

# **LGBT+ and 50+**

## **Loneliness and quality of life under the rainbow**

Research design and report  
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GLBTI Rights in Ageing Inc. 2023



Australian Government  
Department of Social Services







# Introduction

**GRAI was formed in 2005 in response to fears from LGBTI community members aged 50+ that they would have to ‘return to the closet’ as they aged because aged care services were believed to be unwelcoming of LGBTI people.**

In 2010 GRAI worked with Curtin University to research attitudes within the residential sector regarding LGBTI people. The report, ‘We don’t have any of those people here’, demonstrated that the aged care sector was poorly prepared to serve people of diverse gender identities and sexualities.

Together with others around Australia, GRAI advocated for law reform to protect the rights of LGBTI older people. GRAI’s research provided an important foundation for this successful law reform campaign, which, among other things, established ‘Special Needs’ status for LGBTI people in aged care. Consequently, aged care providers are obliged to provide LGBTI-inclusive service in order to comply with the amended Aged Care Act.

At the present time, GRAI is federally funded to deliver LGBTI inclusivity training to the aged care and allied – health sectors. The ‘Right to Belong’ training is regularly delivered to frontline staff in metro and regional aged care facilities, and the Silver Rainbow Community of Practice program is delivered to Managers and CEOs to assist them to change policy and practice throughout an organisation.

Loneliness becomes a significant issue for many LGBTI people as they age. Friendship, and particularly the friendship of other LGBTI people, is very important, because it can provide safety and recognition. In response to this need, GRAI has obtained funding for a Village Hub and Befriending Service. A central objective is to bring isolated and lonely LGBTI people aged 50+ together for social and supportive activities.

As the first of its kind in Australia, GRAI’s Befriending programme aims to reach isolated and lonely LGBTI people aged 50+, and to pair them up with an LGBTI peer for regular company and support. In addition to one-on-one visits and outings, befriending pairs are invited to attend Village Hub activities that cater to the interests and needs of LGBTI people aged 50+ (as guided by the Elders’ Advisory Group).

In 2022, GRAI initiated this inaugural survey of LGBTI people 50+ years living in WA as part of its Village Hub program. The intention of the survey was to seek the views of LGBTI people aged 50+ to guide the development and direction of the GRAI Village Hub.

The survey sought to provide a snapshot of the physical, emotional and mental health, financial wellbeing, housing security, loneliness and social connections of LGBTI people over 50. We also asked questions to identify the types of social activities that LGBTI people aged 50+ were interested in engaging with and what was a barrier to engaging in social activities.

The survey provides an evidence base on the current wellbeing of LGBTI people aged 50+ that GRAI can use to support future funding applications. It will also be used to inform the range of future social events and activities that GRAI will offer to the community of LGBTI people aged 50+.



**Kedy Kristal**  
*Executive Officer of GRAI*

*No survey respondents indicated that they identified as Intersex so the report uses the acronym LGBT+*

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# Executive Summary

GRAI surveyed 220 Western Australian LGBT people aged 50 years and over and asked them a range of questions about their social connections, overall physical and mental health, psychological distress, psychosocial loss, psychological growth, levels of loneliness, activities, and quality of life. Key survey findings were that:

- **People in the 50-64-year-old age group tended to be lonelier**, with 27% experiencing moderate levels of loneliness compared to 15% of 65-84-year-olds and 24% experiencing high levels of loneliness compared with 12% of 65-84-year-olds.
- **People who were very lonely tended to have lower levels of social interaction per month.** When we considered the loneliest people, 35% had 'very low' social interactions (0-14 per month) and another 34% had 'low' social interactions (15-30 per month). In total, 69% of the loneliest people had very low – low levels of social interaction per month.
- **Very low numbers of interactions with other LGBTI people tended to coincide with high loneliness scores.** We found that 84% of the loneliest survey respondents had very low social interactions with other LGBTI people per month. Some people who were least lonely also had low interactions with other LGBTI people per month, but to a lesser degree.
- **People who lived alone were more likely to score higher on loneliness, but not always.** We found that 68% of those who lived alone were very lonely. However, a notable proportion of people living in couples were also very lonely, with 44% of people who scored in the 'moderate' range for loneliness and 19% of people who scored in the 'high' range for loneliness, living in a couple.
- **People who were financially uncomfortable tended to be lonelier.** Of those that were the worst off financially, 54% were very lonely and 33% were moderately lonely (87% in total). Of those that were financially uncomfortable and struggling to get by, 90% were very lonely and 10% were moderately lonely.
- **Most survey respondents experienced psychosocial loss as they aged, but a notable proportion of survey respondents did not.** Psychosocial loss associated with age involved seeing ageing as mainly a time of loss, as depressing, having more difficulty making friends, and feeling excluded because of age. Most people in the 50-64 and 65-84-year age groups experienced 'moderate' to 'high' levels of psychosocial loss (61% and 62% respectively). However, 39% of 50-64-year-olds and 38% of 65-84-year-olds experienced 'low' levels of psychosocial loss.
- **More 65-84-year-olds (just under a quarter) experienced higher levels of psychosocial loss.** We found that 15.56% of 50-64-year-olds reported high levels of psychosocial loss, whereas 23.17% of 65-84-year-olds did. Whilst more of the older age group experienced higher levels of loss, they were less likely to be very lonely. We found a moderate positive relationship between psychosocial loss and loneliness ( $r(209)=.58, p=.05$ ).
- **Sexual orientation, but not gender identity, appeared to be related to higher levels of psychosocial loss.** We found that higher levels of psychosocial loss were experienced by asexual people (60%), compared with lesbian women (20%) gay men (19%), pansexual people (13%) and queer people (11%). Transgender people tended to have levels of psychosocial loss that were similar to cisgender people.
- **People who were the loneliest tended to be under-engaged and to be older.** Thirty-two percent (32%) of the loneliest 50-64-year-olds were 'not at all' to 'somewhat' busy compared with 56% of 65-84-year-olds.
- **Psychological growth was experienced by the vast majority of survey respondents.** Only 3% of 50-64-year-olds and 2% of 65-84-year-olds scored 'low' on psychological growth. Most people in the GRAI sample valued being able to pass on the benefits of their experience to others, wanted to set a good example for younger people, viewed growing older as a privilege, and found many pleasant things about growing older.
- **The majority of survey respondents wanted to engage in intergenerational/ mixed age group activities and LGBTI only activities.** Sixty-nine percent (69%) of survey respondents preferred mixed age group or intergenerational activities, and 58% wanted these to be LGBTI only.

- **Mentoring opportunities and volunteering opportunities were amongst the most popular activities selected by survey respondents.** Just under 40% of survey respondents said that they would like to have a mentoring opportunity and just under 30% selected the volunteering opportunity option for activities of interest. These are valid ways for people to connect socially and to feel like they matter/are making a difference.
- **Social contact and social support were the main additions that survey respondents indicated would increase their quality of life.** Sixty-two percent (62%) of survey respondents said that they wanted more social contact and support through new friendships, group membership and social support. Just under 40% of survey respondents said that having someone to go with had helped them to get to a new event or activity in the past. Anxiety was the most cited reason for not engaging in new events or activities (35% of the 191 people who answered the question, selected this option).

## Recommendations

Based on the research findings outlined in this report, it is recommended that:

1. GRAI place more emphasis on creating opportunities for LGBTI people aged 50+ to connect with younger LGBTI people generally (i.e., more intergenerational events and activities).
2. GRAI continues with the Village Hub and Befriender Program focus on social connectedness and relationship building amongst LGBT people aged 50+, to address the high levels of loneliness apparent within this cohort. However, it would be optimal if these initiatives expanded to include intergenerational relationships, rather than focusing exclusively on peer-based ones.
3. Financial and staff resources are designated to providing increased access to program activities and events for those aged 50-64, due to the higher proportion of lonely people in this age group (i.e., more activities and events in out of work hours).
4. People who live alone are prioritised for program-based efforts to decrease loneliness, although some coupled people will also need support in this area.
5. As part of all GRAI's socially oriented activities and events, consideration is given to supporting the emotional and psychological wellbeing of participants. This could include environments and processes that are sensitive to the generally high levels of psychosocial loss, psychological distress (particularly anxiety), and loneliness experienced by many LGBT people who are 50+.
6. More volunteer activities are made available for people who are LGBT and 50+ because of the psychological, social, and emotional benefits that can result, particularly for older people from backgrounds of social disadvantage. Targeted funding could be allocated to support, train and mentor volunteers using trauma informed processes and approaches. Attention to the higher levels of psychosocial loss amongst the GRAI cohort (particularly those aged 65+) should be considered, with grief and loss being a focus for support.
7. Regular funding is provided to continue data collection on the community of LGBTI people aged 50+, with a targeted focus on those living in regional, rural and remote areas, those from Aboriginal and CALD backgrounds, those living with a disability, those who are intersex, and transgender men.

# LGBT+ and 50+ Loneliness and Quality of Life Under the Rainbow

Loneliness is well defined by Lifeline Australia, as a “feeling of sadness or distress because of a mismatch between the amount of social connection a person wants and the amount they have.” Because loneliness is subjective, people can feel lonely even when they are surrounded by other people, whereas someone who is socially isolated may not feel lonely at all.

## LONELINESS



**36%**

experienced high levels of loneliness, meaning that they experienced a lack of companionship, felt left out, or felt isolated from others, most of the time.

**42%**

experienced medium levels of loneliness and felt lonely at least some of the time.

## LONELINESS AND LIVING CIRCUMSTANCES



**23%**

of those who lived alone did not rate themselves as lonely.



**44%**

of people who scored in the ‘moderate’ range for loneliness and 19% of people who scored in the ‘high’ range for loneliness lived in a couple.



**69%**

of survey respondents preferred mixed age group or intergenerational activities, and 58% wanted these to be LGBTI only.



People in the 50–64-year-old age group tended to be lonelier, with 82% experiencing moderate to high levels of loneliness compared with 71% of the 65–84-year-olds. More people in the older age group experienced ‘low’ loneliness also.



Research has consistently shown that people live longer, have fewer physical symptoms of illness, and have lower blood pressure when they are a member of a social network than when they are isolated.



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# GRAI's Quality of Life Survey Design

GRAI's Quality of Life Survey consisted of 44 questions about a number of areas that may impact the quality of life of LGBTI+ older people. The survey asked about four main areas:

## Demographics and personal situation

Age, Postcode, Sex, Gender identity, Sexual orientation, Aboriginal or Torres Strait Islander origin, Country of birth, Refugee status, Spoken language, Living and relationship circumstances, Housing situation, Risk of losing accommodation in the next two months, Current employment, Age of retirement/Age of expected retirement, and their financial situation (two questions).

## LGBT+ identity and social networks

We explored the social networks of older LGBT adults using a set of questions based on the work of Erosheva and colleagues (2016). Respondents were asked to indicate how open they are about their LGBT+ identity with: family, friends, colleagues, neighbours, healthcare professionals, and other service providers. In a separate question, we asked survey respondents how many significant interactions of ten minutes or more they had had in the past month. We asked people to break these interactions down by LGBTI people, straight people, family and non-family, and those over 50 and under 50.

We explored the social support available to survey respondents using questions posted by Hughes, 2016, in order to ascertain how socially isolated people were. We asked if a person could access support from biological family members, at least one LGBTI friend, or at least one non-LGBTI friend in a crisis. They could answer agree, neither agree nor disagree, or disagree to each question. We then asked people whether their friends are more important to them than their biological family. Respondents were able to answer yes or no to this question.

We also asked our respondents about how lonely they felt. To do this we used the three-item Loneliness Scale, based on the Revised University of California Los Angeles (R-UCLA) Loneliness Scale, designed for large surveys (Hughes, Waite, Hawkley, Cacioppo, 2004; Hughes, 2016). This scale used a 3-point scale (hardly ever, some of the time, and often) in response to questions asking how often a person felt they lacked companionship, felt left out, or felt isolated from others.

