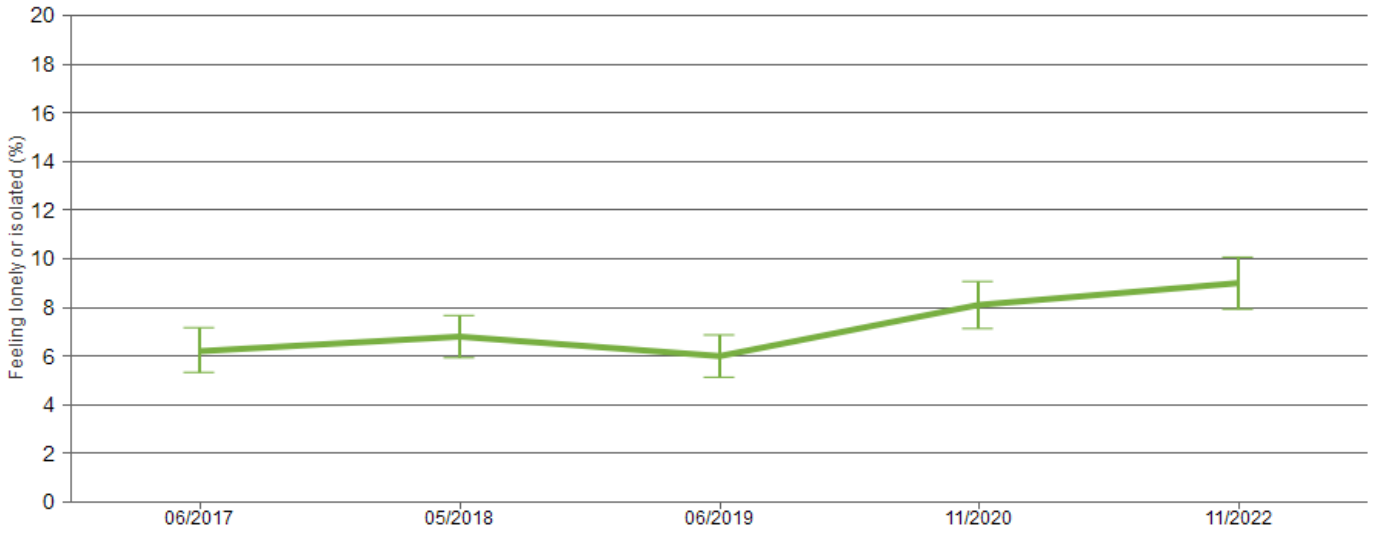
Social Capital: Loneliness and isolation

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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.

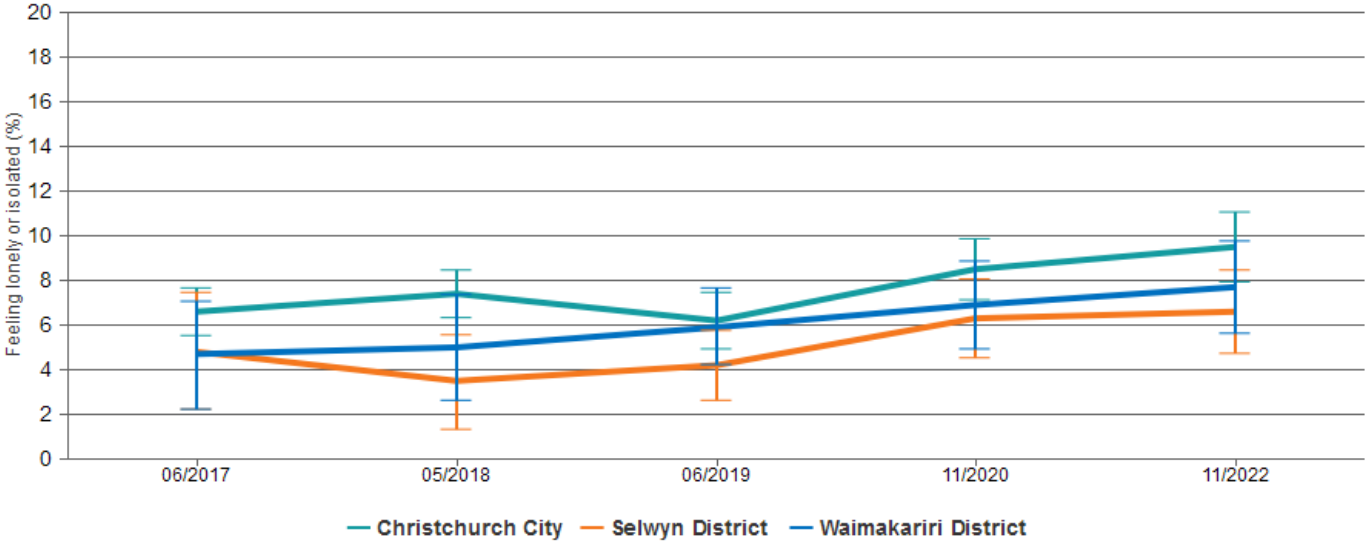
This indicator presents the proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, as reported in the Canterbury Wellbeing Survey.

