

Statistical bulletin

Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020

Analysis of loneliness in Great Britain during the coronavirus (COVID-19) pandemic from the Opinions and Lifestyle Survey.

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1 . Main points

- 5.0% of people in Great Britain (2.6 million adults) reported that they felt lonely "often" or "always" between 3 April and 3 May 2020, about the same proportion as pre-lockdown.
- Of those asked, 30.9% (7.4 million adults) reported their well-being had been affected through their feeling lonely in the past seven days.
- Working-age adults living alone were more likely to report loneliness both "often or always" and over the past seven days than the average adult; this was also the case for those in "bad" or "very bad" health, in rented accommodation, or who were either single, or divorced, separated or a former or separated civil partner.
- Both those feeling lonely "often or always" and in the past seven days had lower personal well-being scores including higher anxiety scores than the Great Britain average, but the effect was stronger among those feeling lonely "often or always".
- Both those feeling lonely "often or always" and in the past seven days were more likely than the average to say they were struggling to find things that help them cope during lockdown.
- Around 7 in 10 of those feeling lonely "often or always" "agreed" or "strongly agreed" that they had people who would be there for them, compared with 9 in 10 of the Great Britain average.

Statistician's comment

"The Office for National Statistics has been researching people's well-being for nearly a decade, providing a different perspective on how our country is doing, and on social inequalities. "Lockdown" affected everyone, but responses differed. During that first month, the equivalent of 7.4 million people said their well-being was affected through feeling lonely.

"Lonely" people were more likely than others to be struggling to find things to help them cope and were also less likely to feel they had support networks to fall back on."

Dawn Snape, Assistant Director of Sustainability and inequalities Division, ONS

2 . Who is feeling lonely?

We have looked at two measures of loneliness as part of this release using data from the Opinions and Lifestyle Survey. For more information, see "Measures of loneliness" within the [Measuring the data](#) section.

Data are at the Great Britain level and were collected over the period 3 April to 3 May 2020. This analysis only comments on differences where they are [statistically significant](#). Throughout this release, we look at percentages, and cannot infer causality between two factors without further analysis.

- "Chronic loneliness" – this measures the percentage of those who feel lonely "often or always"; this question was asked to all respondents (5,260 adults).
- "Lockdown loneliness" – this measures the percentage of those who said their well-being had been affected through having felt lonely in the last seven days; this question was only asked to respondents who had already reported that their well-being had been affected in the past seven days and that they were "very" or "somewhat worried" about the effect of the coronavirus on their life (2,440 adults).

Our “lockdown loneliness” measure was asked only of those who said their well-being had been affected by the coronavirus (COVID-19), as such it does not represent the full Great Britain population. See [Measuring the data](#) for more information.

Feeling lonely

From 3 April to 3 May 2020, 5.0% of people said they feel lonely “often or always”, around 2.6 million people across Great Britain. Throughout this release we refer to this group as “chronically lonely”.

During the same period, 30.9% of those asked said their well-being had been affected through feeling lonely in the past seven days, around 7.4 million people across Great Britain. We refer to this group as “lockdown lonely”. If we adjusted this to be representative of the entire Great British population this would be equivalent to 14.3%.

We investigated measures of loneliness from a range of sources to see whether people are more or less lonely since the lockdown began, and who is most affected. We found that while reported estimates vary between surveys because of differences in wording or in how the survey was completed, chronic loneliness does not seem to have changed significantly as a result of lockdown.

Using data from the Opinions and Lifestyle Survey, we have also been able to explore the circumstances of people who report loneliness during the last week. There are fewer studies to use as comparators for this measure so it is not clear how it may have evolved at the Great Britain level relative to any given week prior to the lockdown. See [Measuring the data](#).

How are our two loneliness measures linked?

To understand the interaction and overlap between the two groups, we took the lockdown loneliness question as our reference point and broke down the different combinations of chronic and lockdown loneliness among those who were asked both questions, giving a total of six groups. Results are summarised in Table 1, along with estimates of the numbers of adults who fall into each group.

Notably we saw that 6.3% of respondents suffered from both chronic and lockdown loneliness, while 1.3% suffered from lockdown loneliness despite saying that they “hardly ever or never” feel lonely. A further 1.6% of those asked said they had not felt lonely in the past seven days, despite feeling lonely “often” or “always”.

One possible explanation for this from our analysis could be that those who are chronically lonely are more likely to have an underlying health condition or disability, and therefore be more likely to be vulnerable to the coronavirus and more strictly social distancing as a consequence (see “Demographics of loneliness”). It is possible that this group may be receiving more support during the lockdown than they would have otherwise had, or that they are able to engage in a wider range of activities now offered virtually than was previously possible.