## Personal wellbeing (physical, mental, psychosocial)

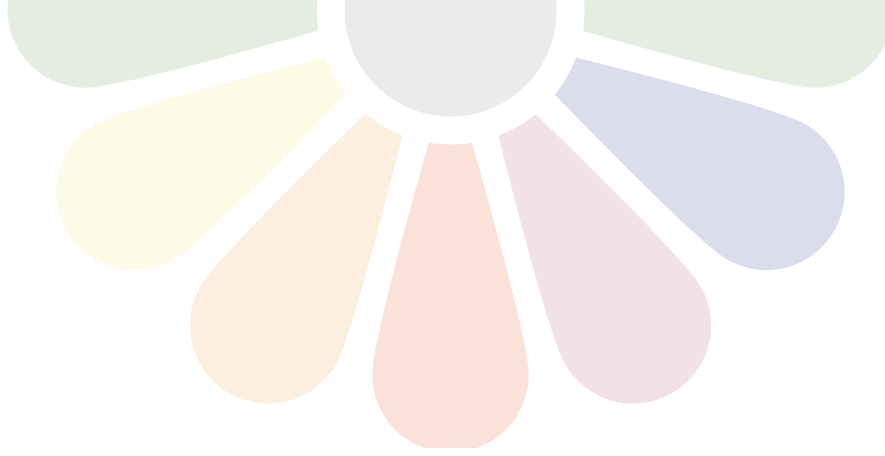
Respondents were asked to rate their physical health on a 5-point Likert scale ranging from excellent to poor.

We then measured each respondents' attitudes towards ageing using the short form of '*The attitudes to aging questionnaire (AAQ-SF)*' developed by Laidlaw and colleagues (Laidlaw, Kishita, Shenkin, & Power, 2018). This questionnaire examined an individual's perspective on ageing based on their general attitudes as well as their own experiences. The AAQ-SF covers three main domains: physical changes (e.g., I have more energy than I expected for my age), psychosocial loss (e.g., I see old age mainly as a time of loss), and psychological growth (e.g., It is important that I pass on the benefits of my experience to others). There are four questions within each domain (twelve in all).

Respondents were asked to rate their mental health on a 5-point Likert scale ranging from excellent to poor.

We then measured non-specific psychological distress using the Kessler 10 instrument (Kessler et al., 2002). This scale measures a wide-ranging set of cognitive, behavioural, emotional and psychophysiological symptoms that are often higher among people with a wide range of different mental disorders. Respondents were given five response options: all of the time, most of the time, some of the time, a little of the time, and, none of the time. Questions asked how often they felt depressed, hopeless, restless or fidgety, tired for no good reason, worthless, or nervous in the past 30 days.





## Activities

We asked survey respondents to indicate how busy they were in an average week and gave them five response options ranging from 'not at all' to 'extremely'. Survey respondents were asked to list the regular activities that they engage with in a typical month. They were also asked what they would be interested in participating in and were given 21 options to choose from as well as an 'other, please specify' option. They were then asked to indicate if they would prefer intergenerational/mixed age group activities, seniors only, or LGBTI only activities. We asked about the main barriers to engaging in new activities and included options such as finances, transport, and social anxiety. We gave people the opportunity to explain the barriers that they experienced further. We asked open questions about: what had helped them get to a new event or activity in the past, something that they don't currently have in their life that would make a positive impact on their quality of life, and what they would like GRAI to offer in the future. We also asked about the LGBTI and non-LGBTI programs and services that they use in a typical month.

## Survey Distribution & Limitations

The survey was distributed using social media, the GRAI newsletter (distributed to 900 subscribers), business cards that were handed out at the Pride Parade and other GRAI functions (e.g., Barndance), and GRAI email contacts (e.g., members of organisations that had done GRAI's aged care training). We can't be certain that the survey was well distributed to regional WA and it is likely that older people who live in regional, rural, or remote settings were not aware of the survey. A more targeted survey distribution method would be advantageous in future.

People were able to complete the survey online, or request that a hard copy be sent to them. We had three people return hard copy surveys to us, and these were entered into the Qualtrics software by the researcher. In general, people needed a certain level of digital competency to navigate the survey link and QR code. One person who was known to us had literacy limitations which were addressed by the researcher doing a telephone interview with that person and entering their responses online for them. Some people were nervous about using the survey link for security reasons as the link was shortened using a bit.ly code, and people were worried about this being hackable. It is likely that the predominantly online nature of the survey was off-putting for some people in our cohort. Others may have needed assistance or preferred that hard copy option, and having more hard copies available, particularly via organisations that support LGBTI+ people who are 50+, would be advantageous in future.

We also received feedback within the survey that it was too long and the questions got more difficult/unusual as the survey went on. These comments were probably in relation to the open-ended questions toward the end of the survey. For example, one question asked respondents to identify one thing that would increase their quality of life. In future, the survey could be shortened to focus on the information presented in this report and this would reduce the burden on respondents.

# Who Participated?

GRAI invited anyone aged 50 and over who identifies as LGBTI+ and is currently living in Western Australia to participate in this survey. The survey was promoted through social media, the GRAI membership newsletter, and at a number of large events cohosted by GRAI. We were pleased with the total number of responses that we received.

Twenty-two people completed the survey but did not reside in Western Australia, so their data was removed. One person who identified as cisgender and ‘straight’ was removed from the survey as they were not a member of the LGBTI community. One person was found to have completed the survey twice and their additional response was removed. This left 220 unique survey responses.

## Age Group

A reasonable number of people within each five-year age group completed the survey (ranging from 9 respondents in the 80-84-year age group up to 52 respondents in the 55-59-year age group).

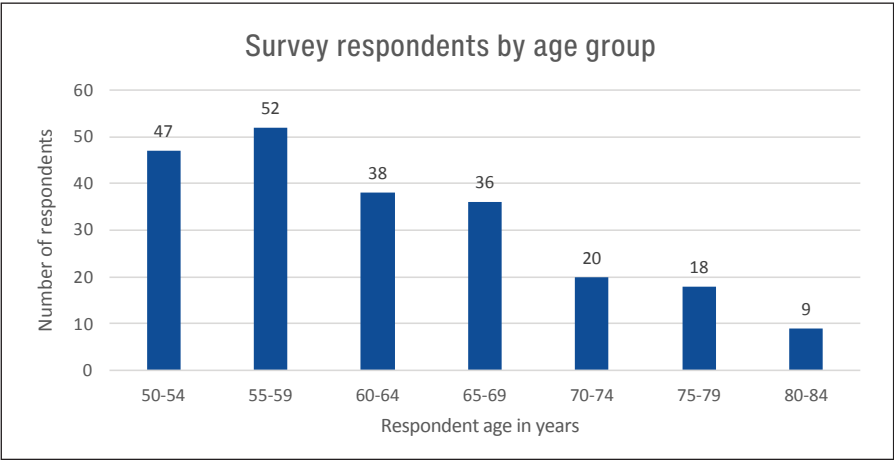


Figure 1. Age distribution of survey respondents.

For the purposes of this analysis, survey respondents have been divided into younger, those aged 50-64 years old (137 respondents, or 62%), and older, those aged 65 to 84 years old (83 respondents, or 38%). Within the report, age group comparisons are made as a percentage of responses for the younger or older age group to allow meaningful comparisons to be made.

There is a paucity of Australian data on LGBTI adults aged 50+. Private Lives 3 is the largest national survey on the health and wellbeing of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people (Hill, Bourne, McNair, Carman & Lyons, 2020). The Private Lives 3 survey had different age group break-downs to the GRAI survey, and its 55+ representation was only 11%. The proportion of survey respondents aged 60+ was 6.1% and the total number of survey respondents aged 65+ was 223. The number of survey respondents from WA (across all age groups) was 668. GRAI’s survey respondents amount to a third of that number, but they are all 50+ LGBT+ people from Western Australia, and the total number of survey respondents (220) is similar to the total number of survey respondents aged 65+ in the Private Lives 3 survey, nationwide.

## Gender

Within the survey, we defined gender identity as how someone feels about their own gender. We indicated that there are many ways a person can describe their gender identity and many labels a person can use.

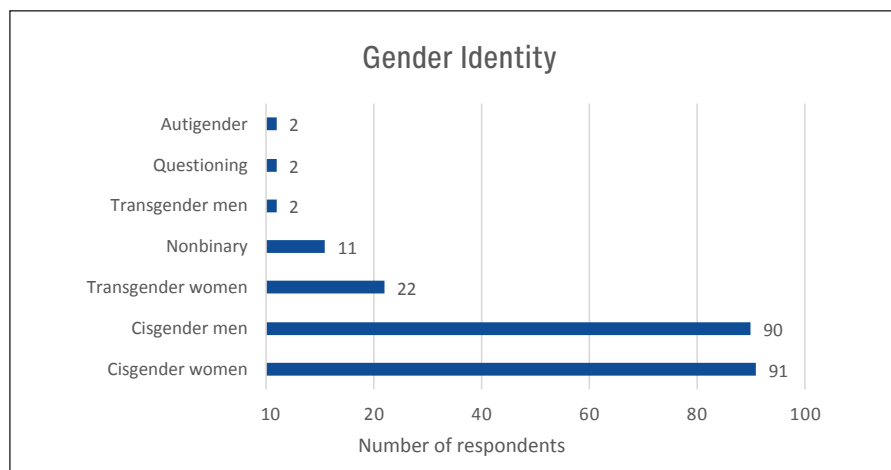


Figure 2. Gender identity of survey respondents.

Many transgender people identified themselves as ‘men’ or ‘women’ within the survey, and we used non-alignment between the sex assigned at birth and gender identity to identify them. Most survey respondents were cisgender women<sup>1</sup> (91), followed closely by cisgender men (90). Thirty-nine survey respondents had a gender identity that was not aligned with the sex that they were assigned at birth (i.e., transgender):

- Nineteen of the survey respondents who identified as women reported that they were assigned male at birth. Three additional people identified their gender as being trans femme, transgender female or trans (calculated total of transgender women is 22).
- Ten people identified as being non-binary, genderqueer or genderfluid (7 were assigned female at birth and three were assigned male at birth). In addition, one person who was assigned female at birth identified their gender as ‘anything’ (Total is 11).
- One person who identified as a man was assigned female at birth. Another person identified as a trans man and they were also assigned female at birth (Total is 2).
- Two people identified as being autigender<sup>2</sup> and both were assigned female as birth (Total is 2).

Most transgender survey respondents identified as women. It is notable that transgender men were under-represented in the sample compared with transgender women. Any analysis of transgender people within the report, includes all of the above respondent groups. Transgender people make up 18 percent of the total sample (17.7%), which is likely an over-representation of transgender people compared with the general population. However, this study is unique in being able to identify the needs and challenges of older transgender people, distinct from younger transgender people (who are often the focus of research on trans people).

## Sex Assigned at Birth

We also asked people to indicate what sex they were assigned at birth and 117 respondents indicated male compared with 103 who indicated female. No survey respondents indicated that they had been identified as intersex at any stage. Therefore, the rest of the report will use the acronym LGBT.

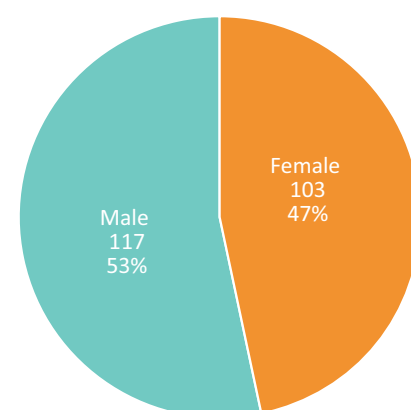


Figure 3. Survey respondents – sex assigned at birth.

