



Who is lonely in Wales?

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). There are different types of loneliness: emotional loneliness (absence of close relationships), and social loneliness (absence of broader social networks). 'Overall' loneliness incorporates both (De Jong Gierveld and Van Tilburg, 2010).

Tackling loneliness and social isolation has been identified as a priority by the Welsh Government (Welsh Government, 2020) 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 first of a series of insights on loneliness in Wales based on bespoke analysis of the National Survey for Wales (NSW). The series is designed to provide policy makers and public services with a greater understanding of who is lonely so that funding and interventions to tackle loneliness can be designed and delivered most effectively.

This data insight combines three years' worth¹ of NSW data to identify levels of overall, emotional, and social loneliness among different groups. See Hodges et al. (2021) for details on the methodology.

Read the other data insights in this series

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.

Goldstone, R., Hodges, H., Durrant, H., and Taylor-Collins, E. (2021). **Loneliness in Wales during the Coronavirus pandemic**. 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.

¹ We have pooled the most recent NSW datasets on loneliness (2016/17, 2017/18, and 2019/20), involving a total of 30,912 unique responses. Questions about loneliness were not asked as part of the 2018/19 NSW. This data insight draws on bivariate analysis conducted in SPSS version 26, using crosstabulations and Chi-Squared tests, to identify where statistically significant differences (0.05%) exist between groups. All group differences reported here are statistically significant.

Key findings



Age

Younger age groups are lonelier than older groups, with levels of loneliness for those aged 65+ below the national average.



Gender

Women have higher levels of overall and emotional loneliness than men, whereas men have higher levels of social loneliness.



Welsh language

Non-Welsh speakers are lonelier than Welsh speakers.



Long-term illness or disability

Those with a long-term illness or disability are lonelier than those without.



Marital status

Those that are single, separated or divorced are lonelier than other groups, with those who are married or in a registered same sex civil partnership the least lonely.



Sexual orientation

Those who do not identify as heterosexual or straight are lonelier than those who do.



Religion

Christians and those with no religion are less lonely than other religious groups. Christians are the least lonely of all religious groups.



General health

Those in worse health are lonelier than those in better health, with those in very bad general health especially lonely.



Ethnicity

Those from ethnic minority groups are lonelier than those who are White British. Social loneliness is highest among the 'White - other' group, whereas emotional loneliness is highest among other ethnic groups.



Deprivation

Level of area-based deprivation is associated with loneliness, with those living in the 20% most deprived places in Wales being loneliest.



Household type

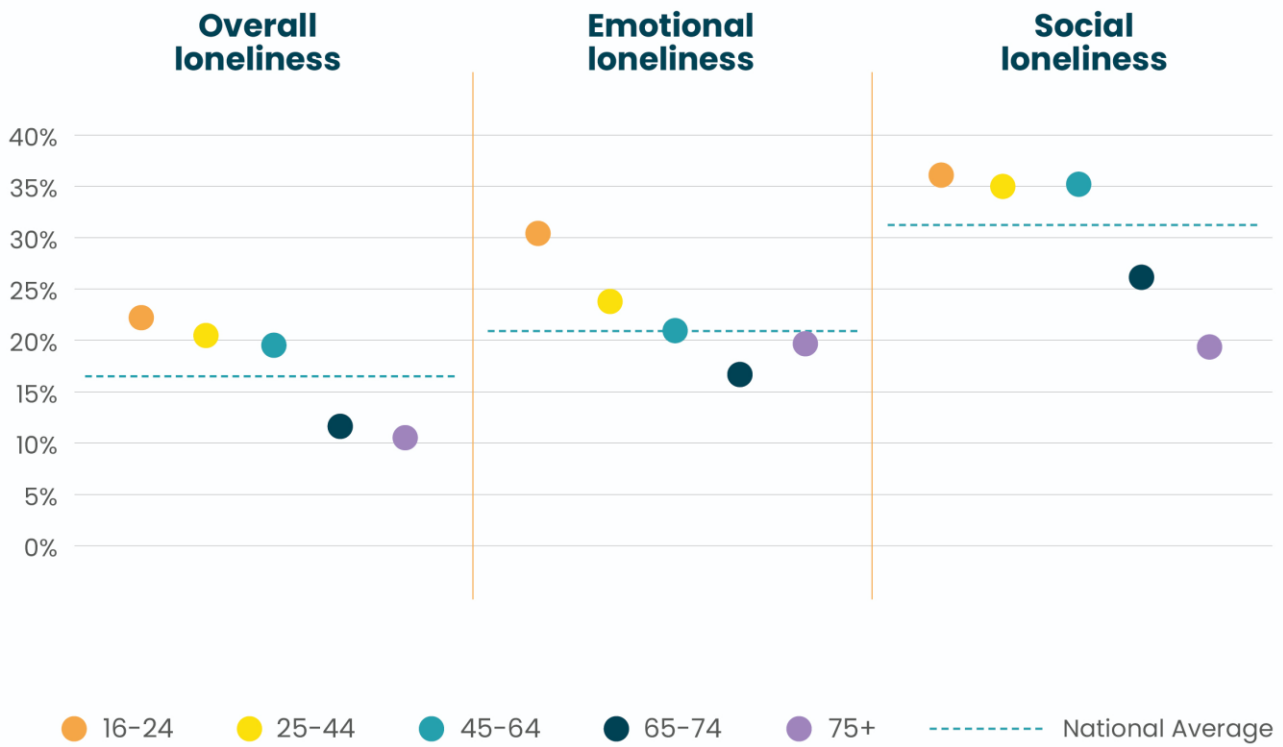
Those living in single adult households are lonelier than those in other household types. Single parent households report the highest levels of overall loneliness.



