Community Life Survey 2018-19

Estimates from the 2018-19 Community Life Survey show that among adults (16+) in England:

- **22%** took part in formal volunteering at least once a month and...
- **36%** took part in formal volunteering at least once in the last year.
- **75%** gave to charitable causes in the last 4 weeks...
  - donating an average of **£24 each**.
- **25%** felt able to influence decisions affecting their local area and...
- **52%** wanted to be more involved in local decision making.
- **76%** were satisfied with their local area as a place to live and...
- **81%** agreed their area was a place where people from different backgrounds get on well together.
- **62%** felt they belonged to their immediate neighbourhood...
- **84%** felt they belonged to Britain.
- **22%** took part in formal volunteering at least once a month and...
- **36%** took part in formal volunteering at least once in the last year.
- **75%** gave to charitable causes in the last 4 weeks...
  - donating an average of **£24 each**.
- **25%** felt able to influence decisions affecting their local area and...
- **52%** wanted to be more involved in local decision making.
- **76%** were satisfied with their local area as a place to live and...
- **81%** agreed their area was a place where people from different backgrounds get on well together.
- **62%** felt they belonged to their immediate neighbourhood...
- **84%** felt they belonged to Britain.

---

**About**

The Community Life Survey is a household self-completion survey of adults aged 16+ in England. The survey is a key evidence source on social cohesion, community engagement and social action.

This report summarises the results from the 2018-19 survey, which ran from April 2018 to March 2019. In 2016-17, the survey discontinued face-to-face collection and moved fully to a ‘push to web’ approach.

This nationally representative survey provides statistics on behaviours and attitudes to inform policy and action in these areas. The survey provides data of value to a range of users, including government departments, public bodies, those working in the voluntary and charity sectors and the public.

**Responsible statistician:**

Rosanna White
020 7211 6219

**Statistical enquiries:**

evidence@culture.gov.uk
@DCMSInsight

**Media enquiries:**
020 7211 2210

**Date:**
25th July 2019

**Contents:**

- Chapter 1: Identity, social networks and loneliness .................. 2
- Chapter 2: Neighbourhood and Community .......................... 9
- Chapter 3: Civic Engagement and Social Action ..................... 16
- Chapter 4: Volunteering and Charitable Giving ....................... 22
- Annex A: Background ............................................. 30
Important notes relating to this report:

- There are likely to be interactions between different demographics reported in this publication. For example, ethnic groups have different age and regional profiles. This report considers each demographic characteristic individually, so differences cited here cannot necessarily be attributed directly to the characteristic being described.
- The 2014-15 and 2015-16 survey had a smaller overall sample size than other years reported in this report so figures for these years may be less reliable.
- Small sample sizes for some demographic characteristics (such as some ethnic minority groups) presented in this report mean we are less able to detect significant differences between groups.
- All results summarised in this report are from the ‘push to web’ methodology. Respondents can choose to complete the survey online or use a paper questionnaire. Not all questions are included in the paper version of the questionnaire.
- 95% confidence intervals have been used throughout the report. For further explanation and for definitions of terms please refer to Annex A
- Differences between groups are only reported on in this publication where they are statistically significant i.e. where we can be confident that the differences seen in our sampled respondents reflect the population.

Chapter 1: Identity, social networks and loneliness

The Community Life Survey collects information about the way people communicate with family members and friends, their support networks and the diversity of their friendship groups, as well as feelings of loneliness.

In October 2018, the Prime Minister launched the government’s first loneliness strategy for England, ‘A connected society: A strategy for tackling loneliness’, with a commitment to tackle loneliness among all ages. To support the strategy’s aims to build the evidence base on loneliness, this report presents the most recent headline findings on levels of loneliness, as well as support networks and social networks.

In January 2019, DCMS published the first ‘Community Life Survey: Focus on Loneliness’ report. This used data from the 2017-18 survey, giving more detailed breakdowns by demographics and looking at the link between loneliness and other measures from the survey, such as volunteering and community engagement.

1.1 Social interactions

Participants were asked how often they communicated with family members and friends via a range of methods. When looking at those who used different methods once a week or more:

- 81% exchange texts or instant messages
- 80% speak on the phone/video call
- 74% meet up in person
- 36% email or write
The percentage of people who exchange text messages, speak on the phone or meet face to face with friends once a week or more in 2018-19 was similar to 2017-18. Looking over a longer time period, some changing patterns of behaviour emerge, with the percentage speaking on the phone or emailing/writing letters decreasing since 2013-14 and the percentage exchanging texts or instant messages increasing over that time period, as shown in Figure 1.1. The percentage who meet up in person once a week or more has stayed broadly consistent since 2013-14.

Looking at differences between demographic groups, women were more likely than men to have communicated once a week with family or friends by all four methods, with the most notable difference being in speaking on the phone, with 84% of women doing so at least once a week compared with 76% of men.
There were differences between age groups when looking at communication methods used once a week or more:

- People aged 25 to 34 were the most likely to send texts/instant messages at least once a week, with usage then decreasing with each age group.
- People aged 35 to 49 and 50 to 64 were less likely to meet up in person than both older and younger age groups.
- People aged 65 and over and people aged 25 to 34, were more likely to speak on the phone than those aged 16 to 24 and aged 50 to 64.
- People aged 65 to 74 were more likely to email or write letters than all other age groups.

