<center>**Draft Monash Loneliness Framework 2020 – 2025**</center>

1. Executive Summary

Monash Council is pleased to present it's first-ever *Monash Loneliness Framework.*

The original title of this framework was to be a 'Social Inclusion' policy. Council, however researched the growing literature around loneliness and it became very clear that social inclusion and loneliness are two different things. Loneliness is one of the most prominent risk factors that prevents social inclusion and connectedness.

What is also apparent, is that acknowledging one's loneliness can be deeply confronting for an individual. Research suggests that most people still feel great shame and stigma in admitting that they are lonely. Like all other population health priorities that have come before loneliness, we must de-stigmatise the issue and create a public understanding and awareness around it.

The antidote to loneliness is social connections. Our *social health* is now being recognised as a fundamental predictor of overall health and wellbeing. So much so that the World Health Organisation has now included *social connections* as a key determinant of health.

With that, Monash Council has made the bold move of naming the framework for what it is – this outlines Council's approach to loneliness and how we work in partnership with our community, to respond positively.

Councils are experienced leaders in public health and responding to major population health issues. We are also experienced leaders in facilitating social connections and community engagement. All of our community programs, services and policies are designed to increase the social, physical and mental health of our residents.

This *Monash Loneliness Framework* will align to Council's next legislated municipal public health and wellbeing plan 2021 – 2025, where dedicated loneliness actions will be embedded, implemented and evaluated.

Throughout this framework, we seek to establish an understanding and evidence-base of loneliness in Monash and how, as a Council representing our community, we can respond to it in innovative and effective ways.

At present time, Monash is one of the first local governments in Australia to develop a framework dedicated to loneliness. We are pleased to share this with you and embark on a rich journey ahead.

2. Purpose of this Framework

The purpose of this framework is to guide Council's approach to addressing loneliness in the community and contribute to improving overall community wellbeing and social connections in Monash.

Loneliness is now recognised as a leading public health priority. While loneliness affects people individually it can also have a significant impact on the health and wellbeing of the community as a whole. VicHealth states that 'the most effective way to reduce loneliness is to make people feel connected to their community.'[1]

This framework aligns to Council's legislated role in improving the health and wellbeing of our community as outlined in its municipal public health and wellbeing plan, *A Healthy & Resilient Monash: Integrated Plan 2017 – 2021.*

3. Guiding Principles

The following principles will be used to guide Council's intent and implementation of this framework.

- **Equity:** We provide or enable services and supports to everyone, but especially for those who are most vulnerable.

- **Access & Inclusion:** We will remove or reduce barriers to participation by ensuring that information, services and facilities are accessible to people of all abilities and circumstances.

- **Resilience:** We will prepare for and adapt to changes and we will learn from our experiences, in order to manage other challenges into the future.

- **Intersectionality:** We recognise that people's lives are multi-dimensional and complex and therefore our response to community issues cannot be developed through a singular lens.

- **Innovation**: We are courageous in our approach to solutions and are willing to try new things.

4. What is Loneliness?

Establishing a definition is important to ensure that this framework has a clear scope to guide an effective response. So, for the purposes of this framework, Monash will use the following, widely accepted definition:

'A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between quantity and quality of social relationships that we have and those that we want' **(Perlman and Peplau)**

Human connection is an evolutionary need. Loneliness is deeply personal and individual, however research indicates that communities can play a key role in preventing and addressing long term (chronic) loneliness. A strong and connected community offers meaningful relationships and networks which offer support, happiness and resilience, all of which add to an individual's overall wellbeing.

The term *loneliness* is often interchanged with *isolation* but these are not the same. A person can be isolated but not lonely, and conversely they can be around others and still feel lonely. Loneliness is also different to depression. Long-term loneliness can be linked with depression, anxiety and a range of other mental and physical health diagnoses but they remain distinctly different.

For the purposes of this framework, Council is focusing on the impact that loneliness has on the overall health and wellbeing of the community. This framework highlights the importance of social connections for people's health and wellbeing.