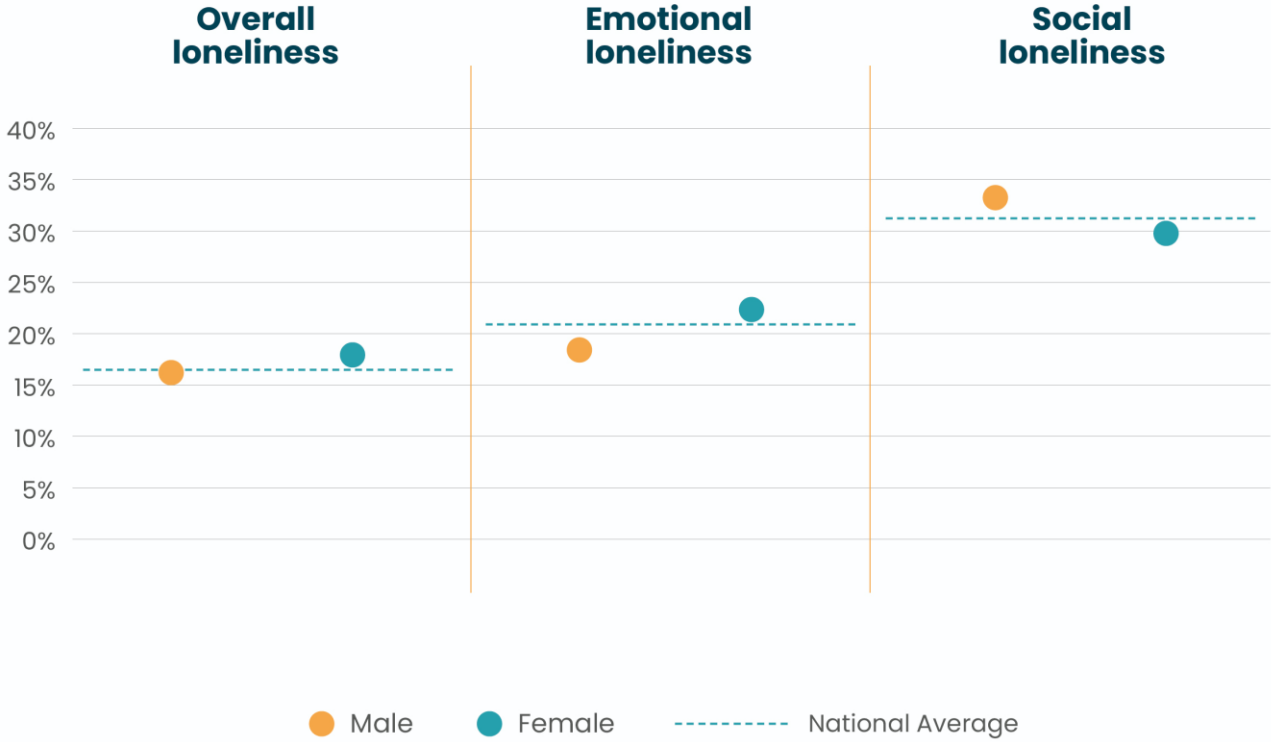
Education

Those with higher levels of education report higher levels of social loneliness, whereas emotional loneliness increases as level of education decreases.

