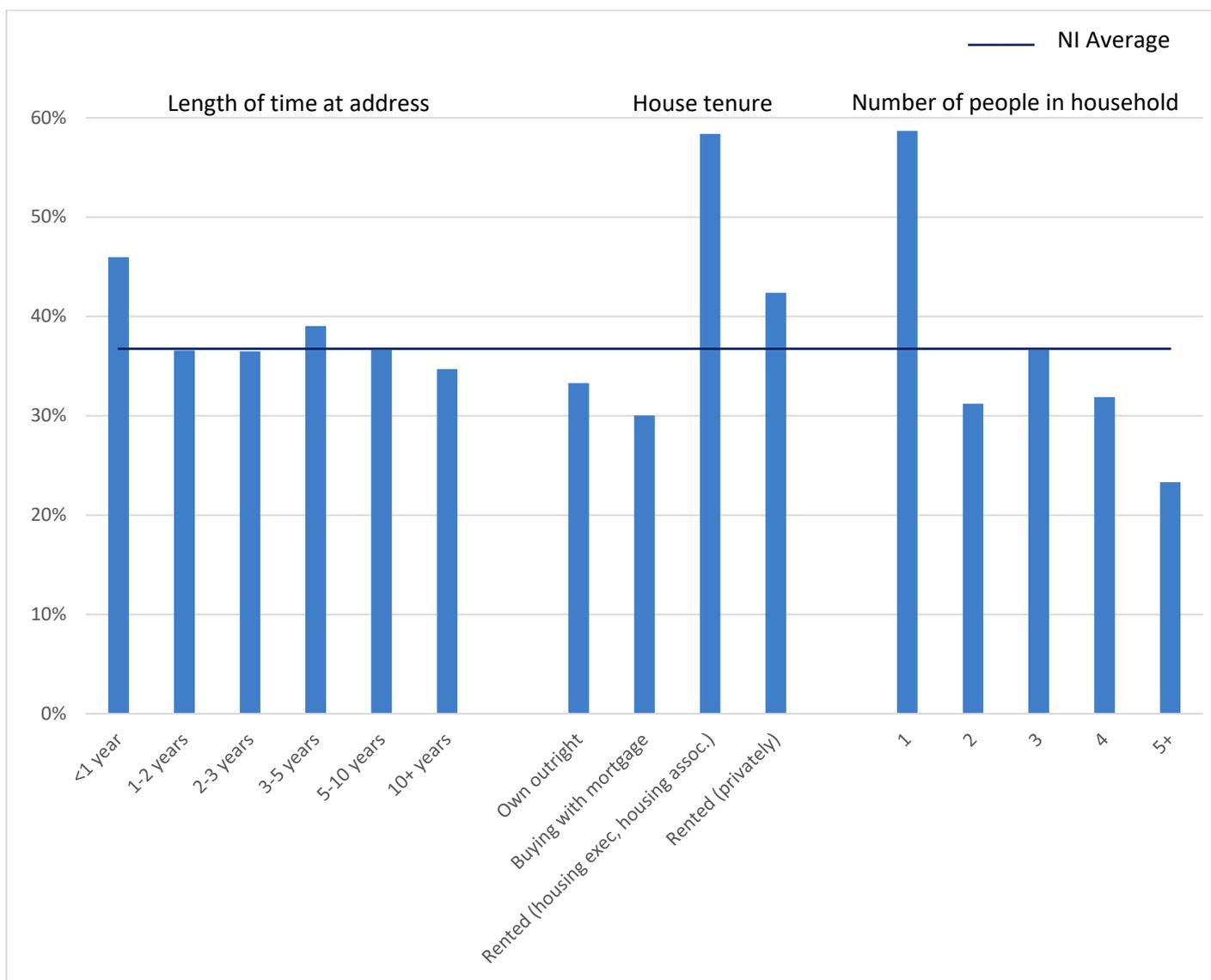


Figure 10 shows the proportion of respondents who were “more often lonely” by length of time at address, house tenure and number of people in the household. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

Length of Time at Address (Figure 10)

Almost half (46.0%) of people who have lived at their address for less than one year reported feeling “more often lonely”. In contrast, those who have lived at their address for 10+ years (34.7%) were found to be least likely to be “more often lonely”.

House Tenure (Figure 10)

People who are renting their home from the Housing Executive/Housing Association or privately are more likely to be “more often lonely” (58.4% and 42.4% respectively) than those who either own their home outright (33.3%) or are buying it with a mortgage (30.0%).