Figure 3.1: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, 2017-2022



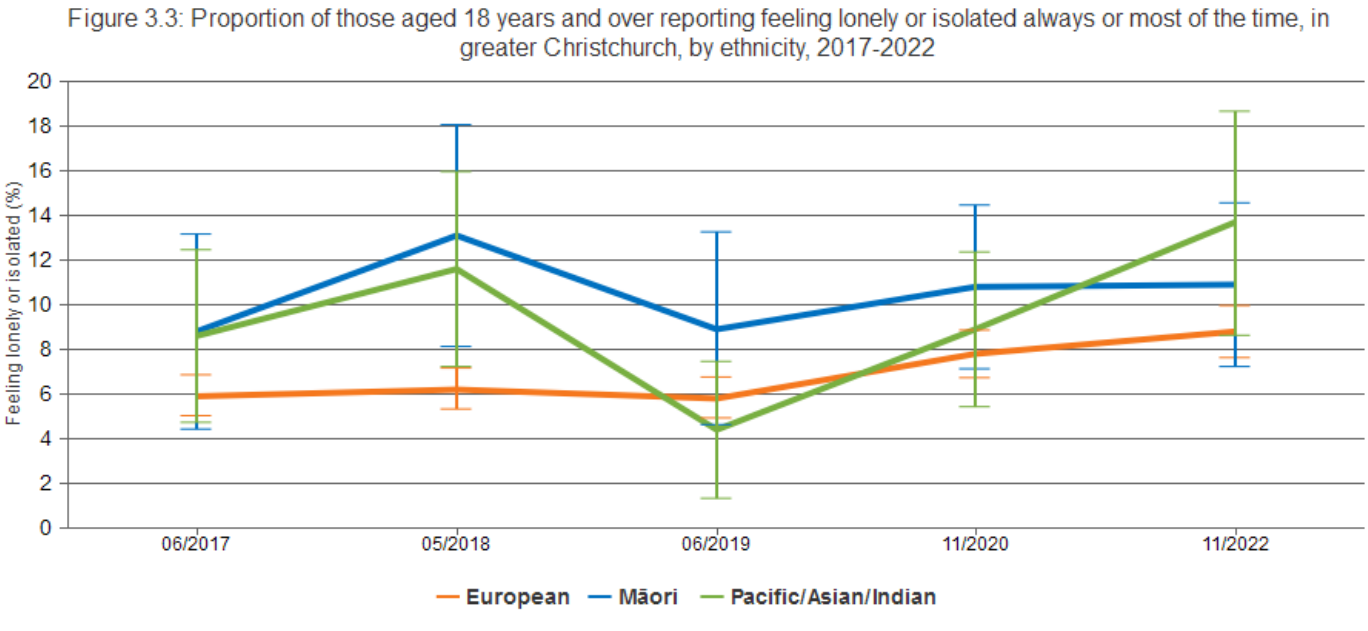
The figure shows that nine percent of greater Christchurch respondents reported feeling lonely or isolated, always or most of the time in 2022. The 2022 result was statistically significantly higher than the 2019 result (6%).

