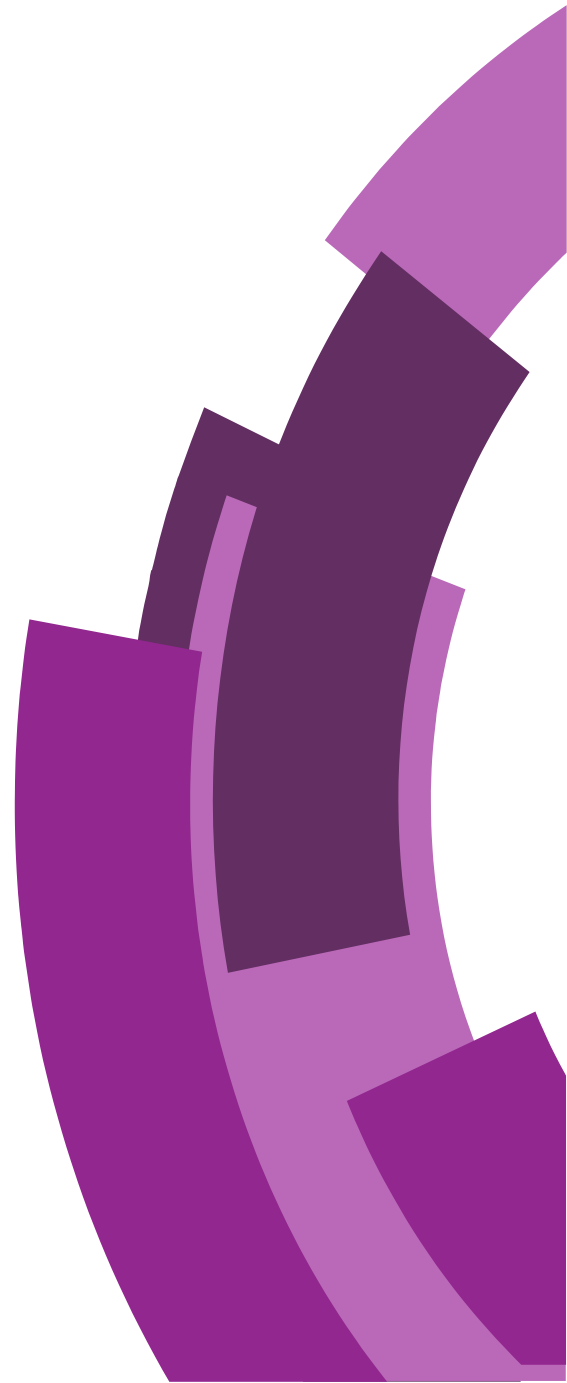


Statistics
Jersey



JERSEY
OPINIONS
& LIFESTYLE
SURVEY
REPORT
2020



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Introduction

About the survey

This report presents the results of the 2020 Jersey Opinions and Lifestyle Survey (JOLS), formerly known as the Jersey Annual Social Survey. The Jersey Annual Social Survey was launched in 2005 and was renamed as the Jersey Opinions and Lifestyle Survey in 2016.

The survey collects detailed information on a wide range of topics on an annual basis, particularly the opinions and behaviours of the resident population. It provides everyone in the Island with a better understanding of social issues in Jersey, particularly so that policy decisions can be made from an informed standpoint. This year, the survey focused on the coronavirus (COVID-19) outbreak and its effect on people's lives.

The survey is a cross-departmental project. Individual departments ask for topics to be included to meet their priorities, whilst Statistics Jersey (formerly the States of Jersey Statistics Unit) independently runs the survey, undertakes the analysis and publishes the results. This approach reduces the number of times households are contacted for information and is a less costly way of collecting data. It also provides a richer dataset to allow more interesting and informative analysis.

Questions are included in the survey for one of three distinct purposes:

- to provide benchmark data to measure change
- to provide information to assist the development of policy
- to gauge public opinion

A small number of core questions are asked each year to monitor population demographics and economic activity.

Sample size and response rate

Around 5,000 households were selected at random to complete the survey in **June and July 2020**. In order to cover the private household resident adult population at random, the household member who next celebrated their birthday, and who was aged 16 years or over, was asked to complete the survey. Respondents were able to complete the survey by post or online.

Over 2,050 people completed the survey questionnaire, a response rate of 41%.

Weighting and confidence intervals

Statistical weighting techniques have been used to compensate for different patterns of non-response from different sub-groups of the population. The survey results can therefore be considered broadly accurate and representative of Jersey's population. All analysis presented in this report uses weighted responses.

However, as with all sample surveys there is an element of statistical uncertainty in looking at small changes or differences. With the survey methodology used, we can be 95% confident that the sample percentages presented in this report accurately represent the whole population percentage to ± 2.0 percentage points. Therefore, the report focuses on *significant* findings, for example where differences between groups of the population are at least 10 percentage points.

See [Annex](#) for more information on sampling, weighting and definitions used in this survey.

Further information

For further information about Statistics Jersey and access to all our publications visit www.gov.je/statistics

Thank you to everyone who took the time to complete this survey

Employment and finances



89%

of working age adults were
economically active



54%

were
**working
from home**

at least some of the time...



... of which

89%

said home was **not**
their **usual**
working place

75%

selected at least one way
coronavirus had
impacted their
work...



... including

98%

of adults working in
hotels, restaurants
and **bars**



36%

reported their
household
finances had
got **worse** due to
coronavirus



27%

expect their
household finances
to get **worse** in the next year

Chapter 1: Employment and finances

Economic activity

The economic activity rate gives the proportion of people in employment, including people who were being paid by an employer but temporarily unable to work, or who were actively seeking employment, as a percentage of all those of working age (16-64 years inclusive for men and women):

- almost nine out of ten (89%) adults of working age were economically active

Table 1.1 Economic activity rates (working age adults), by sex

	2020 survey
Men	92%
Women	87%

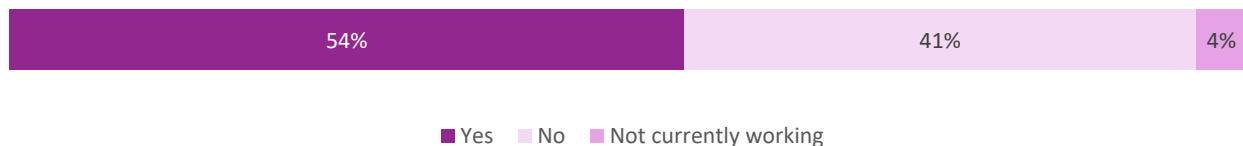
Figure 1.1 Employment status (working age adults)



- 7% of respondents reported that their employment status had changed compared to what it was just before the coronavirus (COVID-19) outbreak

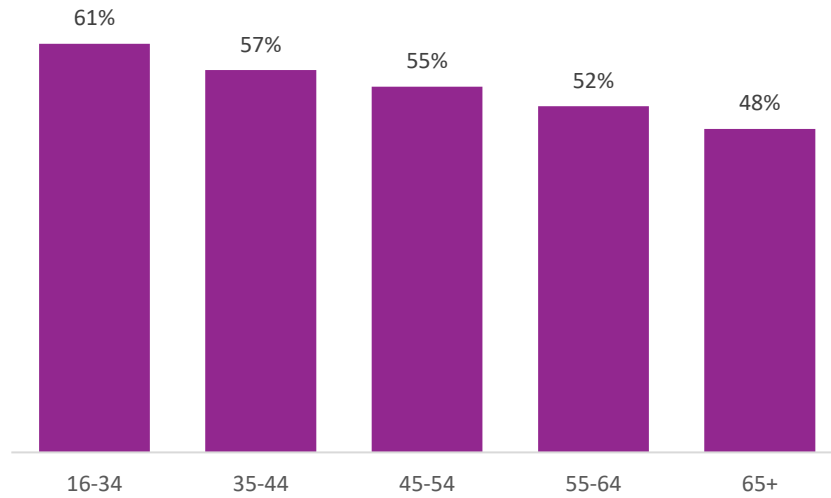
Work from home

Figure 1.2 Proportion of working adults who were working from home (at least some of the time)



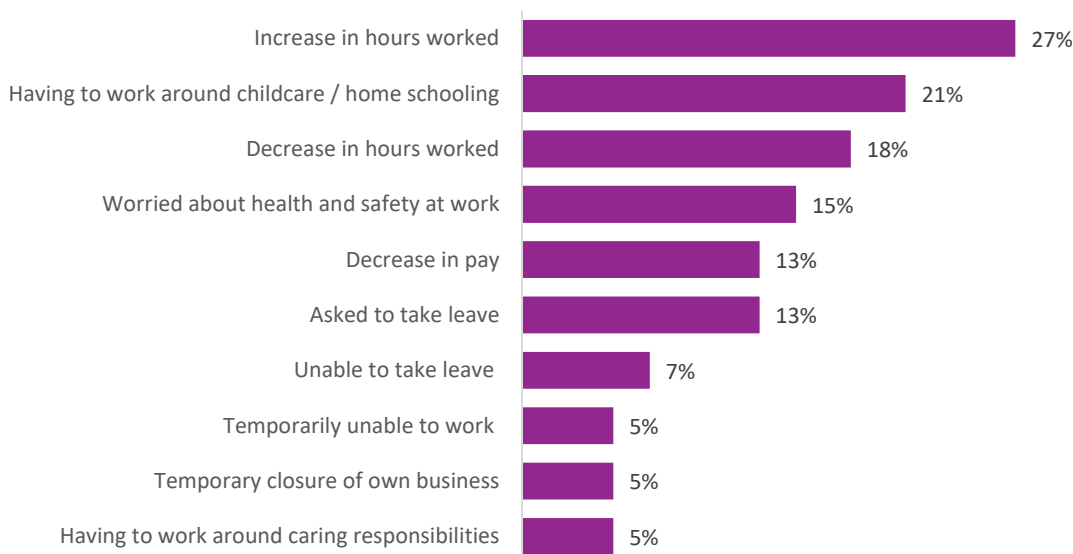
- over half (54%) of employed adults were working from home at least some of the time
- of those who answered yes, almost nine out of ten (89%) stated home was not their usual place of work before the coronavirus (COVID-19) outbreak
- over 90% of adults working in *information and communication services* and *finance* reported that they were working from home at least some of the time, compared to 24% in *wholesale & retail* and 20% in *hotels, restaurants and bars*

Figure 1.3 Proportion of working adults who are working from home (at least some of the time): by age



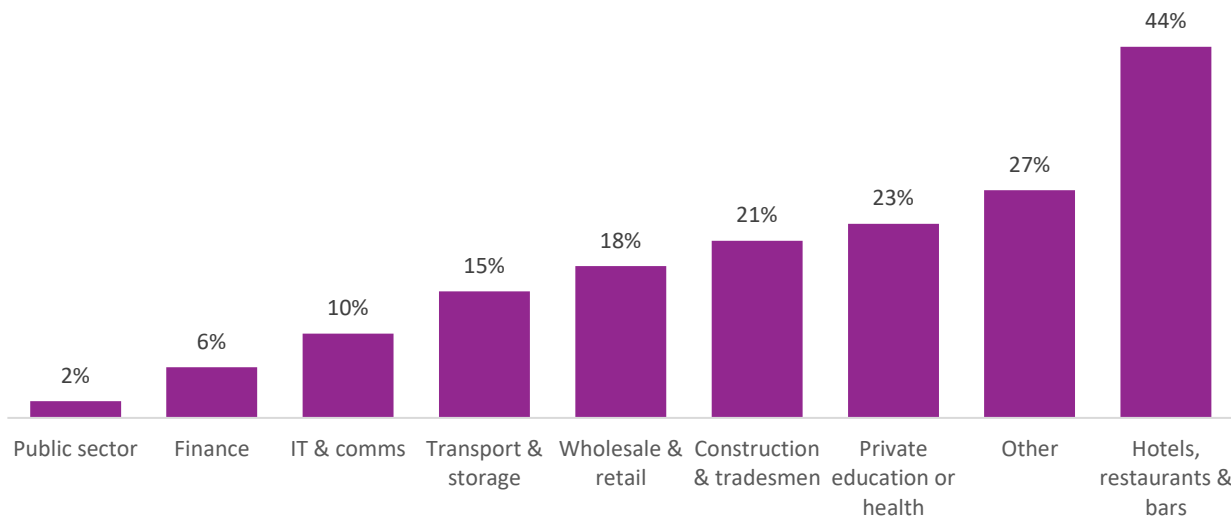
Impact of coronavirus (COVID-19)

Figure 1.4 In which of the following ways has the coronavirus (COVID-19) outbreak impacted your work?