![Figure 1.3 Methods of communicating with family or friends once a week or more by age group](image)

When looking at ethnicity, Black people were less likely to meet up with family or friends in person than White or Asian people (62% compared with 75% and 72% respectively). Asian people were more likely to communicate via text/ instant messages than White people (86% compared with 81%).

By type of area, those living in rural areas were more likely to write letters/email and less likely to meet up in person or exchange texts/instant messages than those living in urban areas.

Across regions, the percentage who said they met up in person once a week or more ranged from 83% in the North East to 70% in London and the South East, while people in London were more likely to email or write than those in the North East or the West Midlands (43% compared with 28% in the North East and West Midlands).

People living in the least deprived areas, as measured by the Index of Multiple Deprivation, were also more likely to write or email than those living in the most deprived areas (41% compared with 30%).

---

What is the Index of Multiple Deprivation (IMD)?

The Index of Multiple Deprivation, commonly known as the IMD, is the official measure of relative deprivation for small areas in England. It is calculated using several measures such as income deprivation, crime and living environment deprivation. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). In this publication, we have clustered these areas into ‘IMD Quintiles’ with 1 being the most deprived areas and 5 being the least deprived areas.
1.2 Support Networks

Overall, most people said there were people available if they needed support:

- **96%** agreed that there is at least one person they can really count on to listen when they need to talk.
- **5%** definitely or tended to disagree.

- **91%** either definitely or tended to agree that if they wanted company or to socialise there are people they could call.
- **9%** definitely or tended to disagree (online estimates only).

The percentage of people who agreed that if they wanted company or to socialise there are people they could call has reduced slightly from 93% in 2013-14, however the percentage who agreed there would be people who would be there for them if they needed help, or agreeing there is someone to count on when they need to talk, has stayed broadly consistent over the same time period.

The most notable difference among demographic groups is between those with a limiting long-term illness or disability and those without, with people with a limiting long-term illness or disability being less likely to agree with each of the above statements. Men were also less likely to agree with each of the statements than women.

**Limiting long term illness or disability definition:** In this report, respondents are classified as having a limiting long term illness or disability if they have any physical or mental health conditions or illnesses lasting, or which are expected to last for 12 months or more and their condition and/or illness reduces their ability to carry out day to day activities. This information is only available for those who completed the online version of the survey.
Figure 1.4  Percentage of respondents with support networks available by limiting long-term illness/disability (LTLI/Disability).

1.3  Diversity of friendship groups

In 2018-19, the majority of people had diverse friendship groups in terms of ethnicity, religion, age and education: 39% of people said that all of their friends are the same ethnic group as themselves, 28% said all were from the same religious group, 17% were all the same age group and 20% said all their friends had a similar level of education.

Figure 1.5  Similarity of friends to respondent in terms of ethnicity, religion, education and age group.

The proportion who said all their friends were the same religious group, age group and education has gradually increased since 2013-14 (from 25%, 14% and 13% respectively), but the proportion saying all their friends are the same ethnic group has decreased from 42% over the same time period.
1.4 Loneliness

Overall, 6% of people said they feel lonely often or always. This is the same as in 2017-18 but an increase from 5% in 2013-14. In 2018-19, 22% said they never feel lonely, similar to 2017-18 and 2013-14 (23%).

Figure 1.6 How often adults (16+) feel lonely

Looking by demographic group, men were more likely to say they never felt lonely than women (25% compared with 19%). This is in contrast to findings in sections 1.1 and 1.2, which showed women were more likely to have regular contact with family and friends across a range of communication methods, and more likely to agree they have support networks. It is possible this could be indicative of differing attitudes towards loneliness between men and women, or differences in likelihood of reporting loneliness. Alternatively, other factors not measured by the survey may have impacted on feelings of loneliness.

There were differences by age group in feelings of loneliness, with people aged 16 to 24 more likely to say they feel lonely often/always than those aged 35 and over (ranging from 9% of 16-24 year olds to 4% of 65-74 year olds). They were also the least likely age group to say they never felt lonely at 11%, for example in contrast, 31% of 65-74 year olds and 30% of those aged 75 and over said they never felt lonely.

Further analysis: In April 2018, The Office for National statistics published an article titled ‘Loneliness: What characteristics and circumstances are associated with feeling lonely?’ which includes further demographic breakdowns, as well as presenting distinct profiles of loneliness, using the 2016-17 Community Life Survey data.

Figure 1.7 Feeling lonely often/always or never, by age group.


