



Social isolation and loneliness – a neighbourhood house perspective

David Perry
Neighbourhood Houses Victoria
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Neighbourhood Houses Victoria Inc

Shop B41, Level 4, 744 Bourke Street, Docklands VIC 3008
(03) 9602 1228 | info@nhvic.org.au | nhvic.org.au | socials: #nhvic
ACN A0001368L ABN 30 174 498 896

With a growing body of evidence suggesting 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.

Victorian 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 in a position 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, & Valadini, 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, Hawkley, & Cacioppo, 2011; Leigh-Hunt, et al., 2017)
- **Poor diet** (Richard, et al., 2017; Haenrikson, Torsheim, & Thuen, 2014).
- **Decreased physical activity** (Hawkley, 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).

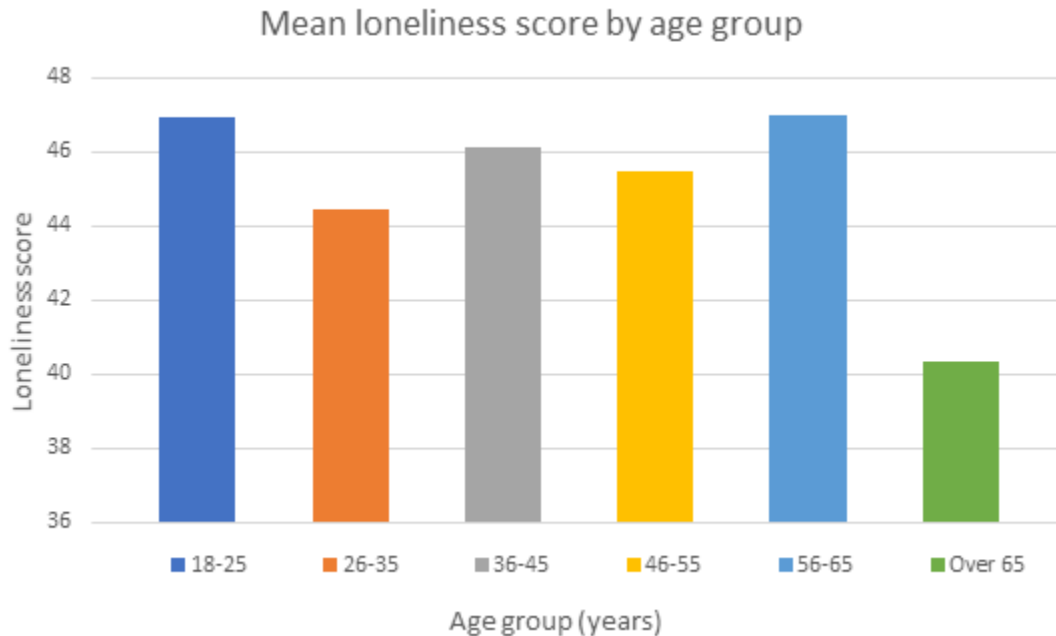
While costs are unknown in Australia, the evidence from the UK and elsewhere suggest the costs are considerable.

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. 22.1% 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).

This table reproduced from the Australian Psychological Society (2018) illustrates the variation in prevalence of loneliness by age group.



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 following table from Mann, et al. (2017) shows a classification system for types of interventions directly targeting loneliness.

Table 1: Classification system for types of interventions directly targeting loneliness

Category	Description	Modes of delivery (examples)
Changing cognitions	Interventions that aim to reduce 'maladaptive' cognitions in lonely people. They may target cognitive biases or attributional styles, changing the way individuals think about their social relationships. This aims to change behaviours, increasing social connections and decreasing loneliness.	Through mental health services School-based Individual sessions Group sessions Digital interventions
Social skills training and psychoeducation	Interventions that focus on training in or education on one's social skills, such as conversational ability and interpreting body language. Psychoeducation may focus on managing mental health problems alongside the importance of social support.	Through mental health services Individuals or families Group sessions Digital interventions Using peer support

