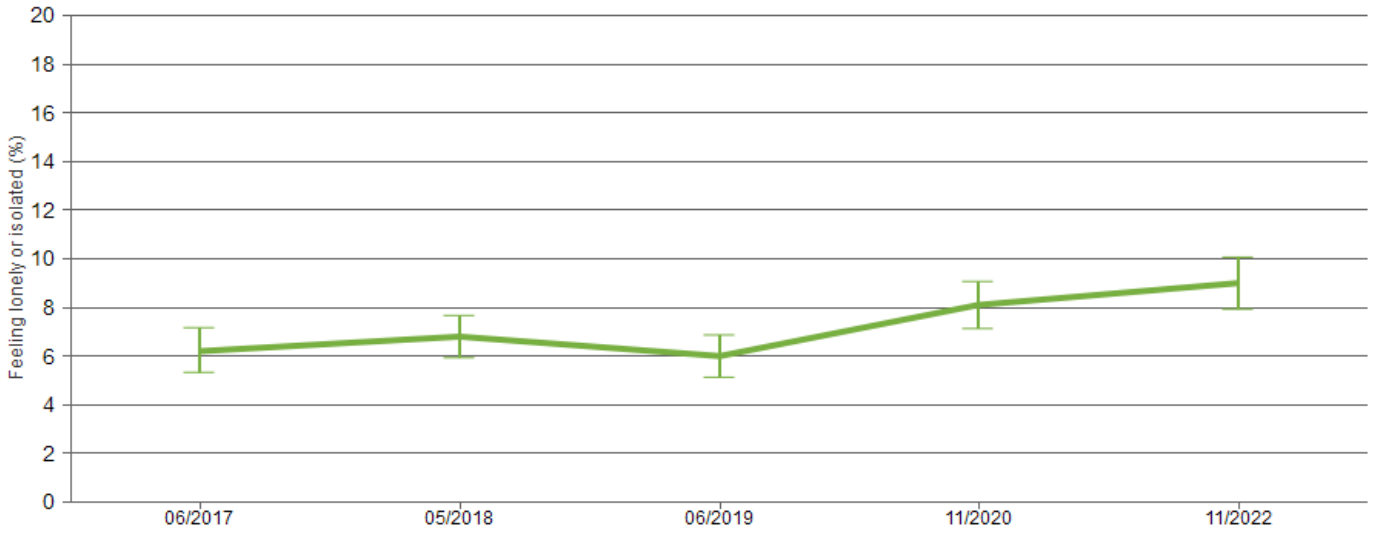
Social Capital: Loneliness and isolation

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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.

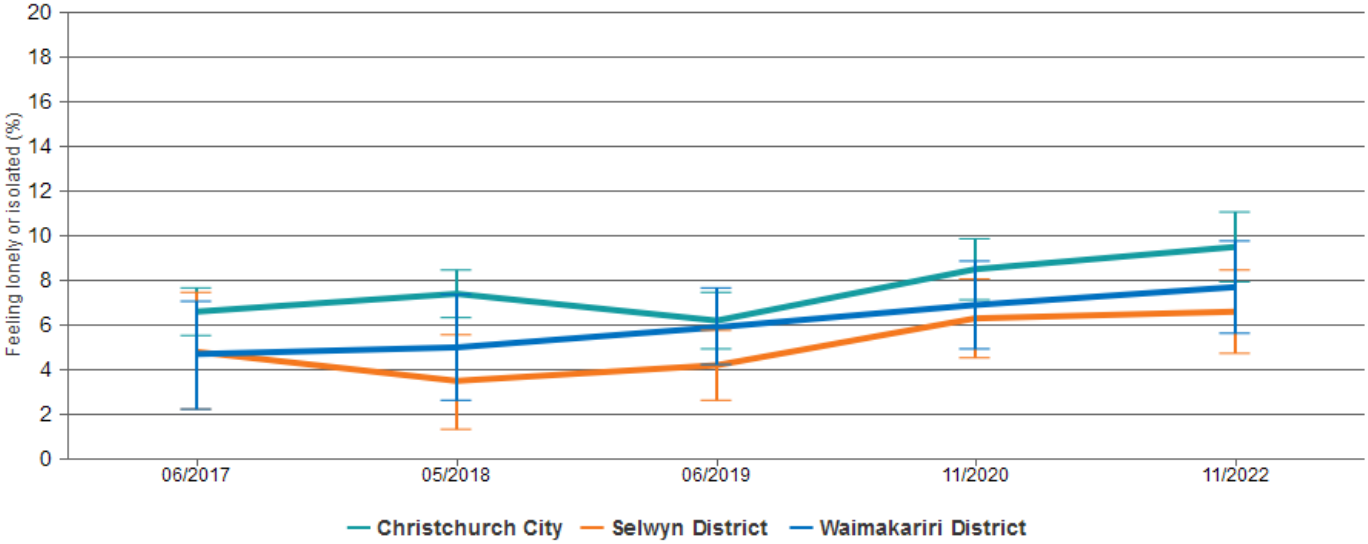
This indicator presents the proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, as reported in the Canterbury Wellbeing Survey.

