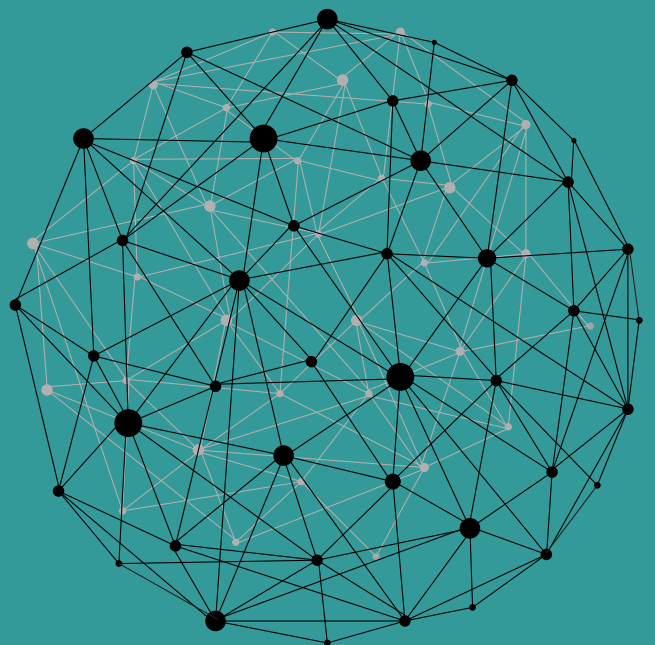# THE CENTRE FOR HEALTH

THE SOCIAL ISOLATION / SOCIAL CONNECTION SCOPING PROJECT

FINAL REPORT
April 2022

"...it's like any problem is not such a problem if it's shared...it's just knowing someone's there"

Acknowledgments

There are many that have contributed to the knowledge within this document, and we acknowledge the collective who gave of themselves to support a strengths-based approach talking about and understanding social isolation and therefore social connection. You all embody the essence of a flourishing community.

Ngā mihi mahana / warmest thanks to:

All participants who gave so generously of their time, thoughts and feelings

Caroline Dafoe and Agnes Peyron (Mums4Mums Charitable Trust)
Dipika Patel (BoP/Te Puke Migrant Indian Women's Group)
Rima Behere (Indian community)
Tina Zhang (NZ China Friendship Society Tauranga)
Kurt Cordice (Enigmatic Global)
Gill Gardner and board members (Western BoP Disability Support Trust)
Kathy Webb (SociaLink & Neighbourhood Support)
Haidee Kalirai, Jodie Robertson and Lisa McKinnon (Tauranga City Council)

Report prepared by Philippa Miskelly, Anna Rolleston & Marama McDonald
Manawaora / The Centre for Health

Manawaora / The Centre for Health Project Team:
Marama MacDonald (PhD), Research Fellow
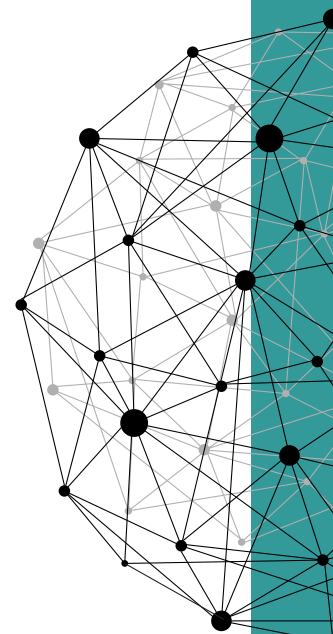Zirsha Wharemate (PhD), Researcher
Anna Rolleston (PhD), Managing Director
Erina Korohina (B.Sc.), Research Fellow
Maraea Walker (B.Soc.Sc.), Research Manager
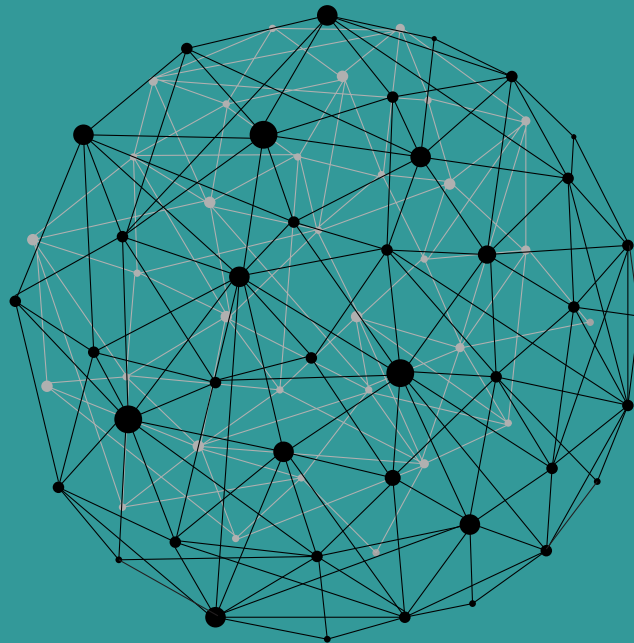Philippa Miskelly (PhD), Project Coordinator

www.thecentreforhealth.co.nz

Contents

Executive Summary

The Social Isolation / Social Connection Scoping Project was commissioned by Tauranga City Council. It directed Manawaora / The Centre for Health (MCH) to approach a number of sector groups within Tauranga to pinpoint drivers of social isolation and potential solutions. This report focuses on discussions held with individuals from four target groups identified through Vital Update Tauranga 2020 where social isolation was evident: kaumatua/older people (60+ years), rangatahi/young adults (16-24 years), migrants, and people living with disabilities. MCH established a project team to undertake study design, evaluation of relevant literature, development of an interview guide, participant recruitment and reporting strategies.

The scoping project used a kaupapa Māori philosophical approach for all participants. Qualitative methods underpin this study, ie: involving in-depth discussions with participants about particular topics. It was originally anticipated data would be collected by facilitating a number of hui with participants from the targeted groups. However, the advent of COVID and subsequent lockdowns or periods of mandatory isolation meant it was not always possible to get a number of people to meet at the same time. Therefore, the majority of interviews were either held one-on-one with an interviewer, in small groups of one or two people, or via Zoom. Recruitment was challenging for a number of reasons including COVID, finding so-called 'isolated' individuals, and cynicism from some sectors about the value of the study.

By-in-large findings revealed little evidence of chronic isolation or feelings of loneliness by participants interviewed. While many admitted to these feelings occurring, it was usually attributed to part of the ebb and flow of 'normal' life which can include the death of a spouse/partner, moving to Tauranga from another area within Aotearoa/New Zealand or migrating from overseas, and health status. Barriers such as English language ability, not being able to drive, cultural differences and visa status also can contribute to feelings of social dislocation. Support from a number of organisations such as Mums4Mums Charitable Trust, Multi-Cultural Tauranga, ethnic community facilitators, WBoP Disability Support Trust as well as Tauranga City Council's Welcoming Communities personnel, help mitigate feelings of loneliness and social isolation for some sectors of the Tauranga community.

Evidence from participants indicated few expectations around a role for Council in finding solutions for individuals who were feeling socially isolated or lonely. The majority of participants demonstrated personal agency if and when they felt they were lacking social connections through activities such as contacting family and friends, befriending neighbours, joining an exercise group or taking up a hobby or volunteering. However, there were a number of suggestions forthcoming which pointed to enhanced infrastructure such as bus routes and stops, community hubs, improved communication about local events and sponsored events to attract people together which have the potential to help develop and sustain social connections.

Key Recommendations

- **Foster a community-centric culture** within the Council whereby staff are encouraged and supported to genuinely learn from the community about its need
- **Detail local assets** by involving people from the four target communities to co-produce solutions to loneliness and social isolation.
- **Involve rangatahi/young adults** in event planning to support social connection activities.
- **Develop community information services** which aim to reach as many people as possible by using a variety of mediums.
- **Support development of community hubs** in **all** areas. Libraries and community halls could be used where available and appropriate.
- **Encourage libraries to provide language diverse books** and other resources reflective of the ethnic diversity of the area.
- **Facilitate 'good neighbour' events** to foster connection within neighbourhoods and local communities, for example street parties, neighbourhood market and sports days.
- **Clearly describe the different roles of local and central government,** health providers and so on to support migrant populations. Information about how to access agencies which can assist with aspects of daily living such as childcare and schooling, transport options and driver licence training and requirements, GP practice enrolment procedures, support agencies and so on should be included.
- **Co-development of public bus transport routes and stops** reflecting the needs of the local population. For example, a bus-stop on Cameron Road near Park Street to enable residents to better access medical and other professional services nearby.
  - **Support local community education/information days about bus services.** The aim being to provide residents, especially kaumatua/older people, with an opportunity to learn more about how to use buses which may engender confidence and encourage greater use of available services.
  - **Ensure bus services meet the needs of people living with disabilities,** such as wheelchair or walker access along with driver education to provide empathetic response to this sector of the community's use of public transport.
  - **Improve safety measures at Wharf Street Bus Depot** to ensure bus passenger safety.

Introduction

Humans are social beings who are born into and raised within environments which consist of social networks of varying sizes and complexities. For an individual to exist within these networks, social interaction is required and is therefore an integral part of human activity.

Social isolation occurs when individuals lack or experience limited contact with others. Lack of social connection can adversely impact people's mental and physical wellbeing and therefore their quality of life through aspects such as cognitive decline, symptoms of depression, diminished physical and motor function, disrupted sleep and daytime dysfunction. On the other hand, socially cohesive communities share a sense of belonging and collective behaviours which has positive implications for people's physical and mental status. When we consider Māori communities in New Zealand/ Aotearoa, their collectivist social system means that the social bonds, connections and relationships through whakapapa (genealogical) ties are integral to individual, family and community wellbeing.

Outlined in this report is an overview of how social isolation and loneliness can affect individuals compared to the benefits of a socially cohesive community. The report focuses on discussions held with individuals from four target groups identified through Vital Update Tauranga 2020; older people (60+ years), youth (16-24 years), migrants, and people living with disabilities, where social isolation was evident. Findings of the Scoping Social Isolation Project which is a partnership between Manawaora / The Centre for Health (MCH) and Tauranga City Council (TCC) are detailed.

What is meant by Social Isolation/Loneliness?

Social isolation and loneliness are terms often used interchangeably. However, while they represent similar concepts there are nuanced differences. Social isolation has been defined as "the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment)" (Zavaleta et. al 2017).

Social isolation is an objective concept relating to individuals either lacking contact with others (Laursen & Hartl 2013) or experiencing minimal contact or interactions with other people or social networks (Holt-Lunstad et. al, 2015). The lived reality of social isolation points to "a lack of relationships, not a lack of good relationships" (Laursen & Hartle 2013 p. 1262). Loneliness, on the other hand, is a more subjective experience occurring when a person feels alone or separated from others (Weiss 1973; Ernst & Cacioppo 1999). Weiss (1973) explains that individuals need to experience feelings of attachment, integration, nurturing, self-worth, steadfast alliances and guidance in order to have their social needs met. However, if these social needs remain unmet, then loneliness occurs (Laursen & Hartl 2013) which can produce feelings of sadness or distress (Parkhurst & Hopmeyer 1999).

Research points to approximately one in five adults now affected by social isolation (Elder & Retrum 2012) and this trend is increasing across age-groups (Gale et. al 2018; Statistics New Zealand 2014; Alspach 2013; Hall-Lande et. al 2007). Reasons are complex but include declining rates of social interaction within communities and fewer people affiliated to religious groups or participating in civic events. Paradoxically, the expansion and use of technology may also be a contributing factor.

The impact of social isolation is of concern to public health authorities because of its adverse effects on people's health and wellbeing, physically and cognitively, and concomitant quality of life (Cacioppo & Hawkley 2009; Tung et. al 2009). Studies also indicate "the subjective experience of loneliness can significantly contribute to premature death independently of other physical, behavioral, or psychological factors" (Alspach 2013).

The COVID-19 pandemic exacerbated social isolation because of lockdown/isolation requirements. Indications are that even once these have been eased many people will remain hesitant about mixing socially; this is especially significant for more marginalised populations such as older people or those living with chronic health conditions (Tung et. al, 2021). Older adults (60 years +) are considered to be at greater risk of serious illness, hospitalisations and death through COVID-19 and social isolation policies have been encouraged and even mandated throughout many jurisdictions in order to reduce the likelihood of virus transmission. However, some of these measures amplified feelings of social isolation and loneliness within this age-group (Hwang et. al 2020). However, it is not just older people or those with health conditions who have been affected by COVID-19 restrictions, research also points to young people and adolescents reporting high levels of loneliness during COVID-19 lockdowns (Loades et. al 2020). People with disabilities also had to deal with unforeseen risks during the pandemic such as potential health complications as well as disrupted access to transport, health-care and care and support services (Ipsen & Hall 2021). With many countries' borders shut during the pandemic and the inability to travel overseas or even within a country (due to lockdowns), migrants and people new to communities found themselves experiencing physical dislocation from family and friends who were living elsewhere. In some cases, support structures were lost thereby intensifying feelings of isolation and loneliness.
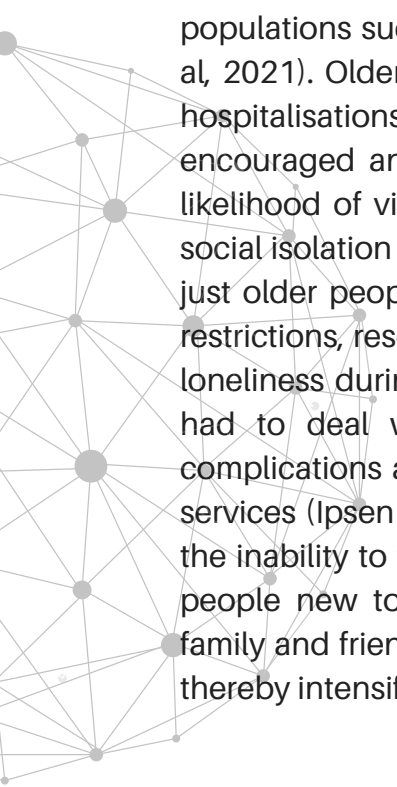
How does social isolation and loneliness affect people?

