**A Study of Loneliness in Auckland: 2021**

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**Abstract**

Loneliness is a distressing emotional state of not having meaningful connections with others. This study looked at levels of loneliness in Auckland, using data from Statistics NZ and Auckland Council. The most lonely and isolated are people living in the central city (Waitemata Local Board area) with 14% lonely most of the time. This is significantly higher than the level for the Auckland Region (9%). Youthline explains the typical; symptoms of loneliness as being withdrawn and quiet, crying, sleeping too much, eating and drinking too much, and sitting around doing nothing. The report was presented to the Waitemata Local Board which authorized it community development staff to develop a programme of alleviating loneliness.

1. **Introduction**

*Acknowledgement: Two recent studies into loneliness by Holly Walker of the Helen Clark Foundation greatly assisted in the preparation of this study into loneliness in Auckland.*

This study looks at levels of loneliness and social isolation in the community and ways of reducing those levels. There is a difference between social isolation and loneliness. Social isolation is where you do not interact socially with others (e.g. during Covid–19 lockdown), whereas loneliness is an emotional state that arises from not having the desired meaningful connections with others. Loneliness is a human emotion that is complex and has no single common cause. It is a state of mind that results in a feeling of being empty, alone, isolated and unwanted, and a loss of self-esteem. Hawkley and Cacioppo explains that, “Loneliness is described as a distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships”. (para. 2)

This study on loneliness is relevant to New Zealand/Aotearoa, the Auckland Region and the Waitemata Ward. The 2020 Quality of Life Report (NZ) assessed that 48% of people in New Zealand/Aotearoa felt lonely or isolated some or most of the time. The percentage two years previous was 35%. It is likely that the spike in the 2020 percentage is due to the impact of the Covid-19 2020 lockdown during significant periods of that year. The Auckland results within that report show a similar trend with 49% in 2020 and 35% in 2018. The report states that, “More people are feeling lonely or isolated some or most of the time.” (p.5). The current 2021 lockdown may result in an increase in the number of people experiencing loneliness some or most of the time.

The local level of the Waitemata Ward presents a similar picture. Approximately 15% of people say that they are lonely or isolated most or all of the time. However, 53% of people in Waitemata are lonely or isolated some, most or all of the time. These percentages represent some 10,000 (most or all of the time) and 40,000 people (some, most or all of the time).

The level of loneliness and isolation may well be reflected in the high percentage of people experiencing stress. A full 26% of people in Auckland experience stress with a negative effect always or most of the time. (Auckland Council. 2020). Chronic stress is a debilitating condition that affects people’s health and wellbeing. Hawkley, Bosch, Engeland, Marucha & Cacioppo explain the link between loneliness and stress. They state, “Loneliness is itself a stressor that produces negative effects (e.g., anxiety, depression), negative reactivity (e.g., irritability, hostility, mistrust) and lowered feelings of self-worth.” (p. 67).

Table 1: Percentage of people in 2020 experiencing loneliness or isolation.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Lonely or isolated some of the time** | **Lonely or isolated most of the time** | **Lonely or isolated all of the time** |
| Aotearoa/New Zealand | 38 | 9 | 2 |
| Auckland | 38 | 9 | 2 |
| Waitemata ward | 39 | 14 | 1 |

Source: Auckland Council. The Quality of Life Report (2020)

The Ministry of Social Development Social Report (2016) states that 10% of New Zealanders aged 65-74 feel lonely all or most of the time. Of those aged over 75 years, 13% feel lonely all or most of the time.

1. **Measuring loneliness**

Prolonged loneliness is a significant risk to health, both physical and mental. Some degree of loneliness is inevitable during the various stages of a person’s life. For example, loneliness may be a result of a relationship breakdown or bereavement. Also, loneliness may be linked to one’s culture. A migrant from a country that has a strong communal culture may feel isolated in a western country that favours individualism. The organisation: Loneliness NZ has assessed the Statistics NZ General Social Survey of 2018 and listed the ten most and least lonely groups in Aotearoa/New Zealand.

Table 2: The ten most lonely groups in Aotearoa/New Zealand

|  |  |
| --- | --- |
| **Groups** | **Percentage** |
| Sexual identity – other identities | 12.0 |
| Sexual identity - bisexual | 11.1 |
| Disability status - disabled | 8.3 |
| Region - Northland | 7.9 |
| Unemployed | 7.6 |
| Ethnicity - Maori | 6.3 |
| Household income - $30,000 or less | 6.1 |
| Family type – one parent with children | 6.1 |
| Life stage – 15-24 years | 5.8 |
| Family type – not in family nucleus | 5.7 |

Source: StatsNZ. 2018

Table 3: This compares with the ten least lonely groups in Aotearoa/New Zealand.

|  |  |
| --- | --- |
| **Groups** | **Percentage** |
| Household income - @70,000 to $100,000 | 2.7 |
| Family type – couple with children | 2.7 |
| Region - Wellington | 2.7 |
| Region – Otago | 2.5 |
| Age group – 65-74 years | 2.3 |
| Ethnicity – Pacific peoples | 2.3 |
| Age group – 75+ | 2.1 |
| Family type – couple without children | 2.1 |
| Region – Nelson, Tasman, Marlb, W Coast | 2.0 |
| Personal income - $70,000 or more | 1.5 |