Number of People Living in Household (Figure 10)

People are more likely to be “more often lonely” if they live alone than if they live with others. Almost three-fifths of those who live in households of one are “more often lonely” (58.7%). Those living in households of five or more people were the least likely to be “more often lonely” (23.3%).

Access to a Car (Figure 11)

Figure 11: % of respondents who were “more often lonely” by Access to a car, 2019/20

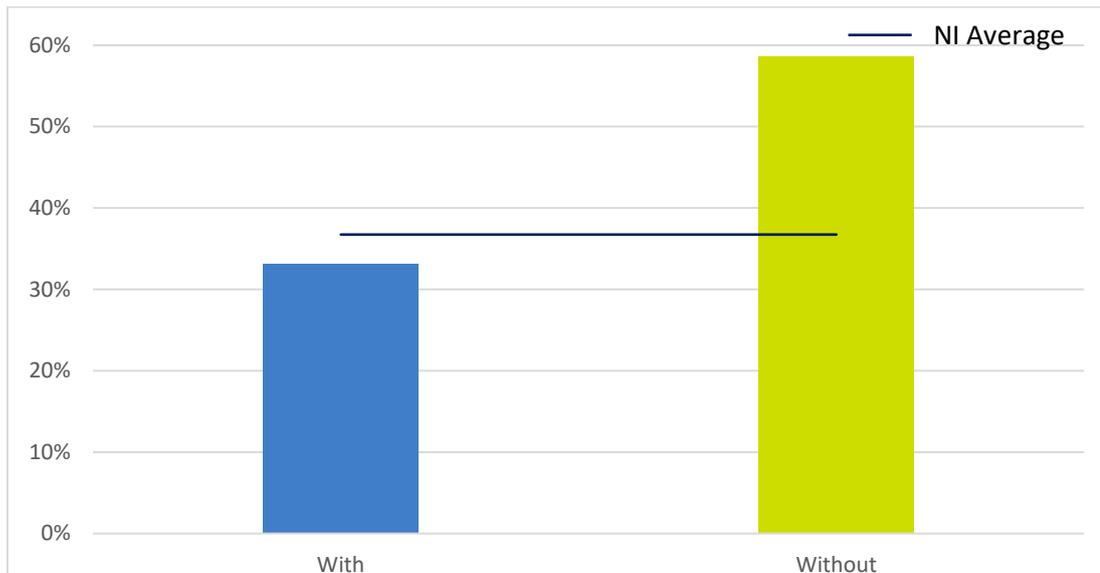


Figure 11 shows the proportion of respondents who were “more often lonely” by car access. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

People without access to a car are “more often lonely” than those who do have access to a car. Almost three-fifths of those without access to a car reported being “more often lonely” (58.6%), compared to approximately a third of those with access to a car (33.1%).

Internet Access (Figure 12)

Figure 12: % of respondents who were “more often lonely” by Internet Access, 2019/20

