

Annual publication

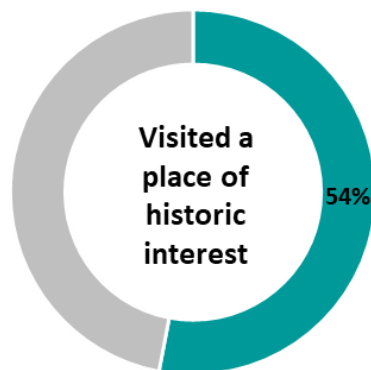
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Coverage: Northern Ireland

Main Stories

- In 2017/18, 54% of adults had visited a place of historic interest within the last 12 months, a similar figure to that in 2016/17 (53%).
- Across two measures of personal wellbeing: Life satisfaction and self-efficacy, analysis shows higher personal wellbeing among adults who visited places of historic interest than among adults who had not. Whilst this report shows a link between experience of heritage and personal wellbeing and general health it does not show that one causes the other. For example, previous analyses have shown that individuals' poor health is a key barrier to their full participation in culture, arts and sporting activities.

Visited a place of historic interest



Similar proportions visited places of historic interest in 2017/18 in comparison with 2016/17 (53%).

Most popular sites visited



A city or town with historic character: 33%



A historic park or garden open to the public: 28%

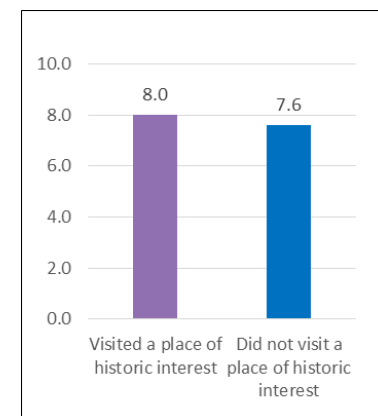


A monument such as a castle, fort, or ruin: 24%



A historic building open to the public (non-religious): 21%

Life satisfaction



For adults who visited a place of historic interest the estimated mean life satisfaction score was 8.0 which was higher than for those who had not visited (7.6).

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This report presents the findings from the 2017/18 Continuous Household Survey (CHS) in relation to experience of heritage by adults in Northern Ireland and their associated well-being.

The Department for Communities (DfC) is the lead department for Historic Environment. DfC is responsible for the recording, conservation and protection of built heritage in Northern Ireland. Questions on heritage were added to the CHS in September 2016, following the establishment of DfC and consequent joining of heritage to culture, arts and sports development.

The Executive Office is responsible for publishing estimates of self-efficacy, locus of control and life satisfaction metrics for the population of Northern Ireland. This report includes an analysis of the relationship of life satisfaction and self-efficacy to the experience of heritage. Data relating to locus of control and experience of heritage is not available for 2017/18.

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Continuous Household Survey

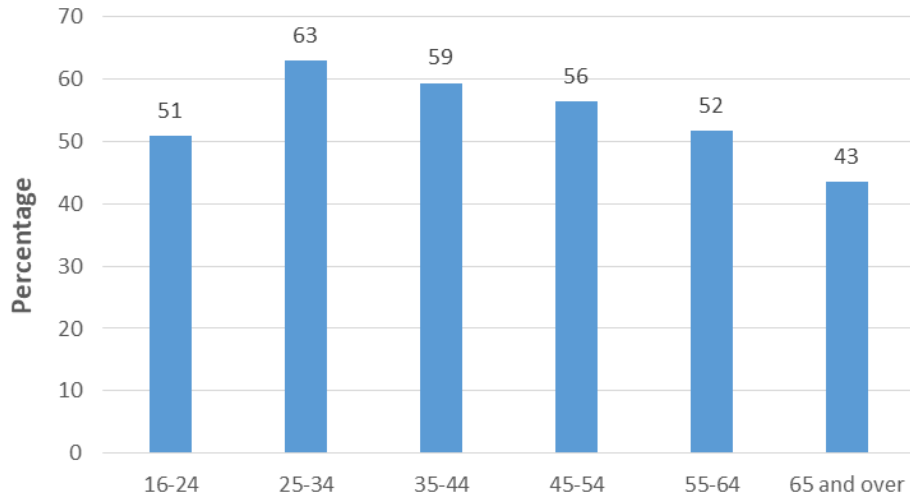
More information relating to the CHS, methodology, definitions, wellbeing questions and the interpretation of figures can be found in the definitions and technical notes section. The questions that were asked in the CHS 2017/18 relating to culture, arts and sport are available [here](#). Data tables are available in [Excel](#) and [ODS format](#).

Experience of heritage

In 2017/18, 54% of adults had visited a place of historic interest within the last 12 months, a similar figure to that in 2016/17 (53%).

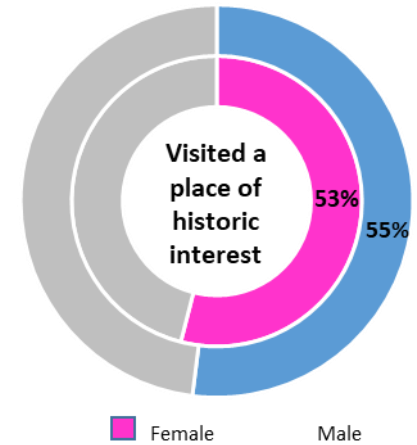
Similar proportions of men and women visited places of historic interest in the past year (55% and 53% respectively). Higher proportions of those aged 25-34 years, 35-44 years, 45-54 years and 55-64 years visited places of historic interest in 2017/18 in comparison with those aged over 65.

Experience of heritage by age group



Adults from the Protestant community were more likely to visit a place of historic interest in 2017/18 than those from the Catholic community (58% and 46% respectively), whilst adults who have a disability were less likely to visit a place of historic interest in 2017/18 (45%) than those who do not have a disability (58%).

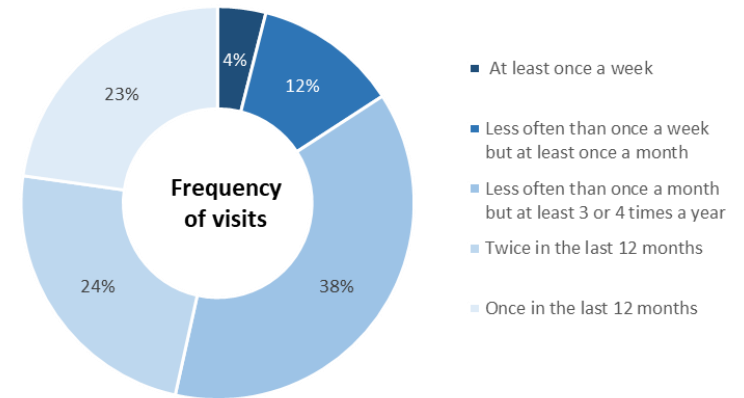
Adults who lived in the least deprived areas were more likely to visit a place of historic interest within the previous year, with 65% having visited compared with 39% of those who lived in the most deprived areas.



Popular sites and frequency of visits

The top three most popular places of historic interest visited in 2017/18 were a city or town with historic character (33%), a historic park or garden open to the public (28%) and a monument such as a castle, fort or ruin (24%).

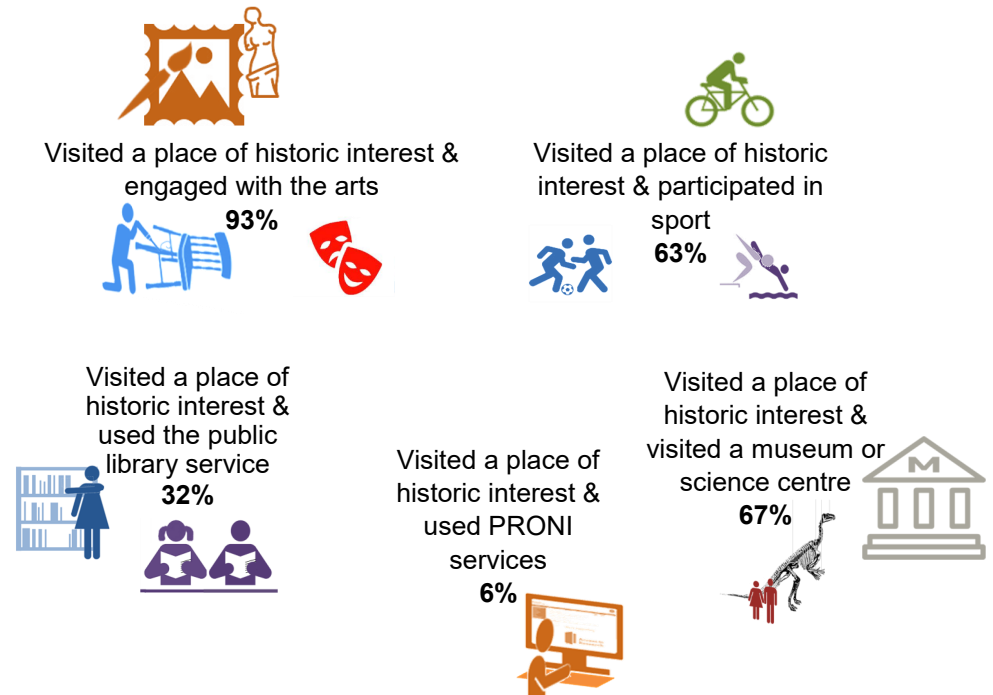
Fifty three per cent of adults who visited a place of historic interest visited at least 3 or 4 times a year.



Experience of heritage and engagement in culture, arts and sport

Ninety eight per cent of adults who visited a place of historic interest in the past year also engaged with culture, arts and sport. Engagement in culture, arts and sport includes participation in sport, engagement with the arts, use of the public library service, visits to museums and use of PRONI services.

In 2017/18, of adults who had visited a place of historic interest, 93% also engaged with the arts, while 67% had also visited a museum or science centre and 63% also participated in sport.



Life satisfaction

Life satisfaction relates to an individual's satisfaction with their life overall. Respondents were asked: 'Overall, how satisfied are you with life nowadays?' and asked to give their response on a scale of 0 to 10, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'. Higher scores on the life satisfaction scale represent a greater sense of contentment with life. Life satisfaction, is one of four measures currently being used by the Office of National Statistics (ONS) to explore and measure national wellbeing¹.

In 2017/18, the estimated mean life satisfaction score for adults in Northern Ireland was 7.9. For adults who visited a place of historic interest the estimated mean score was 8.0, which was higher than for those who did not visit (7.6).



Self-efficacy

Self-efficacy is the extent or strength of an individual's belief in their own ability to complete tasks and reach goals. It is not a measure of the individual's abilities but a perception of their own ability to succeed. Self-efficacy plays a major part in determining our chances for success with those exhibiting higher levels of self-efficacy being more confident in their abilities and ready to face challenges.

Self-efficacy is measured using five statements (see Definitions) to which an individual indicates how much they agree or disagree on a five point Likert scale. It is presented as an overall score which is the sum total of the 5 statement questions, with a maximum of 25 and a minimum of 5. Higher scores indicate a higher level of self-efficacy.

In 2017/18, the estimated mean self-efficacy score for adults in Northern Ireland was 19.3. For adults who visited a place of historic interest the estimated mean score was 19.7 which was higher than for those who did not visit (18.8).

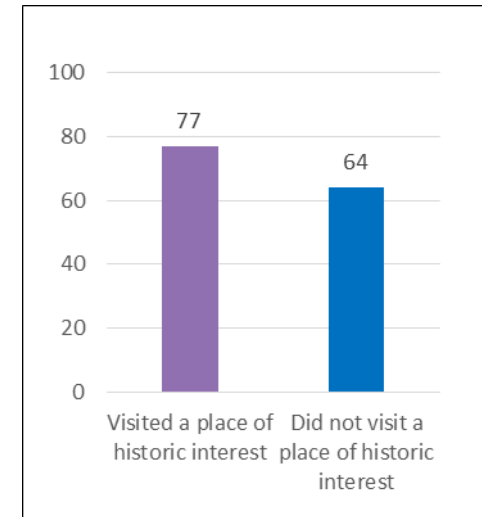


¹ See: ONS, *Personal wellbeing in the UK: July 2017 to June 2018*, <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/july2017tojune2018>

General health - Very good or good health

The Continuous Household Survey asks the following question in relation to health: 'How is your health in general? Would you say it was very good, good, fair, bad or very bad'. An analysis of experience of heritage and the general health of adults in Northern Ireland is presented below.

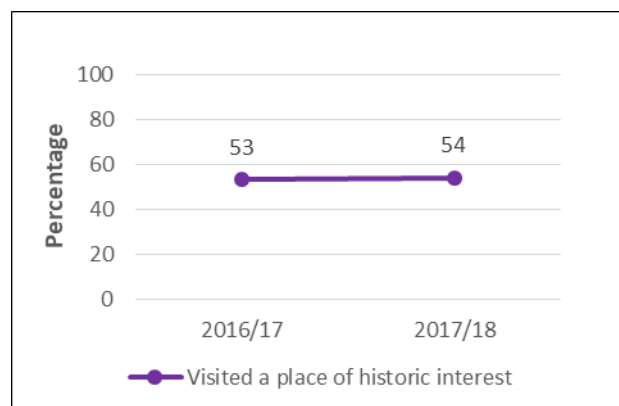
In 2017/18, 71% of all adults in Northern Ireland rated their health as 'very good' or 'good'. For adults who had visited a place of historic interest, 77% rated their health as 'very good or good' which was higher than the proportion who had not visited (64%).



Trends

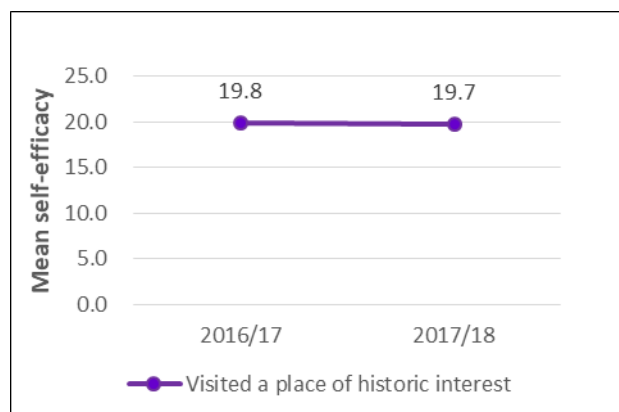
Experience of heritage

Similar proportions of adults visited places of historic interest in 2017/18 (54%) in comparison with 2016/17 (53%).



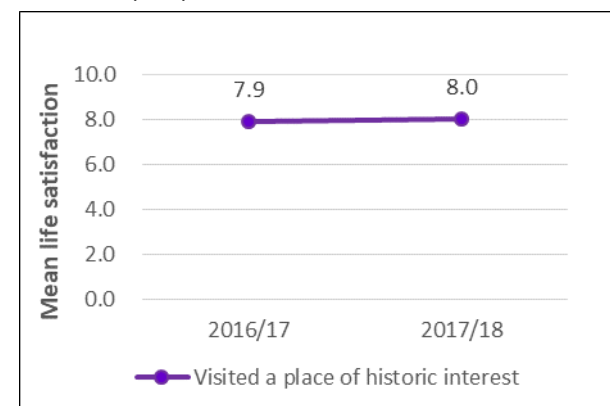
Self-efficacy

For adults who visited a place of historic interest the estimated mean self-efficacy score was 19.7 in 2017/18. This score is similar to the figure recorded for 2016/17 (19.8).



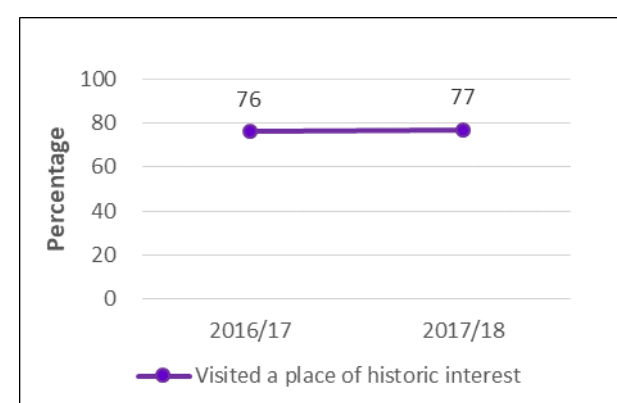
Life satisfaction

For adults who visited a place of historic interest the estimated mean life satisfaction score was 8.0 in 2017/18. This score is similar to the figure recorded for 2016/17 (7.9).



General health - Very good or good health

The proportion of adults in 2017/18 who visited a place of historic interest and rated their health as 'very good' or 'good' (77%) is similar to the figure recorded for 2016/17 (76%).



Definitions and technical notes

Continuous Household Survey

The Continuous Household Survey is a Northern Ireland wide household survey administered by Central Survey Unit, Northern Ireland Statistics and Research Agency. The sample for this survey in 2017/18 consisted of a systematic random sample of 9,000 addresses selected from the Land and Property Service's list of private addresses. The findings reported for 2017/18 in these tables are based on 2,824 respondents, aged 16 and over, who answered the questions relating to places of historic interest .

Weighting the Continuous Household Survey

Analysis of the culture, arts and sport modules of the CHS have been weighted for non-response. A chi square goodness-of-fit test showed that the CHS sample was not representative of the population by age and sex when compared with the Population and Migration Estimates Northern Ireland 2016 (NISRA). As a result, three separate weights were produced for age, sex and age and sex combined.

Non-response weighting sometimes increases standard errors, although the impact tends to be fairly small, i.e. the adjustment may be less or greater than 1, but will generally be reasonably close to 1. In the case of the culture, arts and sport modules of CHS, the values of the adjustment for all three weighting systems are so close to one, it is not necessary to take account of this in the calculation of standard error and confidence intervals.

While weighting for non-response (also called post-stratification) should reduce bias, it must be acknowledged that it will not eliminate bias. The reasons individuals choose to take part in surveys are complex and depend on lots of factors specific to the individual. As a result, the non-response biases in surveys are likely to be complex. Post-stratification works on the assumption that, by aligning the survey to the population along a small number of dimensions such as age and gender, many of these complex biases will reduce. However, it would be misleading to suggest that they will be eliminated.

Visited a place of historic interest – Visited one of the following places in the 12 months prior to the CHS:

- A city or town with historic character
- A historic building open to the public (non-religious)
- A historic park or garden open to the public
- A place connected with industrial history (e.g. an old factory, dockyard or mine) or historic transport system (e.g. an old ship, canal, or railway)
- A historic place of worship attended as a visitor (not to worship)
- A monument such as a castle, fort, or ruin
- A site of archaeological interest (i.e. an earthen fort ancient burial site)
- A site connected with sports heritage (e.g. a historic cricket pitch) (not visited for the purposes of watching sport)

Instruments for measuring self-efficacy and life satisfaction

The instrument for measuring self-efficacy is a simple statement based survey tool which takes the form of five simple statements to which the individual indicates to what extent they agree or disagree on a five point Likert scale. Self-efficacy is presented as an overall score, minimum 5 and maximum 25, taken from the summated total of the five statement questions.

Self-efficacy statement questions:

1. I can always manage to solve difficult problems if I try hard enough.
2. I am confident that I could deal efficiently with unexpected events.
3. I can remain calm when facing difficulties because I can rely on my coping abilities.
4. When I am confronted with a problem, I can usually find several solutions.
5. No matter what comes my way, I'm usually able to handle it.

Life satisfaction

Life satisfaction is presented as a single statement question, 'Overall, how satisfied are you with your life nowadays?' to which the individual responds on an 11 point Likert scale (0-10). Life satisfaction is scored out of 0-10, with 10 being the highest achievable score.

General Health question

'How is your health in general? Would you say it was very good, good, fair, bad or very bad'.

Statistical significance in this report

Any statements in this report regarding differences between groups are statistically significant at the 95% confidence level. This means that we can be 95% confident that the differences between groups are actual differences and have not just arisen by chance. The base numbers, sizes of percentages (relating to general health) or variance of scores (relating to wellbeing) have an effect on statistical significance. Therefore on occasion, a difference between two groups may be statistically significant while the same difference in percentage points or mean score between two other groups may not be statistically significant. The reason for this is because the larger the base numbers or the closer the percentages are to 0 or 100 or the smaller the variance in scores, the smaller the standard errors. This leads to increased precision of the estimates which increases the likelihood that the difference between the proportions or mean scores is actually significant and has not just arisen by chance.

Other notes

The following should be noted when interpreting figures and tables:

- Detailed tabulations are not provided where the number of respondents is too small to allow meaningful analysis.
- The base number of responses to each question, which is shown in each table, is the unweighted count. The base may vary due to some respondents not answering certain questions.