This analysis provides further statistics on loneliness among children and young people, as well as findings from qualitative interviews to help understand more about the lived experience of loneliness among 16-24 year olds.
In reference to section 1.1 and 1.2, there was little variation between age groups on measures of support networks. Both 16-24 year olds and those aged 65 and over had regular communication with family and friends. While there were some differences in methods of communication between age groups, these differences do not imply a causal link to the differences in experiences of loneliness between age groups. There were also no significant differences between these age groups when looking at the percentage who met family and friends in person once a week or more. For more detailed breakdowns on loneliness by age group, see ‘Community Life Survey: Focus on loneliness 2017-18’

People with a limiting long-term illness or disability were more likely to say they felt lonely often/always than those without (14% compared with 4%) and less likely to say they never felt lonely (13% compared with 23%). Section 1.2 also showed that people with a LLTI/disability were less likely to feel they had support networks to rely on when they needed them.

Figure 1.8 How often people feel lonely by limiting long-term illness/disability (LLTI/Disability).

<table>
<thead>
<tr>
<th></th>
<th>Often/lonely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>LLTI/Disability</td>
<td>14 (13%)</td>
<td>13 (23%)</td>
</tr>
<tr>
<td>No LLTI/Disability</td>
<td>4 (4%)</td>
<td>23 (23%)</td>
</tr>
</tbody>
</table>

People living in urban areas were more likely to feel lonely often/always than those living in rural areas (6% compared with 4%) and those living in the most deprived areas were more likely to feel lonely often/always than those living in the least deprived areas (8% compared with 4%).
Chapter 2: Neighbourhood and Community

This chapter looks at key survey measures that focus on people’s views and experiences of their neighbourhood and local area.

Many of the measures show a decrease in engaging with neighbours and satisfaction with the local area since 2013-14; however feeling of belonging to neighbourhood has improved over this time.

There are differences in experiences between demographic groups. Generally, younger people expressed less favourable views than older age groups, as did people living in more deprived areas compared with those living in the least deprived areas (as measured by the Index of Multiple Deprivation). There are also differences in some measures between men and women’s experiences, between those with a limiting long-term illness or disability and those without, and those living in urban areas compared to those living in rural areas.

2.1 Neighbourhood

The proportion of people who either said they ‘definitely agree’ or ‘tend to agree’ they borrow things and exchange favours with their neighbours has gradually reduced over the last six years. In 2018-19, 35% agreed compared with 37% in 2017-18 and 42% in 2013-14.

Integrated Communities:
The Ministry of Housing, Communities and Local Government published the ‘Integrated Communities Action Plan’ which contains a range of cross-government measures to support the government’s commitment to build strong integrated communities where people, whatever their background, live, work, learn and socialise together, based on shared rights, responsibilities and opportunities.

In 2018-19, 72% of people said they chat to their neighbours at least once a month (more than just to say hello), similar to 2017-18 but lower than 2013-14 (75%).
Demographic trends were broadly consistent with 2017-18. Looking at differences by age, in 2018-19 people aged 16-24 were less likely to chat to their neighbours than all other age groups, with only 47% doing so once a month or more. Those aged 65 and over were most likely to regularly chat to their neighbours, with 86% of both 65-74 year olds and those aged 75 and over doing so once a month or more.

There were some differences by ethnic group, with White people more likely to chat to their neighbours than Asian or Black people (73% compared with 66% and 65%). This could be related to different age profiles between ethnic groups in the general population (see 'Ethnicity Facts and Figures' website for more information).

Those living in rural areas were more likely to chat to neighbours than those in urban areas (82% compared with 70% respectively) and people in the least deprived areas were more likely to chat with neighbours than those in the most deprived areas (75% compared with 66% respectively).

2.2 Community Cohesion

The percentage of people agreeing that their area is a place where people from different backgrounds get along well together has remained fairly consistent over the last six years, with 81% agreeing in 2018-19 and 82% agreeing in both 2017-18 and 2013-14.

In 2018-19, 58% agreed that people in their neighbourhood pull together to improve the neighbourhood. This is similar to 2017-18 and 2013-14.
Women were more likely than men to agree that their area is a place where people from different backgrounds get on well together (82% compared with 80%), and people aged 75 and over were more likely to agree than those most other age groups (with the exception of those aged 65-74, where the difference was not statistically significant) with 86% agreeing.

People without a limiting long-term disability or illness were more likely to agree than those with (83% compared with 78%).

People living in rural areas were more likely to agree than those living in urban areas (85% compared with 81%), and people living in the least deprived areas were more likely to agree than those living in the most deprived areas (86% compared with 72%).

Women were more likely than men to agree that their area is a place where people from different backgrounds get on well together (82% compared with 80%), and people aged 75 and over were more likely to agree than those most other age groups (with the exception of those aged 65-74, where the difference was not statistically significant) with 86% agreeing.

People without a limiting long-term disability or illness were more likely to agree than those with (83% compared with 78%).

People living in rural areas were more likely to agree than those living in urban areas (85% compared with 81%), and people living in the least deprived areas were more likely to agree than those living in the most deprived areas (86% compared with 72%).
Levels of trust in people in the neighbourhood has steadily declined from 2013-14 to 2018-19: in 2018-19, 40% said that many of the people could be trusted, which is similar to 2017-18 but lower than six years previously when the percentage was 48%. The percentage who said some or a few of the people can be trusted has increased over this time period, with the percentage who said ‘none of the people can be trusted’ also increasing slightly, from 3% to 4%.

