Alone
Together

The risks of loneliness in Aotearoa
New Zealand following Covid-19 and
how public policy can help
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ABOUT THE
HELEN CLARK
FOUNDATION

The Helen Clark Foundation is an independent public policy think tank based in Tāmaki Makaurau Auckland, at the Auckland University of Technology. It is funded by members and donations. We advocate for ideas and encourage debate, we do not campaign for political parties or candidates. Launched in March 2019, the foundation issues research and discussion papers on a broad range of economic, social and environmental issues.

Our philosophy

New problems confront our society and our environment, both in Aotearoa New Zealand and internationally. Unacceptable levels of inequality persist. Women's interests remain underrepresented. Through new technology we are more connected than ever, yet loneliness is increasing, and civic engagement is declining. Environmental neglect continues despite greater awareness. We aim to address these issues in a manner consistent with the values of former New Zealand Prime Minister Helen Clark, who serves as our patron.

Our purpose

The Foundation publishes research that aims to contribute to a more just, sustainable and peaceful society. Our goal is to gather, interpret and communicate evidence in order to both diagnose the problems we face and propose new solutions to tackle them.

We welcome your support, please see our website helenclark.foundation for more information about getting involved.
ABOUT THE POST-PANDEMIC FUTURES SERIES

The world has changed around us, and as we work to rebuild our society and our economy we need a bold new direction for Aotearoa New Zealand. A new direction that builds a truly resilient economy and a fair labour market. A new direction that embraces environmental sustainability and provides for a just transition. A new direction that nurtures an independent and vibrant Kiwi cultural and media landscape. And a new direction that focuses on the wellbeing of all in society.

To get there, we need to shine a light on new ideas, new policies, and new ways of doing things. And we need vigorous and constructive debate. At the Helen Clark Foundation, we will do what we can to contribute with our series on Aotearoa New Zealand’s post-pandemic future. This is the first report in a series which will discuss policy challenges facing New Zealand due to the Covid-19 pandemic.

ABOUT WSP IN NEW ZEALAND

As one of the world’s leading professional service firms, WSP provides engineering, design and environmental services to clients in the Transport, Property & Buildings, Water, Environment and Power sectors, as well as offering project management and strategic advisory services. Our experts in Aotearoa New Zealand include engineers, advisors, technicians, scientists, architects, planners, surveyors and environmental specialists, as well as other design, program and construction management professionals. With approximately 48,000 experts globally, including 1,900 in Aotearoa New Zealand located across 40 regional offices, we are uniquely positioned to deliver future ready solutions, wherever our clients need us. See our website at wsp.com/nz.
ABOUT THIS PAPER – AUTHOR’S NOTE

This is the first paper in the Helen Clark Foundation’s Post-Pandemic Futures Series, and also the first report produced as part of our partnership with WSP New Zealand. Under the partnership, WSP sponsors me as a full-time researcher with the Foundation to produce evidence-based reports and insights to stimulate public debate and policy action. WSP also leverages its local and global experts across its extensive network to support the Foundation’s work.

As Deputy Director and WSP Fellow, I commenced my work in January with a project on urban road safety and sustainability and I was well underway with this when Aotearoa moved into Covid-19 Alert Level 4 in late March. With urban roads temporarily quiet, WSP and the Foundation quickly agreed to put this work on hold and I turned my attention to loneliness – already a topic we had marked out for future work, but now suddenly more pressing as New Zealand and the world stared down the barrel of an unknown period of enforced social isolation.

The initial result was two feature articles published on The Spinoff in April, one on the heightened risks of loneliness during the pandemic, and another on how public policy can help.1,2 Following the publication of these articles I extended my research and analysis and am now pleased to present the full results of my investigation in this report.

Urban road safety and sustainability remains a key issue in the post-Covid-19 context and will be the subject of our second report in partnership with WSP, also part of the Post-Pandemic Futures Series, later this year.

Holly Walker,
Deputy Director and WSP Fellow,
June 2020

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EXECUTIVE SUMMARY

We have all experienced the pang of loneliness, the painful feeling that occurs when one’s needs for meaningful connection are unmet. Short periods of loneliness are a normal part of the human experience, but when it is experienced consistently for a prolonged period, loneliness can have profound negative consequences for health and wellbeing.

Even before Covid-19, loneliness presented a significant public policy challenge in Aotearoa New Zealand. The Labour-led government had indicated that wellbeing was to be the driving force behind government decision-making and made it the centrepiece of Budget 2019. Loneliness intersects in complex ways with other wellbeing factors: in 2018 those more likely to experience chronic loneliness included people with low incomes, those who were unemployed, Māori, young people, and single parents – all groups whose wellbeing the government is seeking to improve.

The global outbreak of Covid-19 and associated lockdowns has significantly exacerbated the risks of loneliness, both during the immediate period of enforced isolation, and as communities transition out of isolation with new social distancing requirements and altered social norms. The risk has been heightened for everyone, but especially for those who were already more likely to feel profoundly lonely. Early indications are that the lockdown significantly increased rates of self-reported loneliness, particularly among these groups.

This report outlines the health and wellbeing risks posed by loneliness, describes those most likely to be negatively affected by loneliness in Aotearoa New Zealand, sketches the impact of the Level 4 lockdown on levels of loneliness, and recommends six key policy planks to enable social connection to thrive as Aotearoa New Zealand recovers from the economic and social shock of Covid-19.
Loneliness is clearly linked to income and employment status. Given the mass loss of both income and employment caused by Covid-19, ensuring people have stable, sufficient income and employment opportunities will be critical to buffer against the effects of not only economic recession, but also high levels of loneliness, isolation, and psychological distress.