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 period from 2017 to 2022, for Christchurch City, Selwyn District, and Waimakariri District (9.5%, 6.6%, and 7.7%, respectively, in 2022). Generally, a higher proportion of Christchurch City respondents have reported being socially isolated, compared with Selwyn District and Waimakariri District respondents, over the time series shown, however the differences are not statistically significant.

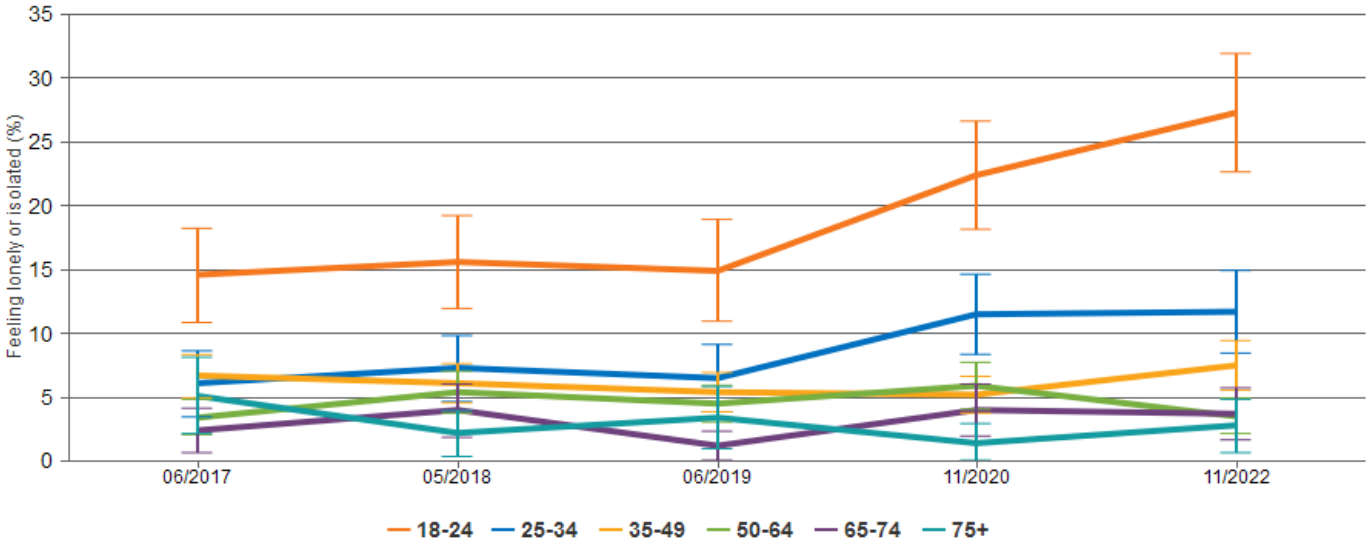
Breakdown by ethnicity



The figure shows the proportion of respondents who reported feeling lonely or isolated, always or most of the time, 2017 to 2022, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (8.8%, 10.9%, and 13.7%, respectively, in 2022). Generally, a lower proportion of European respondents reported being socially isolated compared with Māori and Pacific/Asian/Indian respondents over the time series shown, however the differences are not statistically significant (except for Māori respondents compared with European respondents, in 2018). Note that these comparisons do not take into account possible confounders such as income or age.

