GRAI
GLBTI Rights in Ageing Inc.

LGBT+ and 50+
Loneliness and quality of life under the rainbow

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independent living assessment

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+

Contents

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.**

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 of 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 Hughs, 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.
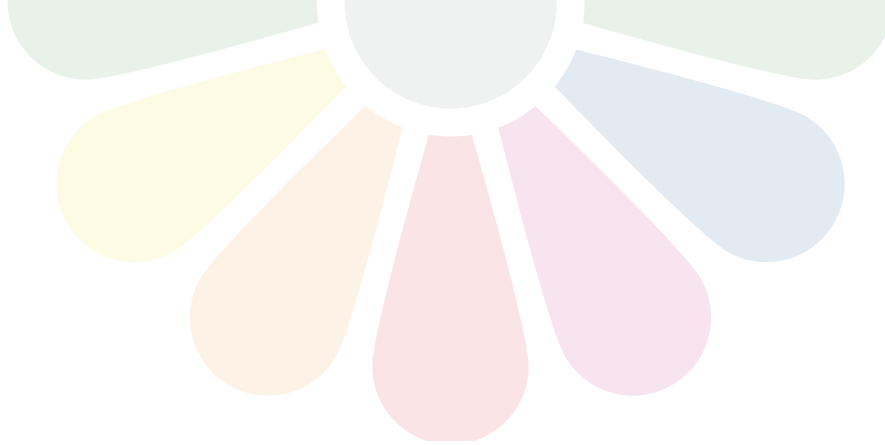
Activities

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).
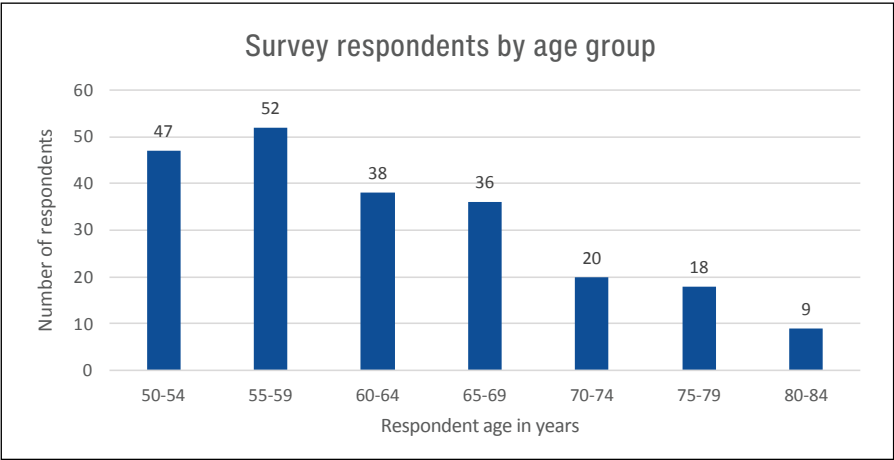
Figure 1. Age distribution of survey respondents.

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.
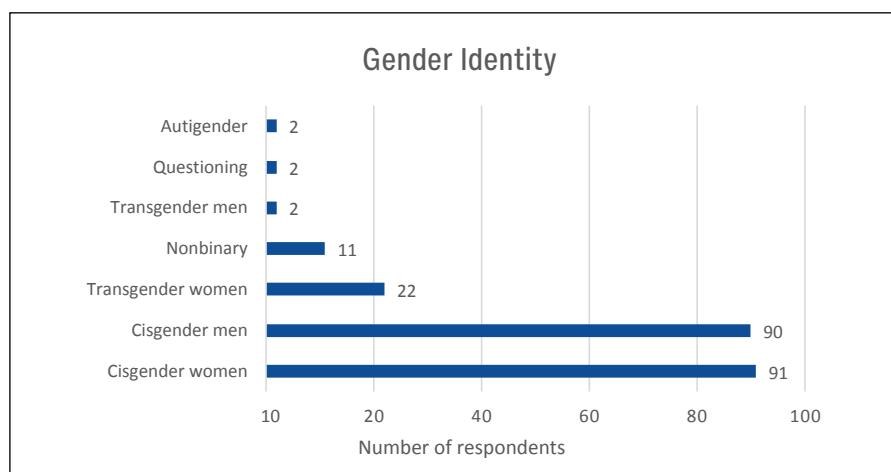
Gender Identity

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[1] (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[2] 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.
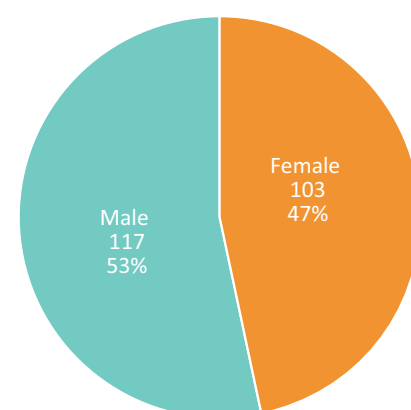
Figure 3. Survey respondents – sex assigned at birth.