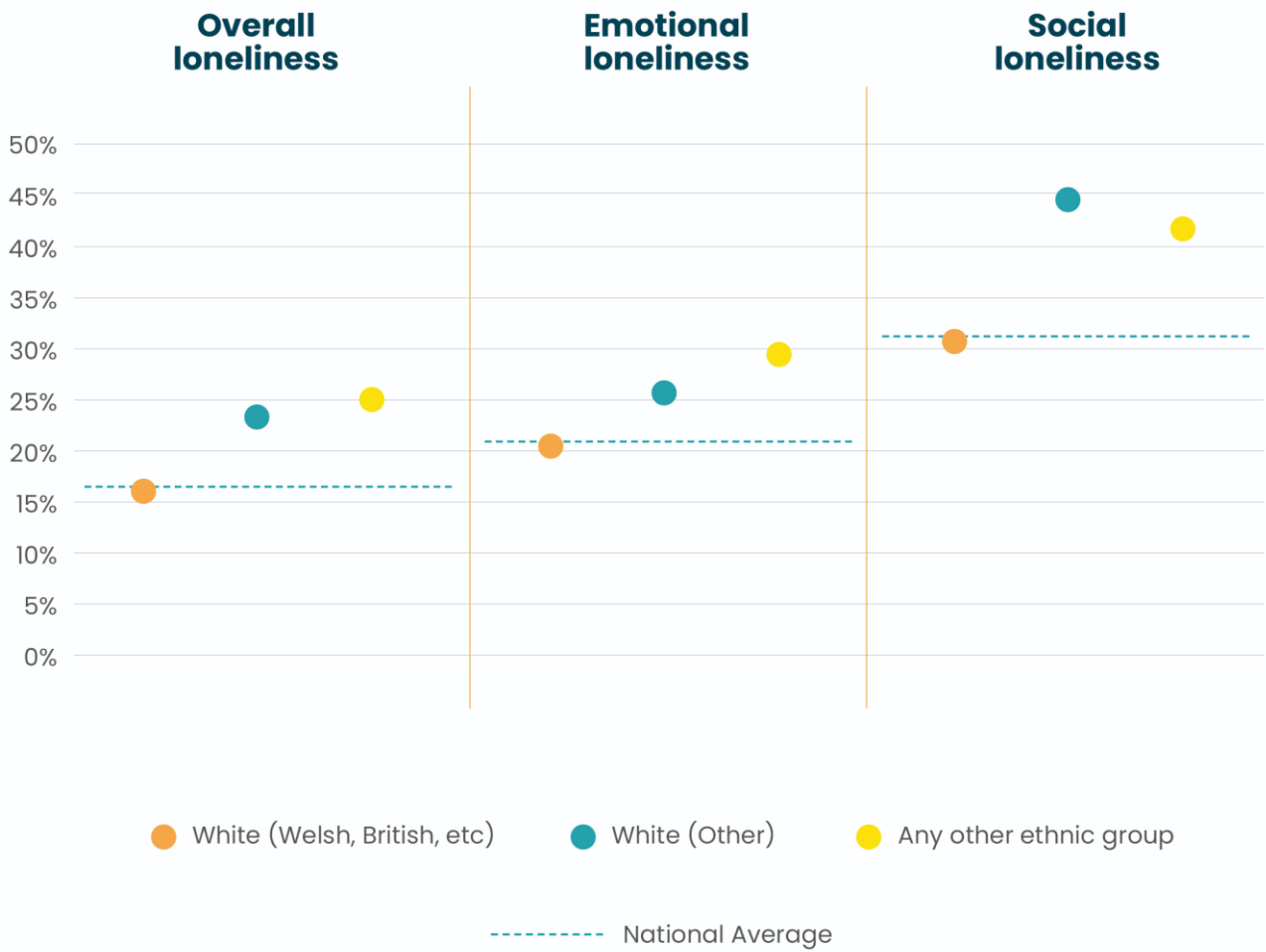
Age



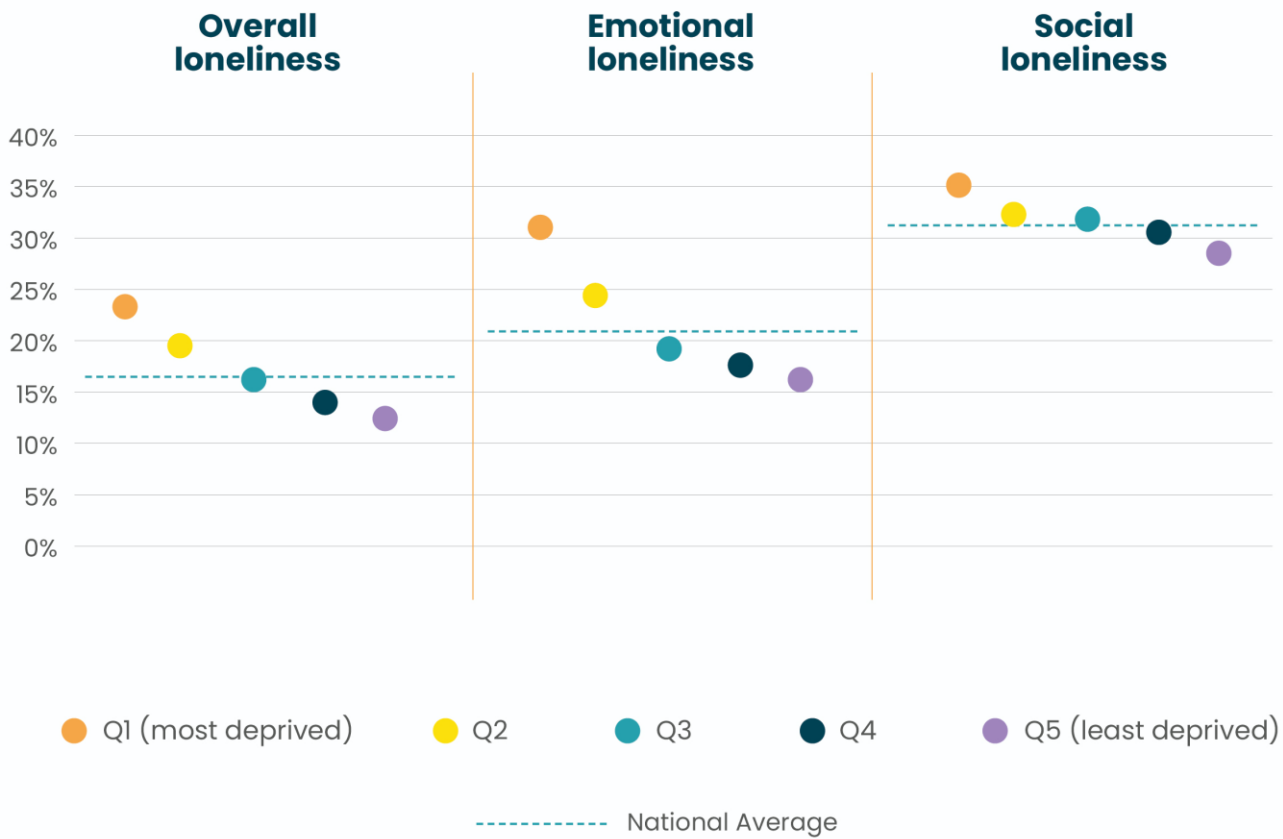
Gender