Breakdown by age

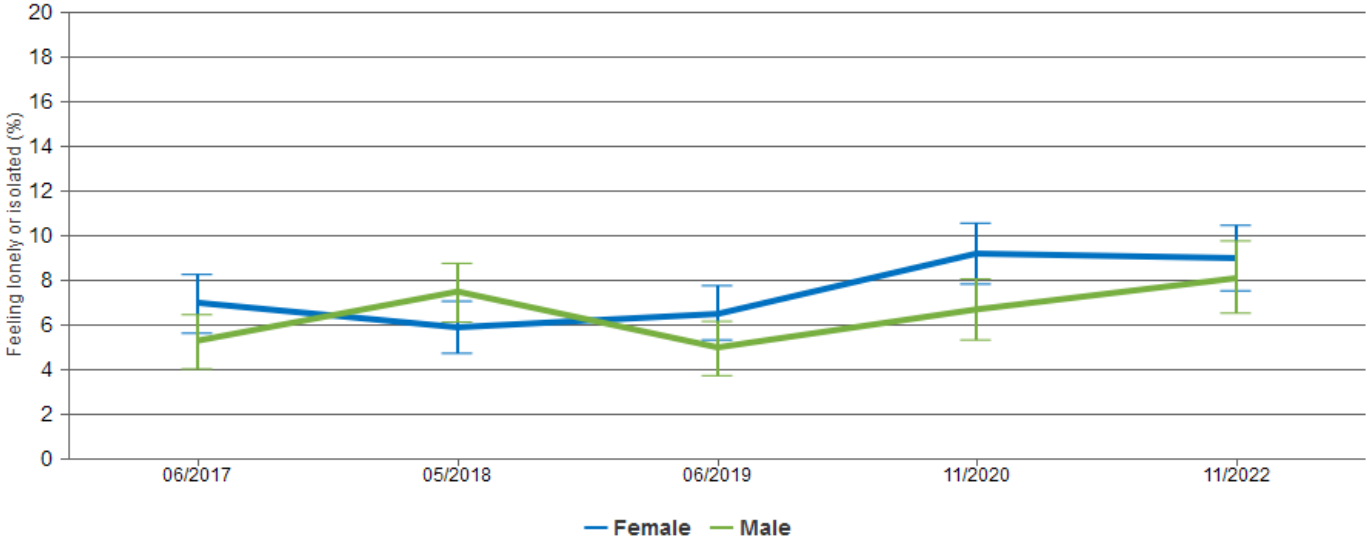
Figure 3.4: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by age group, 2017-2022



The figure shows the proportion of respondents reporting feeling lonely or isolated, always or most of the time, by age group, from 2017 to 2022. 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 10 percentage points above the other age groups between 2017 and 2019 (18-24 years 14.9%, compared with approximately 5% for the middle age groups, in 2019). The difference between the 18 to 24 years age group and all other age groups increased further from 2019 to 2022 and the difference is statistically significant at all five time-points. The proportion of respondents reporting feeling lonely or isolated in the 25 to 34 years age group also increased notably between 2019 and 2022.

Breakdown by gender

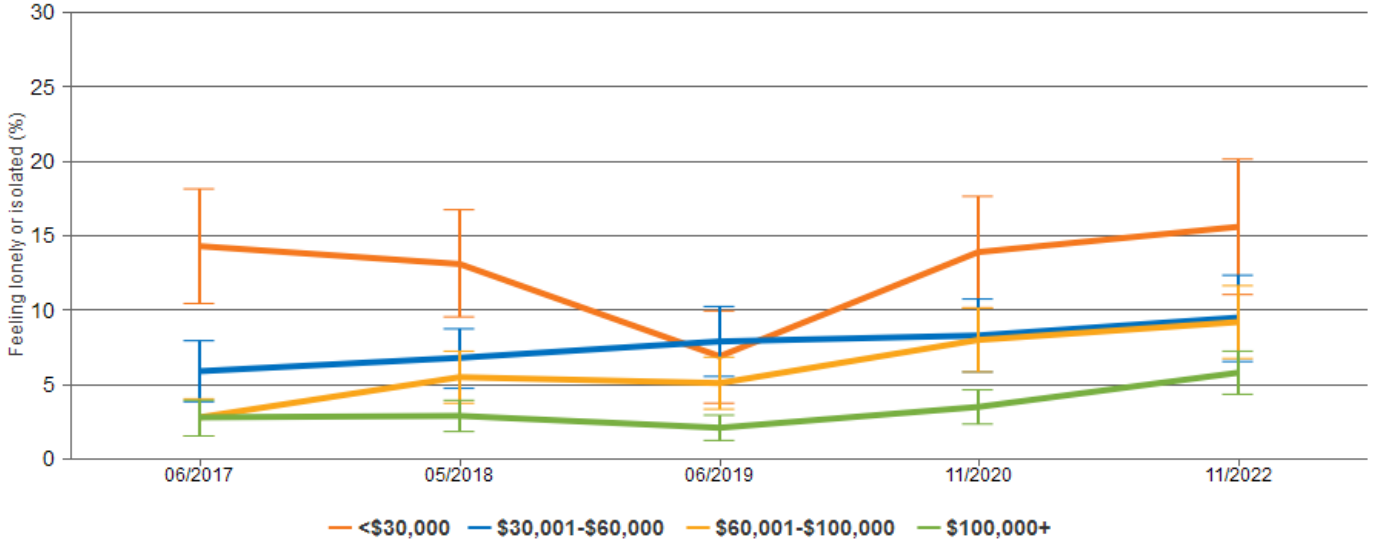
Figure 3.5: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by gender, 2017-2022



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 2022 (no statistically significant differences by gender or over time).