Figure 2.5  Responses to ‘thinking about the people who live in this neighbourhood, to what extent do you believe they can be trusted’

2013-14 to 2018-19, online and paper estimates

2.3 Neighbourhood satisfaction

Overall, 76% were either very or fairly satisfied with their local area as a place to live, a decrease from 80% in 2013-14. This is made up of 30% of people who said they were ‘very satisfied’ with their local area as a place to live, and 46% who were ‘fairly satisfied’. The percentage who were ‘very satisfied’ has decreased from 36% in 2013-14.

Figure 2.6  Responses to ‘Overall, how satisfied or dissatisfied are you with your local area as a place to live?’

Online and paper estimates, 2018-19
When looking at those who said they were either very or fairly satisfied with their local area as a place to live, women were more likely to be satisfied than men (77% compared with 74%).

Older age groups were more likely to be very or fairly satisfied than younger age groups. For example, 85% of people aged 75 and over were satisfied with their local area compared with 65% of people aged 16-25.

People without a limiting long-term illness or disability were more likely to be fairly or very satisfied than those with (77% compared with 70%).

As in 2016-17 and 2017-18, the 2018-19 figures show people living in the least deprived areas are more likely to be fairly or very satisfied with their local area than those living in the most deprived areas, with satisfaction ranging from 88% to 58% respectively.

People living in rural areas were more likely to be satisfied with their local area than those living in urban areas (84% compared with 74%).

In 2018-19, the percentage of people who said their local area has got better to live in in the last two years remained the same as in 2017-18 at 14%. The percentage who felt their area has got worse to live in has continued to increase from 20% in 2013-14, to 24% in 2017-18 and 26% in...
2018-19. The majority of people said that it had not changed much, with 61% of people giving this response.

**Figure 2.10** Percentage of respondents who felt their area has got either better, worse to live in or has not changed much in the last two years

<table>
<thead>
<tr>
<th>Year</th>
<th>Has got worse</th>
<th>Has not changed</th>
<th>Has got better</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>12</td>
<td>68</td>
<td>20</td>
</tr>
<tr>
<td>2014-15</td>
<td>13</td>
<td>66</td>
<td>21</td>
</tr>
<tr>
<td>2015-16</td>
<td>15</td>
<td>65</td>
<td>21</td>
</tr>
<tr>
<td>2016-17</td>
<td>15</td>
<td>64</td>
<td>22</td>
</tr>
<tr>
<td>2017-18</td>
<td>14</td>
<td>62</td>
<td>24</td>
</tr>
<tr>
<td>2018-19</td>
<td>14</td>
<td>61</td>
<td>26</td>
</tr>
</tbody>
</table>

2013-14 to 2018-19, online and paper estimates

95% confidence interval

2.4 Feeling of belonging to neighbourhood and to Britain

Respondents were asked how strongly they felt they belonged to their immediate neighbourhood and to Britain.

**Figure 2.11** Percentage of adults (16+) who said they feel they very strongly or fairly strongly belong to their immediate neighbourhood or to Britain

<table>
<thead>
<tr>
<th>Year</th>
<th>Belonging to Britain</th>
<th>Belonging to neighbourhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>85</td>
<td>58</td>
</tr>
<tr>
<td>2014-15</td>
<td>83</td>
<td>55</td>
</tr>
<tr>
<td>2015-16</td>
<td>85</td>
<td>60</td>
</tr>
<tr>
<td>2016-17</td>
<td>85</td>
<td>62</td>
</tr>
<tr>
<td>2017-18</td>
<td>85</td>
<td>62</td>
</tr>
<tr>
<td>2018-19</td>
<td>84</td>
<td>62</td>
</tr>
</tbody>
</table>

2013-14 to 2018-19, belonging to neighbourhood based on online and paper estimates, belonging to Britain based on online estimates only

Feeling of belonging to neighbourhood:

In 2018-19, the proportion of people who feel they ‘very strongly’ or ‘fairly strongly’ belong to their immediate neighbourhood has stayed the same as 2017-18, at 62%, however this has increased from 58% in 2013-14.

As in previous years, younger age groups were less likely to feel they belonged than older age groups. People aged 16-24 and 25-34 were less likely to feel they belonged than all older age
groups, and those aged 65 and over were more likely to agree than all younger age groups, as shown in Figure 2.11.

Women were more likely to agree they belonged to their immediate neighbourhood than men (64% compared with 60%). People with a limiting long-term illness or disability were less likely to feel they belonged than those without (59% compared with 63%).

People living in rural areas were more likely to feel they belonged to their immediate neighbourhood than people living in urban areas (71% compared with 60%) and people living in the least deprived areas were more likely to feel they belonged than people living in the most deprived areas.

![Figure 2.12 Feeling of belonging to Britain and neighbourhood by age group](image1)

![Figure 2.13 Feeling of belonging to Britain and neighbourhood by IMD quintile](image2)

Feeling of belonging to Britain:

Respondents were asked how strongly they felt they belonged to Britain. In 2018-19, 84% answered either ‘very strongly’ or ‘fairly strongly’, and this has remained broadly consistent since 2013-14. The percentage who answered ‘very strongly’ has decreased since 2013-14, with 51% saying ‘very strongly’ in 2013-14 compared with 48% in 2018-19. This corresponds with an increase in those saying ‘fairly strongly’, from 34% in 2013-14 to 36% in 2018-19.