- We recommend that the government implement an effective guaranteed minimum income for all New Zealanders to enable everyone to live with dignity.
- We recommend that the government further extend programmes and opportunities to help people to retrain and regain employment following job losses as a result of Covid-19.

Our reliance on digital technologies during the lockdown threw Aotearoa’s digital divide into stark relief. There are some 211,000 households with no internet access and many others without access to affordable data or Wi-Fi. In the 21st century, a suitable device with an affordable internet connection should be considered part of the baseline for social inclusion.

- We recommend that the government make the provision of high-speed internet access standard in all social housing tenancies.
- We recommend that the government make provision of internet access a standard intervention for all government-funded services and supports for disabled people.
- We recommend that the government work with community organisations, iwi authorities, and NGOs to further enable the provision of devices and internet connections to those in need, alongside making internet safety a core part of the school curriculum.

Close the digital divide

Community organisations provide day-to-day opportunities for social interaction and connection that can buffer against loneliness. In the post-Covid-19 environment, it is likely that philanthropic support for community organisations will be reduced. If communities are supported to identify and tackle the challenges they wish to solve collectively, enhanced relationships and a greater sense of belonging tend to occur as a result.

- We recommend that the government establish a substantial community-led development fund to which community organisations can apply to support self-identified collective goals following Covid-19.
- We recommend that the government boost funding for Whānau Ora to further enable Māori communities to identify and solve their own challenges including fostering whanaungatanga, connection and belonging following Covid-19.

Help communities do their magic

Make sure people have enough money
Create friendly streets and neighbourhoods

Communities thrive when people know their neighbours and feel a sense of belonging and connection. Thriving neighbourhoods require conscious planning to prioritise social wellbeing. Such developments prioritise walkability, social interaction, common space, easy access to parks and green space, and well-integrated links to public transport.

- We recommend that the government model best-practice urban planning for social goals with projects led by Kāinga Ora, and that it uses the upcoming government policy statement on housing and urban development to set clear expectations for how urban developments should prioritise social wellbeing.

- We recommend that central and local government work with public transport providers to improve the design of buses and trains to encourage positive social interaction while minimising dangerous enforced proximity.

Prioritise those already lonely

Even with stable incomes, equitable digital access, strong communities and well-designed neighbourhoods, some people will still experience debilitating loneliness, with potentially devastating impacts on their physical and mental health. Existing data helps us to identify those most likely to be experiencing chronic loneliness: people on very low incomes, those who are unemployed or have lost their jobs as a result of Covid-19, Māori, young people aged under 24, single parents, and some older people, particularly those living alone.

- We recommend that when making decisions about services to support and allocating public funding for further research, policy-makers prioritise targeted interventions to alleviate loneliness among those at greatest risk.

- We recommend that reducing loneliness is included as a key item in the Kia Kaha, Kia Māia, Kia Ora Aotearoa: Covid-19 psychosocial and mental wellbeing recovery plan, and in the workplan of the new Mental Health and Wellbeing Commission.

Invest in frontline mental health

The full impact of the Covid-19 pandemic on New Zealanders’ mental health will not be fully known for some time. As the immediate crisis recedes, we can expect to see an increase in people seeking help for depression, anxiety, PTSD and other mental health conditions. Budget 2019 committed $455m to the rollout of a new frontline mental health service. During the recovery and rebuild period, this new service will be even more important.

- We recommend that the government boost the new frontline mental health service’s funding and bring forward the date for its full implementation.

- We recommend that reducing loneliness is included as a key item in the Kia Kaha, Kia Māia, Kia Ora Aotearoa: Covid-19 psychosocial and mental wellbeing recovery plan, and in the workplan of the new Mental Health and Wellbeing Commission.
Loneliness is the painful feeling that occurs when one's needs for meaningful connection are unmet, often experienced as a distressing longing for others.

Defining loneliness

There are at least three main types of loneliness: emotional loneliness, related to the lack or loss of an intimate other; social loneliness, feeling unconnected to a wider social network, such as friends, family, and neighbours; and existential loneliness, related to a feeling of lacking meaning and purpose in life.

While related, loneliness and being alone are not the same thing. Someone can live alone and rarely see others, but feel no loneliness, either because they value and enjoy solitude, or because they are able to maintain supportive relationships in other ways such as online or on the phone. Similarly, someone can be constantly in the company of others but intensely lonely, such as a parent fully engaged with caring for children, but longing for the company of other adults, or an elderly person living communally in a care facility, but with only superficial relationships with carers and other residents. Loneliness can occur at any time and is experienced differently depending on the person’s needs and circumstances, though it does seem to be most prevalent during major life transitions such as leaving home for the first time, new parenthood, or retirement.

Under normal circumstances, there is only a weak correlation between social isolation and loneliness. However, the enforced social isolation and sudden loss of the latter social networks during the Level 4 lockdown put many people at greater risk of developing feelings of social loneliness. Those who lost loved ones to the virus (fortunately a small number in New Zealand, but still significant for those impacted)
and those whose loved ones died of other causes and who weren’t able to mourn in the usual way likely experienced heightened emotional loneliness. For many, loss of employment, uncertainty of income, and witnessing the distressing global impact of Covid-19 is also likely to have contributed increasing feelings of existential loneliness.

How New Zealanders experience loneliness

In 2017, some New Zealand researchers used data from the New Zealand Attitudes and Values Study to investigate how loneliness is experienced by New Zealanders, and whether differences in people’s experience of loneliness were related to certain wellbeing outcomes.3 They identified four categories or loneliness types, based on how people responded to the following statements: “I feel like an outsider” and “I know that people in my life value and accept me.”

At one end of the spectrum, the “high loneliness” group both felt like outsiders and did not think the people in their lives valued and accepted them. This was a small group of about 6 percent, but they experienced significantly worse self-reported health and wellbeing than the other groups. The majority, 58 percent, of respondents fell into the ‘low loneliness’ group, and they experienced the highest self-reported health and wellbeing compared to other groups.

Those who felt like outsiders, but nonetheless felt valued and accepted, had better well-being outcomes than those who were “superficially connected”, a group of people that felt they belonged in society as a whole but didn’t feel valued and respected by their contacts. This suggests that the quality of social relationships may be more important than the quantity.

Why loneliness can be life-threatening

Human beings are social animals. Our ancient ancestors lived in tribal groups and would have relied on those around them for survival (e.g. provision of food, protection from predators, care for the sick and elderly). Hence, to this day, perceiving ourselves to be ‘separated from the group’ can trigger an automatic threat response in the brain (e.g. “I am alone. I am at risk”) which activates a state of physical hyperarousal that is intended to help us manage immediate danger by making us more alert and poised for action. This is often known as the “fight, flight, or freeze” response, and is not intended to be maintained for long periods due to the stress it places on our body, over-activating various physical systems and not allowing time for us to adequately rest and recover. When we stay in this zone long-term, it can create hormonal imbalances, disrupt sleep

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duration and quality, and elevate feelings of panic and urgency, leaving us prone to anxiety and depression. These mental and physiological health risks can also reinforce each other – for example, lack of sleep contributing to worsening of depression and a weakened immune system – and thereby create a cycle of deteriorating health and wellbeing.4

Physiologically, these effects of loneliness can accrue over time to accelerate the process of ageing, such that those who report consistent feelings of loneliness are more likely to experience cardiovascular disease, high blood pressure, high cholesterol, dementia, and hormonal imbalances. Studies have found clear links between self-reported loneliness and increased morbidity and mortality, i.e. shortened life expectancy.5 For these reasons, loneliness presents a significant public health challenge.

Loneliness and wellbeing – which should we prioritise?

The Labour-led government has made wellbeing a priority, indicating that wellbeing should be the driving force behind government decision-making, and making it the centrepiece of the last two Budgets. While there is no single definition of wellbeing, it is understood that it refers to more than just the absence of negative factors: it is a positive, holistic state in which a person, family, whānau, or community can thrive.

A key aspect of wellbeing is what is known in Te Ao Māōri as whanaungatanga: relationships through familial connection, shared experiences, and working together which provides people with a sense of belonging. In English we might talk about family and social connectedness. Loneliness, or mokemoke, can be seen as the absence of such connections. As such, it is an important indicator to measure and understand.

Loneliness is tangible, because we have all experienced it at some stage in our lives and we know the distinct anguish it can cause. It is trackable, because we have an established measure of self-reported loneliness in the General Social Survey (GSS) that can be easily broken down to see how it impacts different groups. It is important – as we have already seen, it has significant public health implications. At least one other jurisdiction, the UK, has opted to make loneliness itself a key government priority with the introduction of a Minister for Loneliness in 2018 and the adoption of a national loneliness strategy.6

In preparing this report, we considered recommending that Aotearoa New Zealand adopt a similar national loneliness strategy. However, in our view, it is correct to focus government strategy on a holistic and positive vision of wellbeing. Wellbeing is more than just the absence of negative factors like loneliness; it takes in a wider range of factors, like health, housing, and human rights. A focus on holistic wellbeing is closer to a Te Ao Māōri understanding that the wellbeing of individuals, whānau, communities, society and the natural environment are interlinked and interdependent.7

A strategy just for reducing loneliness would risk focusing exclusively on one aspect of wellbeing at the expense of others.

However, if New Zealand is to achieve the stated goal of maximising wellbeing, we need to tackle loneliness head-on as part of that strategy, because loneliness intersects with wellbeing in complex ways and can have wide-ranging negative effects. To date, policies specifically to reduce loneliness have not featured as part of the government’s wellbeing response. In the post Covid-19 context, in which loneliness has become a significant challenge, this needs to change.

Our recommendations therefore focus on how to prioritise reducing loneliness within the existing overarching focus on wellbeing.

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In 2018, 3.5 percent of New Zealanders reported feeling lonely most or all of the time in the previous four weeks.

Who was most likely to feel lonely?

We are fortunate in New Zealand to have an established measure of self-reported loneliness in the General Social Survey (GSS – now incorporated as part of Stats NZ Wellbeing Statistics reporting). The GSS is undertaken every two years, and asks a representative sample of New Zealanders aged over 15 about a wide range of economic and social indicators, including how often they felt lonely in the previous four weeks.

In 2018, 3.5 percent of New Zealanders reported feeling lonely most or all of the time in the previous four weeks. A further 35.5 percent reported feeling lonely some or a little of the time, and 61 percent reported no feelings of loneliness. Rates of loneliness were relatively stable in the 2014, 2016 and 2018 surveys, with a small increase in 2016 reversing in 2018.

A closer examination of who was more likely to report feeling lonely in 2018 reveals that loneliness intersects significantly with other wellbeing factors. Those most likely to report feeling lonely most or all of the time included those who were unemployed (7.6 percent), Māori (6.3 percent), those with a household income of less than $30,000 (6.1 percent), single parents (6.1 percent), and young people aged 15-24 (5.8 percent) – all groups whose wellbeing the government is seeking to improve. In the following sections we delve more deeply into some of these factors.

Note: Data from the 2018 GSS breaks down the experience of loneliness by various factors including ethnicity, age, employment status, family structure and income, but not disability. This is a significant omission because many disabled people report feelings of loneliness, exclusion or a lack of belonging in both physical and social spaces (see http://www.dpa.org.nz/news/spaces-of-belonging). We acknowledge that disabled people are among those most likely to experience loneliness in Aotearoa.

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Loneliness, employment, and income

It is striking how closely loneliness was linked to employment status and household income. The group most likely overall to report feeling lonely in 2018 were people who were unemployed.

For many people, work provides more than just income. It can provide an important social network – friendship with colleagues, relationships with clients and customers, and crucial day to day interactions with others that buffer against social loneliness. For many, work is also an important source of personal identity and purpose, so that loss of employment can trigger feelings of purposelessness, or existential loneliness.

Employment of course also provides income, which itself is closely linked to loneliness. The lower your household income, the more likely you are to feel lonely. People in households earning under $30,000 were more than twice as likely to report feeling lonely most or all of the time than those in households earning more than $70,000. The group least likely of all to report feeling lonely in 2018 were individuals earning more than $70,000, with just 1.5 percent feeling lonely most or all of the time.

The close correlation between loneliness and low income is likely to occur because poverty
creates barriers that can hinder the formation and maintenance of social relationships, firstly through the pervasive toxic stress that it creates, and secondly through the lack of access to resources like free time to socialise, and funds for travel and recreational activities.9

The effect of poverty on loneliness is particularly pernicious because it can work both ways: as well as being more likely to feel lonely, the subjective experience of loneliness can also be worse for those with less access to material and social resources to buffer its negative effects. For example, during the Level 4 lockdown, those with reliable access to high speed internet may have felt the impact of loneliness less than those who could not easily connect via video calls with their loved ones, and those living in warm, comfortable homes with access to plentiful food and resources may have found it easier to cope with feelings of loneliness than those who could not afford or access these things.

Loneliness and household income (2018)

<table>
<thead>
<tr>
<th>Household Income</th>
<th>Most/all of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000 or less</td>
<td>6.1</td>
<td>16.8</td>
<td>25.4</td>
<td>51.7</td>
</tr>
<tr>
<td>$30,001 - $70,000</td>
<td>4.2</td>
<td>13.6</td>
<td>22.0</td>
<td>60.2</td>
</tr>
<tr>
<td>$70,001 - $100,000</td>
<td>2.7</td>
<td>14.1</td>
<td>22.9</td>
<td>60.2</td>
</tr>
<tr>
<td>$100,001 - $150,000</td>
<td>2.9</td>
<td>12.6</td>
<td>23.0</td>
<td>61.4</td>
</tr>
<tr>
<td>$150,001 or more</td>
<td>2.9</td>
<td>10.9</td>
<td>20.7</td>
<td>65.5</td>
</tr>
</tbody>
</table>

Loneliness and family structure

There are marked differences in the experience of loneliness depending on the type of household or family structure someone lives in. Couples without children are significantly less likely to experience loneliness than any other household type, while sole parents and those who live outside of a nuclear family (including those who live alone) are significantly more likely to feel lonely.

While these results suggest living alone is a significant risk factor for loneliness, the high rate of loneliness among sole parents also illustrate how loneliness and being alone are not necessarily correlated – even with children in the house, sole parents can feel very lonely. This suggests that part of an effective policy response to loneliness should include increased services and support for sole parents.

For those living alone, finding ways to encourage social interaction in the course of daily life, in public spaces, via community groups and services, in the design of streets and neighbourhoods, and through digital technology may be particularly important.

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Loneliness and age

Loneliness is strongly correlated with age. Young people in 2018 were significantly more likely to feel lonely than older people, with the risk decreasing with age.

Loneliness tends to coincide with periods of major life transition, and a series of significant transitions occurs for many young people between the ages of 15 and 24, including leaving school, starting work and/or study, and moving out of home for the first time. During this period, young people transition from childhood to adulthood, and while this can be a time of possibility and discovery, it can also be frightening, stressful, and a source of emotional upheaval.

It is sometimes posited that loneliness amongst young people is growing exponentially, or that there is an “epidemic” of loneliness in young people. However, there appears to have been little change in rates of loneliness amongst young people in New Zealand across the last three iterations of the GSS (as with overall rates, a small increase in 2016 appears to have reversed in 2018). Internationally, several meta-analyses looking at historical data across several generations have found that there is little evidence of increasing rates loneliness amongst young people over time – young people in previous generations felt similar levels of loneliness at the same age as young people do today.

Frequently the high incidence of loneliness among young people is linked to social media use, although the evidence on this topic seems to suggest that social media can either protect against loneliness or exacerbate it, depending on how it is used and experienced. It seems most likely that young adulthood is simply a vulnerable time for loneliness. Unhealthy patterns of social media and digital technology use may have an exacerbating effect on youth loneliness, but by the same token, these technologies can be a powerful tool for combatting loneliness, especially when they are used as tools to facilitate offline social interaction.
It is notable that rates of loneliness are lowest among older people, because anecdotal discussion and media coverage of loneliness very often tends to focus on this age group as being particularly at risk, as does a significant proportion of the academic literature on the topic of loneliness. Internationally, there is evidence that while loneliness decreases with age, it begins to increase again once people reach the age of 75. This also appears to be the case in New Zealand, though the overall numbers are still very small compared to other age groups. However, those in this age group who do experience chronic loneliness are at greater risk of ill-health as a result, meaning they are still an important group on whom to focus.  

Loneliness and ethnicity

There are striking differences in the experience of loneliness depending on ethnicity. European or Pākehā people were the least likely ethnicity to feel lonely, with rates just under those of the total population. Māori were among those most likely to report feeling lonely most or all of the time at 6.3 percent, although at the lesser levels (some or a little of the time) their experience of loneliness was less pronounced. People identifying as Asian, by contrast, were only slightly more likely than average to report feeling lonely most or all of the time at 4.3 percent, but were more likely to report feeling lonely some or a little of the time so that their overall rate of loneliness were higher than average. Pacific people reported low rates of loneliness across the board.

To some extent, these differences in the experience of loneliness by ethnicity may be explained by correlation with other risk factors; Māori for example have a younger age profile than the general population, and due to historical inequities and the legacy of colonisation are also more likely to experience low income and unemployment. However, on average these correlations also apply to Pacific people who nevertheless

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14 Ortiz-Ospina, “Is There a Loneliness Epidemic?”
reported lower overall rates of loneliness, and not to Asian people, who nevertheless reported higher overall rates of loneliness. It is therefore reasonable to conclude that there are other factors at play which could include cultural factors, the aforementioned negative impacts of colonisation and historical inequities on Māori, and the ongoing impacts of racism and unconscious bias on all ethnic minorities.

Unfortunately, there appears to have been little academic analysis of the relationship between loneliness and ethnicity in Aotearoa, aside from some studies among older people. This is something that should be remedied in future research and policy.

Meanwhile, government should prioritise working alongside diverse communities to support culturally appropriate and specific solutions to reducing loneliness. In the case of Māori this should be seen as part of the government’s responsibility to uphold Te Tiriti o Waitangi, and any specific policies or initiatives for Māori should be developed and delivered in partnership with whānau, hapū, and iwi. Whānau Ora is a good model for delivering government-funded but Māori-led services and supports.
WSP in the UK commissioned primary research in 2017 to better understand loneliness and its impacts, asking 1,000 Londoners how they felt about their lives, how regularly they socialised, and how well they knew their neighbours.

What presented were wide-ranging issues with complex causes and effects both behavioural and as a result of the environments in which we live. Three data points were included as a proxy for indicating social connectedness:

1. How often, if at all, do you meet socially with friends, relatives or work colleagues?
2. How many neighbours do you know the names of?
3. How many items have you borrowed from your neighbours in the past year?

One of the conclusions of the research was that if we fail to consider how the neighbourhoods and communities where we spend time affect us, we are missing a crucial opportunity for healthy, happy and more connected lives.

### HOW OFTEN, IF AT ALL, DO YOU MEET SOCIALLY WITH FRIENDS, RELATIVES OR WORK COLLEAGUES?

<table>
<thead>
<tr>
<th>Age</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>20%</td>
<td>23%</td>
<td>23%</td>
<td>21%</td>
<td>16%</td>
<td>16%</td>
</tr>
</tbody>
</table>

On behalf of WSP in the UK, ComRes interviewed 1,039 adults online between 11th - 17th January 2017. Data were weighted to be representative of all British adults by age, gender and region. ComRes is a member of the British Polling Council and abides by its rules.
How many neighbours do you know the names of?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

How many items have you borrowed from your neighbours in the past year?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

- None: 74%
- 1: 11%
- 2: 7%
- 3: 2%
- 4: 2%
- 5: 2%
- 6 or more: 2%
THE IMPACT OF COVID-19 AND THE LEVEL 4 LOCKDOWN

During the Level 4 lockdown, 10.6 percent of survey respondents said they had felt lonely most or all of the time in the previous four weeks. New Zealand entered Alert Level 4 lockdown on 25 March 2020, and remained there until 27 April. During the lockdown, everybody in New Zealand was instructed to stay at home in their “bubble” (i.e. see only the people they lived with) other than for essential personal movement. Recreational activity was restricted to the local area, travel was severely limited, all gatherings were cancelled and public venues closed, businesses were closed except for essential services, and educational facilities were shut. The risks of such a lockdown causing a spike in loneliness are clear: people were unable to see extended family or whānau, children and young people were unable to see their friends, people living alone were effectively isolated indefinitely, and many people lost jobs and income. Significant restrictions remained under Level 3, which lasted from 28 April until 12 May. Under Level 2 most social interaction was permitted to resume, schools re-opened, and many people returned to work. Level 1, representing a return to “normal” commenced on 11:59pm 8 June 2020.

Thanks to some quick-footed researchers at the Roy McKenzie Centre for the Study of Families and Children and the Institute of Governance and Policy Studies at Victoria University of Wellington, we have an idea of the immediate exacerbating impact of the Level 4 lockdown on loneliness, and of how this intersected with existing risk factors. Undertaken during the third week of the lockdown, the survey asked respondents various questions about their emotional wellbeing during the lockdown, including how often they had felt lonely in the previous four weeks. 10.6 percent said they had felt lonely most or all of the time. By contrast, the equivalent figure in the 2018 GSS was 3.5 percent. While the two surveys are not directly comparable due to sampling and survey construction differences, reading the lockdown

survey results alongside the 2018 GSS does suggest a significant increase in self-reported loneliness under lockdown conditions.

Same storm, different boats

*Note: this section presents some analysis of the impact of Level 4 lockdown on levels of loneliness among some of the groups identified in the 2018 GSS as being at greater risk, namely young people, low-income households, and those who had lost jobs or income as a result of Covid-19. We were not able to analyse the impact of the lockdown on levels of loneliness by ethnicity, the full range of ages, or other factors like gender, disability or family structure. This would be a fruitful area for future research.*

The results of the lockdown survey reveal that while overall rates of loneliness increased significantly across the total population in lockdown conditions, some groups who were already at greater risk of loneliness were disproportionately negatively affected.

During the lockdown, 20.8 percent of young people aged 18-24 reported feeling lonely most or all of the time, compared to 5.8 percent of young people aged 15-24 in the 2018 GSS. 20 percent of those with household incomes under $30,000 reported feeling lonely most or all of the time, compared with 6.1 percent in 2018. Unemployment remained a risk factor, with 19.2 percent of those who lost their job as a result of Covid-19 reporting feeling lonely most or all of the time during the lockdown.

Respondents who had experienced economic loss (i.e. job or income loss) as a result of Covid-19 reported significant increases in loneliness. Those most starkly affected were those already in low income households who then also experienced economic loss: a striking 30.7 percent of these people reported feeling lonely all or most of the time during the lockdown. It was not only those who lost their own job or income who reported greater levels of loneliness; people living in homes where their partner or another adult had experienced economic loss also reported high levels of loneliness.

Clearly, the Level 4 lockdown was a particularly acute time of social isolation, economic loss, and stress for many people. It is not surprising that levels of loneliness spiked dramatically during the lockdown, though the extent to which some groups were affected is striking.

These results confirm that income and employment status are critical risk factors for loneliness, and that Covid-19 had a significant negative impact on these factors. While social restrictions have subsequently eased and social interactions have regained some degree of normalcy, the impacts of economic loss are likely to continue for some time, and may continue to have an exacerbating effect on loneliness.
The researchers behind the lockdown survey conducted a follow-up survey at Alert Level 2 which will provide useful information about the ongoing impact; at the time of writing the results of this survey were not yet available. Likewise, the next GSS is due to be conducted in 2020 and reported in 2021. It will be important to track levels of self-reported loneliness in both the general population and in those groups previously more susceptible to determine the ongoing impact of Covid-19.
Even prior to the distress and disruption of Covid-19, loneliness posed a significant public policy challenge in Aotearoa New Zealand, particularly for a government committed to prioritising wellbeing.

Loneliness intersects with other wellbeing factors, so prioritising wellbeing requires investing in policies that allow social interaction to thrive. Prolonged loneliness also creates significant public health risks.

The Covid-19 crisis has thrust loneliness into greater prominence as a policy challenge with an extended period of enforced social isolation compounded by considerable loss of employment and income. It appears that the Level 4 lockdown contributed to a significant increase in self-reported loneliness, especially for those already at greater risk. Future analysis of loneliness trends will be important to determine the full impact of the Covid-19 crisis; in the meantime, policy to tackle loneliness head-on will be an important part of New Zealand’s recovery.

Ultimately, what works to reduce loneliness is more frequent and especially more meaningful social interactions with other people. What this looks like differs for everyone depending on culture, family, community, values, and preferences, so it is not something government ministers or agencies can easily influence directly.

What our leaders can do, though, is adopt policies that create the conditions that allow meaningful social interaction to flourish. What follows are six planks of an effective policy response to loneliness: make sure people have enough money, close the digital divide, help communities do their magic, create friendly streets and neighbourhoods, prioritise those already lonely, and invest in frontline mental health services. These policies will work best when they are developed and delivered in partnership with local authorities, community organisations, whānau, hapū, and iwi.
Make sure everyone has enough money

Loneliness is clearly linked to income: in 2018, people living in households earning less than $30,000 per year had more than double the rate of loneliness of those with a household income over $70,000. Loneliness was also strongly linked to employment status, with those unemployed more likely to report feeling lonely than those in work. These effects appear to have been amplified during the lockdown.

Given the mass loss of both income and employment caused by Covid-19, ensuring people have a stable, sufficient income will be critical to buffer against the effects of not only economic recession, but also high levels of loneliness, isolation, and psychological distress. It will be necessary for the government to continue to stabilise people’s incomes and create meaningful employment opportunities for some time. The immediate $25 weekly increase to core benefit rates and the 12-week special payment made available in June 2020 to those who had lost their jobs as a result of the crisis were a good start, although they also created equity issues between those who were already unemployed, and those who lost jobs as a result of Covid-19. The rate of sole parent support should be reviewed in light of the intersecting impacts on loneliness of both low income and being a sole parent.

We recommend that the government implement an effective guaranteed minimum income for all New Zealanders to enable everyone to live with dignity. We also recommend that the government further extend programmes and opportunities to help people to retrain and regain employment following job losses as a result of Covid-19.

Close the digital divide

The reliance on digital technology for essential work, school, and social interaction during the Level 4 lockdown brought Aotearoa’s digital divide into stark relief. Prior to the lockdown, 86 percent of New Zealand households had access to the internet, which meant there were still around 211,000 households with no internet access. During the lockdown, the Ministry of Education hastily distributed around 10,000 devices to help students access remote learning, but an internet-enabled device still requires...
One simple solution is to make the provision of high-speed internet access standard in all Housing New Zealand properties and social housing tenancies. A basic package could be wholly funded or subsidised (in the same way that the Winter Energy Payment acknowledges that access to adequate heating is essential). Likewise, many people with disabilities access government services and supports (or support from government-funded NGOs). Enabling internet access could be mandated as one of the key interventions for these services.

During and after the Covid-19 crisis, affordable internet access has become even more important to enable people to retain social connections. There was already a strong case that a suitable device with an affordable internet connection should be considered part of the baseline for social inclusion, in the same way that a landline with free local calling was a baseline last century; in the post-Covid-19 environment this is even more important.

We recommend that the government make the provision of high-speed internet access standard in all social housing tenancies.

We recommend that the government make provision of internet access a standard intervention for all government-funded services and supports for disabled people.

We recommend that the government work with community organisations, iwi authorities, and NGOs to further enable the provision of devices and internet connections to those in need, alongside making internet safety a core part of the school curriculum.

Help communities do their magic

Thousands of community groups, NGOs, marae, churches, cultural and sporting clubs, community centres, and membership organisations provide day-to-day opportunities for social interaction and connection that can buffer against loneliness. When these are at their best, they identify a need in their community and mobilise collectively to meet it, forging and maintaining social bonds between individuals, following proven principles of community-led development.

In the post-Covid-19 environment, it is likely that philanthropic support for community organisations will be reduced, meaning government support of community activities will be even more important. Budget 2020 recognised this with $36 million in grants for community groups to enhance the wellbeing of their local communities in the Covid-19 recovery period. An even more substantial community-led development fund to which a diverse range of groups and organisations could apply to solve self-identified community needs would be an effective tool to combat loneliness. Such a fund would not need to target loneliness or promote social connection specifically; success is more likely if communities are supported to identify the challenges they wish to tackle themselves. Enhanced relationships and a greater sense of belonging tend to occur as a result of such projects.

With reference to Māori communities in particular, Whānau Ora is an established model for delivering social support that starts from a Te Ao Māori worldview, puts family wellbeing at the centre of decision-making, and – while government-funded – operates at arm’s length from central government. It’s a good example of central government allowing whānau, hapū, iwi and Māori community organisations to identify and solve their own challenges rather than assuming that government agencies know best, in keeping with the principles of Te Tiriti o Waitangi. Consideration should be given to boosting funding for Whānau Ora to enable Māori communities to further foster whanaungatanga, connection and belonging.
We recommend that the government establish a substantial community-led development fund to which community organisations can apply to support self-identified collective goals following Covid-19.

We recommend that the government boost funding for Whānau Ora to further enable Māori communities to identify and solve their own challenges including fostering whanaungatanga, connection and belonging following Covid-19.

Create friendly streets and neighbourhoods

Communities thrive when people know their neighbours and feel a sense of belonging and connection. Streets and neighbourhoods can either encourage this, or actively discourage it. The more dangerous people perceive their street to be, the less likely they are to spend time outside and get to know their neighbours, whereas when streets are safe, open, and friendly to pedestrians and bicycles, people are much more likely to stop and chat, spend more time outside, and feel a sense of wellbeing and belonging.

Thriving neighbourhoods require conscious planning to prioritise social wellbeing. The conventional approach to urban development tends to start with traffic networks and flows, and design housing and business around those, with the result that car use remains dominant, and streets are not safe for walking or socialising. By contrast, developments can be planned with social goals at the centre. Such developments prioritise walkability, social interaction, common space, easy access to parks and green space, and well-integrated links to public transport.

The government has a significant tool at its disposal to ensure that social wellbeing is central to new urban development. Formed in October 2019, Kāinga Ora brought together Housing New Zealand and its development subsidiary Homes Land Community (HLC), along with the existing KiwiBuild unit, to form partnerships with developers, local and central government, and Māori in order to deliver new urban developments that support community needs. Work is underway to develop a government policy statement to set the outcomes that new housing and urban development projects must deliver. A clear policy on how urban developments should prioritise social wellbeing would have a far-reaching positive impact on our future neighbourhoods and communities.

Likewise, transport planning can have a big impact on people’s levels of loneliness and social wellbeing. For many people who experience loneliness, simply being out in the presence of other people is a significant salve, like the 33 percent of respondents in a UK poll who said they had deliberately caught the bus in order to have some human contact.

As people begin to return to public transport after Covid-19, the layout of buses and trains can be improved to both encourage social interaction and to minimise dangerous enforced proximity. Rather than packing people in like sardines, designs like L-shaped seating, armrests, increased spacing between seats, and small tables can encourage people to keep a comfortable distance from one another. Experiments show that when passengers enjoy a comfortable level of personal space, they’re more likely to initiate friendly social contact.

We recommend that the government model best-practice urban planning for social goals with projects led by Kāinga Ora, and that it uses the upcoming government policy statement on housing and urban development to set clear expectations for how urban developments should prioritise social wellbeing.

We recommend that central and local government work with public transport providers to improve the design of buses and trains to encourage positive social interaction while minimising dangerous enforced proximity.

How has the COVID-19 crisis affected your thinking about social connection in Māori communities?

It has highlighted the ability of our Māori communities to respond to and support our most vulnerable. We were able to mobilise quickly, and well, to ensure that everyone was cared for during this time. It also caused me to reflect on the resilience of our communities, and the immense potential of our papakāinga to sustain us during times of uncertainty.

What is papakāinga housing and how has the concept evolved over time?

Papakāinga is a contemporary term derived from ‘papa’ – short for Papatūānuku – and ‘kāinga’, the communal village environment. It has wider associations and connotations – a home that sustains us, and connects us to whānau and whenua through whakapapa. In a contemporary sense, this generally takes the form of housing, buildings for communal and commercial uses,
māra kai (food gardens), mahinga kai (food gathering areas), ngāhere regeneration, and shared outdoor areas for play and recreational purposes, configured in a way that supports and sustains community.

Stats NZ figures suggest Māori can be more affected by loneliness than non-Māori. How can papakāinga developments help to reduce loneliness and foster kinship and community?

Papakāinga is all about whānau. By living together on our ancestral whenua, we are in a better position to reinforce and strengthen our whānau / hapū structures, allowing for intergenerational living and intergenerational knowledge transfer, and mahitahi (working together), as well as strengthening our individual and collective identities. Ideally, a good balance between private, shared and communal space is achieved through masterplanning and design of whare. The inclusion of carefully considered shared buildings and outdoor areas, as well as the typology mix and configuration of housing in relation to each other is key to supporting positive household and whānau dynamics, as well as relationships with manuhiri (visitors).

The creation of the new Kāinga Ora Homes and Communities agency will change how Aotearoa builds social housing and plans urban environments. What would you like to see happen?

Delivered well, Kāinga Ora has the ability to facilitate the development of new – and the substantive transformation of existing – neighbourhoods to foster community, promote economic equality, strengthen sense of place relationships, and support cultural practices and preferences. The sustained and meaningful involvement of mana whenua as genuine partners under Te Tiriti o Waitangi is key to achieving this.

What are some kaupapa Māori design principles that you would like to see standard in future urban development projects?

In 2002, HNZC commissioned the production of a Māori housing design guide – Ki te hau kāinga – which was authored by Rau Hoskins and others. In 2014 an updated version was released. This document – although in need of a more comprehensive update – continues to be relevant. The design guide outlines a range of principles for the design of whare, including organising spaces in accordance with tapu and noa, ensuring passive surveillance and supervision of children, allowing for intergenerational living, accessibility for kaumātua / kuia and whānau with disabilities, and promoting positive interactions with manuhiri and between neighbours.

In 2019, Jacqueline Paul and I generated a framework for integrating Kaupapa Māori design principles into neighbourhood regeneration and new neighbourhood development projects, across a range of scales (neighbourhood, site and building). It is my hope that Kāinga Ora will adopt these or similar approaches to ensure mana whenua histories, narratives and aspirations are appropriately captured through design, that housing is culturally fit-for-purpose for Māori whānau, and that communities with strong ties to place and each other are facilitated through good design.
Prioritise those already lonely

Even with stable incomes, equitable digital access, strong communities and well-designed neighbourhoods, some people will still experience debilitating loneliness, with potentially devastating impacts on their physical and mental health.

Existing data helps us to identify those most likely to be experiencing chronic loneliness: people on very low incomes, those who are unemployed or have lost their jobs as a result of Covid-19, Māori, young people aged under 24, single parents, and some older people, particularly those living alone.

We recommend that when making decisions about services to support and allocating public funding for further research, policy-makers prioritise targeted interventions to alleviate loneliness among those at greatest risk.

WHAT WORKS?

Successful interventions to tackle loneliness among at-risk groups

Various interventions specifically to reduce loneliness among older or younger people have been tested in the academic context. In one international study, 235 people aged over 74 who lived at home and reported feeling lonely were randomly assigned to two groups. The treatment group met weekly with groups of seven or eight others and two professional facilitators to participate in group activities, art, exercise, or therapeutic writing. The control group received their usual community care. Those in the treatment group became more socially active, found new friends, and reported feeling a greater sense of being needed and valued. At a two year follow up, they had accessed fewer health services, reported better overall wellbeing and had a higher survival rate than the control group. In another study, young people with a pre-existing psychosis disorder were given access to an app delivering daily positive psychology content for six weeks and tested for levels of self-reported loneliness before, after, and three months after the study with positive results.

Several initiatives have sprung up specifically to tackle loneliness in the Covid-19 context in both Aotearoa and overseas. In Auckland, library staff during the Level 4 lockdown were redeployed to phone elderly residents to ensure they were connected with any services they might be entitled to or find helpful. In Taupō, youth health service Anamata Café set up Bubble2Bubble, a free counselling service for young people aged 12-24 feeling stressed or isolated. Councils and community organisations around the country worked quickly under pressure to set up similar services. In the US, Nod, an app designed pre-Covid-19 to combat loneliness amongst college students, was rapidly modified specifically for the pandemic and made freely available, with encouraging early results.
Invest in frontline mental health

The full impact of the Covid-19 pandemic on New Zealanders’ mental health will not be fully known for some time. As the immediate crisis recedes, we can expect to see an increase in people seeking help for depression, anxiety, PTSD and other mental health conditions as they work through the trauma the pandemic has created.

This will be a challenge to the health system, because even before Covid-19, access to free treatment services was very poor. Work was underway to address this: following the report of the inquiry into mental health and addiction in late 2018, the government had committed $455m in Budget 2019 to the rollout of a new frontline mental health service to put trained mental health workers in primary health clinics, iwi health providers, and other health providers. During the recovery and rebuild period, this new service will be even more important as an upsurge of demand is likely. As much as possible, the new service’s funding should be boosted and the date for its full implementation should be brought forward.

At the time of writing, the Ministry of Health is consulting the public on the development of the Kia Kaha, Kia Māia, Kia Ora Aotearoa: Covid-19 psychosocial and mental wellbeing recovery plan. Responding to the increased risks of loneliness in the post-Covid-19 environment should be a central part of this plan.

Another major plank of the government’s mental health strategy is the establishment of a new Mental Health and Wellbeing Commission. While legislation to establish the new Commission works its way through Parliament, an interim commission is in place and is expected to operate until early 2021. Part of its job is to develop a draft work programme, as well as a framework to monitor and report on the nation’s collective mental health. Responding to the mental health impact of Covid-19 must now be a key plank in its work programme, and its monitoring and reporting should include loneliness as a key variable.

We recommend that the government boost the new frontline mental health service’s funding and bring forward the date for its full implementation.

We also recommend that reducing loneliness is included as a key item in the Kia Kaha, Kia Māia, Kia Ora Aotearoa: Covid-19 psychosocial and mental wellbeing recovery plan, and in the workplan of the new Mental Health and Wellbeing Commission.