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



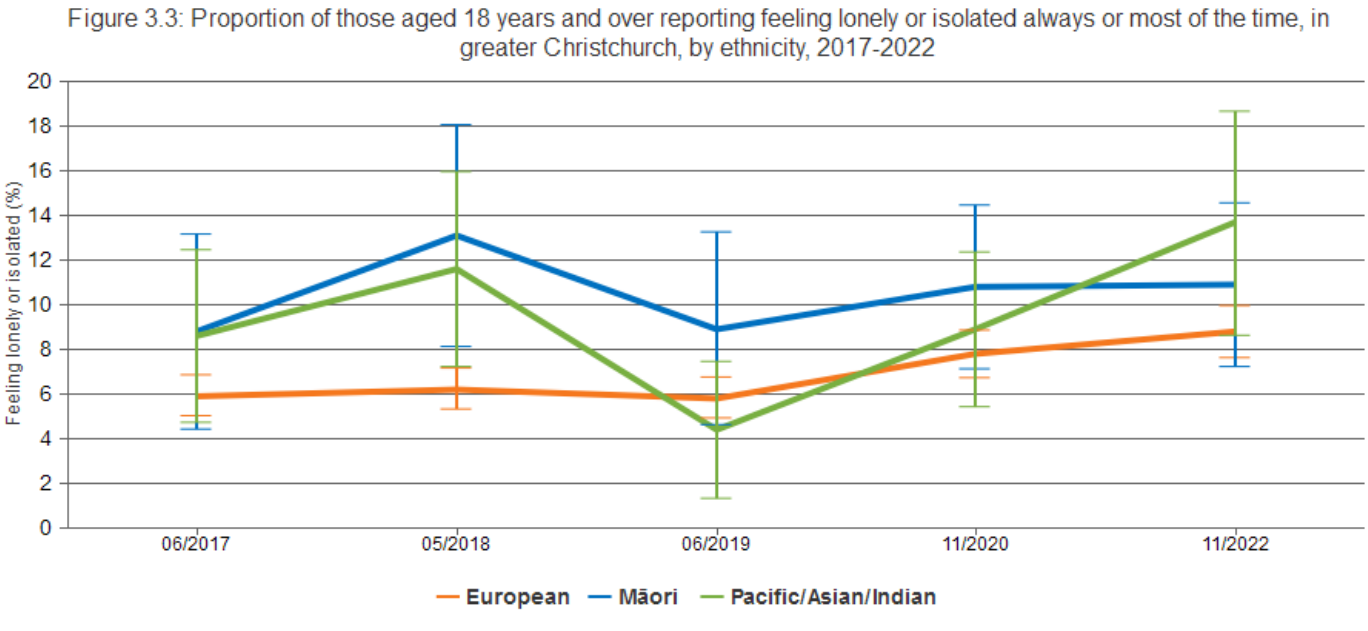
The figure shows that nine percent of greater Christchurch respondents reported feeling lonely or isolated, always or most of the time in 2022. The 2022 result was statistically significantly higher than the 2019 result (6%).

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.