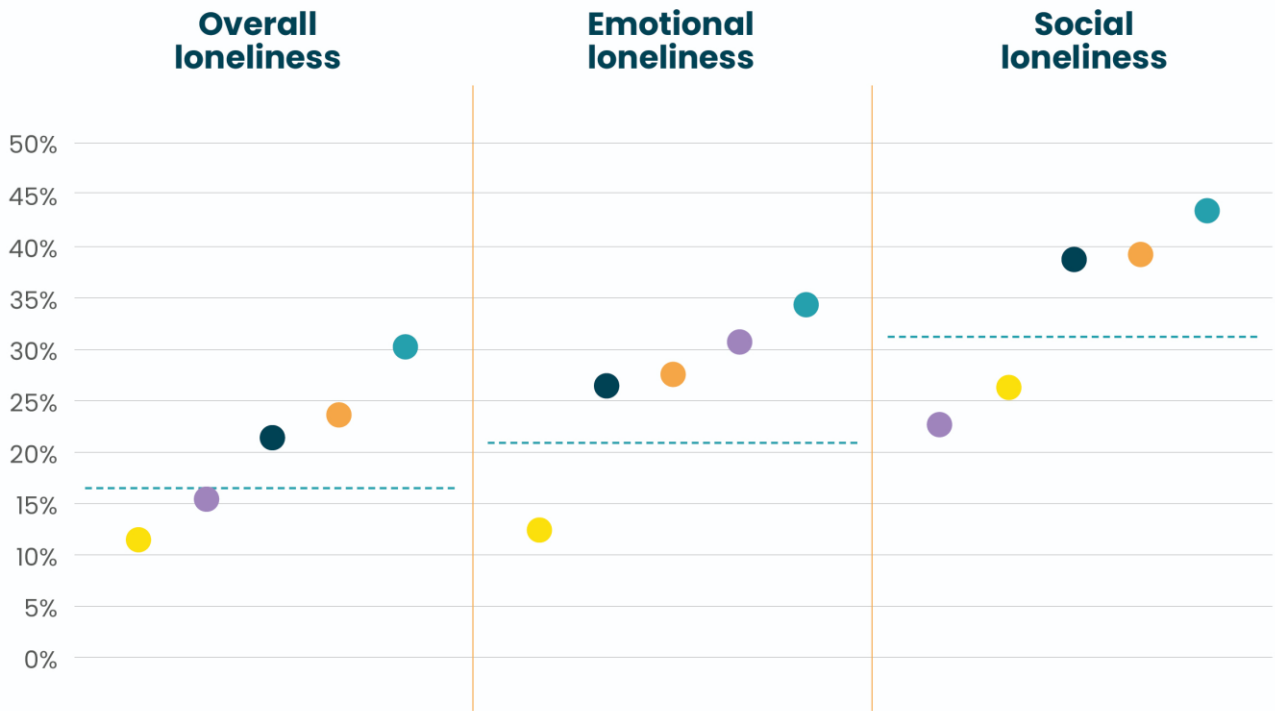
Ethnicity



Welsh Index of Multiple Deprivation (WIMD)