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	This aims to enable individuals to form and maintain meaningful relationships and thus reduce loneliness.	
Supported socialisation or having a 'socially-focused supporter'	Interventions where people are offered support and guidance in finding and attending new activities or groups. A specific supporter (a professional, family member, friend, volunteer or peer supporter) works towards social goals with the lonely person. They aim to help individuals make social connections which can be maintained after their support ends, thereby reducing loneliness.	<p>Individual support provided by mental health services</p> <p>Charity and third sector organisations</p> <p>Local community</p> <p>Peer supporters</p> <p>Working with primary care</p>
Wider community groups	Interventions include groups that appeal to a wider range of members, with or without mental health problems. These aim to facilitate better integration into the community, reduce stigma and boost the lonely person's confidence as a member of a wider society which is receptive to them.	<p>Changing cognitions</p> <p>Groups, facilitated by local community organisations</p> <p>Charity and third sector organisations</p> <p>Working with primary care</p>

These are not mutually exclusive and different strategies or combinations of strategies may be required for each individual to successfully increase social connectedness.

While gender in Australia appears not to be a significant factor in loneliness (Australian Psychological Society, 2018), men report fewer social connections than women (Relationships Australia, 2018; Australian Psychological Society, 2018). Their reduced and delayed use of health and community services, underpinned by unhelpful attitudes, is a potential barrier to isolated men forming social connections (Hall & Partners | Open Mind, 2014).

The impact of neighbourhood houses

Neighbourhood houses have been providing opportunities for social connection for over 40 years.

In 2017, 377 Victorian neighbourhood houses reported over 190,000 visits each week and provided over 480,000 opportunities for people to participate in community-based activities (Neighbourhood Houses Victoria, 2018). 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).

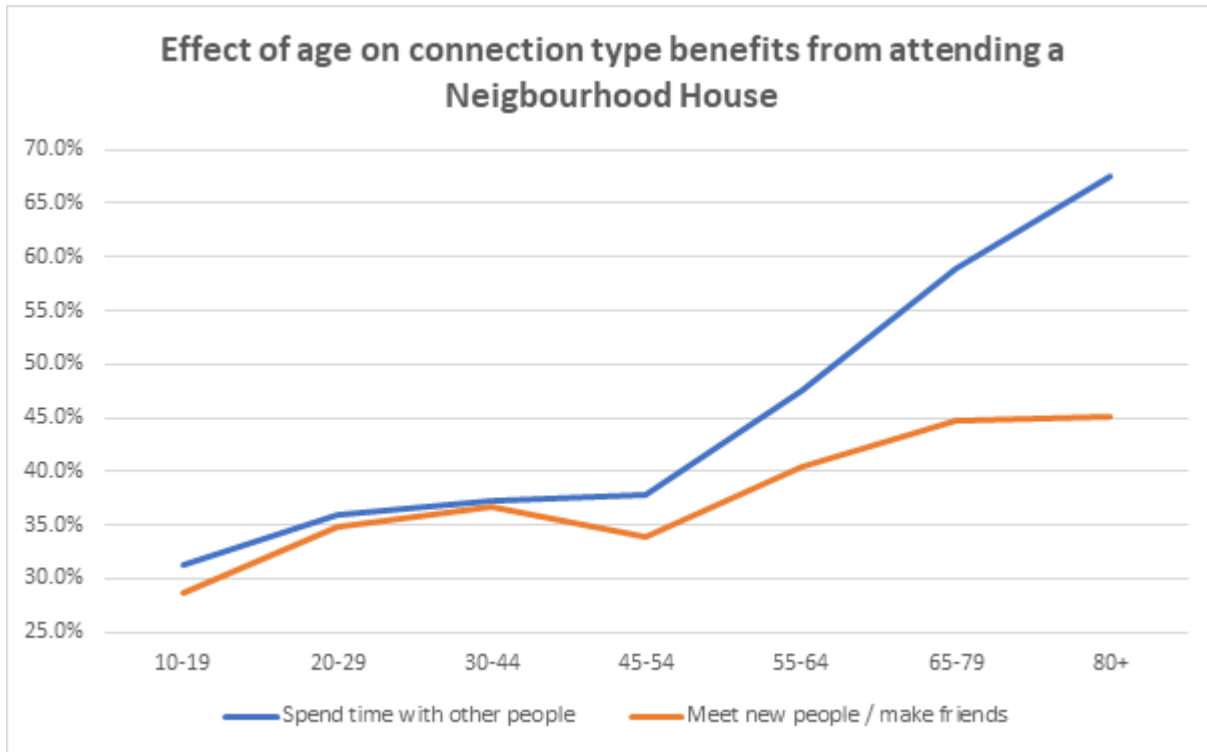
A number of researchers suggest connecting people via these activity types, along with other supports where needed (Cruwys & Dingle, Why do lonely people visit the GP more often, 2018; Lim, Eres, & Peck, 2019; Woodall, et al., 2018; Thomson, Camic, & Chatterjee, 2015). Organisations such as the Black 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.



