



Belonging: Solutions for a looming loneliness crisis

Thoughts, issues and actions for the New Zealand aged care sector

8 August 2019

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Abstract

As a New Zealand charitable trust providing services to older people and their families, we understand the many and varied issues to do with loneliness.

From our inception in 1954, we have looked for ways to help people overcome isolation and develop a genuine sense of belonging. This orientation has inspired our work in a variety of ways including the design of our residential care homes and innovative models of care.

Through The Selwyn Institute's work related to ageing and spirituality, we have pioneered ways to help people connect with their worlds. Our approach to care, The Selwyn Way, says that to care for older people you have to care about them. Making us aware of any issue that might affect peoples' ability to age well.

Over and above our own experiences with the subject, media and other attention have alerted us to a 'looming loneliness crisis' of major proportions. With a swathe of implications that will have consequences for the physical, mental and spiritual wellbeing of a vast number of people.

Sensational or substantive...or possibly a mixture of both? Through a variety of undertakings and initiatives, we sought answers, and solutions, to what we have identified as the substantive issues related to loneliness and belonging. These are the focus points of this document.

Whether the motivation or solution comes from science, art, spiritual pursuit or any other contributing factor, the evidence strongly suggests that human beings long to belong. This document provides what we believe are useful, stimulating and constructive insights and solutions.

Key insights on loneliness and belonging

- Loneliness is a subjective and negative state. One that has contextual variations and manifestations. Regardless of the 'type' of loneliness, it is alarming and damaging. Our brains encourage us to seek out others and when this is impeded, a crisis is inevitable.
- Our 'wiring' is to be social and we prefer others that show social behaviour.
- When we are lonely, we experience pain in the same way as we experience physical pain.
- The quality of relationships is more important than quantity.
- Being in a state of loneliness can be stigmatizing.
- A downward spiralling effect is a major outcome once loneliness takes 'hold'.
- By nature, people desire to stay connected with friends and family.
- We are naturally curious about what is going on in the minds of other people.
- Identities are formed by the values lent to us from the groups we call our own. Like country and culture; like family; like beliefs; like home.
- Despite there being differences in theology or other spiritual belief structures, the common 'human' factors that relate to belonging are remarkably similar.



Problem Statement

Loneliness epidemic' set to become a public health crisis

Headlines in local through to global media started alarm bells ringing among the Health and Aged Care sectors. A looming crisis is on the health and wellbeing horizon.

The initial reaction: Is this false news or an indication of something more serious gaining momentum? Moreover, how far into the future would the problem manifest itself and then evolve into a fully-fledged crisis?

Media sources such as news.com.au predict that by 2030 a LONELINESS epidemic will become a huge crisis and will be a public health issue as big as obesity and smoking. Clearly, this is an issue in need of attention. Particularly as to what might be the 'cures' for this potential health crisis.



Background in New Zealand

An estimated 20% of seniors experience some form of loneliness. In New Zealand, that is up to 140 thousand elderly.

Across all age groups, there has been a 70% increase in loneliness. Findings from a major longitudinal study from the University of Otago indicate that loneliness and isolation are pushing healthy elderly into aged care facilities.²

The findings come from surveys of more than 54,000 elderly New Zealanders over a five-year period. During that time, 11,000 of the 54,000 people surveyed entered care. The average age of those surveyed was 81.

The study, published recently in The Journal of American Medical Directors Association (JAMDA), found:

- People who said they were lonely (11,000 of 54,000 people) were almost 20% more likely than others to go into a rest home, even when physically well.
- Those living alone (27,000 people) were 43% more likely to enter care.
- Those with stressed carers (16,000) were 28% more likely than others to enter care.
- Those lacking in positive social interactions (5,000) were 22% more likely to enter care. This includes elderly experiencing conflict with friends or family.

The study indicated that social factors are just as powerful as health reasons in a person's decision, or the decision of their family or whānau, to make the move into aged residential care. It is the human 'default' position to belong. So why is it that the world is facing a loneliness epidemic, including New Zealand?

Coinciding with a time when, with the advent of the Digital Revolution, people have a myriad of real and virtual ways to connect with others. These do not seem to be working. If the anticipated consequences of loneliness reach epidemic proportions what models of belonging—whether they are authentic or virtual—will prove most effective?