Source: StatsNZ. 2018

Youthline (NZ) explains the variety of symptoms of loneliness. They are:

* Being withdrawn and quiet.
* Crying.
* Sleeping too much.
* Eating too much.
* Getting drunk or taking drugs.
* Sitting around doing nothing

In the 2021 Walker study, *Still Alone Together* (p.6) into loneliness she presented the following groups as the most lonely:

* Disabled people
* Unemployed people
* People on low incomes
* Sole parents
* New migrants
* People of Asian ethnicity
* Young people aged 18-24 years.

1. **Dealing with loneliness**

The literature dealing with and ameliorating loneliness focuses on three distinct areas:

* The individual lonely person and what they might do for themselves.
* The role of governments, including local authorities.
* The role of the community in fostering greater social inclusion.

a) **The lonely individual**. Cacioppo (ps. 1-9) suggests the formula of EASE.

E is for Extend Yourself. He suggests the lonely person should start small e.g. volunteering at a shelter, hospice or other charity, tutoring young people or supporting a local sports team.

A is for Action Plan. The lonely person should recognise we are not passive victims but have some personal agency in terms of changing our thoughts, expectations and behaviour. For example, caring for animals can be a rewarding experience as domestic animals are always welcoming.

S is for Selection. People need quality not just the quantity of relationships. Cacioppo suggests that quality will come from people who share our attitudes and interests.

E is for Expect the Best. By projecting warmth and goodwill it will be returned many times over.

A recommendation for self care to overcome loneliness is made by the US Cigna health organisation:

“ Besides working to connect with others, don't overlook the potential power of exercise, healthy food, proper sleep, sunshine, and even meditation for fighting loneliness.

* **“Exercise** has been shown to trigger endorphins in the brain.3 These are sometimes called the "happy hormones" due to their power to elevate mood and make you simply feel better.
* **Sunshine** can do much the same thing as exercise.4 It also triggers good hormones, including endorphins and serotonin, which have a number of positive downstream benefits. Just make sure you follow safety guidelines when getting out in the sunshine.
* **A healthy diet** can affect your brain health, too. A daily diet of sugar, preservatives, and highly processed food can have negative impacts on your physical **and** emotional health.5 Focus on eating whole foods for a while and see if this can help in your strategy to overcome loneliness.
* **Sleep quality** is closely tied to emotional health. Loss of sleep or poor sleep habits can aggravate feelings of loneliness and isolation, and vice versa.6 If you're fighting loneliness, try practicing better sleep habits. Limit sugar and caffeine before bed, turn off digital devices for some relaxation time, and make sure your bedroom is quiet and dark.” (paras.15-19).

b) R**ole of governments**

The UK government, in its strategy: A Connected Society, has developed a methodology for dealing with loneliness that has three key aims:

* Improving evidence-based research on loneliness
* Embedding loneliness as a consideration across all government policies
* Raise public awareness of loneliness (p. 7)

The strategy recommends that local authorities have an important role in creating social programmes to combat loneliness. It also suggests that the voluntary and community sectors should watch out for lonely people and take active steps to include the most vulnerable. This initiative has led to local authorities’ involvement in combating loneliness (Local Government Association. UK. p. 9).

The NZ Minister of Finance, Hon. Grant Robertson explains that government prefers to wrap loneliness up within its wellness strategy. (TVNZ. Q&A. Robertson, G). In response, Walker (2019. Paras. 19-29) suggests that whether loneliness is seen a distinct issue or part of a government wellbeing strategy the following initiatives are suggested:

1. **Making sure people have enough money**. Chronic loneliness is linked to low income, material hardship and unemployment. Core benefit rates should rise.
2. **Close the digital divide**. Access to the Internet is essential in modern society. Two groups are less likely than others to have access: social housing tenants and people with disabilities.
3. **Help communities do their magic.** Many community groups and organisations are available to partner with government tp promote wellbeing and reduce loneliness.
4. **Create friendly sreets and neighbourhoods**. Much can be done by local authorities and communities to promote safe and friendly streets and neighbourhoods.
5. **Prioritise those already lonely**. A great deal of information exists about the groups at risk of experiencing prolonged loneliness.
6. **Invest in frontline mental health services**. The Covid-19 pandemic has had negative impacts on those at risk of serious mental health problems.

Potentially, cities provide spaces, facilities and opportunities for making social connections. Enjoying a social life does a great deal to improve wellbeing. It is important to acknowledge the social influence of both physical and social structures. Churchill (1943) said, “We shape the buildings; thereafter they shape us.”

Auckland’s central city lacks small open spaces. The commercial use of land is paramount. Even ground-level public spaces within some tower blocks that were created to offset increased building heights are not commonly known to be available to the general public. Overseas cities like Paris and Cadiz are known for the many pocket parks in their central cities. The writer has observed the people’s joy in using these small spaces for play (for children and adults), having lunch and meeting friends as well as using them as pedestrian routes to other streets.