The various neighbourhood house activity types are differentially associated with social connection benefits. The table below shows that social groups have the highest rate of reported social connection benefits for both benefit types individually and where both were selected.

Course/class had the next highest rate of social connection benefits and in contrast to social groups, and perhaps unsurprisingly had more frequently reported benefits in growing than maintaining connections.

However, rates at which participants reported social connection benefits were higher for neighbourhood houses that do not provide Learn Local or Skills First funded courses. It is notable that all activity types had some level of reported social connection type benefits as per Table 2 below.

Table 2: Proportion of participants reported social connection benefits for Neighbourhood House activity types

Activity Type	Meet new people/make friends (n=18,005)	Spend time with other people (n=21,414)	Both selected (n=13,532)
Social group	45%	49%	51%
Exercise/health Class	20%	20%	21%
Support group	13%	13%	15%
Advice/help	10%	9%	11%
Childcare/playgroup	11%	9%	9%
Course/class	39%	35%	39%
Volunteering/ placement	10%	10%	11%
Job training/job support	4%	3%	3%
Use a service	11%	11%	12%

Some cohorts have reported social connection rates for specific activity types that differ significantly from the state average.

People who are in receipt of a health care or concession card and attended the neighbourhood house for any reason, reported social connection benefits at significantly higher rates than those not in receipt of a health care or concession card.

People with disability chose social connection benefits at significantly higher rates for all reasons for attending the neighbourhood house, with the exception of childcare/playgroup, compared to those without disability.

While people who identify as Aboriginal and/or Torres Strait Islander who attend the neighbourhood house for a social group reported social connection benefits at significantly lower rates than the average, those who attended the neighbourhood

house for advice/help reported social connection benefits at significantly higher rates.

People who do not speak English as their primary language at home and attended their neighbourhood house for an exercise/health class, a support group, advice/health, childcare/playgroup, job training/support or to use a service reported social connection benefits at significantly higher rates.

Men who attended a neighbourhood house for a social group, support group, advice/help, course/class, childcare/playgroup, or to use a service reported social connection benefits at significantly higher rates.

The majority of participants aged ten and over identifying social connection benefits also identified other benefits of attending their neighbourhood house as outlined in Table 3 below.

Table 3: Proportion of participants who identified a social benefit that identified additional benefits

	Meet new people /make friends (n=18,005)	Spend time with other people (n=21,414)	Both (n=13,352)
Improve my personal wellbeing/ confidence	52%	49%	60%
Develop a new interest or activity	41%	37%	46%
Improve my health	33%	32%	38%
Help my community	33%	30%	37%
Improve my independence	24%	20%	26%
Improve my job skills	16%	14%	16%

All these additional benefits are associated with improved health outcomes.

Implications for neighbourhood houses

Neighbourhood houses are already providing social connection opportunities for tens of thousands of Victorians. 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.

For neighbourhood houses seeking to further reduce social isolation and loneliness, several issues can be considered.

- 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.
- Building the capacity of the 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 & Hawkley, 2009). Creating and maintaining safe, responsive environments is essential.
- Designing 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.
- Age cohorts, gender and barriers faced should be considered. Men may require different approaches as identified in a review of men's participation in neighbourhood houses (Tidswell & Lin, 2018).
- Consider referral pathways for those with additional support needs to increase the likelihood of success.

Broader structural factors

Social isolation and loneliness cannot just be considered as problems located within individuals. Our broader social and economic structures contribute to and exacerbate the problem.

Australia has growing inequality (ACOSS, 2018; Australia21, 2014) with aspirationalism and entitlement (Salt, n.d.) replacing egalitarianism. We are encouraged to find better jobs and better houses, now seen as investments rather than homes (Liverpool City Council, n.d.), often moving away from family and social networks (ABS, 2018).

Lack of affordable housing close to cities drives people to the city fringes where people have to travel further and longer for work (ABC, 2019). In rural communities, young people often must leave their entire community to find work or study opportunities (VicHealth, CSIRO Data61, YACVic & NCFH, 2018).