<sup>1</sup> Women who were also assigned female at birth.

<sup>2</sup> Autigender identifies that an autistic person thinks about and relates to their gender label – or lack of a gender label – in the context of autism. Autigender people usually also identify with another gender identity, such as non-binary or the gender they were assigned at birth.

# Who Participated?

## Sexual Orientation

Within the survey, we defined sexual orientation as a person’s emotional, romantic, and/or sexual attractions to another person. We indicated that there are many ways a person can describe their sexual orientation and many labels a person can use.

Most survey respondents (87) identified their sexuality as ‘gay’, which includes three respondents who identified as both gay and queer. Lesbians comprised the second largest sexuality identity grouping (85) with one respondent identifying as lesbian and asexual. Women who identified as ‘gay’ or ‘dyke’ have been added to the ‘lesbian’ category for the purposes of analysis. We also collapsed the bisexual and pansexual identities as they are very similar, and in total, 26 people identified in either of these ways. For people who chose the ‘other, please specify’ option, we allocated them to the main identities of gay, lesbian, or bisexual/pansexual if they included these terms in their description (e.g., gay and queer). Those who remain in the ‘Other’ grouping were ‘queer’ (9 respondents), ‘asexual’ (5 respondents), ‘straight’ (3 people, all transgender), ‘homoromantic’ (1), or ‘demisexual’ (1).

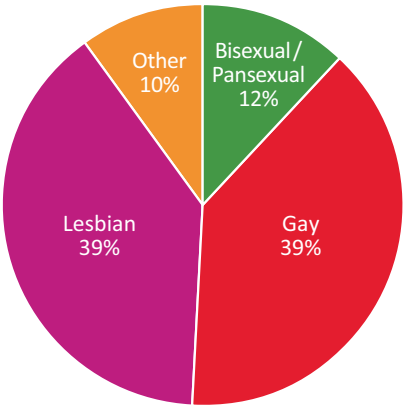


Figure 4. Sexual orientation of survey respondents.

## Aboriginal or Torres Strait Islander

Four survey respondents identified as being of Aboriginal or Torres Strait Islander origin, and these people represented 1.8% of all respondents. Two respondents were assigned male at birth and two respondents were assigned female. One respondent who had been assigned male at birth was questioning their gender. One respondent identified their sexuality as gay, one as lesbian, and two as pansexual.

## Metropolitan Perth or Regional Western Australia

Most survey respondents lived in the Perth Metropolitan Region (189/219 responses, or 86%). A total of 30 survey respondents (14%) lived in regional Western Australia. There was good coverage of the metropolitan area, and regional respondents represented Broome in the North to Albany in the South.

## Refugee Background

Five survey respondents stated that they were from a refugee background, representing 2.3% of all respondents (221). All were assigned male at birth, and one person identified that their gender is nonbinary. All of the survey respondents with a refugee background identified their sexuality as gay or bisexual, with two respondents also identifying as queer (i.e., ‘gay and queer’ and ‘bisexual and queer’). Two respondents were born in Britain and Northern Ireland, one was born in Australia, one was born in the Bahamas and one in India. All were most comfortable communicating in English.

## Country of Birth

Most survey respondents were born in Australia (142, or 65%), followed by Britain and Northern Ireland (39, or 18%) and New Zealand (19, or 9%). A further 19 survey respondents came from countries other than those already listed (9%). All survey respondents reported that they felt comfortable communicating in English. This would not preclude people speaking their native language at home, however.

## Current Living Circumstances

Current Living Circumstances	No.
Living alone	95
Couple living together	83
Family group	13
Couple living apart (NB: May also live alone)	11
Single with dependents	7
Unrelated group	5
Couple with dependents	4
Other (Lives with an ex-partner)	2

The most common living circumstance for our survey respondents was living alone (95 people, or 43%). When couples living apart (11) are added to this number, just under half of our survey respondents were living by themselves (48%). People living in a couple made up 39% of the survey sample (this includes those living with an ex-partner). People living in a group (family, single with dependents or unrelated others) were 13% of survey respondents.



When we compare living arrangement by the two main age groups (50-64 and 65-84), it is apparent that proportionally, slightly more 65-84-year-olds live alone or in a couple, whereas more 50-64-year-olds live with family or in an unrelated group.

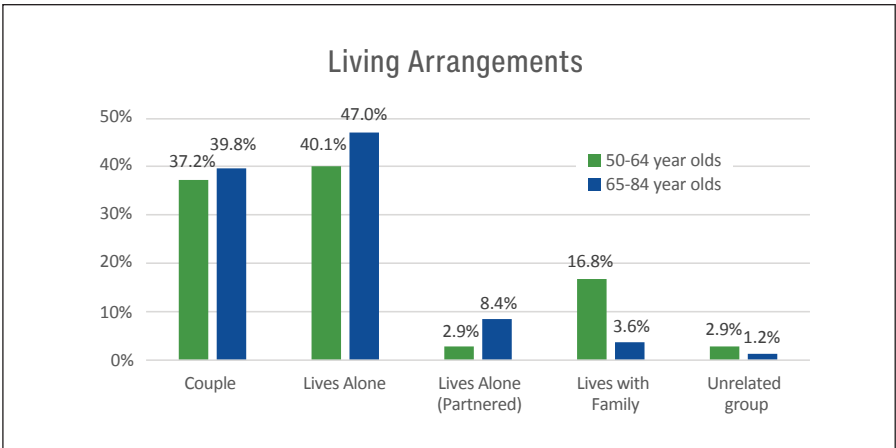


Figure 5. Breakdown of living arrangements as a percentage of respondents in each age group.

Just over half of  
survey respondents  
(54%) strongly  
agreed or somewhat  
agreed that they  
expected to exhaust  
their savings during  
retirement.

### Current Housing Situation

The majority of survey respondents (70%) owned their own home or had a mortgage (155). The next most common housing situations were renting (31), living in public or community housing (16) or renting a room (7). Combined, these categories accounted for 25% of respondents. The remaining 5% of respondents lived rent free, in a retirement village, temporary accommodation, residential care, or a housing cooperative.

Table 1: Survey Respondent Housing Situations

Housing Situation	No.
Own home/mortgage	155
Rental	31
Public/Community housing	16
Renting a room	7
Rent free	5
Retirement village NB: May include home ownership/mortgage	3
Temporary accommodation	1
Residential care	1
Housing cooperative	1
Homeless	0

**Risk of losing accommodation in the next two months**

Most survey respondents (84%) strongly disagreed that they were at risk of losing their accommodation in the next two months (185). A small number of people (4.5%) strongly agreed or agreed that they were at risk of losing their accommodation in the next two months (10 people in total).

Table 2: Risk of losing accommodation

	No.
Strongly Agree	5
Somewhat agree	5
Neither agree nor disagree	12
Somewhat disagree	12
Strongly disagree	185

**Financial position**

Just over half of survey respondents (54%) strongly agreed or somewhat agreed that they expected to exhaust their savings during retirement, compared with a quarter of survey respondents (24%) who somewhat disagreed or strongly disagreed that they would exhaust their savings during retirement. Just under a fifth (19%) didn't know whether they would exhaust their savings or not.

Table 3: Expects to exhaust savings during retirement

	No.
Strongly agree	75
Somewhat agree	45
Somewhat disagree	24
Strongly disagree	29
Don't know	42
No answer	5

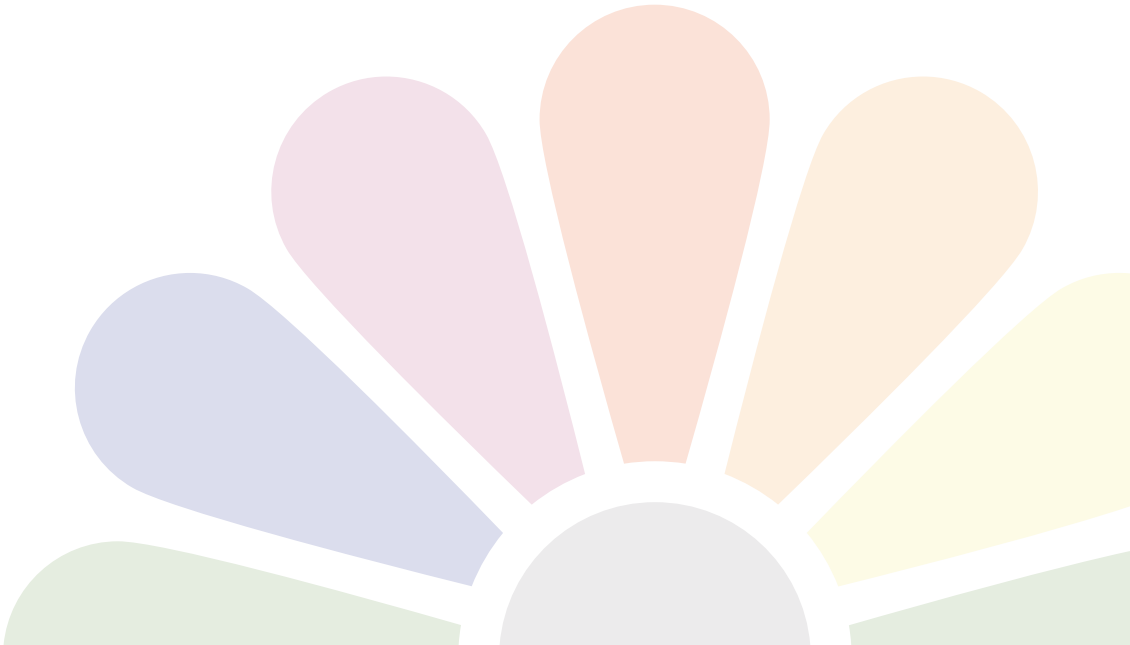
n=220

Sixteen percent (16%) of respondents selected an option that indicated they were financially uncomfortable and sometimes had to go without necessities, or financially uncomfortable and were struggling to get by. The majority of respondents were financially comfortable, but having to watch what they spend (50%) or financially comfortable with enough money to enjoy life (33%).

Table 4: Survey Respondent's current financial situation

	No.
Financially comfortable, have enough money to enjoy life	73
Financially comfortable, but have to watch what I spend	109
Financially uncomfortable, sometimes have to go without necessities	25
Financially uncomfortable, struggle to get by	10

n=118



# Loneliness Under the Rainbow for 50+'s Living in Western Australia

Loneliness is well defined by Lifeline Australia, as a “feeling of sadness or distress because of a mismatch between the amount of social connection a person wants and the amount they have.” (<https://www.lifeline.org.au/get-help/information-and-support/loneliness-and-isolation/#:>, accessed 20th April, 2023). Elsewhere, loneliness has been described as “a subjective negative experience of feeling disconnected from others that arises when one’s need for meaningful social relationships is unmet (Eres, Postolovski, Thielkind, & Lim, 2021, p. 358). Because loneliness is subjective, people can feel lonely even when they are surrounded by other people, whereas someone who is socially isolated may not feel lonely at all (Holt-Lunstad & Smith, 2016). To identify loneliness through research, it is important to look at external factors such as a person’s social network size, and their living arrangements, as well as whether they subjectively feel lonely (Holt-Lunstad & Smith, 2016).

In the research literature, it is well established that loneliness and social isolation are associated with higher risks for health problems such as coronary heart disease, cardiovascular disease, stroke, sleep disturbances, poorer immune and metabolic function, and the development of dementia (Benson, McSorley, Hawkey & Lauderdale, 2021; Holt-Lunstad & Smith, 2016; Pourriyahi, Yazdanpanah, Saghazadeh & Rezaei, 2021; Sutin, Luchetti, & Terracciano, 2020). People with poor or insufficient social relationships are 50% more likely to die prematurely than those with adequate social relationships, regardless of their age (Holt-Lunstad, Smith & Layton, 2010) and researchers have likened having poor social relationships with smoking up to 15 cigarettes per day in terms of the negative impacts on people’s health (Holt-Lunstad & Smith, 2012).