Well known urban advocate, Jane Jacobs, recommended we should widen footpaths for greater public use such as children’s play, music, and seating for cafes. A lively street is more than a thoroughfare for vehicles. They represent real opportunires for the public to meet and enjoy their city.

At the city level many local authorities throughout the world have recognised the serious problem of loneliness. For example, Barcelona (para 6) has set the following strategy

“Offering face-to-face and virtual resources to provide guidance for people in relation to loneliness.

Raising awareness on loneliness and how it can affect people of any age, gender or origin.

Making city neighbourhoods into places for interaction, boosting accessible spaces and municipal programmes and services as a first line for detection.

Rethinking the city in terms of fighting loneliness, designing spaces and facilities to promote communication and collaboration between people.

Institutional networking with organisations and other cities to exchange knowledge and find solutions.

Reviewing protocols and internal organisational systems to make the necessary changes to enable new challenges relating to loneliness to be tackled.”

This city-wide strategy involves contributions from 150 representatives of community and professional groups and advice from a group of experts.

c) **The local community.**

Loneliness is often unseen and may not be regarded as a serious problem. With major events like flood and earthquake, the communities in Aotearoa/New Zealand are quick to react and support others badly affected. Some community organisations are trying to make a difference e.g. Age Concern, Loneliness Inc. A number of approaches are possible:

1. Volunteers visiting the lonely for a short stay but on a regular basis. This approach is a particularly useful service where lonely people are homebound.
2. At a personal level, we can all look out for our friends and neighbours. Simple acts of kindness make a big difference.
3. Creating a community where all are welcomed to participate in local activities such as sport, exercise, art and social gatherings. Community organisations could ensure the lonely are assisted (either physically and by providing useful information).

A common approach is for communities to use the asset-based community development (ABCD) approach. This is a positive approach to including all assets in the community (physical, land, cultural, environmental and social) in gathering and collating information. (McKnight & Kretzman). This information is mapped and community actions determined from the mapping. Such an approach might be preferred to a needs assessment that takes a deficit approach e.g. identifying what is lacking in the community.

1. **Discussion**

Cities are places where people meet and interact. Ideally, they potentially provide spaces, facilities and opportunities for making social connections. As such they offer many opportunities for social interaction that combats persistent loneliness.

Auckland Council has not recognised the damaging effects of loneliness as a community development priority. In a report relating to an age-friendly city (p. 54) mention was made of social inclusion and participation, but loneliness among older citizens was not covered and, hence, not seen as a significant issue.

Based on research carried out during and after the 2020 lockdown, it can be anticipated that loneliness will increase in percentage terms and seriousness with the current Delta lockdown in 2021.

It is highly likely that people living in Auckland’s city centre are highly vulnerable to perpetual loneliness and that this situation is exacerbated by the current Covid-19 lockdown. Apartment living presents physical limitations on social interactions and often neighbours may only meet one another in the lift. Apartment designs regularly neglect any recognition of people’s desire for social spaces.

Using the Walker reports, the following groups living in the city centre should be prioritised: people with disabilities, new migrants, people of Asian ethnicity and young people

An analysis of policies on loneliness is provided in the appendix to this report.

1. **Recommendation**

**It is recommended that the Community Development Department of Auckland Council should elevate loneliness as a significant issue and plan to establish a regional programme to alleviate the negative consequences of loneliness.** This should be carried out with the active participation of relevant not-for-profit organisations and other departments within Auckland Council.

As a trial, it is suggested that the Waitemata Local Board authorise its community engagement staff to establish a programme to combat loneliness in the city centre.

Appendix

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| What is the problem? | Loneliness is damaging to people in terms of their mental wellbeing. If prolonged, loneliness may grow into social isolation and stress, and be life-threatening. |
| Why is local government action needed? | Local government has a mandate in the Local Government Act to concern itself with the wellbeing of its citizens. Auckland Council is the only level of government that has a role at both the regional and local levels. It has appointed community development staff to assist with the process of dealing with serious social concerns. |
| What policy options would alleviate this problem? | Based on this research, there are three ways of focusing action:   1. Providing information to lonely people in the hope that they will be motivated to take their own action. 2. Through local citizens and community organisations, arranging voluntary visiting of isolated people. 3. Taking a broad approach to provide opportunities for people to become involved and participate in activities and events. This will require close contact with relevant community organisations. |
| What is the likely benefits of each option? | The likely benefits of these three approaches are:   1. Low benefits. Limited up-take of information. 2. High cost and high benefits for the housebound. This will require major community resources to link volunteers (who would be subject to police checks) with lonely citizens. 3. Medium to high benefits. The third would be a more positive approach and involve Auckland Council staff (Waitemata Local Board) and appropriate community organisations. |
| Who should be consulted and how? | Individuals and community groups and organisations in the Auckland central city area. Both individuals and organisations need to be consulted. |
| What is the best option from those considered? | Option (c). |

David Haigh has an MA in sociology. Before retirement he lectured at Unitec in the Department of Social Practice

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