A lack of social connection affects people in a myriad of ways and as illustrated in the findings of Vital Update Tauranga 2020, often depends on age, physical and cognitive abilities, and the amount of time someone has lived in a community.

Kaumatua Māori/Older People (60+ years)

Older adults who experience loneliness and social isolation have been shown to have higher rates of poor health outcomes, both physically and cognitively, than those who are not lonely (Courtin & Knapp 2015; Theeke 2010; Luanaigh & Lawlor 2008). These poor health outcomes have been shown to be a precursor to conditions such as depression and cardiovascular disease as well as experiencing a diminished quality of life (Courtin & Knapp 2015). Chronically lonely individuals are less likely to undertake exercise, have poor diets and lose the inclination to make an effort to maintain friendships or interact with others generally. Two major factors in older people becoming socially isolated and lonely are physical deterioration and living alone after the death of a spouse/partner because it often results in people no longer having access to relationships with friends or loved ones they were happy to confide in (Victor & Bowling 2012). People can also become housebound, for instance, when they are no longer able to drive (Gardiner et. al 2018) and for older adults who are functionally dependent on family members or community support services for many of their daily living needs, feelings of vulnerability and isolation can be an ever-present concern in case there is disruption to their care (Hwang et. al 2020). An inability to use or have access to technology can also exacerbate feelings of isolation and loneliness, especially nowadays when more services, such as banking, are carried out on-line.

Rangatahi/Young people (16-24 year olds)

Adolescence is a time where young people undergo significant developmental changes, both physically and cognitively. These developmental changes can prove a catalyst for feelings of social isolation which can be interpreted as loneliness. As social experiences and interactions evolve and change, ideas about what loneliness is also alters because being physically isolated and feeling socially isolated are not one in the same (Laursen & Hartle 2013).

Research reveals that adolescent young people are more likely to identify with their peers and shift away from parental oversight (Laursen and Hartle 2013). Exploring relationships, activities, and value systems gives young people autonomy and a more defined sense of identity. It is a time where physical and hormonal changes can dominate a young person's existence. Relationships with parents can become fraught, romantic and peer relationships may falter and coming to terms with a changing body can result in some young people wanting to withdraw, which can lead to social isolation, loneliness and depression (Laursen & Hartle 2013). On the other hand, as a young person matures cognitively they can better understand the changing nature of relationships and develop an appreciation of being alone and therefore ideas about being socially isolated or lonely lessen (Laursen & Hartle 2013).

Studies also indicate that loneliness is strongly linked to depressive symptoms amongst girls whereas boys are more likely to experience elevated levels of social anxiety (Liu et. al 2020; Mak et. al 2018).

People living with disabilities

Living with a physical or intellectual disability can be isolating and lonely. For example, being able to easily access transport options can mean the difference between being enabled or disadvantaged when it comes to a person's ability to live independently, to be educated, employed and to be socially engaged (Ipsen & Hall 2021). Public transportation which easily accommodates wheelchairs and other mobility aids together with training programmes designed to improve transit drivers' improve empathy and understanding, can alleviate disabled people's reluctance to use such facilities (Remillard et. al 2022). Many people with intellectual disabilities do not have access to suitable transport which in turn limits opportunities for them to make contact with friends or other social networks (Bell & Clegg 2012). Having a home which meets the physical and psychological needs of a person living with disabilities helps remove stress and improve general well being (Greiman & Ravesloo, 2016). Although Bell and Clegg (2012) argue there can be an over-emphasis on encouraging intellectually disabled people to live independently and care for a home, as opposed to facilitating them to have strong social support structure.

Disabled people can be subjected to 'ableist' discriminatory attitudes such as eye-rolling or body language indicating a person shouldn't be using public transport or venues such as cafes, recreation facilities and so on (Remillard et. al 2022). Being confronted by such behaviours can mean people living with disabilities become withdrawn and feel less inclined to socialise or participate in community activities and events.

In terms of ameliorating the potential for people living with a disability to become isolated and lonely, access to technologies is one way which can assist and improve the functional ability and independence (Ipsen & Hall 2021). Further, living in communities which are supportive of environmental and social structures disabled people need can facilitate social connection and lessen the likelihood of loneliness (Hammel et. al 2015).

Migrants

The concept of loneliness and social isolation for migrant communities within New Zealand needs a cultural lens applicable to where migrants originate from, as opposed to a western perspective. Ozawa-de Silva and Michelle Parsons (2020 p. 617) describe loneliness as a concept which is:

> ...culturally viable and particular to place, implicating social practices, cultural expectations and experiences, and particular configurations of politics and violence. In a more specific sense, loneliness is tied to particular longed for landscapes and places populated not only by other humans, but also animals and things.

One such example is found in a Western-based assumption that having friends guards against loneliness whereas within Asian cultures, it is filial relationships which are more highly valued (Victor & Sullivan 2015). However, this does not necessarily mitigate feelings of social isolation and loneliness for migrant populations. Over the past three decades there has been an increasing trend of older people migrating, especially to countries such as Canada, United States of America, United Kingdom, Australia and New Zealand. Research shows that older migrants are prone to social isolation and loneliness due to cultural differences, family caregiving expectations, language barriers and discrimination (Lai et. al 2020; Morgan et. al 2020). Another increasing shift has been that of so-called astronaut families. This is where the head of the household remains in their country of origin while other family members move elsewhere, usually the wife and children. A study based in New Zealand found that 'astronaut' parents (usually female) were susceptible to loneliness and isolation because of lack of employment opportunities, language barriers, an inability to drive and having to be both 'mum and dad' (Aye & Guerin 2001).

What is meant by social connectedness / cohesion?

Defining what is meant by social connectedness and how to measure it is not straightforward. Much of the research literature incorporates findings from quantitative and qualitative studies investigating whether parameters such as support networks, frequency of social contact, trust in others, access to social resources, a sense of belonging, having a political voice and so on contribute to a more cohesive or connected social fabric (Zavalet, 2017). The Commission on the Measurement of Economic Performance and Social Progress (2008) stated that indicators to better gauge social connection should explore "social trust, social isolation, informal support, workplace engagement, religious engagement, and bridging social capital" (Zavaleta 2017 p. 376). On the other hand, the OECD (2011) argues social connectedness measures need to account for not just the range of different relationships people have, but the quality of those relationships and the impact of those relationships on employment opportunities, social support and so on. New Zealand's Social Report defines social connectedness as "the relationships that people have with others and the benefits these relationships can bring to the individual as well as to society" (New Zealand Ministry of Social Development 2010 p. 110).

Social cohesion, according to Kawachi & Subramanian (2007) comprises the degree to which there is:

connection between neighbours; a willingness by neighbours to work together for a common good; residents feeling as if they belong to the area; and the levels of trust shared amongst neighbours.

Such neighbourhoods tend to interact positively, sharing similar values and lacking social conflict (Kawachi & Berkman 2000). This type of environment along with locally based facilities such as parks, community centres, churches and local sports teams can directly influence and support increased physical activity, potentially improving the physical and mental wellbeing of residents (Cradock et. al 2009). Improving street connectivity by designing neighbourhoods to encourage mobility and access to public amenities, such as public transport, has also been shown to improve older adults' well being and feelings of social cohesion (Engel et. al 2016). Further, living in communities where residents feel safe has been shown to encourage social participation within neighbourhoods, particularly amongst older people who have been widowed (Nakagomi et. al 2020). An Australian study (Fong et. al 2021) evaluated a whole-of-community intervention (Neighbourhood Day) aimed at increasing residents' feelings of social identification with their particular neighbourhood. Activities included social gatherings within neighbourhoods, such as a street party, community-based games and/or meetings. Results showed participation in Neighbourhood Day increased sustainable neighbourhood identification, reducing feelings of loneliness and increasing social cohesion (Fong et. al 2021). While much of the literature points to positive outcomes when social cohesion is achieved, poorer socio-economic and disadvantaged communities are more likely to remain less connected (Fong et. al 2021; Kim et. al 2020).
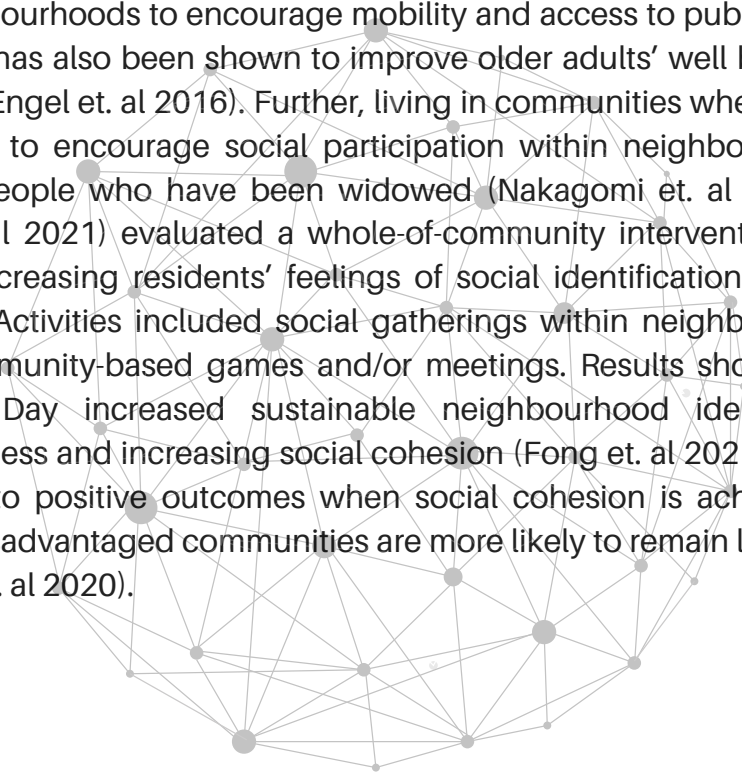
Methodology

In keeping with the main objectives of Vital Update 2020, TCC decided it was important to gain an in-depth understanding of what the drivers of social isolation/loneliness are within the Tauranga community by asking people from four key groups for their opinions. The scoping study facilitating discussions to find out:

- How connected do people/communities feel within Tauranga?
- What does isolation mean and look like for different communities within Tauranga?
- What causes people or communities to feel either socially connected or socially isolated?
- What ideas do people have that TCC could use to support engaging and connecting people to reduce feelings of social isolation?

MCH's work is underpinned by a kaupapa Māori approach. This means work programmes are developed utilising Māori philosophies and mātauranga (knowledge), and framed around concepts such as manaakitanga (hospitality, support and reciprocity), whānaungatanga (forming and maintaining relationships), rangatiratanga (autonomy and self-determination). Participants are encouraged to provide feedback about the information gathering and facilitation processes. The kaupapa Māori approach also requires dissemination of project findings to be fed back to all contributors in a manner that suits and represents them.

Scoping Project

A scoping study differs from a research study or a systematic review by way of its broad-brush less defined approach. Analysis of research and non-research material is employed to draw up key concepts followed by data gathering; collating, summarising and reporting of results (Anderson et. al 2008; Arksey & O'Malley 2005 & Levac et. al 2010). Reporting is by way of an overview of key findings as opposed to an in-depth interpretation of data linked to research literature.

Hui / Interviews

Discussions with participants as opposed to organisations was prioritised. However, brief discussions with representatives from the WBoP Disability Support Trust, Social Link and Neighbourhood Support, BOP Indian Women's Group, the New Zealand-China Friendship Society, Mums4Mums Charitable Trust and WBoP Global Ambassadors were undertaken in an effort to enlist potential participants for this project. This strategy had mixed success. MCH also utilised their own network of contacts to find participants and Haidee Kahliri (TCC's Diversity & Cultural Advisor) was instrumental in coordinating discussions with various sectors from the migrant community.

Feebback from Support Organisations

Some support organisations voiced a degree of cynicism about the scoping study because of previous experiences of TCC-led projects. The phrase "all hui and no doey" was used and encapsulated the disquiet relating to a perceived lack of communication and/or action following involvement in projects together with a weariness of bureaucracy-centered approaches as opposed to sector needs-based assessments. Despite reservations expressed about the value of the scoping study, all organisations offered to contact their members on MCH's behalf and circulate information about the project. This strategy was only partially successful in recruiting participants.