Table 1: Interaction between “chronic loneliness” and “lockdown loneliness”
Great Britain, 3 April to 3 May 2020

	Felt lonely in last seven days	Hasn't felt lonely in past seven days
"Often" or "Always" lonely	6.3% (1.5 million adults) Both chronically lonely and lockdown lonely	1.6% (0.4 million adults) Chronically lonely who are not lockdown lonely ¹
"Some of the time" or "Occasionally"	23.5% (5.6 million adults)	31% (7.4 million adults)
"Hardly ever" or "Never" lonely	1.3% (0.3 million adults) Lockdown lonely but not chronically lonely	36.3% (8.6 million adults) Neither lockdown nor chronically lonely

Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes

1. This table only includes those who were able to answer both loneliness questions. Therefore this table will be filtering out those who may have said they were “often or always” lonely but didn’t also say that their well-being had been affected by the pandemic. For more information see Measuring the data. [Back to table](#)
2. The base population is those who gave a valid response to the question “how often do you feel lonely?”, and who selected the response “feeling lonely” to the question “In the past seven days, how has your well-being been affected?”. This question was asked only to those who had already noted that they were “very worried” or “somewhat worried” about the “effect that Coronavirus (COVID-19) is having on their life right now?” and if they reported “My well-being is being affected (for example, boredom, loneliness, anxiety and stress)” when asked “In which ways is Coronavirus (COVID-19) affecting your life?” (n = 2,420). [Back to table](#)
3. Weighted population estimates do not sum to the total Great Britain population because analysis has been conducted on a subset of the survey sample. [Back to table](#)

Demographics of loneliness

We found that for both measures, factors linked to loneliness fell under the broad categories of health or household circumstances. Many of these characteristics reflect the findings of [previous loneliness research](#) undertaken by the Office for National Statistics (ONS).

Table 2: Working-age adults living alone, and those in "bad" or "very bad" health, in rented accommodation or who were single, or divorced, separated or a former or separated civil partner were at greater risk of chronic and lockdown loneliness
Great Britain, 3 April to 3 May 2020

Chronic loneliness

All below characteristics are significantly different relative to the Great Britain population figure of 5.0%

More likely to be lonely

- Reported "bad" or "very bad" (26.3%)
- Disabled (11.0%)
- Reported underlying health condition (8.8%)
- Single (9.0%)
- Divorced or separated/former or separated civil partner (9.7%)
- Adults living alone (aged 16 to 64 years) (13.4%)
- Rented accommodation (8.6%)

Less likely to be lonely

- Married/cohabiting/same-sex cohabitee/civil partner (2.5%)
- Two-adult households (at least one aged 65 years and over) (1.7%)
- Own home outright (3.1%)

Characteristics with no significant difference

- Great Britain country
- Sex
- Having children
- Giving special help to a sick, elderly or disabled adult in the household

Lockdown loneliness

All below characteristics are significantly different relative to the Great Britain population figure of 30.9%

More likely to be lonely

- Reported "bad" or "very bad" (52.1%)
- Single (53.0%)
- Widowed (51.2%)
- Divorced or separated/former or separated civil partner (53.2%)
- Adults living alone (aged 16 to 64 years) (57.2%)
- Adults living alone (aged 65 years and over) (50.1%)
- Rented accommodation (38.8%)
- Aged 16 to 24 years (50.8%)

Less likely to be lonely

- Married/cohabiting/same-sex cohabitee/civil partner (16.5%)
- Two-adult households (at least one aged 65 years and over) (14.3%)
- Aged 55-69 years (24.1%)

Characteristics with no significant difference

- Great Britain country
- Sex
- Disability
- Reported underlying health condition
- Having children
- Giving special help to a sick, elderly or disabled adult in the household

Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes

1. All respondents were asked "How often do you feel lonely?". The base population for those reporting "often or always" lonely is those aged 16 years and over in Great Britain (n= 5,260). [Back to table](#)
2. Respondents were asked "In the past seven days, how has your well-being being affected?" giving the option for noting "Feeling lonely" if they have already noted that they were "very worried" or "somewhat worried" about the "effect that Coronavirus (COVID-19) is having on their life right now?" and if they reported "My well-being is being affected (for example, boredom, loneliness, anxiety and stress)" when asked "In which ways is Coronavirus (COVID-19) affecting your life?" (n= 2,440). [Back to table](#)
3. See the glossary for our definition of disability. [Back to table](#)
4. See the glossary for our definition of underlying health conditions. [Back to table](#)
5. Differences have been identified by comparing the rates of each loneliness measure among different characteristics of the sample (for example, those reporting bad or very bad health) with the rate of loneliness among all those asked the question. [Back to table](#)

Health

For both groups, people who reported "bad" or "very bad" health were more likely than the Great Britain average to be lonely. However, there was no evidence of a link between lockdown loneliness and more objective indicators of health or wellness, such as having an underlying health condition or disability.

This suggests that ongoing health concerns may be more strongly associated with chronic loneliness. Further research on loneliness and disability can be found in our release on [Coronavirus and the social impacts on disabled people in Great Britain](#), and on [Disability, well-being and loneliness](#).

Household circumstances

People who were married, cohabiting or in a civil partnership (both same and opposite sex) were less likely than the Great Britain average to report either chronic or lockdown loneliness, while those who were either single, or divorced, separated, or a former or separated civil partner were more likely.

Household composition shows a similar pattern, with those in older two-adult households (where at least one person is over the age of 65 years) being less likely to report either chronic or lockdown loneliness than the Great Britain average, while working-age adults living alone were more likely. Living in rented accommodation was also linked to increased reporting of loneliness under both measures.