LGBTQIA adults in Australia have been found to be lonelier, to have less perceived social support, higher levels of social anxiety and depression, and lower quality of life than their heterosexual/cisgender counterparts, regardless of age (Eres et al., 2021). LGBTQIA adults have also been found to be at higher risk of social isolation (Eres, Postolovski, Thielkind, & Lim, 2021). In this report, we focus on the experiences of people who are aged 50 years and over, to see if there are any variations in their experiences of loneliness, social isolation, psychological distress and mental health, compared with other age groups.

We know that older lesbian, gay, bisexual, and transgender people face a heightened risk of social isolation because they are less likely to have a partner, they are more likely to live alone, and less likely to have children than their heterosexual/cisgender counterparts (Erosheva, Kim, Emlet & Fredriksen-Goldsen, 2015; Yang, Yoosun & Salmon, 2018). If they do have a partner, they are less likely to live with them (Eres et al., 2021). Living alone makes Australian LGBTQIA older people (aged 50 plus) more vulnerable to loneliness, psychological distress, and poorer mental health (Hughes, 2016).

Research has consistently shown that people live longer, have fewer physical symptoms of illness, and have lower blood pressure when they are a member of a social network than when they are isolated. An Australian study of gay older men indicated that social support was related to less psychological distress (Lyons, Alba, & Pepping, 2017).

Within Australia, a New South Wales research study of 311 seniors aged 50 years and over, found that people whose gender or sexuality did not conform to majority social norms had higher levels of psychological distress, lower mental health and greater loneliness than in the general population. Within this report, we explore how prevalent loneliness is amongst LGBT older people in the state of Western Australia.

Within the survey, we measured loneliness using the three-item Loneliness Scale, which is based on the R-UCLA Loneliness Scale and designed for large surveys (Hughes, 2016). We used this scale because of its brevity and its ability to reflect a person’s level of loneliness and make comparisons between people. Survey respondents were asked:

- How often do you feel that you lack companionship?
- How often do you feel left out?
- How often do you feel isolated by others?

Survey respondents could answer, ‘hardly ever’ (1 point), ‘some of the time’ (2 points), or ‘all of the time’ (3 points). Each person’s total score was tallied, and these ranged from 3 to 9, with the higher scores indicating higher degrees of loneliness. Two hundred and ten people answered this question (i.e., there were ten blank responses).

In total, 36% of our sample (75 people) experienced high levels of loneliness, meaning that they experienced a lack of companionship, felt left out, or felt isolated from others, all of the time. Another 42% (89 people) experienced medium levels of loneliness and felt lonely some of the time. Twenty-two percent (46 people) hardly ever felt lonely. Within our sample, the mean score was 6. We took a score of 6 or above to indicate significant levels of loneliness, which amounted to 112 people or 51% of our sample being significantly lonely, with an average score of 8 (9 is the highest score possible).

By comparison, a nationally representative survey sample of Australian adults collected in 2018 found that a quarter of them (27.6%) were lonely for three or more days per week, and that one in two (50.5%) were lonely for at least one day per week (Lim & APS, 2018). Further, this study found that Australians over 65 years were the least lonely, whilst other age groups experienced similar levels of loneliness. The measure of loneliness used in this study was the full version of the 3-item loneliness scale used in the GRAI study. Overall, whilst a quarter of the adults in the Lim study were very lonely, half of the adults in the GRAI sample were. Furthermore, GRAI respondent had higher loneliness scores on average, given that the average loneliness score in the Lim study was 45/80 (56/100), and average loneliness score in the GRAI study was 6/9 (66/100).

When people’s total loneliness scores were broken down by the two main age groups (50-64 and 65-84), it was apparent that people in the 50-64-year-old age group tended to be lonelier, with 82% experiencing moderate to high levels of loneliness compared to 71% of the 65-84-year-olds. More people in the older age group experienced ‘low’ loneliness, also. This finding is comparable with the patterns of loneliness found in the general population of Australian adults, where those over 65 were found to be less lonely than other adult age groups (Lim and APS, 2018).

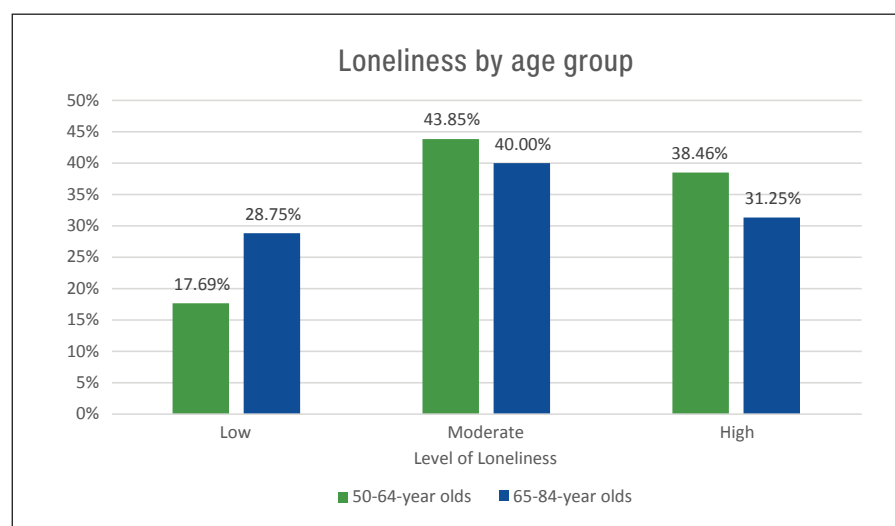


Figure 6. Percentage of age group respondents who reported each level of loneliness.



It is interesting to compare those highest in loneliness (with a total score of 9) and those lowest in loneliness (with a total score of 3). Amongst the least lonely (46 people) the age groups were split evenly with 23 people in the 50-64-year age group and 23 in the 65-84-year age group. However, amongst the loneliest (39 people), 62% (24 people) were 50-64-year-olds and 38% were 65-84-year-olds (15 people). Whilst both age groups experienced extreme loneliness, more 50-64-year-olds were extremely lonely, whereas the age groups were evenly split for the least lonely.

We compared our mean loneliness scores with those of Hughes (2018). Hughes had 312 responses from LGBTI people aged 50+ who mainly resided in New South Wales. The mean score for loneliness for this group as a whole was 5, with a median of 5. In the GRAI study, the overall mean score for loneliness was 6 with a median of 6, meaning that the GRAI sample was lonelier overall than Hughes' sample. Within the GRAI data, there were no differences in the mean scores of lesbians (6), gay men (6), Bi/Pansexual folk (6) those with other sexualities (6), trans people (6), or cisgender people (6). The main differences in mean scores were between those who lived alone (mean = 8) and those who lived with others (mean = 7). This finding is comparable with Hughes' finding that those who lived alone had a higher mean score on loneliness (mean = 5) than those who lived with others (mean = 4). Again, the GRAI sample was lonelier. Another difference within the GRAI data was between those aged 50-64 (mean = 6) and those aged 65-84 (mean = 5), confirming that the younger group tended to be lonelier.

In the remainder of this section of the report, loneliness will be explored more deeply in relation to other factors such as social connectedness, living circumstances, financial circumstances, psychosocial loss, psychological distress and mental health.

### Loneliness and Social Connectedness

The definition of loneliness (above) indicated that loneliness is not always related to how socially connected a person is. Someone can be surrounded by people, and still feel lonely. Still, it is logical to assume that there is some relationship, as people who have few social connections might be expected to experience higher levels of loneliness.

We asked survey respondents to indicate how many people they had 'significant' social interactions with in a typical month. 'Significant' was defined as an interaction such as talking to, visiting with, exchanging phone calls, etc., that lasted for ten minutes or more. Two hundred and twelve people responded with an estimate, including six people who indicated that they typically have no significant social interactions at all. At the other end of the spectrum, there were five people who estimated that they have more than 200 social interactions per month. For the purposes of this report, the results were then grouped into very low (less than 14 interactions per month), low (15 to 30 interactions per month), medium (31 to 60 interactions per month), high (61 to 100 interactions per month) and very high (over 100 interactions per month).

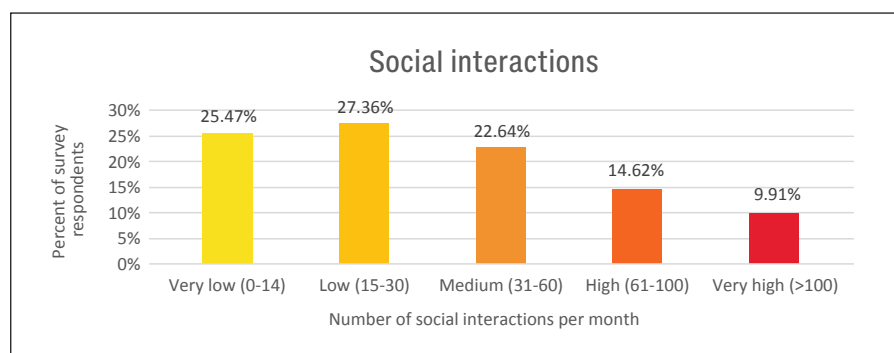


Figure 7. Level of significant social interactions in a typical month.



The GRAI data lends some support to the contention that people with low social interactions tend to be lonelier, overall.

The graph to the right indicates that 35% of those who were the loneliest had very low social interactions (0-14 per month) and 34% had low social interactions (15-30 per month).

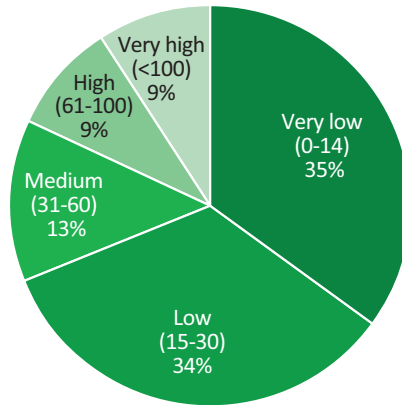
The number of interactions for people who were moderately lonely was more spread out, with the majority being very low (26%), or low (23%). However, 23% of people who were moderately lonely had 31-60 significant social interactions per month, indicating that you can have a lot of social interactions and still feel lonely.

For those who reported least loneliness, only 9% had very low social interactions (0-14) per month with a further 26% reporting low numbers of interactions (15-30 per month). The majority (65%) reported having more than 60 interactions in a typical month.

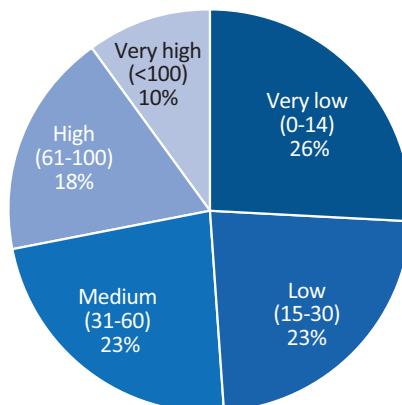
In general, more social interactions appeared to be protective against loneliness, but not always, as demonstrated by the 14 survey respondents who reported a high level of loneliness alongside very high or high levels of social interactions per month.

### Monthly social interactions

#### ▪ Most lonely



#### ▪ Moderately lonely



#### ▪ Least lonely

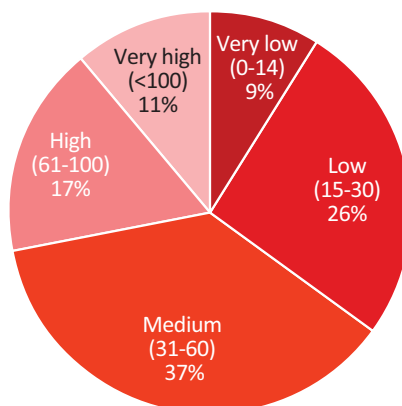


Figure 8. Breakdowns of social interactions per month for each loneliness grouping.