- overall, 75% of working adults selected at least one way in which coronavirus (COVID-19) had impacted their work; this included 98% of adults working in *hotels, restaurants and bars*
- the most commonly cited impact of coronavirus (COVID-19) on work was an increase in hours worked; the proportion of workers reporting this impact ranged from just over one in ten of those working in *wholesale and retail* (11%) and *hotels, restaurant and bars* (14%) to almost four in ten (39%) of those working in *finance* and the *public sector*
- other options selected by a small number of adults included *increase in pay, redundancy*, and being *unable to work at all due to childcare / home schooling*

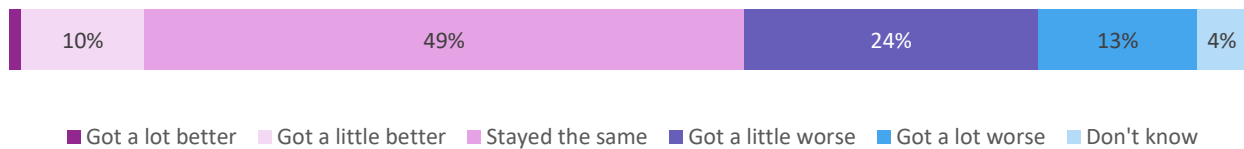
Figure 1.5 Proportion of adults who experienced a decrease in pay due to coronavirus (COVID-19): by industry



- more than two-fifths (44%) of adults employed in *hotels, restaurants and bars* reported a decrease in pay, compared to around one in fifty (2%) working in the *public sector*

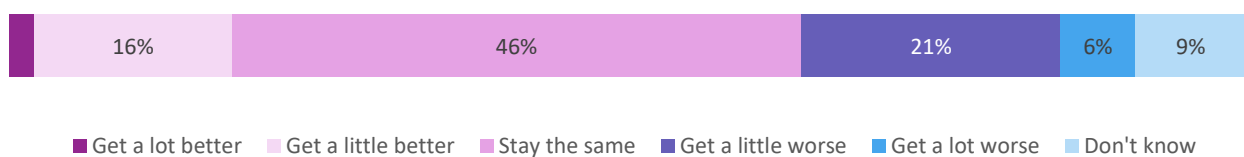
Household finances

Figure 1.6 How have your household finances been affected by the coronavirus (COVID-19) outbreak?



- more than a third (36%) of households reported that their finances had got worse due to the COVID-19 pandemic; in contrast, 11% reported that their household finances had improved
- half (50%) of households living in non-qualified rental accommodation and a third (32%) of owner-occupiers reported that their household finances had got worse

Figure 1.7 Do you expect the financial situation of your household to change over the next 12 months?



- more than a quarter (27%) of households expected their financial situation to get worse over the next 12 months
- in contrast, 18% expected their financial situation to improve over the next 12 months

Figure 1.8 Proportion of adults who expect their household finances to improve over the next year: by age

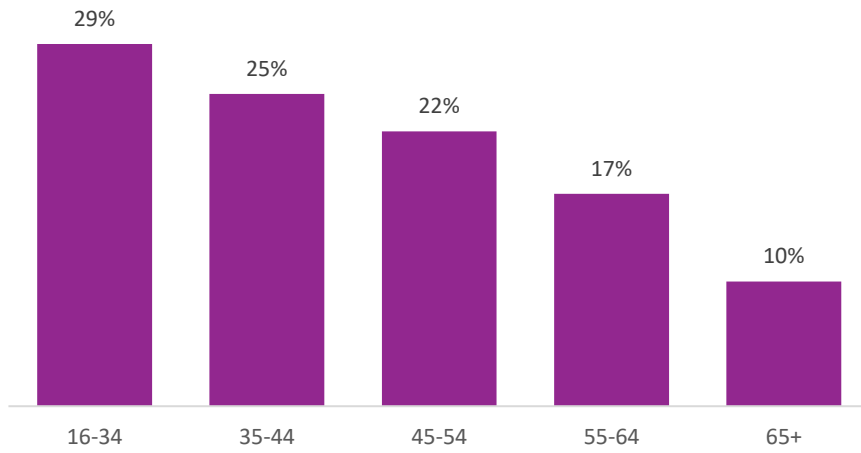
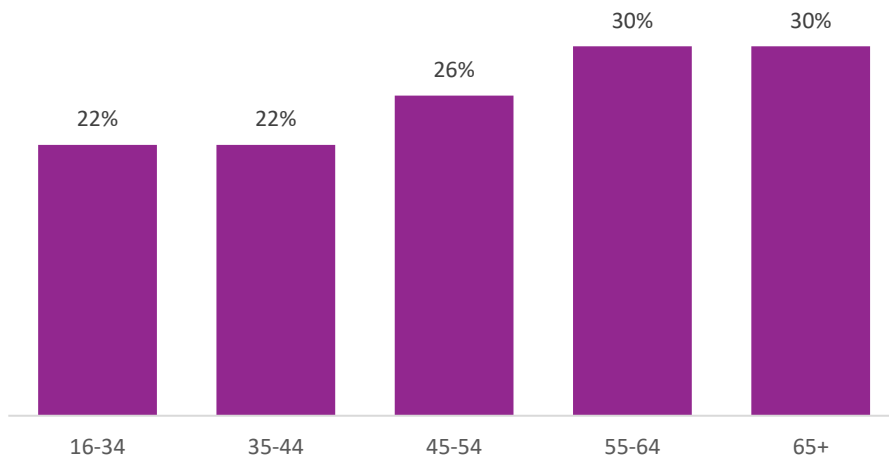


Figure 1.9 Proportion of adults who expect their household finances to get worse over the next year: by age



Health and wellbeing



3 out of **10**
reported having a
long term
physical or mental
health **condition**



62%
said it affected their
day-to-day
activities



1 in **4**
households



delayed seeking **medical treatment** or **advice**
due to the coronavirus (COVID-19) outbreak



Satisfied
64%
high or **very high** rating



Worthwhile
69%
high or **very high** rating



Happy
68%
high or **very high** rating



Anxious
60%
low or **very low** rating

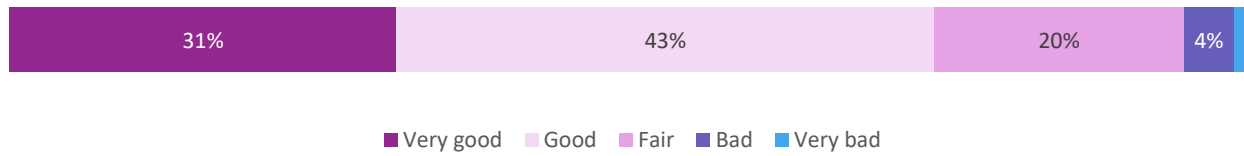
51% of adults said their life had **got worse**
since the **coronavirus** (COVID-19) outbreak



Chapter 2: Health and wellbeing

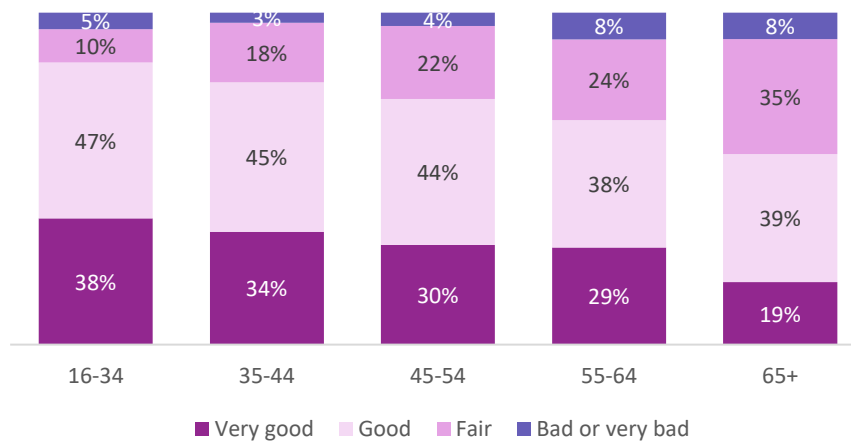
General health

Figure 2.1 Self-rated general health



- almost three-quarters of adults (74%) described their health as *good* or *very good*. This proportion is similar to 2019, but down from 81% in 2018

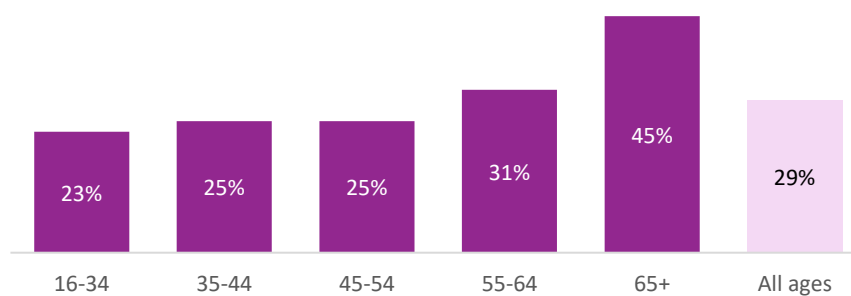
Figure 2.2 Self-rated general health: by age



- the percentage of adults describing their health as *very good* or *good* decreased with age, with a corresponding increase in those who described their health as *fair*

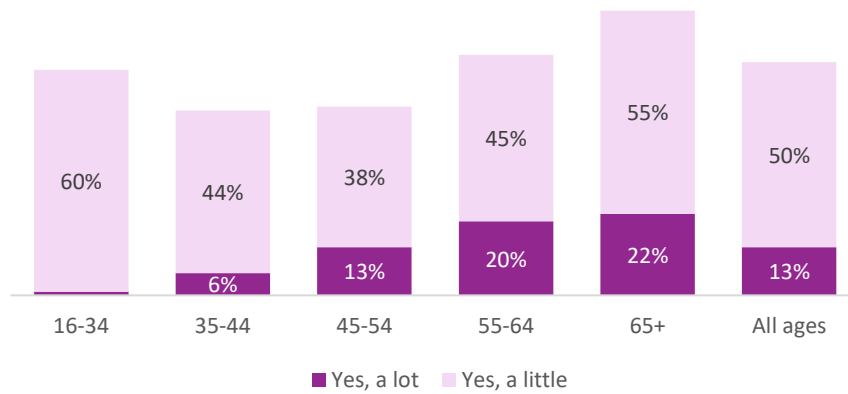
Longstanding conditions

Figure 2.3 Proportion of adults with physical or mental health conditions or illnesses lasting or expected to last for 12 months or more: by age



- three out of ten (29%) adults reported having a longstanding physical or mental health condition, representing an increase from 2019 (25%)

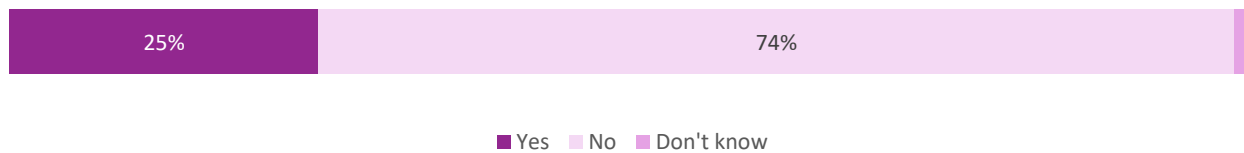
Figure 2.4 Proportion of people who were limited in their day to day activities by their longstanding health condition: by age



- three-fifths (62%) of people reporting a longstanding health condition also reported that it affected their day to day activities either *a little* or *a lot*
- the proportion of 16 to 34-year-olds with a longstanding health condition who reported that it affected their day to day activities *a little* has increased from 2019 (49%)

Delayed medical treatment

Figure 2.5 Have you, or anyone in your household, delayed seeking any medical treatment or medical advice due to the coronavirus (COVID-19) outbreak?