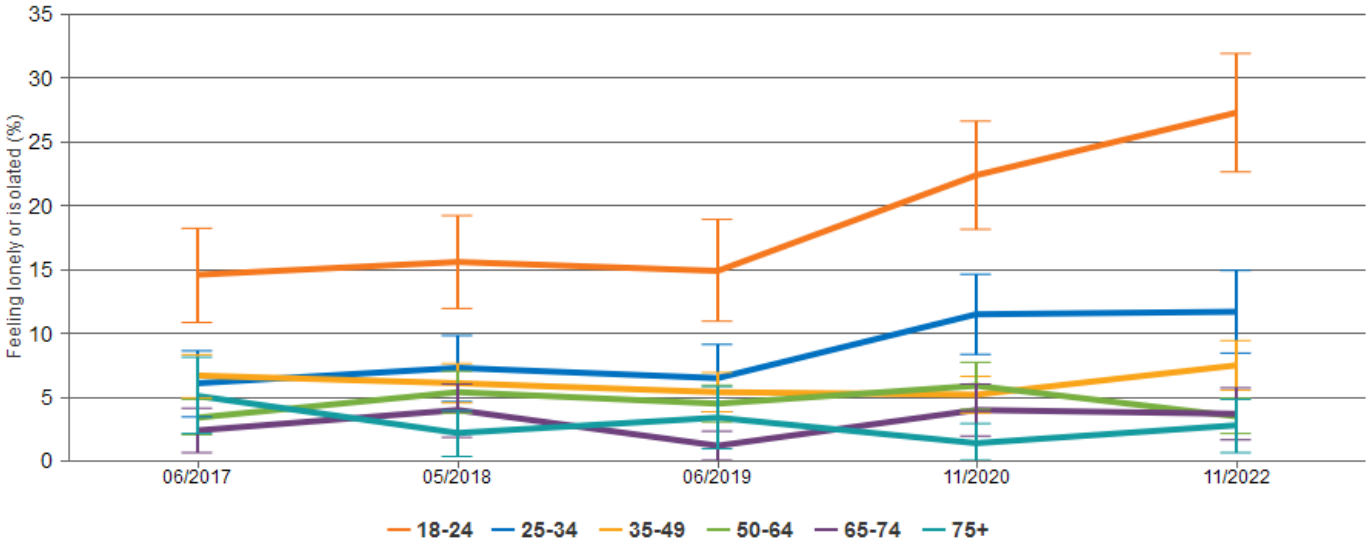
Breakdown by ethnicity



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

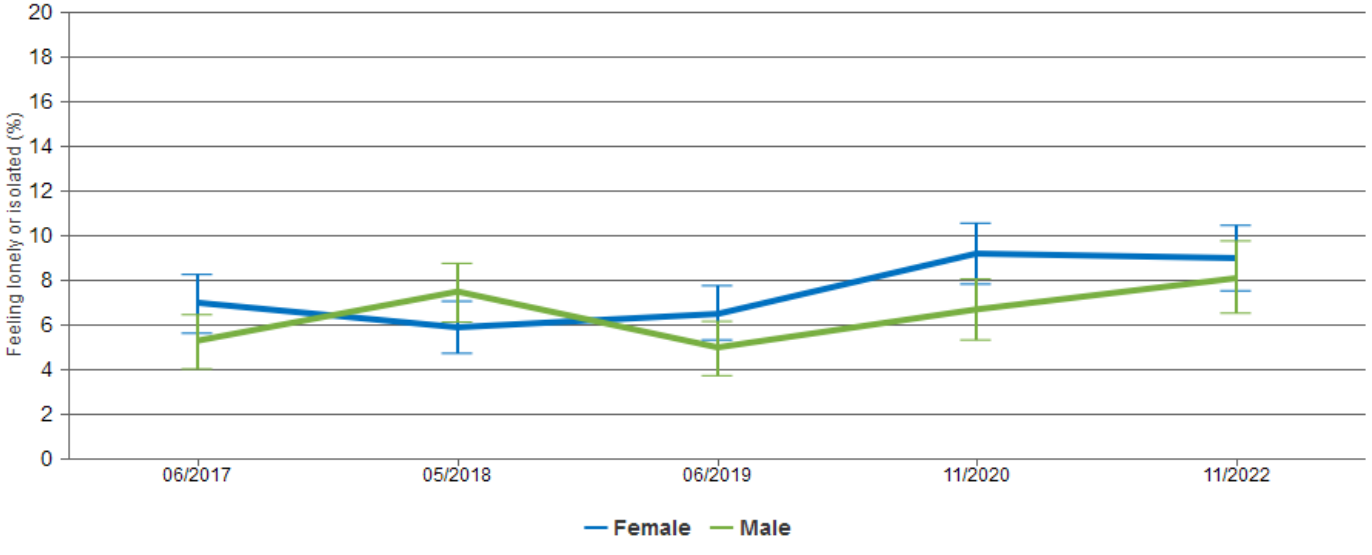
Figure 3.4: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by age group, 2017-2022