Figure 9 (below) amalgamates these findings in the one graph.

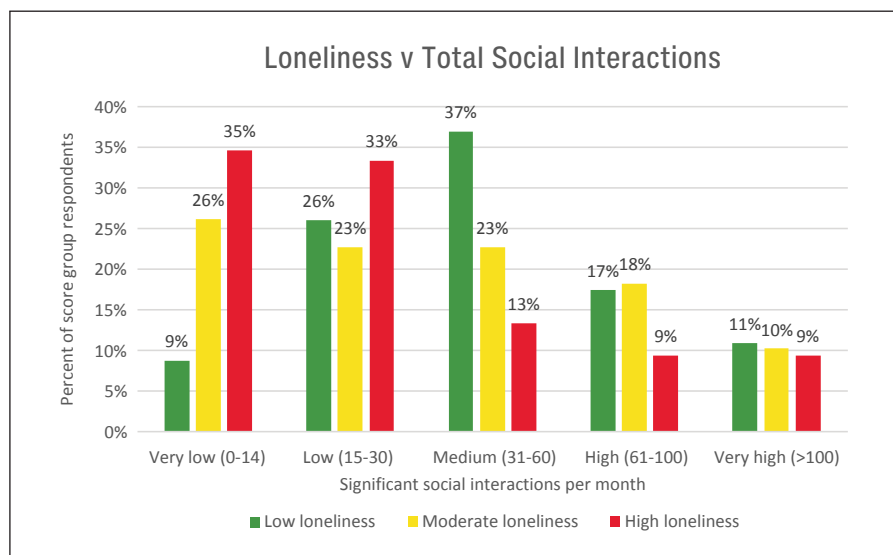


Figure 9. Breakdown of social interaction levels for each loneliness grouping.

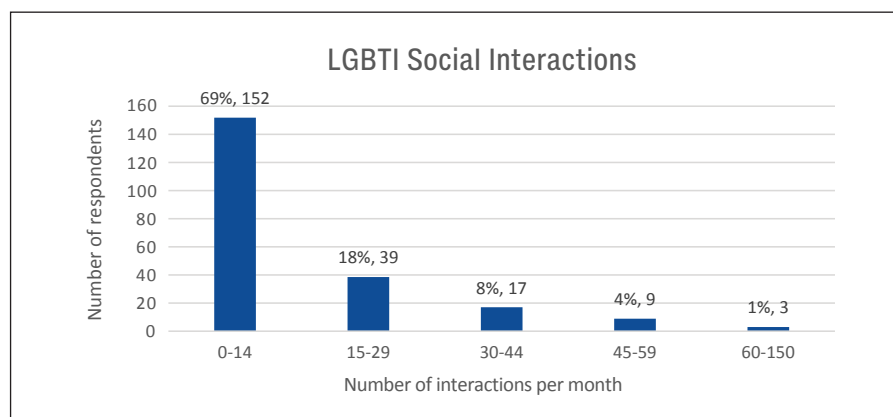


Figure 10. Reported number of social interactions with other LGBTI people in a typical month.

We asked survey respondents to estimate the number of significant social interactions they have with other LGBTI folk in a typical month. Most people reported between 0 and 14 such interactions per month, while about 5% reported having more than 44 LGBTI interactions per month.

The majority (69%) had 'very low' levels of social interaction with other LGBTI people per month (0-14 interactions), followed by another 18% who recorded 'low' levels of social interaction (15-19 interactions per month).

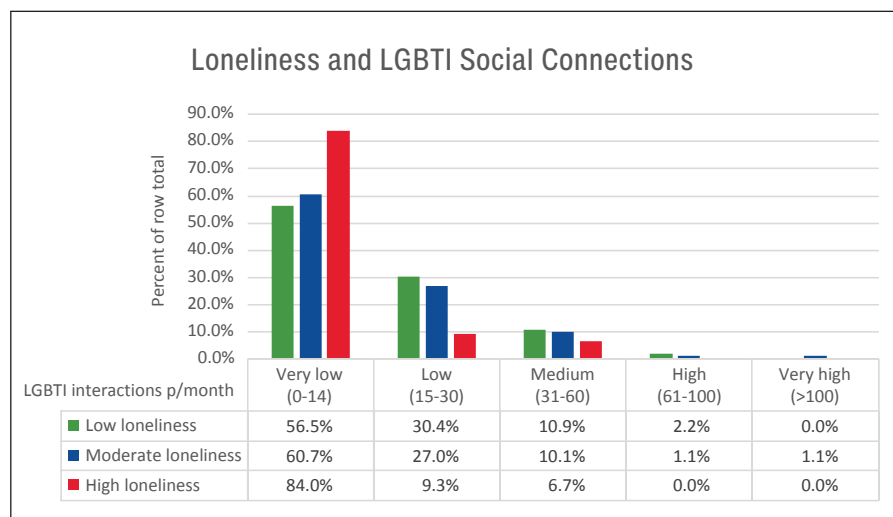


Figure 11. Estimated monthly interactions with other LGBTI people.

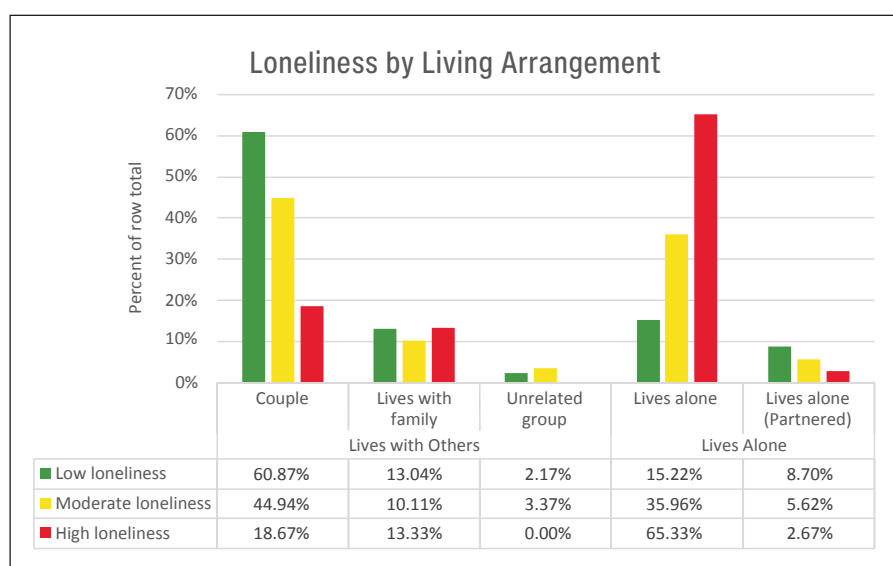


Figure 12. Loneliness by living arrangement.

Those who scored highest on loneliness (a total score of 7-9), 84% reported very low levels of social interactions with LGBTI people per month (between 0 and 14 interactions per month). Just over half (56.5%) of those who scored lowest on loneliness (a total score of 1-3) reported similarly low levels of LGBTI social interactions.

Of the people who scored lowest on loneliness, 86.9% estimated their interactions with other LGBTI people at between zero and thirty interactions per month. It appears that for these people, even a low number of social interactions with LGBTI people went a long way towards making them feel socially connected.

Reading down the ‘very low’ column, it is apparent that very few social interactions with other LGBTI people makes people more prone to high levels of loneliness. This relationship was not apparent once a person had 15+ interactions with other LGBTI people per month.

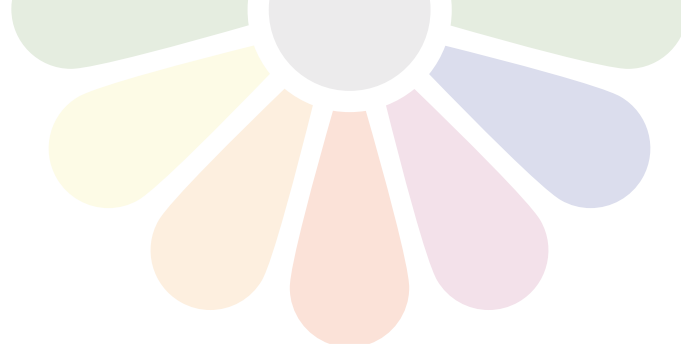
### Loneliness and Living Circumstances

Loneliness by Living Arrangement, shows the proportion (percentage) of people in each living arrangement when grouped according to their loneliness rating (low, medium, or high). For example, in the low loneliness group (scores of 1-3) 76% of people lived with someone else (Group 2) and 24% of people lived alone (Group 1). In the ‘moderate’ loneliness group (scores of 4-6), 58% of people lived with someone else and 42% of people lived alone. In the ‘high’ loneliness group, 68% of people lived alone, and 32% of people lived with someone else.

If someone lived alone, they were more likely to be lonely, but not always (e.g., 23% of those who lived alone did not rate themselves as lonely). Whilst most people in the ‘low’ loneliness group lived in a couple, people living as a couple also experienced ‘moderate’ to ‘high’ levels of loneliness. That is, forty-four percent of people who scored in the ‘moderate’ range for loneliness and 19% of people who scored in the ‘high’ range for loneliness lived in a couple.

We cannot assume that because someone is partnered, they are not lonely, or that someone who lives alone will be lonely.





## Loneliness and Financial Circumstances

People who are financially uncomfortable tend to be lonelier.

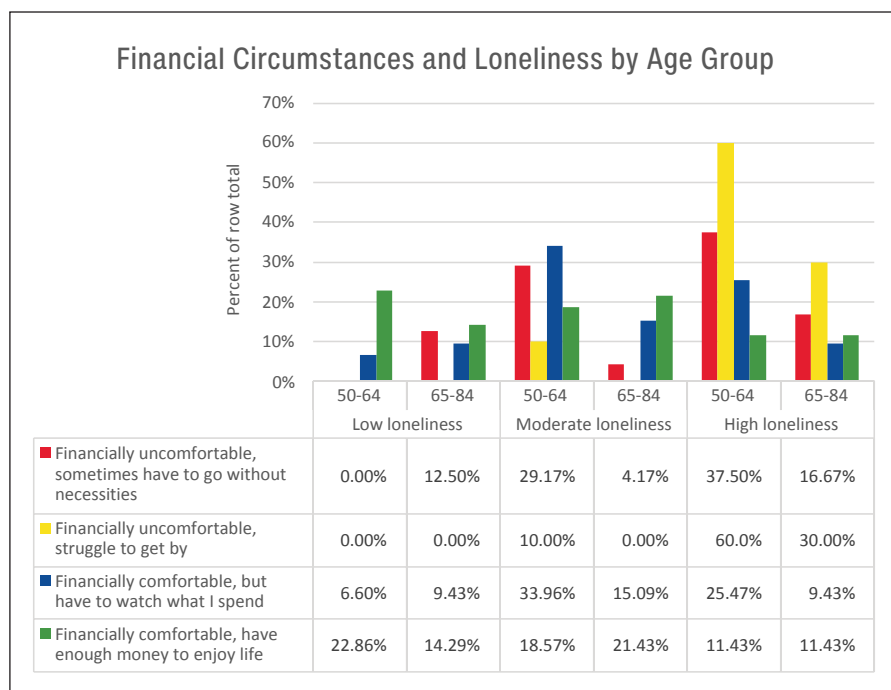


Figure 13. Financial circumstances and loneliness - by age group.