- a quarter (25%) of households reported having someone who had delayed seeking medical treatment or advice due to the coronavirus (COVID-19) outbreak

Figure 2.6 Proportion of households who delayed seeking medical treatment or advice: by tenure

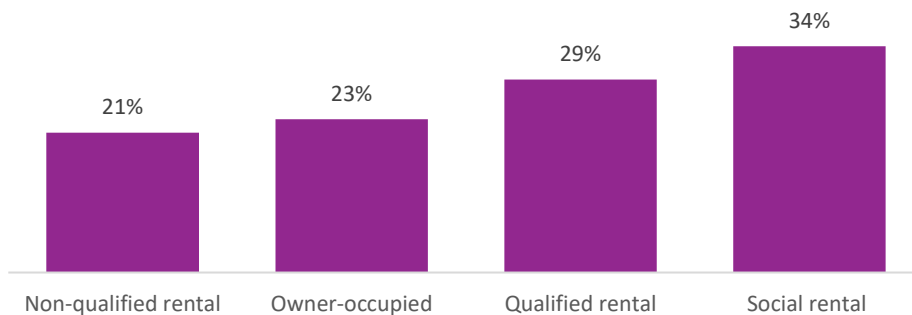


Figure 2.7 Proportion of households who delayed seeking medical treatment or advice: by household type

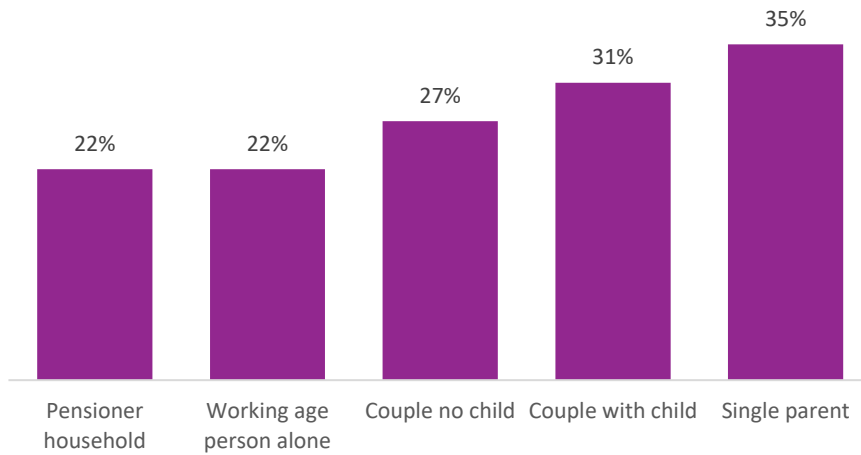
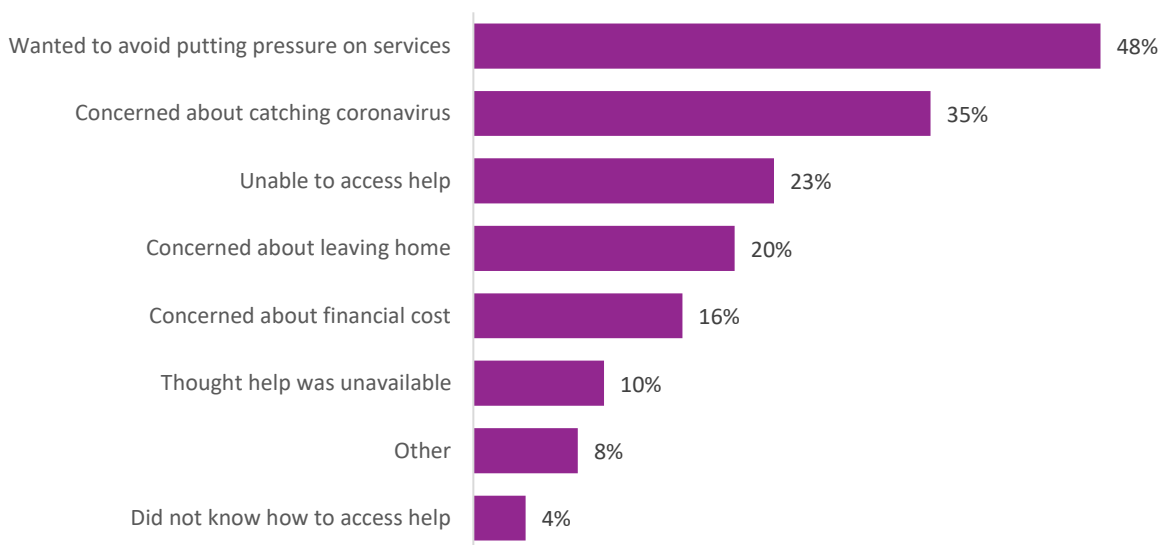


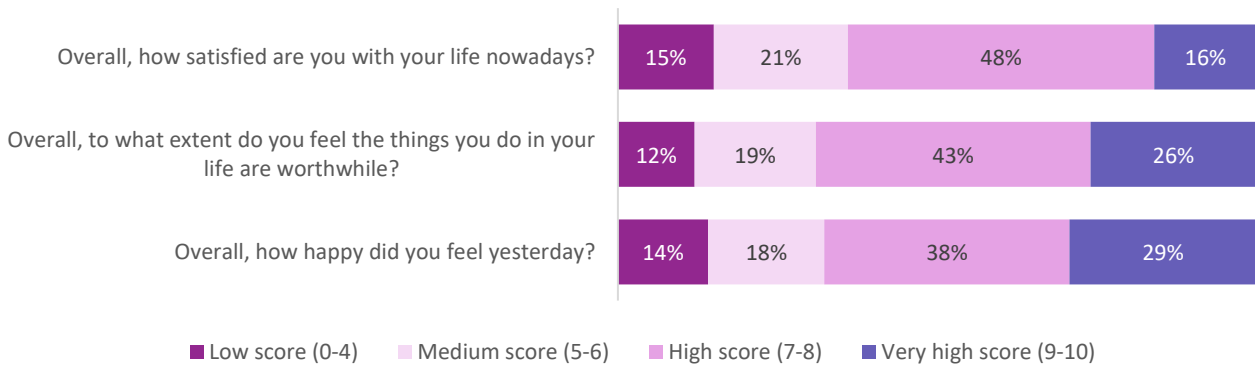
Figure 2.8 If you answered ‘yes’, for what reason(s) did you delay seeking medical treatment or advice?



- the most common reasons for delaying seeking medical treatment or advice were: to avoid putting pressure on health services (48%); and being concerned about catching coronavirus (COVID-19) whilst receiving care (35%)
- one in six households (16%) who delayed seeking medical treatment or advice said they had done so because they were concerned about the financial cost; nearly half (47%) of households who cited this reason lived in households in the lowest income group (household income less than £20,000 per year)

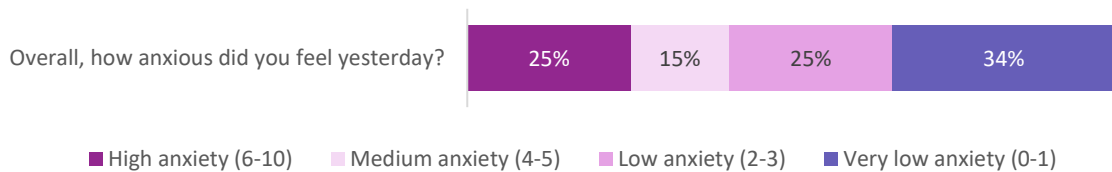
Personal wellbeing

Figure 2.9 Scores out of ten for wellbeing measures (satisfied, worthwhile, happy) where ten is ‘completely’ and zero is ‘not at all’



- around a third of adults gave medium or low scores for *feeling satisfied* (36%), *worthwhile* (31%) and *happiness* (32%)

Figure 2.10 Overall, how anxious did you feel yesterday: where ten is ‘completely’ and zero is ‘not at all’



- a quarter (25%) of adults had scores indicating a high level of *anxiety*

Table 2.1 Percentages scoring very high or high in satisfied, worthwhile and happy wellbeing measures, and very low or low in anxiety measure, 2018 – 2020

	very high and high satisfaction, worthwhile, happy		
	2018	2019	2020
Overall, how satisfied are you with your life nowadays?	82%	66%	64%
Overall, to what extent do you feel the things you do in your life are worthwhile?	82%	67%	69%
Overall, how happy did you feel yesterday?	81%	66%	68%
	very low and low anxiety		
	2018	2019	2020
Overall, how anxious did you feel yesterday?	65%	58%	60%

- the percentages of adults with high or very high scores for satisfaction, worthwhile or happy wellbeing measures, and very low or low scores for anxiety measures, were similar to those in 2019, but significantly lower than in 2018

Figure 2.11 Average (mean) scores out of ten for wellbeing measures for Jersey adults 2018 – 2020: where ten is ‘completely’ and zero is ‘not at all’

