Social Capital: Unpaid activities

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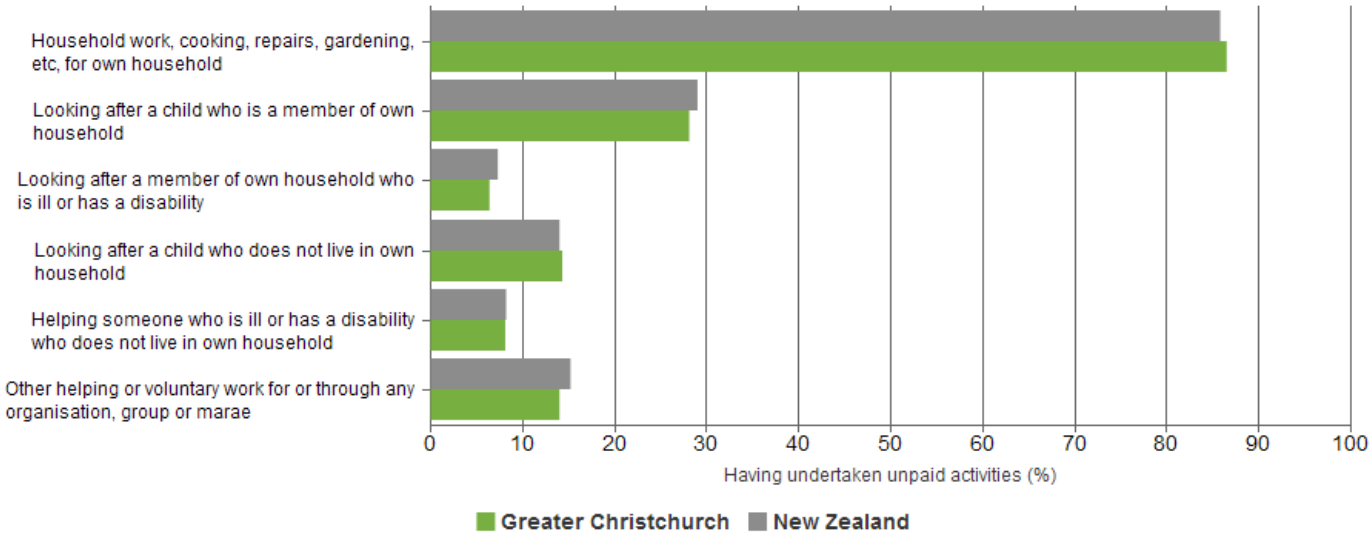
Unpaid activities are typically considered in two distinct categories: unpaid work and formal volunteering (informal volunteering is typically not captured). Unpaid work comprises non-remunerated family and household-related activities and is regarded as a building block of societal functioning [35,36]. 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.

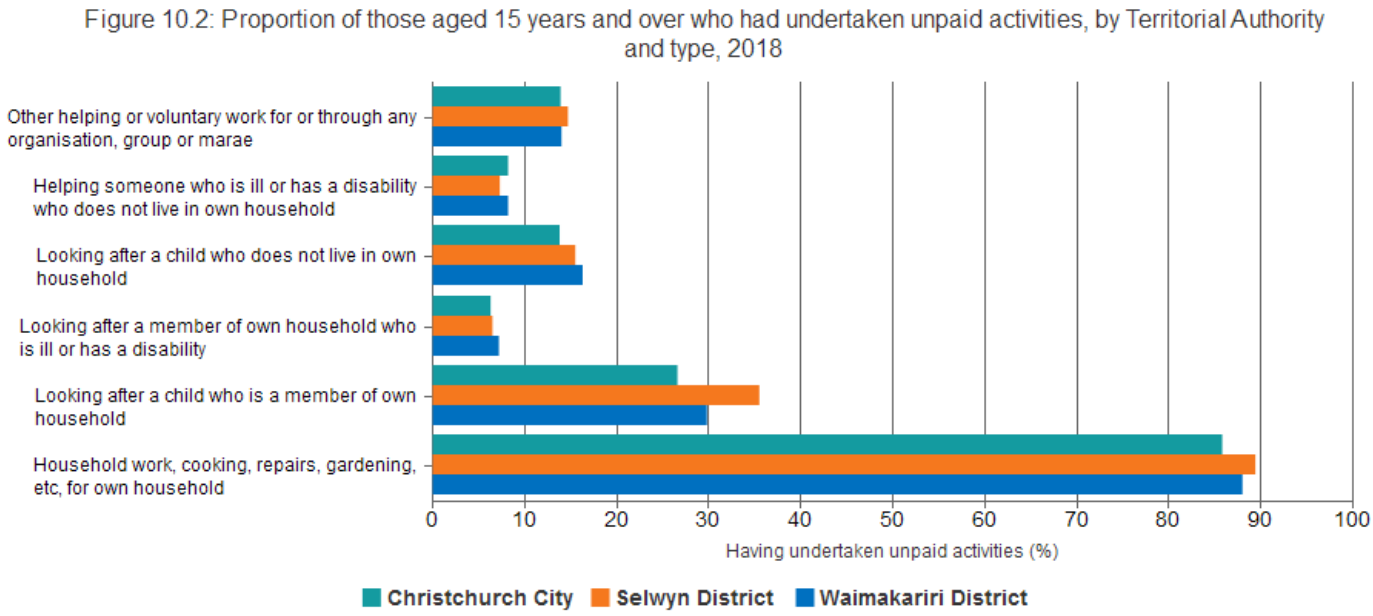
Figure 10.1: Proportion of those aged 15 years and over who had undertaken unpaid activities, in greater Christchurch and New Zealand, by type, 2018