Figure 13 (above) illustrates that 33% of the most financially uncomfortable people were moderately lonely with a score of 4-6 and 54% were very lonely with a score of 7-9. Most of those people were aged 50-64-years. For those who are financially uncomfortable and struggling to get by, almost all (90%) were very lonely, with the remaining 10% being moderately lonely 50-64-year-olds. A very small number of people who were financially uncomfortable reported low loneliness scores of 1-3 (only 12.5% of 65-84-year-olds).

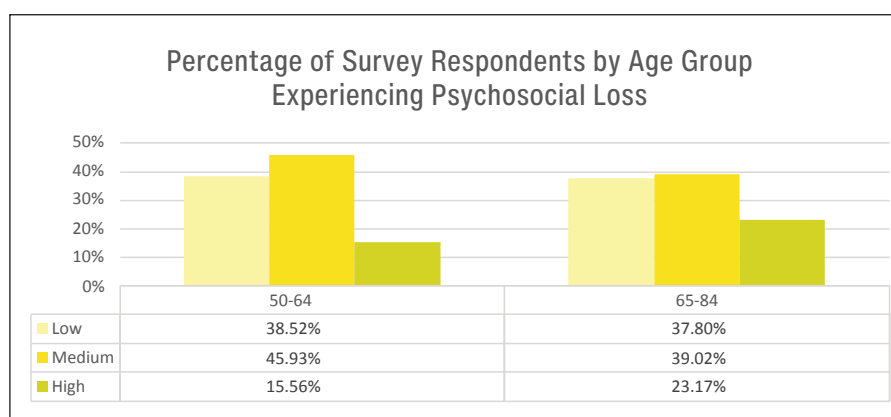


Figure 14. Percentage of age group respondents experiencing psychosocial loss.

## Loneliness and Psychosocial Loss

Psychosocial loss encompasses the psychological and social losses that a person may experience as they age (Laidlow et al., 2007). The survey questions related to psychosocial loss were:

- I see old age mainly as a time of loss
- As I get older, I find it more difficult to make friends
- Old age is a depressing time of life
- I feel excluded from things because of my age

When we look at psychosocial loss by age group, we can see that 'low' levels of psychosocial loss are similar for those in the 50-64-year-old age group (39%) and the 65-84-year-old age group (38%). For those experiencing 'medium' levels of psychosocial loss, the proportion in the 50-64-year-old age group is higher (46%) than in the 65-84-year-old age group (39%). However, when we look at high levels of psychosocial loss, the 65-84-year-olds tend to experience higher levels (23%) than the 50-64-year-olds (16%).

Looking at the age group columns, more people in their 50's to mid-60's experienced moderate to high levels of psychosocial loss (61%), but a considerable proportion (just under 40%) only experienced low levels of psychosocial loss. For the 65-84-year olds, the proportion of people experiencing moderate to high levels of psychosocial loss is similar (62%), but there is a shift towards higher levels overall.

It appears that some people experience higher levels of psychosocial loss as they age, but this certainly not across the board, since low levels were similar by age and medium levels were higher amongst the younger age group.

We compared people’s total scores for loneliness with their total scores for psychosocial loss, to see if there was a statistical relationship. These two factors were found to be moderately related ( $r(209) = .58, p=.05$ ). This means that people who are high in psychosocial loss associated with age are moderately likely to be lonelier, also.

When we compared cisgender and transgender people by age group for psychosocial loss, it is only transgender people aged 65-84 (25%) who experienced slightly higher levels of psychosocial loss than cisgender people (23%). In all other age groups and levels, cisgender people reported similar or higher levels of psychosocial loss.

In general, being transgender does not appear to be related to elevated levels of psychosocial loss.

When we look at psychosocial loss and sexual orientation, it is apparent that higher levels of psychosocial loss are experienced by asexual people (60%), followed by lesbian women (20%) and gay men (19%). Of the three asexual people in the high psychosocial loss group, two were transgender. Two of these people were in the 65-84-year age group and one was in the 50-64-year age group. It is difficult to make any definitive conclusions about psychosocial loss and being asexual based on three people’s experiences, especially since trans people experienced similar or lower levels apart from in that older age group. Being bisexual, pansexual, or queer seemed to be related to lower levels of psychosocial loss.

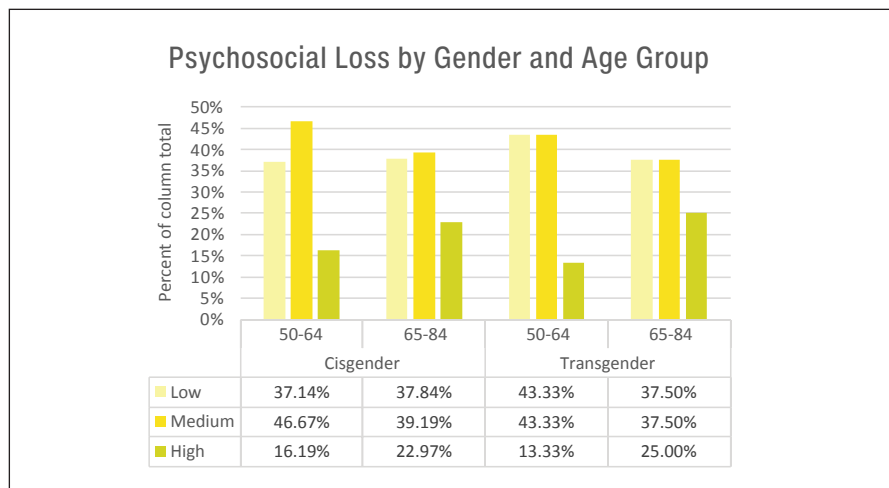


Figure 15. Psychosocial loss by gender and age group.

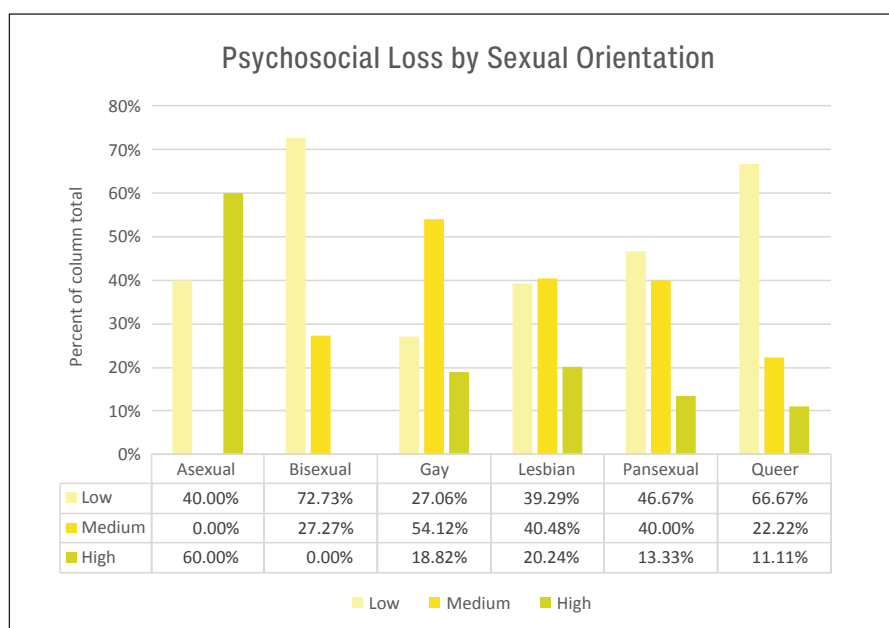


Figure 16. Psychosocial loss by sexual orientation.

It is interesting to look at the relationship between respondents' overall level of loneliness and their overall level of psychosocial loss. Figure 17, 'Loneliness and Level of Psychological Loss by Age Group,' shows the distribution of survey respondents across each of these groupings, broken down by age. The graph indicates that people who reported experiencing high levels of psychosocial loss also reported moderate to extreme loneliness in both the 50-64-year age-group and the 65-84-year age-group. Conversely, people with high levels of psychosocial loss did not report low levels of loneliness in either age group (0%).

### Loneliness and Nonspecific Psychological Distress

Nonspecific psychological distress "is characterized by a constellation of psychological and somatic symptoms that are common among individuals with a wide range of mental disorders but are not specific to any single disorder." (Viertio et al., 2021, p. 2). In the Private Lives 3 report, psychological distress was measured in the same way that it was measured in the GRAI survey; using the Kessler 10 (K10) instrument (Kessler et al., 2002). This scale measures a wide-ranging set of cognitive, behavioural, emotional and psychophysiological symptoms that are often higher among people with a wide range of different mental disorders. The Private Lives 3 research found that 57.2% of their nationwide sample of LGBTIQ people experienced high to very high levels of psychological distress, compared with 13% of the general population.

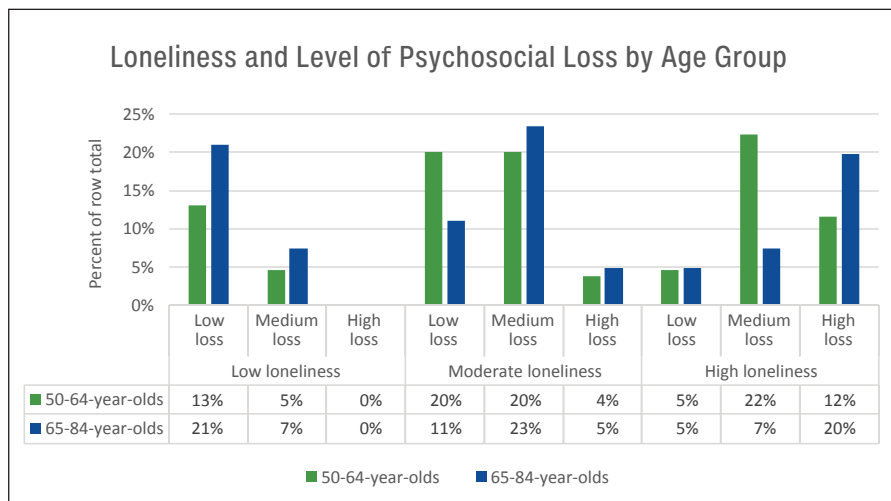


Figure 17. Loneliness and level of psychosocial loss by age group.

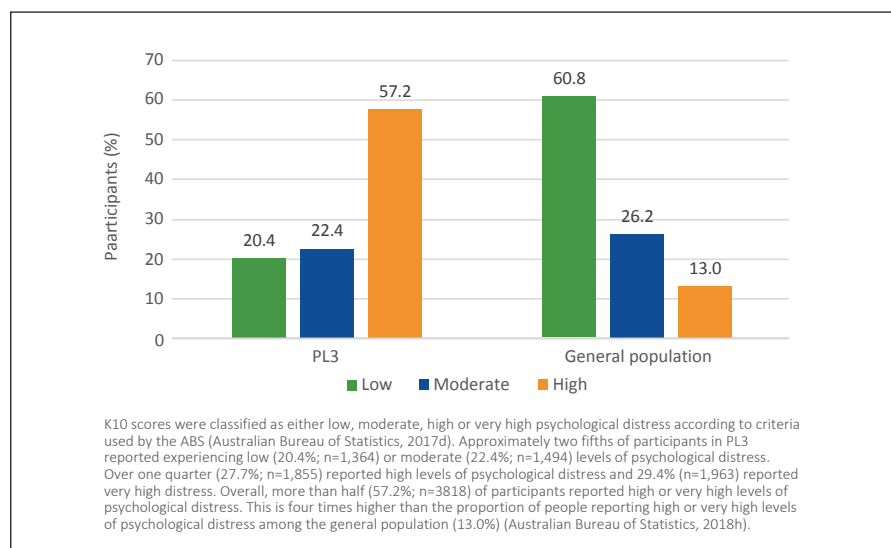


Figure 18. Proportion of participants experiencing low, moderate, high or very high psychological distress (n= 6,676) – from Hill et al, 2020, p.46

The GRAI survey data showed quite a different picture. Only 20% of our survey respondents evidenced ‘High’ or ‘Very High’ levels of psychological distress. There is more psychological distress amongst our LGBT older people compared with the general population (13%), but less than in a national sample that included younger LGBTIQ folk. This may suggest that LGBT people become less psychologically distressed as they age. The Private Lives 3 study did not break their psychological distress data down by age group, so this was not evident from their data.

Our findings are more consistent with those of Hughes (2018), who found that 15.2% of respondents reported high or very high rates of psychological distress.

When we look closer at the GRAI data on psychological distress by age group, it does appear that levels of psychological distress reduce with age, but not uniformly. More people experienced lower levels of psychological distress in the older age group (63%) compared with the younger one (48%) and less of the older age group experienced moderate (18%) and high levels of distress (6%) compared with the 50-64-year-olds (31% and 19% respectively). However, in the ‘Very high’ level of psychological distress, the 65-84-year-olds rated higher (12%) compared with the 50-64-year-olds (2%). Overall, it appears that a small group of our older people aged 65-84 are experiencing very high levels of psychological distress.

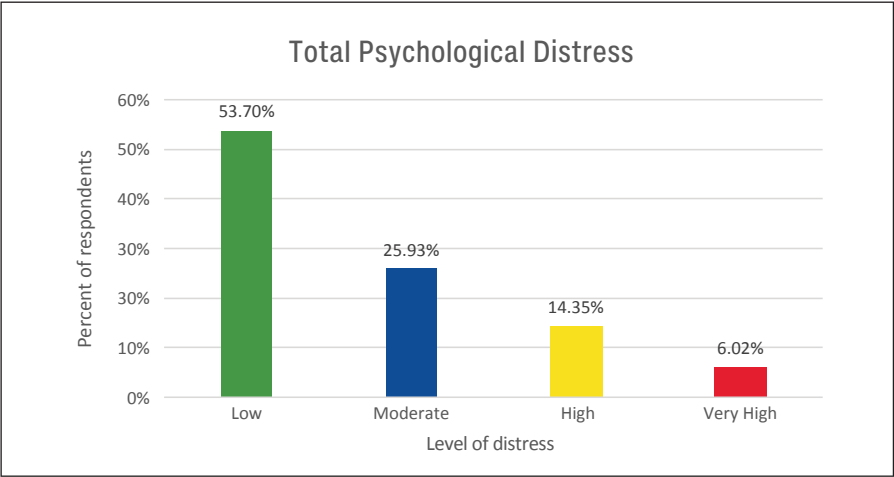


Figure 19. Proportion of participants experiencing low, moderate, high or very high levels of psychological distress – GRAI survey, 2022

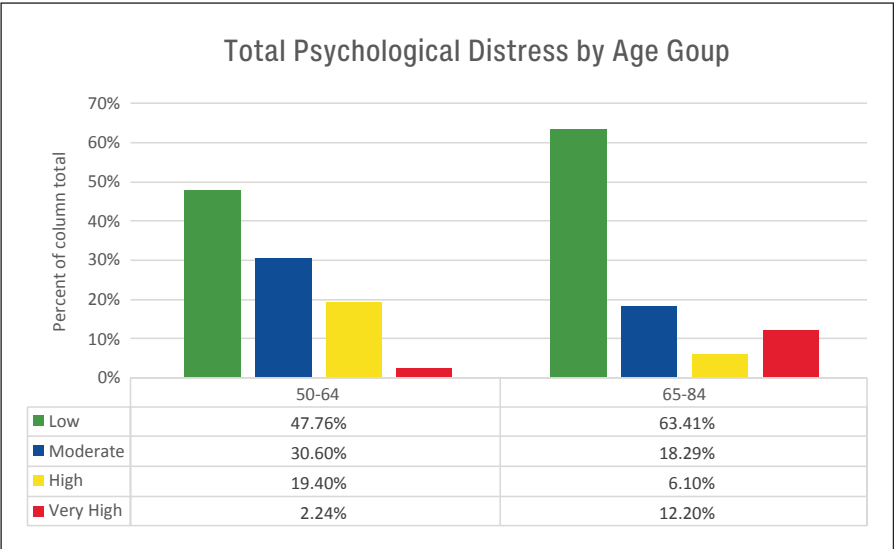


Figure 20. Total psychological distress experienced by participant age group.





# Addressing Loneliness and Improving Quality of Life Under the Rainbow

## Busyness

The GRAI survey respondents were asked to rate how busy they were on an average week. They had four response options: extremely, moderately, somewhat, or not at all.

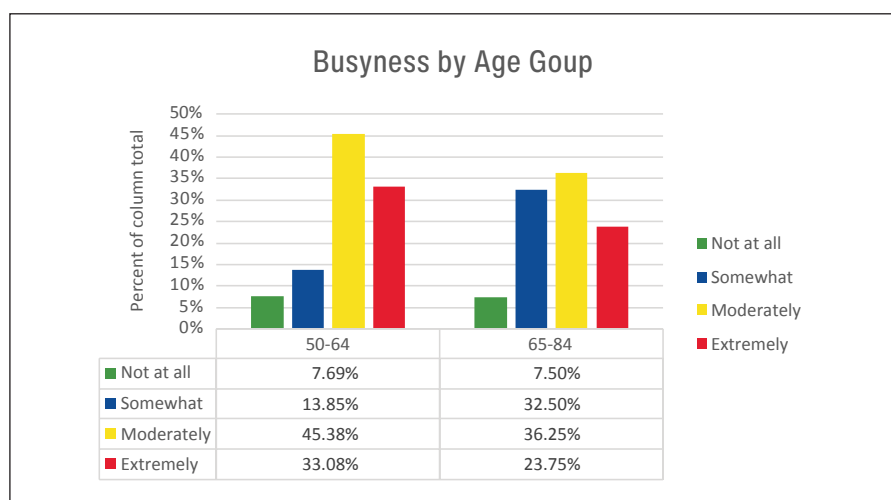


Figure 21. Survey respondent busyness by age group.

As shown in the graph above, around the same proportion of people were 'not at all' busy in both age groups (8%). However, more 65-84-year-olds were 'somewhat' busy (33%) compared with the 50-64-year-olds (14%). When the two age groups are collapsed, 28% of the sample were not busy or somewhat busy.

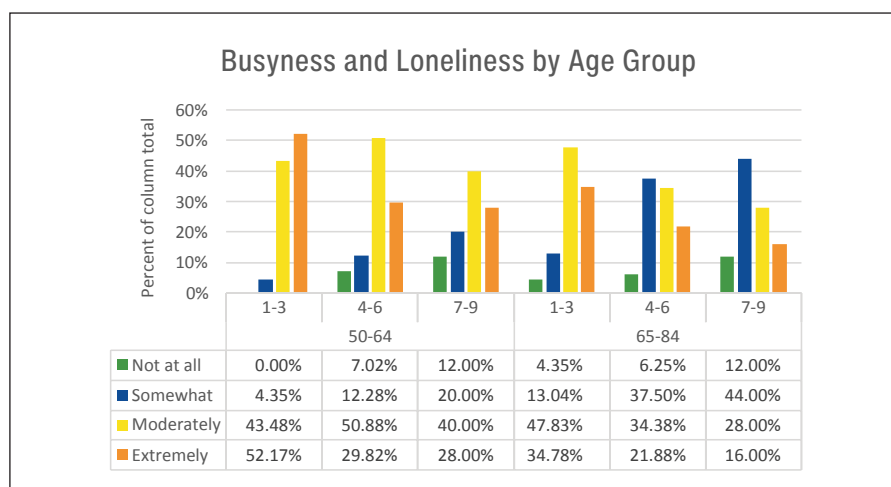


Figure 22. Survey respondent busyness and loneliness by age group.

In addition, less 65-84-year-olds were 'moderately' busy (36%, compared with 45%) and 'extremely' busy (24%, compared with 33%), compared with the 50-64-year-olds. Based on the previous findings, we know that busyness decreases somewhat with age, and psychosocial loss increases slightly. However, loneliness doesn't necessarily increase with age. Overall, people in the older age group may have more time to engage in other activities.

It appears that there is some relationship between a person's level of busyness and how lonely they feel. No one in the lowest level of loneliness amongst the 50-64-year-olds was 'not at all' busy. Most people were 'moderately' busy (43%) or 'extremely' busy (52%). For those lowest in loneliness in the 65-84-year-olds, only 4% were 'not at all' busy, and most were 'moderately' busy (48%) or 'extremely' busy (35%). Considering those who were most lonely amongst the 50-64-year-olds, 32% were either 'not at all' busy or 'somewhat' busy. In the 65-84-year-old age group, 56% were either 'not at all' busy or 'somewhat' busy. For some people, increasing their level of busyness through social engagement, would likely help them to feel more connected and less lonely.

## Psychological Growth

Psychosocial growth was measured as part of the short form of ‘The attitudes to aging questionnaire (AAQ-SF)’, according to people’s level of agreement or disagreement with the following four statements:

- It is important that I pass on the benefits of my experience to others
- I want to give a good example to younger people
- It is a privilege to grow old
- There are many pleasant things about growing older

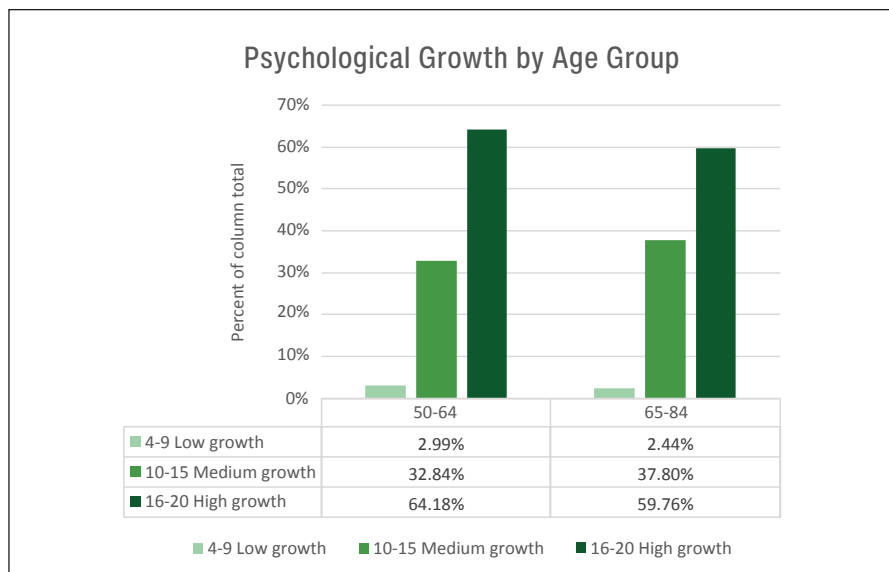


Figure 23. Psychological growth by age group.

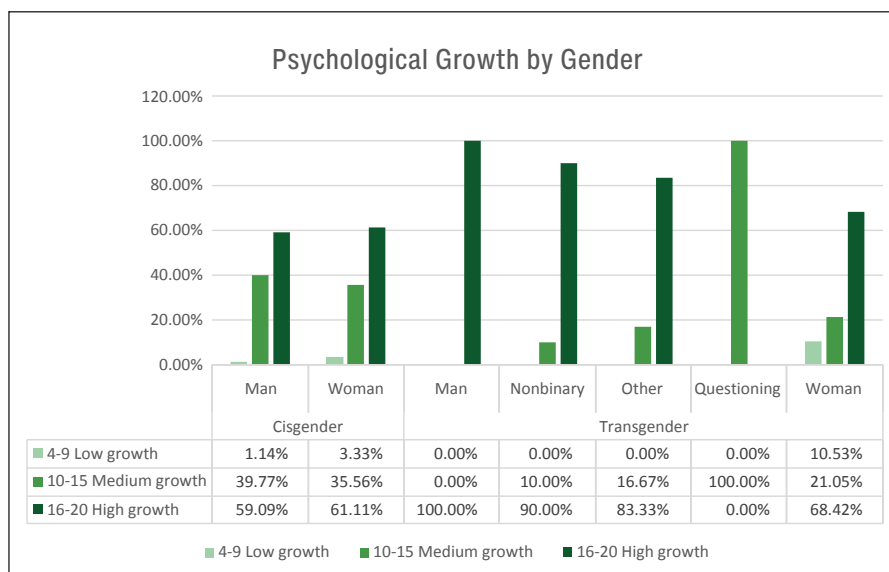


Figure 24. Psychological growth by gender.