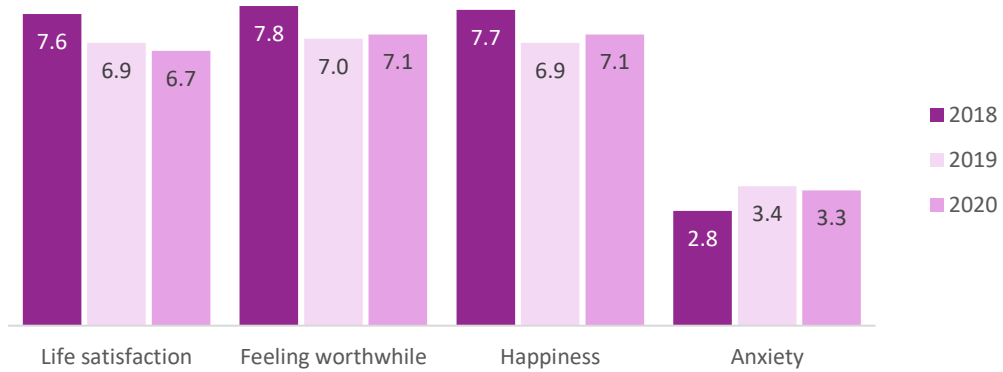
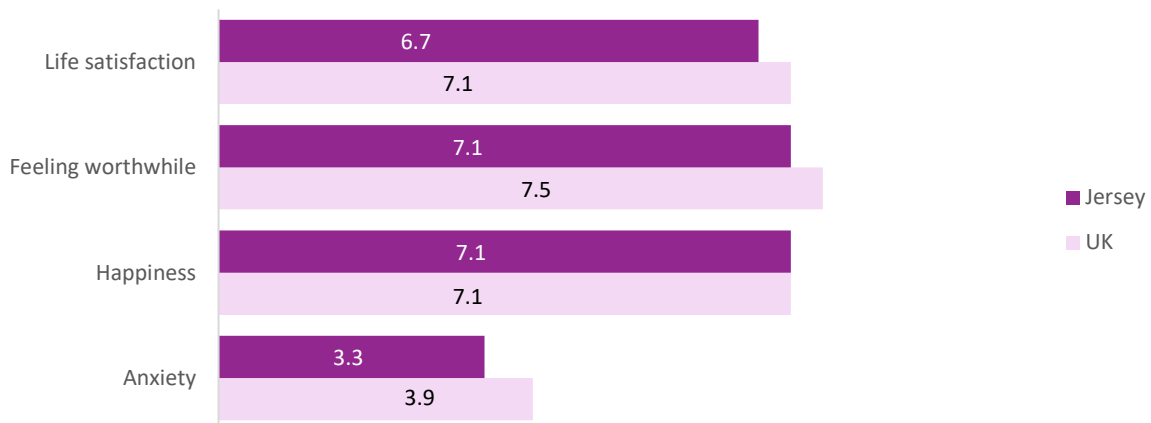


Figure 2.12 Average (mean) scores out of ten for wellbeing measures for Jersey and UK; where ten is ‘completely’ and zero is ‘not at all’



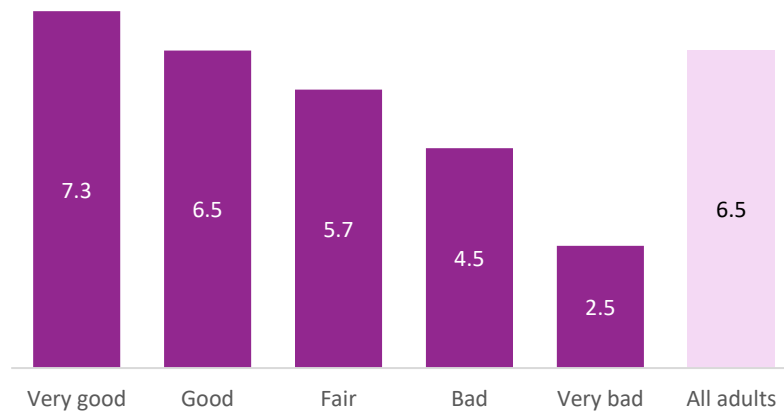
- the average (mean) scores in Jersey were lower (i.e. worse) than in the UK¹ for life satisfaction and feeling worthwhile and was lower in Jersey (i.e. better) for anxiety

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/> (18 June 2020)

Overall self-assessment of life

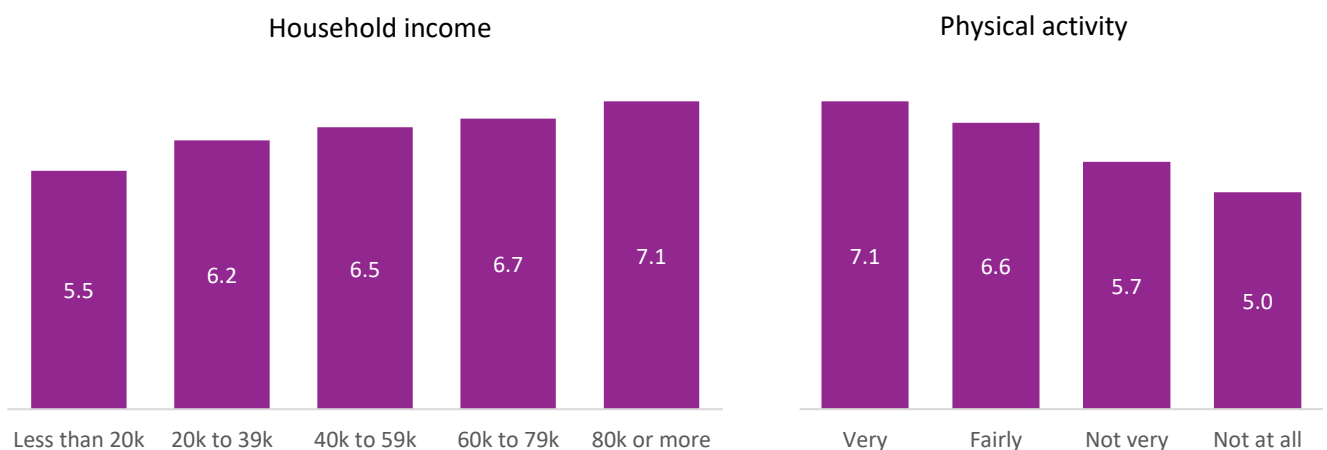
Adults were asked to imagine a ladder, with steps numbered zero at the bottom to ten at the top. The top of the ladder represented the best possible life for themselves whilst the bottom of the ladder represented the worst possible life for themselves. They were asked which step of the ladder they thought they were standing on at this time.

Figure 2.13 Average (mean) step of the ladder people responded that they were standing on; by self-rated health



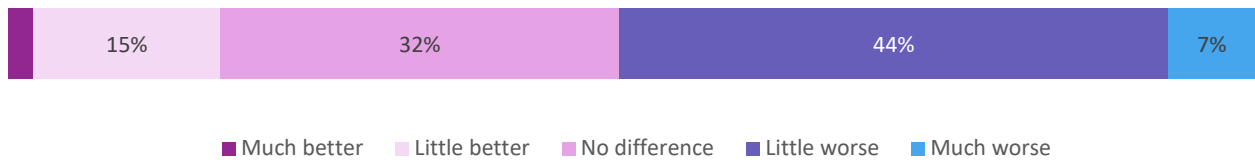
- people who described their health as *very good* averaged step 7.3, compared to those describing their health as *very bad*, who averaged step 2.5

Figure 2.14 Average (mean) step of the ladder people responded they were standing on; by household income and self-assessed physical activity level



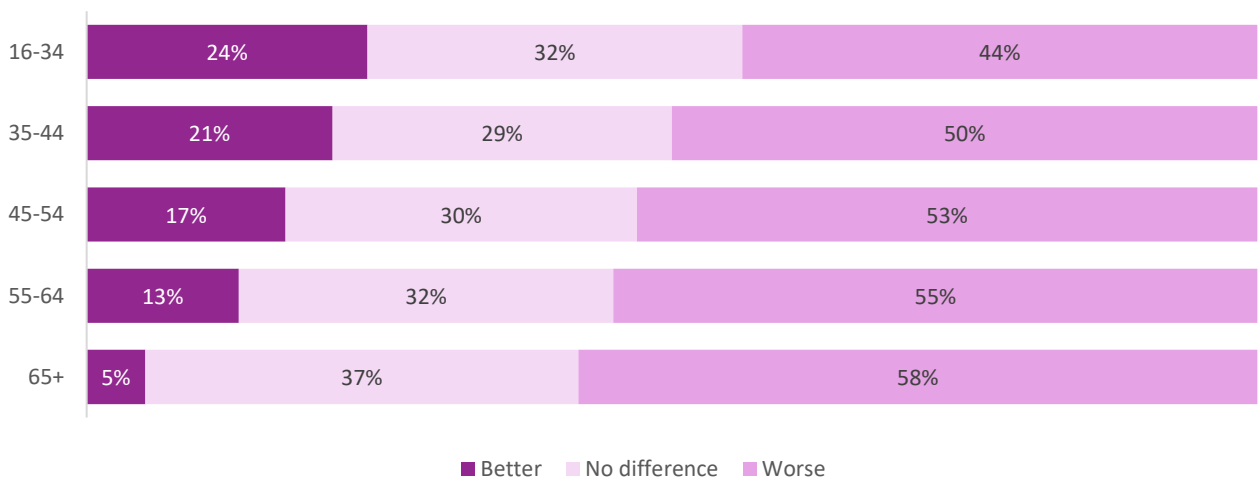
- adults living in a household with income of £80,000 or more averaged step 7.1 on the life-ladder, compared to those with a household income of below £20,000 who averaged step 5.5
- *very* physically active people averaged step 7.1, compared to the *not at all* physically active who averaged step 5.0

Figure 2.15 Since the coronavirus (COVID-19) outbreak, would you say your life is



- half (51%) of adults reported their life is *a little worse* or *much worse* since the COVID-19 outbreak
- in contrast, one in six (17%) adults reported their life is *much better* or *a little better*

Figure 2.16 Since the coronavirus (COVID-19) outbreak, would you say your life is: by age group



- the proportion of adults who reported their life is *much better* or *a little better* decreased with age. A quarter (24%) of 16 to 34-year-olds reported their life had got better since the COVID-19 outbreak, compared to around one in twenty (5%) of those aged 65 or over

Lifestyle

8 out of **10**



said they were **very** or **fairly**
physically active



18%

of adults
were **daily** or
occasional smokers



60%

of smokers had used
e-cigarettes
to some extent



1 in **4** adults reported
drinking more than the
recommended
weekly limit of
14 standard
alcoholic drinks



1 in **8**
adults
never **drink**
alcohol



39%
of smokers
were
smoking...



22%
of adults
were undertaking
physical
activity...

29%
of drinkers
were
drinking...

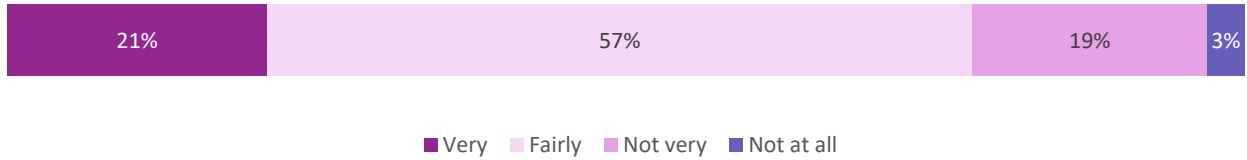


...more often than before the coronavirus (COVID-19) outbreak

Chapter 3: Lifestyle

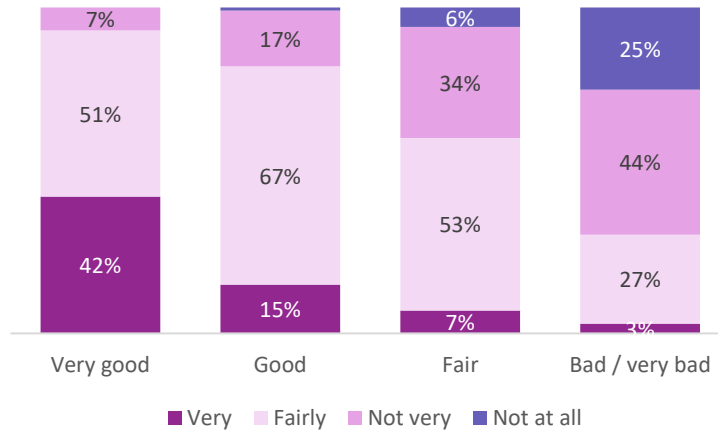
Physical activity

Figure 3.1 How physically active would you say you are?