Finally, we found that those aged 16 to 24 years were more likely to have experienced lockdown loneliness (50.8%), while those aged 55 to 69 years were less likely (24.1%) to have done so. This echoes previous research exploring chronic loneliness showing that people in younger age groups were most likely to report loneliness, while those in older age groups were less likely. However, we note that our oldest age band, those aged 70 years and over, were no less likely than average to report lockdown loneliness.

We have not tested here whether people with multiple characteristics associated with loneliness are at greater risk of experiencing loneliness. However, we have previously published a [latent class analysis](#), which explores how different characteristics may be linked.

Lockdown loneliness: which factors tip the balance for the "sometimes lonely"?

Feelings of loneliness affect most of us at some point in our lives, and indeed, 43.4% of all respondents said that they felt lonely either "some of the time" or "occasionally". But is there any way of differentiating which individuals within this category are more likely to have experienced lockdown loneliness?

For those respondents feeling lonely "some of the time" or "occasionally" that had also been asked the lockdown loneliness question, we looked at the demographics of those who experienced lockdown loneliness, and those who did not. Our findings, summarised in Table 3, suggest that younger people and those living alone are at greater risk of lockdown loneliness.

Table 3: Characteristics of those feeling lonely "some of the time" or "occasionally" that are linked to lockdown loneliness
Great Britain, 3 April to 3 May 2020

Lonely "some of the time" or "occasionally"	Lonely "some of the time" or "occasionally"
More likely to experience lockdown loneliness	Less likely to experience lockdown loneliness
<ul style="list-style-type: none">· Aged 16 to 39 years· Single, or divorced, separated or a former or separated civil partner· Living in a single-person household	<ul style="list-style-type: none">· Aged 40 to 69 years· Married, cohabiting, same-sex cohabitee or civil partner· Living in a multi-person household

Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes

1. This table only includes those who were able to answer both loneliness questions. Therefore this table will be filtering out those who may have said they were "often or always" lonely but didn't also say that their well-being had been affected by the pandemic. For more information see Measuring the data. [Back to table](#)
2. Differences have been assessed by comparing the "lockdown lonely" and not "lockdown lonely" results within a chronic loneliness category. For example, there was a higher proportion of adults living in single person households reporting lockdown loneliness when also reporting they were sometimes or occasionally lonely, than adults living in single person households not reporting lockdown loneliness who felt lonely sometimes or occasionally. See Table 1.1b in the associated dataset. [Back to table](#)

We also found that those in this group who did experience lockdown loneliness had lower average happiness scores compared with those who didn't experience lockdown loneliness. However, there was no significant link to any of the other personal well-being questions (life satisfaction, feeling the things they do in life are worthwhile, and anxiety).

3 . How has the coronavirus impacted people living with loneliness?

Effect on life

When asked about their biggest concern, both the chronically lonely and the lockdown lonely cited the impact of the coronavirus (COVID-19) on their well-being as their single biggest concern.

Among the chronically lonely, 44.8% reported that this was their biggest concern, while the proportion was 41.1% for the lockdown lonely. Both groups were also less likely than average to cite their caring responsibilities as their biggest concern, despite being no more or less likely than average to have a child in the household, or to be providing special help to a sick, elderly or disabled person within the household. But that is not to say that the chronically lonely and the lockdown lonely have been affected identically by the coronavirus pandemic as Figure 1 indicates.

Figure 1: People across the board noted that the coronavirus impact on well-being was their biggest concern, but this was seen more clearly among those who were chronically lonely or lockdown lonely

Areas where the coronavirus had affected people's lives that people were most concerned about, Great Britain, 3 April to 3 May 2020

Notes:

1. All respondents were asked "How often do you feel lonely?". The base population for those reporting "often or always" lonely is those aged 16 years and over in Great Britain.
2. Respondents were asked "In the past seven days, how has your well-being been affected?" giving the option for noting "Feeling lonely" if they have already noted that they were "very worried" or "somewhat worried" about the "effect that Coronavirus (COVID-19) is having on their life right now?" and if they reported "My well-being is being affected (for example, boredom, loneliness, anxiety and stress)" when asked "In which ways is Coronavirus (COVID-19) affecting your life?"
3. Confidence intervals are wide on this figure because of small sample sizes, in particular for the chronically lonely group. "*" indicates where the sample size for that response is less than 26 and caution should be applied.

[Data download](#)

Those in the chronic loneliness group were more likely to report their health as a top concern when compared with the Great Britain figure. This may be linked to the relationship between feeling chronic loneliness and having an underlying health condition or disability. They were also less likely than the Great Britain average to say that they were most worried about either the effect of the pandemic on their ability to make plans, or on their relationships.

Meanwhile, those in the lockdown loneliness group were less likely than average to report that their biggest worry was the impact on their work, the availability of basic necessities (groceries, medication and essentials), their personal travel plans, or some other area. However, there was no area (other than well-being) that this group were more likely than the average to give as a top concern.

More about coronavirus

- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- All ONS analysis, summarised in our [coronavirus roundup](#).
- View [all coronavirus data](#).
- Find out how we are [working safely in our studies and surveys](#).

When comparing the biggest worries of the two groups, we see that effects of the pandemic on relationships was a less frequently cited concern among the chronically lonely than among the lockdown lonely.

This is also reflected in levels of concern over how the coronavirus was affecting friends and family, where the lockdown lonely group were more likely to be “very worried” or “somewhat worried” (96.6%) when compared with the Great Britain average (89.2%).

Effect on well-being

Figure 2: Loneliness was linked to six other effects on well-being

Ways in which people’s well-being has been impacted in the past seven days, Great Britain, 3 April to 3 May 2020

Notes:

1. All respondents were asked "How often do you feel lonely?". The base population for those reporting "often or always" lonely is those aged 16 years and over in Great Britain.
2. Respondents were asked "In the past seven days, how has your well-being been affected?" giving the option for noting "Feeling lonely" if they have already noted that they were "very worried" or "somewhat worried" about the "effect that Coronavirus (COVID-19) is having on their life right now?" and if they reported "My well-being is being affected (for example, boredom, loneliness, anxiety and stress)" when asked "In which ways is Coronavirus (COVID-19) affecting your life?"
3. Respondents were able to choose more than one option.

[Data download](#)

While both groups had listed well-being as an area of particular concern, we investigated how the well-being of the chronically lonely and the lockdown lonely had been affected by the coronavirus beyond feelings of loneliness itself. Figure 2 shows that both the chronically lonely and the lockdown lonely were more likely than average to report:

- feeling stressed or anxious
- spending too much time alone
- feeling bored
- impacts on their mental health
- strain on personal relationships
- having no-one to talk to about their problems

Of these measures, the only significant difference found between the chronically lonely and the lockdown lonely related to mental health. The chronically lonely were more likely than the lockdown lonely to say that their mental health had been affected at 62.5% relative to 45.8%.

While we might expect improvements in several of these areas as the lockdown is eased and more normal social activities resume, the reporting of effects on mental health issues is an important issue we will continue to monitor. From the data available, it is not possible to infer whether such issues are emerging difficulties, or whether existing mental health issues have been exacerbated by lockdown or both.

We also note negative effects on relationships and for some, social isolation. While these issues may also improve as the lockdown is eased, some may experience longer-term difficulties in existing relationships or may not be confident or able to resume their regular social interaction. The latter, for example, may be an issue for those who are more vulnerable to the coronavirus.

Personal well-being

Figure 3: Both the chronically and lockdown lonely had lower well-being scores, but the effect was stronger among the chronically lonely

Personal well-being scores by loneliness group, Great Britain, 3 April to 3 May 2020

Notes:

1. All respondents were asked "How often do you feel lonely?". Therefore the base population for those reporting "often or always" lonely is those aged 16 years and over in Great Britain.
2. Respondents were asked "In the past seven days, how has your well-being been affected?" giving the option for noting "Feeling lonely" if they have already noted that they were "very worried" or "somewhat worried" about the "effect that Coronavirus (COVID-19) is having on their life right now?" and if they reported "My well-being is being affected (for example, boredom, loneliness, anxiety and stress)" when asked "In which ways is Coronavirus (COVID-19) affecting your life?"
3. "Low" well-being is defined as those reporting 0 to 4; "Medium" Well-being is defined as those reporting 5 to 6; "High" Well-being is defined as those reporting 7 to 8; and "Very high" well-being is defined as those reporting 9 to 10 out of 10.

[Data download](#)

Figure 3 shows that when asked about specific aspects of well-being, such as life satisfaction, feeling the things they do in life are worthwhile, and happiness, both the chronically lonely and the lockdown lonely groups were more likely than the Great Britain average to have "low" well-being scores (between 0 and 4 out of 10). In each case, the chronically lonely had lower well-being scores than the lockdown lonely.

Similarly, when asked how anxious they had felt in the past 24 hours, adults within either of the lonely groups were more likely than the Great Britain average to give a "high" score (between 6 and 10 out of 10). However, there was no significant difference between the two measures, suggesting that the two lonely groups were equally likely to report having felt anxious the previous day.

Feeling safe at home

Both the chronically and the lockdown lonely were more likely than the Great Britain average to say they felt unsafe or very unsafe in their home. Among the chronically lonely, 1 in 10 people (10.4%) gave this response, while the figure for the lockdown lonely group was 6.4%. While feeling unsafe at home may indicate concerns about the local community, it could also indicate concerns within the home environment, such as domestic abuse.

Figure 4: Both the chronically and the lockdown lonely were less likely than the GB average to feel "safe" or "very safe" at home

Percentage of people who felt safe at home, Great Britain, 3 April to 3 May 2020

Notes:

1. All respondents were asked "How often do you feel lonely?". The base population for those reporting "often or always" lonely is those aged 16 years and over in Great Britain.
2. Respondents were asked "In the past seven days, how has your well-being been affected?" giving the option for noting "Feeling lonely" if they have already noted that they were "very worried" or "somewhat worried" about the "effect that Coronavirus (COVID-19) is having on their life right now?" and if they reported "My well-being is being affected (for example, boredom, loneliness, anxiety and stress)" when asked "In which ways is Coronavirus (COVID-19) affecting your life?"
3. Estimates with "^" relate to statistics based on small sample sizes (<3). Such values have been suppressed on quality grounds and to avoid disclosure issues.
4. "*" indicates where the sample size for that response is less than 26 and caution should be applied.

[Data download](#)

4 . How are lonely people responding?

Coping

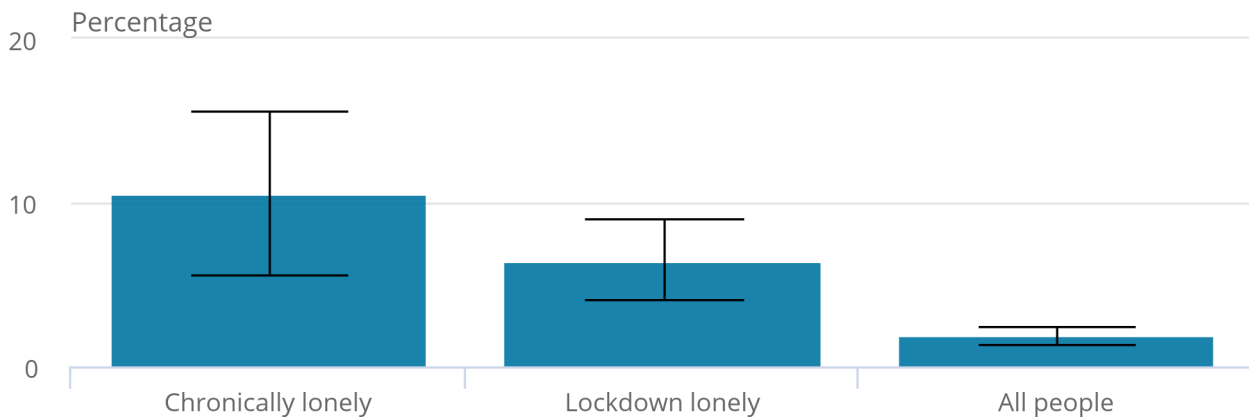
While our two lonely groups have shown broadly similar experiences in how their well-being has been impacted by the coronavirus (COVID-19), we also saw that they were both more likely to report that they were struggling to find things to help them cope while staying at home.

Figure 5: Both the chronically lonely and the lockdown lonely groups are more likely to be struggling to find things that help them cope with lockdown

Percentage of adults saying that they're struggling to find things that help whilst staying at home, Great Britain, 3 April to 3 May 2020

Figure 5: Both the chronically lonely and the lockdown lonely groups are more likely to be struggling to find things that help them cope with lockdown

Percentage of adults saying that they're struggling to find things that help whilst staying at home, Great Britain, 3 April to 3 May 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. All respondents were asked "How often do you feel lonely?". Therefore, the base population for those reporting "often or always" lonely is those aged 16 years and over in Great Britain.
2. Respondents were asked "In the past seven days, how has your well-being been affected?" giving the option for noting "Feeling lonely" if they have already noted that they were "very worried" or "somewhat worried" about the "effect that Coronavirus (COVID-19) is having on their life right now?" and if they reported "My well-being is being affected (for example, boredom, loneliness, anxiety and stress)" when asked "In which ways is Coronavirus (COVID-19) affecting your life?".
3. Note that some of the response categories for this question have evolved over the reference period. See "Variables adapted during pooling" for more information.

Looking at areas that were helping people cope, we do see that people feeling lonely have not necessarily responded to lockdown in the same way.

Individuals in the chronically lonely group were no more likely to use any particular activity to help them cope than the Great Britain average. However, they were less likely than average to use the following activities to help them cope:

- spending time with other household members
- keeping up with family and friends
- cooking
- exercising
- gardening
- working

Those in the lockdown lonely group were also less likely to spend time with other household members or gardening to help them cope; but they were more likely to watch films or other online sources of entertainment such as museum tours or theatre productions.

The reduced take-up in both lonely groups for spending time with other household members and gardening reflects the different living environments of those we found to be more likely to report loneliness, such as being more likely to live alone or to live in rented accommodation. We also note that people living alone are [more likely to be renting their homes](#), and that rented properties are less likely to have a garden at all, with 24% of those in rented homes in England saying they had no access to a garden, compared with 4% of those in owned homes (source: Monitor of Engagement with the Natural Environment, 2014 to 2019. See [Measuring the data](#) for more information).

Community support

For many of us, lockdown has meant that our interaction with our usual support networks has changed, and for some this has meant turning to the [local community for support](#) when we have needed it.

When asked whether they felt there were people in the community who could support them, less than half of the chronically lonely (45%) said they "agreed" or "strongly agreed". A further 25% said they "did not know". Among the lockdown lonely, 56.7% "agreed or strongly agreed" that they could get support from the community if they needed it. For both groups, this sense of community support was lower than the Great Britain average, which was closer to two-thirds (66.3%).

When asked if they had people who would be there for them if they needed help, both groups were also less likely to say they "agreed" or "strongly agreed" than the Great Britain average. Figure 6 shows that just under 7 in 10 (69.4%) of the chronically lonely gave this response, over 20 percentage points less than the Great Britain figure (92.3%).

Figure 6: Around 7 in 10 of those feeling lonely “often or always” "agreed" or "strongly agreed" that they had people who would be there for them

Percentage of people who said they had people who would be there for them, Great Britain, 3 April to 3 May

Notes:

1. All respondents were asked "How often do you feel lonely?". Therefore the base population for those reporting "often or always" lonely is those aged 16 years and over in Great Britain.
2. Respondents were asked "In the past seven days, how has your well-being been affected?" giving the option for noting "Feeling lonely" if they have already noted that they were "very worried" or "somewhat worried" about the "effect that Coronavirus (COVID-19) is having on their life right now?" and if they reported "My well-being is being affected (for example, boredom, loneliness, anxiety and stress)" when asked "In which ways is Coronavirus (COVID-19) affecting your life?".
3. "*" indicates where the sample size for that response is less than 26 and caution should be applied.

[Data download](#)

Upcoming analysis

This release provides the first in-depth look at loneliness during lockdown. Later this month, we will soon be publishing more detailed analysis of the impact of different characteristics and circumstances on anxiety during lockdown, including loneliness.

We will also continue to monitor changes in loneliness as lockdown measures are eased.

5 . Coronavirus and loneliness data

[Coronavirus and loneliness](#)

Dataset | Released 8 June 2020

Analysis of loneliness in Great Britain during the coronavirus (COVID-19) pandemic from the Opinions and Lifestyle Survey.

6 . Glossary

Disability

To define disability in this publication, we refer to the [Government Statistical Service \(GSS\) harmonised "core" definition](#): this identifies as "disabled" a person who has a physical or mental health condition or illness that has lasted or is expected to last 12 months or more that reduces their ability to carry-out day-to-day activities.

The GSS definition is designed to reflect the definitions that appear in legal terms in the [Disability Discrimination Act 1995 \(DDA\)](#) and the subsequent [Equality Act 2010](#).

The GSS harmonised questions are asked of the respondent in the survey, meaning that disability status is self-reported.

Loneliness

In this release, our definition of loneliness is aligned to the definition used by the Jo Cox Commission and in the Loneliness Strategy for England. This is based on a definition first suggested by Perlman and Peplau in 1981: "A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want."

We have used two measures of loneliness in this release. Please see "Measures of loneliness" in [Measuring the data](#) for more information.

Underlying health condition

In this analysis, underlying health conditions were defined based on NHS guidance around those at higher risk of contracting the coronavirus. This guidance changed over the period covered within this release.

Within our analysis, adults with an underlying health condition include those with:

- angina or long-term heart problem
- asthma
- autism spectrum disorder (ASD) or Asperger's (Asperger syndrome)
- cancer
- chronic obstructive pulmonary disease (COPD) or long-term lung problem
- diabetes
- kidney or liver disease

From 9 April this also includes pregnant women.

From 24 April this also includes:

- conditions affecting the brain and nerves, such as Parkinson's disease
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or treatment for cancer
- problems with your spleen - for example, sickle cell disease, or if you've had your spleen removed
- being overweight (having a BMI of 40 or above)
- given an organ transplant

From 24 April this excludes:

- Alzheimer's disease or dementia
- epilepsy or other conditions that affect the brain
- high blood pressure
- stroke or cerebral haemorrhage or cerebral thrombosis
- rheumatoid arthritis

Lockdown

Lockdown is the shutting down of all non-essential activities to slow the spread of the coronavirus (COVID-19). In the UK, this has seen strict limits imposed on daily life, including:

- people ordered to only leave the house for essentials such as food, medicine, exercise or to care for a vulnerable person
- the closure of non-essential shops
- the banning of gatherings of more than two people

The UK lockdown was applied on 23 March 2020. This has formed the basis for each nation's stay-at-home guidance. Specific stay at home guidance for [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#) is available. During the period covered in this release, all countries of the UK remained in lockdown but the data in this release only cover England, Scotland and Wales.

7 . Measuring the data

More quality and methodology information on strengths, limitations, appropriate uses, and how the data were created is available in the [Opinions and Lifestyle Survey QMI](#).

Measures of loneliness

We have used two measures of loneliness in this release: feeling lonely "often" or "always" (referred to as chronic loneliness in this release) and feeling lonely in the past seven days (referred to in this release as lockdown loneliness).

Feeling lonely "often" or "always"

This measure is taken from responses to the question: "How often do you feel lonely?" where response categories are:

- often or always
- some of the time
- occasionally
- hardly ever
- never

The question was asked to all respondents on the Opinions and Lifestyle Survey (OPN). Our analysis focuses on those responding "often or always" to this question; this constituted approximately 250 responses. The relatively small sample size of this group means that [confidence intervals](#) may be wider than normally anticipated, and some breakdowns of this group, such as the areas people are most worried about, require additional caution in interpreting.

These responses may be from people who were feeling lonely before the coronavirus pandemic for whom a period of enforced social isolation through lockdown may have prompted their feelings of loneliness to become more frequent.

Cognitive interviewing suggests respondents may be more likely to answer openly in self-completion formats (paper and online modes). As some interviews on the OPN were conducted via telephone, it is possible that there may be some underreporting of loneliness in this data source.

This loneliness question is included within the [national indicators of loneliness](#). It is also included as the direct measure of loneliness in the interim [harmonised principle for loneliness](#).

The Office for National Statistics regularly monitors loneliness as part of their [Social capital](#) and [Measuring National Well-being](#) releases. This uses the measure of feeling lonely "often" or "always", as measured by the [Community Life Survey](#).

Feeling lonely in the past seven days

This measure considers those people who indicated "yes" to the option "Feeling lonely" within the multiple-choice question "In the past seven days, how has your well-being been affected?".

In the Opinions and Lifestyle Survey, the question was asked to those who had indicated that they were "very worried" or "somewhat worried" about the effect that the coronavirus (COVID-19) is having on their lives, and had subsequently indicated "yes" to the option "My well-being has been affected", when asked the follow-up multiple choice question "In which ways is coronavirus (COVID-19) affecting your life?". This constituted approximately 750 responses indicating that the respondent had felt lonely within the past seven days.

It is possible that the routing of this question has led to underreporting of those who have felt lonely in the past seven days. This is because people who had felt lonely may not have had the opportunity to answer the question.

This question is not included within the harmonised definition of loneliness; however, the Scottish Government include a similar measure of having felt lonely in the past seven days on the Scottish Household Survey. While loneliness is measured in Wales, differences in the wording of the question mean it has not been possible to compare our data with figures for Wales in this instance. See "Loneliness in the devolved administrations" for more information.

When scoping the value of using two measures of loneliness, we found evidence that our two measures of loneliness are linked, with four out of five people who are chronically lonely also reporting that they are lockdown lonely (79.8%).

However, that is not to say that the two questions are measuring the same experiences: with around one in five (20.3%) of our lockdown lonely group saying they were also chronically lonely, we also note that the majority of individuals within this group would not normally fall under the remit of our typical loneliness studies. This tells us that people's experiences of loneliness during lockdown are more varied than is typically considered.

Comparing measures over time

To understand how chronic loneliness may have changed since the lockdown, we looked at sources including the Opinions and Lifestyle Survey, the Community Life Survey, the Active Lives Survey, and Understanding Society. While many of these sources were not directly comparable with our data because of differences in factors such as question wording, geography, or how the survey was completed, the overall picture from looking at these sources together suggested that chronic loneliness does not seem to have changed significantly since lockdown.

There are fewer studies to use as comparators for our lockdown loneliness measure so it is not clear how it may have evolved at the Great Britain level relative to any given week prior to the lockdown. While we also looked at pre-lockdown figures of loneliness in the past week from the Scottish Household Study and the European Social Survey, differences such as geography, question wording and base sample meant we could not draw direct comparisons.

Pooling data from the Opinions and Lifestyle Survey

Statistics in this release have been taken from four waves of the Opinions and Lifestyle Survey (OPN). The OPN is a monthly omnibus survey. In response to the coronavirus (COVID-19) pandemic, we adapted the OPN to become a weekly survey used to collect data on the impact of the coronavirus pandemic on day-to-day life in Great Britain.

To enable more detailed analysis, such as the loneliness breakdowns presented in this release, four waves of this weekly OPN data have been pooled together and reweighted to create a larger dataset. By pooling data, we have improved the sample size available to create smaller breakdowns of individual questions at the expense of having to report on a wider time period (one month rather than one week).

This pooled dataset contains 5,320 individual responses, representing an overall response rate of 66% for the waves of the survey conducted from 3 April to 3 May 2020, meaning the entire reference period took place during lockdown. Survey responses were collected using an online self-completion questionnaire, with the option to take part over the phone.

The survey results are weighted to be a representative sample for the population. Weights were first adjusted for non-response and attrition, then calibrated to satisfy population distributions considering the following factors: sex by age, country or region, tenure, highest qualification, employment status, [National Statistics Socio-economic Classification \(NS-SEC\)](#) group and smoking status.

For age, sex and geography, population totals based on projections of mid-year population estimates for April 2020 were used. The resulting weighted sample is therefore representative of the Great Britain adult population by a number of socio-demographic factors and geography.

Some survey questions asked for people's responses in reference to "the past seven days". These results have been presented representing people's views during the month of April, even though people's attitudes may have changed slightly over our reference period.

Variables adapted during pooling

When creating a pooled dataset, it is only possible to include questions that were included across the entire period in question. Therefore, where additional response options have been added to multiple choice questions, we have incorporated them into existing categories so that people's responses could still be included in our analysis. Within this release, the following measures were affected. Full details may be found in the datasets.

COVID-19 affecting life

From 24 April 2020, an additional response option was added to the multiple-choice question: "In which ways is Coronavirus (COVID-19) affecting your life?". This was "My exercise routine is being affected". Responses within this category were incorporated into responses listed as "other".

For consistency, the same approach was taken to the question "Of the worries you told us about, which one are you most concerned about?".

Well-being

From 9 April 2020, two additional response options were added to the multiple-choice question: "In the past seven days, how has your well-being been affected?". These were "finding working from home difficult" and "unable to exercise as normal". Responses within each of these categories were incorporated into responses listed as "other".

Coping

Four additional response options were added to the multiple-choice question: "What is helping you to cope whilst staying at home?" on each of 9 and 17 April 2020. Responses to this question were subsequently regrouped as follows:

- spending time with others that you live with
- staying in touch with family and friends remotely
- cooking
- reading
- exercise (indoors and outdoors)
- gardening
- learning something new
- watching films, arts and culture (for example, virtual museum tours and online plays)
- working
- online activities, support and information (including using the internet to continue your usual activities (for example, virtual worship services))
- other, including limiting how often you listen to or watch the news, following lockdown tips and guides made by celebrities and athletes, struggling to find things that are helping me cope, arts activities, DIY activities

It is also known that for interviews conducted between 17 April 2020 and 26 April 2020, this question was not asked to those who responded via telephone. These respondents were therefore removed from analysis of this question.

Assessment of differences

The measures analysed in this release are sourced from self-reported survey data. These sources use samples of the total measured population to produce estimations. Given this, measures for given groups have only been assessed as higher or lower than the comparison group if the difference between groups is [statistically significant](#) using 95% [confidence intervals](#). If a difference is said to be statistically significant, it is unlikely that it could have occurred by chance.

Age categories

When looking at the demographics of our two lonely groups in Table 2, we break our sample down into five age bands: 16 to 24 years, 25 to 39 years, 40 to 54 years, 55 to 69 years and 70 years and over.

However, because of the smaller sample size, when analysing demographics of the "sometimes" or "occasionally" lonely group in Table 3, we collapse these categories, so analysis is provided by three age bands: 16 to 39 years, 40 to 69 years and 70 years and over. These broader age categories allow us to provide more robust analysis of this group.

Access to gardens

In our section on coping under "How are lonely people responding?" we referred to data breaking down access to gardens by tenure. The data are summarised more fully in Table 4.

Table 4: Percentage of people with access to gardens, by housing tenure
England, 2014 to 2019

	Rent (both private and socially rented)	Owned (both outright and with a mortgage)
I don't have access to a garden	24%	4%
I have access to a private communal garden	8%	2%
I have access to a private garden	64%	91%
I have access to a private outdoor space but not a garden (balcony, yard, patio area)	5%	3%

Source: Natural England - Monitor of Engagement with the Natural Environment (MENE)

Notes

1. Respondents were asked "Which of the following best applies to you?" Response options were "I don't have access to a garden; "I have access to a private communal garden"; I have access to a private garden" or "I have access to a private outdoor space but not a garden (balcony, yard, patio area). [Back to table](#)
2. Sample size for this analysis was 17,659. [Back to table](#)

For more information on these data please see the [Monitor of Engagement with the Natural Environment \(MENE\)](#).

Loneliness in the devolved administrations

The UK's devolved administrations also collect and publish data on loneliness.

Scotland captures data on loneliness through the [Scottish household survey](#), and its question on feeling lonely in the last week is included within the "Social networks" theme of Scotland's social capital index. This is a national indicator that forms part of Scotland's National Performance Framework. It monitors aggregate changes in levels of social capital since 2013 through the four domains of social networks, community cohesion, community empowerment and social participation. More information can be found on the [National Performance Framework website](#).

In Wales, a measure of loneliness is included within the [national indicators](#) to demonstrate progress towards Wales' seven well-being goals. Further data relating to loneliness at a Wales level are collected through the [National Survey for Wales](#).

Although the data source used in this release does not cover Northern Ireland, data are collected via the [Continuous Household Survey](#) and is available in a report on [Loneliness in Northern Ireland](#).

8 . Strengths and limitations

The main strengths of the Opinions and Lifestyle Survey (OPN) include:

- It allows for timely production of data and statistics that can respond quickly to changing needs
- It meets data needs: the questionnaire is developed with customer consultation, and design expertise is applied in the development stages
- Robust methods are adopted for the survey's sampling and weighting strategies to limit the impact of bias
- Quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of the OPN include:

- The sample size is relatively small: 2,010 individuals per week with fewer completed interviews, meaning that detailed analyses for subnational geographies and other sub-groups are not possible
- The mode is online only, so the sample may be subject to more bias than usual

More quality and methodology information on strengths, limitations, appropriate uses, and how the data were created is available in [Coronavirus and the social impacts on Great Britain](#) and the [Opinions and Lifestyle Survey QMI](#).

9 . Related links

[Measuring loneliness: guidance for use of the national indicators on surveys](#)

Article | Released 5 December 2018

How to use the recommended loneliness questions for adults and children and how to interpret and report the findings.

[National measurement of loneliness: 2018](#)

Article | Released 5 December 2018

The loneliness measurement landscape, the recommended national indicators of loneliness and the question testing underpinning our recommendations.

[Disability, well-being and loneliness, UK: 2019](#)

Bulletin | Released 2 December 2019

Personal well-being (UK) and loneliness (England) outcomes for disabled adults, with analysis by age, sex, impairment type, impairment severity and country.

[Coronavirus and the social impacts on disabled people in Great Britain](#)

Article | Released 24 April 2020

Indicators from the Opinions and Lifestyle Survey covering the period 27 March 2020 to 13 April 2020 on the impact of the coronavirus (COVID-19) pandemic on disabled people in Great Britain.

[Mind: Information and tips to manage loneliness](#)