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

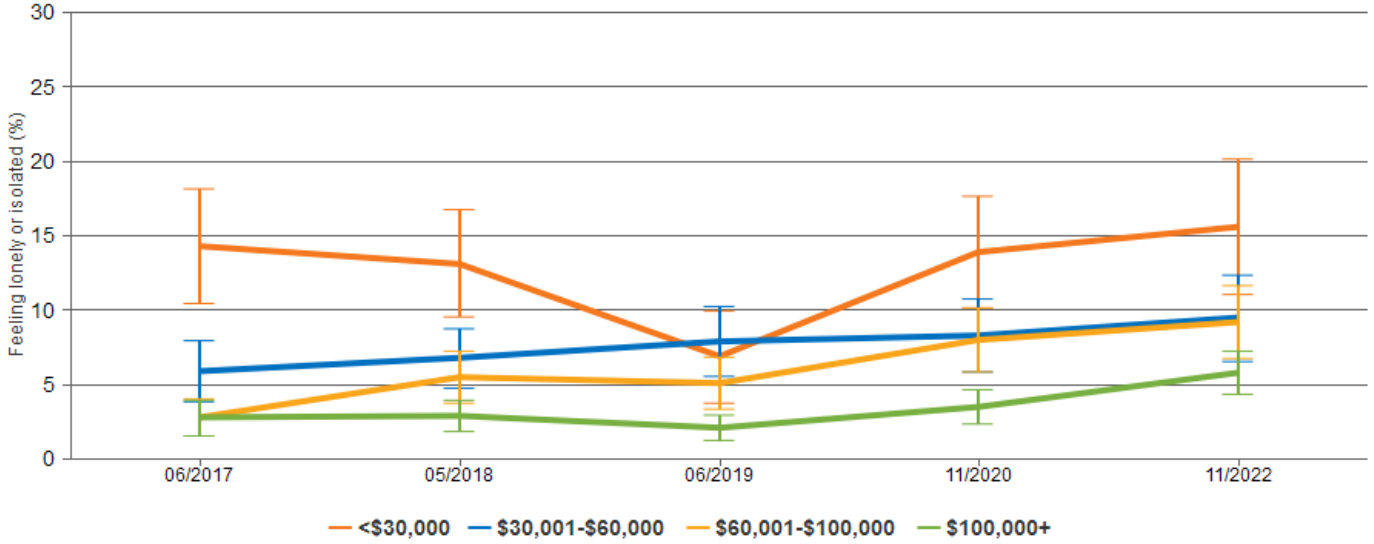
Figure 3.5: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by gender, 2017-2022



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

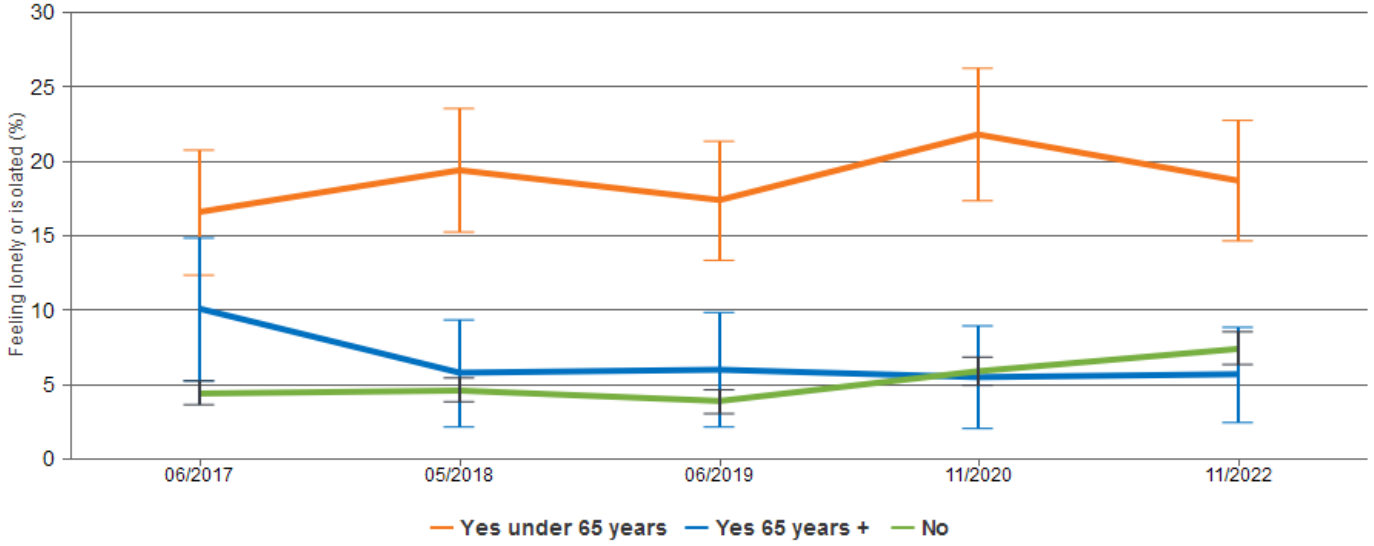
Figure 3.6: Proportion of those aged 18 years and over reporting feeling lonely or isolated always or most of the time, in greater Christchurch, by income, 2017-2022



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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REFERENCES

This is the full reference list for **Social Capital**.

1 Putnam RD, Leonardi R, Nanenetti R (1993) *Making democracy work: civic traditions in modern Italy*. Princeton, NJ: Princeton University Press.

2 Rocco L, Suhrcke M (2012) *Is social capital good for health? A European perspective*. Copenhagen: WHO Regional Office for Europe.

3 Islam MK, Merlo J, Kawachi I, Lindström M, Gerdtham U-G (2006) Social capital and health: Does egalitarianism matter? A literature review. *International Journal for Equity in Health* 5: 3.

4 Scheffler RM, Brown TT (2008) Social capital, economics, and health: new evidence. *Health Econ Policy Law* 3: 321-331.

5 d'Hombres B, Rocco L, Suhrcke M, McKee M (2010) Does social capital determine health? Evidence from eight transition countries. *Health Econ* 19: 56-74.

6 Folland S (2007) Does “community social capital” contribute to population health? *Social Science and Medicine* 64: 2342–2354.

7 Syme SL (2000) Foreword. In: Berkman LF, Kawachi I, editors. Social epidemiology. New York: Oxford. pp. ix-xii.

8 Browning CR, Cageny KA (2003) Moving beyond poverty: neighborhood structure, social processes and health. *J Health Soc Behav* 44: 552-571.

9 McMillan DW (1996) Sense of community. *Journal of Community Psychology* 24: 315-325.

10 Sonn CC, Fisher AT (2005) Immigrant Adaptation: Complicating our understanding of responses to intergroup experiences. In: Nelson G, Prilleltensky I, editors. *Community Psychology: In pursuit of liberation and wellbeing*. London, UK: McMillan, Palgrave. pp. 348-363.

11 Gusfield JR (1975) *The community: A critical response*. New York: Harper Colophon.

12 Sarason SB (1986) The emergence of a conceptual center. *Journal of Community Psychology* 14: 405-407.

13 Pinker S (2015) *The village effect: Why face-to-face contact matters*. London: Atlantic Books.

14 Thoits PA (1995) Stress, coping, and social support processes: where are we? What next? *J Health Soc Behav* Spec: 53-79.

15 Haber M, Cohen J, Lucas T, Baltes B (2007) The relationship Between Self-Reported Received and Perceived Social Support: A Meta-Analytic Review. *American journal of community psychology* 39: 133-144.

16 Berkman LF, Syme SL (1979) Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents. *Am J Epidemiol.* 109: 186-204. doi: 110.1093/oxfordjournals.aje.a112674.

17 Thoits PA (2011) Mechanisms Linking Social Ties and Support to Physical and Mental Health. *J Health Soc Behav* 52: 145-161.

18 Uchino BN, Bowen K, Carlisle M, Birmingham W (2012) Psychological pathways linking social support to health outcomes: a visit with the "ghosts" of research past, present, and future. *Social science & medicine (1982)* 74: 949-957.

19 Cohen S, Wills TA (1985) Stress, social support, and the buffering hypothesis. *Psychol Bull.* 98: 310-357.

20 Uchino B (2006) Social Support and Health: A Review of Physiological Processes Potentially Underlying Links to Disease Outcomes. *Journal of behavioral medicine* 29: 377-387.

21 Schonfeld IS (1991) Dimensions of functional social support and psychological symptoms. *Psychological Medicine* 21: 1051-1060.

22 Ministry of Social Development (2016) *The Social Report 2016: Te pūrongo oranga tangata*. Wellington: Ministry of Social Development.

23 Ateca-Amestoy V (2011) Leisure and subjective well-being. In: Cameron S, editor. *Handbook on the economics of leisure.* Cheltenham: Edward Elgar. pp. 52–76.

24 Throsby D (2001) *Economics and culture.* Cambridge: Cambridge University Press.

25 Aked J, Marks N, Cordon C, Thompson S (2008) *Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people’s well-being*. London: New Economics Foundation.

26 Arts Council England (2012) *Measuring the economic benefits of arts and culture: practical guidance on research methodologies for arts and cultural organisations*: Arts Council England.

27 Wheatley D, Bickerton C (2017) Subjective well-being and engagement in arts, culture and sport. *Journal of Cultural Economics* 41: 23-45.

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28 Arts Council of New Zealand, Creative New Zealand (2020) *New Zealanders and the arts. Ko Aotearoa me ōna toi. Survey findings for Canterbury residents 2020*. Wellington: Creative New Zealand.

29 Arts Council of New Zealand, Creative New Zealand (2020) *New Zealanders and the arts. Ko Aotearoa me ōna toi. Summary Report 2020*. Wellington: Creative New Zealand.

30 Directorate-General for Communication (2015) *Special Eurobarometer 437; Discrimination in the EU in 2015*. European Union.

31 Harris RB, Stanley J, Cormack DM (2018) Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. *PLoS ONE* 13: e0196476.

32 Tofler IR, Butterbaugh GJ (2005) Developmental Overview of Child and Youth Sports for the Twenty-first Century. *Clinics in Sports Medicine* 24: 783-804.

33 Dalziel P (2011) *The economic and social value of sport and recreation to New Zealand, Research Report No. 322.*

34 Steptoe AS, Butler N (1996) Sports participation and emotional wellbeing in adolescents. *The Lancet* 347: 1789-1792.

35 Office of the European Union (2011) *European Foundation for the Improvement of Living and Working Conditions Second European Quality of Life Survey: Participation in volunteering and unpaid work*. Luxembourg: Publications Office of the European Union. 56 p.

36 OECD (2007) Measuring and fostering the progress of societies, 2nd World Forum in Istanbul, Turkey, 27–30 June, 2007: Organisation for Economic Development and Cooperation.

37 Heitmueller A, Inglis K (2004) *Carefree? Participation and pay differentials for informal carers in Britain, IZA Discussion Paper No. 1273*. Bonn, Institute for the Study of Labour.

38 Mellor D, Hayashi Y, Stokes M, Firth L, Lake L, et al. (2009) Volunteering and its relationship with personal and neighborhood well-being. *Nonprofit and Voluntary Sector Quarterly* 38: 144–159.

39 Dolan P, Peasgood T, White M (2008) Do we really know what makes us happy? A review of the economic literature on the factors associated with well-being. *Journal of Economic Psychology* 29: 94–122.

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