- almost eight in ten people (78%) thought that they were *very* or *fairly active*, similar to 2019

Figure 3.2 How physically active would you say you are?: by self-rated health



- a person’s perception of their health was associated with how physically active they are: two-fifths (42%) of adults who rated their health as *very good* thought they were *very physically active*, compared to 3% of adults who rated their health as *bad* or *very bad*

Figure 3.2 Since before the coronavirus (COVID-19) outbreak, are you undertaking sport or physical activity more or less often than before?

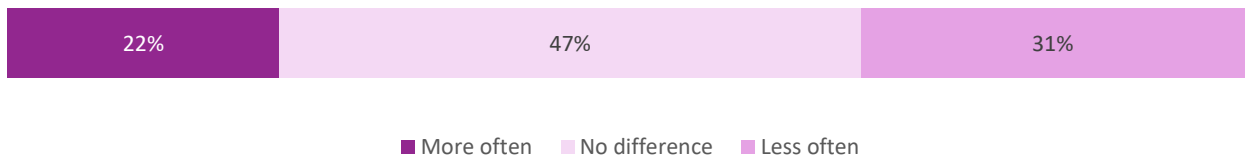
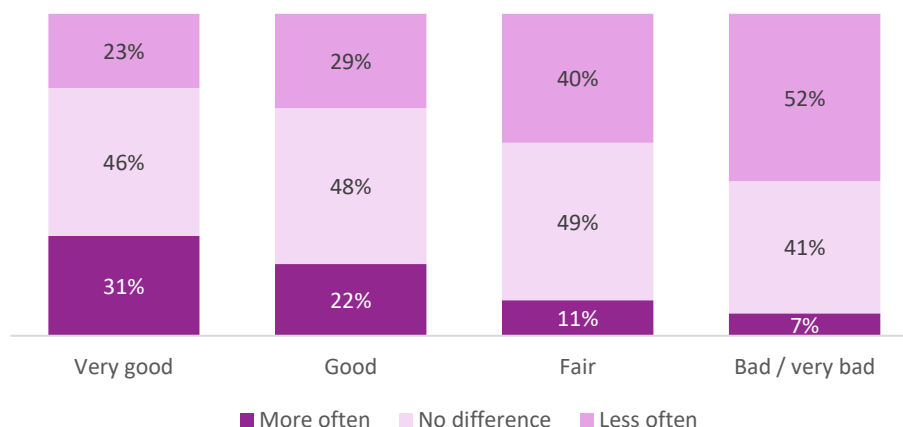


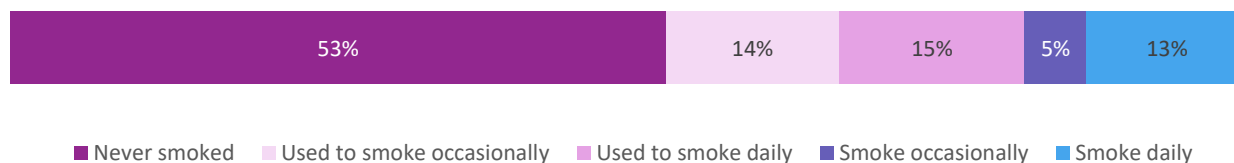
Figure 3.3 Since before the coronavirus (COVID-19) outbreak, are you undertaking sport or physical activity more or less often than before?: by self-rated health



- a person's perception of their health was associated with the change in physical activity undertaken since before the coronavirus (COVID-19) outbreak. Nearly one-third (31%) of adults who rated their health as *very good* undertook physical activity more often, compared 7% of adults who rated their health as *bad or very bad*

Smoking

Figure 3.4 Frequency of smoking among adults



- around half (53%) of adults in Jersey had never smoked
- more than one in six (18%) of adults were smokers, an increase from 2019
- three out of ten (29%) adults used to smoke (daily or occasionally) but have since given up
- the proportion of current smokers was higher for men (22%) than for women (15%)

Figure 3.5 Current (daily or occasional) smokers: by age

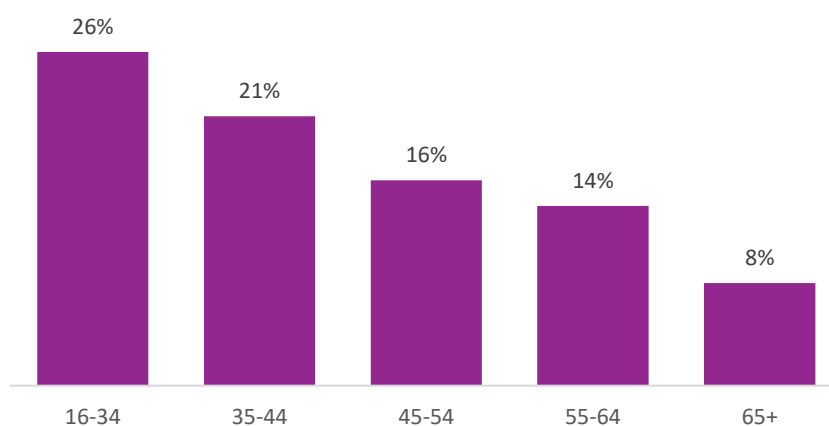
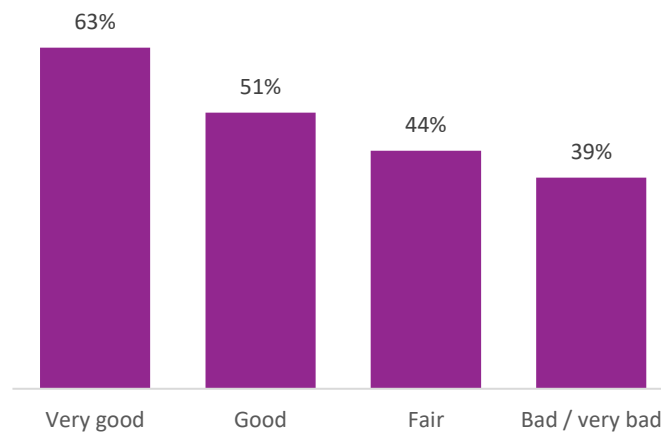


Table 3.1 Frequency of smoking among adults

Percent of responses	2005	2007	2008	2010	2012	2013	2014	2015	2016	2017	2018	2019	2020
I have never smoked / I don't smoke	45	48	48	47	46	44	48	50	47	52	53	53	53
I used to smoke occasionally but don't now	12	15	15	13	15	15	15	14	14	13	17	13	14
I used to smoke daily but don't now	17	17	16	17	17	18	19	17	20	19	15	20	15
I smoke occasionally but not everyday	6	6	5	8	6	6	5	6	6	5	5	5	5
I smoke daily	19	14	16	15	16	16	14	12	13	11	10	11	13
Total	100	100	100	100	100	100	100	100	100	100	100	100	100

- the proportion of adults who reported that they had never smoked has significantly increased over the period, from 45% in 2005 to 53% in 2020

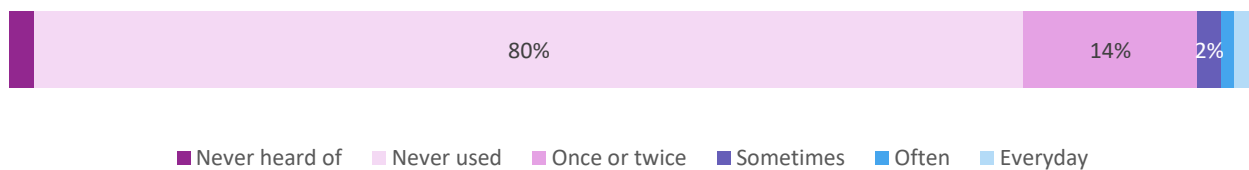
Figure 3.5 Proportion of adults who have never smoked: by self-rated health



E-cigarettes

E-cigarettes are battery-powered vaporisers which simulate tobacco smoking by heating a liquid solution to produce nicotine and water vapour.

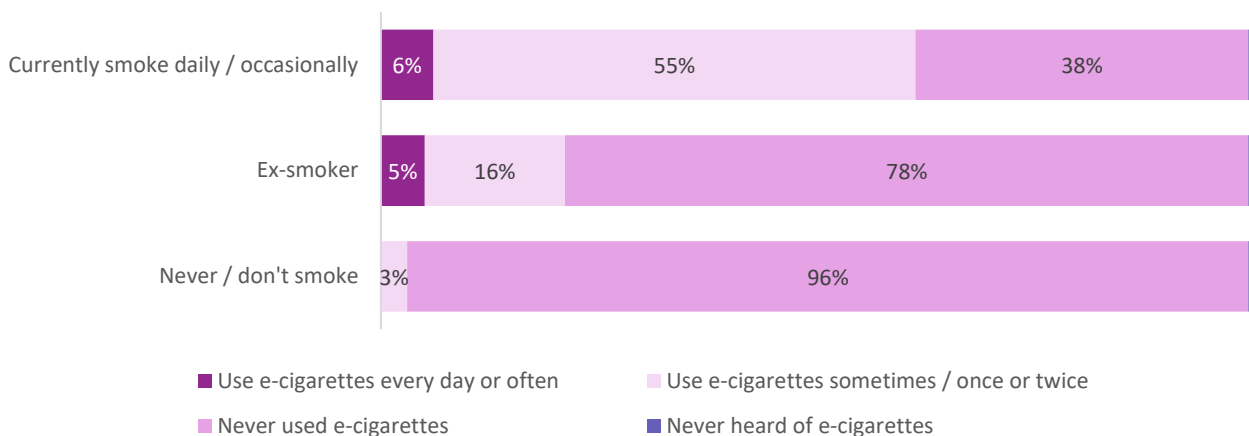
Figure 3.6 Frequency of e-cigarette usage among adults



- overall, 2% of adults had never heard of e-cigarettes and 80% had heard of them but never used them

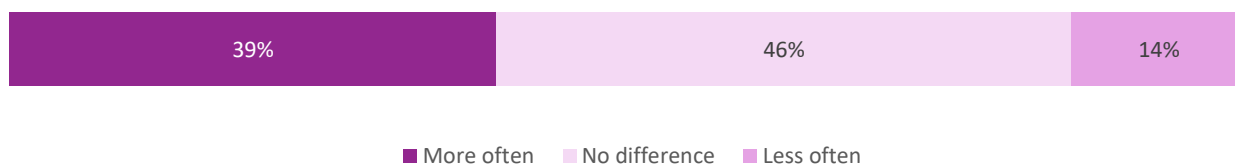
- overall, 19% of adults had used e-cigarettes, an increase from 2019; 16% had used them sometimes / once or twice and 3% used them every day or often
- e-cigarette usage decreased with age; one-third (32%) of 16 to 34-year-olds had used e-cigarettes to some extent, compared to one in twenty (5%) adults aged 65 or over

Figure 3.7 Frequency of e-cigarette usage among adults: by smoking status



- by smoking status, 60% of current tobacco smokers had used e-cigarettes to some extent, compared to 21% of ex-smokers and 3% of those who had never smoked

Figure 3.8 Since the coronavirus (COVID-19) outbreak, are you smoking, either e-cigarettes or tobacco products, more or less often than before?