Respondents could answer ‘strongly disagree’, ‘disagree’, ‘neutral’, ‘somewhat agree’, or ‘strongly agree’ to the statements.

The data indicates that a very small proportion of our respondents evidenced low psychological growth. Only 3% of 50-64-year-olds and 2% of 65-84-year-olds had low psychological growth scores. The majority of both age groups had high psychological growth scores; 64% for 50-64-year-olds and 60% for 65-84-year-olds. The older age group had a slightly lower proportion of ‘high’ psychological growth and a slightly higher proportion of ‘medium’ psychological growth compared to the younger age group. This is interesting considering that the younger age group had higher levels of loneliness and higher levels of psychosocial loss. It is possible that psychosocial loss experiences contributed to psychological growth in some way.

Based on our data, most cisgender men evidenced ‘medium’ (40%) or ‘high’ (59%) levels of psychological growth. Cisgender women were similar with 36% evidencing ‘medium’ levels of psychological growth and 61% high levels. Most non-binary folk experienced ‘medium’ (10%) or ‘high’ levels of psychological growth (90%), as did those who identified their gender as ‘other’ (17% medium and 83% high). Trans women were a little more spread out with 11% evidencing ‘low’ psychological growth, 21% ‘medium’ growth, and 68% ‘high’ growth. As a whole, the GRAI sample is predominantly characterized by ‘high’ psychological growth, followed by ‘medium’ levels of psychological growth. ‘Low’ psychological growth is rare.

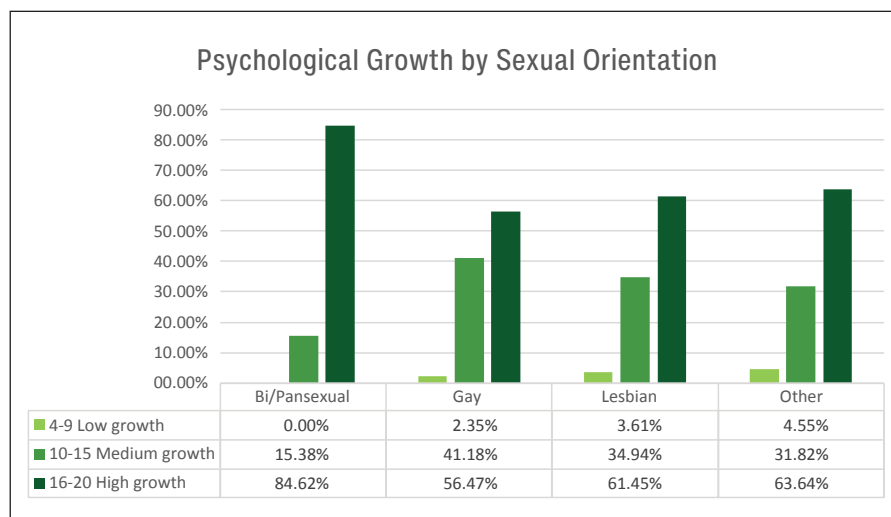


Figure 25. Psychological growth by sexual orientation.

A similar pattern is evidenced when sexual orientation is considered. Very few people were in the 'low' growth category, with those who identified as 'other' (straight, questioning or asexual) predominating on 5%. Overall, bisexual/pansexual people had mostly 'high' levels of psychological growth (85%), followed by the 'other' category (64%), lesbian women (61%) and gay men (56%). Again, most groups were dominated by those in the 'medium' or 'high' psychological growth categories. This would suggest that most of our sample is wanting to give back and enjoy being older. Many would also like to set a good example for younger people, suggesting an intergenerational focus would be welcome.

### Activity Preferences

We asked survey respondents whether they preferred intergenerational or mixed age group activities, Seniors only activities, or LGBTI activities. People could select more than one answer. As shown in Table 9 below, the majority of people preferred intergenerational or mixed age group activities (69%) and LGBTI activities (58%). A quarter of the GRAI respondents wanted seniors only activities (24%).

Table 5. Activity Preferences – Preferred group composition

	No.
Intergenerational/Mixed age groups	139
LGBTI only	117
Seniors only	48
Other, please specify	21

(x= 202, 19 blank responses)

In terms of activities of interest, the majority of respondents wanted to participate in a walking group (53%). The second most preferred activity was 'mentoring opportunity' (39%), which is in alignment with the high psychosocial growth evidenced by our survey respondents. Many would enjoy the opportunity to set a good example, and give the benefit of their experiences to those younger, and presumably LGBT.

We know from the research literature in this area that people with a higher tendency to give social support tend to receive more social support. They also experience greater self-esteem, self-efficacy, less depression, more personal growth, and less stress than those with a lower tendency to give social support to others (Pilferi & Lawler, 2006; Tang, Choi & Morrow-Howell, 2010). An Australian study of lesbian and gay adults aged 60 years and over, showed that volunteering was associated with positive mental health (Lyons, Alba & Waling, 2020), and for gay men there was the additional benefit of better self-rated physical health, social support, and lower psychological distress (Lyons, Alba & Pepping, 2017).

Adequate organisational support in the form of training, ongoing support, and flexibility in choosing activities and schedules are associated with better volunteer commitment as well as the social, psychological and emotional benefits that accrue for older volunteers. When an older person contributes to the well-being of others through volunteering activities, the organisational supports provided can also help to boost their mental health. People from a background of social disadvantage may feel particularly empowered or valued through volunteering (Tang, Choi & Morrow-Howell, 2010).

Other preferred activities amongst GRAI survey respondents included watching films/movies (37%), meditation classes (37%), a fitness group (34%), talks on issues for older people (32%), a volunteering opportunity (29%), craft/art classes (28%), playing board games (27%), participating in a swimming group (27%), or taking cooking classes (26%).

*Table 6. Activities of Interest*

Activity	No.
Walking group	107
Mentoring opportunity	78
Film Club	75
Meditation	75
Fitness group	69
Talk on issues for older people	65
Volunteering opportunity	59
Crafts/art	56
Board games	54
Swimming group	54
Cooking classes	53
Yoga	47
Healthy eating workshop	46
Visiting older people	44
Ageing action group	44
Weight loss group	43
Book club	43
Computer skills workshop	39
Car rallies	27
Other activities, please specify	27
Flower arranging	14
Play groups	11

(n= 201, 20 non-responses)

## Barriers and Facilitators of Engagement in Activities

*Table 7: Main barriers to engaging in activities*

Finances	Transport	Anxiety	COVID-19	Distance
47	28	67	46	49

(n= 201, 20 non-responses)

We asked our survey respondents what main barriers they experience to engaging in activities, and gave them five main response options (as in Table 7, above). We also gave them an ‘other, please specify’ option. Thirty-five percent (35%) identified anxiety as a significant barrier to engaging in activities, followed by distance (26%), finances (25%), and COVID-19 (24%). The most frequently cited barrier in the ‘other, please specify’ category was lack of time and working long days (40 people, 21%).

We also asked our survey respondents what had helped them to get to activities or events in the past, as an open-ended question. The most frequent response was having someone to go with (67 people, 39%). People liked being invited by someone they knew, going on group outings, knowing someone at the activity or event, going along with someone, or having someone available for social support.

## Increasing Quality of Life

We gave our survey respondents the opportunity to identify something that they didn’t currently have in their life that would make a positive impact on their quality of life (open question). Some people identified multiple things that would improve their quality of life. Answers were organised thematically. Of the 166 people who responded to this question, the most common responses were in the categories of social contact and support, and living circumstances.

The majority of people preferred intergenerational or mixed age group activities (69%) and LGBTI activities (58%).

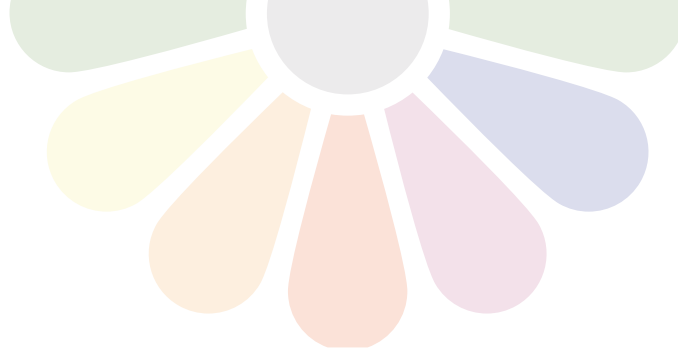


Table 8. Areas where Quality of Life could be increased

<p><b>Social contact and support</b> (110 people, 62%).</p>	<p><b>Friends</b> to share time with, with similar interests, to meet up with, etc (30 people).  <b>Partner(s)</b> to share romance, have a relationship or a regular date, etc (23 people).  <b>A Companion</b> that is not effortful, company, a confidante, someone I feel comfortable around (13 people).  <b>More LGBTI Friends</b> that I have things in common with, that are similar to myself, like-minded and situationally aware people who are not afraid to live their lives on their terms (13 people).  <b>Group membership</b> with things in common with me, community involvement, connection, social engagement, contributing, spending time with people who are lonely or isolated, etc (9 people).  <b>Social Support</b>, knowing there is someone to care for me if I get to the point where I can no longer care for myself, occasional help with the garden, people I know I could rely on in an emergency or health crisis, and receive understanding and respect (5 people).  <b>A local LGBTIQ+ social group Counselling</b> on later life issues and challenges, someone to talk to I can trust (3 people).  <b>A sex life</b>, sexual ability, sexual partners (3 people).  <b>Love</b> (2 people).  <b>Miscellaneous</b> - A regular travel companion, visitor program, a pet for companionship, more friendly neighbours, clearing my name (5 people).</p>
<p><b>Living circumstances</b> (51 people, 31%).</p>	<p><b>Money</b>, financial security, financial resources, retirement planning, a livable income, etc (21 people).  <b>Less Work/Workload</b> (11 people).  <b>Time</b> to focus on my wellbeing, free time, time to participate in activities (8 people).  <b>Vehicles</b> - Car, use of a car, sailboat (3 people).  <b>Secure housing</b>, Private space where I live (2 people).  <b>Miscellaneous</b> - travel, a job that I like, a different boss, a mobility scooter, completion of the establishment of a women's community (5 people).</p>

Other themes were an increase in health/fitness (19 people) and new activities or interests (18 people).

We asked our survey respondents what they would most like GRAI to offer in the future. Of the 143 people who answered this question, most identified social contact, support groups, companionship or friendship opportunities (30 people, 21%) and the answers were similar to those in the social contact and support category. Another group of people were happy with what GRAI currently offers, and specific mentions were made about the social support that GRAI offers to seniors, the range of activities, GRAI's accessibility, the Village Hub and Befriending Program, and the newsletter. Other people asked for help with accommodation of housing (13), more activities (12 people), support with accessing activities (11 people), specific events (11 people), better aged care accommodation (10 people), advocacy (9 people), information on specific topics (10 people), more information about what GRAI does (9 people), in-home support (5 people), support with sharing their life history (3 people), counselling services (2 people), and hope (2 people).



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