

SOCIAL CAPITAL

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Social capital includes those features of society such as trust, norms, and networks that can improve and strengthen society by enabling coordinated actions [1,2]. Social capital is important because it is linked to individual and community health and wellbeing via a range of processes between people. These processes facilitate cooperation and efficiency for mutual benefit [2-5].

Trust in agencies, participation in local organisations (including volunteering), and social connection or isolation are among the most commonly used indicators of social capital [5]. Social capital is significantly associated with many community- and individual-level outcomes, such as education, crime, child welfare, health and wellbeing, and the total mortality rate (although correlation does not establish causation) [1,2,6]. Social capital is an important component of a strengths-based approach, which identifies the protective and promoting factors that improve health and wellbeing.

Key trends within the social capital

The results seen across the range of indicators for social capital, for greater Christchurch, over the last five to seven years, are mixed. The proportion of greater Christchurch respondents who indicate feeling a sense of community has been in decline since first measured in the Canterbury Wellbeing Survey in late 2012 (especially so for young people, 18–24 years). However, the decline in sense of community appears to have plateaued in recent years, at just below fifty percent of respondents. While most respondents reported having regular face-to-face and/or non-face-to-face contact with family and friends in the 2018 General Social Survey, a substantial minority (≈15%) of those aged 18 to 24 years indicated that they felt lonely or isolated most or all of the time in the Canterbury Wellbeing Survey 2017, 2018, and 2019. A similar proportion of this age group reported that it was hard or very hard to access emotional support in the 2019 Canterbury Wellbeing Survey. Most Survey respondents continue to indicate that they can express their personal identity in New Zealand, reporting that they find it easy or very easy to be themselves. Finally, participation in sports has increased overall since late 2012, along with increasing attendance and participation in the arts.

Key equity issues within social capital

A number of differences are apparent across the social capital indicators, notably: sense of community, personal identity, loneliness and isolation, and confidence in agencies. Age (particularly the youngest and oldest age groups), having a long-term health condition or disability, and identifying as belonging to certain ethnic groups, appear to be related to lower levels of social capital in greater Christchurch.

What this means for wellbeing

Social capital covers many aspects of community, and all are concerned with the quality and characteristics of human relationships. Generally, the pattern of results for the social capital indicators for greater Christchurch appears supportive of individual and community wellbeing across greater Christchurch, however, some areas of concern are apparent.

Indicators in this domain

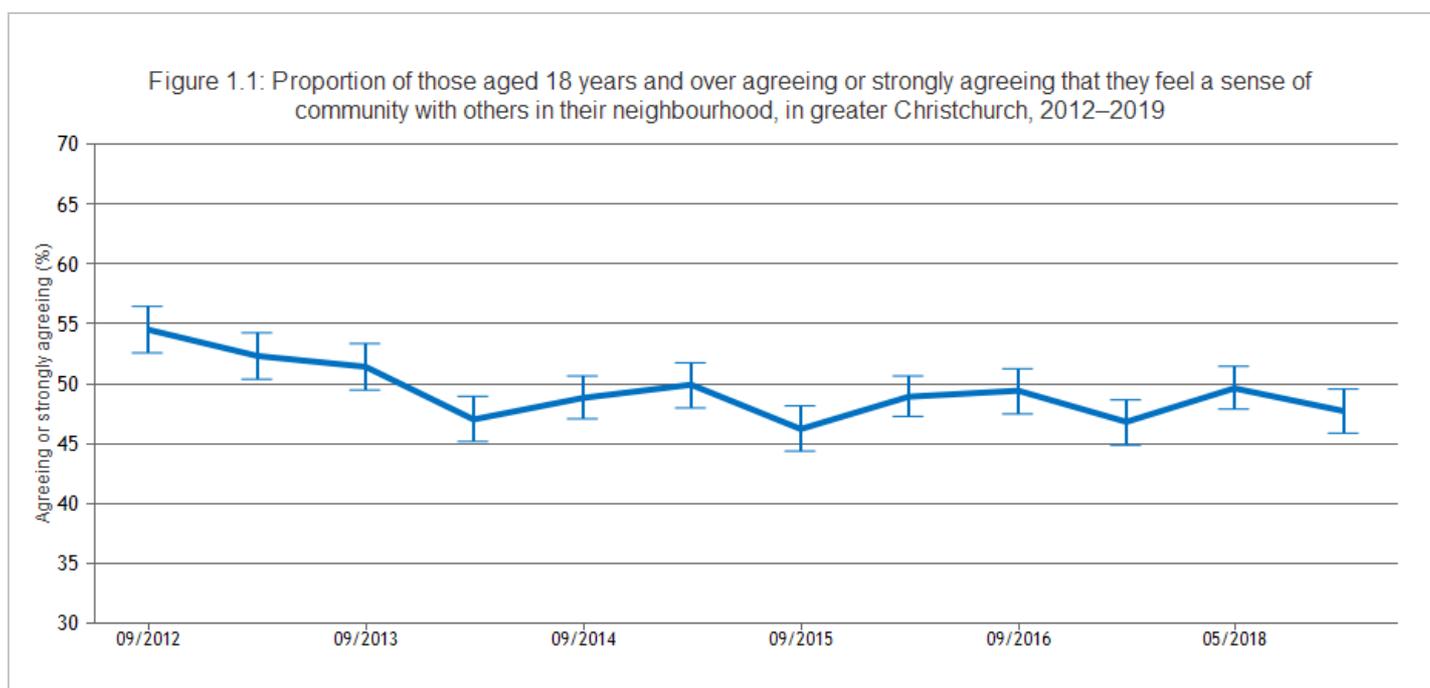
- **Sense of community**
- **Contact with family and friends**
- **Loneliness and isolation**
- **Emotional support**

- **Personal identity**
- **Arts attendance**
- **Participation in the arts**
- **Discrimination**
- **Sports participation**
- **Unpaid activities**
- **Confidence in agencies**

SENSE OF COMMUNITY

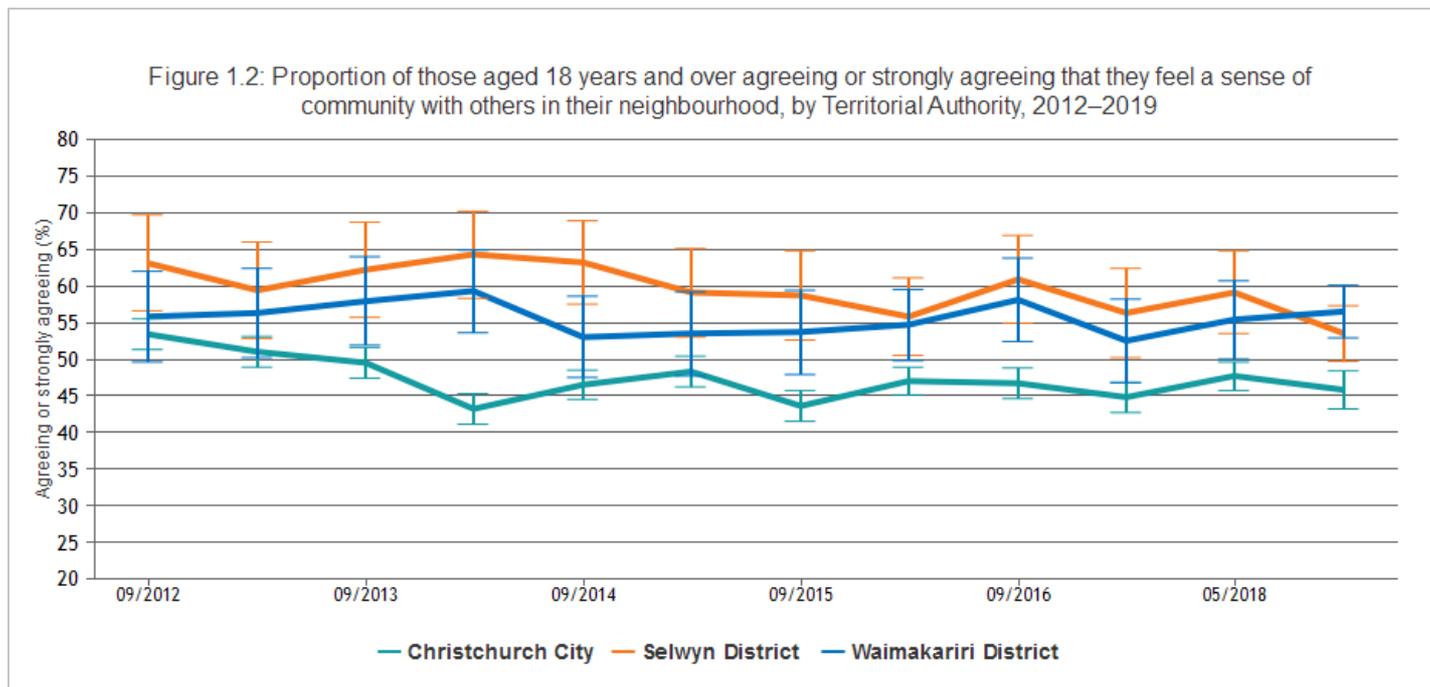
Feeling like one belongs and is accepted in meaningful social groups has been linked to wellbeing and health-related outcomes [7,8]. Sense of community is a desirable outcome, whereby community members feel a sense of belonging and commitment, and a feeling that members matter to one another and to the group [9,10]. In this context, community is mostly concerned with quality and characteristics of human relationships, rather than the geographical location (for example, neighbourhood, town, city) [11]. Sense of community embraces a number of different elements including: community spirit or membership, influence, reinforcement, emotional safety, community boundaries, sense of belonging, trust, shared emotional connections, and quality interactions [9,12]. These elements are considered to act together to strengthen the social fabric and improve community wellbeing and health outcomes [7-9].

This indicator presents the proportion of those aged 18 years and over agreeing or strongly agreeing they feel a sense of community with others in their neighbourhood, as reported in the Canterbury Wellbeing Survey.



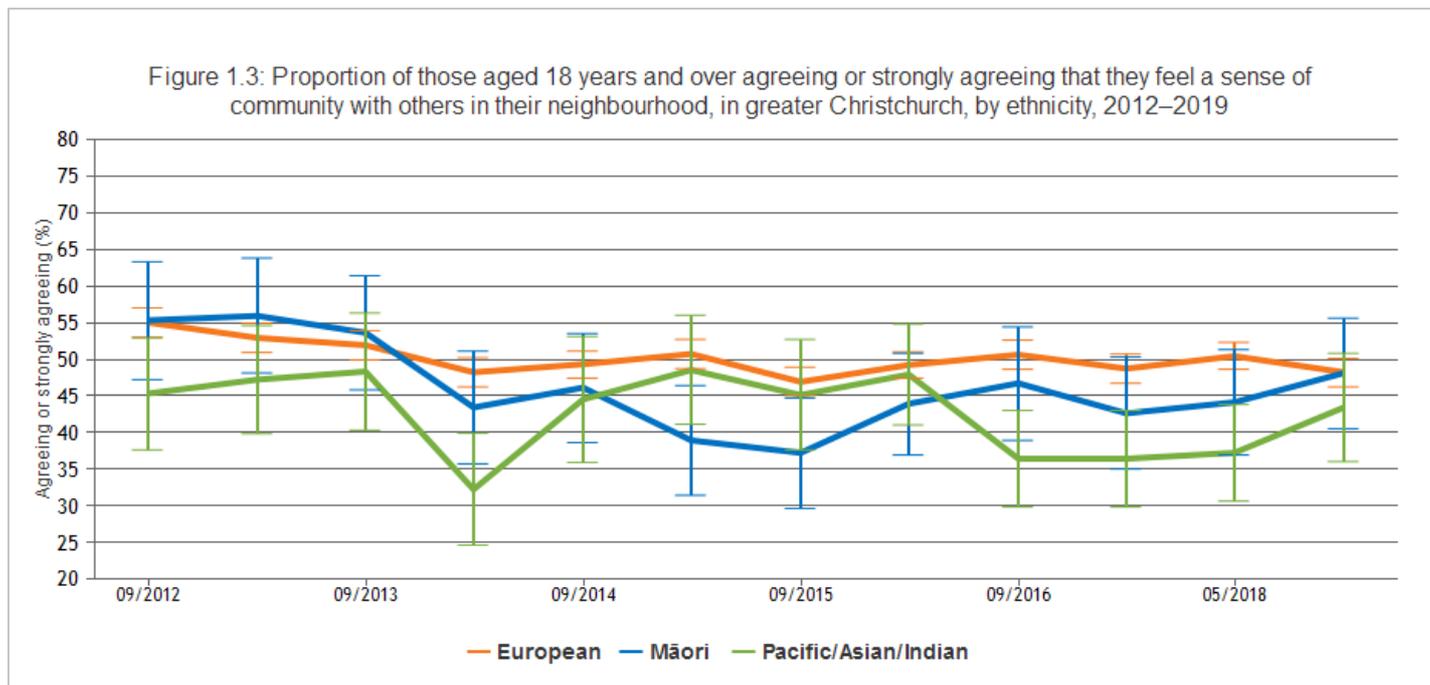
The figure shows that in the year following the 2010 and 2011 earthquakes, over half of respondents in greater Christchurch (54.5%) agreed or strongly agreed that they felt a sense of community with others in their neighbourhood. A pattern of declining sense of community followed, and the proportion feeling a sense of community with others in their neighbourhood (agree or strongly agree) dipped below 50 percent in 2014. The current result (47.7%, 2019) is statistically significantly lower than that for 2012 and the overall downward trend in this proportion is statistically significant. However, the proportion feeling a sense of community with others in their neighbourhood (agree or strongly agree) appears to have plateaued since March 2014 and has been fluctuating between 46 percent and 50 percent in recent years. Note that no pre-earthquake data are available to act as a benchmark.

Breakdown by Territorial authority



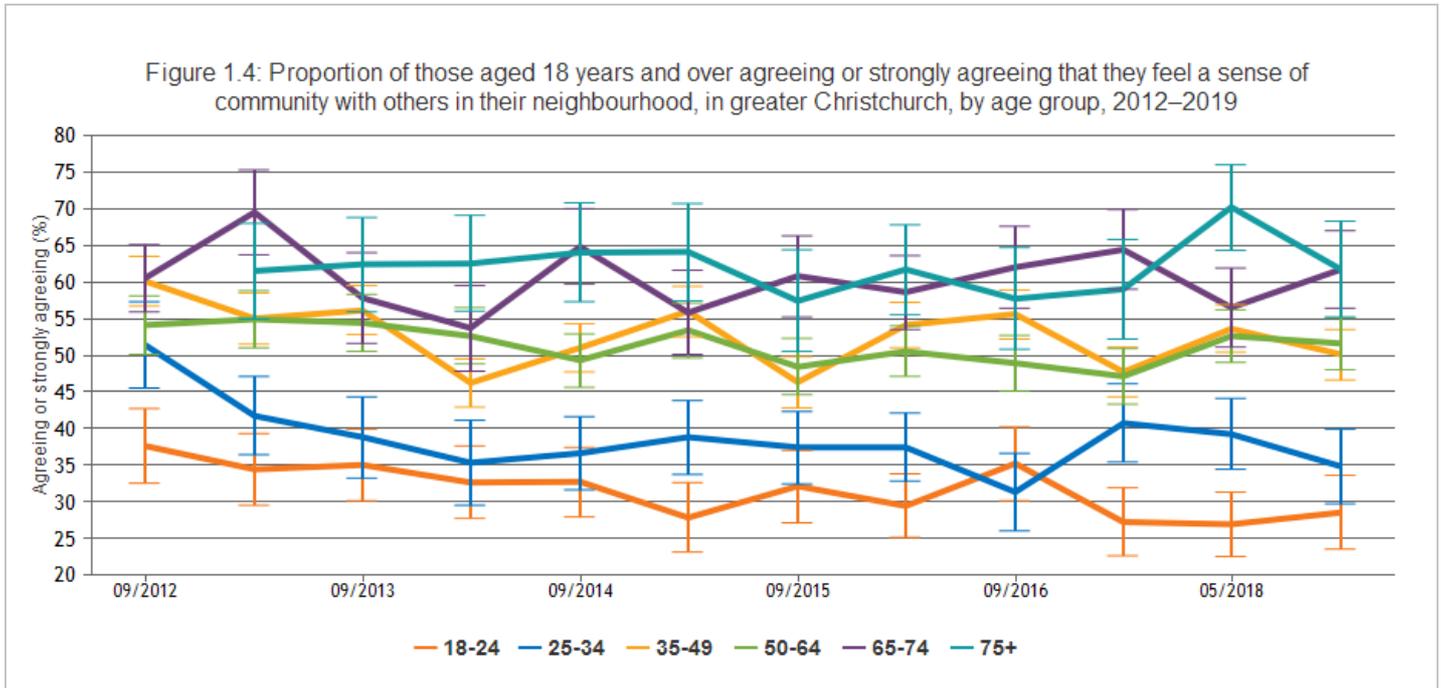
The figure shows that Selwyn District has generally had the highest proportion of respondents reporting a sense of community (agreeing or strongly agreeing they feel a sense of community with others in their neighbourhood) over the time series. Christchurch City (45.8%) continues to have the smallest proportion of respondents reporting a sense of community; statistically significantly lower than both Selwyn District (53.5%) and Waimakariri District (56.5%) in 2019. Over the time-series, Christchurch City appears to show the greatest decline in sense of community.

Breakdown by ethnicity



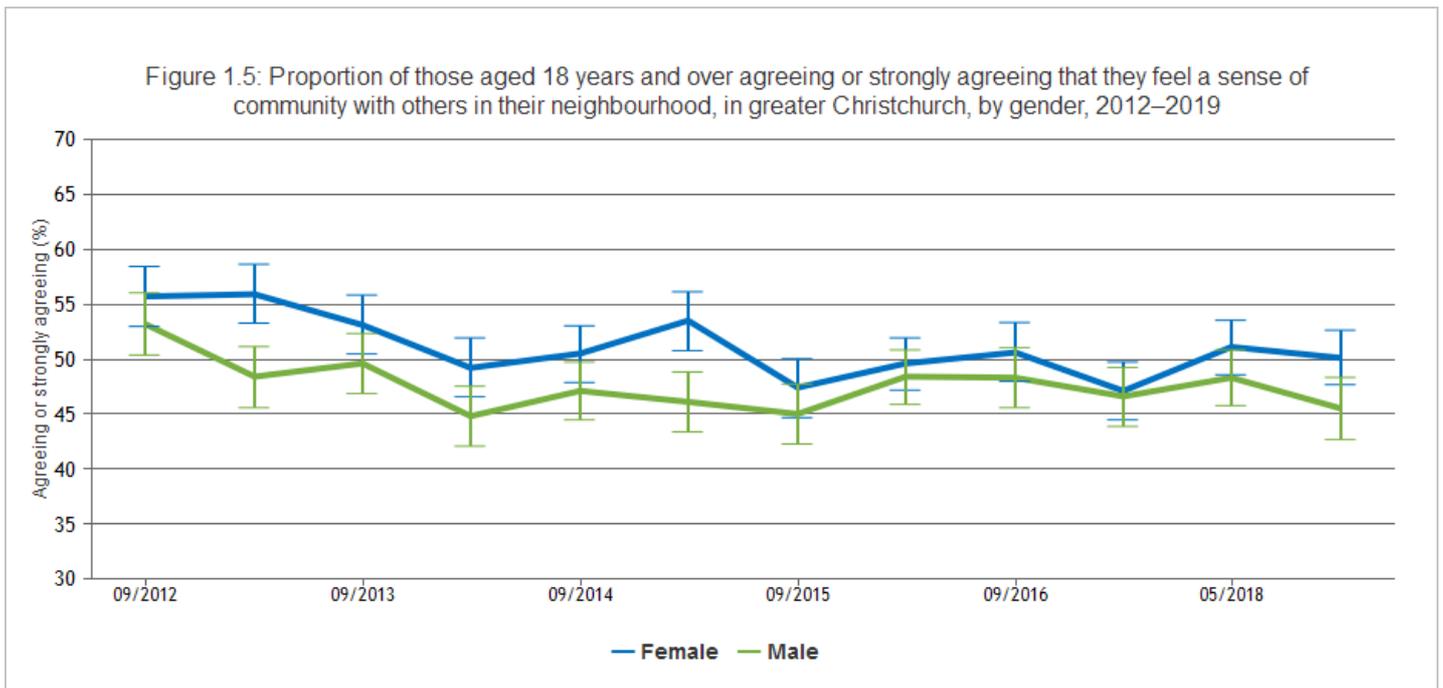
The figure shows that in 2019, the proportion of European respondents agreeing or strongly agreeing they feel a sense of community with others in their neighbourhood (48.2%) is statistically similar to that for both Pacific/Asian/Indian respondents (43.4%) and Māori respondents (48.1%), with all three confidence intervals overlapping. This general pattern of convergence is different from the last three time-points (09/2016, 06/2017, and 05/2018). However, there is noticeable variability in the results for Māori and Pacific/Asian/Indian respondents due to smaller absolute numbers in the sample. These smaller numbers contribute to wider confidence intervals and make it difficult to discern differences for Māori and Pacific/Asian/Indian respondents.