- the proportion of smokers² who were smoking more often than before the coronavirus (COVID-19) outbreak was higher for women (44%) than men (36%)
- an increase in smoking was associated with stress and worry. Smokers who reported being 'stressed or anxious' or 'worried about the future' *always* or *often* were significantly more likely to smoke more often than before the coronavirus (COVID-19) outbreak

² The term 'smokers' refers to both tobacco and e-cigarette users.

Drinking

Figure 3.9 Frequency of drinking alcohol

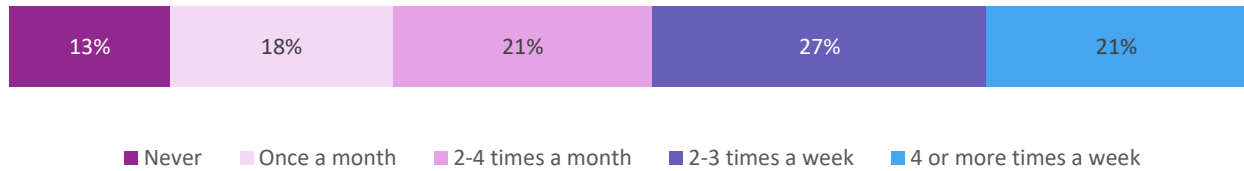
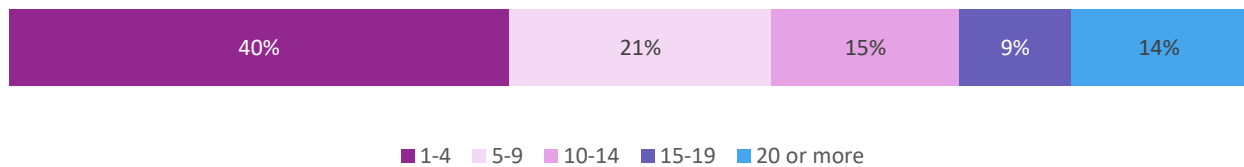


Table 3.2 How often do you have a drink containing alcohol? by age (percent)

	16-34 years	35-44 years	45-54 years	55-64 years	65+ years	All
Never	15	6	10	13	18	13
Once a month or less	20	24	15	13	17	18
2-4 times a month	31	21	18	14	15	21
2-3 times a week	23	30	33	30	22	27
4 or more times a week	12	19	24	30	28	21
Total	100	100	100	100	100	100

- around one in eight (13%) adults reported that they never drank alcohol
- one in five (21%) adults reported drinking alcohol four or more times a week, an increase from 2019
- over a quarter of adults aged 45 and over reported drinking alcohol four or more times a week, compared to 12% of adults aged 16-34 years
- the proportion of men drinking alcohol four or more times a week (25%) was higher than women (17%)

Figure 3.10 Number of standard³ alcoholic drinks consumed in a typical week (excludes non-drinkers)



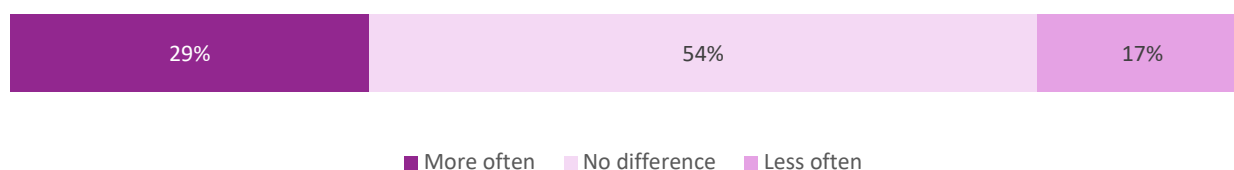
³ A standard drink was described as half a pint of ordinary strength beer, or a small glass of wine. A standard glass of wine, a pint of ordinary strength beer, or half a pint of extra strength beer was described as counting as two ‘standard alcoholic drinks’.

Table 3.3 Number of standard alcoholic drinks consumed in a typical week: by age (excludes non-drinkers)

	16-34 years	35-44 years	45-54 years	55-64 years	65+ years	All
One to four	41	46	35	33	44	40
Five to nine	22	17	22	21	23	21
Ten to fourteen	17	19	13	15	13	15
Fifteen to nineteen	8	8	11	14	9	9
Twenty or more	13	11	19	18	11	14
Total	100	100	100	100	100	100

- almost a quarter (24%) of adults reported drinking more than the recommended weekly limit of 14 standard alcoholic drinks, an increase from 2019
- nearly a third (31%) of males drank more than the recommended weekly limit of 14 standard alcoholic drinks, compared to 16% of females

Figure 3.11 Since the coronavirus (COVID-19) outbreak, are you drinking alcohol more or less often than before?



- an increase in drinking was associated with stress and worry. Drinkers who reported being 'stressed or anxious' or 'worried about the future' *always* or *often* were more likely to drink more often than before the coronavirus (COVID-19) outbreak

Coronavirus (COVID-19)

62%

are somewhat or very **worried** that they or their family will be **infected** by **coronavirus**



59%

are somewhat or very **worried** about the **effect** of **coronavirus** on their **life** right now

1 in **2** adults

are worried about the **education** and **wellbeing** of children in Jersey



22%

are always or often

lonely

29%

are always or often

bored



34%

are always or often

stressed or anxious

37%

are always or often

worried about the future



32% believe it will be **more than a year** till life returns to normal



7% believe it **never** will

Chapter 4: Coronavirus (COVID-19)

This survey was run in June and July 2020, during which time Jersey was moving through levels of government interventions and restrictions implemented in response to the COVID-19 pandemic.

Worries

Figure 4.1 How worried are you that you or someone in your family will be infected by coronavirus (COVID-19)?



■ Very worried ■ Somewhat worried ■ Neither worried or unworried ■ Somewhat unworried ■ Not at all worried

- overall, more than three-fifths (62%) of adults said they were *very worried* or *somewhat worried* that they or someone in their family will be infected by coronavirus (COVID-19), compared to almost a fifth (19%) who were *somewhat unworried* or *not at all worried*
- 16 to 34-year-olds were significantly less worried than their elder counterparts; around half (53%) of 16 to 34-year olds said they were *very worried* or *somewhat worried*, compared to two-thirds (68%) of adults aged 65 or over
- nearly a quarter (24%) of adults with a longstanding health condition said they were *very worried*, compared to 15% of adults without an underlying condition

Figure 4.2 To what extent are you worried about the effect of coronavirus (COVID-19) on your life right now?



■ Very worried ■ Somewhat worried ■ Neither worried or unworried ■ Somewhat unworried ■ Not at all worried

- overall, around three-fifths (59%) of adults said they were *very worried* or *somewhat worried* about the effect of coronavirus (COVID-19) on their life, compared to 18% who were *somewhat unworried* or *not at all worried*

Figure 4.3 To what extent are you worried about the effect of coronavirus (COVID-19) on your life right now? Proportion who answered *very worried* or *somewhat worried*: by self-reported health

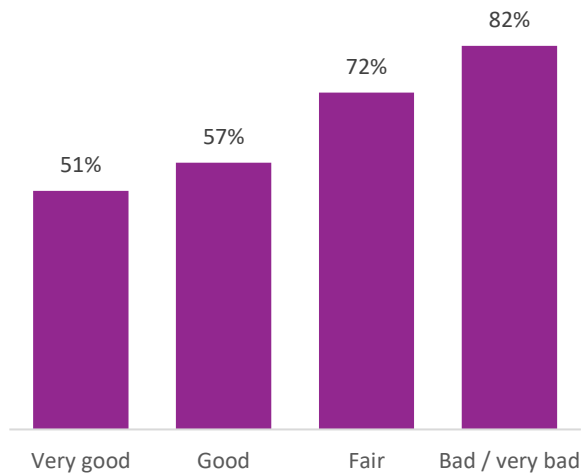
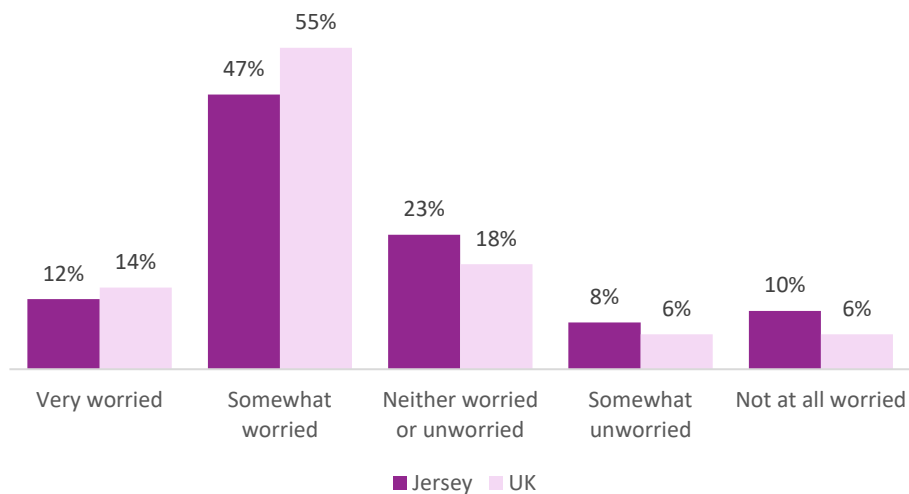


Figure 4.4 To what extent are you worried about the effect of coronavirus (COVID-19) on your life right now?: Jersey and UK

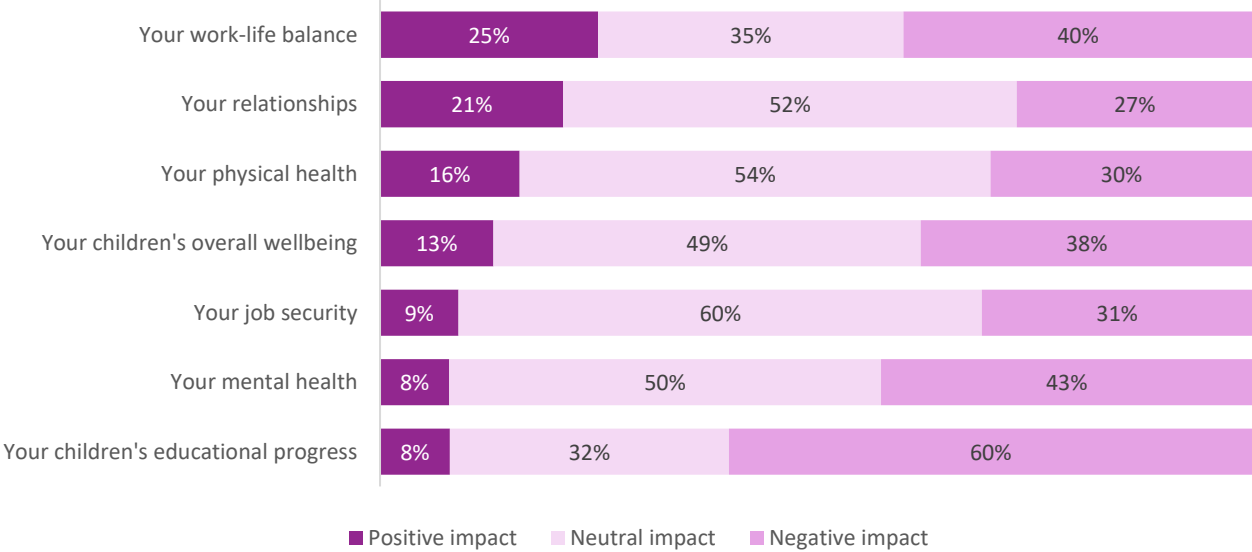


- overall, people in the UK were more worried about the effect of coronavirus (COVID-19) on their life⁴ than those living in Jersey