Individual loneliness occurs when a person is missing someone special such as a partner or close friend with whom they had a close, emotional bond. Social loneliness refers to the absence of a social network made up of a wide group of friends, neighbours and colleagues. Council is well-placed to offer opportunities for positive social networks and to connect people.

5. What do we know about Loneliness?

Loneliness is a relatively new area of public health research in Australia; but one of increasing priority. Of course the concept of loneliness itself is not new, but what is new is that is now being recognised as a major public health epidemic of our time and that it is affecting <u>all</u> age groups.[2]

The research in Australia on the public health impact of loneliness is still emerging.

Much research to date has focused on loneliness in older age groups[3], but what we are learning now is that loneliness is profoundly affecting many, across all age groups and backgrounds, from young to old.[4] Those who experience chronic loneliness, which is experiencing loneliness *most* or *all* of the time, are at risk of serious health harm.[5]

One in four Australians reported feeling lonely each week, the 2018 <u>Australian Loneliness Report</u> revealed.
One in two sometimes or always feel alone and 30 per cent of people say they don't belong to a friendship group, the report found.
One in 10 Australians currently lack social support, a recent <u>Relationships Australia study</u> found.
Earlier studies found that somewhere <u>between 17</u> and <u>60 per cent</u> of Australians say they are lonely.
Exact figures on loneliness and isolation can be hard to obtain because respondents are sometimes reticent to name their loneliness due to stigma.
VicHealth commissioned a <u>survey</u> in 2015 which found that 1 in 8 young people aged 16-25 reported a very high intensity of loneliness.

In the last few years, there has seen an emergence of a global dialogue around the topic of *loneliness.* Loneliness is a concept known to us all and many of us would have experienced it at different times in our lives. Some of us might experience it all of the time.

The health implications of loneliness are stark and far-reaching. Loneliness has been found to trigger a response in the brain akin to physical pain.[6] The long-term stress of feeling lonely all the time is linked to ill health outcomes. Loneliness significantly increases a person's likelihood of experiencing depression, social anxiety and poor self-esteem.[7] The physical impact of loneliness can include reduced physical activity, an increased stress response, problems with sleep, poorer cardiovascular health and a faster rate of cognitive decline and dementia in old age.[8]

Loneliness and the lack of social integration and social support increases the risk of early death more than such things as poor diet, obesity, alcohol consumption, and lack of exercise, and is as harmful as smoking 15 cigarettes a day.[9] This is startling to consider.

6. Why are we so Lonely?

Human beings are social species and are hardwired to connect with others. Humans have evolved to need each other for survival. We once hunted in small hunter-gather groups to protect each other from predators. Being alone without support in the world is dangerous and stressful.[10] In this present day, being alone without social support is deeply stressful and can have serious health effects.[11]

Many of us, including young people, are without strong, meaningful relationships that enrich our lives and serve as a protective factor to our overall health.[12]

Social changes such as the rise of the solo dweller, the surge in online social networks coupled with an ageing population, are changing the way people connect and engage with each other.[13]

Dr Michelle Lim, Swinburne University Academic and the scientific chair of the Australian Coalition to End Loneliness, states that 'chronic loneliness' is increasing in Australia. [14] Reasons for this growing rise of loneliness in Australians across all age groups, are detailed below:

Reasons for loneliness

- *Quality of relationships* – loneliness can occur when the 'relationships we have don't meet our needs, or leave us feeling unsupported and disconnected.'[15] The quality of connections is crucial. Relationships need to be reciprocal with those involved sharing a sense of happiness, satisfaction and self-worth.[16]

- *Work* – in the past, many of us would live and work in the same community, but now people tend to live much further from their workplaces and can spend up to two hours commuting per day. This can have an impact on our ability to connect.[17]

- *Many of us are living alone* – over the last few decades in Australia, there has been an increase of people living alone, with one quarter of private dwellings housing single occupants. This, coupled with a decline in marriage rate have contributed to increased isolation and loneliness. It is important to note that many people live alone without experiencing loneliness and people in marriages can be lonely if their needs are not being met or supported.[18]