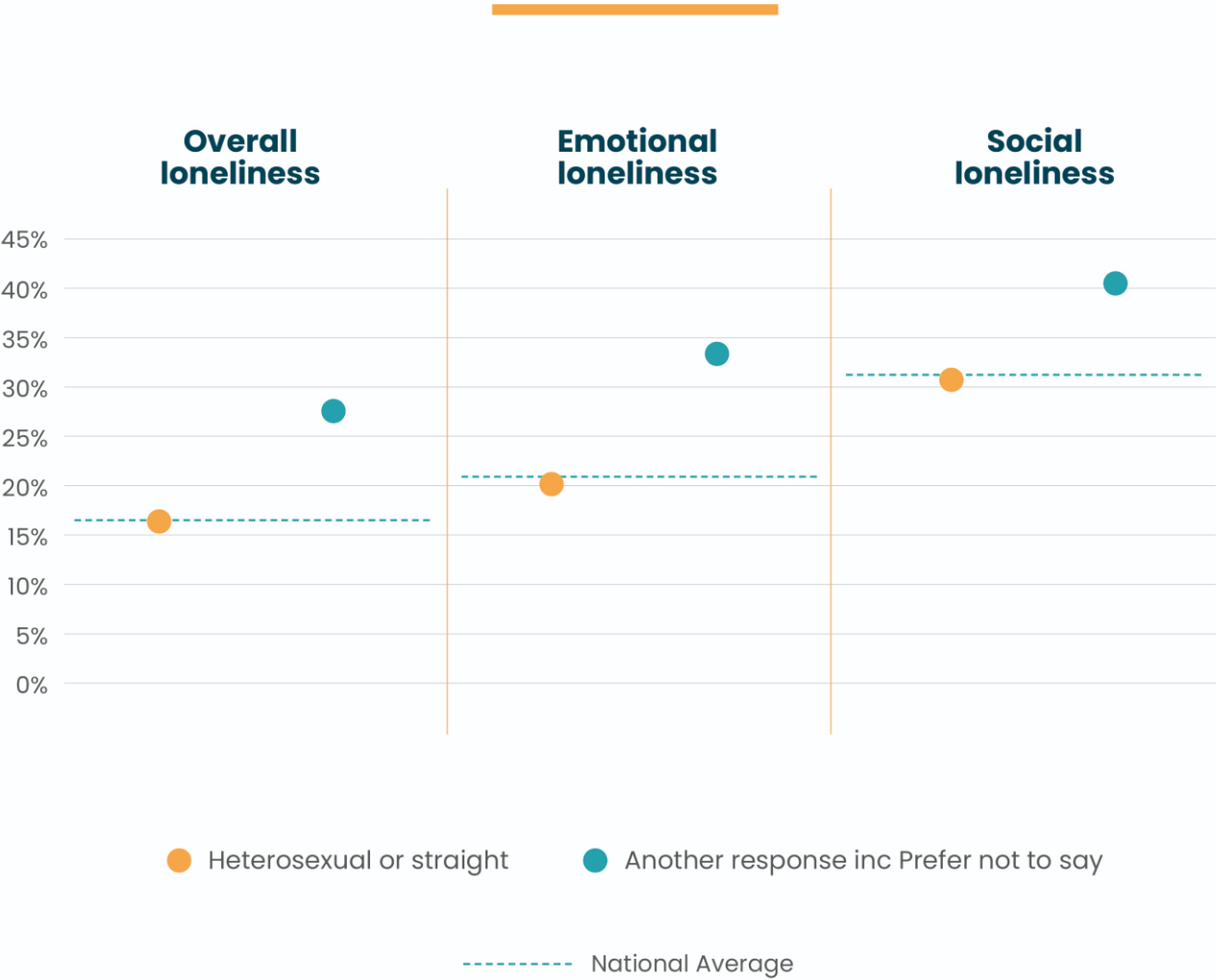
Marital status



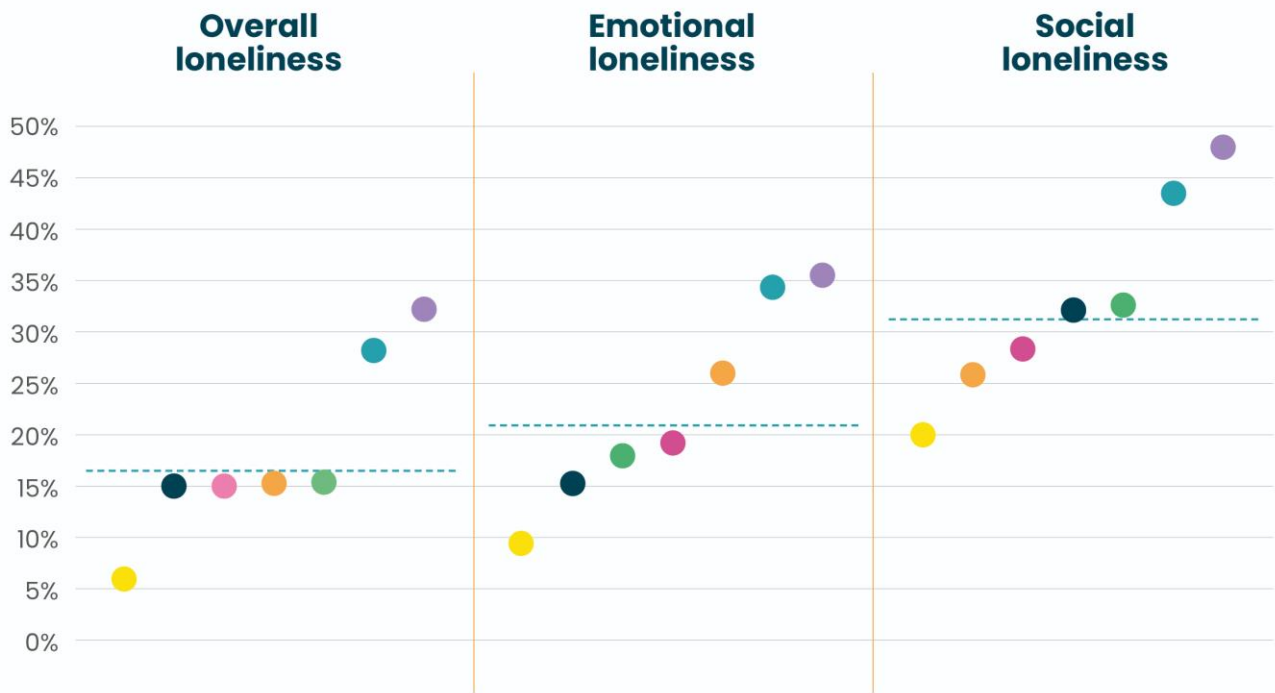
- Single, never married or registered in same-sex civil partnership
- Married or in a registered same-sex civil partnership
- Separated but still legally married or in same-sex civil partnership
- Divorced
- Widowed