1. Comment from Vanessa Burholt The Professor of Gerontology and Director of the Centre for Innovative Ageing (CIA) at Swansea University
2. Dr Hamish Jamieson, Evaluating the Influence of Social Factors on Aged Residential Care Admission in a National Home Care Assessment Database of Older Adults, The Journal of American Medical Directors Association (JAMDA), May 2019.

Expert opinion

In the last decade, medical professionals and researchers have investigated the impact of loneliness and social isolation on health, well-being, and mortality.³

The evidence is overwhelming: a lonely person is significantly more likely to suffer an early death than a non-lonely individual is by anywhere from 30% to 60%.

Forecasts indicate the problem will be more critical, and more taxing on resources, than smoking or obesity. The ramifications of this impending 'event' have raised a number of questions.

Why has the natural human state of loneliness morphed into a global crisis? What specific factors have lowered our resistance to withstand this epidemic? What role will health professionals and caregivers play in stemming the tide? Are there other interventions that have the capability of increasing resistance and resilience?

Yes minister

British lawyer and Member of Parliament Tracey Crouch made global headlines when Prime Minister Theresa May, appointed her in January 2018, as the world's first Minister of Loneliness. This act alone crystallized attention to the importance of the issue.

The creation of this new Ministry followed the publication of the report from the Jo Cox Commission on Loneliness. This found that more than 9 million people in Britain—or 14% of the population—were in a frequent or perpetual 'state' of loneliness.

It was cause for reflection in a number of countries—including New Zealand—as to what scenarios would be most effective in minimizing or alleviating the problem. Was a Ministry the most effective means to elevate the issue and drive meaningful policy?

The New Zealand Government acknowledged the seriousness of a loneliness crisis but did not believe a stand-alone Ministry was the best solution. In response a January 2018 New Zealand Herald editorial put forward the proposition that loneliness in New Zealand is too widespread.

When thinking of those most afflicted, the stereotype that readily comes to mind is of a person elderly and infirm, living alone, and cut off from family and friends.

These will be people, who do not want to make a fuss, do not want to burden their families - or even social service agencies there to provide support. These are people who have experienced hard times, war and post-war recession, who are used to doing it tough, would not dream of complaining. Yet companionship, comfort and communication are basic human needs.



3. The outcomes of loneliness see appendix

Where's the connection?

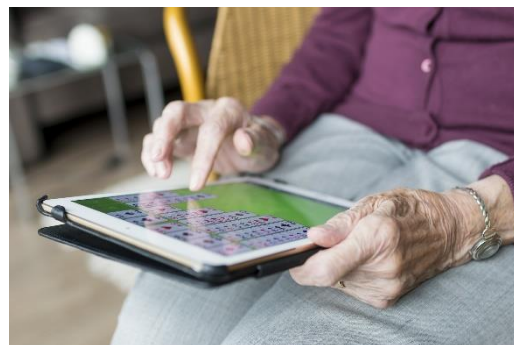
Some argue that if loneliness has become such an issue, there must be a problem with peoples' ability to feel a connection, or believe they belong.

With the advent of the Information Age and digital technology creating new ways to connect, the irony is that nothing can replace genuine, and authentic, human interaction. In its absence the 'disconnect' of loneliness can take hold.

International researchers say belonging is a priori—over and above (or even below)—any particular belief structure. Writer, neuroscientist and Stanford University professor Dr David Eagleman⁴ observes the human brain relies on other brains for its very existence and growth. The concept of 'me' is dependent, he says, on the reality of 'we'.⁵ Psychologist, Professor Matthew Lieberman writes that our need to connect with other people is even more fundamental, more basic, than our need for food or shelter.⁶

Complex and changing

It appears that loneliness is contextual and manifests itself in different ways depending on the situation. Former United States Surgeon General Vivek Murthy has identified work place loneliness as a separate, but contributory part, of the incipient calamity. This suggests that there are different degrees, manifestations, or contributions to isolation that need consideration. Suggesting that solutions for loneliness for older people is a different experience than for people in the workplace or even younger individuals.