- *Social isolation* – loneliness can occur when people are disconnected from others due to geography, a mobility issue or a life circumstance. The experts are very clear however that it is possible to be socially isolated in a geographical sense and not lonely, the two concepts are not to be confused.[19]

- *Ageing society* – we are living in an ageing society with over one quarter of the population over 65.[20] 40% of people living in Aged Care facilities in Australia receive no visitors and some sit in their room for more than 20 hours per day.[21] Television is the main form of company for many over the age 65. Over half of nursing home residents in Australia suffer from depression. Shockingly, between 2000 and 2013, around 140 Australian nursing home residents took their own lives.[22]

- *Social Media* – Humans are more connected to each than through smartphones, the internet and social media. As the same time, loneliness is a huge and growing problem. Research has found that there is more loneliness experienced by heavy social media users, but that social media use decreases loneliness among highly social people.[23]
  The evidence suggests that social media is most effective in tackling loneliness when it is used to enhance an existing relationship, or forge new meaningful connections. It can prove less effective if it is used as a replacement for real-life social interaction.[24]

- *Life events* – loneliness can be triggered by significant life events and transitional stages including 'global events and crises, poor physical or mental health, bereavement, financial hardship, death, children moving away, feeling cut off from family and friends and the community, a lack of access to transport, divorce, job loss, moving into aged care, homelessness, experiencing bullying or discrimination, living with a disability and living in an abusive environment.'[25]

Life Events

As with many other mental and physical health conditions, loneliness can be triggered by key life transitions and are often linked to other emerging mental health conditions.

Feelings of loneliness commonly seem to fluctuate over a life time, with different causes and needs at different ages. It is not just about a decline in contact or change in relationships, but about a person's identity and sense of belonging, and whether they feel their social network is 'normal' for their life

stage. The cause of loneliness will vary from person to person; everyone is different and many factors contribute to a person's response to triggers for loneliness.

Research indicates that there are certain life events that can make people feel more likely to feel lonely. These life events are often 'transition points' where circumstances relating to a person's relationships and social support networks are impacted, making them more vulnerable to loneliness.

Examples of some such life events include school (eg transitioning out of secondary education, perhaps into tertiary education or the workforce), becoming a parent (eg the impact taking of parental leave on a person's support network, changes to social life), moving homes (which could include relocating cities or moving into care), retirement, becoming a carer or bereavement of a partner or other family member.

COVID-19 Pandemic

During the development of this framework, the world has experienced an unprecedented, unique trigger for loneliness; the worldwide COVID-19 pandemic.

With people being required to self-isolate for extended periods of time, potentially facing unemployment, the pressure of caring for an unwell partner or family member and the potentially isolating effects of working from home and home schooling, many people in the community are experiencing loneliness – some for the first time.

The impact of physical distancing during the COVID-19 pandemic is highlighting how important relationships with family and friends are, as well as how meaningful our interactions with neighbours, colleagues and strangers in our communities are. Until now, we as a society have taken for granted how connecting it can feel just being amongst other people out and about in the community. There is a sense of connection we experience, even with strangers, that is very valuable and makes individuals feel like they are part of something bigger.

Loneliness was recognised as a problem long before COVID-19 but the restrictions that the public have been required to observe (particularly for those who are already vulnerable, such as the elderly) coupled with the fear that many people are experiencing in response to the pandemic, could risk deepening our separation from each other.

The challenge for Council and our community during these circumstances is to determine how to foster regular, meaningful social connections, both while physical distancing requirements are in place as well as when we navigate the "new-normal" of social interactions. This will be crucial in preventing a social recession from occurring.