Impact of COVID-19

The original project brief included MCH facilitating a number of hui with participants. However, with the arrival of the Delta variant of COVID and subsequent lockdowns, the Omicron spread and ongoing restrictions, MCH found potential participants reluctant to gather in groups. Therefore, to ensure participant and researcher safety and 'comfort' MCH changed its recruitment strategy to reflect participant wishes. Several participants were happy to meet in small groups, others requested one-on-one discussions, and a number of hui were held on-line using Zoom. It was also noted in some cases potential participants became reluctant to take part in the project because of anxieties about COVID.
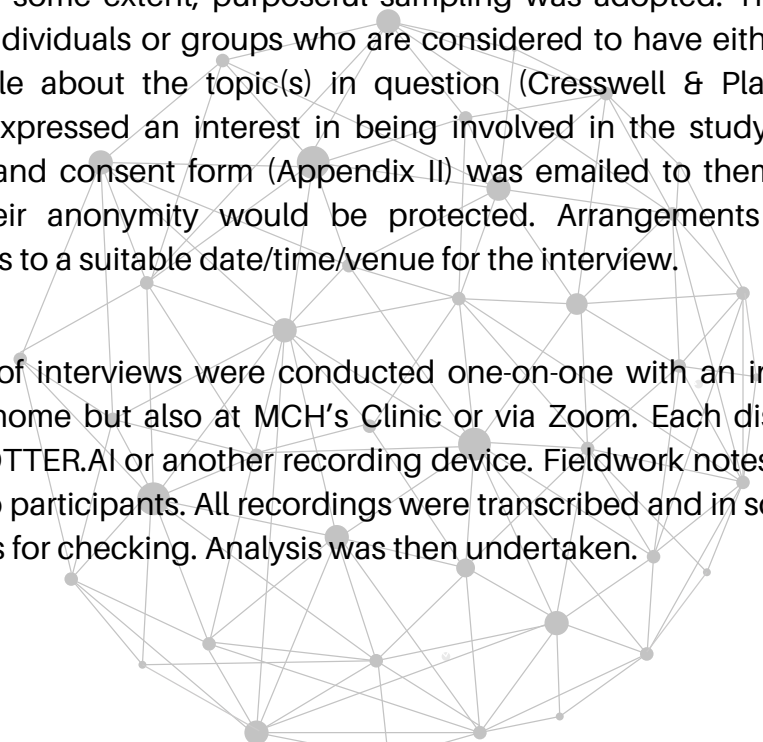
Recruitment

There is some irony in attempting to recruit participants for a study on social isolation and loneliness as it is feasible that such people are difficult to 'find', potentially reluctant to admit they are 'lonely,' or don't want to share their experiences with others. Therefore, because MCH uses a strengths-based approach to its work, it was considered important to obtain the viewpoints of people who felt isolated as well as those who did not. Participants were recruited via a number of methods: personal contacts, organisational approaches and emails and to some extent, purposeful sampling was adopted. This technique identifies and selects individuals or groups who are considered to have either experience of, or be knowledgeable about the topic(s) in question (Cresswell & Plano Clark 2011). Once participants expressed an interest in being involved in the study, an information sheet (Appendix I) and consent form (Appendix II) was emailed to them. All participants were reassured their anonymity would be protected. Arrangements were then made by interviewers as to a suitable date/time/venue for the interview.
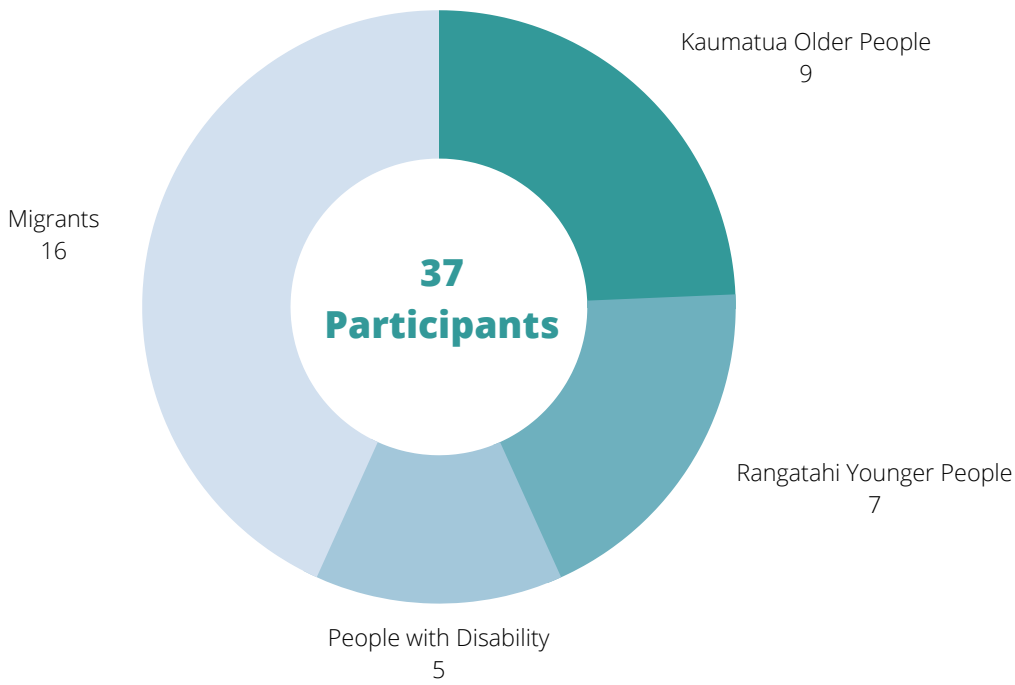
Interviews

The majority of interviews were conducted one-on-one with an interviewer, usually in a participant's home but also at MCH's Clinic or via Zoom. Each discussion was recorded using either OTTER.AI or another recording device. Fieldwork notes were also made. Koha was offered to participants. All recordings were transcribed and in some instances returned to participants for checking. Analysis was then undertaken.
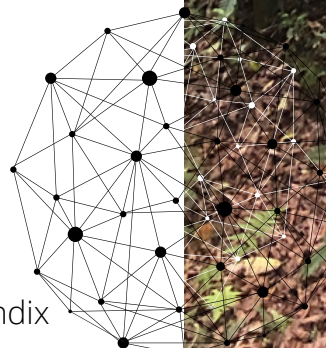
37 Participants

Kaumatua Older People
9

Rangatahi Younger People
7

People with Disability
5

Migrants
16

Ethnicity

Kaumatua

Pākeha
3

Māori
6

Rangatahi

Māori Samoan
1

Pākeha
1

Māori
5

Migrants

Brazilian
1

Nepalise
1

Chinese
1

Chinese Vietnamese
2

Indian
6

Filipino
2

Korean
1

Fijian Indian
2

People with disability

English
1

Māori
1

Pākeha
3

A full demographic description is provided within the appendix

Findings

Analysis

Following transcription two members of the project team systematically read and re-read all transcripts. Within the context of the project meaningful phrases and words were highlighted and coded. In this way certain themes became apparent and these are discussed in detail below. No names or specific details have been used in this report to protect the identity of participants. Participants' words have been used extensively in this section which privileges their 'real' voices and also honours their considerable contribution.

Themes about social isolation and loneliness and potential solutions were common across all participant groups. Therefore themes are presented in this section for the entire participant group. However, when analysing what the drivers of social isolation were, certain themes clearly related to participant categories and this is reflected in the mode of reporting.

What does social isolation mean in Tauranga?

Social isolation and loneliness looks different for different people. Participants from all communities interviewed described feeling lonely or isolated at times. These feelings appeared to be linked to specific life events, such as being widowed, migrating to Aotearoa/New Zealand, looking after young children as well as dealing with social anxieties or physical disabilities. However, despite the very visceral feelings being alone or isolated prompted, for the most part participants considered these a phase that would pass.

"It won't always be like this"

I have shut myself away. But that was through grieving, just with grief when I lost my husband. I just didn't want to...I just shut myself away even when there was a group of people [around]...so I know the feeling of loneliness... just curling up ...I knew I needed to snap out of it...I had to pull myself out of it. I'd go down the street...I'm handy to the Greeton shops and [it was helpful] to see people around. I didn't have to talk to them but I could have a look around and it helped me get over it.
(M, kaumatua/older participant)

"It won't always be like this"

What does social isolation mean in Tauranga?
Social isolation exists in Tauranga communities and looks and feels different for people. However, participants shared strategies they had developed or events which helped overcome these feelings.

I don't feel I have the time to be included in things as my kids keep me very busy and with things at home and if I get time for me I would like to sleep a little bit....It does make me feel lonely as in my country my mum would be there every second day or other day and I would have more time for myself...I do things that are close to home. I feel lonely because I put myself on at the end and my family comes... that it is just the moment, and it won't always be like this–so it is okay (DR, young migrant mother)
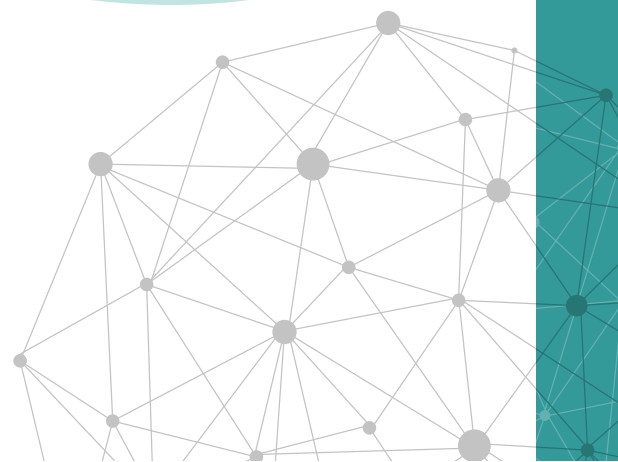
[I feel lonely] constantly...I've always had social anxiety... if I'm feeling anxious I usually just separate myself. Yeah. Or like some of the people I've met recently they understand it and so they just let me sit with them in my own little world, so I'm not on my own. (K, rangitahi/young adult]

*Very hard when I come to New Zealand....it was very lonely.....but now I have 10 grandchildren.
(P, Chinese older migrant)*

*Yeah, [I do feel lonely]...I enjoy my own company but it would be nice to have a connection every once in a while. I don't know a lot of people and I'm not friends with a lot of people. One of the issues I have is that I do value my own time probably more than the average person and so I probably don't make friends as easily as other people do. It can be tough when you're going into a new environment, and I find it difficult to connect and communicate with people really.
(G, disabled male)*

*Like sometimes everyone will be at the house and I still feel lonely. I don't know why... maybe just because I get homesick ... sometimes I like being left alone...but other times I don't like it... Sometimes I just do something that distracts me like...cleaning or watching movies...cause it keeps me busy [or] ...I go somewhere like either get some groceries or visit my boyfriend's sister to see the dogs.
(O, rangitahi/young adult)*

What are the drivers of social isolation?

Kaumatua Older People

The majority of kaumatua/older participants said they do not feel lonely or disconnected and appear pragmatic about the changes the ageing process brings: death of a spouse or a loved one, physical and cognitive decline, and a greater reliance on family or other agencies for support. Nearly all participants revealed the importance of family to them and the frustration and sadness of not being able to physically connect with those who have been living overseas during the COVID pandemic. However, health status, the ability to maintain relationships, transport and technology are all factors in how easy or otherwise it is for participants to remain socially connected.

Key Themes
- **Living alone, but not lonely**
- **Māori, grief and loneliness**
- **Being healthy supports connections**
- **Transport**
- **Technology**

Living alone, but not lonely

Older participants revealed that although many lived alone, they did not think of themselves as lonely or isolated. The majority had been widowed and were living by themselves, although a small number lived with either whānau/family, had a border or were in a retirement village. Connection with family was of prime importance to most, whether adult children were living nearby or not. Most participants made a real effort to be socially active. A few acknowledged they lacked social connection but did not see it as particularly problematic.

I don't believe I [feel lonely]. I don't think I do. But I do notice that because I don't get many visitors if I do get one I talk my head off.
(D, kaumatua/older person)

I am a people person. I do like to have people around. But now I'm on my own...because mainly I am kept busy doing things and I can come home and be quite content on my own. But if I was stuck like in during lockdown last year, that was hard.
(B, kaumatua/older person)

For me [connection to my church] it's everything. I've got my family which has been a great blessing to me [since husband dying] but yeah, I can't imagine my life without it really. I'm so grateful for it and how we're connected with so many people.
(K, kaumatua/older person)

...my whānau still live with me. My immediate whānau, my boys live with me. My siblings, they live around me just down the road, five minutes. And so do my extended whānau like aunties and uncles. We keep very, very connected.
(A, kaumatua/older person)

Māori, grief and loneliness

Māori participants talked about how their cultural beliefs were intimately linked to feelings of loneliness. This was because grief and loneliness relates to not only whānau or friends who have recently died, but also for those long passed.

…it's thinking about those that have passed [or]…someone that may be overseas and [you] haven't kind of seen them for a while…feeling sorry for yourself… …these days you can ring someone…one of the whanau to have a yarn and that makes you feel a bit better.
(B, kaumatua/older person)

I think overall in Māoridom loneliness is a big factor because we're so private. We're inclined not to show [grief]. I get very lonely but I don't want my kids to see me like that.
(C, kaumatua/older person)

Being healthy supports connections

Participants acknowledged that being healthy plays a huge part in their ability, or otherwise, to stay socially connected. Travel, keeping up recreational interests, staying in their own homes is all predicated on health and wellbeing. One participant spoke about making the decision to move from Katikati to Otumoetai several years ago because of her deteriorating eye-sight and the likelihood of losing her driver's licence. She said she was aware of two older women living nearby who appeared to have very constrained social contacts because of hearing and eye-sight problems.

[My neighbour] doesn't want to go out to lunch or things with people and I think it's because she can't hear what's going on…And if she wore hearing aids, she was open with me at first and when I mentioned it she said "I'd rather my son had the money"……there's another lady down the road. She's got very poor health…and I think she's lonely. But she's got her little dog…she's partially sighted so when she goes on the bus, she's got to have somebody with her.
*(B, kaumatua/older person)*

Waiting times to see a medical specialist were a frustration mentioned by some participants.

…I'm waiting to see a specialist… and I had to see the radiologist…the MRI showed the left side [of my heart] is working but the right hand side is pretty much buggered… so everything packed up, nothing was good. But my doctor says that the heart is out of shape apparently but with drugs they can get it back into shape again [laughs]… I don't know whether [things] can get back to where I was 12 months or even what was like a week ago.
(D, kaumatua/older person)

Well I stay in touch with a few friends from the exercise group I've been going to for years … but unfortunately I haven't been back since I had a fall because I don't know that I would keep up with them now because my shoulder's been quite bad. And I've got a while to wait before my appointment…I don't do much. To be quite honest, I don't do much at all. I'm not a very good morning person…I'm sort of just saying it takes me a while to deal with that sort of stuff…so I'm not you know, not much up and out… I don't walk now because… I've had three falls since I've been here… So it does stop me from doing anything much.
(V, kaumatua/older person)
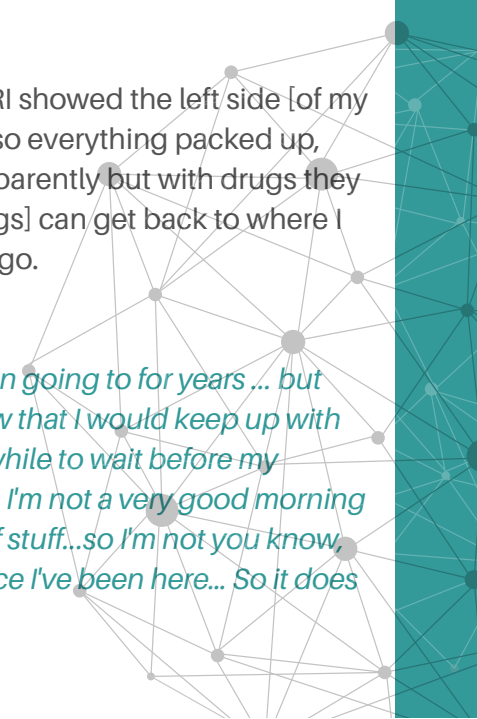
Transport

Very few participants interviewed use public transport, preferring their own vehicles. There was acknowledgement about the benefits of the Gold Card but most people said they were unsure of bus routes or how to find out about them. Convenience and safety were two issues mentioned about buses within Tauranga. Not being able to use their own cars was something that 'haunted' a few of the participants because of the anticipated loss of independence and becoming reliant on others. Not being able to easily access transport has the potential to limit social connection.

I would like a bus stop between Briscoes and where they turn off to Wharf street...they could do with the one at the top of the hill because there's lawyers and dentists and the Eye clinic... if you have a bus driver who won't drop you off you've got to go down to the center then catch a bus up the hill because there's no bus stop between Briscoes and the Depot. And that's a long way...[for] older people who have to climb that hill to go to Park Street and other places. I won't go down by the library after five o'clock. The wardens finish at 6.00pm. And so the wardens are away at six and when I was talking with the wardens, who are very chatty and friendly, they are saying Council in their wisdom decided that we weren't needed after six. So in my wisdom, I don't want to go down there
(B, kaumatua/older person)

I've got some good friends and [a close relative] at Copper Crest but the thing is, we're both getting to the stage where we really don't like driving too far from home...I've got my car. I've never used [public transport]...I'm thinking next year I might have to, that's my biggest worry at the moment.
(V, kaumatua/older person)

I've always felt I can get so much further in a car... [not being able to drive] is the one thing that does bother me.
(M, kaumatua/older person)

Technology

Technology is an integral part of contemporary societies and the ability to use it successfully is useful in keeping up social connections. Mobile phones, especially, were considered an essential means of communication. While some participants appear competent and accepting of technology, others have limited skills and knowledge.

Oh I couldn't do without my computer. I've got a computer, laptop, a phone which I use all the time and my tablet. I run a small computer group for people at Rebus who want to [learn about technology...and I've got to have internet banking as well, I couldn't be bothered going down to the bank now.
(M, kaumatua/older person)

Well for me on the phone or a laptop but I think a lot of people my age maybe don't use them.
(K, female kaumatua/older person)

Zoom is quite a big thing now for our whānau overseas like when we had karakia before and that's how we keep facial conferences and that sort of media.
(Speaker for, kaumatua/older person)
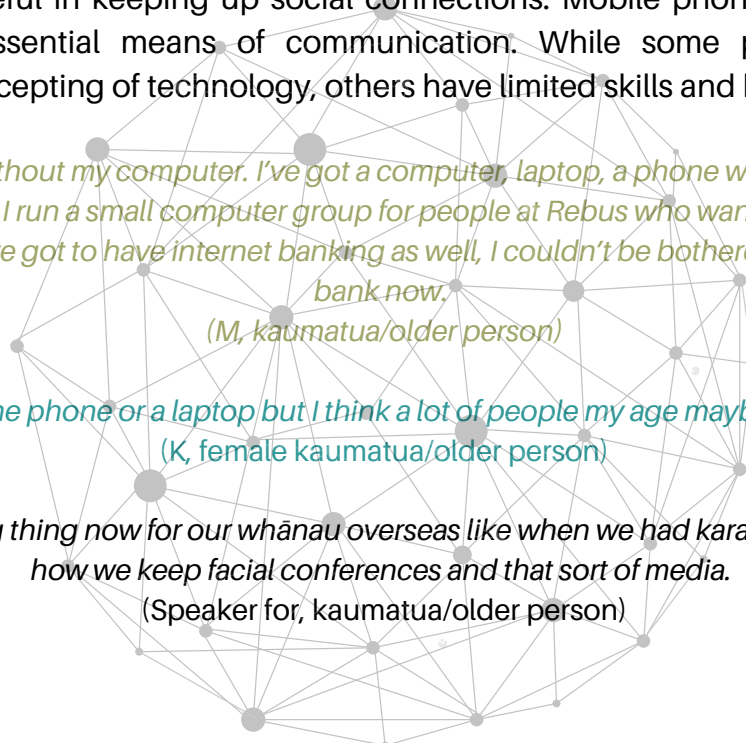
What are the drivers of social isolation?
Rangatahi Younger People

The majority of young people spoke positively about parental and wider whānau/family support and for some, a move away from home for educational or other opportunities invoked a sense of loss and isolation at certain times. Mental health was a factor which saw them being socially reclusive. The role of social media was both positive and negative; enabling contact with whānau/family and friends who were not close-by, but also creating at times a sense of 'missing out' on social connections as portrayed on-line. Developing a sense of purpose and self-awareness as well as insight into relationship dynamics is part of the maturing process and can help with establishing and maintaining social connections.

Key Themes
- **Living Away from home**
- **Growing up**
- **Mental Health**
- **Social Media**
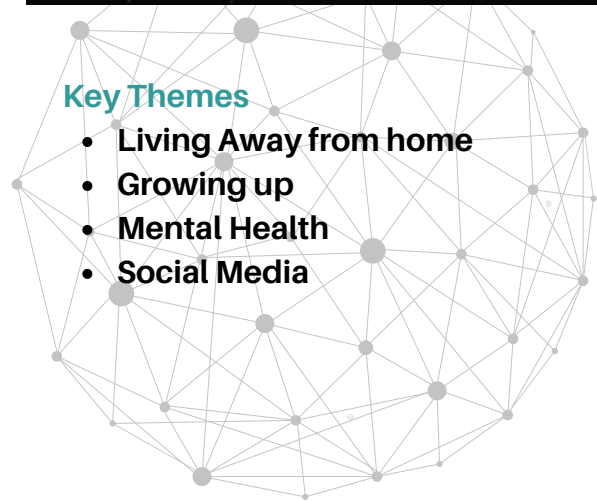
Living away from home

Living away from home, whānau, family and friends can act as a catalyst for rangitahi/young adults to feel socially disconnected. Forming new relationships in the midst of unfamiliar environments, such as workplaces, schools or tertiary institutions can be stress-inducing. Some participants said that withdrawing from social contact was one way to deal with such situations.

Moving [away from home was] very isolating and one of the worst points in my mental health...I worked for two interior designers and they were the only people I saw other than my flatmates who I didn't like...because I have learned I don't like living with people. It's just too hard. They don't do things the way I'd like it to be done. So I've learnt I will forever be living alone...my parents were worried about me...I realised I just was isolating myself even more [so I came home].
(K, rangitahi/young adult)

I think for the ones I don't live with like Mum and Dad and [uncle] they help re-ground me and like when I'm feeling homesick or something they remind me it's alright and I can always come home... living away from home and cause I don't really have any mates over here so it does get a bit hard.
(O, rangitahi/young adult)

Well they're family because you pretty much miss them I would say...and if you can't talk to them – it's not like you're losing contact with them but because they're your family you miss them because we haven't seen them for ages because of COVID.
(J, Filipino international student)

Growing Up

The maturation process can be an emotional one for young adults. Lacking direction or goals can be a driver of social isolation because it makes it difficult for a young person to connect with people who share common interests. Similarly, relying on some relationships to the detriment of others can also lead to isolation. However, maturity can bring insight and a deeper understanding of self and as some participants demonstrated, an appreciation of being alone without feeling lonely.

I used to [feel lonely] when I didn't really have a sense of direction or knew what I wanted to do with myself...yeah, I did feel lonely...I had no direction and guidance as to where I wanted to be...I grew up with people around me that couldn't teach me the things that I needed to be taught.
(T, rangitahi/young adult)

I think cause they know what my boyfriend is like...he just does his own thing and he will go off without saying anything and I will just be alone sometimes...I don't mind it sometimes but then at times you get a bit lonely and feel left out.
(O, rangitahi/young adult)

... at my old school I was always feeling left out and lonely, but I think I've learned over the years, I thought it was like their fault I blamed it on them, but over the years learning about myself and just hanging out with people that I like and I love and not hanging out with people just for the sake of like everyone so everyone thinks I have friends...I came to the realisation that it's me - I'm just different to them and I have to accept that I'm not gonna always fit into every group no matter if we've grown up together all our lives... you don't need to have a group to feel better.
(R, rangitahi/young adult)

Mental Health

A small number of participants spoke about struggles with their mental health and how coping strategies can include withdrawing from social contact or as described below, a person can be with a group of friends but not 'present'. One participant spoke of the lack of understanding and empathy that still exists within our communities towards people with mental illnesses.

I always feel lonely and left out...People shame people for being mentally ill. Like I feel embarrassed to say how I feel, because I know people that shame me for feeling like this... and I feel like there's nothing wrong with how you feel, it's normal...if you feel happy there's like an opposite...you can't feel happy without feeling sad.
(W, rangitahi/young adult)

I didn't know I had depression until lockdown and that's when I started opening up to Mum and then she called my doctor... I had a phone call and I went to see all these people, they just straight up say 'we think you have a type of depression'...[I have an uncle] he messages me all the time, do I want to catch up ...but I just always find the excuse to say no... I don't know, it's not that I can't be bothered, it's not that I don't want to do it. I just do it all at home.
(R, rangitahi/young adult)

The anxiety and the OCD I would have had since I was six. The depression during high school. So yeah, the anxiety has been part of my whole life...I'm very good at hiding it when I have it... I can just sit there silently but put a smile on my face and no one knows...I feel it's hard to explain because I want to be in quiet places, but I do still want to have people around me that I can keep in contact with and see often. I don't want to be completely isolated in the middle of nowhere... I think that's what a lot of mental health problems stem from because I like to control everything.
(K, rangitahi/young adult)

Some participants also recognised loneliness or social isolation in others which provided insight into the lives of young adults.

...it's when they [friends] start making up things... there's people who are lonely and sad who try to connect more with other people and then some who just distance themselves away... I have different approaches to all my mates because I know them well. So there's a couple of them who I would have to talk to before they would like, talk to other people, or actually want to start talking. And there's some you have to let them be just for a moment.
(T, rangitahi/young adult)

...it depends sometimes I have friends that will post about[being lonely] or I have friends that have just gone completely ghost, like, they aren't like on social media that much. Or if we're in person, I can pick up that kind of thing quite easily because I know that I do the same thing. It's like when you go quiet, when you walk back from the group a little bit.
(W, rangitahi/young adult)

Social Media
Social media is an intrinsic part of contemporary life, no more so than for young people. Participants talked about its benefits, especially during COVID lockdowns and the ability it gave them to stay in contact with whānau and friends. However, participants also mentioned it can be used as a vehicle to portray a view of life that is at odds with reality or to hide problems. It can also invoke feelings of exclusion and loneliness for young people who perceive they are missing out on social occasions.

...social media can help in ways like communicating...keeping in touch with friends...sometimes I feel that when you see people get together on Friday night...and they were all together and I was kind of wishing I was at home...I felt lonely again...You know the social media part, it's kind of when people say 'fake it 'till you make it' and some people could be posting a photo of themselves and saying it's a good day or something but really they are lonely and they are just trying to make themselves feel better... you want people to know you are alright but really you're not.
(O, rangitahi/young adult)

...social media...I think we're the same in that way, we never go out because for me I don't go out because I feel just anxious all the time about going out, because of other people. ...it's more like, oh my god I don't want to see this person... so that's why I don't go out, social media is like my going out.
(R, rangitahi/young adult)

What are the drivers of social isolation?
Migrant Community

The time migrant participants have spent living in Aotearoa/New Zealand ranges from a few short years to many decades. Reasons for immigrating are varied: refugee re-settlement, lifestyle, work and education opportunities, to be close to family who had moved to Aotearoa/New Zealand, and marriage. The majority of participants remain in close contact with family and friends from their home countries. A number of migrants have also moved to Tauranga from other parts of Aotearoa/New Zealand and they talked about the importance of keeping in touch with family and friends from their previous locations.

Key Themes
- **Contact with family & friends**
- **Language barriers**
- **Driving barriers**
- **Culture**

Participants from the migrant community described a range of circumstances making them feel isolated. These included not having family nearby or even living in Aotearoa/New Zealand, language and cultural barriers and not being able to drive

Contact with family & friends

Many participants described periods of feeling lonely and isolated and it appears that staying in contact with friends and family who live overseas or here in Aotearoa/New Zealand helps reduce feelings of isolation and loneliness and is intrinsic to their wellbeing. The COVID-19 pandemic has exacerbated feelings of isolation for some because it has meant they have either not been able to travel overseas to see family and friends, nor have friends and family been able to come to Aotearoa/New Zealand.

I do feel lonely at times as I don't have family members or extended family around. I used to travel overseas extensively and have been unable to do that. However, to compensate I work as a volunteer... and I like music, reading and gardening. It's when I don't have enough to do that I feel lonely.
(Indian older migrant)

do miss them a lot I guess but then I've got some family here as well and if I do miss them I literally just contact them...but it's still different than if you see them in person as opposed to on-line but because of COVID I can't really go home.
(Ja, Filipino student)

I was supposed to visit Korea at least once a year but due to COVID I've visited Korea once…but [now] it's better because I moved from a Kiwi homestay to a Korean homestay… they treat me like family and I don't feel so lonely…[but] no matter how my homestay try their best… my actual family's not replaceable… and sometimes when I'm sick or when I feel like there's no-one to rely on – which is not really true – but I think I feel lonely at those times.
(C, Korean student)

I do miss them a lot I guess but then I've got some family here as well and if I do miss them I literally just contact them…but it's still different than if you see them in person as opposed to on-line but because of COVID I can't really go home.
(Ja, Filipino student)

…because most of my friends are in Auckland still and with the lockdowns and the travel distance I don't have the closeness of friends in our home like we are used to. The couple of friends I have here are busy with work or school and so not able to visit or help with my son. I feel very alone. If I was in India I would have a lot of family around me – so this is quite a shock to me and hard to deal with at times.
(Si, young migrant mother)

Language Barriers

The majority of migrants interviewed demonstrated a high level of English speaking skills. However, a few struggled to learn English, despite living in Aotearoa/New Zealand for decades, and this seems to be a precursor to feelings of loneliness and a sense of dislocation from the wider community. Participants from the Indian community acknowledged that not being able to converse in the language of the country you live in makes life difficult.

