



Australian Neighbourhood Houses & Centres Association: Submission to inquiry into social isolation and loneliness in Queensland

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Australian Neighbourhood Houses and Centres Association

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Australian Neighbourhood Houses & Centres Association

Australian Neighbourhood Houses and Centres Association (ANHCA) is the national peak body for Neighbourhood houses and centres in Australia. Representing over 1,000 Neighbourhood and Community houses and centres (NCHCs), it is committed to the development of place-based solutions to meet the economic, social and civic opportunities and challenges that are currently facing Australian communities. To achieve this, ANHCA works to support the evolution of strong local communities through the empowerment of engaged local leaders and the creation of community partnerships.

Each week, over 406,000 people visit a NCHCs in Australia. With unparalleled reach into local communities, we strengthen the foundations of communities to enable people and their families to thrive. Houses and centres are located in some of the most geographically isolated and disadvantaged communities in Australia and work with their communities to identify needs and facilitate local opportunities. This approach underpins the very core of what the sector offers as places where people from all walks of life, age, ability, race and gender come together to connect, learn, create, celebrate and contribute.

ANHCA's purpose is to contribute to national policy and issues of common interest to NCHCs and to promote and strengthen the national identity of the sector. ANHCA seeks to enhance the quality, skills and knowledge and support the activity and work of Neighbourhood Houses and Centres in Australia.

ANHCA's response to inquiry into social isolation and loneliness in Queensland

ANHCA welcomes the opportunity to respond to the Queensland Government's enquiry into social isolation and loneliness.

Indeed, with a growing body of evidence to suggest that social isolation and loneliness are substantial contributors to ill health, resulting in a substantial cost to the health system, interest in measures to address this problem is growing.

Australian neighbourhood houses have over forty years-experience in connecting people. There is now significant evidence to suggest that not only are neighbourhood houses effective in creating and maintaining social connection, but they are also positioned to provide some general insights into what social connection activity types may work best for a number of cohorts.

What is social isolation and loneliness?

It is important to note that these two concepts are related but not the same. It is possible to have social connections but still feel lonely. Conversely, it is possible to be socially isolated and not feel lonely.

According to Lim, Eres and Peck (2019) "loneliness is defined as a subjective feeling of social isolation that is more related to the perceived quality rather than the quantity of relationships" (p.2). Social isolation on the other hand relates to objectively quantifiable social contacts and network size (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015).

Why it matters – human, social and economic costs

Both social isolation and loneliness are associated with poorer health behaviours and outcomes, and predict mortality (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Richard, et al., 2017).

Reports from both Australia and internationally, associate loneliness and/or social isolation with a number of impacts including but not limited to:

- **Mental ill health** (Jacob, Haro, & Koyanagi, 2019; Richard, et al., 2017; Leigh Hunt, et al., 2017)
- **Emergency department use and admissions** (Mullen, et al., 2019; Geller, Janson, McGovern, & Valdini, 1999)
- **Increased visits to doctors** (Cruwys, Wakefield, Sani, Dingle, & Jetten, 2018; Richard, et al., 2017; Gerst-Emerson & Jayawardhana, 2015; Beutel, et al., 2017)
- **Suicidal ideation and attempts** (Calati, et al., 2019; Player, et al., 2015; Beutel, et al., 2017; Masi, Chen, Hawkey, & Cacioppo, 2011; Leigh-Hunt, et al., 2017)
- **Poor diet** (Richard, et al., 2017; Haenrikson, Torsheim, & Thuen, 2014).
- **Decreased physical activity** (Hawkey, Thisted, & Cacioppo, 2009; Richard, et al., 2017)
- **Smoking** (Richard, et al., 2017; Dyal & Valente, 2015; Beutel, et al., 2017)
- **Poorer cardiovascular health** (Leigh-Hunt, et al., 2017; Mullen, et al., 2019)
- **Obesity** (Jung & Luck-Sikorski, 2019)
- **Criminal activity** (Johnson, Pagano, Lee, & Post, 2018; Blake & Gannon, 2011; Carcach & Huntley, 2002)

Studies, particularly from the UK, have shown the cost to the economy, government, and individuals to be substantial. Reports have valued the cost of loneliness to UK employers at £2.5 billion annually (NEF, 2017) while the Centre for Economics and Business Research (2017) put the total cost at £32 billion including health and justice system costs.