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/> (10 July 2020)

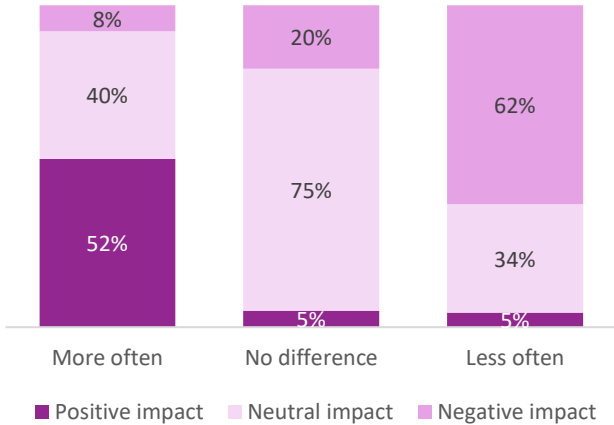
Personal impact

Figure 4.5 What impact has the coronavirus (COVID-19) outbreak had on...? (excluding not applicable)



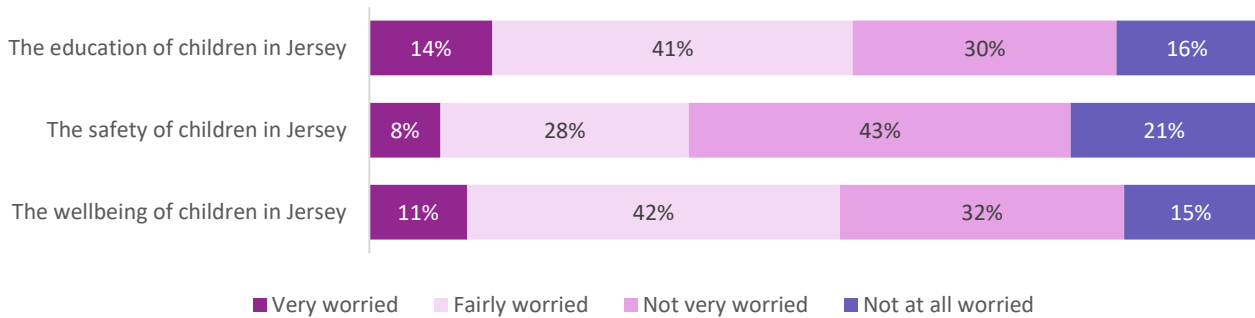
- overall, between a quarter (27%) and three-fifths (60%) of adults reported that the coronavirus (COVID-19) outbreak had a negative impact on each of the above aspects of their life
- in contrast, between 8% and 25% reported a positive impact on these aspects of their life
- impact on work-life balance and job security varied between industries; adults who worked in *hotels, restaurants and bars* reported the greatest negative impact, with 53% reporting the outbreak had negatively impacted their work-life balance and 69% their job security
- adults with a longstanding health condition were more likely to report that the outbreak had a negative impact on their mental health (53%) than adults without an underlying condition (38%)

Figure 4.6 What impact has the coronavirus (COVID-19) outbreak had on your physical health? by change in physical activity since before the outbreak



Impact on children

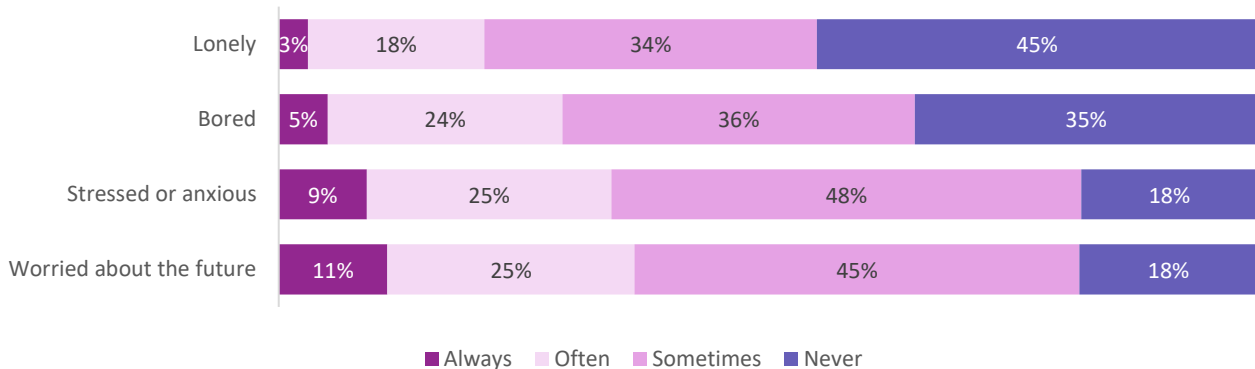
Figure 4.7 Thinking about the impact of coronavirus (COVID-19) on children, how worried are you about...?



- overall, more than half of adults were *fairly worried* or *very worried* about the education and the wellbeing of children in Jersey
- adults who lived in a household with children were more likely to be worried about the education and the wellbeing of children

Wellbeing

Figure 4.8 Since the start of the coronavirus (COVID-19) outbreak, how often have you felt...?



- on average, younger adults felt significantly lonelier and more bored; one-third (32%) of 16 to 34-year-olds felt lonely and nearly half (45%) felt bored *always or often* compared to around a fifth (17% and 21%) of people aged 65 or over
- more than seven out of ten adults who were unemployed or who were being paid by an employer but temporarily unable to work due to COVID-19 reported that they felt worried about the future either *always or often*, compared to around one in three adults who were working

Figure 4.9 Since the start of the coronavirus (COVID-19) outbreak, how often have you felt stressed or anxious?: proportion who answered *always* or *often*, by age

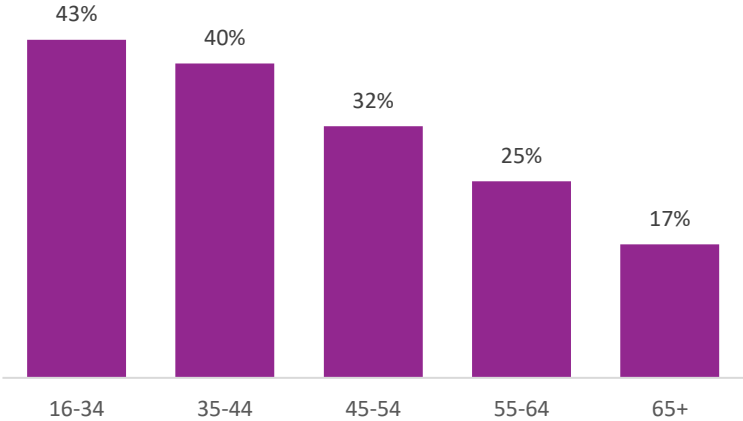
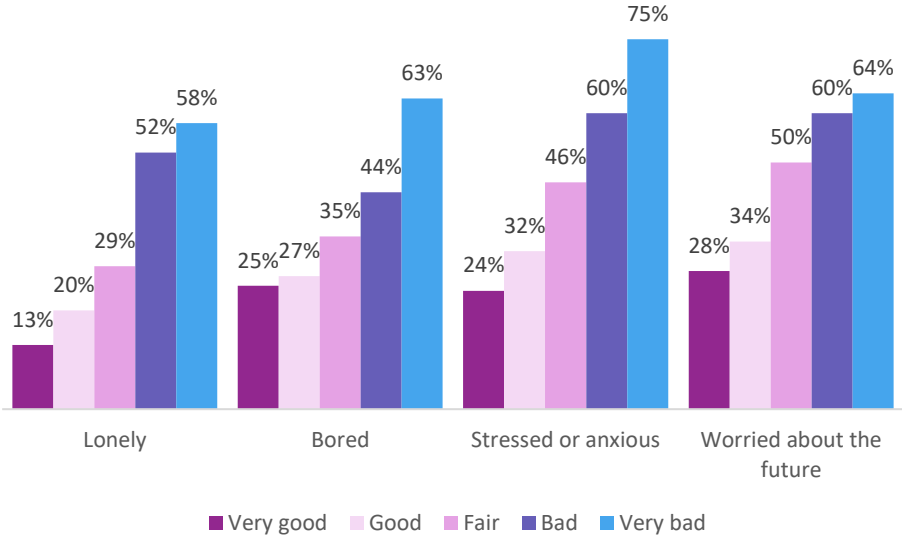


Figure 4.10 Proportion of adults who responded *always* or *often*: by self-rated health



- self-rated health was correlated with all four measures of wellbeing

Figure 4.11 How often are you doing the following activity now compared to before the coronavirus (COVID-19) outbreak?: Jersey and UK⁵

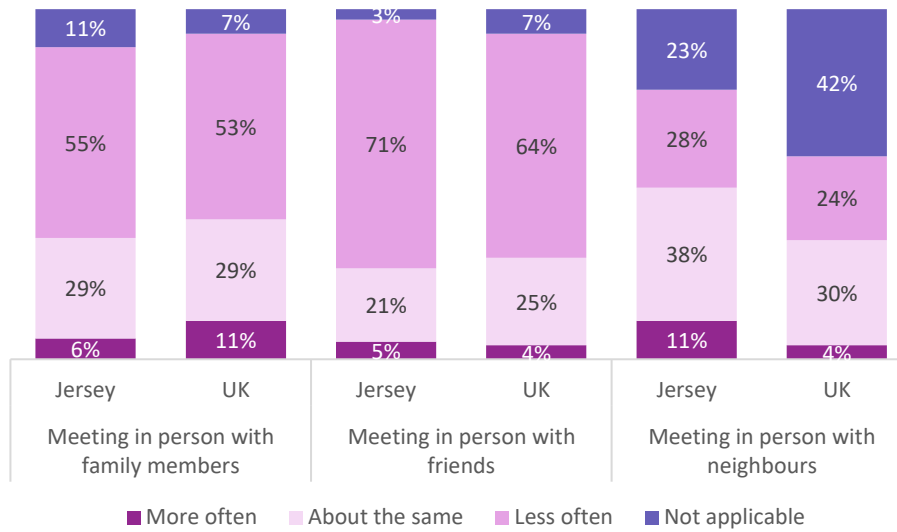
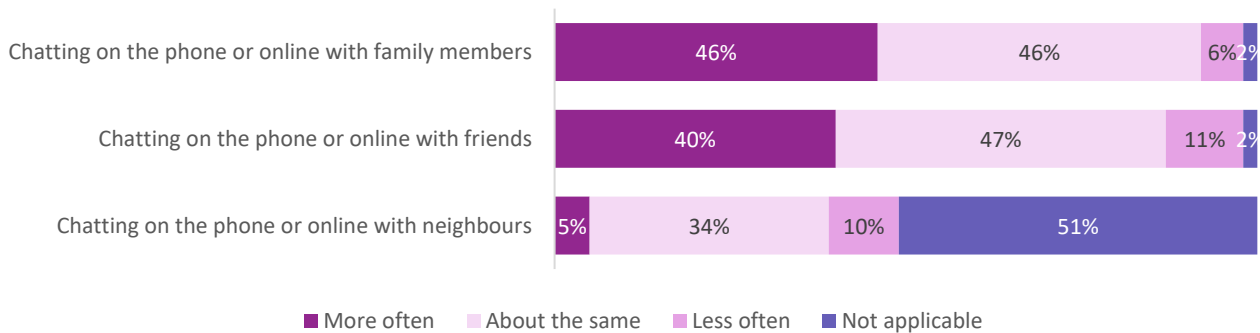


Figure 4.12 How often are you doing the following activity now compared to before the coronavirus (COVID-19) outbreak?