Looking at those responding ‘very strongly’ or ‘fairly strongly’, younger age groups tended to feel they belong less than older age groups, as in 2017-18, with the 25-34 year old age group having a lower percentage of feeling they belong than any other age group. Among this age group, 76% said they feel they belonged to Britain, compared with 95% of those aged 75 and over, as shown in Figure 2.12.

People living in London were less likely to feel they belong to Britain than those living in all other regions. In London, 77% of people feel they belong, compared with 89% in the North East, and 88% of those living in Yorkshire and the Humber and the East Midlands. In addition, people living in rural areas were more likely to feel they belonged than people living in rural areas (88% compared with 84%), as were people living in the least deprived areas compared with the most deprived areas (88% compared with 80%). There is likely to be overlap between these geographic groups, however this data does not show the interaction between these characteristics.
Chapter 3: Civic Engagement and Social Action

This chapter focuses on people’s involvement in activities influencing political decisions and local affairs, looking at levels of engagement, as well as people’s feelings around being able to influence local decisions and what would make things easier to do so. Activities could be in the form of engaging in democratic process, such as signing a petition or attending a public rally, becoming a local councillor or school governor, being involved in decision-making groups or getting together to support community projects.

The Civil Society Strategy sets out Government’s ambition to create opportunities for people to change their own lives and the world around them. This could be involving citizens in local decision-making using participatory democracy, or in the design of public service delivery. The Office for Civil Society (DCMS) is working with local authorities to give people access to the decisions they care about, as well as helping to build capacity within communities to create active and mobilised citizens.

The definitions of civic engagement and social action given in this section are reflective of the questions asked within the Community Life Survey however these definitions may differ to those used elsewhere.

3.1 Civic Engagement

In the Community Life Survey, civic engagement is measured in the following ways:

Civic participation: engagement in democratic processes, both in person and online, including contacting a local official (such as a local councillor or MP), signing a petition, or attending a public rally (excludes voting).

Civic consultation: taking part in a consultation about local services or problems in the local area through completing a questionnaire, attending a public meeting or being involved in a face-to-face or online group.

Civic activism: involvement in activities in the local community such as being a local councillor, school governor, volunteer special constable or magistrate (for those aged 18 or over). Civic action also includes involvement (in person or online) in decision making groups in the local area, for example, a group making decisions about local health or education services, a tenants’ decision making group or a group set up to tackle local crime problems or to regenerate the local area.

Figure 3.1 Percentage of adults (16+) taking part in civic participation, consultation or activism at least once in the 12 months prior to completing the survey.

2013-14 to 2018-19, online and paper estimates
Civic participation:
In 2018-19, 34% of people said they had engaged in some form of civic participation at least once in the last 12 months. This is a decrease from 2017-18 when 38% took part. The level of civic participation was at its highest in 2016-17 (41%) and has gradually decreased since. Looking at demographic breakdowns, the survey shows differences by age (people aged 75 and over were less likely to engage in civic participation than all other age groups, with 26% doing so at least once in the last year), by ethnic group (White people were more likely to have taken part in civic participation than Asian people at 35% compared with 27%) and by disability (people with a limiting long-term illness or disability were more likely to have taken part than those without at 42% compared with 35%).

Civic consultation:
In 2018-19, 19% of people took part in civic consultation at least once in the last 12 months, similar to 2017-18 (18%) and the same as in 2013-14. As with civic participation, there were some differences by demographic characteristic, such as age (people aged 35 to 64 were more likely to have taken part than those aged 16-34), region (ranging from 12% in the West Midlands to 24% in the South West) and type of area (people living in rural areas were more likely to have taken part than those living in urban areas at 25% compared with 18%, and people living in the least deprived areas were more likely to have taken part than those living in the most deprived areas, at 25% compared with 15%).

Civic activism:
In 2018-19, 8% of people had engaged in civic activism at least once in the last 12 months, the same as in 2017-18 but lower than in 2013-14 (10%). Analysis shows some difference in behaviour by age (people aged 16-24 and aged 25-34 were less likely to have taken part than all other age groups) and type of area (people living in rural areas were more likely to have taken part than those living in urban areas at 12% compared with 7%).

3.2 Influencing local decisions
Feeling able to influence decisions:
In 2018-19, 25% of people either definitely or tended to agree that they personally can influence decisions affecting their local area. This is similar to 2017-18 and 2013-14.
As in 2016-17 and 2017-18, there were differences in the percentage who agree between ethnic groups:

- Black people were more likely to agree that they can influence local decisions than people with White, Asian or Mixed ethnicity.
- White people were less likely to feel they can influence local decisions than people with Asian, Black or Mixed ethnicity.
- People with Asian and Mixed ethnicity had similar levels of agreement.
- Sample sizes for people from other ethnic groups are smaller, and as such, it is not possible to detect statistically significant differences between this group and other ethnic groups.