In the US, the additional cost to the health system of loneliness amongst older Americans alone was US\$6.7 billion (Flowers, et al., 2017). Costs occur in lost

productivity, increased health system use, increased welfare, and justice system costs and in reduced quality of life and economic participation for individuals and families (Centre for Economics and Business Research, 2017; New Economics Foundation, 2017).

While costs are unknown in Australia, the evidence from the UK and elsewhere suggest the costs are considerable.

Prevalence in Australia

Recent Australian research shows:

- 1 in 10 (9.5%) Australians aged 15 and over report lacking social support (Relationships Australia, 2018)
- About 1 in 4 report they are currently experiencing an episode of loneliness (Australian Psychological Society, 2018)
- 1 in 2 (51%) report they feel lonely for at least 1 day each week (Australian Psychological Society, 2018)
- The average number of close friends claimed in 2018 was 3.9 compared to 6.4 in 2005 (Robson, 2018)
- 1 in 4 Australians see their closest friend only monthly (12%) to less than once a month (14%) and 8% don't see any friends regularly (Australian Psychological Society, 2018)
- 1 in 4 men have few or no social connections (Hall & Partners | Open Mind, 2014)
- Nearly 30% of Australians rarely or never feel part of a group of friends, with 22.1% stating that they rarely or never feel they have someone to talk to (Australian Psychological Society, 2018)
- More than 1 in 4 young Victorians reported problematic levels of loneliness, with young adults most affected (Lim, Eres, & Peck, 2019)
- While over 65s are least lonely (Australian Psychological Society, 2018) and the impact of loneliness on mortality is less pronounced than for middle age (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015), loneliness in this age cohort may be associated with higher levels of suicidal ideation and behaviour (Bennardi, et al., 2017). Furthermore, by 75, seniors record the highest rates of loneliness but not social isolation (Relationships Australia, 2018).

Risk Factors

While the extent of loneliness amongst Australians varies with age (Australian Psychological Society, 2018), several risk factors have been identified that increase the risk of social isolation and/or loneliness. People experiencing isolation or loneliness may experience more than one risk factor. While the relationship between the risk factors and isolation or loneliness can be complex, understanding the risk factors is essential to designing and targeting intervention strategies.

Living alone: Living alone is a significant predictor of loneliness (Beutel, et al., 2017; Mullen, et al., 2019). The prevalence of those living alone with common mental disorders has been strongly associated with loneliness (Jacob, Haro, & Koyanagi, 2019). Younger women and middle-aged men living without a partner are at higher risk of experiencing loneliness (Beutel, et al., 2017). It has been positively linked to mortality (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015).

Life transitions: This includes major events and transitions that affect social networks and close personal relationships such as leaving school or university, changing jobs, family breakdown, empty nest, retirement, and the death of a partner.

Mental ill health: Both the stigma associated with mental illness and the experience of mental illness can contribute to isolation and loneliness (Australian Psychological Society, 2018). Depression and anxiety, including social anxiety are particularly strong predictors of isolation and loneliness.

Physical ill health: A number of studies identify this association with loneliness and isolation (Richard, et al., 2017; Mullen, et al., 2019; Australian Psychological Society, 2018)

Poverty: Stressors associated with poverty can make people more vulnerable to situational depression and loneliness (Kearns, Whitley, Tannahill, & Ellaway, 2015) while lack of disposable income limits peoples' capacity to participate in social activities.

Discrimination: People with disability not only suffer physical and financial barriers to building social connections but stigmatisation of disability and a lack of community understanding can also add to the difficulty of creating meaningful connections with others (Sense, 2017). Racial (Priest, Perry, Ferdinand, Kelaher, & Paradies, 2017), elder discrimination (Waldegrave, 2018), lesbian, gay, bisexual and transgender, and other cohorts experiencing direct discrimination (Hammond, n.d; Jennings-Edquist, 2019) have a heightened risk of experiencing loneliness.

Obesity: Loneliness may occur more frequently in obese people. Although the relationship between cause and effect is still unknown, research suggests that those with obesity are generally lonelier than those without (Jung & Luck-Sikorski, 2019).

Barriers to Connection

Loneliness provides greater challenges than social isolation. While expanding social connection can mitigate isolation, the subjective nature of loneliness means expanded connection may not mitigate loneliness.

Furthermore, there are associations between loneliness and depression as well as anxiety (Beutel, et al., 2017), including social anxiety (Australian Psychological Society, 2018; Lim, Eres, & Peck, 2019). However, these are not one-way associations. Loneliness has a greater impact on the chances of being depressed and anxious about social interactions than being depressed or experiencing social anxiety have on the chances of being lonely (Australian Psychological Society, 2018).