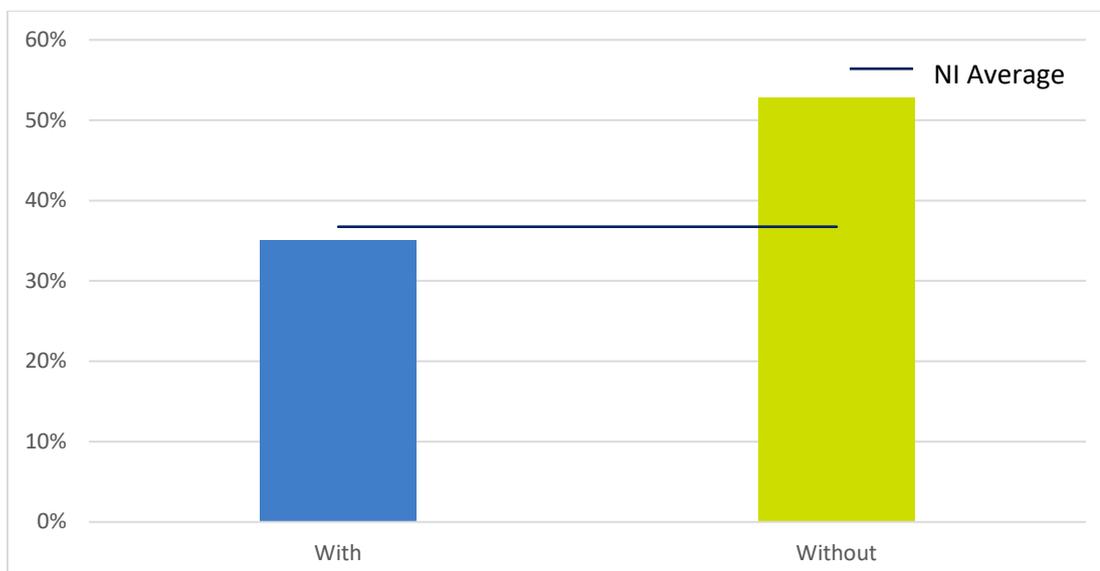


Figure 12 shows the proportion of respondents who were “more often lonely” by internet access. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

More than 1 in 10 of the survey respondents (11.1%) said they did not have Internet access. Those who do not have internet access are more likely to be “more often lonely” (52.8%) than those with internet access (35.1%).

Frequency of internet use (Figure 13)

Figure 13: % of respondents who were “more often lonely” by Frequency of Internet use, 2019/20

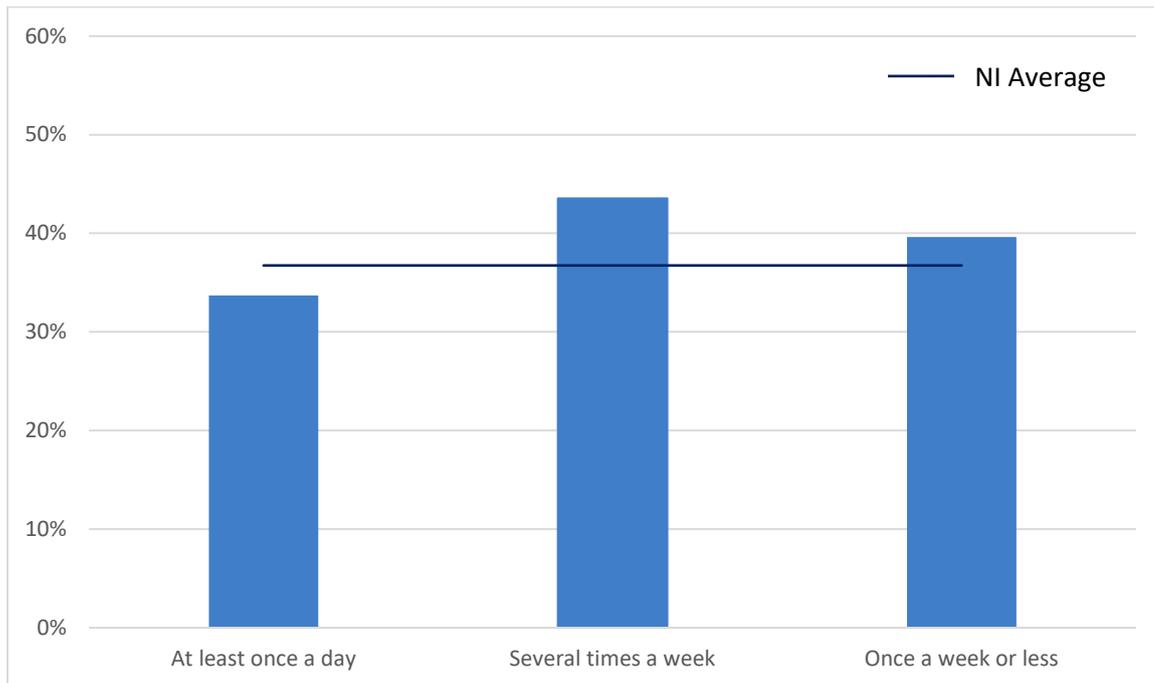


Figure 13 shows the proportion of respondents who were “more often lonely” by internet access. The overall proportion of NI respondents who reported being “more often lonely” is also provided.

Respondents who used the internet “at least once a day” were less likely to be “more often lonely” than those who used the internet “several times a week” (33.7% and 43.5% respectively).

4. WELLBEING AND LONELINESS

Since 2010, four questions which measure self-reported personal wellbeing and five questions which measure self-efficacy have been included in the NI Continuous Household Survey (for more information see [Annex 1: Note 5](#)).

Personal wellbeing measures how satisfied people are with their lives, their levels of happiness and anxiety, and whether or not they think the things they do are worthwhile. The responses to these questions are on a scale of 0-10 with 0 meaning “not at all” and 10 being “completely”. These responses are then grouped as outlined in the [Personal Wellbeing labelling of thresholds table](#) (Annex 1).

Self-efficacy measures a person’s belief in their ability to achieve their goals and as such is closely linked to other aspects of a person’s wellbeing. The measure used in this report sums the responses to five self-efficacy questions. The scores for the summed self-efficacy questions are then split into two groups of higher and lower self-efficacy.

Those with **high self-efficacy** have confidence in their abilities and produce sustained efforts to achieve goals. Those with **low self-efficacy** often doubt their capabilities, are less ambitious and give up on their aims when challenged.

4.1 Loneliness and Personal Wellbeing – Table 9

Loneliness and Personal Wellbeing (Figures 14 & 15)

Figure 14: % of respondents who were “more often lonely” by Life Satisfaction, Worthwhile and Happiness

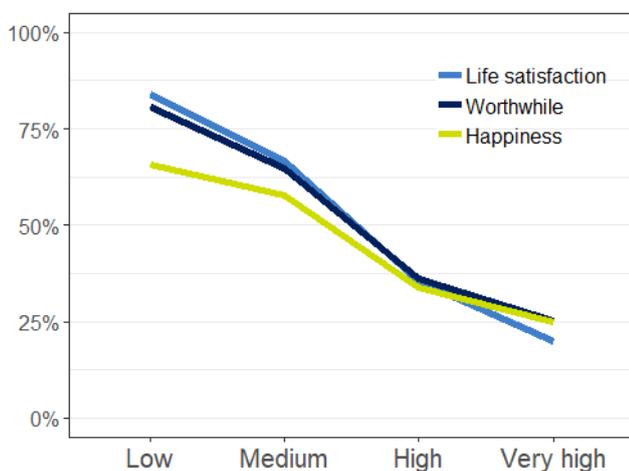


Figure 15: % of respondents who were “more often lonely” by Anxiety

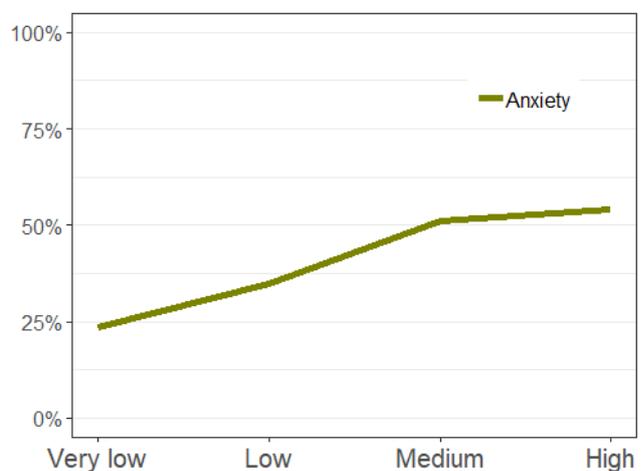


Figure 14 shows the proportion of respondents who were “more often lonely” by life satisfaction, worthwhile and happiness thresholds. Figure 15 shows the proportion of respondents who were “more often lonely” by anxiety thresholds.

People who had “very high” and “high” life satisfaction, worthwhile and happiness scores were less likely to be “more often lonely” than people with lower scores.

People who had “very low” and “low” levels of anxiety were less likely to be “more often lonely” than people with high anxiety scores.

4.2 Loneliness and Self-Efficacy –Table 9

People with lower self-efficacy were more likely to be “more often lonely” (62.1%) than people with higher self-efficacy (31.2%).

Annex 1: Further Information

Annex 2: Useful information for those feeling lonely

Annex 1: Further Information

1. Background to the CHS and Loneliness

The Continuous Household Survey (CHS) has been conducted annually in Northern Ireland since 1983. The CHS asks questions on a wide range of topics such as general health, education and employment and aims to give a regular overview of all topics covered.

The CHS asks the direct measure of loneliness:

- How often do you feel lonely?

Available responses are “Often/always”, “Some of the time”, “Occasionally”, “Hardly ever” and “Never”.

This question adheres to the [Government Statistical Service \(GSS\) harmonised principals](#) and will be comparable with data published by the Office for National Statistics (ONS).

2. Sample Size

The CHS is based on a systematic random sample of addresses drawn each year from the Pointer list of domestic addresses. Pointer is the address database for Northern Ireland maintained by Land & Property Services (LPS). The full achieved sample for 2019/20 was approximately 5,985 people. Findings on loneliness are based on a question asked of a smaller subsample of 2,953.