…my parents can't speak English but when they go somewhere to buy something they sometimes use body language…and if somebody speaks to them and they can't understand, they will give me a call so I'm on the phone to translate for them…. Sometimes they feel [life here is] a bit barren. Like sometimes my parents are thinking this is no good, they can't speak English. If they travelled to other cities they're scared because they can't speak English. How would they cope?
(T, Chinese facilitator)

For a small number of participants their inability to clearly communicate in English is a constraint in maintaining relationships and potential social contacts. English language deficiency also means they are less likely to be aware of services and/or opportunities available, or lack confidence to contact people outside their own ethnic community.

I don't have language ability to reach out for services (R Indian older migrant)

….learning English….I'm not really talking English and I want something and my daughter at kindergarten she knew when I wanted something. (W, older Chinese migrant)

Through working and some people could talk Cantonese….and so for many years I go to work and people become friends…talking just a little bit [of English] but not too much. (W, older Chinese migrant)

The above glimpses of language difficulties contrast with migrants who were able to speak English. Employment opportunities, for example, provided an income, a sense of purpose and social contact.

I am quite busy with my work....my job is to look after the elderly people so I usually go to the people's home to help them with what they need.
(J, older Chinese migrant)

My husband and I worked in Tauranga for 15 years, mainly in the kiwifruit industry...We worked with people from all types of backgrounds and even although I'm retired now, I still keep in contact with some of my former colleagues.
(M, older Indian migrant)

A participant (Fijian Indian), who has lived in Aotearoa/New Zealand for 51 years, and until retirement worked in the health sector, said since moving to Tauranga from Auckland she has made a concerted effort to connect with neighbours and seek connections with the community. One of her neighbours encouraged her to join a craft group, which she is really enjoying and she also works as a volunteer for an aid agency.

Driving Barriers

Not being able to drive, or lacking confidence to drive, can be a social barrier as it means being reliant on public transport or the goodwill of family and friends. One migrant from India said he would use buses more frequently than he does but finds the Otumoetai routes not particularly "user-friendly". A woman from the Philippines said that most women in her home country don't know how to drive (they ride bikes) which leaves them unprepared for life in Aotearoa/New Zealand. She said, not being able to drive means:

...mostly our partners have to drive us. It's difficult. And they have their work so mostly we're in the house looking after our family....transport is a problem.
(J, young migrant mother)

Other comments alluded to the challenges not being able to drive presented, including lack of social connection and dependency.

I don't drive so I feel left out, unable to reach other communities and events in the town.
(R, older Indian migrant)

It was just me and my husband here alone with the babies and we were both full time workers...the twin babies were not that easy to take care of... I didn't drive or have a vehicle of my own so I could not get out of the house.
(Suk, young migrant mother)

I am good with driving here in Tauranga but my classes are in Rotorua and I am scared to drive that distance on those roads on my own. So [my husband] takes time off work to drive me there and home.
(Si, young migrant mother)

Culture

Another driver of loneliness and social isolation is culture. Moving from overseas to an environment which is not only physically different but culturally different can be challenging for migrants as they negotiate living in a country where so many aspects can be unfamiliar, for example: food, language, customs and traditions including gender roles, religion, support systems and so on. Having to learn and develop an understanding of Aotearoa/New Zealand culture requires patience, tenacity and a willingness to embrace 'difference' which many migrants can only hope is reciprocated by their host country and communities.

Participants did not disclose being subjected to overt prejudice however it was evident in some of their conversations. A Fijian Indian woman reflected on her family's experience many decades ago when their daughters became increasingly reluctant to take the lunches she made them to school because the girls were bullied about eating 'foreign' food. They requested she make them Kiwi-style lunches in order to fit in. She noted how things have changed because nowadays when her grandchildren take Indian food to school for lunch, their classmates are envious.

A Vietnamese-Chinese participant who migrated here over 40 years ago with her husband as part of a refugee resettlement programme said the Tauranga community was not welcoming when they first arrived. They did not know anyone but eventually made contacts through their attendance at a local church. Although both these participants had been employed and had brought up their family in Tauranga, their English language skills remain rudimentary and social connections are centred on family and friends within the wider Chinese community.

As outlined above, language is both a barrier and an enabler to social connection. International students talked about the camaraderie they experienced when mixing with people who shared their language and the international student persona,

...people who speak your own language because when we go to the Temple it's a completely different vibe and it really helps
(J, NZ-born Indian student)

I reckon it's being with people who are in the same circumstances as I'm in, for example international students because we can fully understand one another
(Ch, Korean student)

And you can kind of relate to one another even though you don't speak the same language... it's not like you've lost people [family], it's more like they're so far away from you and [the other students] they can feel that.
(Ja, Filipino student)
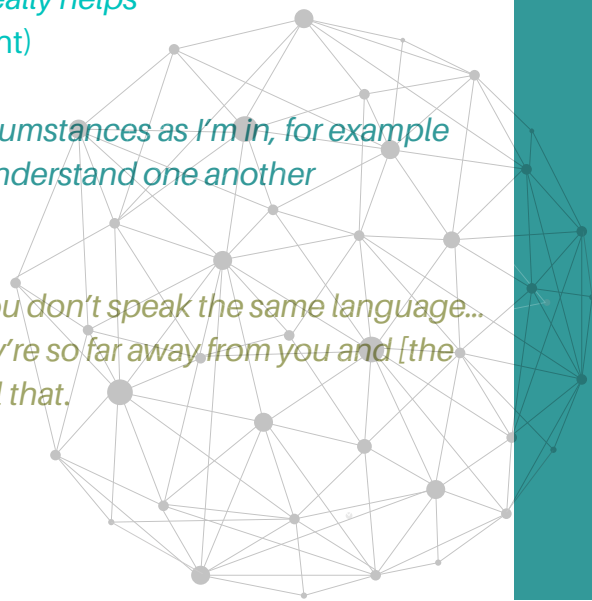
What are the drivers of social isolation?
People living with disabilities

Social isolation for participants living with a disability was by-in-large ameliorated by friends and family. Participants framed their responses not so much by their lack of social connection, instead focusing on the role supportive relationships played in their lives.

Supportive Relationships

Family and friends provide supportive relationships that mitigate feelings of loneliness and isolation. Social agencies and health providers were also points of contact enabling varying degrees of social interaction and support.

Key Themes
- **Supportive Relationships**
- **Making Friends**
- **Resilience and Independence**
- **Infrastructure**
- **Having a voice**

I didn't really have any close friends [when living in Melbourne]. Well I had a couple of close friends but they weren't living nearby and it was a lot harder. So I definitely don't take it for granted [now that I'm living in Tauranga with family close by]... if I had no-one, all my answers [to you] would have been so different.
(J, living with disability)

I live with my mother. And my sister, she lives in [a nearby town] but I don't see her that often...I don't really have a lot of close friends. I belong to an [interest] group...I'd call them friends but apart from that I don't have a lot of friends or close friends ...but the ones I've got [are important to me because].....my mother of course because I live with her and keep connected to her and to keep connected to my [other] friends...is important because we can discuss common interests...I do like my own space but it's also nice to have connection from time to time and it's really good to hear other people's views as well.
(G, living with disability)

I do live alone, I'm a widow, but I have a housemate although she's just temporary...I haven't felt lonely because I'm not that sort of a person. I'm quite an outgoing person...saying that though, there have been times particularly pre-COVID when I felt like I wanted to go and be amongst people so I would take myself down to Bayfair and get myself a coffee or go for a walk on the beach, or just put myself where people are. But no, I haven't felt lonely.
(L, living with disability)

Over the past year my daughter has lived here with her husband, they are building a home in Katikati [which they are moving into soon]...They've got their own lives to lead...having three granddaughters, they've wanted to come and stay as well...I've been very fortunate because my daughter...has done all the cooking and all my dinners for me.
(M, living with disability)

Making Friends

Although all participants spoke positively about their ability to make and retain social connections, some found it easier than others. Self-confidence is a factor as well as the reaction some participants experienced from the general public to their disability.

I probably don't make friends as easily as other people do. It can be tough when you're going into a new environment and I find it difficult to connect and communicate with people.
(G, living with disability)

[This woman's] seen me twice now and I've got my stick, the most recent time, she said, your legs are looking better today and the first time she said something like, oh, you've got swollen legs. And I just didn't like it. I thought, you don't know what I've got. .. [at times I've got to] get my head around who is going to see me?
(J, living with disability)

I didn't want to go somewhere where there were people and then I had to change because of the whole not getting help with the study... I did struggle for the first few months... I struggled to talk to anyone - so yeah, it took a long time to get comfortable with people around me... if I am going somewhere with people...I usually take a book so I can just sit down and read out of the way and if I want to talk to people, I can put it in my bag.
(K, living with disability)

Resilience and Independence

Despite some participants expressing times when they felt it challenging to keep socially connected, on the whole the interviews showed them to be resilient and determined to retain independence and autonomy over their lives.

I was a triathlete and then I got diagnosed [with MS] and realised I can't run and bike as well as I can swim...and got into ocean swimming a little bit...and then this winter I decided well I just wanted to carry on and I tried to recruit some more people and there were already quite a few swimmers that carried on in the winter...it's good; the cold, the social aspect and because each swim you do is like an adventure, and then you sort of have a bit of a chat afterwards and you're all on this weird kind of post-induced euphoric sort of situation. It's fun and it becomes addictive.
(J, living with disability)

The big thing for me...is belonging to this gym at the Mount. It's called Next Step New Zealand and it's a real community for people with disabilities... it's a marvelous place...it's just incredible.
(L, living with disabiity)

I just joined Parafed Bay of Plenty a couple of months ago...it's an organisation for Para-Olympic Sports... I [have had undiagnosed anxiety and depression but]...I've been studying which I could do from home. It's really worked out well for me.
(G, living with disability)

...you are able to do so much more than you can, you can push yourself a little bit further...if you know that you've got people around you that care...if I didn't have that I wouldn't be wanting to do as much or able to do as much...I might and want things to be easier.
(J, living with disability)

Infrastructure

One major driver of social isolation that people living with disabilities face on a daily basis is infrastructure: building design, lack of wheelchair-friendly facilities, the condition of pavements and walking tracks, access to recreation areas and public facilities, public transport, health and social supports. Participants described having to strategise their outings to ensure they wouldn't find themselves in compromising or embarrassing situations. For example, feeling physically unstable means using public transport is often not feasible which in turn can act as a constraining influence on a person's ability to get out and about thereby increasing the potential for limited opportunities to socially connect.

I ended up hating public transport [when living in Melbourne]. I didn't have a car so I had to use it and it actually kept me at home quite a lot. Because it was a decision - do I go outside and face it, or do I just stay at home? And it was so much easier to stay at home...I had quite a bit of a social anxiety thing going on. I don't like to be around people with my wobbliness and my stick.
(J, living with disability)

[When I first had peripheral neuropathy] it paralyzed me below the waist and I was in a wheelchair...I gradually got better and onto crutches and now I can walk around but not too far and it's difficult to stand still for long....I have problems with balance...it's not so easy for disabled people because you're talking about going to a physical place to meet with other people and there's all sorts of issues around that....actually getting there, finding the transport, finding parking, having what you need in terms of medication and other things on you while you're there.
(G, living with disability)

Because of my physical disability, I can't use public transport because it's too unstable. Walking in the aisles and running the risk of the bus driving off before I'm seated. So personal car only. And I meet people, either at my place or their place or at a cafe...I do quite a bit of that.
(L, living with disability)

I thought I would have my licence taken away but the stipulation was that I can only drive an automatic car and fortunately that's what I've got. But just lately I've preferred to be taken; I haven't felt very easy in the car because this hand sometimes gets stuck on the wheel... if girlfriends offer to take me I'll say yes please... I don't know quite what I'll do [if I can't drive]... I hate the thought of not driving but I may have to give it up.
(M, living with disability)

Access to buildings and other venues (both indoor and outdoor) can inhibit people's ability to join in community events or meet up with friends and family, or simply enjoy an outing by themselves.

...it's tricky because I have just learned which buildings or places are not friendly and I just don't go there, for example, when someone suggests let's go to a cafe then I will think what's it like, has it got a step? How well do I know the person? So all the ground level ones are fine, my first go-to is The General [at the Mount], but the ones with steps or awkward entries, like Dixie Browns, I can't go there...there's so many cafes within walking distance and I have to work out if it's close enough for me to walk or get my head around who's gonna see me? Or is it too short a distance to get in the car? (J, living with disability)

Having a voice

A number of participants spoke about factors which potentially impede social connection. For example, people from the disability sector being excluded during the initial planning stages of projects such as the building of public assets such as technology, transport and building infrastructure. When disabled people are not given opportunities to have a voice and be heard then facilities may be built which are inadequate for their needs.

We call for the right to be heard at the table, to be thought of when things happen...my point is government, central or local, as well as businesses to a degree, don't often think of the disabled community when they're creating new projects or designing new things, and it's actually really, really important because when you're talking about including people and making them feel included at the initial planning stages [of projects whether it be buildings, technology and so on]
(G, living with disability)

Timely access to health services can also be problematic for disabled people.

I've had problems. I knew something was happening to my left hand...it wasn't behaving properly...I was sent to a specialist at Tauranga Hospital...all sorts of tests and an MRI...it's gradually got worse and now I've practically lost the use of it so I'm waiting now to see a neurologist, that's been since October and I was told it was four months and I rang the other day to ask what's happening and was told 'sorry it's gone to about five months'.
(M, living with disability)

I've done the free counseling, but I now can't afford to see someone so I just yeah I don't because I can't afford it. It's very difficult. There are a few free places I could try and apply to but there's a very high chance that most of them would turn me down.
(K, living with disability)

How can Tauranga City Council support engaging and connecting people?

All participants were asked for ideas about what Tauranga City Council could do to improve social connection and reduce social isolation. A number of participants felt there was little need for the Council to do more and appeared relatively happy with the status quo; others, however offered a range of opinions as to the types of activities Council should support to aid a more cohesive and inclusive community.

Supporting Events & Entertainment

Young adults interviewed spoke of a need for the Council to support/fund entertainment. Comparisons were made with other centres, citing more events and things to do occurring in Wellington and Auckland, but not Tauranga.