Social anxiety, by its nature, and depression can be a barrier to increased social connection so interventions to address these issues may be required alongside safe social opportunities (Lim, Eres, & Peck, 2019). People experiencing a range of conditions, and the experience of loneliness itself, can lead to negative evaluations of others and reduced trust requiring specialised interventions (Mann, et al., 2017) alongside emotionally safe and accessible social connection opportunities (Mann, et al., 2017; Lim, Eres, & Peck, 2019).

The impact of Neighbourhood Houses

Neighbourhood houses have been providing opportunities for social connection for over 40 years. With over 14 million reported visits to Australian Neighbourhood and Community Houses and centres across the country in 2019.

Importantly, neighbourhood houses have demonstrated capacity to attract and provide accessible activities for people from diverse and disadvantaged backgrounds (Perry & Richards, 2019; Savage & Perry, 2014; Ministerial Advisory Committee for Victorian Communities, 2006).

A survey of over 47,000 neighbourhood house participants found that 57 per cent (n=27,148) report benefits that relate directly to forming social connections (meet new people / make friends) and/or maintaining social connections (spend time with other people) (Perry & Richards, 2019).

These benefits are derived across a wide range of activity types but the rate at which they are identified varied depending on the activity type the participant attended. Activity types at neighbourhood houses include formal and informal learning, employment skills, social and recreational opportunities as well as exercise, physical health focused and volunteering activities.

While there is a need for more well-designed research, the participant benefits identified in the 2017 Neighbourhood House Participant Survey are consistent with benefits reported in a number of existing evaluations of strategies to reduce loneliness using similar types of activities (Chatterjee, Camic, Lockyer, & Thomson, 2017). Membership of social groups is associated with both reduced risk of and recovery from depression (Cruwys T., et al., 2013) and neighbourhood house type activities with reduced anxiety and improved mental wellbeing (Chatterjee, Camic, Lockyer, & Thomson, 2017).

A number of researchers suggest connecting people via these activity types, along with other supports where needed (Cruwys & Dingle, Why do lonely people visit the GP more often, 2018; Lim, Eres, & Peck, 2019; Woodall, et al., 2018; Thomson, Camic, & Chatterjee, 2015). Organisations such as the Black Dog Institute and Beyond Blue recommend neighbourhood house type activities among others, for people who are lonely (Black Dog Institute, 2018; Beyond Blue, n.d.).

There are two reported benefits in the 2017 Neighbourhood House Participants Survey that relate to social connection.

- **Meet new people/make friends:** this benefit implies creating or expanding social networks through the neighbourhood house.
- **Spend time with other people:** implies maintaining existing social connections. This suggests that the connections were formed or were in the process of being formed at the neighbourhood house. Where this benefit was selected without meet new people/make friends also selected, the implication is that connections are already established. Where both have been selected, the implication is that relationships are in a formative or expansion stage, or they have pre-existing relationships but want to continue to make more.

Overall, participants aged ten and over reported spending time with others at higher rates than meet new people/make friends (39 per cent and 33 per cent respectively). This relationship persisted across all cohorts except for people who do not speak English as their primary language at home (46 per cent and 47 per cent respectively) (Perry & Richards, 2019).

Respondents are more likely to identify a social connection benefit the older they are but are also proportionally less likely to choose 'meet new people/make friends with other people' as a social connection benefit. This pattern is consistent with findings that the over 65 age group is less lonely (Australian Psychological Society, 2018) i.e. have satisfactory established connections. For the over 65 age cohort, the higher rate of identification of social connection benefits correlates with a significant increase in attendance at neighbourhood houses specifically for a social group activity.

Optimising the role of the Neighbourhood House Sector: Opportunities for Government

Neighbourhood houses are already providing social connection opportunities for hundreds of thousands of Australians. For many who experience loneliness, it will serve its potential evolutionary purpose as a prompt to build new social connections (Cacioppo, Cacioppo, & Boomsma, Evolutionary mechanisms for loneliness., 2014). For some this is less likely to occur, and others will need assistance.

To this end, there are several potential opportunities for governments to work with Neighbourhood Houses to further reduce social isolation and loneliness.

- Strengthening networks with potential referring agencies for those who are unlikely to approach the neighbourhood house. Organisations that work with at risk or hard to reach cohorts may include family violence services, settlement services, LGBTIQ groups, disability services, welfare agencies and health and mental services including GPs. Social prescribing is gaining interest

in Australia and may serve as a pathway to or function of neighbourhood houses.