4. The Brain: The Story of You. Dr David Eagleman, Canongate Books Ltd; 2016.

5. Social: Why Our Brains Are Wired to Connect Dr Matthew Lieberman, Crown, 2013.

6. Work and the Loneliness Epidemic; Harvard Business Review, September 2017, Lead Story.

The Selwyn Institute Conferences

In search of belonging

Two conferences staged by The Selwyn Institute in late 2018, plus a number of other undertakings, looked at the challenges of loneliness and how belonging could be a potential panacea. These focused on how older people and those engaged with supporting others to age well can deal with the issues and outcomes.

Gerontology Nursing Conference, October 2018. As Nurses, are we ready for the looming loneliness crisis?

In summary:

- Our brains encourage us to seek out others.
- Our 'wiring' is to be social. We prefer people who show social behaviour.
- When we are lonely, we experience pain in the same way as we experience physical pain.
- Loneliness is a subjective and negative state.
- Quality of relationships is more important than quantity.
- Being in a state of loneliness can be stigmatizing.
- Downward spiralling effect is a major outcome.

From a nursing perspective, there were a series of observations to do with loneliness and belonging. Quality is more important than quantity for relationships. People search for meaningful connections and the 'authenticity' of these will have an influence on people's real sense of belonging.

Adding life to years is a goal. One impediment is the dissatisfaction with quality and quantity of relationships. Ill planned intervention can be more damaging than the loneliness itself.

Loneliness is, in fact, a normal human feeling not an illness. There is a stigma in loneliness and the factors are very individual. Duty of care is to provide care on the understanding that loneliness is a normal human feeling and not an illness.

Loneliness is a subjective and negative state and a shortage of relationships based on expectations. Resulting in an absence of intimate and social needs. By nature, people seek the feeling of being connected and feeling as such. Withdrawing from society is not a natural part of ageing unless you choose it. One's own sense of self stems from relationships with others.

Well meaning

No one teaches you about loneliness and until it happens to you, you do not realise just how devastating loneliness is. There is a silence about loneliness and what it may mean. I often hear of what I call 'the well-meaning cruelty' – statements from others that bereaved people hear. My colleague uses the phrase "when the casseroles stop coming" to describe a low point in people's bereavement – often around 4 – 6 months.

Dr Peter Huggard EdD MEd (Couns)
MPH University of Auckland



The Selwyn Institute Conferences

From a carers' perspective this has implications for many of the issues and responsibilities they deal with including:

- Promoting resilience in ageing by recognising frailty and overcoming this.
- We are all in decline and therefore potentially face longer periods of time when we will need help.
- Bounce back is one of the measures not just of resilience but also in regaining perceived, or real, losses.
- The possibility of people forgetting to be upset as in not wanting to 'make a scene'.
- Adapting to change is both a challenge and responsibility.
- From an old age perspective, one is always 15 years younger than you actually are.
- Need to focus on age/frailty from a functional viewpoint—assess who is in front of you and NOT a notional idea.

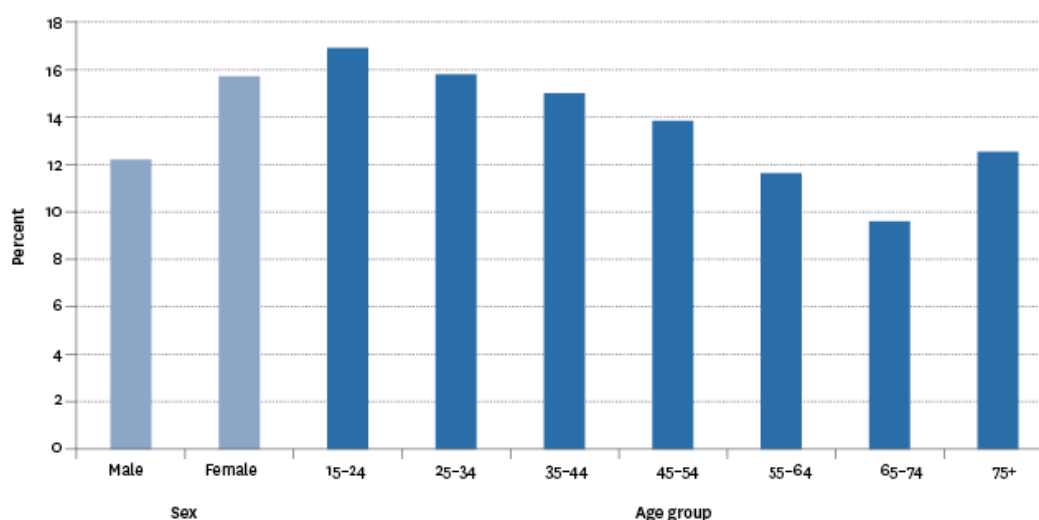
The maintenance and development of social networks are fundamental to the health and wellbeing of our elderly.

Being connected, having a strong identity and continuing to contribute to the fabric of society are essential elements for positive ageing, increased life expectancy and overall life satisfaction. As well as emotional and spiritual pain, the feeling of loneliness caused by not belonging produces bona fide physical duress.

With the process of ageing commonly viewed as one of decline and burden within wider society, an alternative approach needs adoption. One solution is a possible reconceptualization of service provisions. That move shifts delivery to 'individuals' to communities and 'networks of care', placing relationships and connections as the central tenant.

Another attitudinal shift is to overcome, rather than blame, barriers to engagement. Creating the challenge to seek opportunities that allow for, or encourage, connection. Again, people want and need meaning and purpose—not to mention humour, spontaneity and play as part of human contact and connection.

Proportion of population who reported feeling lonely all, most or some of the time during the last four weeks, by sex and age group, 2014



Source: Statistics New Zealand, New Zealand General Social Survey

The Selwyn Institute Conferences

Longing to belong

The Selwyn Institute's annual Ageing and Spirituality Conference in 2018 examined the issue of loneliness from a different perspective. Namely, why people have a natural desire and need to belong. As a counter to loneliness, creating ways and places to belong is important.

Ageing & Spirituality Conference, November 2018 in summary:

- Humans are 'wired' to be social.
- People are motivated and inclined to stay connected with friends and family if they can.
- They are naturally curious about what is going on in the minds of other people.
- Identities are formed by the values lent to us from the groups we call our own. Like country and culture; like family; like beliefs; like home.
- Despite there being differences in theology or other belief structures, the common 'human' factors related to belonging are remarkably similar.

Subject expert Dr Brené Brown says belonging is at the heart, and soul, of what it means to be human.⁷ From there a number of important questions naturally flow. Particularly around what are the ramifications and issues around not belonging? Moreover, how does one actually lose the ability to belong in what is supposedly a highly connected world?

The end of belonging:

The ultimate act of not belonging irrespective of age is suicide. Among the ageing, and in the context of loneliness, suicide rates are climbing. Suicide is a major public health concern in many parts of the world. There is a clear relationship globally between increased suicide rates and age; and in New Zealand, men aged 85 and above have one of the highest suicide rates among all age groups.⁸

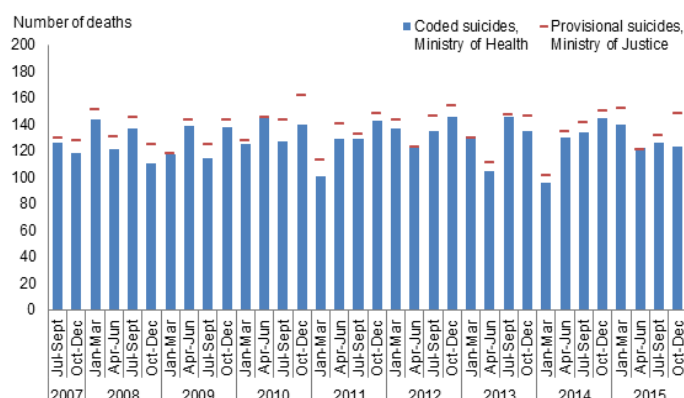
The University of Auckland's Dr Gary Cheung elaborated on *The Interpersonal Theory of Suicide*⁹ which proposes that a lack of social connectedness and perceived burdensomeness can lead to suicidal thoughts.

Research in New Zealand and internationally suggests that suicide in this age group shares many of the risk factors for suicide in youth and in adults.

The risk is greater among older people with:

- Mental disorders or history of mental disorder.
- Mental health treatment.
- Prior suicide attempts.
- Limited social interaction.
- Recent relationship stresses.
- Recent financial stresses.