People with a limiting long-term illness or disability were less likely to agree they personally can influence local decisions than those without, as shown in Figure 3.4. This is in contrast to findings in civic participation which showed people with a limiting long-term illness or disability were more likely to have engaged in civic participation activities.

Importance and desire to influence local decisions:

Respondents were asked how important it was for them personally to be able to influence local decisions. In 2018-19, 56% said it was either ‘very important’ or ‘quite important’ and 44% said it was either ‘not very important’ or ‘not at all important’. This breakdown is similar to 2017-18, but different from 2013-14, where 62% said it was either very or quite important and 38% said it was either not very important or not at all important.
Looking at those who said it was either very or quite important, people aged 16 to 24 were less likely to say it was important than all other age groups, with 41% saying it was important.

People with a limiting long-term illness or disability were more likely to say it was important to be able to influence decisions affecting their local area, although as shown in the previous section they were less likely to feel able to influence decisions.

There were variations in importance attached to influencing decisions affecting local areas by type of area, with people living in rural areas more likely to say it was important compared with people living in urban areas (61% compared with 55%) and people living in the least deprived areas more likely to say it was important than people living in the most deprived areas (59% compared with 49%).

Respondents were asked if generally speaking, they would like to be more involved in the decisions their local council makes which affect their local area. In 2018-19, 52% said yes and 45% said no. A further 3% said it depends on the issue. The percentage who said no has increased from 38% in 2013-14 but the percentage who said yes was similar.1

Figure 3.4 Percentage agreeing they can influence decisions affecting local area and percentage agreeing it is important to be able to by limiting long term illness/disability

In 2016-17, the option ‘depends on the issue’ changed from being available up front to only being available if the respondent tried to move on without answering. While this is likely to have reduced the number of people selecting that response, it is less clear how this would have impacted the other two response options.

Figure 3.5 Responses to ‘generally speaking, would you like to be more involved in the decisions your local council makes which affect your local area?’

---

1. In 2016-17, the option ‘depends on the issue’ changed from being available up front to only being available if the respondent tried to move on without answering. While this is likely to have reduced the number of people selecting that response, it is less clear how this would have impacted the other two response options.
Enabling decision making:

Respondents were asked: ‘If you wanted to influence decisions in your local area how would you go about it?’ and presented with a list of options, of which they could select all that applied. The three most common responses were ‘contact the council/ a council official’, ‘sign an online petition’ and ‘contact my councillor’.

**Figure 3.6** If you wanted to influence decisions in your local area how would you go about it?

Respondents were then asked, what would make it easier to influence decisions in their local area and asked to select all options that applied. The most common response was ‘if I knew what issues were being considered’, followed by ‘if I could give my opinion online/ by email’ and ‘if I had more time’.

**Figure 3.7** What would make it easier to influence decisions in the local area?
3.3 Social action

In the Community Life Survey, social action refers to involvement with issues affecting the local area by doing things like:

- Setting up a new service/amenity
- Stopping the closure of a service/amenity
- Stopping something happening in the local area
- Running a local service on a voluntary basis
- Helping to organise a street party or community event

In 2018-19, 15% of people had been involved in social action at least once in the last 12 months, the same as in 2017-18 and lower than in 2013-14 (19%).

Figure 3.8 Percentage of adults who had been involved in social action and who were aware of others being involved

As in 2017-18, people living in rural areas were more likely to have been involved, with 22% having done so in the last year compared with 13% of those living in urban areas and people living in the least deprived areas were more likely to have taken part than people living in the most deprived areas (19% compared with 11%).
Chapter 4: Volunteering and Charitable Giving

The Office for Civil Society (OCS) within DCMS addresses volunteering as one element of its core remit of social action: the process of people coming together to help improve their lives and solve the problems that are important in their communities.

This section provides headline data measuring engagement in formal and informal volunteering, reasons for and barriers to volunteering, as well as charitable giving behaviours and views. The data looks at engagement over time, and difference in engagement between demographic groups.

Information about volunteering in DCMS sectors, as well as charitable giving is also collected in the DCMS ‘Taking Part Survey’. This survey uses a different method of collecting responses and asks about volunteering and charitable giving slightly differently to the Community Life Survey, so results will vary.

In May 2019, DCMS published ‘Community Life Survey and Taking Part Survey 2017-18: Focus on volunteering by age and gender’. This gives detail of the experiences of men and women of different ages in volunteering, and combines data from both the Community Life survey and Taking Part survey.

### Formal volunteering: Giving unpaid help through clubs or organisations

### Informal volunteering: Giving unpaid help as an individual to people who are not a relative.

#### 4.1 Volunteering participation levels

For both formal and informal volunteering, participation has reduced since 2013-14, but generally, rates of regular volunteering (at least once a month) have remained stable since 2016-17.

In 2018-19, 38% of people had taken part in either formal or informal volunteering at least once a month. This is the same as in 2017-18 but lower than in 2013-14 (44%).