- Support Neighbourhood Houses to build the capacity of staff and volunteers to recognise and respond appropriately to those who find making social connections difficult. This includes the potential of lonely people to be anxious about negative evaluation of themselves by others, to find social interaction less rewarding and to act in ways that can reinforce their negative social expectations (Cacioppo & Hawkey, 2009). Creating and maintaining safe, responsive environments is essential.
- Increase financial support for Neighbourhood Houses so that they can design and implement more activities for building and maintaining connections based on the activity types that facilitate social connection at higher rates. This requires activities that can be ongoing for the maintenance of social connections once established. Activities can also be designed to expand or migrate the social connection beyond the neighbourhood house.

QFCA Submission to Parliamentary Inquiry into Loneliness and Social Isolation in Queensland

This submission by Australian Neighbourhood Houses and Centres Association is submitted in support of the Queensland peak body for Neighbourhood Centres, Queensland Families and Communities Association (QFCA). ANHCA supports the recommendations put forward by QFCA and recognises their invaluable contribution to alleviating social isolation and loneliness in their communities.

More Information

For more information about this submission, please contact the Chairperson of ANHCA, Nicole Battle, on [REDACTED] or email [REDACTED].

Or for more information about ANHCA or the work of Neighbourhood Houses, please visit the ANHCA website – ancha.org

References

- Australia21. (2014). Advance Australia Fair? What to do about growing inequality in Australia. Australia21. Retrieved from <https://www.australia21.org.au/wp-content/uploads/2014/06/Final-InequalityinAustraliaRepor-2.pdf>
- Australian Psychological Society. (2018). Australian Loneliness report. Retrieved from <https://psychweek.org.au/wp/wp-content/uploads/2018/11/Psychology-Week-2018-Australian-Loneliness-Report-1.pdf>
- Bennardi, M., Caballero, F. F., Miret, M., Ayuso-Mateos, J. L., Haro, J. M., Lara, E., . . . Cabello, M. (2017, Feb 11). Longitudinal Relationships Between Positive Affect, Loneliness, and Suicide Ideation: Age-Specific Factors in a General Population. *Suicide Life Threat Behav*, 49, 90-103. doi:10.1111/sltb.12424
- Beutel, M., Klein, E., Brähler, E., Reiner, I., Jünger, C., Michal, M., . . . (2017, March 20). Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC Psychiatry*, 17(1). doi:10.1186/s12888-017-1262-x.
- Beyond Blue. (n.d.). Connections Matter. Retrieved from Beyond Blue: <http://resources.beyondblue.org.au/prism/file?token=BL/1366>
- Beyond Blue. (n.d.). Looking After Yourself. Retrieved from Beyond Blue: <https://www.beyondblue.org.au/who-does-it-affect/men/looking-out-for-yourself>
- Black Dog Institute. (2018, November 12). What is loneliness and how can we overcome it? Explained. Retrieved from Black Dog Institute: <https://www.blackdoginstitute.org.au/news/news-detail/2018/11/12/what-is-loneliness-and-how-can-we-overcome-it-explained>
- Blake, E., & Gannon, T. (2011). Loneliness in sexual offenders. In S. Bevin, *Psychology of Loneliness* (pp. 49-68). US: Nova.
- Cacioppo, J. T., & Hawkley, L. C. (2009). Perceived social isolation and cognition. *Trends in cognitive sciences*, 13(10), 447–454. doi:10.1016/j.tics.2009.06.005
- Cacioppo, J. T., Cacioppo, S., & Boomsma, D. I. (2014). Evolutionary mechanisms for loneliness. *Cognition & emotion*, 28(1), 3-21. doi:10.1080/02699931.2013.837379
- Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders*, 245, 653-667. doi:10.1016/j.jad.2018.11.022
- Carcach, C., & Huntley, C. (2002). Community Participation and Regional Crime. *Trends & issues in crime and criminal justice*, 222. Retrieved from <https://aic.gov.au/publications/tandi/tandi222>
- Centre for Economics and Business Research. (2017). The cost of disconnected communities. *The Big Lunch*.
- Chatterjee, H. J., Camic, P. M., Lockyer, B., & Thomson, L. J. (2017). Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & Health*, 10(2), 97-123. doi:10.1080/17533015.2017.1334002
- Cruwys, T., & Dingle, G. (2018, November 14). Why do lonely people visit the GP more often? Retrieved Oct 23, 2019, from Relationships Australia: <https://www.relationships.org.au/news/blog/why-do-lonely-people-visit-the-gp-more-often>
- Cruwys, T., Dingle, G., Haslam, C., Haslam, S., Jetten, J., & Morton, T. (2013). Social group memberships protect against future depression, alleviate depression symptoms and prevent depression relapse. *Social Science & Medicine*, 98, 179-186. doi: <https://doi.org/10.1016/j.socscimed.2013.09.013>
- Cruwys, T., Wakefield, J., Sani, F., Dingle, G., & Jetten, J. (2018). Social Isolation Predicts Frequent Attendance in Primary Care. *Annals of Behavioral Medicine*, 52(10), 817-829.
- Dyal, S., & Valente, T. (2015). A Systematic Review of Loneliness and Smoking: Small Effects, Big Implications. *Substance Use & Misuse*, 50(13), 1697-1716. doi:10.3109/10826084.2015.1027933
- Eden Project Communities. (n.d.). The cost of disconnected communities. Retrieved from Eden Project Communities: <https://www.edenprojectcommunities.com/sites/default/files/The%20Cost%20of%20Disconnected%20Communities%20Digital%20Toolkit%20-%20Eden%20Project%20Communities.pdf>