Studies attribute serious suicidal behaviour in older adults, very largely, to mood disorders (predominantly major depression).¹⁰ Over and above being a contributing factor to premature mortality, poor psychological and negative contributors to physical wellbeing are factors that are clearly exacerbating the problem.



7. Finding our way to true belonging: TED Ideas, September 11th 2017.

8. Changes in the Age Pattern of New Zealand Suicide Rates; John Snowdon, New Zealand Medical Journal, 13th January 2017, Volume 130 Number 1448

9. The Interpersonal Theory of Suicide; Van Orden et al; Psychology Review 2010 Apr; 117(2): 575-600.

10. Suicide and the Elderly www.life.org

The Selwyn Institute Conferences

Twenty-five international studies related to late-life suicide have confirmed:

- Depression is the most common psychiatric illness. The reason for suicide in 55% of cases relates to a physical illness.
- Terminal illness accounts for 6.2%.
- Those committing suicide are more likely to have contact with primary care versus mental health services in the three months prior to suicide.

In conclusion, evidence is clear that:

- Late-life suicide is a heterogeneous phenomenon.
- The interpersonal theory of suicide provides a framework to link the risk factors of physical illness (“burden”) and loneliness.
- Addressing loneliness at a community level could be considered as a late-life suicide prevention strategy.
- The ongoing ‘right to die’ debate will continue to influence attitudes, actions and reasons for suicide.

The consensus was that despite there being differences in theology, or other belief structures, the common ‘human’ factors related to Belonging are remarkably similar. In fact, delegates concurred that everyone is essentially on the ‘same page’ in finding the essential elements, and contributors to, this fundamental human need.

We are wired to be social. We are driven by deep motivations to stay connected with friends and family. We are naturally curious about what is going on in the minds of other people. Our identities are formed by the values lent to us from the groups we call our own. Like country and culture; like family; like beliefs; like home.



Similar paths to one destination

The conference focused on different perspectives related to Belonging.

These included a cross section of religions; Zen Buddhism (Hanya Gallagher), Islam (Imam Mohammad Saleh Almodarresi), Church of England (Chaplain Lucy Nguyen); and a Tangata Whenua orientation (The Venerable Lloyd Nau Popata). Writer Dwight Whitney presented a NOLA (Non Label Spiritual) focus. An interactive session produced a number of insights and areas of similarity between the different perspectives.

The Selwyn Institute Conferences

Built on belonging

Belonging on an individual, or even local, level is one challenge. A number of cities internationally are developing strategies for inclusion including creating environments that invite and encourage feeling safe and connected.

Auckland is one of them and delegates to the conference had the opportunity to make their own recommendations as to what the 'look and feel' of an engaged city might be like. The Auckland Plan is the main document being developed looking at long-term strategies to steer growth in a suitably inclusive direction.

This document lays the groundwork to inform, support and provide background material for the Belonging and Participation outcome in the Auckland Plan 2050.

Part of this involves focusing on specialist knowledge and evidence related to the themes in the Belonging and Participation outcomes.

Two objectives exist:

- Foster an inclusive Auckland where everyone belongs.
- Improve health and wellbeing for all Aucklanders by reducing harm and disparities in opportunities.



Seven areas make up this policy initiative.

1. Create safe opportunities for people to meet, participate in, connect, participate in and enjoy civic and community life.
2. Provide accessible services and social and cultural infrastructure that are responsive in meeting peoples' evolving needs.
3. Support and work with communities to develop the resilience to thrive in a changing world.
4. Value and provide for Te Teriti o Waitangi/The Treaty of Waitangi as the bicultural foundation for a multicultural Auckland.
5. Recognize, value and celebrate Aucklanders' differences as a strength.
6. Focus investments to address disparities and serve communities of greatest needs.
7. Recognise the value of arts, culture, sports and recreation to quality of life.

New Thinking

The need for a new ageing strategy stems largely from significant population trends as well as changes in attitude about growing older. Currently there are 723,000 people aged 65 and over—that represents 15% of New Zealanders. Estimates are that by 2038 1.3 million people will be over 65.