Breakdown by age



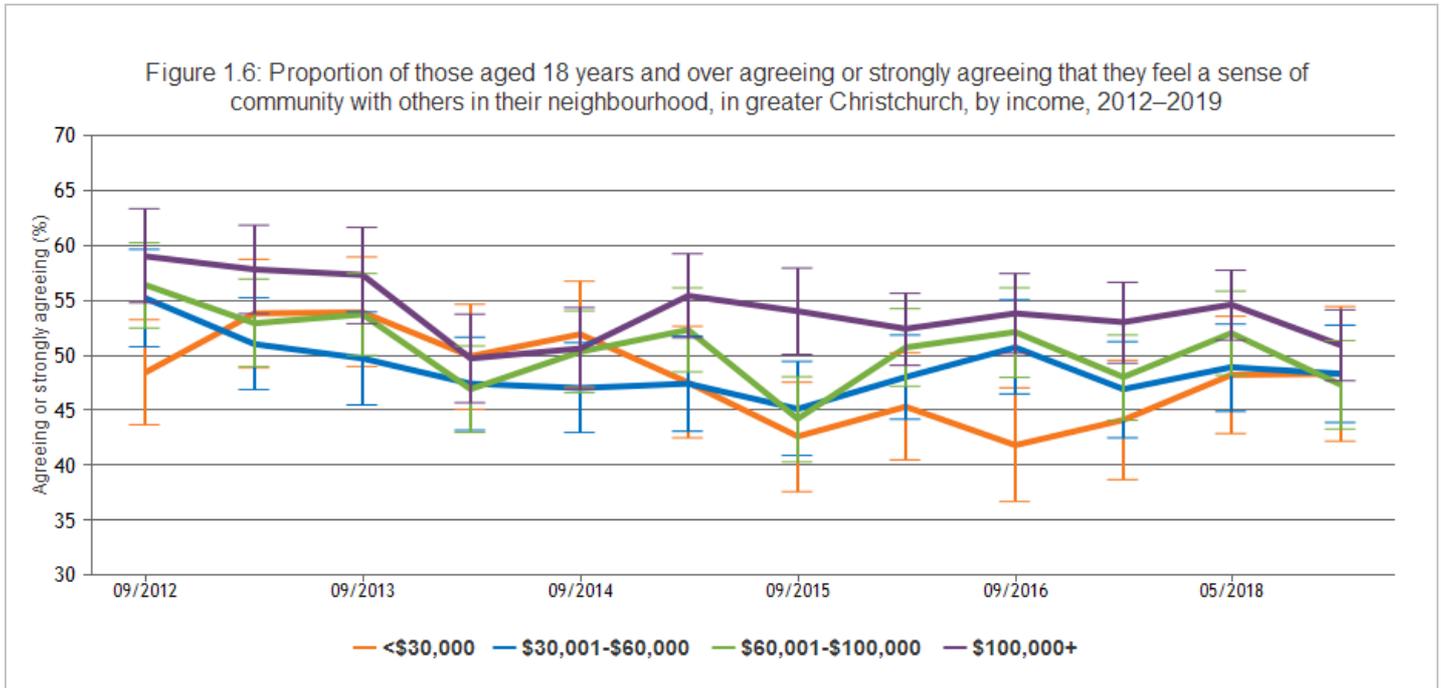
Across the time-series, younger respondents' sense of community is notably different from older respondents' sense of community (that is, lower, and in sharper decline). In 2019, 61.7 percent of respondents from the 75+ years age group indicated that they agreed or strongly agreed that they felt a sense of community with others in their neighbourhood, compared with only 28.5 percent of 18 to 24-year-old respondents. This may reflect actual relational differences within neighbourhoods by different age groups, for example, as young people may be more transient and less likely to have neighbourhood attachments, such as owning a home or having children attend a local school. It may also reflect different understandings of the question (for example, younger respondents may have different understandings of 'communities' and 'neighbourhoods'), or a combination of both of these aspects.

Breakdown by gender



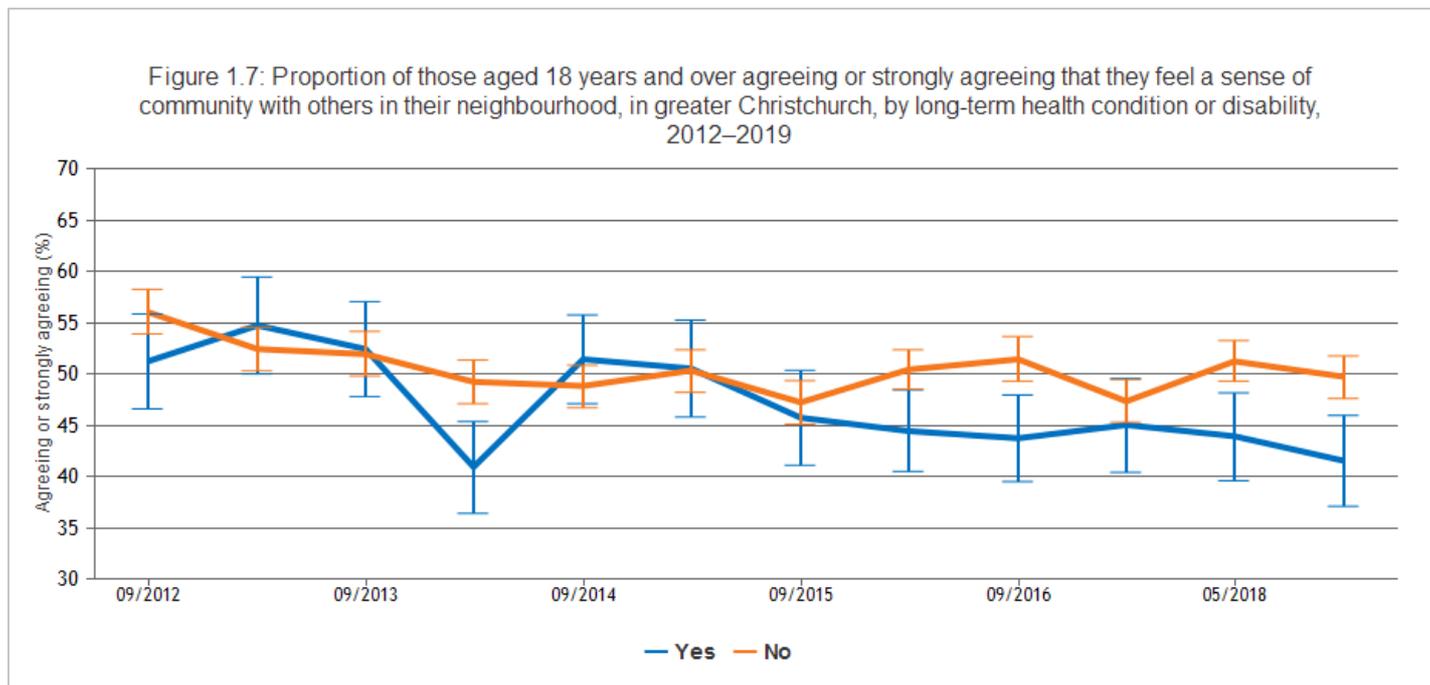
The figure shows a pattern of generally similar levels of sense of community (proportion agreeing or strongly agreeing that they feel a sense of community with others in their neighbourhood) for female respondents and male respondents in greater Christchurch, over the period 2012 to 2019 (more so, since late 2015).

Breakdown by income



The figure shows a pattern of generally similar levels of sense of community (proportion of respondents agreeing or strongly agreeing that they feel a sense of community with others in their neighbourhood) across the annual household income groups \$30,001 to \$60,000; \$60,001 to \$100,000; and \$100,000+; in greater Christchurch, over the period 2012 to 2019. The exception is the lowest income group. The <\$30,000 income group appears to have experienced a transient boost in sense of community (possibly an earthquake effect) from early 2013 to late 2014. Sense of community for the <\$30,000 group was statistically similar to the higher income groups for the last three time-points.

Breakdown by disability



The figure shows that the level of sense of community (proportion of respondents agreeing or strongly agreeing that they feel a sense of community with others in their neighbourhood) for those respondents with a long-term health condition or disability was not significantly different from the proportion for those without, at the majority of time-points presented. However, the proportion for those with a long-term health condition or disability was significantly lower at the most recent time-point (41.5%, compared to 49.7% for those without a long-term health condition or disability) as well as in April 2014, September 2016, and May 2018, and there appears to be an emerging pattern of divergence between the two groups, over the last four to five years.

Data Sources

Source: Canterbury District Health Board.

Survey/data set: Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website www.cph.co.nz/your-health/wellbeing-survey/

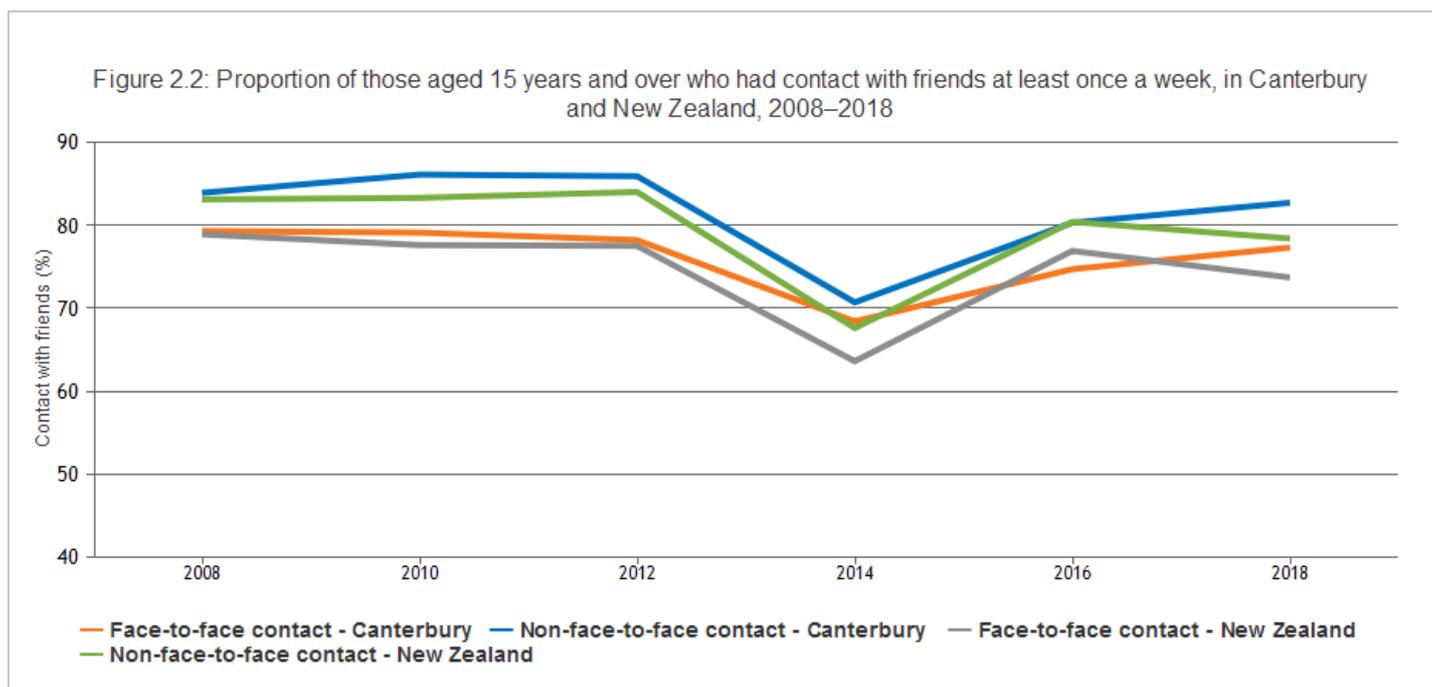
Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

CONTACT WITH FAMILY AND FRIENDS

Family and friends are a source of social support and give people a sense of belonging. Staying in touch with family and friends who live elsewhere helps maintain social connections, which can contribute to wellbeing. A network of relatives, friends, colleagues, and other personal contacts can encourage healthy behaviours. People can call on their social networks for assistance in times of need [13].

This indicator presents the proportion of those aged 15 years and over who had face-to-face contact and non-face-to-face contact with family (top graph) and friends (bottom graph) living in another household in the last week (at least once a week) as reported in the New Zealand General Social Survey. Family included immediate family, such as parents, siblings, and other relatives (for example, uncles, aunts, and in-laws).



The figures show that most New Zealanders talk face-to-face with their family or friends regularly. In Canterbury in 2018, 57.4 percent of respondents had face-to-face contact with their family at least once a week; 77.3 percent reported face-to-face

contact with friends at least once a week. Most Canterbury respondents also had regular non-face-to-face contact with family and friends. Approximately eight out of ten respondents in 2018 had non-face-to-face contact with family (79.0%) or friends (82.7%) in the last week. Contact with family and friends for Canterbury respondents appears relatively similar to that for New Zealanders overall.

Data Sources

Source: Statistics New Zealand.

Survey/data set: New Zealand General Social Survey to 2018. Access publicly available data from the Statistics New Zealand website <https://www.stats.govt.nz/information-releases/wellbeing-statistics-2018>

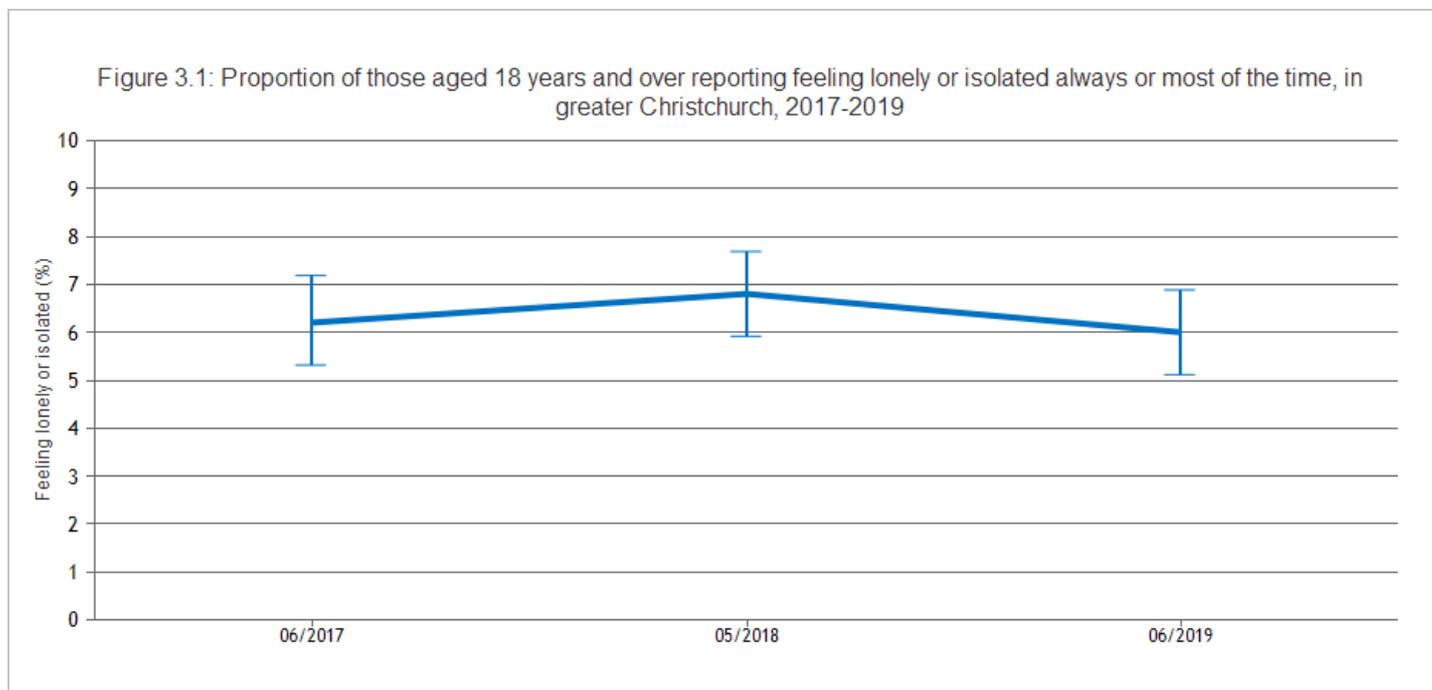
Source data frequency: Every two years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

LONELINESS AND ISOLATION

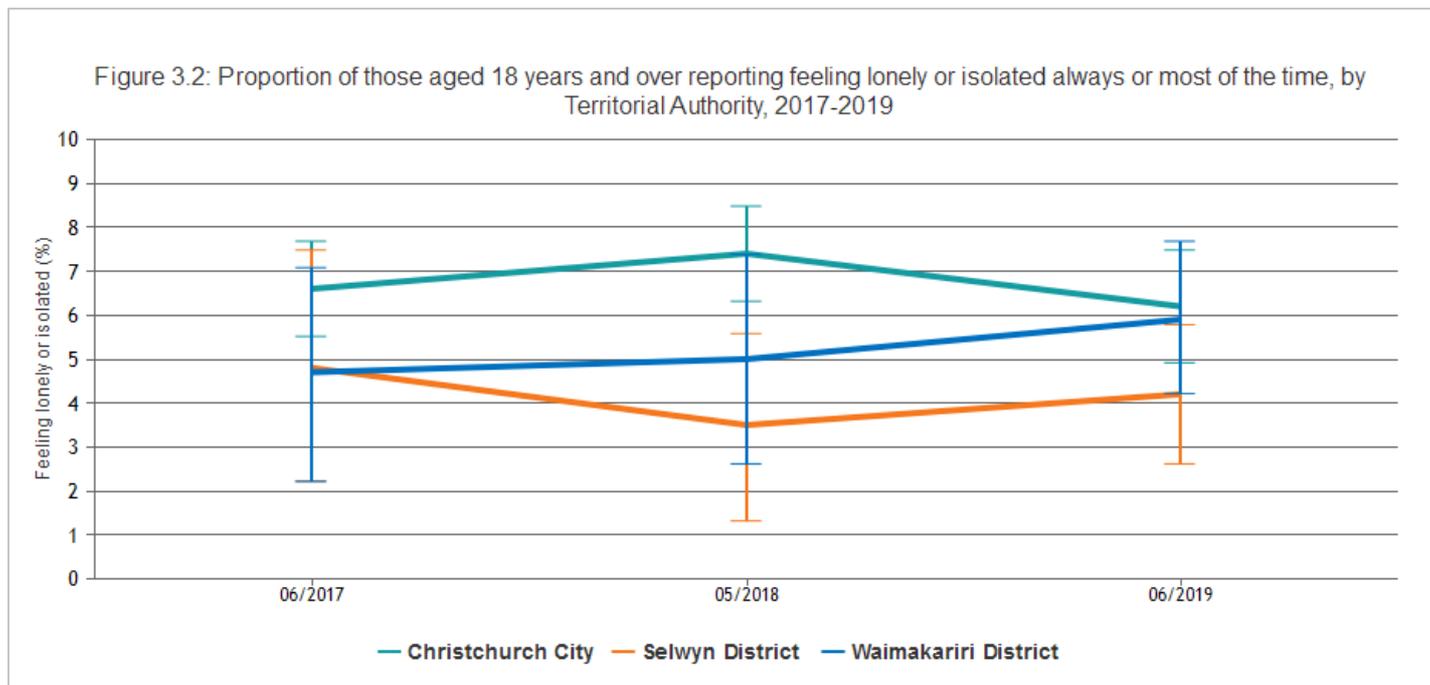
Social connections are positively associated with individual and community health [2-5], while social isolation is associated with poor health [5]. Therefore, reducing social isolation is an important part of maintaining or building social capital.

This indicator presents the proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, as reported in the Canterbury Wellbeing Survey.



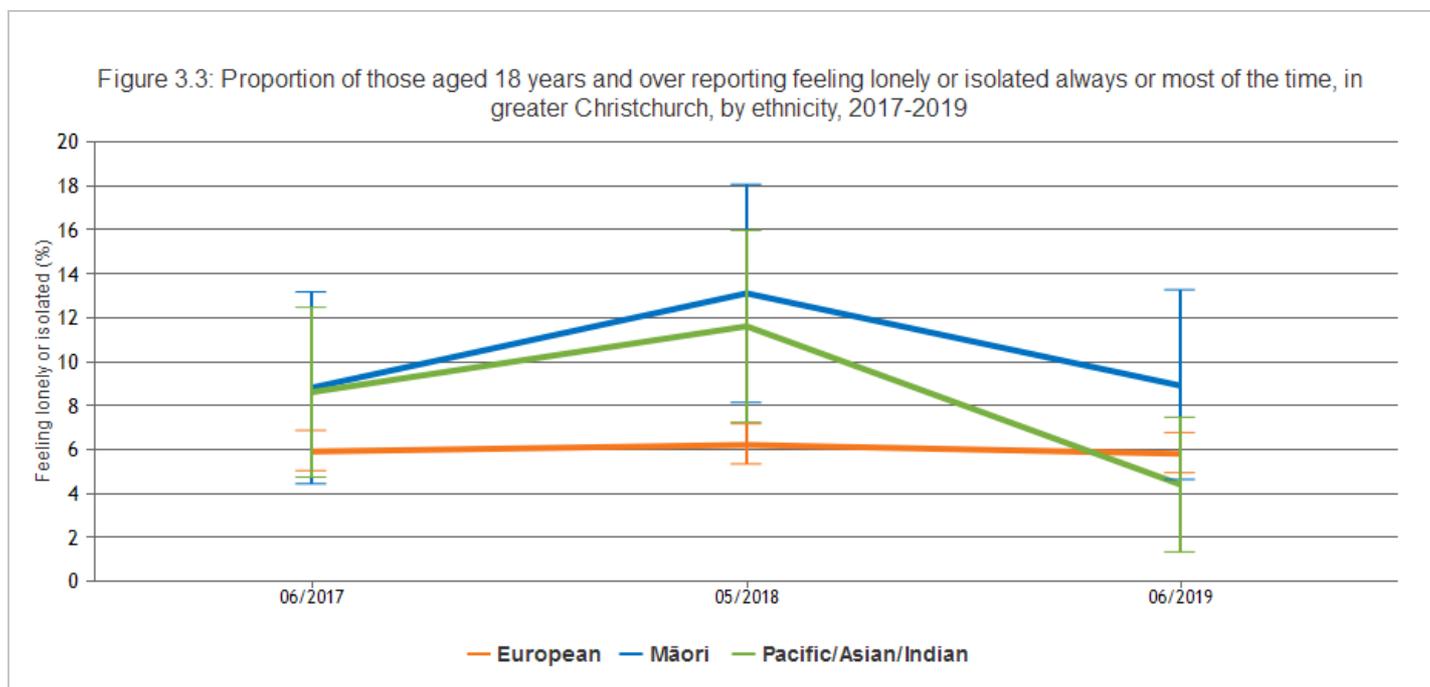
The figure shows that between six and seven percent of respondents reported feeling lonely or isolated, always or most of the time, in greater Christchurch, over the time period from 2017 to 2019.