In the same period, 62% had taken part in either formal or informal volunteering at least once in the last 12 months. This is similar to 2017-18 (64%) but lower than in 2013-14 (70%).
When looking at regular volunteering (at least once a month), women were more likely to have taken part in either formal or informal volunteering than men (40% compared with 36%). This is largely due to the increased rate of informal volunteering among women compared with men. People aged 25-34 were less likely to have taken part in either regular formal or informal volunteering than all other age groups, with 31% having taken part. People living in rural areas were more likely to have taken part regularly than those living in urban areas (44% compared with 37%), and people living in the least deprived areas were more likely to have taken part than those in the most deprived areas (44% compared with 33%).

Formal volunteering:
Formal volunteering refers to those who have given unpaid help to groups or clubs, for example, leading a group, administrative support or befriending or mentoring people.

In 2018-19, 22% of people took part in formal volunteering at least once a month, the same as 2016-17 and 2017-18 but lower than in 2013-14 (27%). In 2018-19, 36% of people took part in formal volunteering at least once in the last year. This is lower than in 2017-18 when 38% took part, and lower than in 2013-14 (45%).
Looking at regular (at least once a month) formal volunteering, 25-34 year olds continue to have the lowest level of engagement of all age groups at 15%. People aged 65-74 were the most likely to have taken part in regular formal volunteering, with 28% taking part.

People who were economically inactive were more likely to have taken part in regular formal volunteering than those in employment and those who were unemployed (27% compared with 22% and 17% respectively).

People living in rural areas were more likely to have taken part in regular formal volunteering than people living in rural areas (29% compared with 20%) and people living in the least deprived areas were more likely to have taken part than those living in the most deprived areas (29% compared with 14%).

Informal volunteering:

Informal volunteering measures giving unpaid help to individuals who are not a relative. For example, babysitting or caring for children, keeping in touch with someone who has difficulty getting out and about, or helping out with household tasks such as cleaning, laundry or shopping.

In 2018-19, 26% of people had taken part in informal volunteering at least once a month, similar to in 2017-18 but lower than 2013-14 when 31% took part. In 2018-19, 52% of people had taken part at least once in the last year, again, similar to 2017-18 but lower than in 2013-14 when 58% took part.
Women were more likely to have taken part in regular (at least once a month) informal volunteering than men, with 29% doing so compared to 24% of men. People with a limiting long-term illness or disability were more likely to have taken part than those without (32% compared with 26%).

4.2 Motivators and barriers to volunteering

Respondents were asked about their reasons for starting formal volunteering and those who didn’t volunteer regularly were asked about the barriers to doing so. They were invited to select all responses that applied.

The most common reason given for taking part in formal volunteering was ‘I wanted to improve things/help people’, ‘The cause was really important to me’ and ‘I had spare time to do it’. Figure 4.4 shows the percentage for all reasons listed:
People who did not indicate they had taken part in formal volunteering, or who did formal volunteering less frequently than once a month were asked about the reasons for not volunteering/not volunteering more frequently. Work commitments, doing other things in their spare time and looking after children were all cited as barriers to volunteering.
4.4 Charitable giving

In 2018-19, 75% of respondents said they had given money to charitable causes in the last 4 weeks, the same as in 2017-18 and 2016-17 but lower than 2013-14 when 82% had given to charitable causes. The rate in 2013-14 is higher than all other subsequent survey years. Without comparable data for years prior to this, it is not possible to conclude whether 2013-14 had unusually high levels of charitable giving, or whether this was part of a longer downward trend.

Figure 4.6 Percentage who gave to charitable causes in the 4 weeks prior to completing the survey and the mean amount given (excluding donations over £300)

Levels of giving varied by demographic characteristics, with women more likely to have given to charitable causes in the 4 weeks prior to completing the survey than men (80% compared with 70%). Younger age groups were less likely to have given to charitable causes, with 16-24 year olds being less likely than any other age groups to have given to charitable causes (59%).

People living in rural areas were more likely to have given to charitable causes than those living in urban areas (79% compared with 74%) and people living in the least deprived areas were more likely to have given to charitable causes compared with people living in the most deprived areas (77% compared with 69%).

The average amount given was £24 (excluding those who donated £300 or more). In 2018-19, 15% of people gave over £50, an increase from 13% in 2017-18. In addition, 15% of people donated £4 or less, a decrease from 19% in 2017-18.

2. Figures relating to the amount donated to charitable causes have not been adjusted to account for inflation.
4.5 Methods of giving to charitable causes

Respondents were asked more details about methods of donations, causes donated to and what would enable them to donate more:

29% of people gave money through collection tins…

…and 27% bought goods from charity shops or catalogues

28% of those who donated gave to medical research…

… and 26% donated to hospitals and hospices

37% of people said they would be encouraged to start donating or to donate more if they had more money…

… and 28% said having confidence that the charity or organisation uses the money effectively would encourage them to start donating or to donate more

Giving through collection tins and through charity shops or catalogues were the most common methods for donating, the percentage giving to each causes is shown below:

**Figure 4.7** Methods of giving to charitable causes in the last four weeks

Since 2017-18, there was a reduction in the percentage of people who gave through collection tins (32% to 29%), buying raffle tickets (25% to 23%) or through collections at a place of worship (15% to 13%) and an increase in donations online/ via a website (10% to 12%).