Office of Seniors Director Diane Turner

The Selwyn Institute Conferences

The Art of Belonging

Music soothes an angered soul; it seems that art has the ability to create a special sense of belonging. *The Art of Belonging* is a collaborative project between the Selwyn Centres and Whitecliffe College of Art and Design art therapy students.

The undertaking demonstrated how a sense of belonging can be expressed through a creative process and shared through art making.

As part of The Selwyn Institute's series of conference and experiential events focusing on loneliness and belonging in older people, art therapy students from Whitecliffe College of Arts and Design recently teamed up with guests of The Selwyn Foundation's community-based Selwyn Centres. The aim was to create a range of artworks that expressed what belonging meant to them and how it felt to truly belong and feel part of the Selwyn Centre they visit weekly.

The completed works were unveiled at the 'Art of Belonging' exhibition during the Selwyn Institute's Ageing & Spirituality Conference last month, which explored the fundamental human need to belong from different spiritual and cultural perspectives.

Households of faith

The Bishop of Auckland Ross Bay explored the basis of Christian community from the perspectives of Scripture, the Christian tradition, and his own experience. His proposal is that healthy spirituality is an essential component of creating a healthy community.

Endeavour

Meaningful engagement and giving individuals a purpose in life are two ways in which keeps loneliness at bay. People have a need to connect with others to achieve a sense of engagement and purpose. When a creative endeavour is added to the mix, the possibility for authentic and meaningful interaction increases.

Hilda Johnson-Bogaerts, The Selwyn Institute



Solutions: Understanding and embracing what works

CASE IN POINT: Laughter is the best medicine

The Clown Doctor's Healthy Ageing programme supports the philosophy of providing spontaneity and, in turn, reduces boredom, loneliness and isolation. In a New Zealand first, The Selwyn Foundation introduced a programme of medical clowning across its residential aged care facilities in Auckland, Hamilton and Whangarei.

The Clown Doctors provides a high quality, professional service in medical clowning. The Clown Doctors are not party clowns, but experienced professional actors, drama teachers, performing artists and musicians. Each practitioner has completed comprehensive medical clowning training in the performing arts, medicine and health science, psychology and gerontology, social science and cultural studies, with the training provided by the International Institute for Medical Clowning at Steinbeis University, Berlin.

In fact, the stand-up comedian creed of 'be funny or die' has a completely new meaning, thanks to a large study published in April 2016 in *Psychosomatic Medicine*.¹² Women with a strong sense of humor live longer in spite of illness, especially cardiovascular disease and infection. Mirthful men seem resilient against infection.

Results from this Norwegian study reported findings from a 15-year study on the link between sense of humour and mortality among 53,556 women and men in their country. The team assessed the cognitive, social and affective components of humour using a validated questionnaire, and examined death from specific conditions: heart disease, infection, cancer and chronic obstructive pulmonary disease.

The findings show that for women, high scores on humour's cognitive component were associated with 48% less risk of death from all causes, a 73% lower risk of death from heart disease and an 83% lower risk of death from infection. In men, a link exists only for the risk of death from infection—those with high humour scores had a 74% reduced risk.



Solutions: Understanding and embracing what works

CASE IN POINT: The Selwyn Centres. A base for belonging.

The Selwyn Centres are a community-based partnership providing neighbourhood drop-in centres for the over 65s. Launched in 2000 in the South Auckland community of Papakura. Since then, the number of Selwyn Centres has grown to 40, offering friendship, fun, support and advocacy to seniors in localities across Greater Auckland, Northland, the Waikato and Christchurch. They welcome people of all faiths, backgrounds, cultures and ethnicities.

As part of a Communities Connection symposium staged by The Selwyn Centres and related to the 2018 themes of Loneliness and Belonging, the Director of the Office for Seniors Diane Turner made the following observations. These in relation to the solutions that places like The Centres offer for loneliness as well as a broader focus on strategies and actions for an increasingly ageing New Zealand population.

“The future cohort will generally be healthier than their 2018 counterparts. They will live longer and will have quite different expectations, and perspectives, on the ageing process. Many will be working past the ‘traditional’ retirement age and will want to play a more active role in planning their future.”

“At the same time we’re promoting the creation of ‘age friendly’ communities based on the World Health Organisation concept founded on a number of principles that cover:

- People’s respect for themselves and their community.
- Access to appropriate resources including technology.
- More of a multi-generational community make up.
- Opportunities for participation and engagement in all aspects of life.”