Breakdown by Territorial Authority



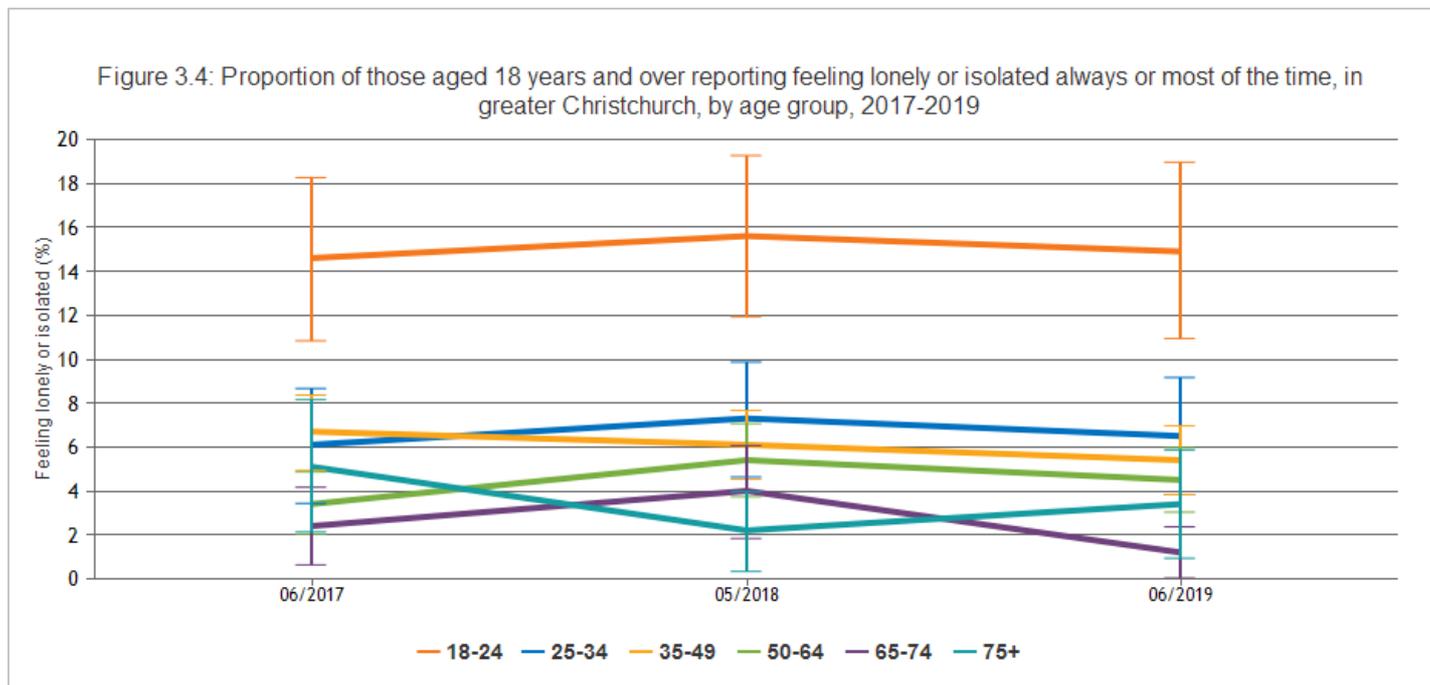
The figure shows the proportion of respondents aged 18 years and over who reported feeling lonely or isolated, always or most of the time, over the time period from 2017 to 2019, for Christchurch City, Selwyn District, and Waimakariri District (6.2%, 4.2%, and 5.9%, respectively, in 2019). A higher proportion of Christchurch City respondents reported being socially isolated in 2017, 2018, and 2019 (statistically significantly higher than Selwyn District in 2018, only).

Breakdown by ethnicity



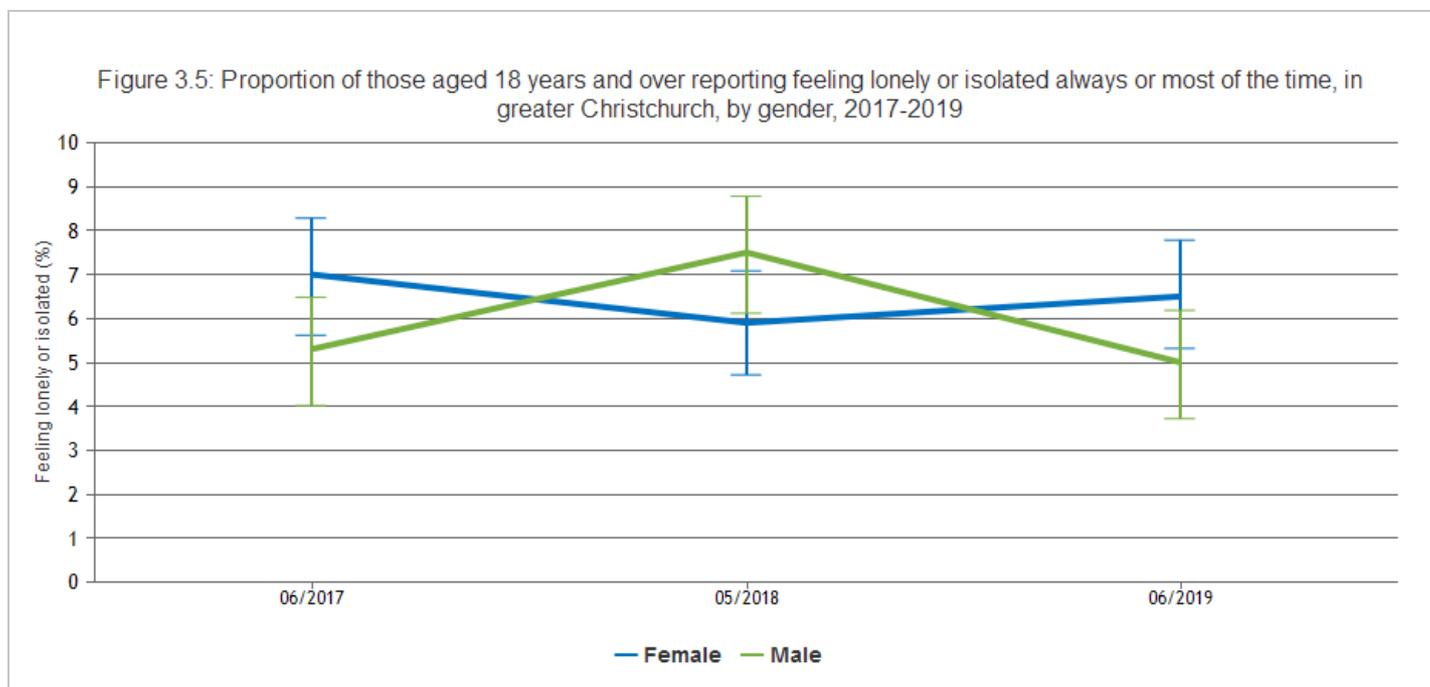
The figure shows the proportion of respondents who reported feeling lonely or isolated, always or most of the time, 2017 to 2019, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (5.8%, 8.9%, and 4.4%, respectively, in 2019). A statistically significantly lower proportion of European respondents reported being socially isolated compared with Māori and Pacific/Asian/Indian respondents in 2018. Note that these comparisons do not take into account possible confounders such as income or age.

Breakdown by age



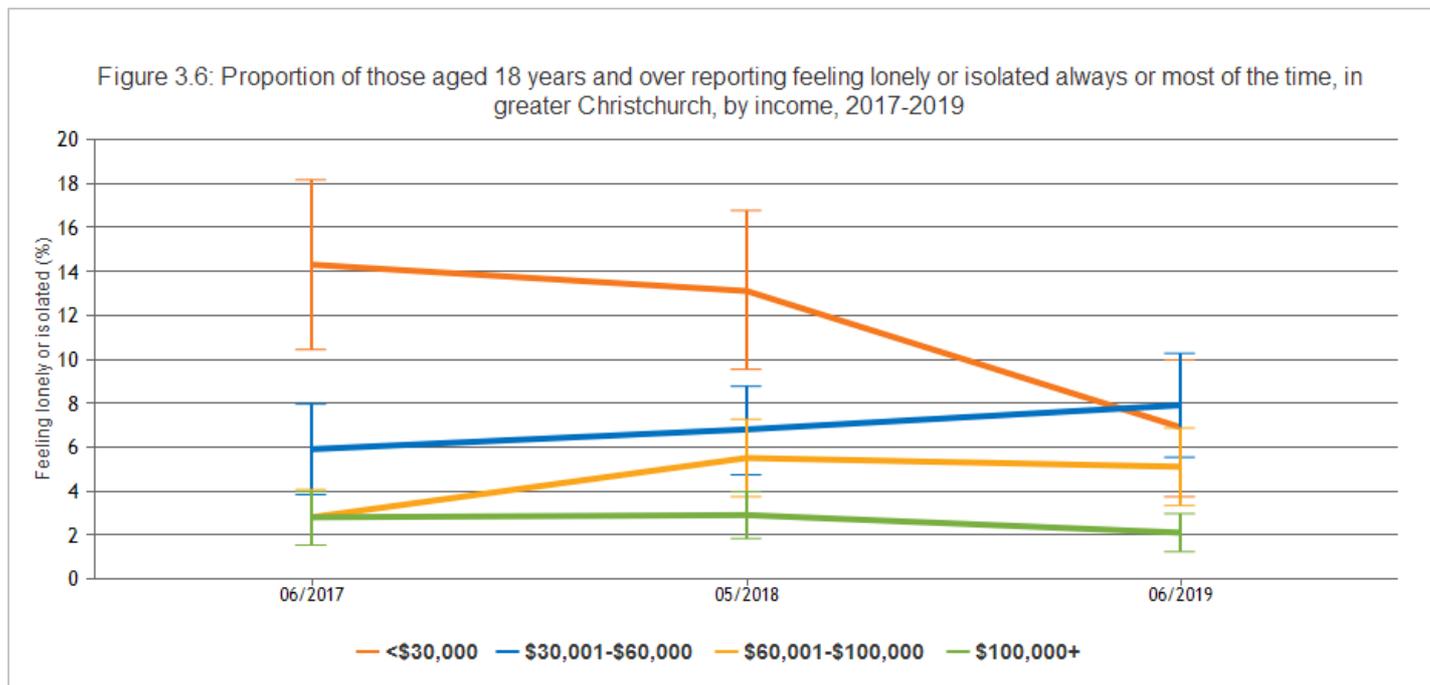
The figure shows the proportion of respondents reporting feeling lonely or isolated, always or most of the time, by age group, from 2017 to 2019. The figure shows a clear pattern of higher levels of social isolation for young people. For respondents in the 18 to 24 years group, in particular, the self-reported level of social isolation has averaged approximately 8 percentage points above the other age groups (the difference between the youngest age group and all other age groups is statistically significant at all three time-points).

Breakdown by gender



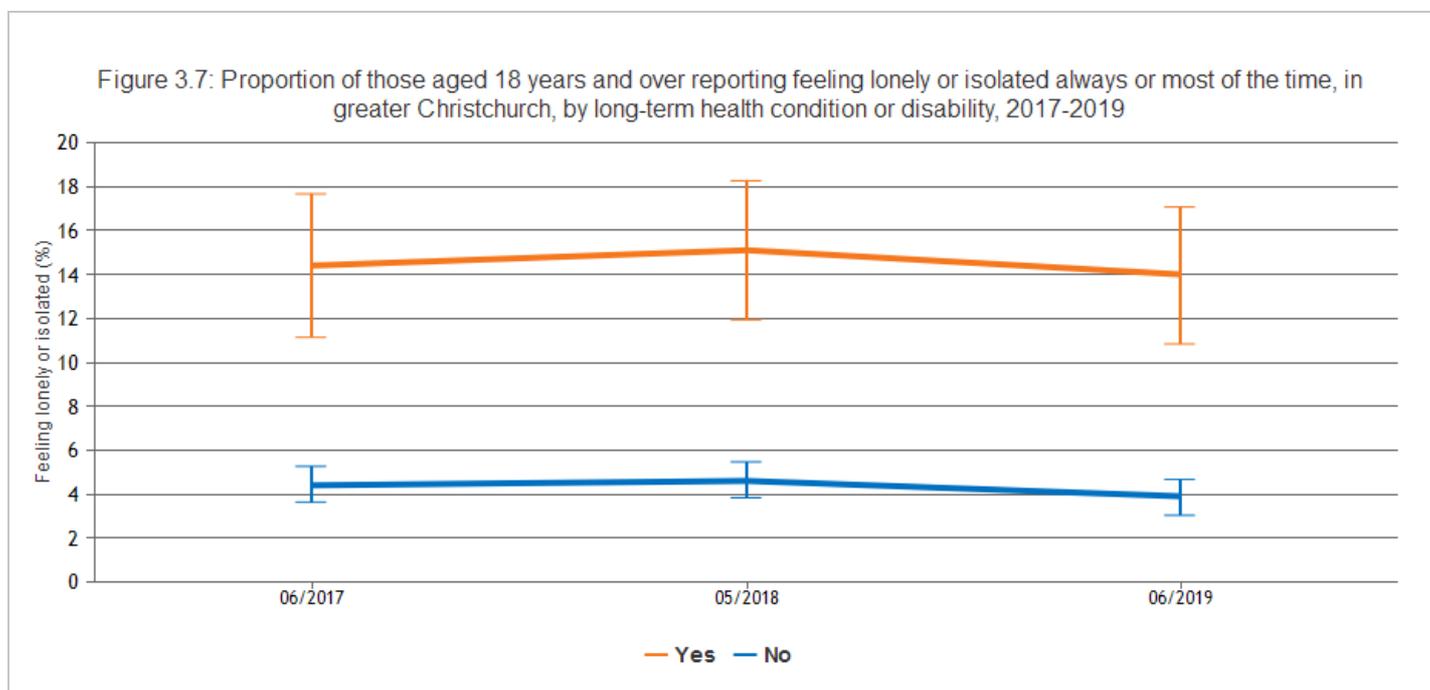
The figure shows a pattern of generally similar levels of social isolation (proportion of respondents reporting feeling lonely or isolated, always or most of the time) for female and male respondents in greater Christchurch, from 2017 to 2019 (no statistically significant differences by gender or over time).

Breakdown by income



The figure shows the proportion of respondents reporting feeling lonely or isolated, always or most of the time, by annual household income, 2017 to 2019. The figure shows a pattern of higher levels of social isolation for those in the lowest income groups. For respondents in the <\$30,000 group, in particular, the levels of self-reported social isolation averaged approximately 7 percentage points above the other income groups in 2017 and 2018. The difference between the lowest income group and all other income groups was statistically significant in 2017 and 2018. However, the differences at the 2019 time-point are not statistically different (with the exception of the \$60,001-\$100,000 group compared with the \$100,000+ group).

Breakdown by disability



The figure shows statistically significantly higher levels of social isolation (the proportion of those respondents reporting feeling lonely or isolated, always or most of the time) for those with a long-term health condition or disability, compared with those without, in greater Christchurch, 2017 to 2019.

Data Sources

Source: Canterbury District Health Board.

Survey/data set: Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website www.cph.co.nz/your-health/wellbeing-survey/

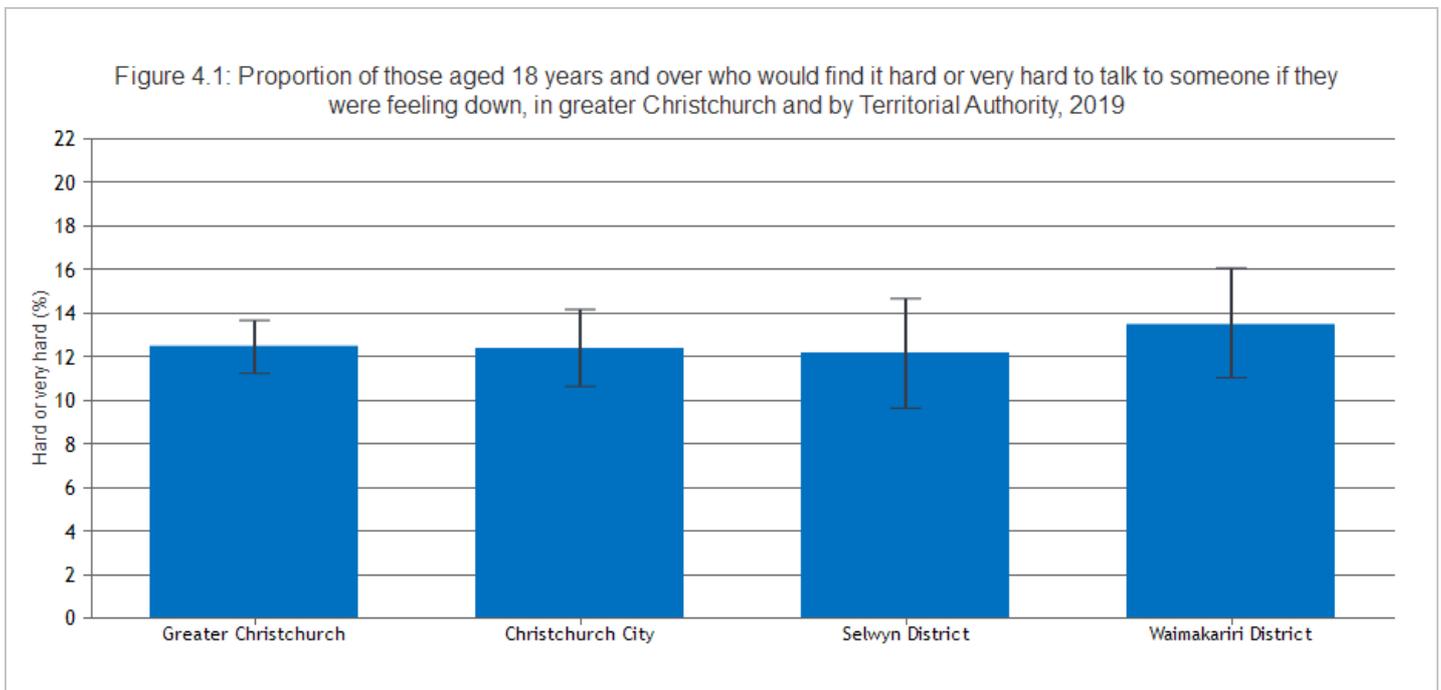
Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

EMOTIONAL SUPPORT

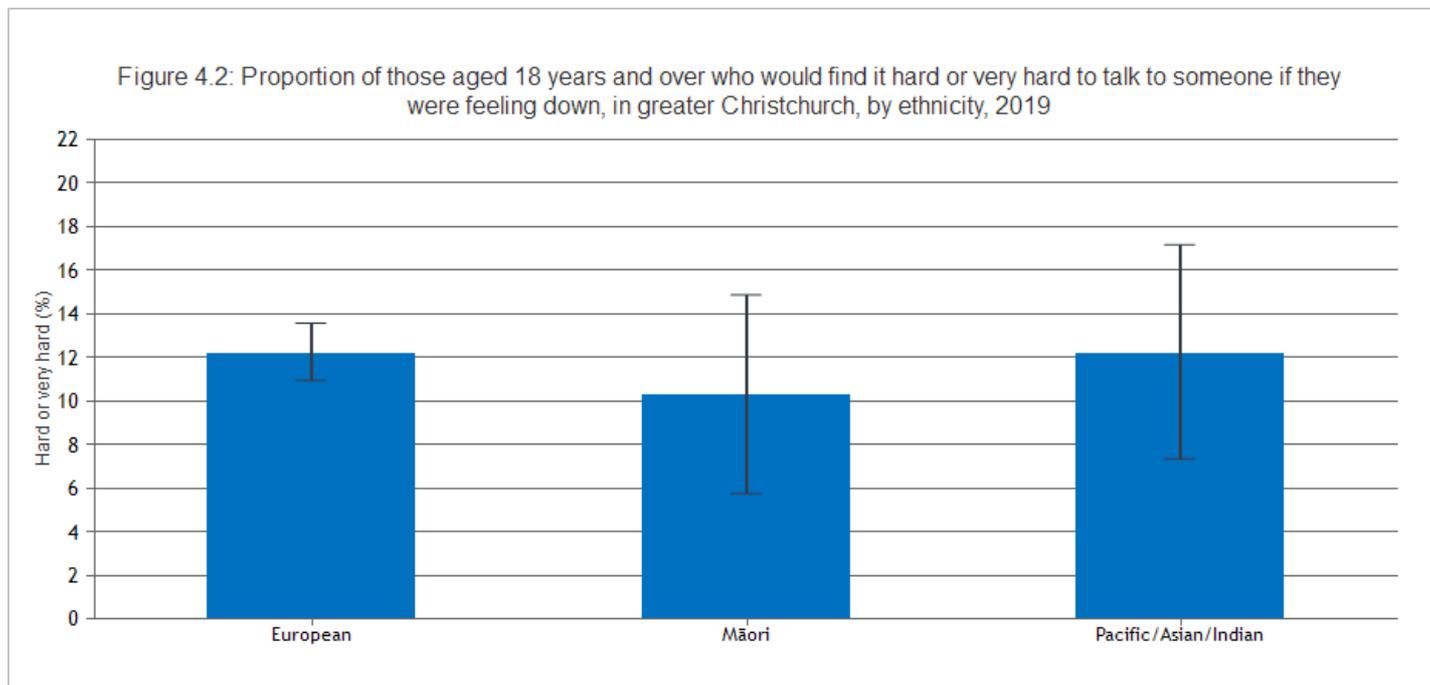
Emotional support refers to support from people in one’s social network in the form of love, caring, acceptance, sympathy, understanding, encouragement, and/or esteem or value [14]. Emotional support is commonly understood to be a part of the wider concept of *social support* (along with instrumental support or help with practical things; and advice on expert matters, typically from professionals). Easy access to emotional support (or support that is perceived to be readily available) [15] can have a positive influence on physical and psychological wellbeing [16-18]. These positive effects probably accrue via buffering stress and/or by influencing health-related behaviours [19,20]. Early social experiences tend to influence physical health and mental wellbeing across the lifespan, making emotional support a particularly important resource for young people [20] and for those experiencing life transitions [21].

This indicator presents the proportion of those aged 18 years and over who would find it hard or very hard to talk to someone if they were feeling down or a bit depressed and wanted to talk with someone about it, as reported in the Canterbury Wellbeing Survey.



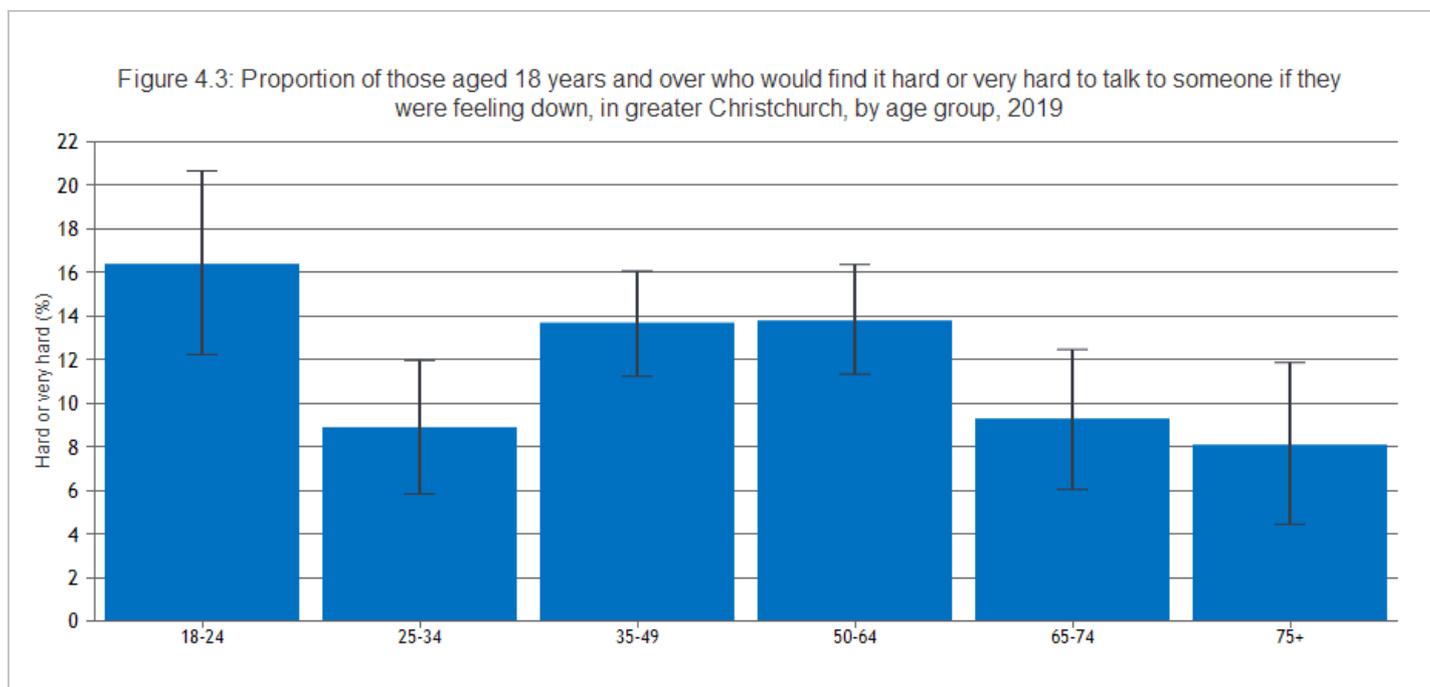
The figure shows the proportion of those aged 18 years and over who would find it hard or very hard to talk to someone if they were feeling down, for greater Christchurch, Christchurch City, Selwyn District, and Waimakariri District, as reported in the 2019 Canterbury Wellbeing Survey (12.5%, 12.4%, 12.2%, and 13.5%, respectively). The figure shows that more than one-in-ten respondents indicated that they would find it hard or very hard to access emotional support in times of need.

Breakdown by ethnicity



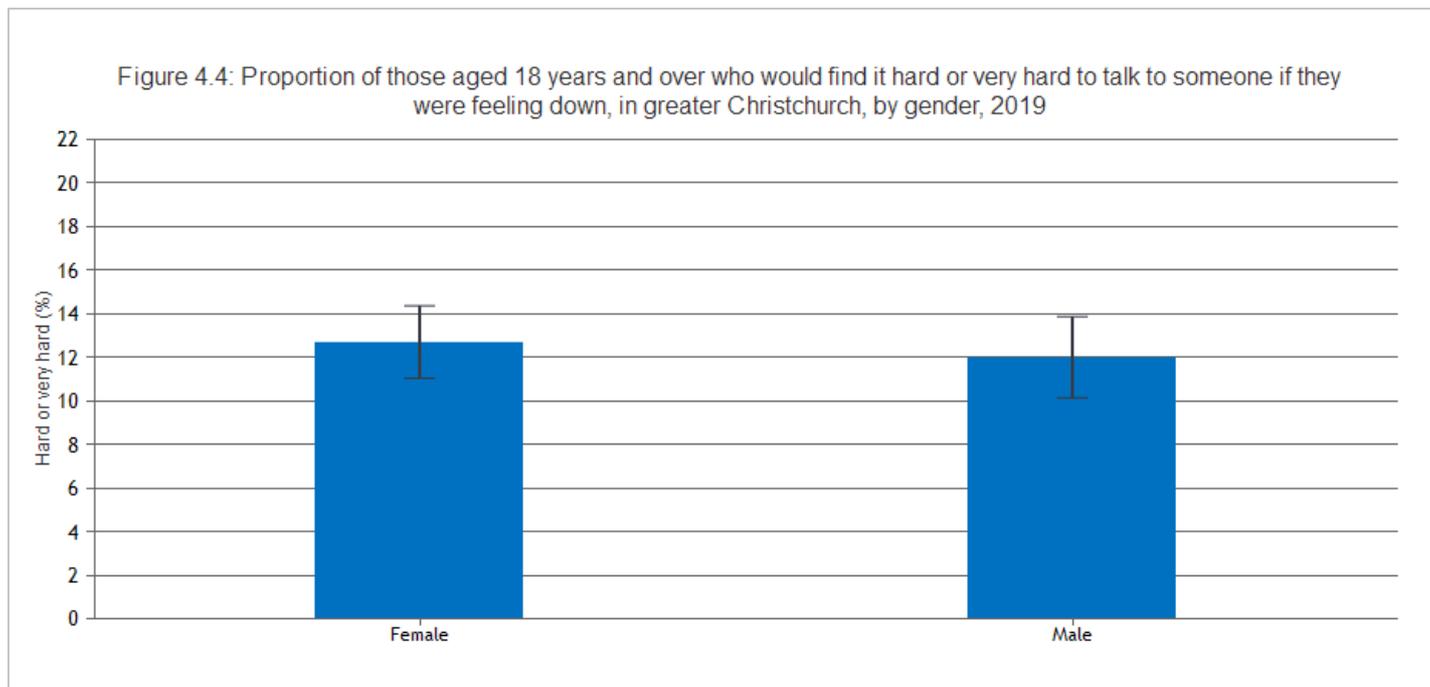
The figure shows the proportion of those aged 18 years and over who would find it hard or very hard to talk to someone if they were feeling down, in greater Christchurch, by ethnicity, in 2019. The figure shows similar levels of emotional support (the proportion who would find it hard or very hard to talk to someone if they were feeling down) for European, Māori, and Pacific/Asian/Indian respondents (12.2%, 10.3%, and 12.2%, respectively).

Breakdown by age



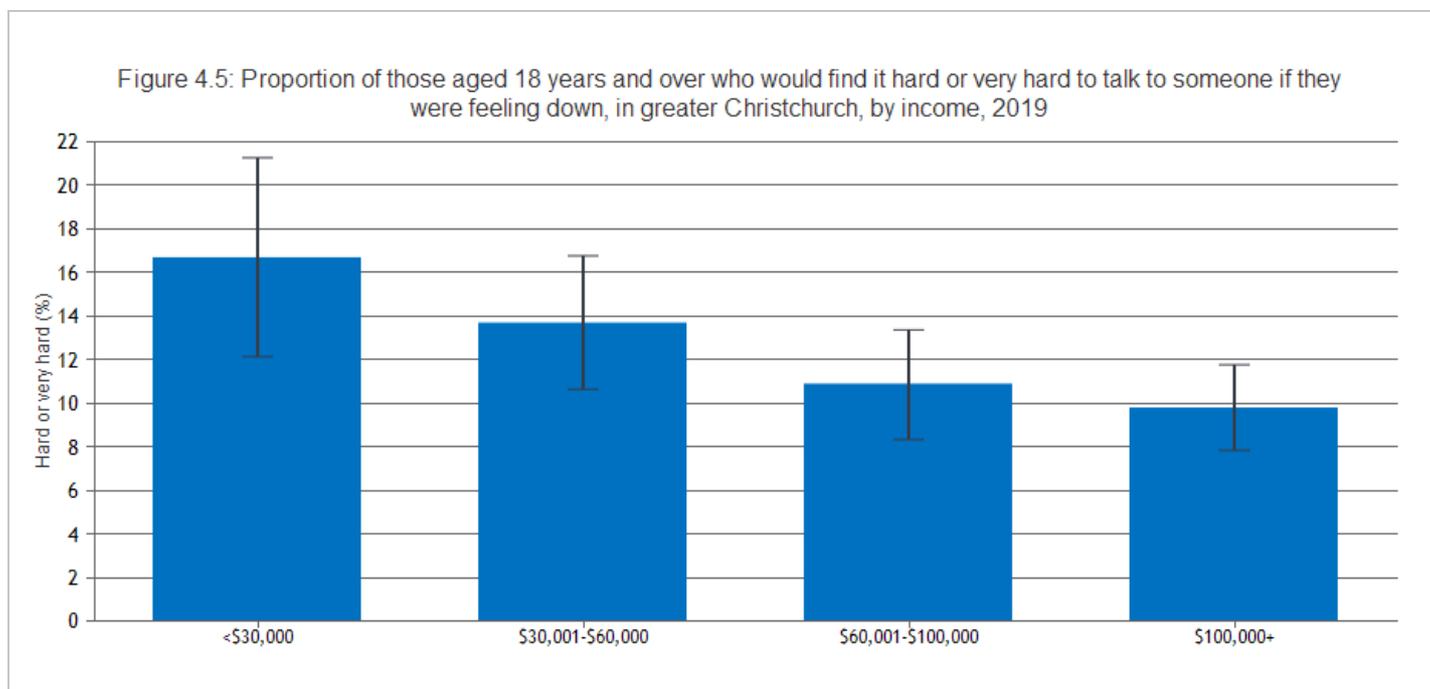
The figure shows the proportion of those aged 18 years and over who would find it hard or very hard to talk to someone if they were feeling down, for greater Christchurch, by age group, in 2019. The figure shows a clear picture of greater difficulty accessing emotional support for young people aged 18 to 24 (a statistically significantly higher proportion reporting that they would find it hard or very hard to talk to someone if they were feeling down, compared with the 25-34 years and 75 years and over age groups: 16.4%, 8.9%, and 8.1%, respectively). The data suggest that access to emotional support may generally improve over the life course, however more time-points are needed to explore this further.

Breakdown by gender



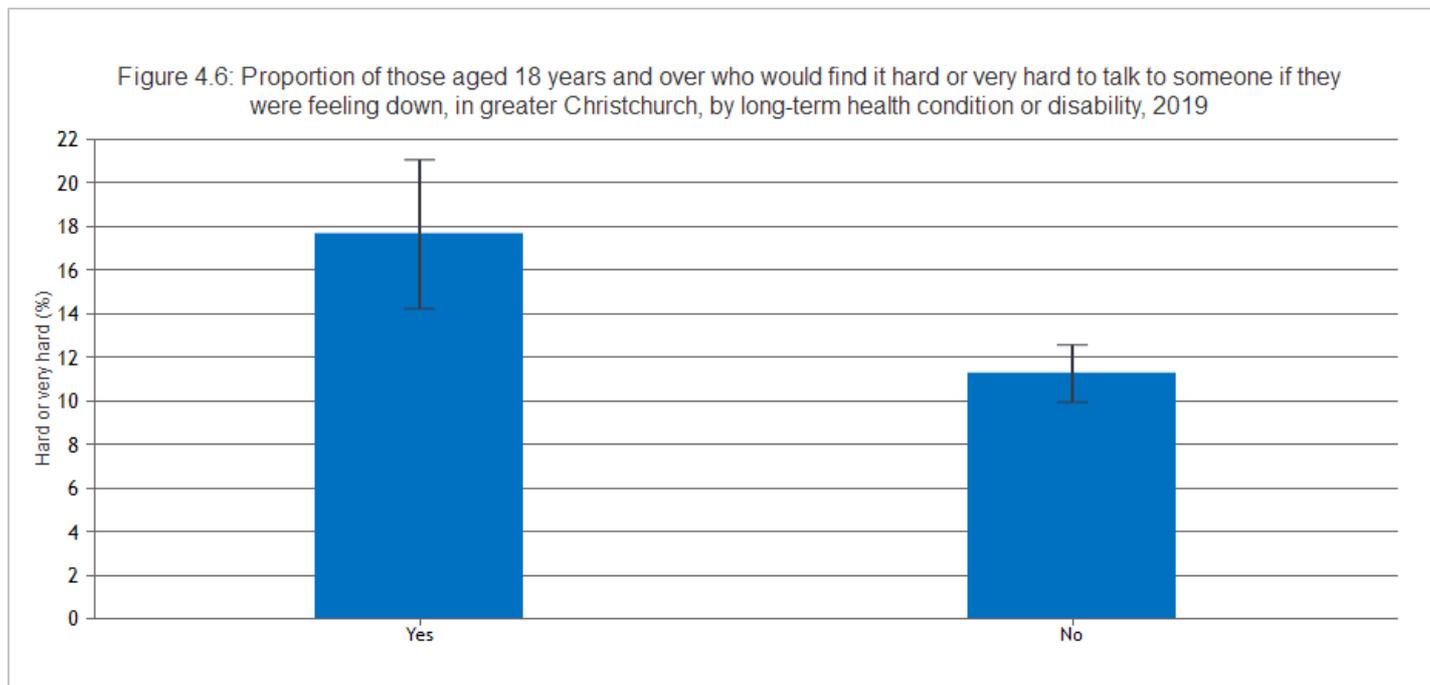
The figure shows the proportion of those aged 18 years and over who would find it hard or very hard to talk to someone if they were feeling down, in greater Christchurch, by gender, in 2019. The figure shows similar levels of emotional support (the proportion who would find it hard or very hard to talk to someone if they were feeling down) for female and male respondents (12.7% and 12.0%, respectively).

Breakdown by income



The figure shows the proportion of respondents reporting that they would find it hard or very hard to talk to someone if they were feeling down, by income group, in 2019. The figure shows a clear pattern of higher levels of difficulty in accessing emotional support in the lower income groups (<\$30,000, 16.7%; \$30,001-\$60,000, 13.7%; \$60,001-\$100,000, 10.9%; \$100,000+ group, 9.8%). The difference between the lowest income group and the highest income group was statistically significant in 2019.

Breakdown by disability



The figure shows statistically significantly higher proportions of those aged 18 years and over who would find it hard or very hard to talk to someone if they were feeling down for those with a long-term health condition or disability, compared with those without, in greater Christchurch, 2019 (17.7% and 11.3%, respectively).

Data Sources

Source: Canterbury District Health Board.

Survey/data set: Canterbury Wellbeing Survey 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website www.cph.co.nz/your-health/wellbeing-survey/

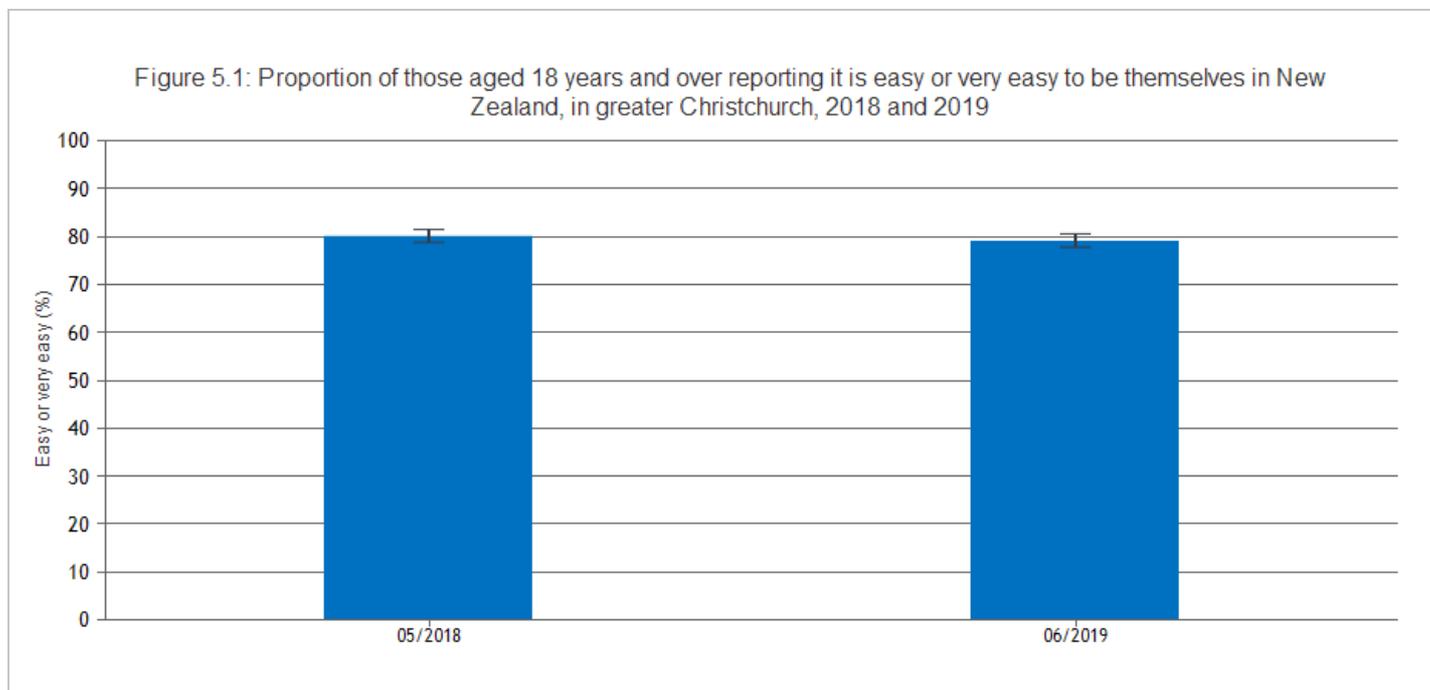
Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

PERSONAL IDENTITY

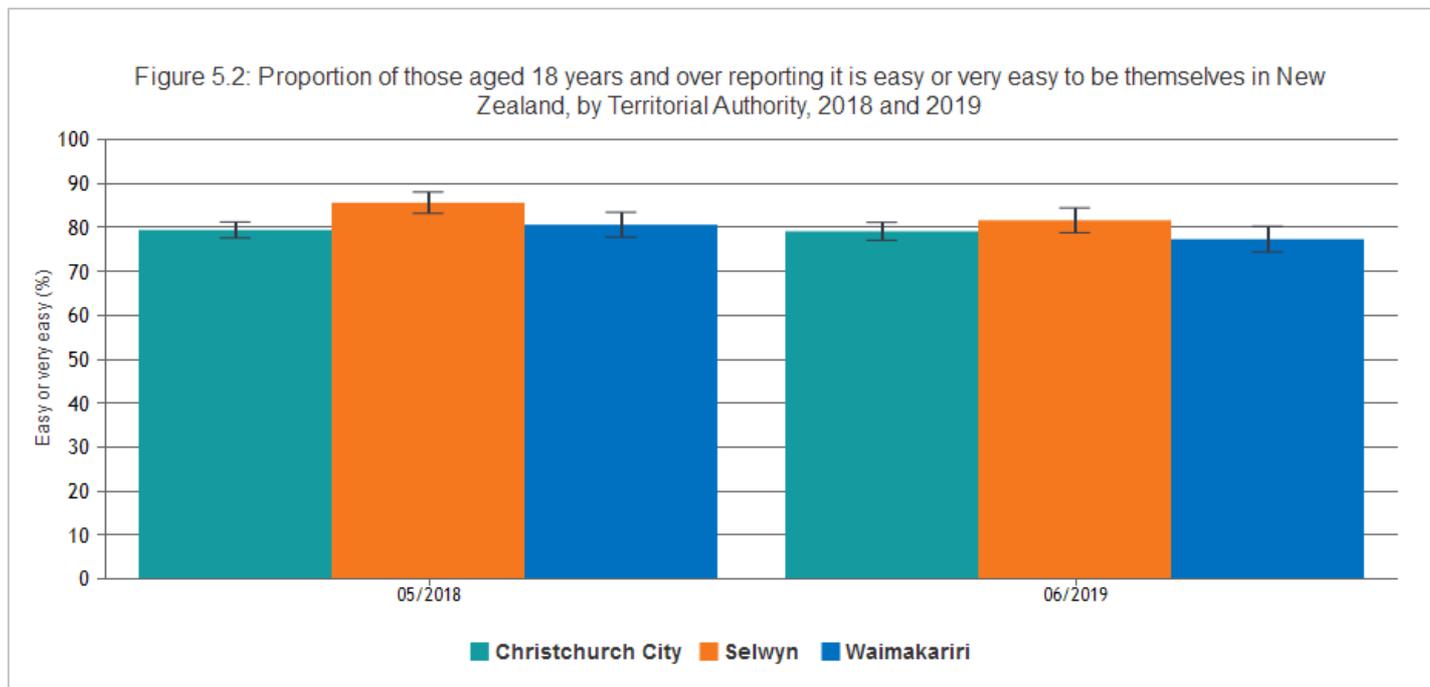
Being able to express 'who they are' is important for people's sense of self and overall wellbeing. A society which is inclusive of differences is desirable as it enables members to participate fully in life, and gives them a sense of belonging and security [22].