----- National Average

Sexual orientation

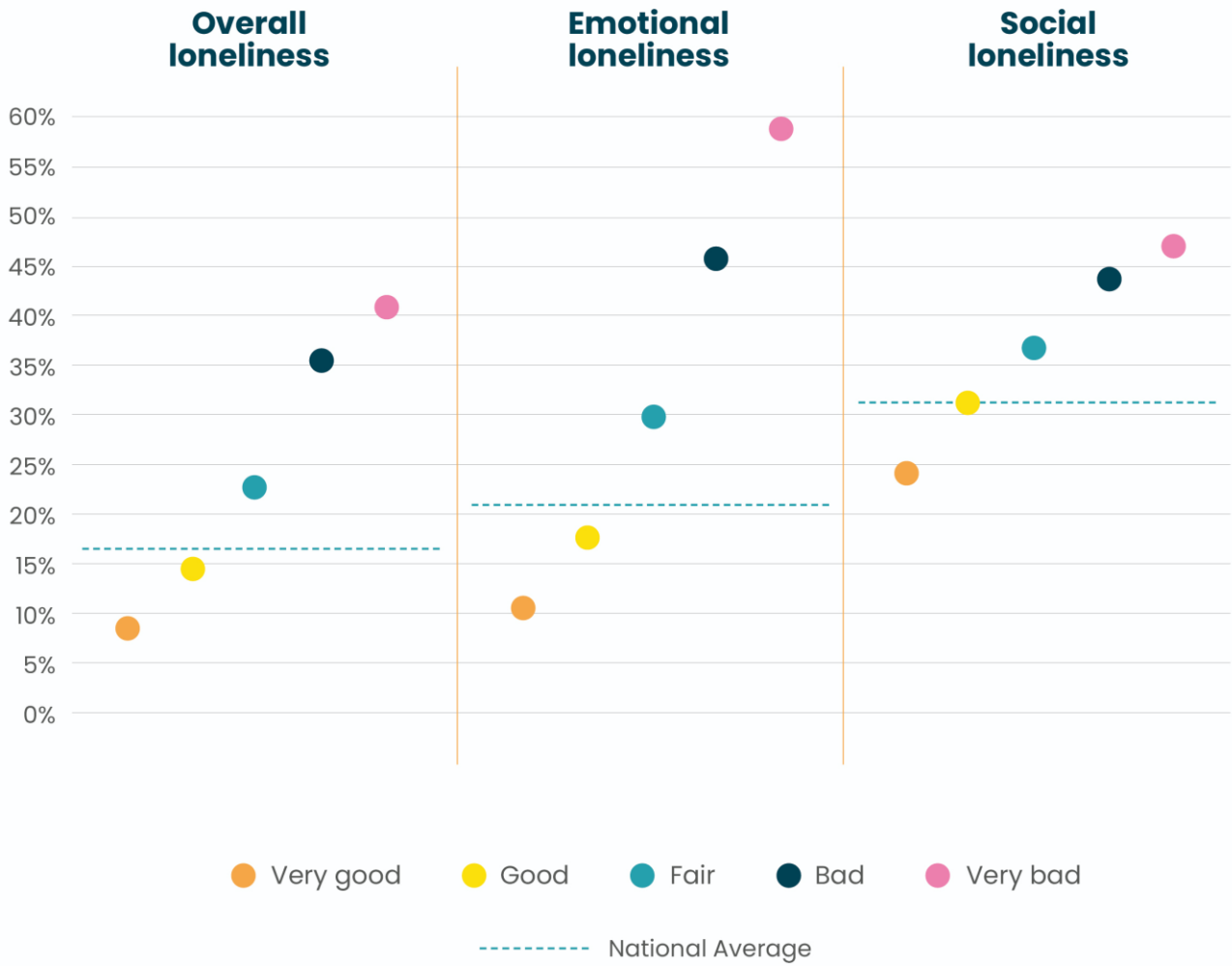


Household type

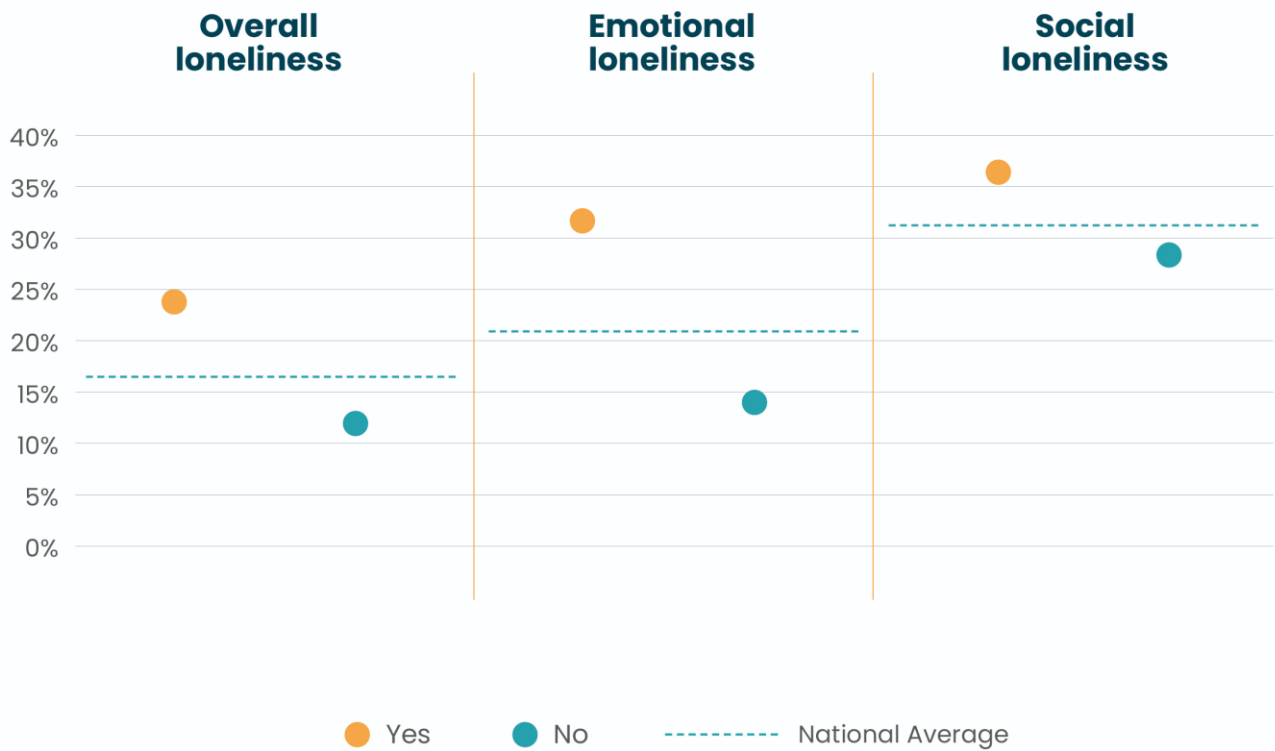


- Single pensioner (no children)
- Married couple pensioner (no children)
- Single person, not a pensioner (no children)
- Two adult household with children
- Two adult household (up to one pensioner) without children
- Single parent household
- Other households
- - - - - National Average