A rapidly changing economy with millions of Australians moving in and out of jobs each year (Biddle & Cavanough, 2019) is breaking work based social networks. With a more casualised workforce, the increasing gig economy and use of independent contractors (Biddle & Cavanough, 2019), work based social networks will become more difficult to establish and maintain.

The inadequacy of the welfare system leaves people without the resources to participate in society while at the same time, creating high levels of psychological distress (Australian Psychological Society, 2015; KPMG, 2016) contributing to social isolation.

Despite undoubted progress, discrimination experienced by a range of Australians remains a problem. Divisive populist political rhetoric and media narratives demonising some minorities (Victorian Equal Opportunity and Human Rights Commission, 2018; Markus, 2018), the unemployed (Stanford, 2019; Peterie, Ramia, Marston, & Patulny, 2019) and those with alternative views contribute to the erosion of social capital and a decline in the overall perception of acceptance for these groups. Lower social capital, particularly reduced trust, correlate with increased chances of loneliness (Domènech-Abella, et al., 2017).

Our legal systems are incarcerating more people than ever but particularly First Nations Australians (Australian Law Reform Commission, 2019) and the mentally ill (Australian Institute of Health and Welfare, 2018; Mental Health Commission of NSW, 2017) or intellectually impaired (Australian Institute of Health and Welfare, 2018; Mental Health Commission of NSW, 2017; Holland, 2007).

The lack of local aged care in rural communities (Rural Doctors Association of Australia, 2019) and lack of couple's accommodation in aged care (Rahn, Landis-Hanley, Hawcroft, Wilson Leary, & Yue Li, 2019) separates couples, families and friends.

Neighbourhood houses can play a role in these and other structural issues. Improving employment opportunities, supporting local jobs, challenging discrimination, facilitating community education on these issues, giving support and voice through community advocacy to those who experience discrimination or lack of services can all be part of a strategy to reduce social isolation and loneliness.

It is paradoxical that the current, essentially conservative economic and political policy is driving the most profound of social changes that go to the very heart of our humanity – our connections with others.

More evidence required

While the available evidence points to neighbourhood house type activities as effective in tackling social isolation and loneliness, the overwhelming conclusion in the research literature is that there is a need for more robust evaluative research on interventions to better understand what outcomes can be achieved, what works best, for whom and for how long. A recent report also highlights the lack of consistent, high quality economic analysis of interventions (Mihalopoulos, et al., 2019). Both types of research are required to better define the value proposition of loneliness intervention approaches.

References

- ABC. (2019, June 12). Jobs boom in CBDs leaves a long commute for exploding outer-suburban population. Retrieved from ABC News: <https://www.abc.net.au/news/2019-06-12/jobs-boom-in-cbds-leaves-a-long-commute/11198142>
- ABS. (2018, May 22). 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016. Retrieved from Australian Bureau of Statistics: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Population%20Shift:%20Understanding%20Internal%20Migration%20in%20Australia~69>
- ACOSS. (2018, July 24). Inequality. Retrieved from Australian Council of Social Service: <https://www.acoss.org.au/inequality/>
- 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 Institute of Health and Welfare. (2018). The health of Australia's prisoners. Cat. no. PHE 246. Retrieved from <https://www.aihw.gov.au/getmedia/2e92f007-453d-48a1-9c6b-4c9531cf0371/aihw-phe-246.pdf.aspx?inline=true>
- Australian Law Reform Commission. (2019, January 9). Disproportionate incarceration rate. Retrieved from Pathways to Justice—Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples (ALRC Report 133): <https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/executive-summary-15/disproportionate-incarceration-rate/>
- Australian Psychological Society. (2015). Stress & wellbeing; How Australians are coping with life. Australian Psychological Society. Retrieved from https://www.headsup.org.au/docs/default-source/default-document-library/stress-and-wellbeing-in-australia-report.pdf?sfvrsn=7f08274d_4
- 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>
- Biddle, N., & Cavanough, E. (2019). Opportunities in Change: Responding to the Future of Work. ANU. The McKell Institute. Retrieved from <https://mckellinstitute.org.au/app/uploads/McKell-Institute-Oppoortunities-in-Change.pdf>

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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. Bevinn, *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.