3. Weighting

As the CHS is a sample survey, there is a certain level of sampling error, i.e. the characteristics of the group sampled may differ slightly from the population as a whole. To account for this sampling error, the data has been weighted in order to produce estimates that better represent the population.

4. Northern Ireland Multiple Deprivation Measure 2017 (NIMDM 2017)

The analysis presented in [section 3.7](#) utilises five groups (quintiles) of Super Output Areas (SOAs) across NI. These five groups are determined based on level of deprivation using the NIMDM 2017.

Following consultation, NIMDM 2017 replaced NIMDM 2010 as the official measure of deprivation in NI.

SOAs ranked 1 to 178 are the most deprived quintiles relative to all other SOAs. Those ranked 713 to 890 are the most affluent relative to all other SOAs.

NIMDM 2017 is a weighted combination of the seven domains of deprivation. The Income and Employment Deprivation domains account for nearly 50% of the multiple deprivation measure. The Health Deprivation and Disability Domain and the Education, Skills and Training Deprivation Domain account for a further 30%, and the remainder is made up of the Access to Services, Living Environment and Crime and Disorder Domains.

Further information on the deprivation measures can be found on the [Northern Ireland Deprivation Measure 2017 \(NIMDM2017\) homepage](#) (opens in a new window).

5. Personal Wellbeing and Self-Efficacy questions

The CHS asks four questions about personal wellbeing and five about self-efficacy.

The **personal wellbeing** questions included in the CHS are:

- overall, how satisfied are you with your life nowadays?
- overall, to what extent do you feel the things you do in your life are worthwhile?
- overall, how happy did you feel yesterday?
- overall, how anxious did you feel yesterday?

The responses to these questions are on a scale of 0-10 where 0 is “not at all” and 10 is “completely”. It is important to note that, while for the questions on life satisfaction, worthwhile and happiness, a higher score indicates better personal wellbeing; for anxiety, a lower score indicates better wellbeing. The scores for each individual question are then grouped into categories, as outlined in the table below. More information on personal wellbeing in Northern Ireland can be found [on the Personal Wellbeing in NI homepage](#) (opens in a new window).

Personal Wellbeing labelling of thresholds

Life satisfaction, worthwhile and happiness scores		Anxiety scores	
Score	Label	Score	Label
0-4	Low	0-1	Very Low
5-6	Medium	2-3	Low
7-8	High	4-5	Medium
9-10	Very High	6-10	High

The **self-efficacy** questions included in the CHS are:

- I can always manage to solve difficult problems if I try hard enough.
- I am confident that I could deal efficiently with unexpected events.
- I can remain calm when facing difficulties because I can rely on my coping abilities.
- When I am confronted with a problem, I can usually find several solutions.
- No matter what comes my way, I’m usually able to handle it.

The responses to these questions are on a 5 point likert scale which ranges from “strongly disagree” to “strongly agree”. The responses are then scored from 1 (“strongly disagree”) to 5 (“strongly agree”) and summed across all five questions. This measure of self-efficacy therefore has a minimum value of 5, which indicates lower self-efficacy, and a maximum value of 25, which indicates higher self-efficacy. Self-efficacy scores are then grouped into higher (scores from 18 - 25) and lower (scores from 5-17) categories. More information on self-efficacy in Northern Ireland can be found in the [2019/20 report](#) (opens in a new window).

Data on personal wellbeing and self-efficacy also feed in to the [Draft Programme for Government](#) (opens in a new window). Confidence of the population aged 60 years or older (as measured by self-efficacy) feeds into PfG Outcome 8 (‘We care for others and we help those in need’) and the average life satisfaction score of people with disabilities feeds into Outcome 8 and Outcome 9 (‘We are a shared, welcoming and confident society that respects diversity’). The latest position of all population indicators in the wellbeing framework, in relation to the draft PfG outcomes is available in [The Outcomes Viewer](#) (opens in a new window).

6. Further Information on Loneliness in Northern Ireland

6.1 Health Survey Northern Ireland

The Department of Health NI reported results on loneliness in their [2018/19 Health Survey Northern Ireland \(HSNI\) report](#) (opens in a new window). The 2018/19 HSNI loneliness questions are based on the three-item version of the University of California, Los Angeles (UCLA) scale (“How often do you feel that you lack companionship?”; “How often do you feel left out?”; and “How often do you feel isolated from others?”). Responses to each question were scored and aggregated into a single loneliness score. Based on the recommendations published by the Office for National Statistics (ONS) in December 2018 on measuring loneliness, the 2019/20 HSNI (due to be published on 15th December 2020) also includes the direct measure of loneliness (“How often do you feel lonely?”) in addition to the 3 UCLA questions.