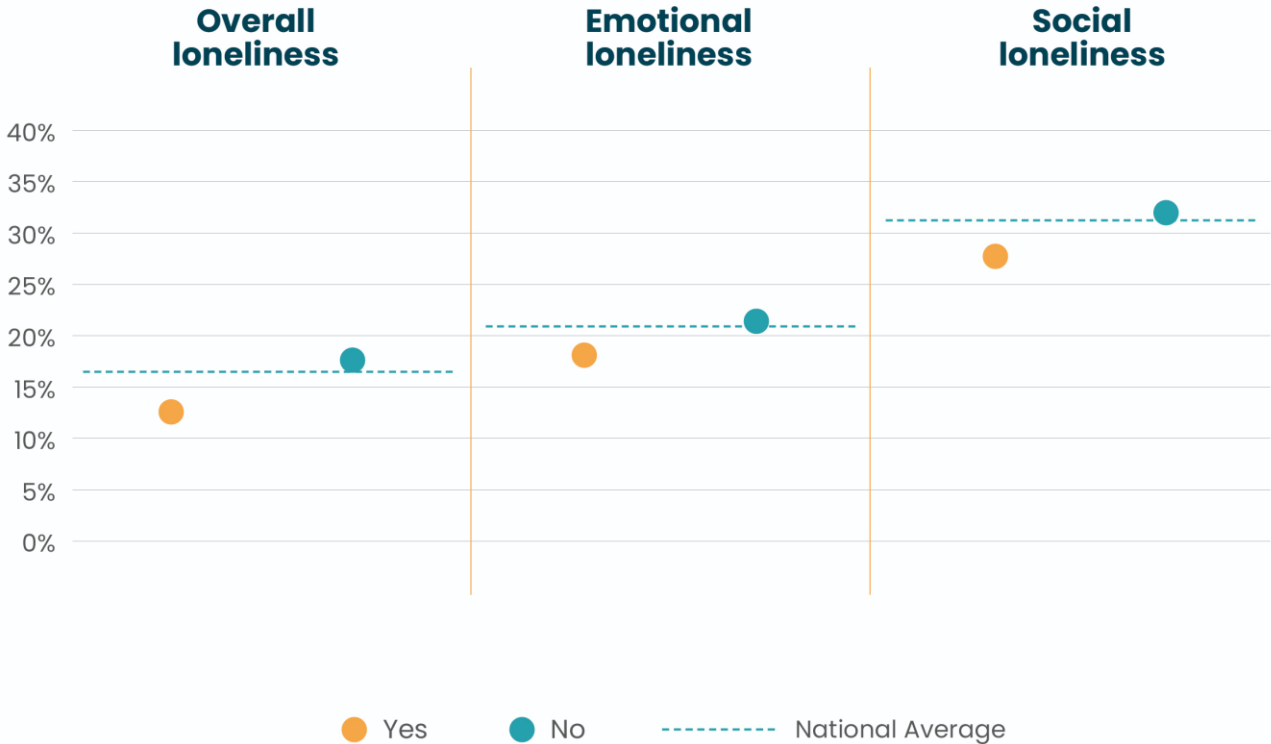
General health



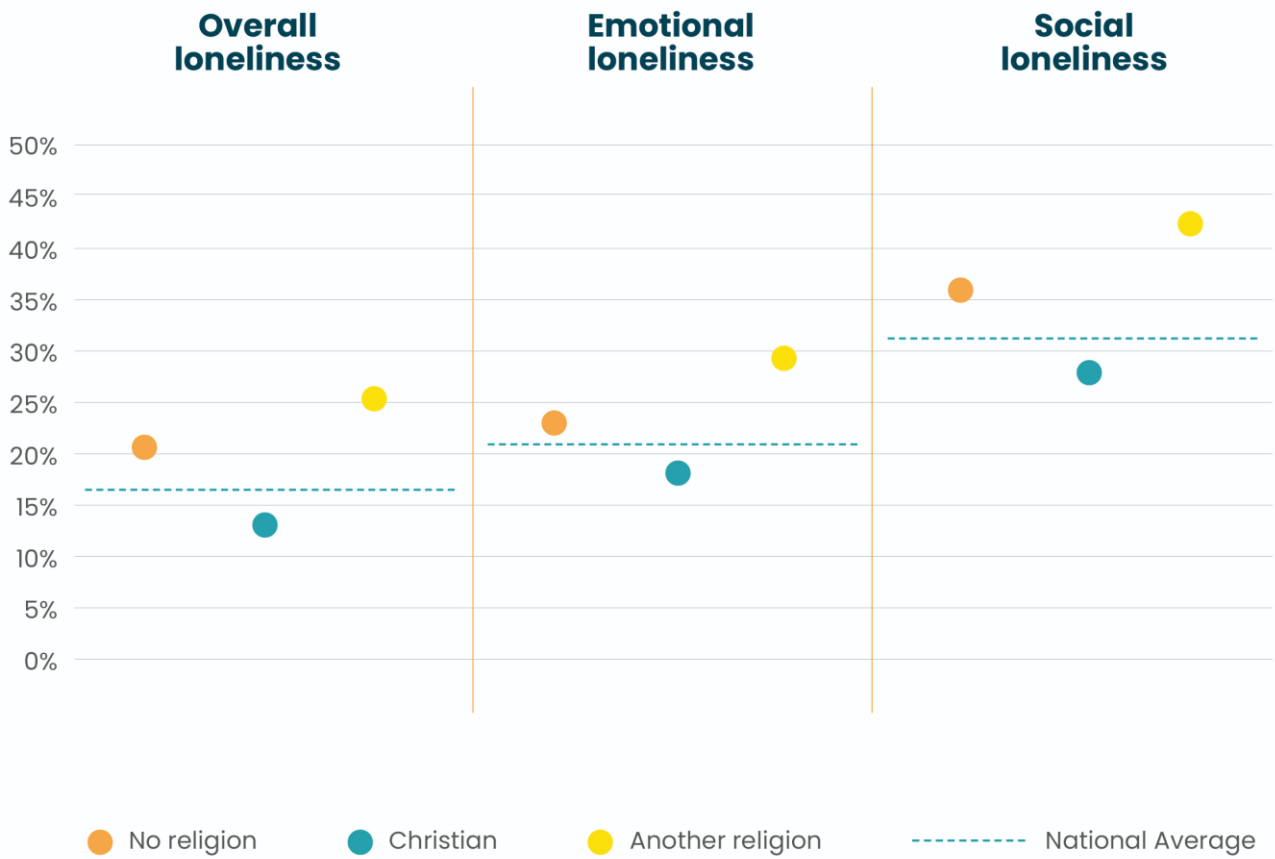
Long-term illness, disability, or infirmity