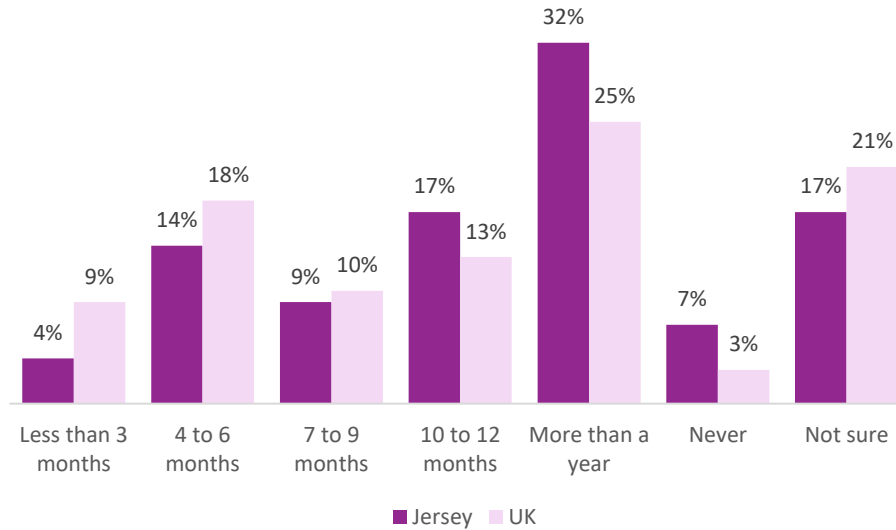


- how often an adult did each activity was correlated with how often they felt lonely; for example, more than a third (37%) of adults who ‘chatted on the phone or online with friends’ less often than before said they were *always lonely*, compared to 8% who answered they were *never lonely*

⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/> (7 August 2020)

Perceptions of the future

Figure 4.13 How long do you think it will be before life returns to normal?: Jersey and UK



- almost a third (32%) of adults in Jersey believed it will be more than a year till life returns to normal, whilst a further 7% believed life will never return to normal; these proportions are both higher than in the UK⁶
- around half (53%) of adults who *always* worried about the future believed it will be more than a year or never that life will return to normal; this compares to 30% of adults who reported that they *never* worried about the future

⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/> (10 July 2020)

Annex

Methodology

Definitions

This survey is completed by persons aged 16 years or over, so where any of the terms ‘adult’, ‘public’, ‘residents’, ‘population’ or ‘people’ are used it refers to this age group, unless otherwise specified.

For results published by tenure:

- **social rent** includes States, housing trust and parish rental accommodation
- **private rent** includes sheltered/disabled accommodation
- **non-qualified accommodation** includes non-qualified ‘rented’ accommodation, registered lodging houses, private lodging arrangements and staff or service accommodation

Rounding

Numbers are rounded to the nearest integers. All calculations are independently rounded and so totals in tables may not necessarily sum to the corresponding row or column totals.

Low numbers

‘-’ signifies a blank cell

‘~’ is used where a value is positive, but less than 0.5%

Response rates and weighting

The rationale behind running a large random survey is that the results and inferences drawn will be representative of the overall population. Nevertheless, it is essential to check the profile of those who completed the form against other available population data to verify that the respondents do indeed reflect the population as a whole.

The overall response to the 2020 survey was 41%. However, the proportion of young adults who respond to surveys of this kind is often lower than the total response rate. To avoid over- or under-representation of these, and other, sub-groups of the population, the survey responses are weighted in proportion with the known whole population.

The response profile of this survey was compared against Census data from 2011 (people aged 16 years or over and living in private households to correspond with the target population for this survey). The age profiles are shown in Table A1.

Fewer younger people and more older people responded to the survey than their proportions in the total population. The table shows that, overall, the differences are not large, with the largest weighting factor (i.e. the ratio of the proportion of that age category in the sample to that in the total population) being below 3. The small weighting factors of Table A1 are considered good for a survey of this nature.

Weighting

Table A1 – Age profile of *unweighted* survey response

	2020 survey		2011 Census*		Implied weighting factor
	Respondents	Percent	Population	Percent	
Unspecified	29	1	-	-	1.00
16-34 years	228	11	23,825	30	2.66
35-44 years	245	12	15,410	19	1.60
45-54 years	381	19	15,428	19	1.03
55-64 years	403	20	11,581	15	0.73
65 years or over	771	37	13,562	17	0.45
Total	2057	100	79,806	100	1.00

* aged 16 years or over and living in private households

Looking at response distributions for sex and tenure indicated that the responses should be weighted across the three dimensions of age, sex and tenure. This was possible using the Census 2011 population data. This resulted in, for example, women aged 16-34 years living in States, parish or housing trust rental accommodation having a weight of 2.36, whilst men aged 65 years or over living in owner-occupied accommodation had a weight of 0.41.

The resulting age and sex profiles after weighting are shown in Tables A2 – A4. All the individual results used in this report are based on these three-dimensional weighted responses. Household attribute questions, such as central heating, are weighted only by tenure. This is due to the nature of the questions being asked at a household rather than at an individual level.

Weighted responses rates

Table A2 – Age profile of *weighted* survey response

	Percent	
	2020 survey	Census 2011*
16-34 years	30	30
35-44 years	19	19
45-54 years	19	19
55-64 years	15	15
65 years or over	17	17
Total	100	100

* aged 16 years or older and living in private households

Table A3 – Sex profile of *weighted* survey response

	Percent	
	2020 survey	Census 2011*
Men	49	49
Women	51	51
Total	100	100

* aged 16 years or older and living in private households

Table A4 – Tenure profile of *weighted* survey response

	Percent	
	2020 survey	Census 2011*
Owner-occupied	58	58
Qualified rent	17	17
Social rent	12	12
Non-qualified accommodation	13	12
Total	100	100

* aged 16 years or older and living in private households

After applying the three-dimensional weighting, other demographic variables were analysed, to see how the profile of sample respondents compared with known information on the full Island population. The parish profile of the weighted survey respondents was similar to the Census distribution of residents of private households (Table A5).

Table A5 – Parish profile of *weighted* survey response

Parish	Percent	
	2020 survey	Census 2011*
Grouville	5	5
St Brelade	10	11
St Clement	10	9
St Helier	36	35
St John	4	3
St Lawrence	6	6
St Martin	3	4
St Mary	2	2
St Ouen	5	4
St Peter	4	5
St Saviour	13	13
Trinity	3	3
Total	100	100

* aged 16 or over and living in private households

Confidence intervals – proportions

The principle behind a sample survey is that by asking questions of a representative subset of a population, conclusions can be drawn about the overall population without having to approach every individual. Provided the sample is representative, the results will be unbiased and accurate. However, the sample results will always have an element of statistical uncertainty, because they are based on a sample and not the entire population.

While non-sampling uncertainty cannot be easily quantified, the sampling uncertainty can be quantified. Sampling theory means that the statistical uncertainty on any result for the full population, derived from a sample survey, can be calculated; this is done below for this survey.

Under the sampling design implemented (simple random sampling without replacement⁷) the standard error on the estimate of a population proportion p is:

$$s.e(p) = \sqrt{\frac{p(1-p)(1-f)}{n-1}}$$

Where:

n is the total number of respondents

f is the sampling fraction, equal to $\frac{n}{N}$, where N is the number of adults in the Island

The 95% confidence interval on any proportion p is then given by:

$p \pm 1.96s.e(p)$ and attains a maximum for $p = 0.5$, i.e. 50%.

Adults

Using these formulae, the statistical uncertainty on results in this report which refer to the whole adult population is ± 2.0 percentage points.

This means that for a question which gives a result of 50%, the 95% confidence interval is 48.0% to 52.0%. Rounding to zero decimal places, the result can be more simply considered as $50 \pm 2\%$.

Put another way, it is 95% likely that a result published for the overall population is within $\pm 2.0\%$ of the true population figure.

For sub-samples of the population, e.g. by age band or residential qualification, the sampling fractions within each sub-category will vary. Nevertheless, the above formalism applies, and gives the following maximum confidence intervals for proportions (expressed as a range of percentage points) to be assigned to published results:

- all adults: $\pm 2\%$
- age-group: between $\pm 3\%$ (age 65 or over) and $\pm 6\%$ (age 16-34 years & 35-44 years)
- sex: $\pm 3\%$ for females and $\pm 3\%$ for males
- tenure: owner-occupiers $\pm 3\%$; qualified rent $\pm 5\%$; social rent $\pm 7\%$; non-qualified accommodation $\pm 10\%$

⁷ In fact, the sampling design incorporated stratification by parish, with proportional allocation to the strata. The full estimated variance calculation under this design produces confidence intervals that are the same as those reported in this annex (derived using the simpler formalism), within the accuracy of percentage point ranges quoted to zero decimal places.

As a result of the confidence intervals described above, results for the full population which show small changes or differences, e.g. of 1 or 2 percentage points, should be treated with some caution, as the differences will not be significant with respect to the confidence intervals to be attached to each single value.

However, for larger differences, of 5 percentage points or more, the chance that such a difference is due to sampling (rather than being a true measure of a difference or change in the overall population) is small. Since this report focuses on larger differences, there can be confidence that the results presented, and inferences drawn, do indeed reflect the views or behaviour of the overall population.

Households

For analysis at a household level, such as total household income, the confidence interval is based on the number of households, rather than the number of people. When calculating this using the above formulae, N is the number of households in Jersey. n is still the total number of respondents, as each person has responded on their household.

This approach gives a 95% confidence interval of $\pm 2.0\%$. That is, it is 95% likely that a result published for all households is within $\pm 2.0\%$ of the true figure.

As with sub-samples of the adult population, sub-samples of all households can have varying sampling fractions for each sub-category. The same method applies, which gives the following 95% confidence intervals for proportions (expressed as a range of percentage points) to be assigned to published results:

- all households: $\pm 2\%$
- tenure: owner-occupiers $\pm 3\%$; qualified rent $\pm 5\%$; social rent $\pm 7\%$
non-qualified accommodation $\pm 10\%$; NOT owner-occupiers $\pm 4\%$

Confidence intervals – means

Some of our analysis is based on the mean values of numeric values, rather than percentages of the population. The standard error for means is calculated using this formula:

$$s.e.(Q) = \sqrt{\frac{(1-f) \sum_{r=1}^n W_r (x_r - \bar{x})^2}{(n-1) \sum_{r=1}^n W_r}}$$

Where:

n is the total number of respondents

f is the sampling fraction, equal to $\frac{n}{N}$, where N is the number of adults in the Island

$\sum_{r=1}^n ()$ is the sum of the specified values for each respondent, from the 1st to the n^{th}

x_r is the r^{th} score; that is, the score for a particular respondent

W_r is the r^{th} weight; that is, the weight for a particular respondent

\bar{x} is the mean score for the population

The 95 percent confidence interval on the sample mean is then given by: $\bar{x} \pm 1.96 \times s.e.(Q)$

Means

All adults:

- positive well-being scores: ± 0.1
- anxiety well-being score: ± 0.1
- life ladder: ± 0.1

By age group:

- by age group - life ladder: ± 0.1 to 0.2

By how physically active:

- by how physically active – life ladder: ± 0.1 to 0.6

By self-rated health:

- by self-rated health – life ladder: ± 0.1 to 0.9

By household income:

- by household income – life ladder: ± 0.2 to 0.3