95% confidence interval

2018-19, online and paper estimates
Of those who gave to charitable causes, 28% gave to medical research, 26% gave to hospitals and hospices and 19% gave to either religion or animal welfare.

**Figure 4.8** Types of causes given to in the last four weeks

![Graph showing the percentage of people who gave to various charitable causes in the last four weeks.](image)

**Figure 4.9** What would make respondents more likely to give to charitable causes or to increase the amount they gave

![Graph showing the percentage of respondents who would be encouraged to give more based on various factors.](image)

When respondents were asked what would either encourage them to start giving to charitable causes, or to increase the amount they currently donate, 37% said if they had more money, 28% said having confidence that the charity or organisation uses the money effectively and 18% said knowing that their money was going to be spent locally. 32% said none of the options listed would encourage them to start giving or to give more.

**Figure 4.9** What would make respondents more likely to give to charitable causes or to increase the amount they gave

![Graph showing the percentage of respondents who would be encouraged to give more based on various factors.](image)
Annex A:  Background

1. The Community Life Survey (CLS) is commissioned by DCMS. The fieldwork is conducted by Kantar (formerly TNS-BMRB). It is an annual household survey, conducted via self-completion questionnaire.

2. This release is based on self-completed questionnaires conducted either online or using paper questionnaires. The survey was completed between April 2018 and March 2019. The total sample size for the 2018-19 period was 10,627. Sample sizes for each breakdown can be found in the accompanying tables. All households sampled were invited to complete the survey online with the option to request a paper version. A targeted sample were also sent two paper questionnaires in their second reminder letter. In 2018-19, 2,725 people (26%) completed the paper version of the questionnaire and 7,902 (74%) completed the survey online. Due to space limitations in the paper questionnaire, not all questions from the online survey are included in the paper version and the source of each survey measure is referenced in the accompanying charts and tables.

3. Stringent quality assurance procedures have been adopted for this statistical release. All data and analysis has been checked and verified by at least two different members of the DCMS team to ensure the highest level of quality. Descriptive statistics have been calculated using complex samples analysis. Upper and lower estimates may vary slightly from analysis using other methodology or different software packages.

4. The upper and lower estimates presented in this report and in the accompanying tables have been calculated using a 95% confidence interval. This means that had the sample been conducted 100 times, creating 100 confidence intervals, then 95 of these intervals would contain the true value. When the sample size is smaller, as is the case for certain groups, the confidence intervals are wider as we can be less certain that the individuals in the sample are representative of the population. This means that it is more difficult to draw inferences from the results.

5. Differences between groups have only been reported on in the text of this report where they are statistically significant at the 95% level. This means that we can be confident that the differences seen in our sampled respondents are reflective of the population. Specifically, the statistical tests used mean we can be confident that if we carried out the same survey on different random samples of the population, 95 times out of 100 we would get similar findings. When sample sizes are smaller we can be less confident in our estimates so differences need to be greater to be considered statistically significant.

6. Statistical significance: Differences between groups are only reported on in this publication where they are statistically significant, i.e. where we can be confident that the differences seen in our sampled respondents are reflective of the population. A significant difference at the 95% level means we can be confident that if we carried out the same survey on different random samples of the population, 95 times out of 100 we would get similar findings.

7. Index of Multiple Deprivation (IMD) Quintile: The Index of Multiple Deprivation, commonly known as the IMD, is the official measure of relative deprivation for small areas in England. This is calculated using several measures such as income deprivation, crime and living environment deprivation. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). In this publication, we have clustered these areas into 'IMD Quintiles' with 1 being the most deprived areas and 5 being the least deprived areas.
Other definitions used in this report:

8. Limiting long-term illness or disability: In this report, respondents are classified as having a limiting long-term illness or disability if they have any physical or mental health conditions or illnesses lasting, or which are expected to last for 12 months or more and their condition and/or illness reduces their ability to carry out day to day activities. This information is only available for those who completed the online version of the survey.

9. Index of Multiple Deprivation (IMD) Quintile: The Index of Multiple Deprivation, commonly known as the IMD, is the official measure of relative deprivation for small areas in England. This is calculated using several measures such as income deprivation, crime and living environment deprivation. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). In this publication, we have clustered these areas into ‘IMD Quintiles' with 1 being the most deprived areas and 5 being the least deprived areas.

Relevant research and statistics:

10. Information about volunteering is also collected in the Department for Digital, Media, Culture and Sport’s Taking Part survey. This asks about volunteering in a different way to CLS so estimates can vary. CLS should be used for headline measures of volunteering, while Taking Part can be used to understand volunteering in the DCMS sectors. More information can be found on the Taking Part statistical release page.

11. Links to reports referenced in this document:
   - Someone Cares if I’m not there (Sense): https://www.sense.org.uk/support-us/campaign/loneliness/
   - Ethnicity facts and figures website : https://www.ethnicity-facts-figures.service.gov.uk/

12. The responsible statistician for this release is Rosanna White. For enquiries on this release, please contact Rosanna at evidence@culture.gov.uk.