- Flowers, L., Houser, A., Noel-Miller, C., Shaw, J., Bhattacharya, J., & Schoemaker, L. (2017). Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute. Retrieved from <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>
- Geller, J., Janson, P., McGovern, E., & Valdini, A. (1999, October). Loneliness as a Predictor of Hospital Emergency. *The Journal of Family Practice*, 48(10), 801-804.
- Gerst-Emerson, k., & Jayawardhana, J. (2015, May). Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults. *American Journal of Public Health*, 105(5), 1013-1019. doi:10.2105/AJPH.2014.302427
- Haenrikson, R., Torsheim, T., & Thuen, F. (2014). Loneliness, Social Integration and Consumption of Sugar-Containing Beverages: Testing the Social Baseline Theory. *PLoS ONE* 9(8): e104421. doi:10.1371/journal.pone.0104421
- Hall & Partners | Open Mind. (2014). Men's social connectedness. Beyond Blue.
- Hall & Partners | Open Mind. (2014). Men's social connectedness. Beyond Blue. Retrieved from <https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0276-mens-social-connectedness-final.pdf?sfvrsn=4>
- Hammond, C. (n.d.). The anatomy of loneliness Who feels lonely? The results of the world's largest loneliness study. Retrieved from BBC: <https://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study>
- Hawkey, L., Thisted, R., & Cacioppo, J. (2009). Loneliness Predicts Reduced Physical Activity: Cross-Sectional & Longitudinal Analyses. *Health Psychology*, 28(3), 354–363. doi:10.1037/a0014400
- Holt- Lunstad, J., Smith, T., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 227-237.
- Jacob , L., Haro, J., & Koyanagi, A. (2019, May 1). Relationship between living alone and common mental disorders in the 1993, 2000 and 2007 National Psychiatric Morbidity Surveys. Retrieved from PLOS One: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215182>
- Jennings-Edquist, G. (2019, October 4). Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely. Retrieved from ABC: <https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414>
- Johnson, B., Pagano, M., Lee, M., & Post, S. (2018, December 1). Alone on the Inside: The Impact of Social Isolation and Helping Others on AOD Use and Criminal Activity. *Youth & Society*, 15(4), 529-550. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5889144/>
- Jung, F., & Luck-Sikorski, C. (2019). Overweight and Lonely? A Representative Study on Loneliness in Obese People and Its Determinants. *Obesity Facts*, 12(4), 1-8. doi:10.1159/000500095
- Kearns, A., Whitley, E., Tannahill, C., & Ellaway, A. (2015). Loneliness, social relations and health and well-being in deprived communities. *Psychology, health & medicine*, 20(3), 332–344. doi:10.1080/13548506.2014.940354
- KPMG. (2016). Solving the structural deficit. KPMG. Retrieved from <https://assets.kpmg/content/dam/kpmg/pdf/2016/04/solving-structural-deficit-australia-april-2016.pdf>
- Leigh-Hunt, N., Bagguley, D., Bash, K., V, T., Turnbull, S., Valtorta, N., & Caan, W. (2017, September). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157-171. doi:10.1016/j.puhe.2017.07.035
- Lim, M., Eres, R., & Peck, C. (2019). The young Australian loneliness survey Understanding loneliness in adolescence and young adulthood. Melbourne: The Iverson Health Innovation Research Institute, and Centre for Mental Health, Swinburne University of Technology.
- Mann, F., Bone, J., L.-E. B., Frerichs, J., Pinfeld, V., Ma, R., . . . Johnso, n. S. (2017). A life less lonely: the state of the art in interventions to reduce loneliness in people with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 52(6), 627-638. doi:10.1007/s00127-017-1392-y
- Masi, C., Chen, H., Hawkey, L., & Cacioppo, J. (2011, Aug 15). A Meta-Analysis of Interventions to Reduce Loneliness. *Personality and Social Psychology Review*, 15(3), 219-266. doi:10.1177/1088868310377394