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

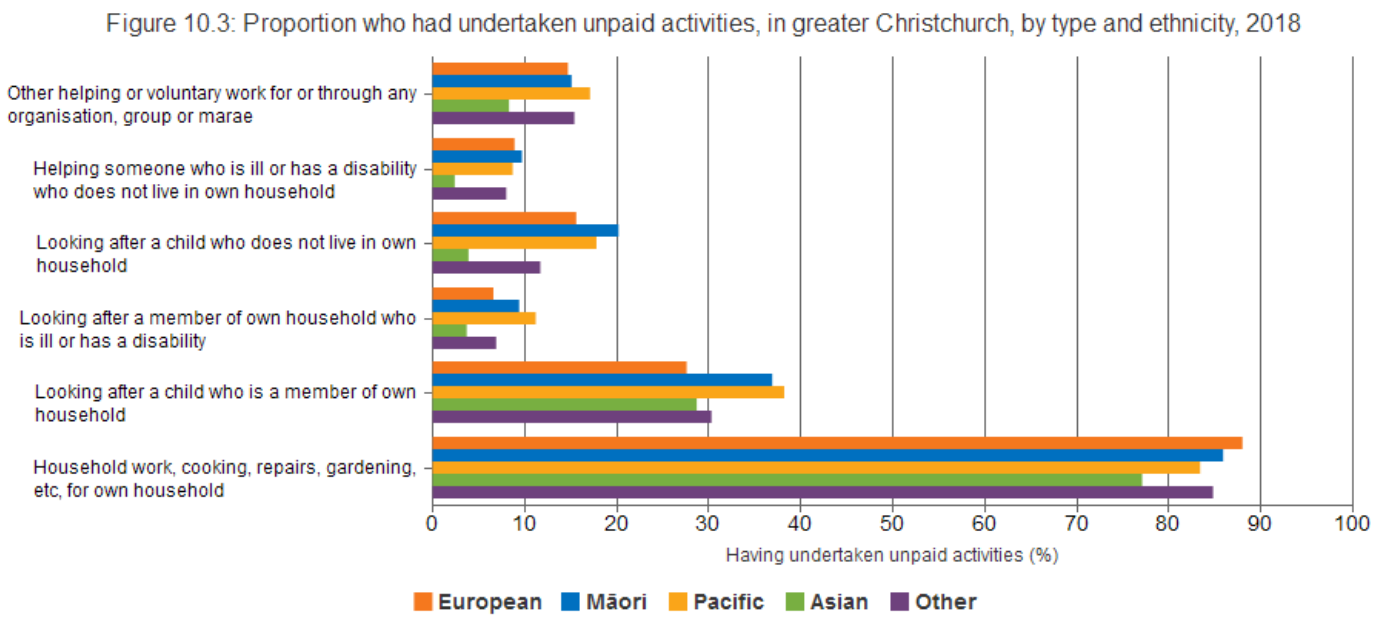
a member of their own household was reported by just over fourteen percent (14.3%). Fourteen percent of greater Christchurch respondents indicated that they took part in helping or voluntary work, for or through any organisation, group or marae. The responses for greater Christchurch were similar to 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.