7. How do we address Loneliness?

As the evidence-base is still in its infancy to address loneliness as a public health issue, early signs point to the following suggestions as key:

- *De-stigmatising loneliness* through public health and community education campaigns and creating a supportive language
- *Third places:* prioritising the importance of third places that are affordable (preferably free) and accessible to the community and provide homely environments with opportunities to chat and forge connections
  - o Libraries
  - o Neighbourhood Houses
  - o Aquatics, Sports & Recreation Centres

- o Community gardens
- o Green spaces
- o Outdoor gyms
- o Free social and exercise activities
- o Men's sheds
- o Play groups and parent groups
- *Improve the evidence-base* for loneliness and introduce a consistent measure for loneliness
- *Embed loneliness* as a consideration across relevant Council policies and strategic plans, including those related to internal staff health & wellbeing policies and initiatives.
- *Build the conversation* on loneliness and highlight the importance of looking after our social health as we would our mental and physical health
- *Social connection programs* with built in components around positive thoughts
- *Volunteering* and providing service to others offers purpose and reaffirms a person's value and contribution.
- *Place-based or Special interest groups*, community connections programs, bringing neighbours together
- *Partnerships* – working in partnership across sectors to address and respond to loneliness across our communities
- *Funding it* – funding evidence-based and evaluated programs that prove successful to responding to loneliness to increase the longitudinal research as to what works

8. Why is Monash Council interested in addressing loneliness?

It is in all of our interests to reduce loneliness. Feeling lonely frequently has a direct impact on individuals and has a wider effect on society. For example, lonely people are more likely to be readmitted to hospital or have a longer stay. Lonely people are more likely to visit their GP frequently and enter aged care facilities earlier. At work, higher loneliness among employees is associated with poorer performance on tasks and in a team, while social interaction at work has been linked to increased productivity.[26]

Supporting people in this situation to become more connected to their families, friends and broader community is in all of our interests.

By introducing this framework, Council is acknowledging that loneliness is a common feeling that is experienced by most people at some stage of their life. It is important that people are able to access the necessary supports and find opportunities for meaningful social connections, all of which prevent loneliness from becoming a long term and pervasive experience. A thriving community is one which is healthy, connected and resilient.

Given its direct and influential role on the health and wellbeing of the community, Monash Council is well placed to address loneliness through many of its existing services and community-based programs. Council also has a role as facilitator for partnerships and community connections which build upon existing community strengths, such as grassroots community organisations, co-designed projects and programs and community cultural development.

Monash Council has a positive reputation for fostering a strong sense of community and this framework only reinforces the importance of this in ensuring that the residents of Monash are actively engaged with community life throughout all stages of life.

In addition to the external community, Monash Council also considers its role as an employer with an internal community of staff. With the increase of working from home and remote teams, both as the

result of COVID-19 as well as the advent of a more digital workplace, this framework will also assist the organisation to consider ways to reduce loneliness within its workforce.

We all need to take action to reduce loneliness and encourage social connections. It is important that we remove the stigma associated with loneliness and tackle this issue as a community.

9.   What has our Monash community told us Loneliness?

In the development of this framework Council undertook several consultation activities with various stakeholders. Given that this is a new focus for Council, and because this is still an emerging public health issue with limited research available, the consultation which Council conducted is intended to capture a point in time.

With the recent introduction of the Victorian Gender Equality Bill, Council has taken the opportunity to development this framework using a practical application of gender impact analysis tools. The questions asked during this consultation process sought to understand how gender relates to the experience of loneliness, and the consequences of this on our community.

The feedback received across all consultation activities also assisted Council to better understand the following aspects:
- Current prevalence of loneliness within the Monash community
- Which cohorts are experiencing loneliness most acutely
- What current strategies are in place to address loneliness
- Where Council should focus its work to address loneliness

Council's consultation engaged members of the community, internal and external stakeholders and potential partners including VicHealth. There was a positive response rate and highly engaged participation in all consultation activities. This signifies that the issue of loneliness is topical and relevant to the Monash community. Although the consultation activities each targeted a different cohort with varied exposure to and understanding of loneliness as a public health issue, there were several clear themes and consistent messages which came through across everyone we consulted.

Addressing loneliness requires an intersectional approach
The feedback we received reinforced the research regarding the common triggers for loneliness, particularly as they relate to life stages. Respondents also validated the importance for Council to take an intersectional approach when addressing loneliness. Intersectionality takes into account people's overlapping identities and experiences, which may include factors such as age, race, language, gender, employment status, illness and/or disability, visa status, in order to best understand the complex nature of their vulnerability to experiencing loneliness. People in the Monash community may be at risk of experiencing loneliness due to multiple, interconnecting reasons and therefore the required response may be as complex as the influencing factors.