Key Themes
- **Supporting Events & Entertainment**
- **Supporting Community Hubs Groups**
- **Supporting Specific Community Needs**
- **Supporting Community Communication**

Participants also spoke about educational events which would not only bring people together but inform them about possible careers, leisure activities and so on.

Not much happens in town for people my age. I was talking to my best friend about it…she was studying in Auckland where there's so much to do and places to go…Tauranga, if you go to town it's pretty much dead.
(K, rangitahi/young adult)

… before I came to Tauranga I used to live in Palmerston North and they had the youth centre in the city where all youths could use the facilities for free… they can play video games there, play pocket-ball, karaoke, guitar, every sort of board games, and sometimes school rented the place for a party.
(C, Korean international student)

… events, but like free events… where you know it doesn't really cost anything. ..they can show up and be given a wristband or something. Everyone's got a certain colour wristband and then you go and find another person with the same colour…you meet them and then you just hang out for the day… or [events] like the career expos and how they all have different things…[where] instead of actually looking around at it and seeing what they do, you're actually doing it.
(T, rangitahi/ young adult)

I think art's a big thing that can connect people. It gets people interacting and generally when people are doing art together they talk about things so easily and naturally.
(O rangitahi/young adult)

Participants viewed the centre of town as a dull place to be which did little to inspire people to meet and get together. Several participants suggested Council could be involved in the setting up and promoting of a 'funky' space within the CBD which would act as a drawcard for events, markets, public education venues and so on, encouraging people into the centre of town and in the process, enabling social connection and participation.

In Rotorua they do a night market, I don't know how often they do or even if they are still doing it [because of COVID], but it was really fun.
(J, Filipino international student)

I just think if Tauranga could keep somewhere like Our Place because the town should be trying to keep growing and opening…. [something like] Our Place, the container village, something funky like that. Not a mall because it doesn't have the atmosphere. It's got to be outdoorsy, slightly different and the containers worked for that… And if there was something like more markets..there's always markets over at Mount Maunganui and Papamoa… people are trying to buy locally made goods.
(K, rangitahi/young adult)

…get a group together, maybe they like drawing.. so now they can all draw together, or they can just do a big mural thing… or just get them out into the open, into nature. Yeah, maybe like going hunting or diving, fishing, or just sitting in the beach.
(T, rangitahi/young adult)

Supporting Community Hubs/Group

Participants across all categories talked about the importance of establishing neighbourhood community hubs which could utilise existing facilities such as libraries, or spur the Council to build community centres in areas which lack suitable infrastructure.

…like [some areas] don't have any place like a hall to do a meeting in the neighbourhood. They don't do anything in the neighbourhood and so it's difficult to connect with the neighbours and hard to get to know anyone.
(DR, young migrant mother)

I live in Gate Pa and I've always felt there was something missing probably… there's a community centre at Merivale but for people at Gate Pa that's a long walk or a short drive… somewhere where people can gather and talk… a place to gather where community groups could come together and events and that, bringing the community together.
(G, living with disabilities)
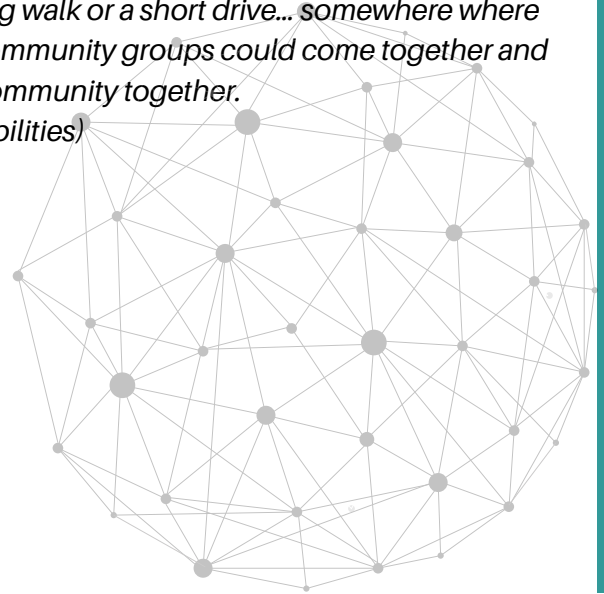
Making social connections when you are new to an area can be difficult. This is especially so for migrants who speak little English, have minimal understanding of Aotearoa/New Zealand culture, and have few friends or family to support them. Participants spoke about the need for community venues which would facilitate connections and social relationships.

...a place to find friends... It would be good to have a group for migrants, where different cultures can connect so they can talk and feel less lonely...[to have] someone in your community who can help you connect with other people when they've just arrived like a volunteer from your community who helps you... a group where you meet up, you could learn about what's available in the community, and also chat and make friends at the same time.
(Ja, migrant mother)

It would be good to find a way where ethnic communities and Kiwis can get together and share more of their culture and find things that are common.
(Su, migrant mother)

Supporting Specific Community Needs
Participants in this study indicated that some sections of the community would benefit from targeted local and central government assistance in order to improve their general wellbeing and potential participation in community life.

If I had the power and the money I would make a place or a project or programme for those who are socially vulnerable...I've seen heaps of homeless people who are isolated from society...and the thing they needed the most was for a community where they can be involved and rely on...[most] have a desire to rebuild their lives again or improve themselves and their life quality; they don't really have any community or group to support them which makes it way harder to do it.
(C, Koren international student)

Thinking in terms of young males I think they should be directed more specifically towards what they want to do because they tend to rebel more if they're not really getting where they want to get to. It's harder for younger males, especially Polynesians [because] they are stubborn and how much pride they have in terms of asking for help and stuff. ...they should be put into some types of groups together, they tend to thrive as a pack rather than individually...they love to work in a team. So something like sports...other activities or programmes they could do like that.
(T, rangitahi/young adult)

Access to adequate and timely health-care is also a problem for people who are disadvantaged, such as those who are elderly, infirmed/disabled, semi-literate and in need of community housing accommodation. One person working in such an institution said the current bureaucratic system within health and other social sectors inhibits a better understanding of these people's needs as well as the ability to respond compassionately with measures to make their lives more socially meaningful
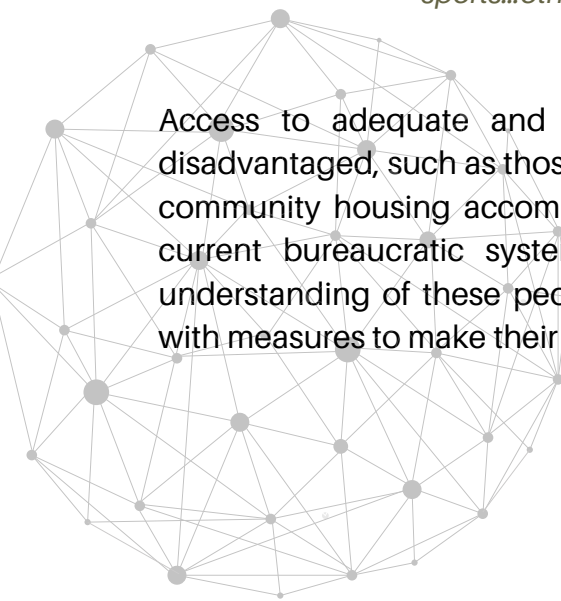
...just because they grow old doesn't mean to say [they should be] out of sight or out of mind. But they actually are... it's not so much the city council, but if they correlate it with the government departments and [work to make the system simpler and more straightforward]... [a lot of the people living here] don't understand [bureaucracy] and they're afraid...but in simple terms they still need support because lot of them lock themselves away. And they die here alone most of the time...I think a lot of those people in high places ignore them, thinking [the so-called problem] will go away, but it never goes away. If they want to make the world a better place then don't judge them. Help them any way you can.
(V, working with older/disadvantaged people)

Supporting Community Communication
Not knowing what was happening in Tauranga and surrounding areas can hinder community engagement. A couple of participants spoke about the benefits of their virtual community which is set up via a Facebook page. This acts as a conduit between people, keeping the local community up-to-date with what's happening in their area.

I'm living in the Lakes and we've got a page for those living [here]... and we keep updating. So if someone lost a car-key it's updated on the page and it's very helpful and makes it feel like one community.
(C, international student)

Like in our street [in Papamoa]we have a Facebook page and everyone's on that and if we need anything or there's any trouble we just go onto that page and 'talk' to our neighbours.
(Ja, NZ born international student)

A number of participants expressed a willingness to be involved in projects Council might embark on which would encourage social participation. A lack of awareness about what is currently available within the social services sphere and the role Council currently plays in providing such support is evident and some participants suggested multi-media advertising would benefit the community at large.

Discussion

Participants in this scoping study were asked to consider two main questions: first, what they thought the drivers of social isolation and loneliness were and second, what were the things they thought the city council could do to enable and improve social connectedness within the Tauranga community to reduce social isolation and loneliness?
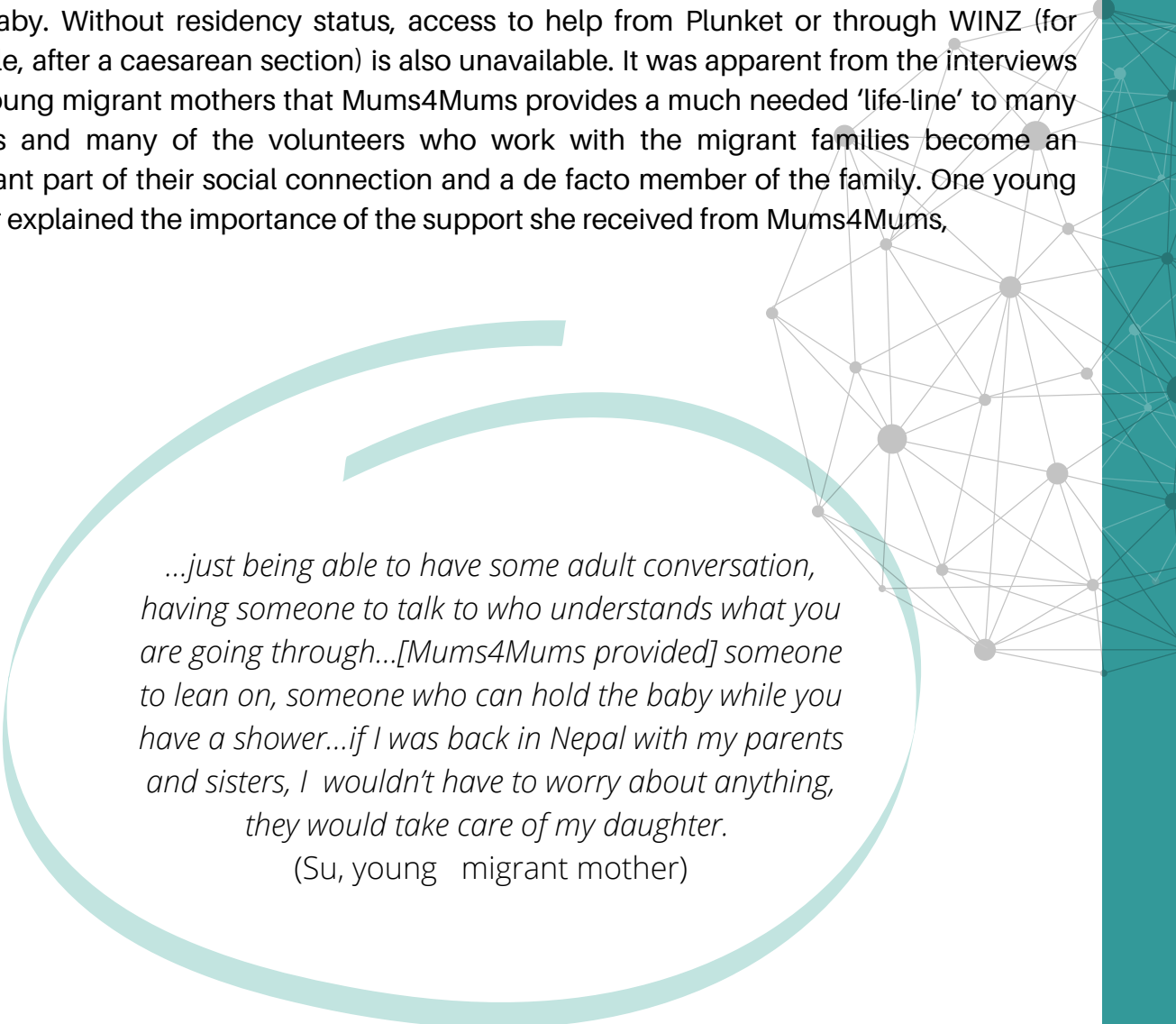
Participant responses about the drivers of social isolation were generally pragmatic and while a few admitted to periods of loneliness or social isolation, the overall feedback did not paint a picture of chronic ongoing distress or a lack of social connectedness. The findings reveal for the most part, participants were of the view that the responsibility for overcoming feelings of isolation or loneliness lay with the individual. For example, one of the global ambassadors interviewed said she thought her mother's advice to *"get your mind on something, get busy, start a new hobby, learn something new"* was a useful perspective if people were feeling lonely or isolated as it meant adopting an outward rather than inward perspective. There was little expectation voiced by participants that loneliness or social isolation was either TCC's or someone else's 'problem' to solve. This personal ownership was demonstrated in a myriad of ways: maintaining connection with family and friends; joining interest groups such as sports clubs, gyms, fitness and exercise forums; taking up hobbies (embroidery, garden clubs, card games and art were among some of the activities mentioned); belonging to a church, youth or support groups, or meeting up regularly with friends to go to the movies, a cafe or restaurant. Many participants also spoke about their concerted efforts to make new friends, whether by joining a group or getting to know people living in their neighbourhood. Some made new friends and connections by default through their employment or school-aged children and meeting other parents.

The scoping study findings do reveal levels of potentially sustained loneliness in two of the four groups interviewed: migrants and rangatahi/young adults. The majority of older migrants voiced few concerns about being lonely or isolated. However, the situation for many of the young mothers was different because they were relatively new arrivals to Tauranga and therefore had not had time to make friends or social connections. Few had family in Aotearoa/New Zealand and if they did, in the main they lived some distance away from them. With the advent of a young baby and being relatively 'housebound', their ability to connect with people outside their domestic realm was constrained, especially for those who either didn't know how to drive or were nervous about venturing too far afield because they lacked experience of driving in Aotearoa/New Zealand. Mention was also made of women living in rural areas with little or no access to transport and the loneliness and isolation they experienced. It appeared all of the young mothers interviewed had supportive partners but because they were working it meant considerable time alone in the home caring for young children.

These women spoke about family support they could have expected if they had remained in their home countries. In some cases, because of the restrictions on international travel imposed by the COVID-19 pandemic, families who may have flown to Aotearoa/New Zealand to help them were unable to do so and similarly, people could not leave the country either to visit family overseas.

Mums4Mums is a charitable trust which provides in-home support for young mothers and their babies. Families are referred through family or friends, the District Health Board, Plunket, or self-referrals. Volunteers are available for between 6-12 weeks, and the need for ongoing support is reviewed at the end of this period. This support is available to New Zealand/Aotearoa residents as well as those who do not have residency (such as people on Work Visas only). Migrant families who do not have permanent resident status or citizenship find themselves not entitled to maternity leave, which means if a woman's partner is here on a Work Visa, he would have to take unpaid leave to help after the birth of their baby. Without residency status, access to help from Plunket or through WINZ (for example, after a caesarean section) is also unavailable. It was apparent from the interviews with young migrant mothers that Mums4Mums provides a much needed 'life-line' to many families and many of the volunteers who work with the migrant families become an important part of their social connection and a de facto member of the family. One young mother explained the importance of the support she received from Mums4Mums,

...just being able to have some adult conversation, having someone to talk to who understands what you are going through...[Mums4Mums provided] someone to lean on, someone who can hold the baby while you have a shower...if I was back in Nepal with my parents and sisters, I wouldn't have to worry about anything, they would take care of my daughter.
(Su, young   migrant mother)

Another aspect revealed through the interviews with migrant mothers and the Mums4Mums facilitators was a lack of awareness by many of the young women about what facilities and activities were available, for example play groups, music groups and so on. If information about such groups or events was provided to migrants it was felt migrants would be encouraged to use them. It seems that even if such information is currently available, many migrants are not accessing it because they do not know it exists. Having a key contact to inform migrants about websites or other information portals would be of benefit.

Similarly, a number of older migrants spoke about the benefits they received from belonging to Multicultural Tauranga where they were able to connect with people from their own ethnic backgrounds as well as from other countries. This connection helped them to development networks and friendships.

A number of the rangitahi/young adults interviewed expressed feelings of loneliness and lack of social connection. Reasons were varied and included living away from home, often for education purposes, or general feelings of disconnection from those around them. Mental health problems such as social anxiety and depression affected several participants. One young woman described strategies she had developed to cope with situations and environments where she felt anxious. Two young women who experienced bouts of depression talked about the close bond they had formed which meant they could share their experiences of depression with each other. Despite this they appeared somewhat reluctant to connect with people face-to-face, preferring to use social media to message or chat. As Laursen and Hartle's (2013) research indicates, young adulthood is a time of change physically, cognitively and emotionally. It is also a time of exploration where family dynamics and relationships in general are tested. As young people mature a more in-depth understanding of relationships, community and the wider social environment can occur along with an appreciation of when social connections are important and when time spent alone is valued.

Another driver of social isolation is transport. Although the majority of participants used their own vehicles, there was some mention about public transport options not being 'fit-for-purpose'. This was because of lack of frequency, bus routes, bus stop locations, driver behaviour and anti-social behaviour occurring at the central bus hub in Wharf Street. For people with disabilities, being able to access a bus relatively easily with a walker or wheelchair or other aids was also mentioned. Older people seemed reluctant to use buses mainly because they were unsure of routes and how the public transport system worked. There also seemed some confusion among a few people about what their Gold Card entitled them to as far as public transport was concerned. Rangitahi/younger people did at times use public transport but again the frequency of routes and the time taken to travel were considered disadvantages as opposed to using their own transport.
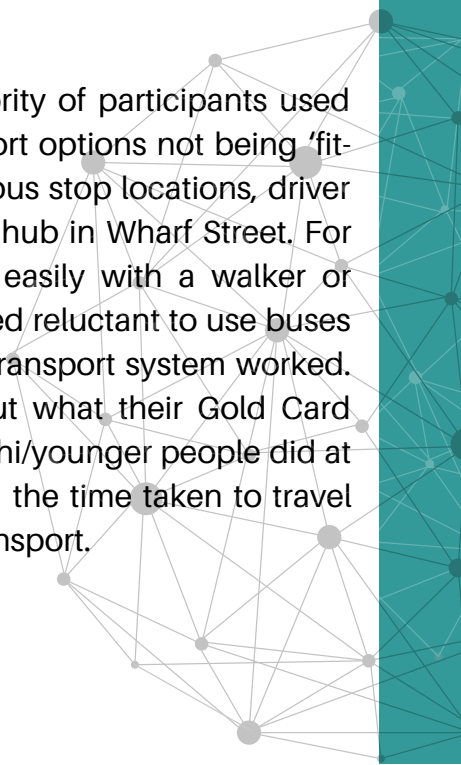
The quality of roading and the increased volume of traffic was also mentioned as factors of concern and for some of the older people interviewed, meant they were less likely to venture too far from where they lived.

Transport was not the only infrastructure considered a barrier to social connection; environmental factors such poor building design and roading and pavement quality can influence people's ability to access facilities and enjoy amenities. A number of participants living with disabilities mentioned not being able to visit cafes or restaurants or businesses because of stairs or narrow entrance ways. Public transport was also often difficult because of access or an apparent unwillingness by drivers to ensure a person was safely seated before driving.

Insofar as responses about what the role of Tauranga City Council should be in supporting social connection, limited expectations were voiced by the majority of participants. Rangatahi/younger people compared Tauranga, especially the CBD, less favourably than centres such as Auckland and Wellington, citing a lack of 'vibe' and events to attend. Suggestions to encourage social connection included regular outdoor markets within the CBD precinct, a space similar to Our Place where people could meet as opposed to visiting shopping malls, sponsorship of cultural and educational events, and youth clubs providing a range of games and facilities. A number of rangatahi/young people also mentioned the need for Council to better provide for homeless or vulnerable people so their needs could be met.

Community hubs were considered assets which could encourage and enable social participation and a number of participants spoke about the lack of public meeting places within their areas. A few people mentioned using their local library and younger people indicated they were most likely to use it as a study space. Using libraries as community hubs is becoming an increasingly common way to promote community identity. Overseas examples include recognition of the diversity of those living within a community through the collection and display of information and knowledge about the socio-cultural make-up of an area, provision of books and other resources in languages reflecting the diversity of those living within communities as well educational or other programmes aimed at bringing people together. Some libraries have formed partnerships with healthcare services, workforce development centres or supported community gardens.

Improving communication to residents throughout the wider Tauranga area was seen as a way to better enable social connection. Ideas for communication strategies ranged from billboard advertising, neighbourhood Facebook pages and the use of print media either by way of newspapers or mail-outs. Participants also spoke about organisations such as churches potentially being willing to distribute information about upcoming community events. Information about the role Council plays compared to that of central government might also alleviate some of the misunderstandings revealed during the interviews.

For example believing it is the responsibility of Council to increase superannuation levels or to reinstate a health facility removed from a particular community, as opposed to the role Council could play in advocating to central government about these concerns.

During the framing of the scoping project TCC agreed with MCH they would commit to following up on recommendations in this report. The level of engagement from participants about what they thought TCC could do to reduce isolation and loneliness within Tauranga and how they could better enable social connection was muted, as can be seen from the responses above. A number of participants and organisations interviewed voiced cynicism about the project and the likelihood of any changes being forthcoming. Weariness towards bureaucratic entreaties to take part in surveys, research and other forms of information collection were considered to have wrought little in the way of tangible improvements. The 'voices' bureaucracies apparently want to hear remain unheard because the status quo prevails.

This project has presented an overview of responses from participants about the drivers of isolation and loneliness as well as their ideas about ways to encourage social connection. Ensuring neighbourhoods and communities have the required infrastructure, readily accessible up-to-date information, and a supportive, listening and responsive bureaucracy are ways Tauranga City Council can better enable social connectedness.
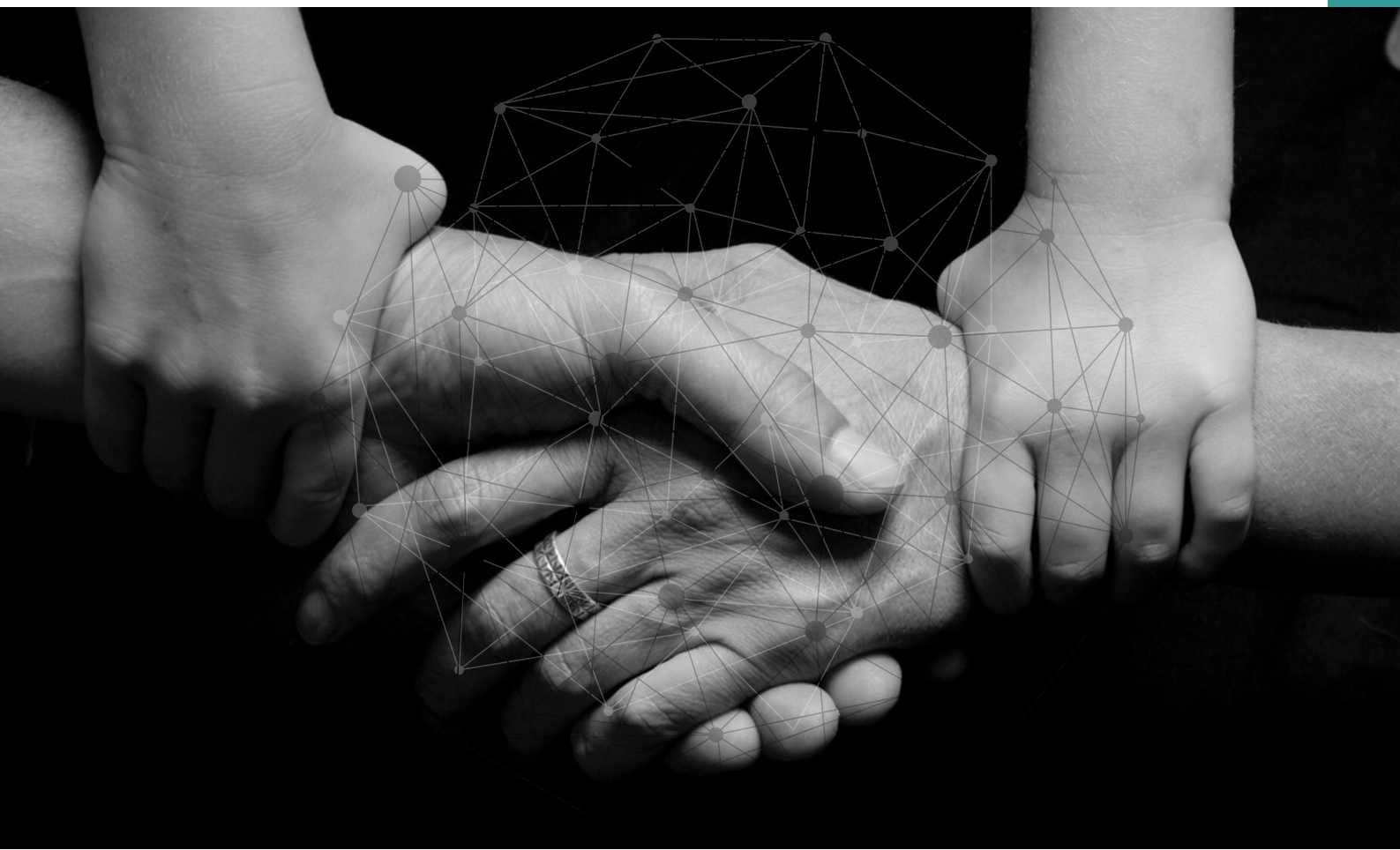
References

Alspach, J.G. (2013) Loneliness and social isolation: risk factors long overdue for surveillance, Critical Care Nurse 33(6):8-13.

Anderson, S., Allen, P., Peckham, S. & Goodwin, N. (2008) Asking the right questions: scoping studies in the commissioning of research on the organisation and delivery of health services. Health Research Policy & Systems 6(7).

Arksey, H. &, O'Malley, L. (2005) Scoping studies: Towards a Methodological Framework. International Journal of Social Research Methodology, 8: 19-32.

Aye, A.M. & Guerin, B. (2001) Astronaut families: a review of their characteristics, impact on families and implications for practice in New Zealand. New Zealand Journal of Psychology, 30(1): 9-15.

Bell, B.G. & Clegg, J. (2012) An ecological approach to reducing social isolation of people with an intellectual disability. Ecological Psychology 24: 159-177.

Buettner, D. (2015) Lessons from the Blue Zones. Washington (DC): National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK298903/

Cacioppo JT, Hawkley LC. Perceived social isolation and cognition. Trends Cogn Sci. 2009:13(10):447-54.

Courtin E. & Knapp M. (2015) Social isolation, loneliness and health in old age: a scoping review. Health and Social Care in the Community doi:10.1111/hsc.12311

Cradock, A.L., Kawachi, I., Colditz, G.A., Gortmaker, S.L. & Buka, S.L. (2009) Neighborhood social cohesion and youth participation in physical activity in Chicago. Social Science & Medicine 68: 427-435.

Cresswell, J.W., & Plano Clark, V.L. (201) Designing and conducting mixed method research. (2nd Ed.) Sage, Thousand Oaks, C.A.

Elder K, Retrum J. (2012) Framework for isolation in adults over 50. Washington, D.C.: AARP Foundation,

Engel, L., Chudyk, A.M., Ashe, M.C., McKay, H.A., Whitehurst, D.G.T. & Bryan, S. (2016) Older adults' quality of life e Exploring the role of the built environment and social cohesion in community-dwelling seniors on low income. *Social Science & Medicine* 164: 1-11.

Fong, P., Cruwys, T., Robinson, S.L., Haslam, S.A., Haslam, C., Mance, P.L. & Fisher, C.L. (2021) Evidence that loneliness can be reduced by a whole-of-community intervention to increase neighbourhood identification, *Social Science & Medicine* 277: 113909.

Gale, C.R., Westbury, L. and Cooper, C. (2018) Social isolation and loneliness as risk factors for the progression of frailty: The English Longitudinal Study of Ageing, *Age and Ageing* 47:392-397.

Gardiner, C., Geldenhuys, G. & Gott, M. (2018) Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health and Social Care in the Community* 26(2): 147–157.

Greiman, L. & Ravesloot, C. (2016) Housing characteristics of households with wheeled mobility device users from the American Housing Survey: do people live in homes that facilitate community participation? *Community Dev.* 47(1): 63e74.

Hall-Lande, J.A., Eisenberg, M.E., Christenson, S.L. and Neumark-Sztainer, D. (2007) Social isolation, psychological health, and protective factors in adolescence. *Adolescence* 42(166):265.286. https://www.healthnavigator.org.nz/health-a-z/s/social-isolation/

Hamme,l J., Magasi, S., Heinemann, A., Gray, D.B., Stark, S., Kisala, P., Carlozzi, N.E., Tulsky, D., Garcia, S.F. & Hahn, E.A. (2015) Environmental barriers and supports to everyday participation: a qualitative insider perspective from people with disabilities. *Arch Phys Med Rehabil.* 96(4): 578-88.

Greiman, L. & Ravesloot, C. (2016). Housing characteristics of households with wheeled mobility device users from the American Housing Survey: do people live in homes that facilitate community participation? *Community Development,* 47(1): 63-74.

Housing characteristics of households with wheeled mobility device users from the American Housing Survey: do people live in homes that facilitate community participation? *Community Development,* 47(1): 63-74.

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015) Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science,* 10(2): 227–237.

Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020) Loneliness and social isolation during the COVID-19 pandemic. *International psychogeriatrics, 32*(10): 1217–1220. https://doi.org/10.1017/S1041610220000988

Ipsen, C. & Hall, J.P. (2022) Dimensions of community participation. *Disability & Health Journal* 15 101208.
Kawachi, I., & Berkman, L. (2000). Social cohesion, social capital, and health. In L. F. Berkman, & I. Kawachi (Eds.), *Social epidemiology* (pp. 174–190). New York: Oxford University Press.

Kawachi, I. & Subramaian, S.V. (2007) Neighbourhood influences on health. *Journal of Epidemiology & Community Health,* 61(1): 3-4.

Kim, E.S., Chen, Y., Kawachi, I. & VanderWeele, T.J. (2020) Perceived neighborhood social cohesion and subsequent health and well-being in older adults: An outcome-wide longitudinal approach. *Health & Place,* 66: 102420.

Lai, D.W.L., Li, J., Ou, X. & Li, C.Y.P. (2020) Effectiveness of a peer-based intervention on loneliness and social isolation of older Chinese immigrants in Canada: a randomized controlled trial. *BMC Geriatrics,* 20:356.

Laursen, B. & Hartl, A.C. (2013) Understanding loneliness during adolescence: Developmental changes that increase the risk of perceived social isolation. *Journal of Adolescence,* 36:1261-1268.

Levac, D., Colquhoun, H. & O'Brien, K. (2010) Scoping studies: enhancing the methodology. *Implementation Science,* 5: 69

Liu, H., Zhang, M., Yang, Q. & Yu, B. (2020) Gender differences in the influence of social isolation and loneliness on depressive symptoms in college students: a longitudinal study. *Soc Psychiatry Psychiatr Epidemiol,* 55(71): 251-275.

Loades, M.E., Chatburn, E., Higson-Sweeny, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M.N., Borwick, C. & Crawley, E. (2020) Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry,* 59(11): 1218-1239.

Luanaigh C.O. & Lawlor B.A. (2008) Loneliness and the health of older people. *International Journal of Geriatric Psychiatry* 23 (12):1213–1221.

Mak, H.W., Fosco, G.M. & Feinberg, M.E. (2018)The role of family for youth friendships: examining a social anxiety mechanism. *J Youth Adolesc.* 47:306-320.

Morgan, T., Wiles, J., Moeke-Maxwell, T., Black, S., Park, H-J., Dewes, O., Williams, L.A. & Gott, M. (2020) 'People haven't got that close connection': meanings of loneliness and social isolation to culturally diverse older people. *Aging & Mental* Health, 24(10): 1627-1635.

Nakagomia, A., Shibab, K., Hanazatoc, M., Kondoc, K. & Kawachib, I. 2020 Does community-level social capital mitigate the impact of widowhood & living alone on depressive symptoms?: A prospective, multi-level study, *Social Science & Medicine* 259: 113140.

New Zealand Ministry of Social Development. (2010). *The social report 2010*. New Zealand: The Ministry of Social Development.

OECD. (2011). *How's life? Measuring well-being*. Paris: OECD

Ozawa-de Silva, C. & Parsons, M. (2020) Toward an anthropology of loneliness. *Transcultural Psychiatry* 57(5): 613-622.

Parkhurst, J.T. & Hopmeyer, A. (1999) Developmental change in the sources of loneliness in childhood and adolescence: constructing a theoretical model. In K.J. Rotenberg & S. Hymel (Eds.), *Loneliness in Childhood and Adolescence* (pp. 56-79). New York: Cambridge University Press.

Remillard, E.T., Campbell, M.S., Koon, L.M. & Rogers, W.A. (2022) Transportation challenges for persons aging with mobility disability: Qualitative insights and policy implications. *Disability and Health Journal* 15: 101209.

Statistics New Zealand (2014) Social and economic outcomes for disabled people: Findings from the 2013 Disability Survey. Wellington: Statistics New Zealand.

Tauranga City Council (2020). Whakahou Taketake: Vital Update Tauranga 2020 Main Report. Tauranga: Tauranga City Council.

Theeke L.A. (2010) Sociodemographic and health-related risks for loneliness and outcome differences by loneliness status in a sample of U.S. older adults. Research in Gerontological Nursing 3 (2), 113–125. Tung, E.L., De Marchis, E.H., Gottlieb, L.M., Lindau, S.T. & Pantell, M.S. (2021) Patient experiences with screening and assistance for social isolation in primary care settings. *J. Gen. Intern. Med.* 36(7): 1951-7.

Tung EL, Hawkley LC, Cagney KA, et al. Social isolation, loneliness, and violence exposure in urban adults. Health Aff (Millwood). 2019;38(10):1670-8.

Victor C.R. & Bowling A. (2012) A longitudinal analysis of loneliness among older people in Great Britain. *The Journal of Psychology* 146 (3), 313–331.

Weiss, R.S. (1974). The provisions of social relationships. In Z. Rubin (Ed.), *Doing into Others* (pp.17-26). Englewood Cliffs, NJ: Prentice-Hall.

Zavaleta, D., Samuel, K. & Mills, C.T. (2017) Measures of Social Isolation. *Social Indicators Research* 131:367-391.

Appendices

Appendix I – Information Sheet

THE CONNECTION PROJECT

INFORMATION SHEET

Background

Tauranga City Council (TCC) want to learn more about issues which affect individuals and communities within the region. One issue which has been identified is social connection/social isolation. The Council has approached The Centre for Health (CFH) to facilitate a number of hui/focus groups in order to find out:

- How connected do people/communities feel within Tauranga?
- What does isolation mean and look like for different communities within Tauranga?
- What causes people or communities to feel either socially connected or socially isolated?
- What ideas do people have that TCC could use to support engaging and connecting people to reduce feelings of social isolation?

Invitation

You are invited to take part in a discussion group about the above topics. Each discussion will consist of a small number of people and last up to an hour. A facilitator will guide the discussion and a TCC/CFH team member will also attend to take notes. The discussion will be recorded, with your permission. There are no right or wrong answers to these question; we are keen to hear what you think about this subject.

What we will do with information?

The taped information will be used for analysis and reporting back to TCC. The information gathered will be stored on computers at CFH. All computers are password protected and only staff involved in this project will be able to access the information.

Outcomes

Following completion of all discussion groups and analysis of the conversations, CFH will report back to Council. The Centre for Health will also report back to people/communities who have taken part in the discussions.

Support

If the discussions make you feel as if you would like to talk to someone about how you are feeling, we have provided a list of potential contacts below.

Consent

Attached is a form which outlines you understand what taking part in this conversation means.

Thank you for participating in these conversations.

Contact

If you would like to know more information about this project, please contact:

Philippa Miskelly (Project Coordinator)
Manawa Ora - The Centre for Health
Phone: 07 578 6624
Email: Philippa@thecentreforhealth.co.nz

SUPPORT AGENCIES

If you feel you would like more support or someone to talk with about how you are feeling, we have provided a list of potential contacts below.

Rangatahi/Young Adults:

- Youthline offers a free 24/7 Helpline service (text, phone, webchat & email), free face-to-face counselling services, youth mentoring, programmes in schools and communities to help people grow and develop.

 Free Phone: 0800 376 633

 Free Text: 234

 Webchat

Newcomers/Migrants

- General information about settling into New Zealand available in a range of languages. Website:

 https://www.infonow.nz/

Older People:

- Age Concern offers a range of services to assist older aged people.

 Website: https://ageconcern.org.nz/

 Free Phone: 0800 625105

People living with Disabilities:

- Disability Services and Support Organisation

Website: https://silc.co.nz

Phone: (07) 571-1262

- General Support Agencies
- Loneliness NZ Website : https://loneliness.org.nz/
- Talk to your doctor. They can recommend someone for you to talk to or you can find a counselor or psychotherapist yourself. You can also free call or text 1737 any time to talk to a trained counsellor. More information available on website: https://www.healthnavigator.org.nz/health-a-z/l/loneliness/
- Lifeline: Call 0800 LIFELINE (0800 543 354) or send a text to HELP (4357) for free, 24/7, confidential support – 24 hours a day, 7 days a week. Whatever the issue, they are ready to listen. They are committed to providing a safe, effective and confidential service to support the emotional and mental wellbeing of all callers and communities. Calls and text messages are answered by qualified counsellors and highly trained volunteers. More information available on website: https://www.lifeline.org.nz/services/lifeline-helpline

Appendix II – Consent Form

THE CONNECTION PROJECT
CONSENT FORM - PARTICIPANT

I understand:
I have agreed to take part in an interview/hui/discussion about social isolation and/or social connection.
I have agreed that information from this interview/hui/discussion can be used by CFH as source material for a report to be presented to Tauranga City Council.
I give my permission for the interview/hui/conversation to be taped.
I understand that the taped information will be stored on password protected computers at CFH.
Anonymity [please tick one]:
I do not want my name to be revealed in the report
I am happy for my name to be revealed in the report (Christian and/or surname)
I would like to choose a pseudonym (ie: you pick a name you would like to be known as) which can be used in the report

Name: [please print] ....

Signed: ....

Date: ....

Demographic details [please complete]:

Age: ....

Ethnicity: ....

Gender: ....

Length of time lived in Tauranga: ....

CONSENT FORM: PARENT/CAREGIVER (if participant aged 18 years or younger)

I am the parent/caregiver of [insert participant's name] ....

I have read the information sheet provided

I understand the interview will be taped and all information stored in a password protected computer at CFH.

 I understand all personal details about the participant will remain confidential.

I give my permission for [insert participant's name] .... to take part in an interview

Name: [please print] ....

Signed: ....

Date: ....

Appendix III - Demographics of participants interviewed

CATEGORY	PARTICIPANT NUMBER	ETHNICITY	GENDER	AGE	YEARS IN TAURANGA
KAUMATUA/ OLDER PEOPLE	1	**NZ EUROPEAN**	**M**	**84**	
	2	**NZ EUROPEAN**	**F**	**84**	
	3	**NZ EUROPEAN**	**F**	**79**	
	4	**MĀORI**	**F**	**74**	
	5	**MĀORI**	**F**	**76**	
	6	**MĀORI**	**F**	**72**	
	7	**MĀORI**	**F**	**86**	
	8	**MĀORI**	**F**	**80S**	
	9	**MĀORI**	**F**	**86**	
RANGATAHI (16-24 YRS)	1	**MĀORI**	**M**	**18**	
	2	**MĀORI**	**M**	**18**	
	3	**MĀORI/ SAMOAN**	**M**	**24**	
	4	**MĀORI**	**F**	**18**	
	5	**MĀORI**	**F**	**17**	
	6	**MĀORI**	**F**	**19**	
	7	**NZ EUROPEAN**	**F**	**24**	

CATEGORY	PARTICIPANT NUMBER	ETHNICITY	GENDER	AGE	YEARS IN TAURANGA
PEOPLE LIVING WITH DISABILITIES	**1**	**NZ EUROPEAN**	**F**	**44**	
	2	**NZ EUROPEAN**	**F**	**59**	
	3	**NZ EUROPEAN**	**M**	**46**	
	4	**ENGLISH**	**F**	**84**	
	5	**MĀORI**	**F**	**66**	
MIGRANTS/ NEWCOMERS	**1**	**INDIAN**	**M**	**84**	**15**
	2	**FIJIAN/ INDIAN**	**F**	**69**	**2**
	3	**FIJIAN/ INDIAN**	**F**	**69**	**15**
	4	**INDIAN**	**F**	**70**	**7**
	5	**INDIAN**	**M**	**76**	**21**
	6	**KOREAN**	**M**	**17**	**2**
	7	**FILIPINO**	**F**	**17**	**5**
	8	**INDIAN**	**F**	**17**	**17**
	9	**CHINESE VIETNAMESE**	**F**	**69**	**41**
	10	**CHINESE VIETNAMESE**	**M**	**72**	**41**
	11	**CHINESE**	**F**	**59**	**15.5**

CATEGORY	PARTICIPANT NUMBER	ETHNICITY	GENDER	AGE	YEARS IN TAURANGA
MIGRANTS/ NEWCOMERS	**12**	**FILIPINO**	**F**	**?**	**3**
	13	**NEPALESE**	**F**	**43**	**5**
	14	**BRAZILIAN**	**F**	**27**	**3**
	14	**INDIAN**	**F**	**25**	**10 MTHS**
	16	**INDIAN**	**F**	**27**	**1.5**