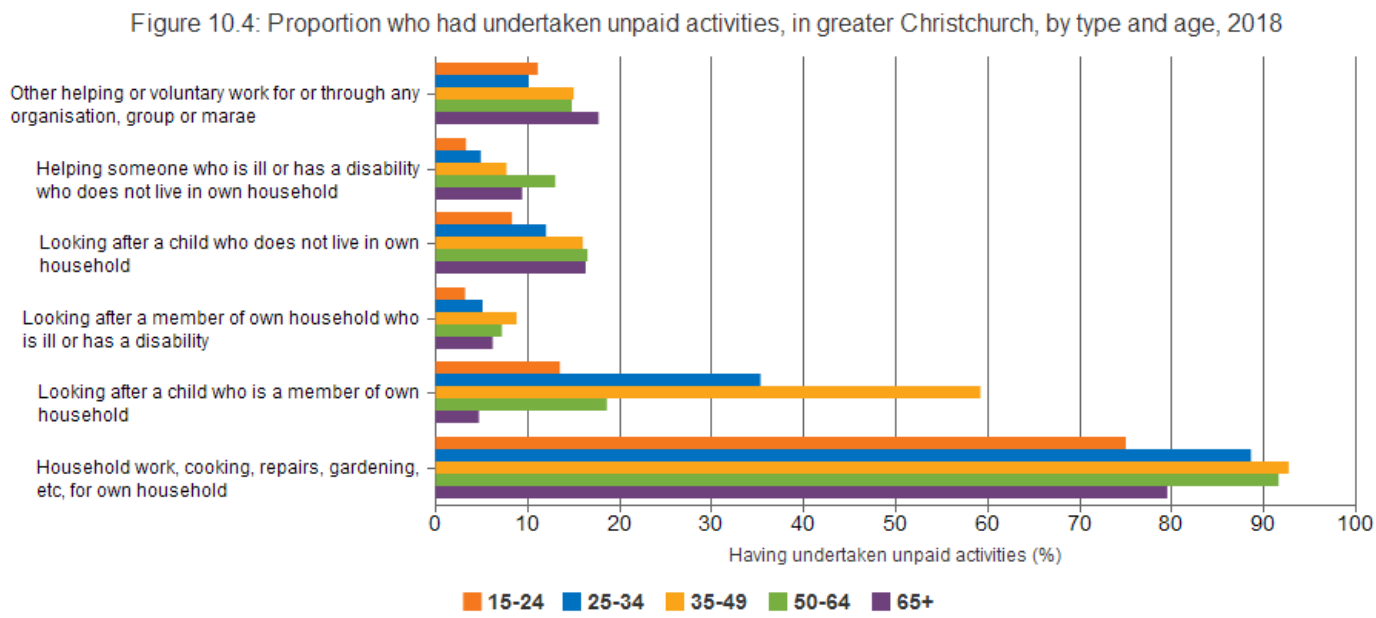
Breakdown by ethnicity



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%).

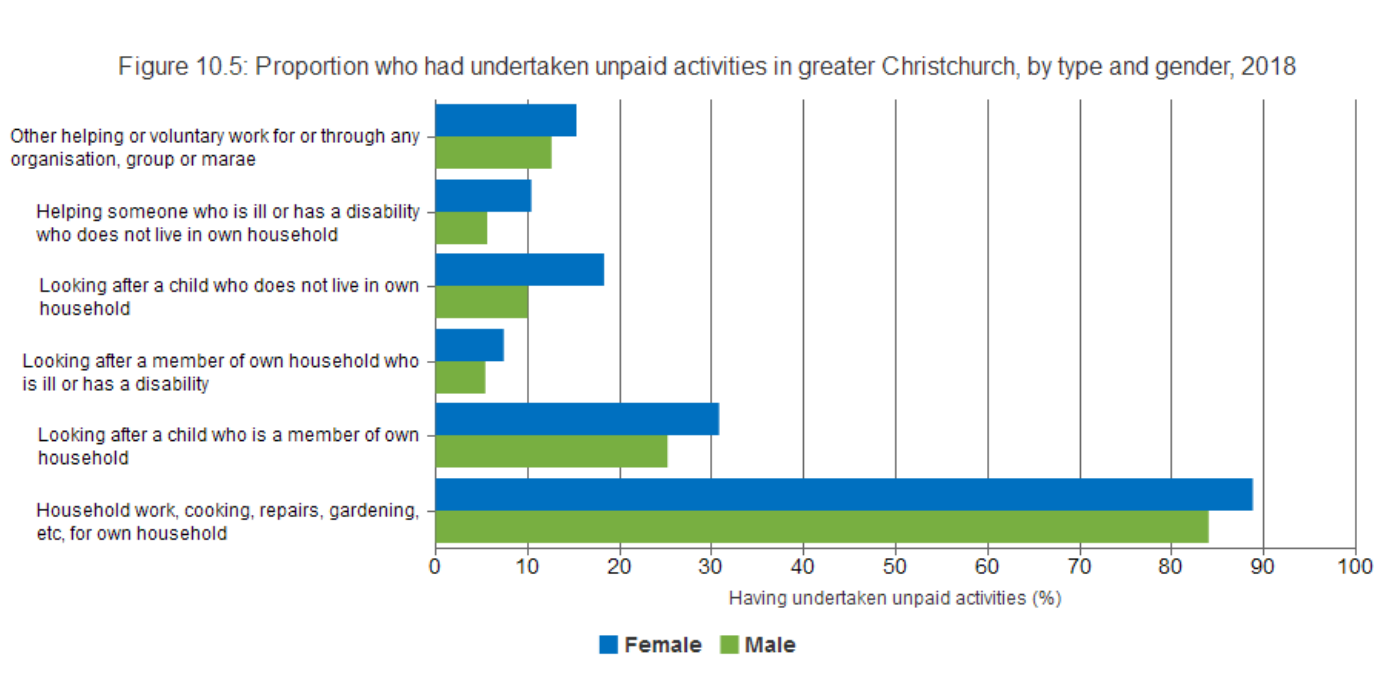
Respondents who identified as Asian, appear less likely to report engaging in unpaid work, across all activity types with the exception of looking after a child who is a member of own household, compared with the other groups (statistical significance testing was not applied to these data).

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/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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