Domènech-Abella, J., Mundó, J., L. E., Moneta, E., Haro, J., & Olaya, B. (2017). The role of socioeconomic status and neighborhood social capital on loneliness among older adults: evidence from the Sant Boi Aging Study. *Social Psychiatry and Psychiatric Epidemiology*, 1237-1246. doi:10.1007/s00127-017-1406-9

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>

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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

Holland, S. (2007). Intellectual disability in the Victorian prison system. Melbourne: Department of Justice. Retrieved from https://assets.justice.vic.gov.au/corrections/resources/0423a0c6-958e-4847-904a-61032a59a7d9/intellectual_disability_in_the_victorian_prison_system.pdf

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

Social isolation and loneliness - a neighbourhood house perspective

- 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.
- Liverpool City Council. (n.d.). Recreation, Open Space and Sports Strategy 2018-2028. Retrieved from Liverpool City Council:
www.liverpool.nsw.gov.au/%2Ftrim%2Fdocuments%3FRecordNumber%3D350490.2018&usg=AOvVaw1JOQvAZIjtF7CwKu38f-v
- Mann, F., Bone, J., L.-E. B., Frerichs, J., Pinfold, 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
- Markus, A. (2018). Mapping Social Cohesion; The Scanlon Foundation Surveys 2018. Melbourne: Monash University. Retrieved from <https://scanlonfoundation.org.au/wp-content/uploads/2018/12/Social-Cohesion-2018-report-26-Nov.pdf>
- 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
- Mental Health Commission of NSW. (2017). Towards a just system Mental illness and cognitive impairment in the criminal justice system. Sydney: Mental Health Commission of NSW. Retrieved from https://nswmentalhealthcommission.com.au/sites/default/files/documents/justice_paper_final_web.pdf
- Mihalopoulos, C., Le, L., Chatterton, M., Bucholc, J., Holt-Lunstad, J., & Lim, M. E. (2019). The economic costs of loneliness: a review of cost-of-illness. *Social Psychiatry and Psychiatric Epidemiology*. doi:10.1007/s00127-019-01733-7
- 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
- Neighbourhood Houses Victoria. (2018). Neighbourhood Houses Survey 2017. Melbourne: Neighbourhood Houses Victoria. Retrieved from <https://www.nhvic.org.au/datapowerhouse/statewide-data/neighbourhood-houses-survey-reports>
- 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>

Social isolation and loneliness - a neighbourhood house perspective

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

Rahn, A., Landis-Hanley, J., Hawcroft, A., Wilson Leary, E., & Yue Li, L. (2019). Submission to the Royal Commission into Aged Care Quality and Safety: a response to terms of reference (a), (b)(i), (c)(i), (d), (e), and (f). University of Sydney Policy Reform Project. Retrieved from <https://agedcare.royalcommission.gov.au/submissions/Documents/public-submissions/AWF.600.00914.pdf>

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>

Rural Doctors Association of Australia. (2019, July 1). Submission to the Royal Commission into Aged Care Quality and Safety. ACT. Retrieved from <https://www.rdaa.com.au/documents/item/806>

Salt, B. (n.d.). The Innovation Change - Australia's Role in an International Environment. Retrieved from Finance and treasury association: <https://financetreasury.com.au/wp-content/uploads/2016/12/Bernard-Salt-Thursday-opening-plenary.pdf>

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.

Stanford, J. (2019, August 24). Surprise: Newstart Doesn't Cause Unemployment! Retrieved from Centre for future work: https://www.futurework.org.au/surprise_newstart_doesn_t_cause_unemployment

Thomson, L. J., Camic, P. M., & Chatterjee, H. J. (2015). *A Review of Community Referral Schemes*. London: University College London.

Tidswell, E., & Lin, Y. (2018). *Where are all the men*. Melbourne: Neighbourhood Houses Victoria. Retrieved from <https://www.nhvic.org.au/documents/item/881>

VicHealth, CSIRO Data61, YACVic & NCFH. (2018). *Bright Futures Spotlight on the wellbeing of young people living in rural and regional Victoria*. Melbourne: Victorian Health Promotion Foundation.

Victorian Equal Opportunity and Human Rights Commission. (2018, July 16). New figures show 34 per cent jump in race discrimination reports in Victoria. Retrieved from Victorian Equal Opportunity and Human Rights Commission: <https://www.humanrightscommission.vic.gov.au/home/news-and-events/commission-news/item/1731-new-figures-show-jump-in-race-discrimination-in-victoria>

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

Social isolation and loneliness - a neighbourhood house perspective

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.