Monash already has a network of strong community activity
From the consultation feedback it is clear that respondents believe that Monash has a strong existing community network with a myriad of opportunities for people (whether experiencing loneliness or not) to participate in and connect with others. There are many formal and informal social connections formed through Council delivered programs and services, as well by those run by other organisations and community groups. The consultation feedback overwhelmingly praised existing community activities in Monash and reinforced the importance for these to continue.

People experiencing chronic loneliness are difficult to reach

A consistent challenge identified by the people that we consulted with is that people who are experiencing loneliness are often less likely to engage in the sorts of activities and social connections that would ultimately assist them to overcome the loneliness. The general response to how to overcome this issue was through communication and promotion of activities (both Council and non-Council). The feedback reinforced the importance of taking a preventative approach to loneliness with those communities who we know to be most at risk.

The initial consultation process provided rich feedback to inform this framework position. Further analysis will be undertaken as part of the development of the revised Municipal Public Health & Wellbeing Plan (2021 – 2025). Additional consultation will also be carried out at this stage, with inclusion of broader stakeholder and community engagement, in order to determine an appropriate action plan which will include deliverables relating to loneliness.

10. What Monash is already doing to address social connections/loneliness?

Monash Council is committed to support the community to lead healthy, happy and fulfilled lives. The aim of fostering a strong and connected community underpins everything that we do at Monash Council.

The Council Plan 2017 – 2021 identifies four strategic objectives, one of which is "An Inclusive Community". This Plan has set the direction for Council's work with the community to promote an active safe and inclusive Monash, where people are able to connect with and access activities, programs and services that enable positive health and wellbeing.

Council understands the importance of maximising opportunities for the community to feel connected and empowered to participate meaningfully in their community and lead fulfilling lives. Council is committed to delivering services, programs, planning and advocacy which encourages social inclusion; all of which goes a long way to preventing and minimising the impacts of loneliness.

Council delivered services connect with community members across a full range of life stages and events. Services such as Monash Public Library Service, Maternal Child Health & Immunisation services, Active Monash, Volunteering at Monash and Monash Youth Services, as well as ongoing programs such as the Positive Ageing Lifestyle program, Monash Community Grants Program, Green Shoots Sustainability program and Council's annual festivals and events are all instrumental in providing residents with necessary support through critical life stages. These programs and services offer ongoing opportunities for residents to connect with each other and add depth to community life.

11. Framework Context

Historically, loneliness has not been measured in major population surveys, therefore our understanding of it and the evidence-based research as to how we as a society prevent or respond to it remains in its very early stages.[27]

In Australia there is yet to be a national strategy or official policy dedicated to loneliness. There is growing interest in the topic of loneliness in Australia and a number of surveys have been undertaken including by VicHealth, Lifeline, Australian Psychological Society and Swinburne University.

The *Monash Loneliness Framework* aligns with the strategic approach to prioritising community health and wellbeing in Monash, as outlined in Council's *A Healthy & Resilient Monash: Integrated Plan 2017 – 2021*. The *Monash Loneliness Framework* recommendations will be implemented, measured and evaluated as actions executed through the next Municipal Public Health and Wellbeing Plan 2021 – 2025.

12. Framework Recommendations

1. Embed loneliness as a public health priority within the Municipal Public Health and Wellbeing Plan (2021 – 2025) with dedicated actions to be measured and evaluated.

2. Develop an integrated Council response to loneliness by establishing an internal Loneliness Steering Group, which will also include representation from Council's People & Culture team.

3. Establish an agreed language for the way that Council talks about loneliness, and how it impacts on the wellbeing of the community. Use this to start a conversation with the community, to begin to break down stigma and stereotypes.

4. Commit to 'meeting people where they are at.' We know that people can often feel at their loneliest outside of traditional business hours. Council seeks to take action to address loneliness in a way that meets the needs of individuals and communities.