This indicator presents the proportion who reported it was easy or very easy to be themselves in New Zealand, as reported in the 2018 and 2019 Canterbury Wellbeing Surveys.



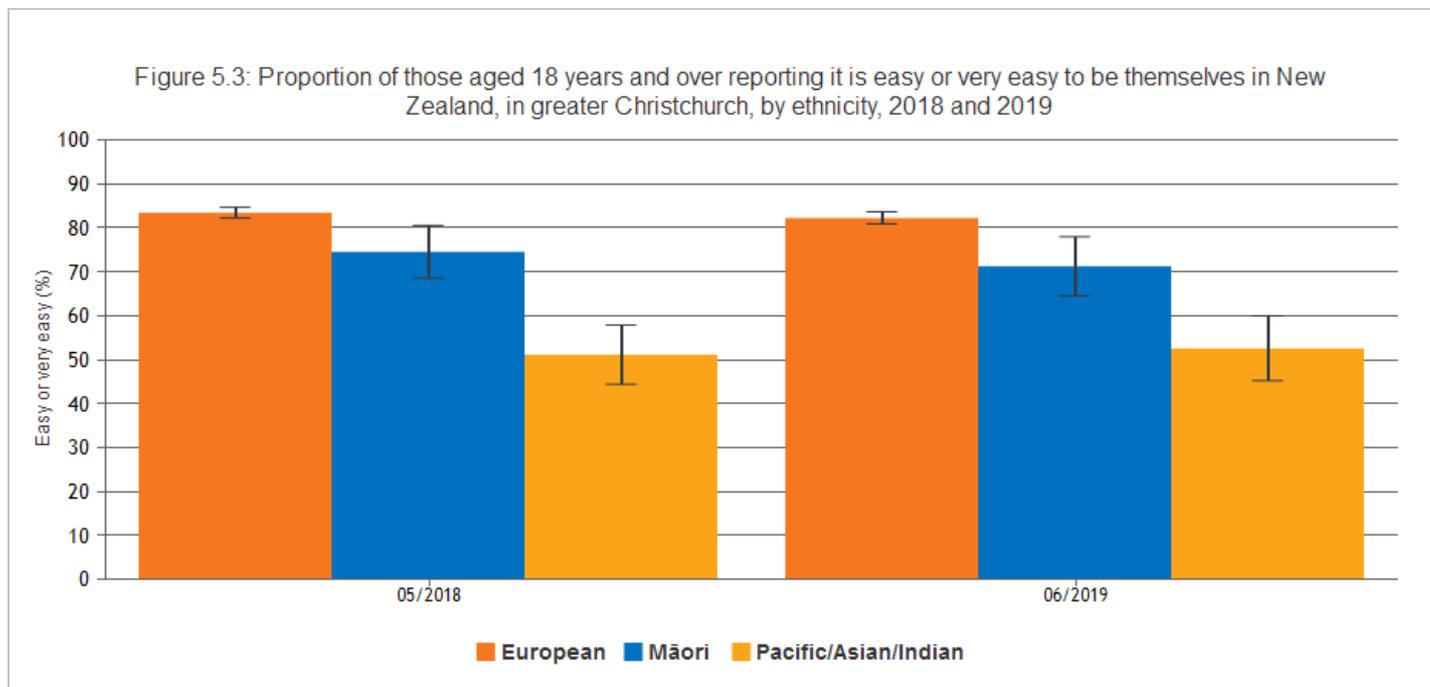
The figure shows that in 2018 and 2019, approximately 80 percent (80.1% and 79.1%, respectively) of respondents in greater Christchurch indicated that they find it easy or very easy to be themselves in New Zealand.

Breakdown by Territorial Authority



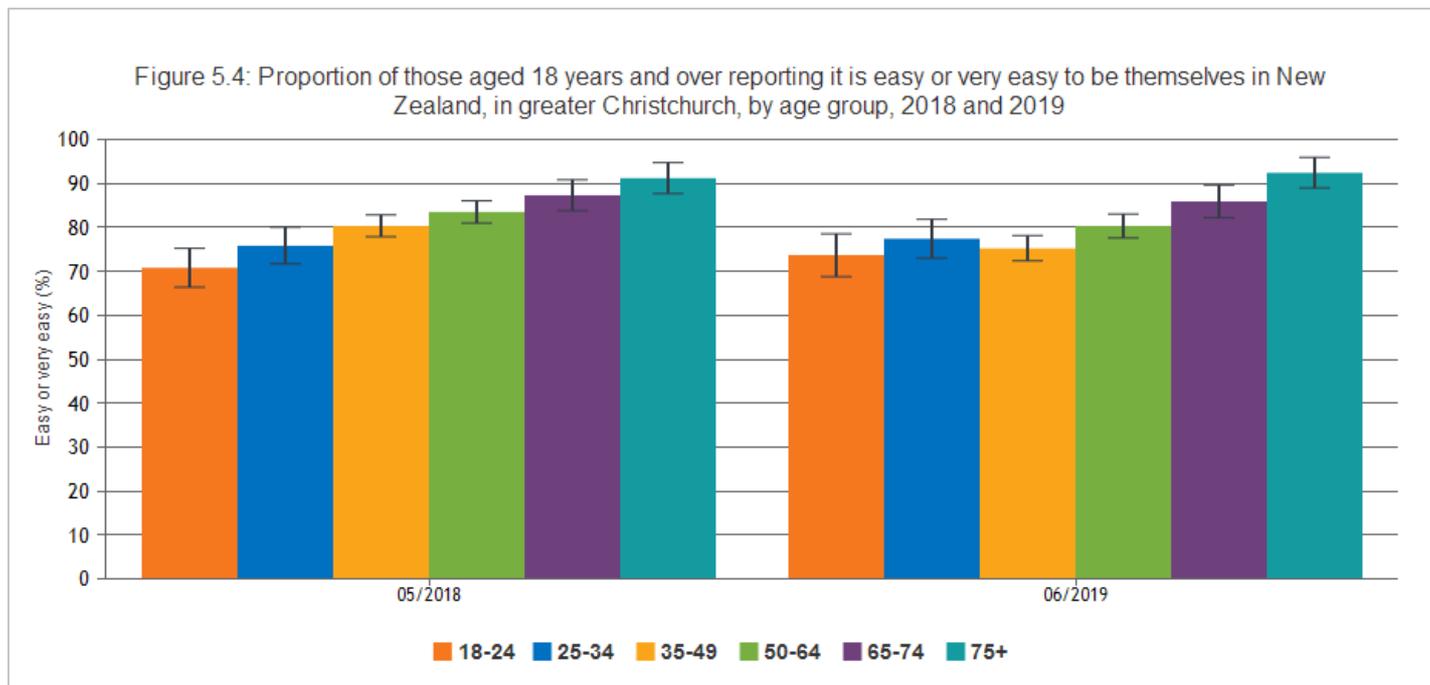
The figure shows that in 2018, a statistically significantly higher proportion of Selwyn District respondents (85.6%) indicated they found it easy or very easy to be themselves in New Zealand, when compared to Christchurch City respondents. However there are no statistically significant differences in the 2019 proportions for Christchurch City, Selwyn District, or Waimakariri District.

Breakdown by ethnicity



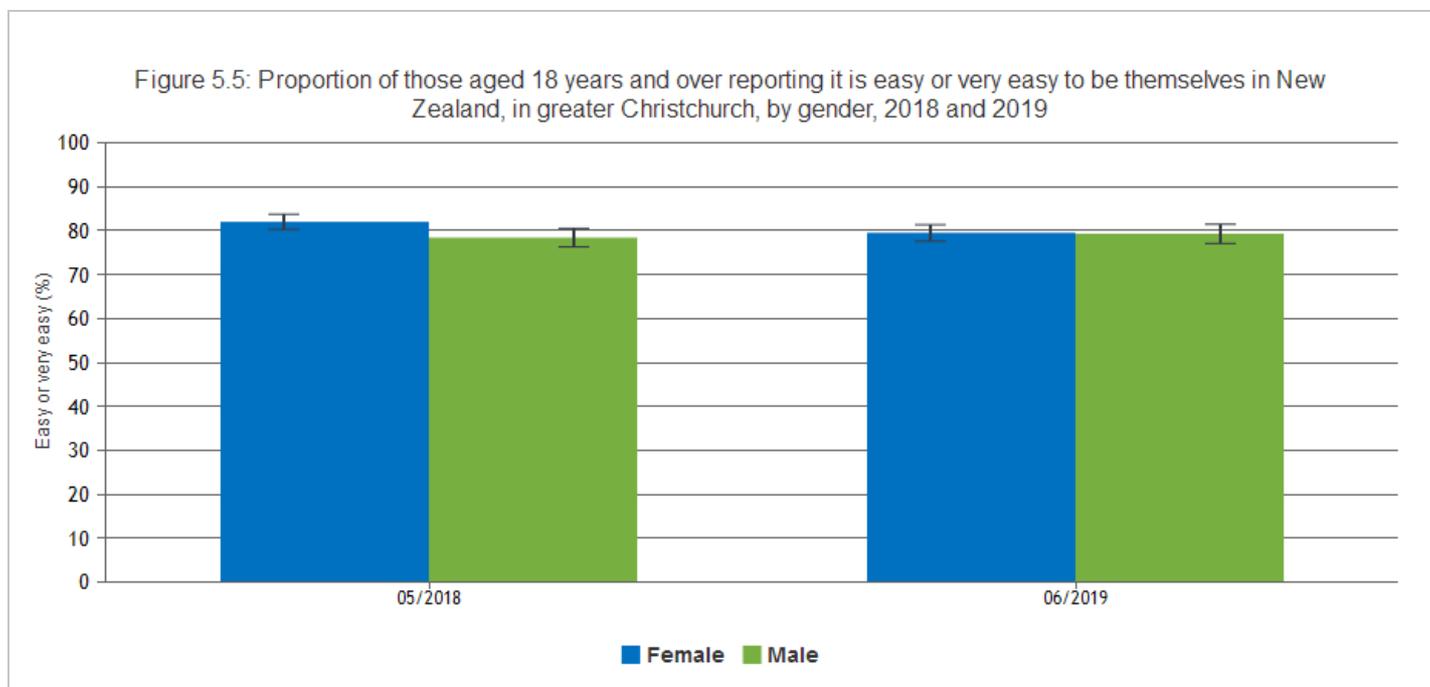
The figure shows that in 2018 and 2019, European respondents were more likely than Māori respondents and those in the Pacific/Asian/Indian ethnic group, to report that it was very easy or easy to be themselves in New Zealand (84.3%; 74.5%; and 51.5% in 2018 and 82.2%; 71.2%; and 52.5% in 2019, respectively). The differences between the three groups are statistically significant at both time-points.

Breakdown by age



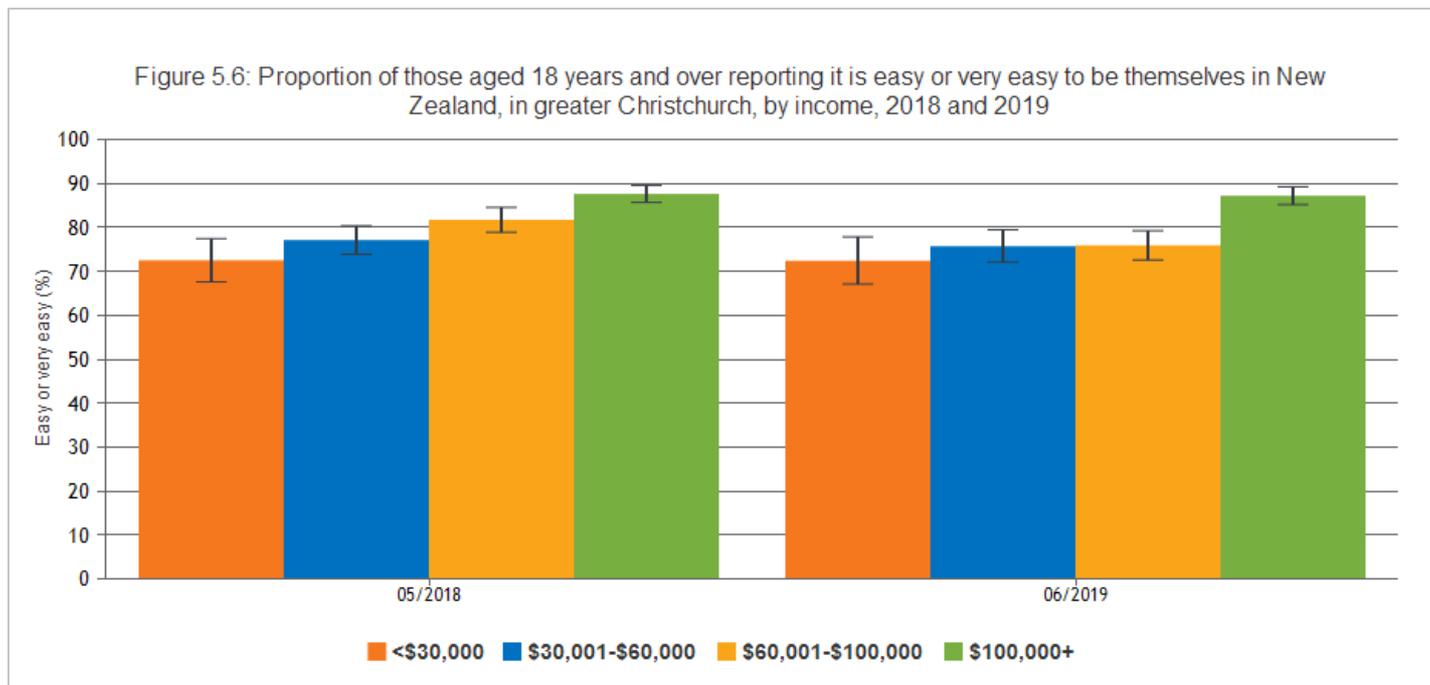
The figure shows that in 2018 and 2019, younger people were less likely than older people to report that it was very easy or easy to be themselves in New Zealand (18–24 years, 73.7%; 25–34 years, 77.4%; 35–49 years, 75.2%; 50–64 years, 80.3%; 65–74 years, 85.9%; and 75+ years 92.4% in 2019). The difference shown between young people’s (18–24 years) ease of being themselves, and those in the four oldest age groups (35–49 years, 50–64 years, 65–74 years, and 75+ years), is statistically significant in 2018, and for the two oldest age groups in 2019.

Breakdown by gender



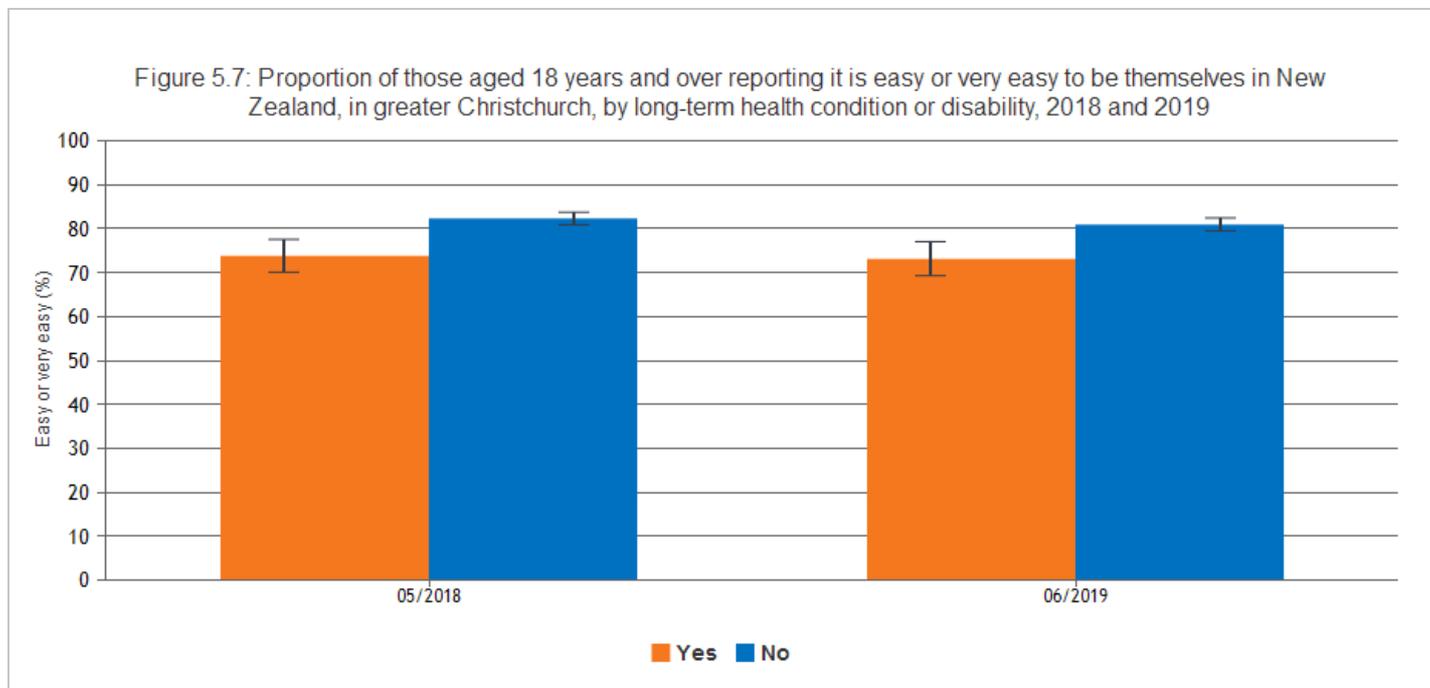
The figure shows that males and females expressed a similar level of ease with being themselves in New Zealand in 2018 and 2019 (82.0% of females reported it was very easy or easy to be themselves, compared with 78.4% of males in 2018 and 79.5% and 79.3%, respectively, in 2019).

Breakdown by income



In 2018 and 2019, people with higher household incomes were more likely than people with lower household incomes to feel it was very easy or easy to be themselves in New Zealand (in 2019 87.2% of those with annual household incomes over \$100,000; 75.9% with incomes \$60,001–\$100,000; and 75.7% with incomes \$30,000–\$60,000; compared with 72.4% for those with incomes under \$30,000). The proportion for the highest income group is statistically significantly higher than for all other groups at both the 2018 and 2019 time-points.

Breakdown by disability



The figure shows, in 2018 and 2019, respondents with a long-term health condition or disability were statistically significantly less likely to indicate that it is very easy or easy for them to be themselves in New Zealand (73.8% and 73.1%, respectively) compared with those respondents without a long-term health condition or disability (82.3% and 80.9%, respectively).

Data Sources

Source: Canterbury District Health Board.

Survey/data set: Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB)

website www.cph.co.nz/your-health/wellbeing-survey/

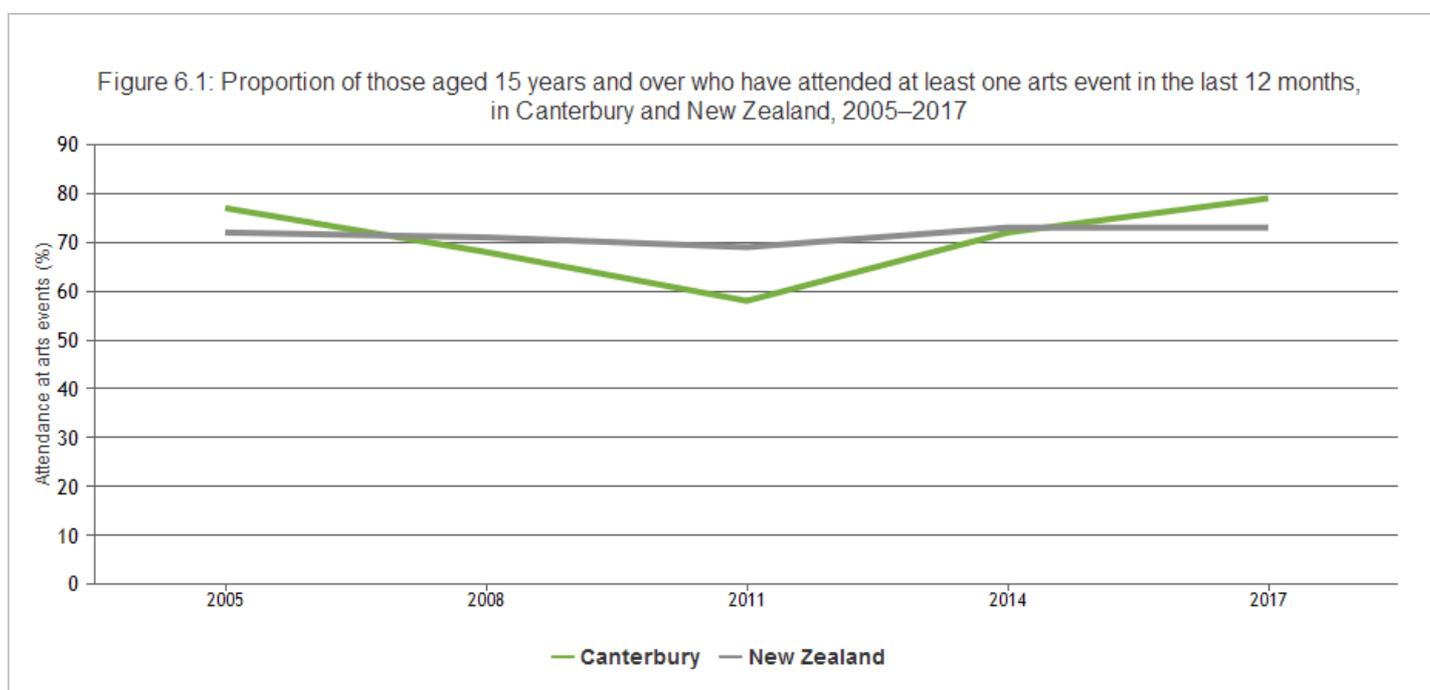
Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

ARTS ATTENDANCE

Regular attendance at arts events and activities is associated with greater life satisfaction and general happiness [23]. Arts activities and venues, such as museums and historical sites, are also sources of cultural and economic value [24]. The social, cultural, educational, and health impacts of arts and cultural activities are supported by a substantial evidence base, in particular, with respect to wellbeing [25,26]. Research suggests that engaging in passive activities (for example attending museums, historical sites and arts events) and/or arts activities that involve active participation (such as playing an instrument or acting in a play) all have positive effects on wellbeing [27]. Information about attendance can also provide insights for arts organisations about the levels of cultural engagement, which can help in the development of marketing programming and income generation strategies [28].

This indicator presents overall attendance for the arts and is based on all those who have attended the following art forms in the last 12 months: visual arts, craft and object arts, performing arts, literature, Pacific arts and Māori arts. Attendance is defined as going to: art galleries or exhibitions or online galleries or film festivals; performances in theatres, contemporary dance, ballet, concerts or circuses; poetry or book readings, or literary festivals; cultural performances, festivals, exhibitions; or celebrations of Pacific or Māori arts.



The figure shows that 79 percent of respondents in Canterbury had attended at least one arts event or location in the 12 months before November 2017. This compares to 73 percent for New Zealand, although the difference is not statistically significant.

The 2017 *New Zealanders and the Arts Survey* [29] indicates that the most popular art form in Canterbury was performing arts. Fifty-nine percent of all Canterbury respondents had attended a performing arts event in the 12 months prior to November 2017. This was followed by visual arts (42%), and craft and object arts (34%). The least popular art form was literary arts. Only nine percent had attended a literary arts event or festival in the 12 months prior to being surveyed, although this proportion will also be affected by the frequency of such events. Attendance for individual art forms in Canterbury is in line with the national picture (art form data not shown).

Data Sources

Source: Creative New Zealand.

Survey/data set: New Zealanders and the Arts survey to 2017. Access publicly available data from the Creative New Zealand website www.creativenz.govt.nz/development-and-resources/new-zealanders-and-the-arts

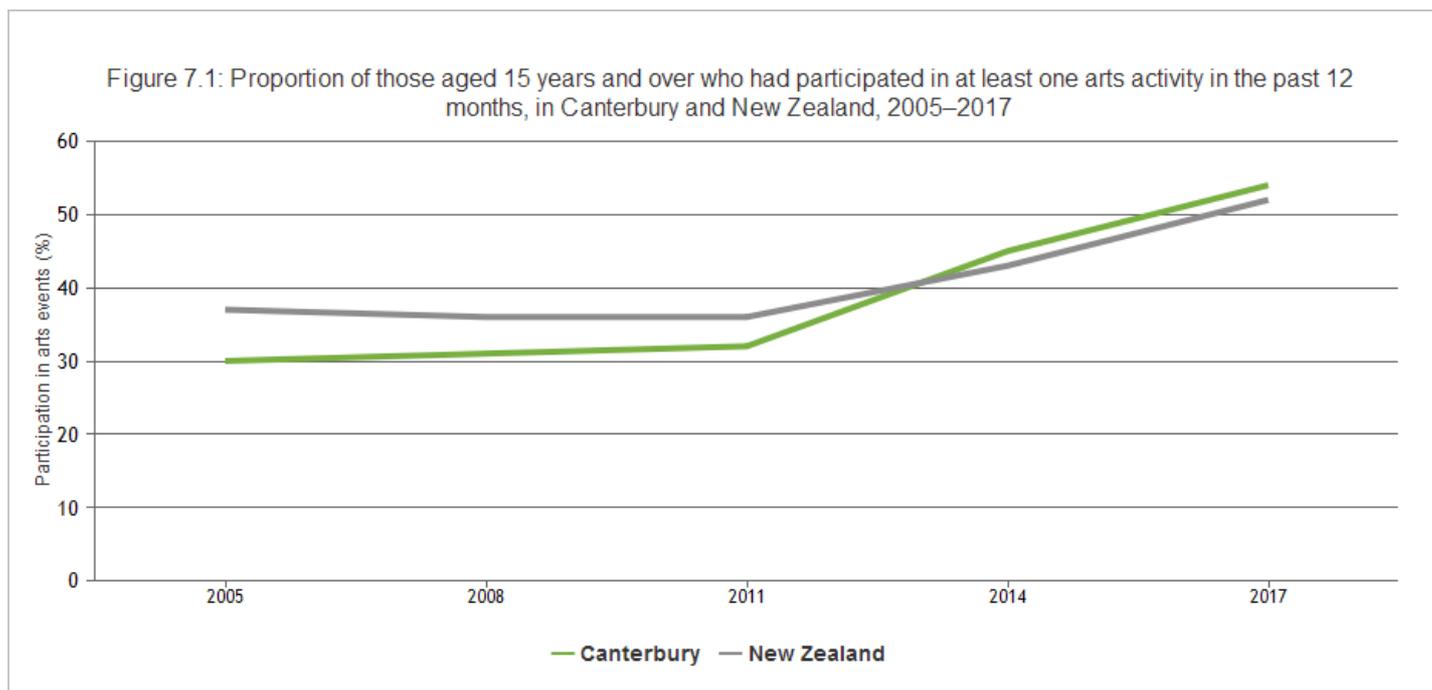
Source data frequency: Every three years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

PARTICIPATION IN THE ARTS

The social, cultural, educational, and health impacts of arts and cultural activities are supported by a large evidence base [25,26]. Regular participation in arts events and activities is associated with greater life satisfaction and general happiness [23]. In particular, research suggests that regularly engaging in arts activities that involve active participation (such as playing an instrument or acting in a play) has positive effects on wellbeing [27].

This indicator presents overall participation in the arts, based on participation in the following art forms in the last 12 months: visual arts, craft and object arts, performing arts, literature, Pacific arts and Māori arts. Participation is defined as active involvement in the making or presentation of art forms.



The figure shows that 54 percent of Canterbury respondents to the 2017 New Zealanders and the Arts survey had participated in at least one art form in the 12 months prior to November 2017. This proportion is consistent with all New Zealanders (52%). Participation among Canterbury respondents was highest for the visual arts (33%), followed by craft and object arts (25%), performing arts (16%), literary arts (14%), Māori arts (13%), and Pacific arts (8%). Participation by Canterbury respondents in all six art forms is in line with participation by all New Zealanders (art form data not shown).

Data Sources

Source: Creative New Zealand.

Survey/data set: New Zealanders and the Arts survey to 2017. Access publicly available data from the Creative New Zealand website www.creativenz.govt.nz/development-and-resources/new-zealanders-and-the-arts

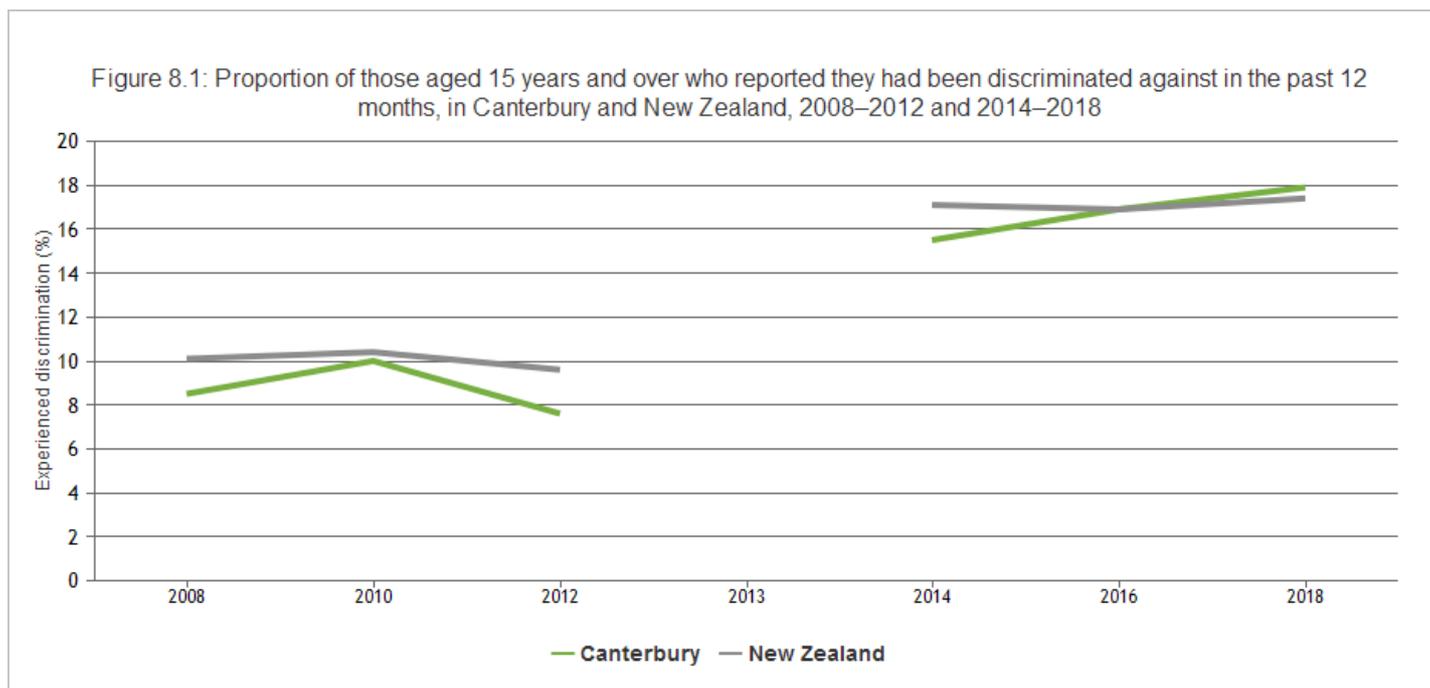
Source data frequency: Every three years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

DISCRIMINATION

People and groups who are discriminated against may not be able to participate fully in society and discrimination also affects mental and physical wellbeing. Racism is one of the most common forms of discrimination [30] and is an important health and wellbeing determinant that contributes to ethnic inequities in physical and mental health, self-rated health, and overall life satisfaction [31].

This indicator presents the proportion of those aged 15 years and over who reported being discriminated against in the past 12 months, as reported in the New Zealand General Social Survey. Discrimination was defined as being treated unfairly or differently compared to other people, because of the group a person belonged to, or seemed to belong to.



The figure shows two data sets: the proportion of respondents who were discriminated against in the past 12 months for the periods 2008 to 2012 and 2014 to 2018. These two time-series reflect a change to the wording of the discrimination question in the New Zealand General Social Survey. In the earlier series, the question referred to being 'treated unfairly or had something nasty done to you' whereas in the later series, the question referred to being 'treated unfairly or differently compared to other people'. The later question represents a broader concept of discrimination and the resulting higher proportion of respondents reporting discrimination based on this definition can be seen, for 2014 to 2018, compared with 2008 to 2012. Based on the revised question, in 2018, 17.9 percent of Canterbury respondents reported that they had been discriminated against in some way in the past 12 months (17.4% for New Zealand).

Data Sources

Source: Statistics New Zealand.

Survey/data set: New Zealand General Social Survey to 2018. Access publicly available data from the Statistics New Zealand website <https://www.stats.govt.nz/information-releases/wellbeing-statistics-2018>

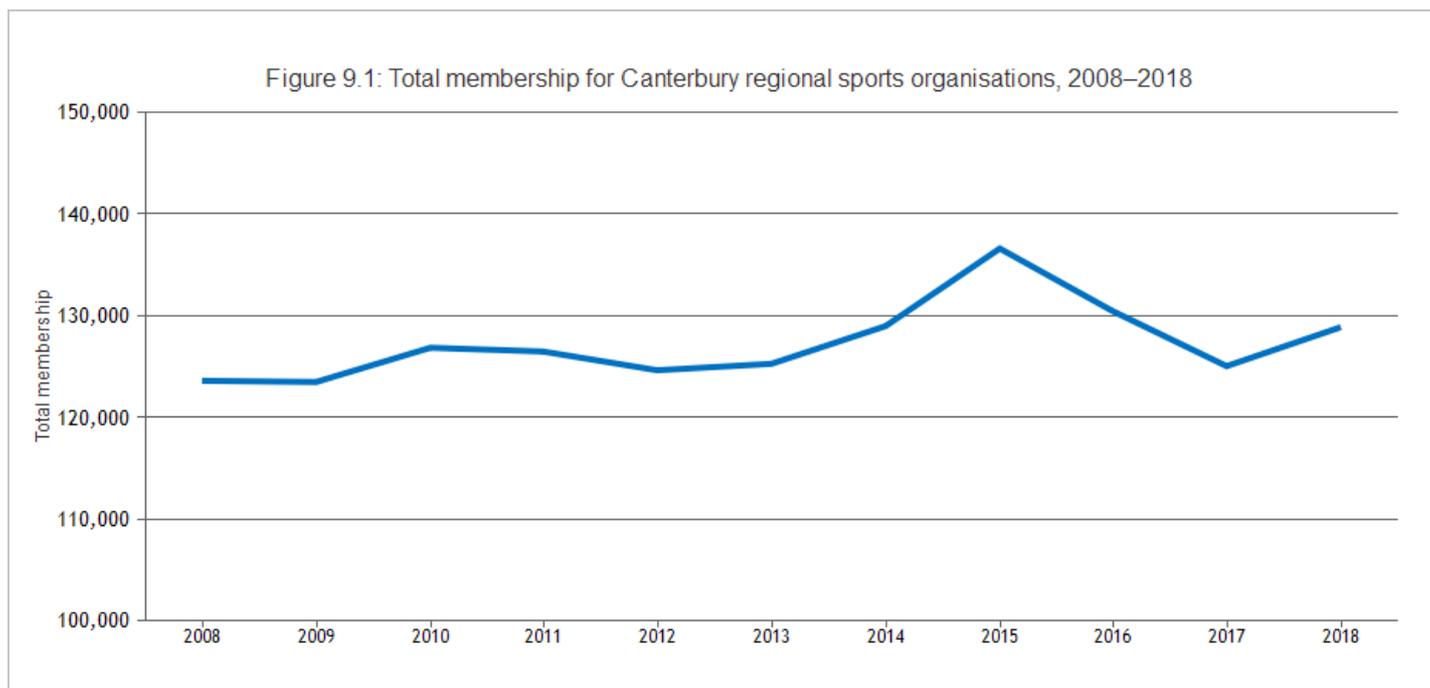
Source data frequency: Every two years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

SPORTS PARTICIPATION

Evidence suggests that people who participate in sports and recreation enjoy better health and wellbeing and have a better quality of life [32-34]. When people are more productive and healthier, society benefits, and savings are made in the health system [33].

This indicator presents the total membership for Canterbury regional sports organisations (people who are members of clubs or school teams affiliated to the Canterbury regional sports body; may include Timaru, Grey and Westland for some sports). This indicator does not capture people who participate in non-organised/recreational sports (such as road cycling, mountain biking, running and swimming).



The figure shows that the total membership (number of members) of regional sports organisations in Canterbury increased substantially over the period 2012 to 2015, before decreasing in 2016 and 2017. The most recent data indicate that overall sports participation totalled 128,853 participants in 2018 (up from 125,016 in 2017).

Note that it is not possible to secure membership data for every code in each year and some sports may also have changed the criteria by which membership is defined and counted. Changes to the definition of membership for cricket may largely explain the drop in total membership seen between 2015 and 2016.

Data Sources

Source: Sport Canterbury.

Survey/data set: Administrative data. Custom data request for Canterbury region.

Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

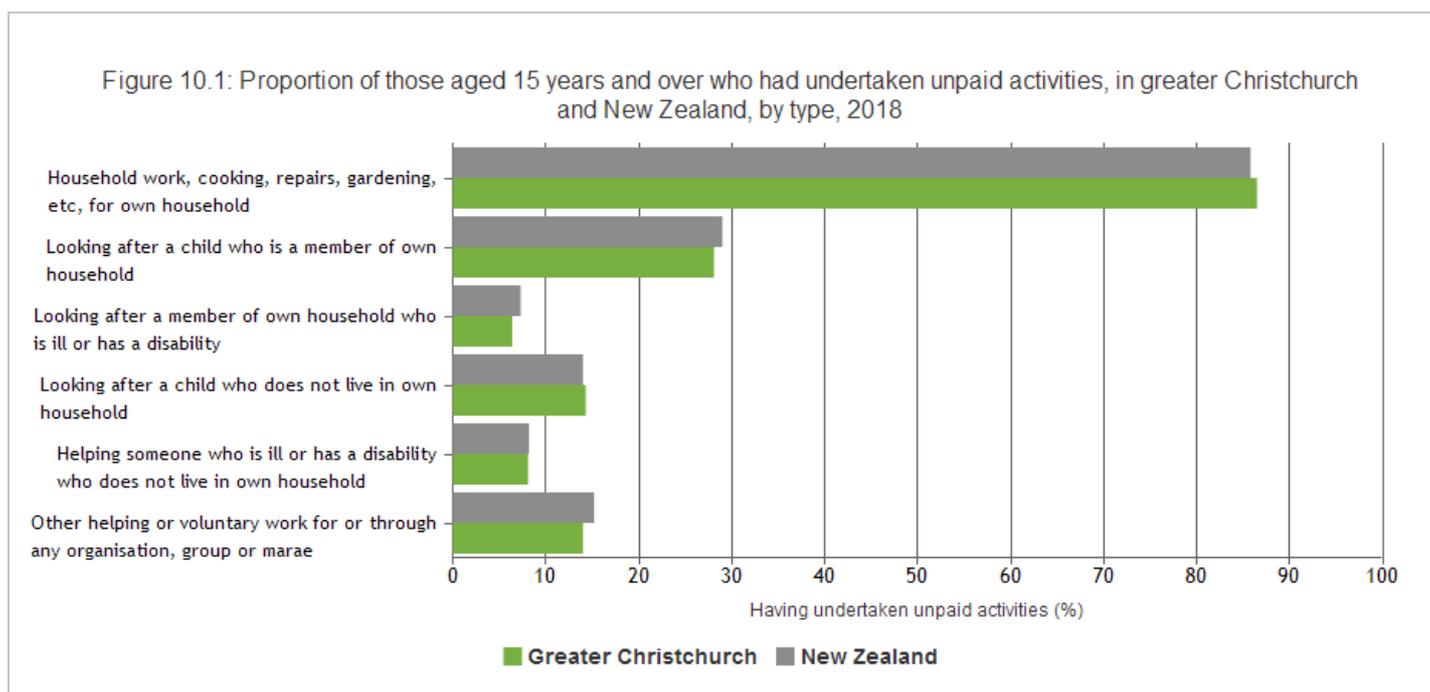
UNPAID ACTIVITIES

Unpaid activities are typically considered in two distinct categories: unpaid work and formal volunteering (informal volunteering is typically not captured). Unpaid work comprises non-remunerated family and household-related activities and is regarded as a building block of societal functioning [35,36]. The allocation of unpaid activities (often largely arising from the presence of children in households) tends to be shaped by household economics or 'who can best afford' to devote the most time to care activities, in terms of overall household income and other factors [37,38].

Formal volunteering is voluntary work performed in an organised manner, generally in the wider community, usually under the auspices of an organisation. People frequently involved in unpaid caring (be it for children, elderly, or disabled persons) are less likely to participate in formal volunteering [35].

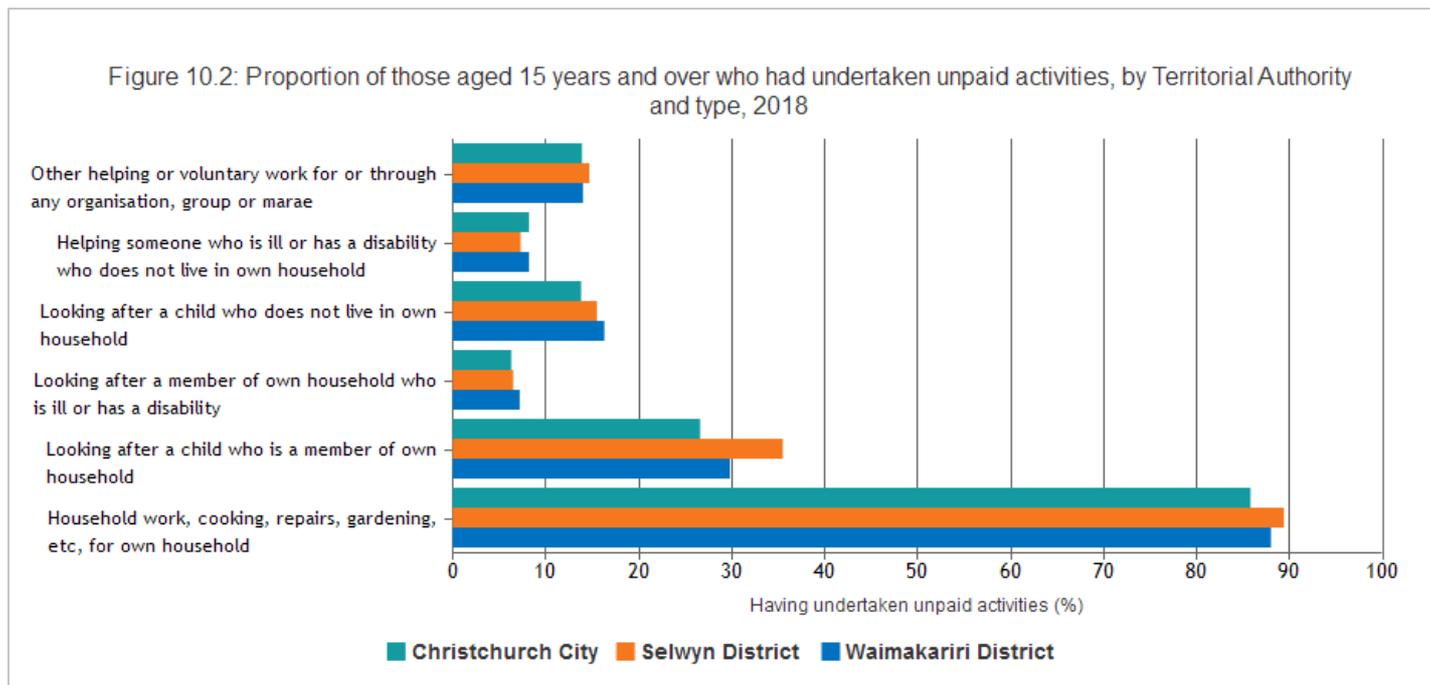
Volunteering can play an important role in contributing to people's subjective wellbeing and life satisfaction – for example, by helping to build social connections and giving a sense of purpose and belonging within their communities [39]. Volunteering also contributes to skills development and strengthens social cohesion. However, while many people are willing, in principle, to volunteer, most do not [35].

This indicator presents the proportion of those 15 years and over who had undertaken unpaid activities, by type (five types of unpaid work plus formal volunteering) as recorded in the 2018 census. Unpaid activities are activities performed without payment, for people living either in the same household, or outside.



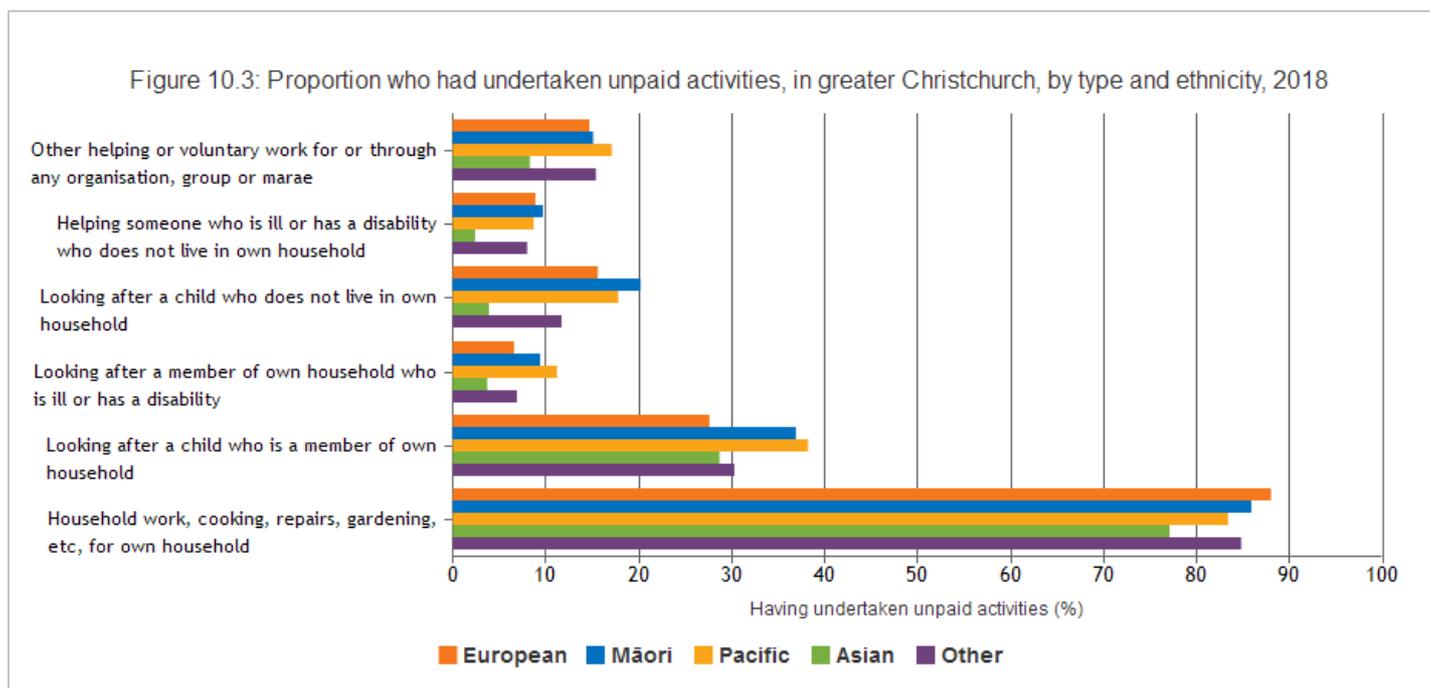
The figure shows that in 2018, nearly all those completing the census in greater Christchurch regularly took part in at least one type of unpaid activity. Almost all respondents (86.5%) regularly took part in unpaid housework. Under one-third of respondents reported looking after a child who is a member of their own household (28.1%) while about six percent (6.4%) reported looking after a person who is ill or has a disability who is a member of their own household. Helping someone who is ill or has a disability who is not a member of their own household was reported by eight percent (8.1%) and looking after a child who is not a member of their own household was reported by just over fourteen percent (14.3%). Fourteen percent of greater Christchurch respondents indicated that they took part in helping or voluntary work, for or through any organisation, group or marae. The responses for greater Christchurch were similar to those for New Zealand overall across all of the activity types.

Breakdown by Territorial Authority



The figure shows that in 2018, the proportions of census respondents who had undertaken unpaid activities, were similar for Christchurch City, Selwyn District, and Waimakariri District, for each activity type.

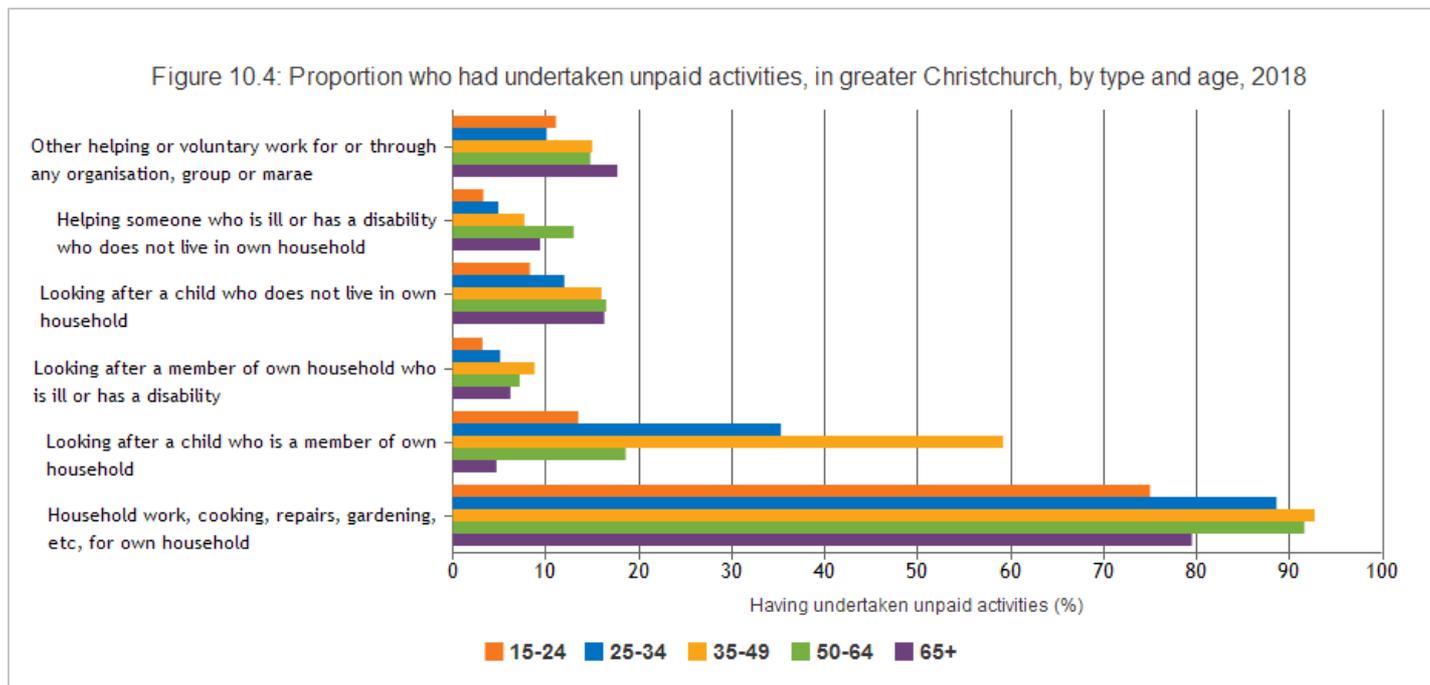
Breakdown by ethnicity



The figure shows that in 2018, the proportions of census respondents who had undertaken unpaid activities, were generally similar for the European, Māori, Pacific, and 'Other' ethnic groups in greater Christchurch. Two notable differences by ethnicity and type of activity were 'looking after a child who does not live in own household' (Māori 20.2%; European 15.6%) and 'looking after a child who is a member of own household' (Māori 36.9%; Pacific 38.2%; European 27.6%).

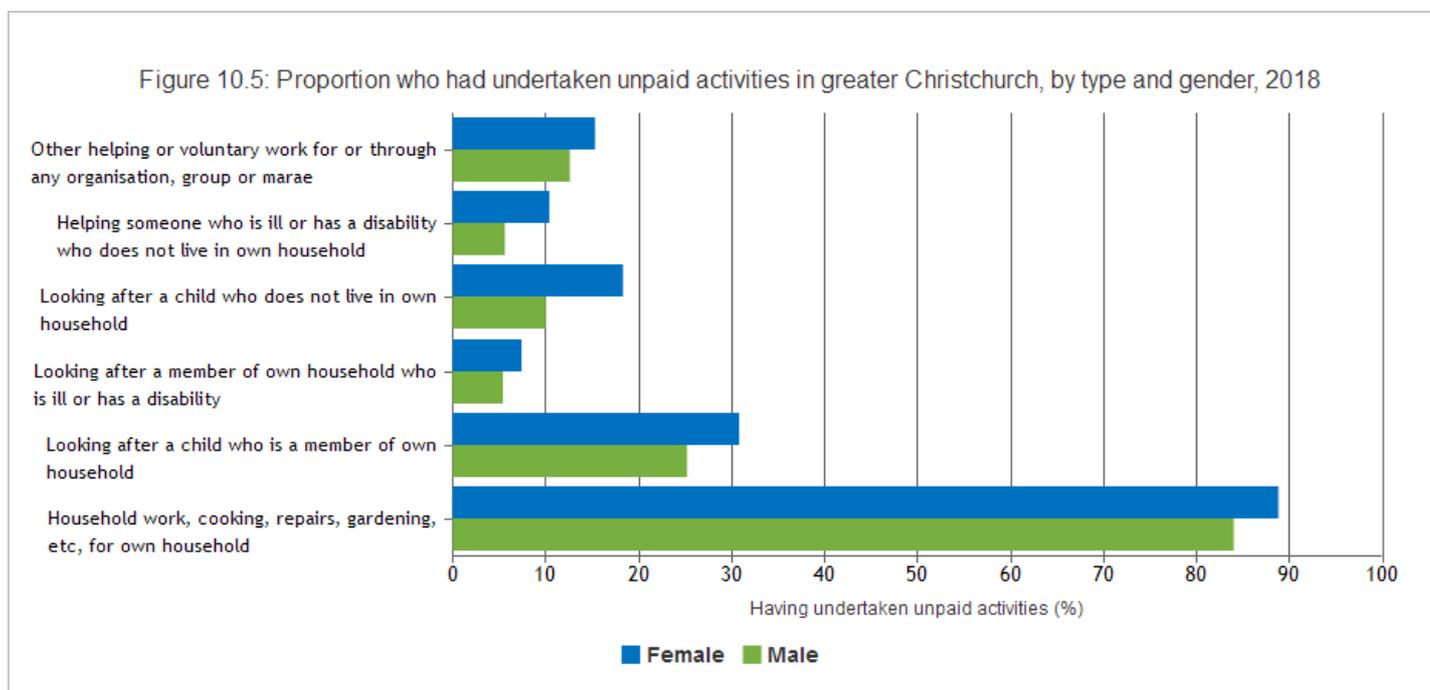
Respondents who identified as Asian, appear less likely to report engaging in unpaid work, across all activity types with the exception of looking after a child who is a member of own household, compared with the other groups (statistical significance testing was not applied to these data).

Breakdown by age



The figure shows two different patterns for unpaid activities, by age group, in 2018. Firstly, for unpaid activities within the household, the proportions of those respondents 15 years and over who had undertaken these activities were highest in the middle age bands (25 to 34 years, 35 to 49 years, and 60 to 64 years) and lowest for the 15 to 24 years (youngest) and 65+ years (oldest) age groups. Secondly, for the activities outside of the household (such as traditional volunteering), the proportions of those respondents reporting having undertaken these types of unpaid activities generally increased with each age band (a positive association between age and volunteering).

Breakdown by gender



The figure shows that females in greater Christchurch are more likely than males to undertake unpaid activities, with higher rates of participation in every activity type. The largest difference is for looking after a child who does not live in own household (females 18.3%; males 10.0%).

Data Sources

Source: Statistics New Zealand.

Survey/data set: Census of Population and Dwellings. Access publicly available data from the Statistics NZ website http://nzdotstat.stats.govt.nz/wbos/Index.aspx?_ga=2.74024852.706492025.1596487479-962330583.1594854687

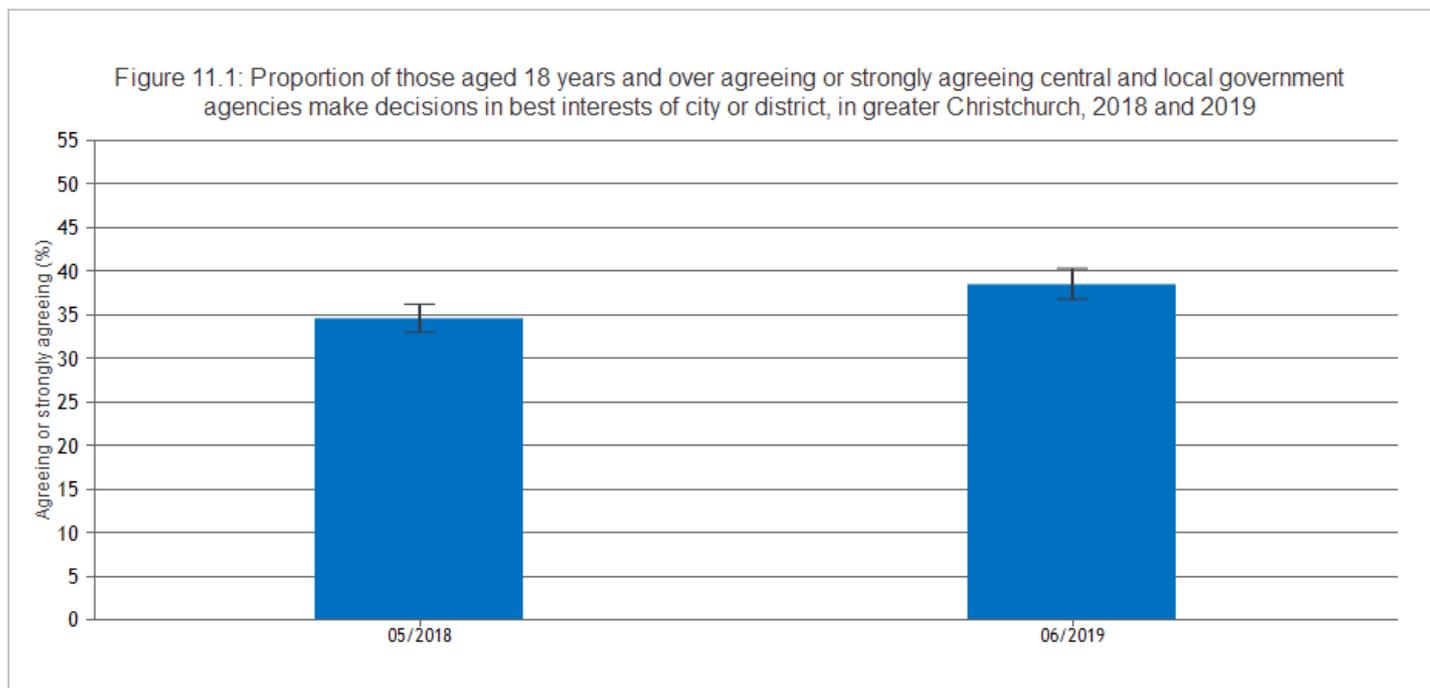
Source data frequency: Census conducted every 5 years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

CONFIDENCE IN AGENCIES

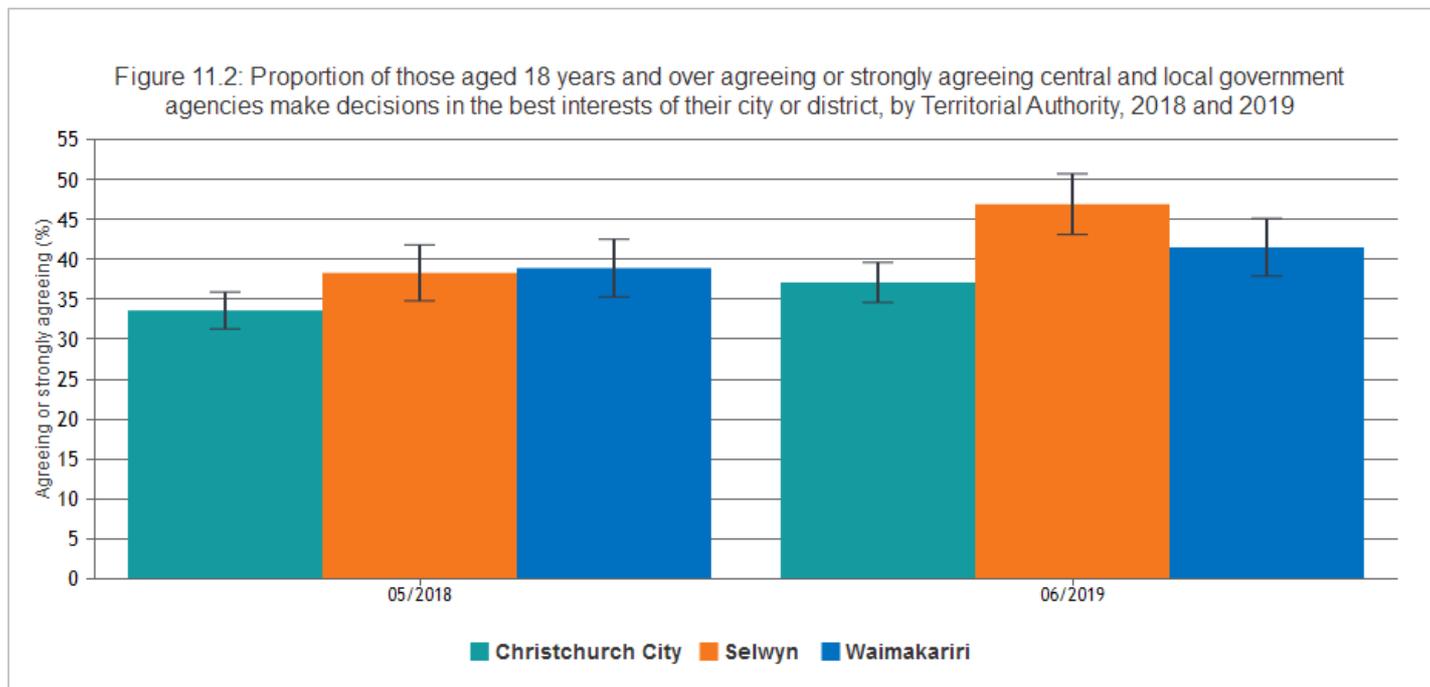
The confidence people have in their central and local government agencies tends to influence whether they participate in and engage with consultations and other decision-making processes.

This indicator presents the proportion of those 18 years and over agreeing or strongly agreeing that central and local government agency decisions are in the best interests of their city or district, as reported in the 2018 and 2019 Canterbury Wellbeing Surveys.



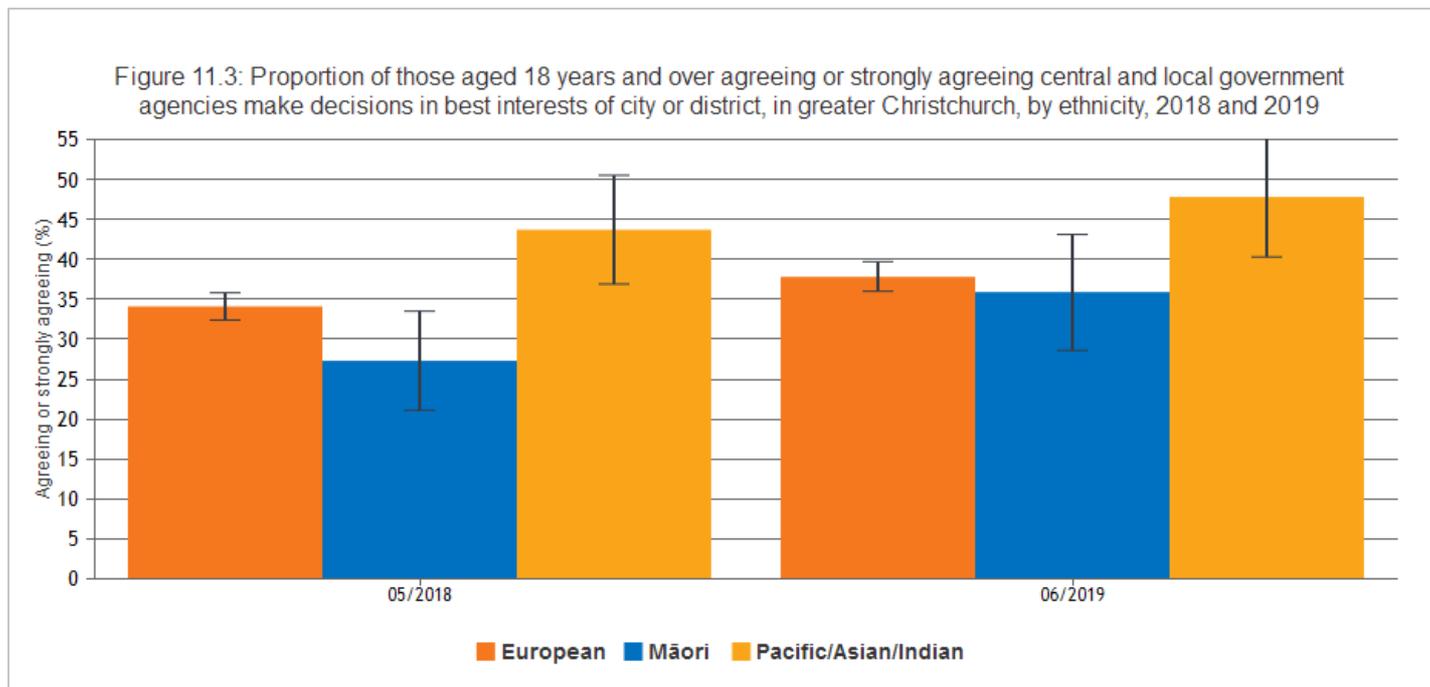
The figure shows that the proportion of respondents who indicated that they agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district, in greater Christchurch, has increased from 34.6 percent in 2018 to 38.5 percent in 2019. This increase, of 3.9 percentage points, is statistically significant.

Breakdown by Territorial Authority



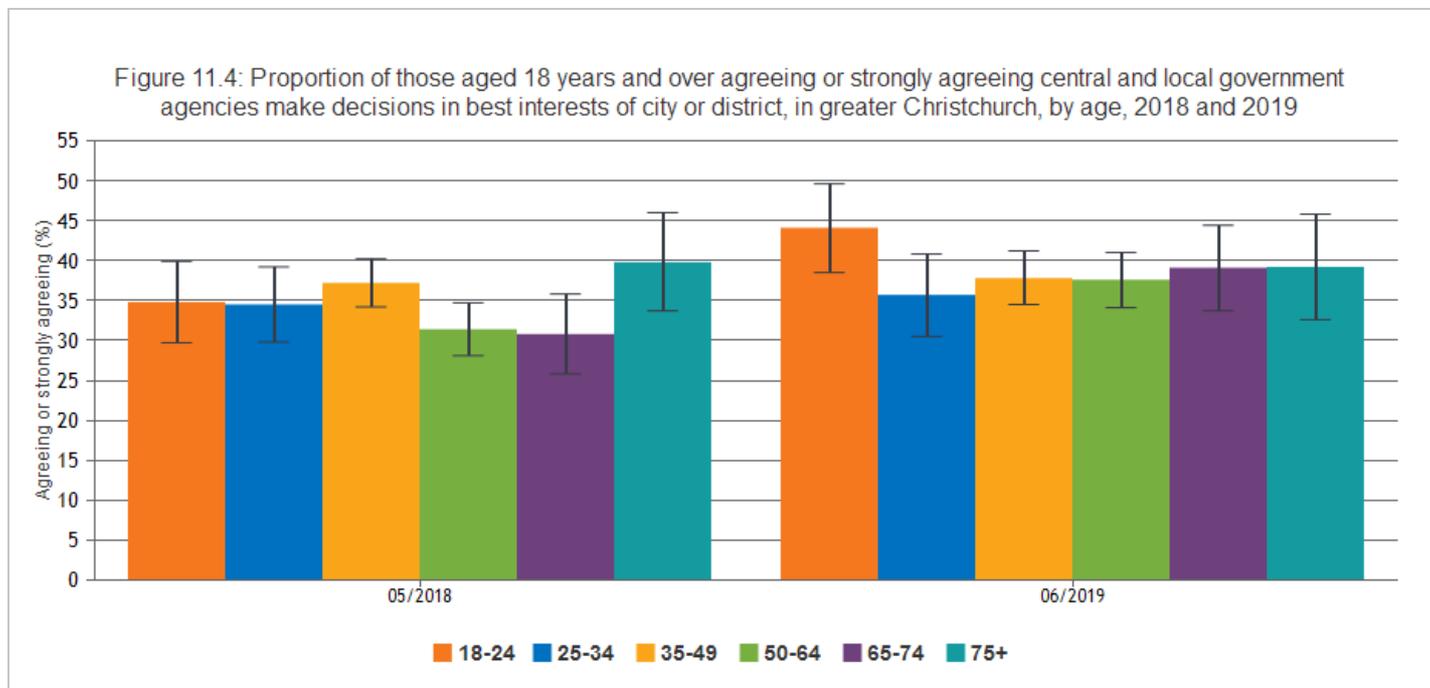
The figure shows that in 2018, a lower proportion (33.6%) of Christchurch City respondents agreed or strongly agreed that decisions made by central and local government agencies were in the best interests of their city or district, compared to Waimakariri District respondents (38.9%) and Selwyn District respondents (38.3%); although the differences were not statistically significant. However, in 2019, a higher proportion of respondents from Selwyn District indicated having confidence in central and local government agencies' decision-making processes. The increase of 8.6 percentage points is statistically significant for Selwyn District (2018 compared with 2019) and the proportion for Selwyn District is statistically significantly higher than for Christchurch City, but not Waimakariri District, in 2019.

Breakdown by ethnicity



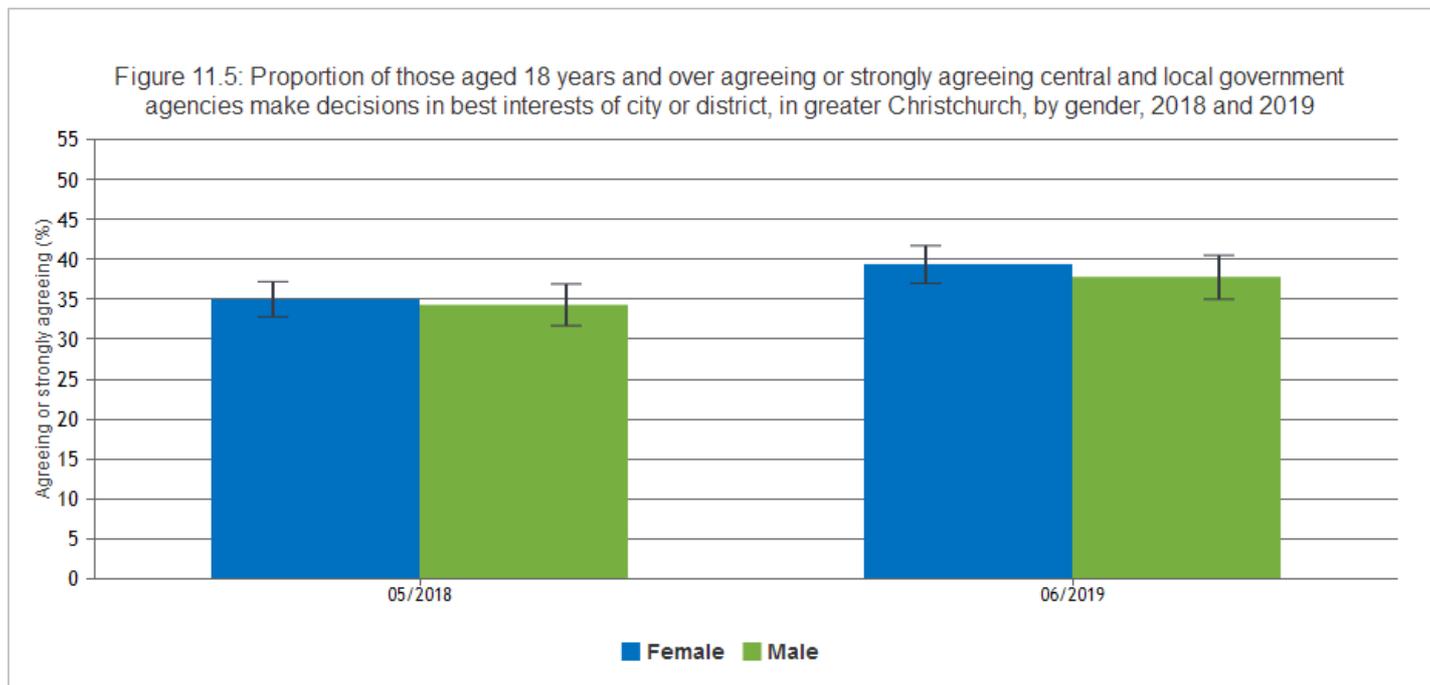
The figure shows that the proportion of respondents in the Pacific/Asian/Indian ethnic group agreeing or strongly agreeing that central and local government agencies make decisions in the best interests of their city or district was statistically significantly higher than for Māori respondents and European respondents in 2018 (43.7%; 27.3%; and 34.1% respectively) and statistically significantly higher than for European respondents in 2019 (47.8% and 37.8%, respectively). Māori respondents were the least likely to have confidence in central and local government agencies' decision making at both time-points.

Breakdown by age



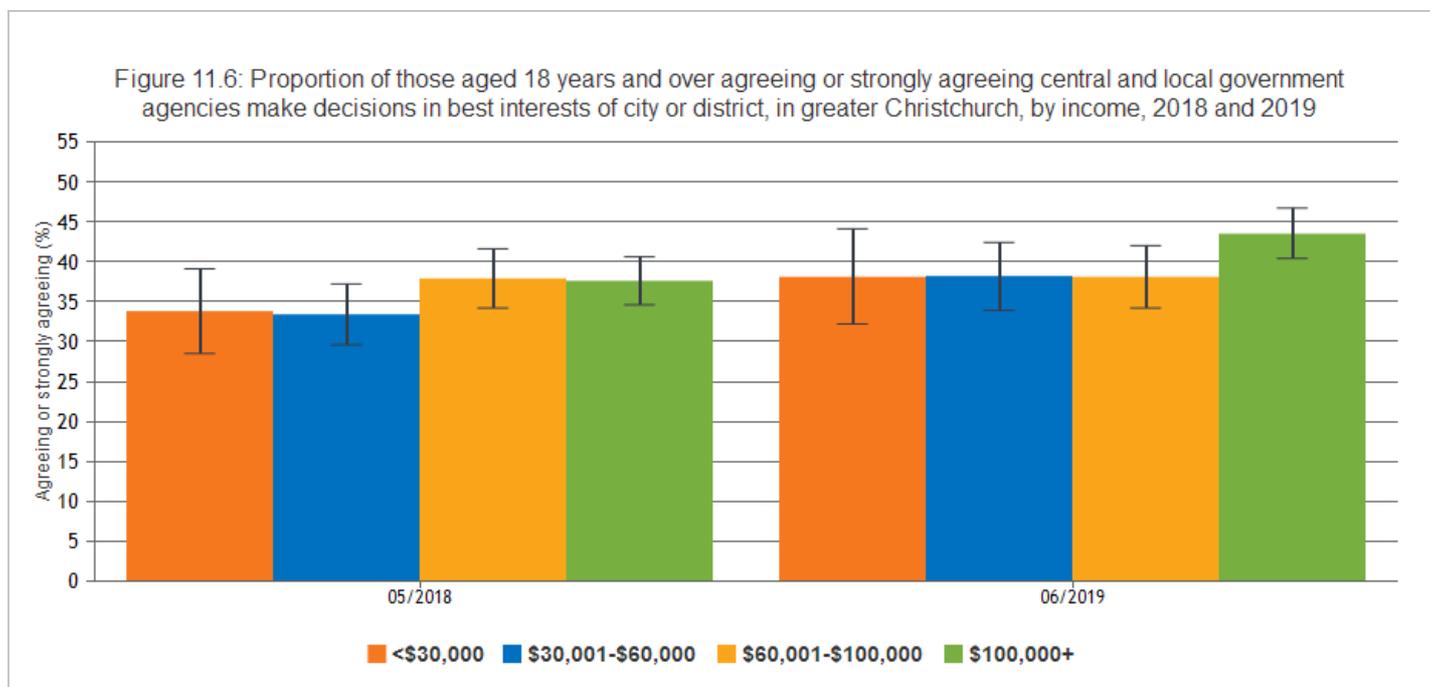
The figure shows no obvious pattern or statistically significant differences across the age groups, in the proportion of respondents who agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district.

Breakdown by gender



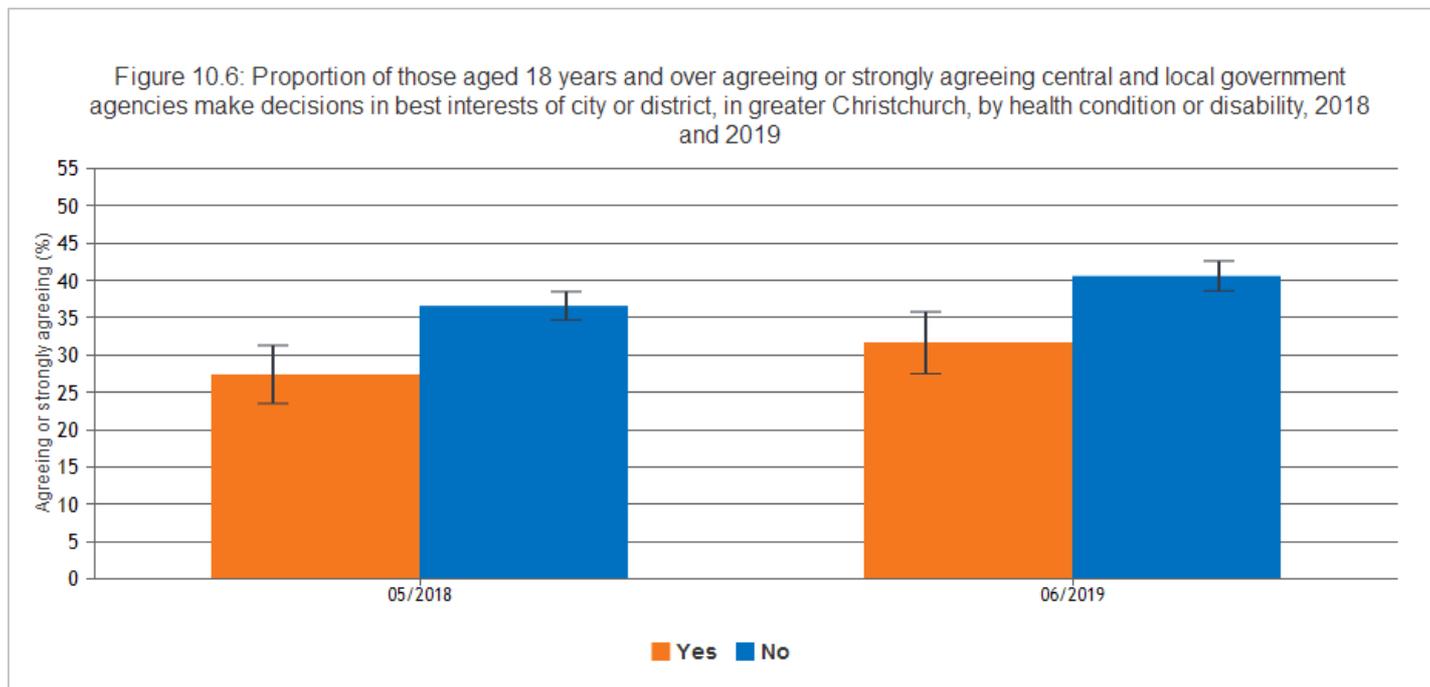
The figure shows no statistically significant difference between the proportions of male respondents and female respondents who agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district. The proportions agreeing with this statement are higher in 2019 than in 2018 (females 35.0% and 39.4% respectively; males 34.3% and 37.8%) but these increases are not statistically significant.

Breakdown by income



The figure shows no obvious pattern or statistically significant differences across the household income groups in the proportion of respondents who agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district.

Breakdown by disability



The figure shows that a statistically significantly smaller proportion of respondents with a long-term health condition or disability agree or strongly agree that central and local government agencies make decisions in the best interests of their city or district, compared with respondents without a long-term health condition or disability (27.4%, and 36.6%, 2018; 31.7% and 40.6%, 2019).

Data Sources

Source: Canterbury District Health Board.

Survey/data set: Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website www.cph.co.nz/your-health/wellbeing-survey/

Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

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FIND OUT MORE

> **New Zealanders and the Arts – Canterbury report**

This 2017 Creative New Zealand report summarises information from the 2017 'New Zealanders and the Arts' survey for the Canterbury population.

> **Christchurch City communities and neighbourhoods survey**

This webpage summarises information from a 2017 Christchurch City Council survey on communities and neighbourhoods.