- Ministerial Advisory Committee for Victorian Communities. (2006). *Strong Communities: Ways Forward*. Retrieved from https://www.ourcommunity.com.au/files/WaysForward_FullReport.pdf
- Mullen, R., Tong, S., Sabo, R., Liaw, W., Marshall, J., Nease, D., . . . Frey, J. (2019, March/April). Loneliness in Primary Care Patients: A Prevalence Study. *Annals of Family Medicine*, 17(2), 108-115. doi:10.1370/afm.2358
- New Economics Foundation. (2017, February 20). The cost of loneliness to UK employers: The impact of loneliness upon businesses across the UK. Retrieved from New Economics Foundation: <https://neweconomics.org/2017/02/cost-loneliness-uk-employers>
- Perry, D., & Richards, E. (2019). *Connecting a diverse Victoria*. Melbourne: Neighbourhood Houses Victoria. Retrieved from <https://www.nhvic.org.au/datapowerhouse/statewide-data/connecting-a-diverse-victoria---2017-participant-survey>
- Peterie, M., Ramia, G., Marston, G., & Patulny, R. (2019, August 6). Does Australia have a 'job snob' problem? Retrieved from ABC: <https://www.abc.net.au/news/2019-08-06/does-australia-have-a-job-snob-problem/11387270>
- Player, M., Proudfoot, J., Fogarty, A., Whittle, E., Spurrier, M., Shand, F., & al., e. (2015, June). What Interrupts Suicide Attempts in Men: A Qualitative Study. *Plos One*, 10(6). doi: <https://doi.org/10.1371/journal.pone.0128180>
- Priest, N., Perry, R., Ferdinand, A., Kelaher, M., & Paradies, Y. (2017). Effects over time of self-reported direct and vicarious racial discrimination on depressive symptoms and loneliness among Australian school students. *BMC psychiatry*, 17(1), 50. doi:10.1186/s12888-017-1216-3
- Relationships Australia. (2018). *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey*. Relationships Australia National. Retrieved from <https://www.relationships.org.au/what-we-do/research/is-australia-experiencing-an-epidemic-of-loneliness>
- Richard, A., Rohrmann, S., Vandeleur, C., Schmid, M., Barth, J., & Eichholzer, M. (2017). Loneliness is adversely associated with physical and mental health and lifestyle factors: Results from a Swiss national survey. 12(7). doi:10.1371/journal.pone.0181442
- Robson, F. (2018, August 11). Why do so many friendships dissolve as we age? *Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/lifestyle/life-and-relationships/why-do-so-many-friendships-dissolve-as-we-age-20180807-p4zvxm.html>
- Savage, A., & Perry, D. (2014). *Multiple Benefits: How Neighbourhood Houses are good for individuals, communities and government*. Melbourne: Neighbourhood Houses Victoria.
- Sense. (2017). *Someone cares if I'm not there - Addressing loneliness in disabled people*. Loddon: Sense.
- Thomson, L. J., Camic, P. M., & Chatterjee, H. J. (2015). *A Review of Community Referral Schemes*. London: University College London.
- Waldegrave, C. (2018). The impacts of discrimination and abuse on the health, well-being and loneliness of older people. *Innovation in Aging*, 2(Issue suppl_1), 337. doi:10.1093/geroni/igy023.1237
- Woodall, J., Trigwell, J., Bunyan, A.-M., Raine, G., Eaton, V., Davis, J., . . . Wilkinson, S. (2018). Understanding the effectiveness and mechanisms of a social prescribing service: a mixed method analysis. *BMC Health Services Research*, 18(604). doi:10.1186/s12913-018-3437-7.