6.2 NISRA Coronavirus (COVID-19) Opinion Survey

On 20 April 2020, NISRA launched the NISRA Coronavirus (COVID-19) Opinions Survey, designed to measure how the COVID-19 pandemic was affecting peoples’ lives and behaviour in Northern Ireland. The NISRA coronavirus (COVID-19) Opinions Survey questionnaire was based on a similar survey that was being conducted by the Office for National Statistics (ONS) in Great Britain. This survey includes the direct measure of loneliness, “How often do you feel lonely?”. Loneliness figures in this survey are available at NI level as well as further analysis on age groups, sex and those with or without a limiting longstanding illness. The analysis also includes a comparison with previously published NI Loneliness data. The most recent publication, as well as a copy of the questionnaire, can be found at [NISRA Coronavirus \(COVID-19\) Opinion Survey](#) (opens in a new window).

6.3 Young Persons Behavioural and Attitudes Survey

The 2019 Young Persons Behavioural and Attitudes Survey (YPBAS) included four loneliness questions (3 UCLA questions mentioned above and the direct measure of loneliness). More information and the findings of this report can be found at [Young person’s behaviour and attitudes survey 2019 homepage](#) (opens in a new window).

7. Future Development

Latent Class Analysis (LCA) will be explored further for future publications to aid understanding of the links between variables and those most likely to be “more often lonely”. Other areas for future development include the use of more CHS questions to explore additional variables and breakdowns. In order to ensure statistically significant data and representative samples, a larger sample size would be beneficial, and this will also be considered.

We are keen to ensure that the information contained in this report meets user need. If there is anything you would like to see in future publications, please let us know by contacting the lead statistician (contact details listed below).

8. Useful Contact Information:

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Annex 2: Useful Information for Those Feeling Lonely

There are wide ranging resources available in Northern Ireland for those experiencing loneliness. The following are some of the organisations which can offer further support and guidance:

ORGANISATION



SERVICES & CONTACT DETAILS

Age NI is the leading charity for older people in Northern Ireland. Through our care, wellbeing, advice and advocacy services we help thousands of older people every year to enjoy later life, remain as independent as possible and be connected to their community. We listen to the views of older people, involving Age NI's Consultative Forum and Peer Facilitators to ensure their voices are heard. Age NI is a member of the Action Group on Loneliness Policy and we are calling for a loneliness strategy for Northern Ireland.

To find out more: call Age NI's Advice and Advocacy Service on 0808 808 7575 or go to www.ageni.org

DCYPPP

The Disabled Children and Young People's Participation Project (DCYPPP) provides support to young people with a disability who are aged 8-25. This project gives young people a place to meet together, talk about the issues that are important to them, and participate in the planning process for issues and policies that affect them. Any young person can contact the team directly themselves or any professionals working with the young person can refer into the service.

Telephone: 028 3741 4541.



Young Carers

The Barnardo's NI Young Carers service provides individual and peer support for young people who are helping to look after someone at home in the Northern and Western Trust areas. The Young Carers service provides a place for young people to talk to a supportive adult or spend time together as a peer group. Anyone is welcome to refer into the Young Carers service, including young people themselves.

Telephone: 028 7963 1344



ORGANISATION



SERVICES & CONTACT DETAILS

The British Red Cross is a volunteer-led humanitarian organisation that helps people in crisis, whoever and wherever they are.

Telephone: 028 9073 5350

Website: www.redcross.org.uk

Carers NI provide information, advice and support to those caring for a sick, elderly or disabled relative or friend.

Advice line: 028 9043 9843

Email: advice@carersni.org

Website: www.carersuk.org/northernireland

Volunteer Now is a regional organisation supporting volunteering across Northern Ireland, we have a NI wide database of volunteering opportunities, and can provide support to individuals wanting to get involved in volunteering by linking them to appropriate volunteer roles and organisations. Within the Community Projects team we offer a volunteer led befriending service for isolated older people living within the Belfast Health & Social Care Trust area and a door to door volunteer driving service for isolated older people to take them to a medical / health appointment or to a health and wellbeing service. Volunteer Now can also offer capacity building support to older peoples groups within Belfast.

Telephone: 028 9023 2020

Email: info@volunteernow.co.uk

Website: www.volunteernow.co.uk