Breakdown by income

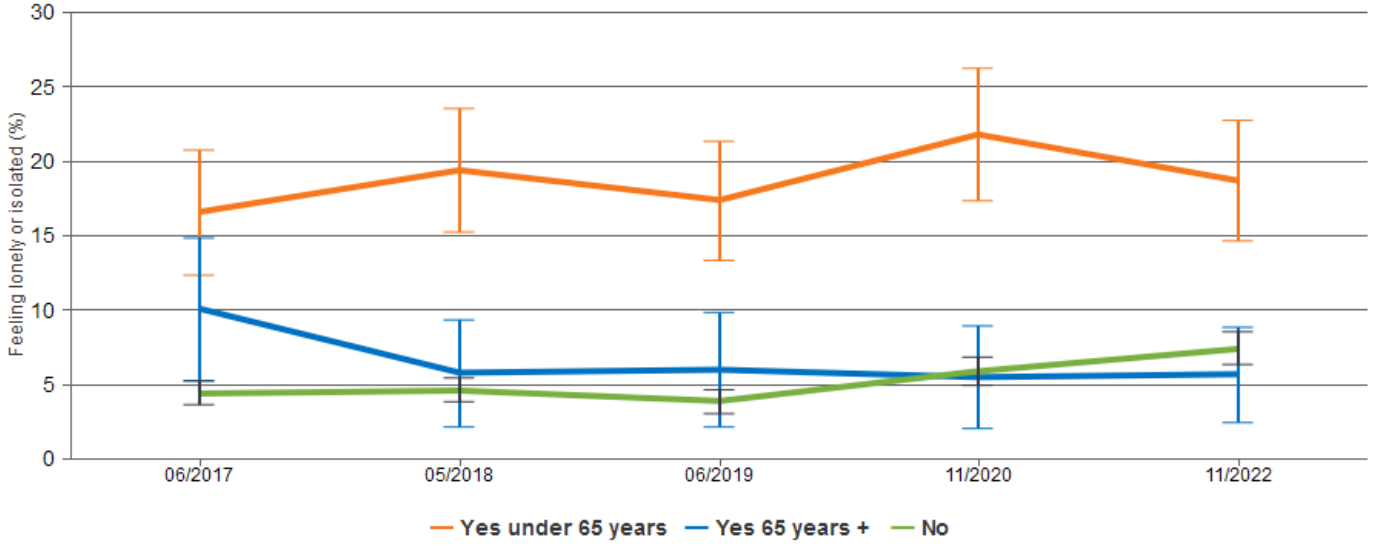
Figure 3.6: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by income, 2017-2022



The figure shows the proportion of respondents reporting feeling lonely or isolated, always or most of the time, by annual household income, 2017 to 2022. The figure shows a pattern of higher levels of social isolation for those in the lowest income groups (<$30,000 group, 15.6%; $30,000–$60,000 group, 9.5%; $60,001–$100,000, 9.2%; and $100,000+ group, 5.8%, in 2022). The difference between the lowest income group and the highest income group was statistically significant at each point of the time series shown. These data are unadjusted and do not take age into account, which is an important factor associated with both income and loneliness.

Breakdown by disability

Figure 3.7: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by long-term health condition or disability, 2017-2022



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 respondents aged under 65 years, with a long-term health condition or disability, compared with those without, in greater Christchurch, 2018 to 2022. However, for the over 65 years group, the proportion reporting feeling lonely or isolated, always or most of the time is similar to those without a disability, over the time series shown.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury - formerly the Canterbury District Health Board.
Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health 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/our-wellbeing/index-data

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