5. Improve the evidence-base for understanding loneliness in Monash. Embed questions about loneliness in future community consultation opportunities.
   - Annual Community Satisfaction Survey
   - All relevant Council surveys targeted to specific cohorts
   - Monash programs, social policies and strategic planning and evaluation

6. Provide in-principle support to fund Council initiatives which either prevent or address loneliness. Support efforts for Council to secure external funding for initiatives.

7. Work in partnership with local agencies, community organisations, State and Federal government as well as our community leaders. Engage the community and stakeholder organisations in co-design solutions and benefit from local experience and insights.

REFERENCE LIST

1 Vichealth 2019, *Loneliness: a new public health challenge emerges,* Vichealth, retrieved 6 May 2020, https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness

2 Vichealth 2019, *Loneliness: a new public health challenge emerges,* Vichealth, retrieved 6 May 2020, https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness

3 UK Government 2018, *A connected society: A strategy for tackling loneliness – laying the foundations for change,* Department for Digital, Culture, Media and Sport, p.18, retrieved 6 May 2020, p.18https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

4 4 Vichealth 2019, *Loneliness: a new public health challenge emerges,* Vichealth, retrieved 6 May 2020, https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness

5 UK Government 2018, *A connected society: A strategy for tackling loneliness – laying the foundations for change,* Department for Digital, Culture, Media and Sport, p.18, retrieved 6 May 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

6 Smith, Jo 2018, *Loneliness on its way to becoming Britain's most lethal condition,* The Conversation, retrieved 7 May 2020, https://theconversation.com/loneliness-on-its-way-to-becoming-britains-most-lethal-condition-94775

7 Vichealth 2019, *Loneliness: a new public health challenge emerges,* Vichealth, retrieved 6 May 2020, https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness

8 Vichealth 2019, *Loneliness: a new public health challenge emerges,* Vichealth, retrieved 6 May 2020, https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness

9 Haslam, A, Haslam C & Cruwys 2019, T, *Loneliness is a social cancer, every bit as alarming as cancer itself,* The Conversation, retrieved 6 May 2020, https://theconversation.com/loneliness-is-a-social-cancer-every-bit-as-alarming-as-cancer-itself-126741

10 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

11 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

12 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

13

14 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

15 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

16 Vichealth 2019, *Loneliness: a new public health challenge emerges,* Vichealth, retrieved 6 May 2020, https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness

17 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

18 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

19 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

20 Jennings-Edquist, G 2018, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely,* ABC Life, retrieved 13 May 2020, https://www.abc.net.au/life/social-isolation-why-are-we-so-lonely/10493414

21 *Old People's Home for 4 Year Olds* [Episode 1] 2019, television program, ABC, Sydney, 27 August 2019

22 Murphy, B & Ibrahim, J 2018, *Too many Australians living in nursing home take their own lives,* The Conversation, retrieved 14 May 2020, https://theconversation.com/too-many-australians-living-in-nursing-homes-take-their-own-lives-92112

23 Patulny, R 2020, 'Does social media make us more or less lonely? Depends on how you use it', The Conversation, retrieved 14 May 2020, https://theconversation.com/does-social-media-make-us-more-or-less-lonely-depends-on-how-you-use-it-128468

[24] Patulny, R 2020, 'Does social media make us more or less lonely? Depends on how you use it', The Conversation, retrieved 14 May 2020, https://theconversation.com/does-social-media-make-us-more-or-less-lonely-depends-on-how-you-use-it-128468

[25] UK Government 2018, *A connected society: A strategy for tackling loneliness – laying the foundations for change,* Department for Digital, Culture, Media and Sport, pp.8-9, retrieved 6 May 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

[26] UK Government 2018, *A connected society: A strategy for tackling loneliness – laying the foundations for change,* Department for Digital, Culture, Media and Sport, p.19, retrieved 6 May 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

[27] UK Government 2018, *A connected society: A strategy for tackling loneliness – laying the foundations for change,* Department for Digital, Culture, Media and Sport, p.18, retrieved 6 May 2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf