

The State of Loneliness 2023:

ONS data on loneliness in Britain June 2023

Campaign to **End**Loneliness

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The Campaign to End Loneliness believes that people of all ages need connections that matter. We've been experts in the field of loneliness and connection since 2011 and our vision is that everyone can live a life free from chronic loneliness.

As the only organisation devoted to loneliness since 2011, we have significant research and policy expertise, and are regularly commissioned by public sector organisations for both qualitative and quantitative research.

WHAT WE DID

The Campaign to End Loneliness worked with Dr Heather McClelland of the University of Glasgow to analyse Office for National Statistics data on loneliness from their Opinions and Lifestyle Survey (OLS) between March 2020 and January 2023.

Our findings use responses to the question 'How often do you feel lonely?', specifically to numbers who answered 'often or always' to this question.

We can say that these people are experiencing chronic loneliness. We are grateful to ONS for giving access to raw OLS data which includes approximately 2010 participants each month and 24,120 data points per year. This means we can get more precise figures than in our previous analyses for the numbers and percentages of people who are chronically lonely in various groups, based on age, gender, ethnicity, health and geography.

The full set of mean figures for each group can be found in the appendix at the end of this document.

WHY WE DID IT

The Campaign to End Loneliness has been tracking data on loneliness to understand the impact of the Covid-19 pandemic.

In the first lockdown, data showed that while loneliness was affecting a lot of people's wellbeing, 1 chronic loneliness did not go up.

Chronic loneliness really started rising in the 2020-2021

winter lockdowns² and we have found that it has not dropped by much since then.

We wanted to find out if particular groups were driving this change so that we can better understand what can be done next.

WHAT THIS MEANS

In 2020, the prevalence of chronic loneliness was 6.0% - 3.24 million people. It has risen to 7.1% - 3.83 million - meaning that over half a million more people are lonely than in the first year of the pandemic. It is clear that Covid-19 has had a serious long-term impact on loneliness.

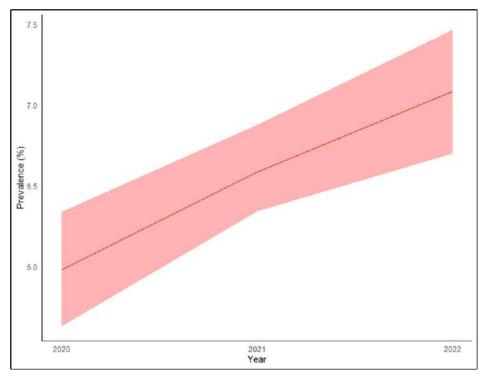


Figure 1. Mean prevalence of chronic loneliness in the UK adult population across 2020-2022 with confidence intervals.

- Mean prevalence is represented by a thin red line.
- 95% confidence interval range is represented by a pale red band.

AGE

Breaking the age spectrum into four groups shows that there have been significant increases in chronic loneliness in people over the age of 30 and under 70.

Significantly more under 30s have been lonely throughout and in 2021 and 2022 there is a pattern of chronic loneliness declining with age.

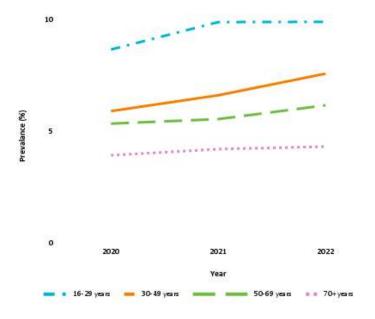


Figure 3. Mean prevalence of chronic loneliness in the UK adult population across 2020-2022 split across four age groups.

Nevertheless, there are hundreds of thousands of chronically lonely older people living lives in severe social isolation often linked to bereavement, disability and frailty.

SEX

Women were significantly more likely to be chronically lonely than men at all timepoints.

Both became more lonely between 2020 and 2022. The most recent averages are 6.3% for men and 7.7% for women.

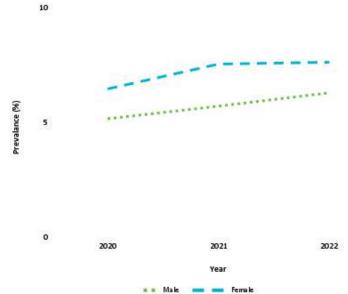


Figure 4. Mean prevalence of chronic loneliness in the UK adult population across 2020-2022 grouped by gender.

ETHNICITY

We wanted to explore ethnicity across five groups represented in the survey ('White', 'Mixed', 'Asian or Asian British', 'Black or Black British', 'Chinese' or 'Any other ethnic background').

However, analyses could not be performed due to small sample sizes for certain groups (specifically 'Mixed' and 'Black or Black British').

We were able to look at 'White' and non-'White' populations.

Prevalence of chronic loneliness was significantly greater in non-White populations in 2021 (8.3% vs 6.3%) but there were no differences at other times.

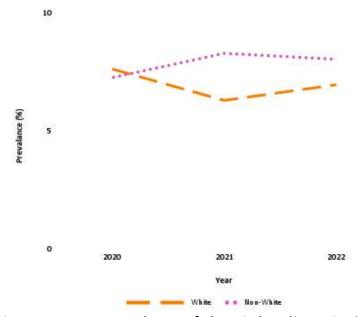


Figure 5. Mean prevalence of chronic loneliness in the UK adult population across 2020-2022 by ethnicity (White/ non-White)

HEALTH DIAGNOSIS

A consistent finding is that people who had a physical and/or mental health diagnosis were much more likely to be chronically lonely.

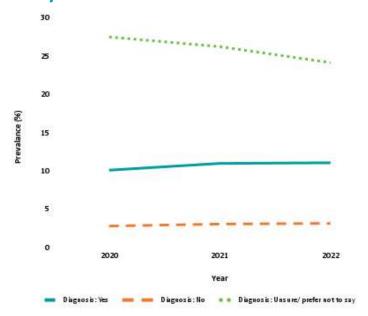


Figure 6. Mean prevalence of chronic loneliness in the UK adult population across 2020-2022 grouped by presence of a mental and/or physical health diagnosis.

In 2022, they were over three times more likely to be chronically lonely (3.3% vs 11.2%).

Those who were unsure or preferred not to say were even more likely to be chronically lonely (24.3%).

WHAT NEEDS TO HAPPEN NEXT

Earlier ONS analyses showed that levels of chronic loneliness before and at the start of Covid-19 were similar.

However, it now appears that the after effects of the pandemic on loneliness have been worse than its initial impact.

The Government's work on loneliness 3 has laid important foundations — we know much more about who is lonely, why they are lonely and what can be done about it than before.

The idea that loneliness is part of the business of government alongside wider society is more accepted than ever before. However, we need to develop ways of working to make a difference to the millions of people facing chronic loneliness.

Understanding why there are differences in levels of loneliness in different groups highlighted by our analyses will be key to these efforts.

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