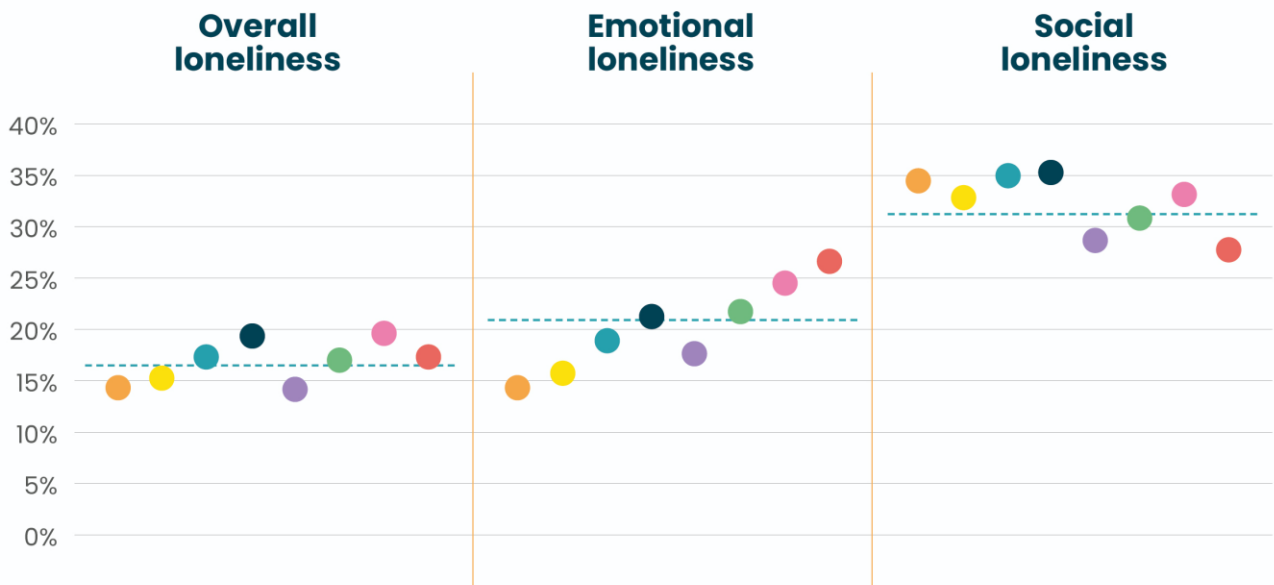
Can speak, read, and write Welsh



Religion



Highest Educational Qualification



- Higher degree / postgraduate qualifications
- First degree
- Diplomas, etc
- A/AS levels
- Trade apprenticeships
- O Level / GCSE grades A-C, etc.
- O Level / GCSE grades D-G
- Other and foreign qualifications / No qualifications
- National Average

Reflections

These findings highlight how certain groups are more likely to experience loneliness than others. For example, being in very bad health, living alone, or being a single parent are associated with stark increases in loneliness. The data emphasise that loneliness is linked to disadvantage associated with factors such as age, gender, race, deprivation, sexuality, and disability. It is therefore likely that promoting equality and inclusion nationally and locally will help reduce loneliness. While approaches such as social prescribing and befriending can play an important role, developing strategies that reflect the diverse ways in which loneliness can affect different groups and tackling the structural causes of disadvantage is critical.

These findings stop short of telling us what happens when multiple factors influencing loneliness intersect. For example, bad health, deprivation and ethnicity. Attention to such intersections is vital given their likelihood. The other insights in this series, on 'Age and loneliness' and 'General health and loneliness', begin to fill this gap through intersectional analysis. They highlight the acute risk of loneliness faced by people experiencing multiple forms of disadvantage and the importance of targeted policy and public service funding and interventions to support them.

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About the Wales Centre for Public Policy

Here at the Centre, we collaborate with leading policy experts to provide ministers, the civil service and Welsh public services with high quality evidence and independent advice that helps them to improve policy decisions and outcomes.

Funded by the Economic and Social Research Council and Welsh Government, the Centre is

Sources

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