“Regardless of age, people want to be safe and to feel supported. They want a place to call home and have the ways and means to be able to connect with their communities of choice.”





Appendices

Appendices

The outcomes of Loneliness

The effect of loneliness and isolation on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010)

Loneliness is associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016)

Loneliness increases the risk of high blood pressure (Hawkey et al, 2010)

Loneliness significantly increases the likelihood of mortality (Holt-Lunstad, 2015)

The effect of loneliness and isolation on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010)

Loneliness is associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016)

Loneliness increases the risk of high blood pressure (Hawkey et al, 2010)

Lonely individuals are also at higher risk of the onset of disability (Lund et al, 2010)

Loneliness puts individuals at greater risk of cognitive decline (James et al, 2011)

One study concludes lonely people have a 64% increased chance of developing clinical dementia (Holwerda et al, 2012)

Lonely individuals are more prone to depression (Cacioppo et al, 2006) (Green et al, 1992)

Loneliness and low social interaction are predictive of suicide in older age (O'Connell et al, 2004)

Lonely individuals are more likely to:

Visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care (Cohen, 2006)

Undergo early entry into residential or nursing care (Russell et al, 1997)

Use accident and emergency services independent of chronic illness. (Geller, Janson, McGovern and Valdini, 1999)

The Gerontology & Nursing Conference Contributors

(Presentation papers are accessible at the Selwyn Foundation website <https://www.selwynfoundation.org.nz/learning/knowledge-exchange/>)

Dr Sally Keeling, senior lecturer University of Otago focused on loneliness in later life in New Zealand. As well as dealing with different definitions of loneliness, and contributing factors, she cited a series of research papers and studies to understand the New Zealand context to Loneliness.

Kathy Glasgow, senior advisor—nursing Ministry of Health talked about a nurse's role in dealing with loneliness. Specifically, duty of care; what are the indicators of loneliness; success factors for responding; and what the future might hold.

Dr Michal Boyd, health board nurse practitioner and associate professor University of Auckland School of Nursing shared ideas on how to promote resilience in ageing by recognizing frailty.

Professor Merryn Gott, Director of Research, School of Nursing University of Auckland spoke on culturally diverse experiences of social connectedness and befriending services in Aotearoa, New Zealand.

Ruth Busch, lawyer, advocate, advisor and community facilitator provided her views on the older person's perspective on loneliness.

A panel discussion chaired by Chris Wilkins from the Selwyn Institute and Sandi Millar, operations and services development manager, Community The Selwyn Foundation; Orquidea Mortera, former diversional therapist the Selwyn Foundation; Marianne Hornburg, former Director Spiritual Care The Selwyn Foundation; Rita Noetzel, programme director Clown Doctors New Zealand, and Ruth Busch highlighted professional perspectives on solutions to loneliness.

Michelle Lee, founder I'm Soul Inc., showed how music makes a difference in ageing well.

Nigel Latta, clinical psychologist and TV doyen, honed in on the neuroscience of loneliness. His interest is and why it takes brains to develop a space and place to belong.

Appendices

The Ageing & Spirituality Conference Contributors

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The Bishop of Auckland Ross Bay explored the basis of Christian community from the perspectives of Scripture, the Christian tradition, and his own experience. His proposal is that healthy spirituality is an essential component of creating a healthy community.

Longing to belong: Different perspectives related to Belonging. These included a cross section of religions; Zen Buddhism (Hanya Gallagher), Islam (Imam Mohammad Saleh Almodarresi), Church of England (Chaplain Lucy Nguyen); and a Tangata Whenua orientation (The Venerable Lloyd Nau Popata). A NOLA (Non Label Spiritual) focus was also included presented by author Dwight Whitney. Responses from an interactive session on insights and elements related to belonging.

Teena Abbey Auckland Council Belonging and Participation outcome in the Auckland Plan 2050. Part of this involves focusing on specialist knowledge and evidence related to the themes in the Belonging and Participation outcomes.

Mallika Krishnamurthy Selwyn Centre Community Liaison. The Art of Belonging programme creating a range of artworks that expressed what belonging means as guests at the Selwyn Centre.

Findings: The Selwyn Institute intern program

As part of the focus on Loneliness and Belonging, the Selwyn Institute hosted two interns who focused their work on aspects of loneliness. Fiona Ho, a Bachelor of Health Science student at the University of Auckland and Areeb Khan.

Study one. Social isolation and loneliness for Asian Elderly in New Zealand.

People of Asian ancestry is a rapidly growing part of the New Zealand population. Predicted to reach 1,500,000 by 2020 or 25% of the total population. Of this group, 73% will have been born overseas. They usually have a high life-expectancy too (Ho, Au, Bedford, & Cooper, 2003).¹⁴

Although the current projectile shows that Asian have a relatively young generation, however, there is need to pay attention to positive ageing intervention. This allows them to be prepared in an earlier stage, in the hope to reduce the social cost in the future.

Studies that have been conducted in New Zealand on Asian health have found the most common causes of loneliness, and social isolation among Asian population are.

- Cultural impact on emotion
- Experiencing racism/discrimination
- Languages barriers
- Family tension
- Acculturation stress
- Loss of social support network

Study two. Loneliness among the elderly in New Zealand

The study centred on the research question: Are the Selwyn Foundation's efforts into tackling loneliness among the elderly worthwhile and effective? Out of this were two objectives. The first was to determine whether tackling loneliness among the elderly was worthwhile given that

Loneliness is more often associated with younger people. The second investigated whether The Selwyn Foundation's efforts were effective.

Based on a literature review undertaken the efforts were deemed to be effective given that the health impact of loneliness is more profound among older people. Meaning there was a perceived need for intervention. Particularly in the offer from the Foundation's Selwyn Institutes. One area potentially needing development was in the development of coping strategies for loneliness.

13. The Interpersonal Theory of Suicide; Van Orden et al; *Psychology Review* 2010 Apr; 117(2): 575–600.

14. Ho, E., Au, S., Bedford, C., & Cooper, J. (2003). *Mental Health Issues for Asians in New Zealand: A LITERATURE REVIEW*. Wellington: Mental Health Commission.

***The Selwyn
Foundation.
A proud history;
an innovative
future***

The Selwyn Foundation is a charitable Christian organisation dedicated to serving older people and their families, offering everything from funding of charities and age-related research through to independent living, residential care and community support for the elderly.

The Selwyn Foundation is one of New Zealand's leading advocates for older people, providing homes, services and care for older people for over 65 years. We have a unique set of capabilities and services, based around our holistic sense of spirituality, wellness and caring about our older people.

As a New Zealand entity with a clear mission, sound business practices and a strong balance sheet, we are committed to continue supporting the future generations of older people, particularly the most vulnerable.

Our mission

“To deliver quality services that are responsive to the ageing person and their family, ensuring that our charitable outreach supports those who are vulnerable or in need.”

The Selwyn Foundation has four broad, inter-related, elements:

Charity

To support our mission we reappraised our definition of 'vulnerability' and developed new, practical ideas on how our charitable mission could affect the quality of life of older people. We identified three particular areas where our help can make a substantial difference to those in need:

- Social isolation/loneliness
- Affordable housing
- Hardship support

These priorities are funded through surpluses derived from the various Selwyn villages, community services and educational functions, and through fundraising, donations, bequests, and sponsorship initiatives and in the future surpluses from commercial partnerships. We have recently partnered with Auckland Council to further build on our social housing goals in addition to our 57 rentals.

Community

Recognising that village life is not for everyone, The Selwyn Foundation is expanding its care and services to those who choose to remain living in their communities. Helping older people to remain connected, providing cost effective transport, health and fitness programmes, and providing products and services that they both need and want. All of this delivered through The Selwyn Way – our approach to care.

Learning

The Selwyn Institute takes a holistic approach to the wellbeing of older people and helps inform our charitable and business functions through knowledge-sharing, research, trials, innovations, and technology development.

Villages

We continue to build thriving communities, mindful of the potential need for continuum of care. With the development of The Selwyn Way, our approach to care, so too we have developed purpose-built residential care housing that allows us to provide residents with a more homely environment where they can find meaning and self-fulfilment.

The Selwyn Foundation

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