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1 Women who were also assigned female at birth.
2 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.

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).
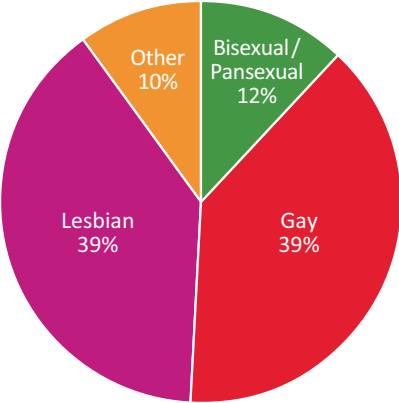
Figure 4. Sexual orientation of survey respondents.

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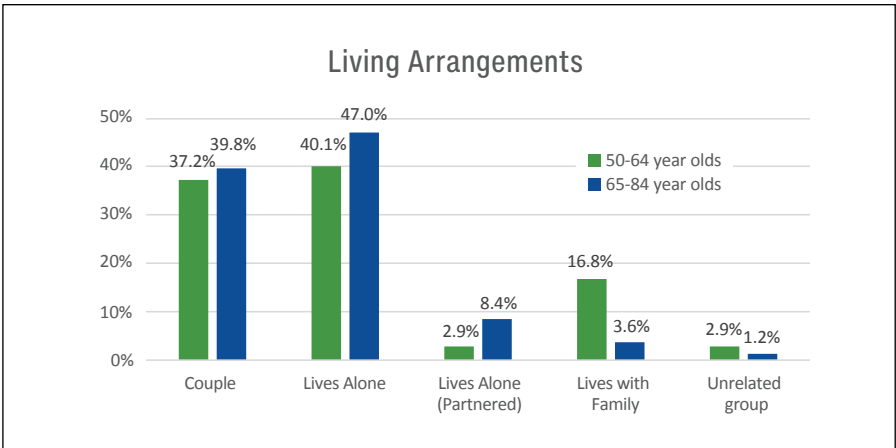
Figure 5. Breakdown of living arrangements as a percentage of respondents in each age group.

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, Hawkley & 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). LGBTIA 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 LGBTI 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).
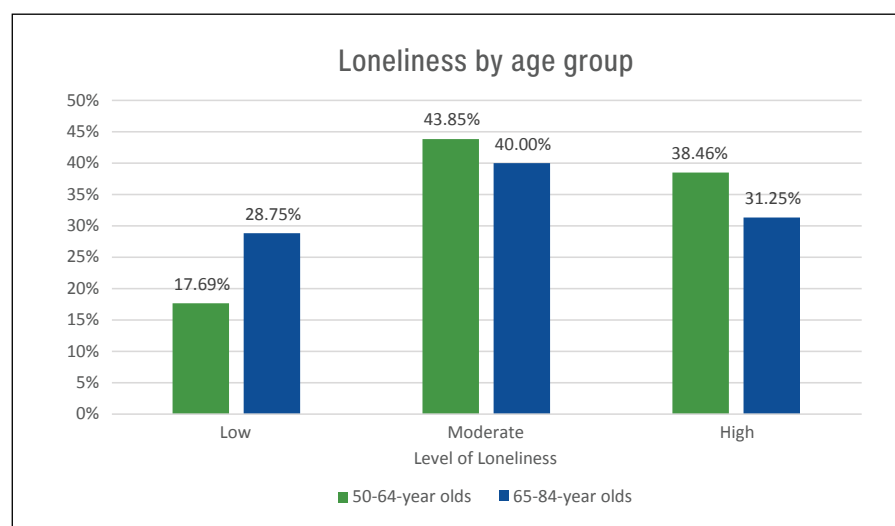
Figure 6. Percentage of age group respondents who reported each level of loneliness.

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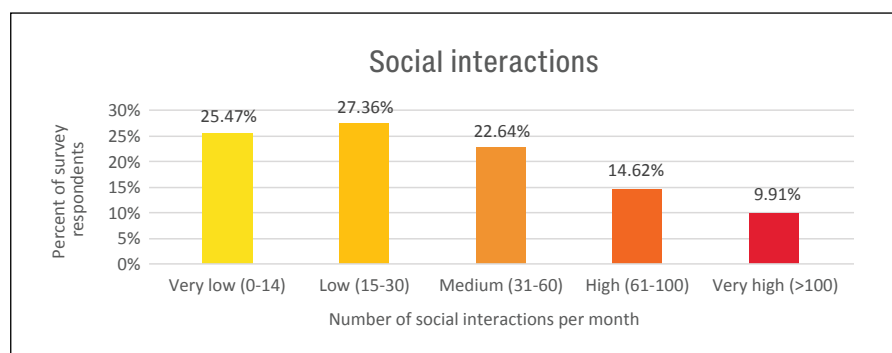
Figure 7. Level of significant social interactions in a typical month.

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
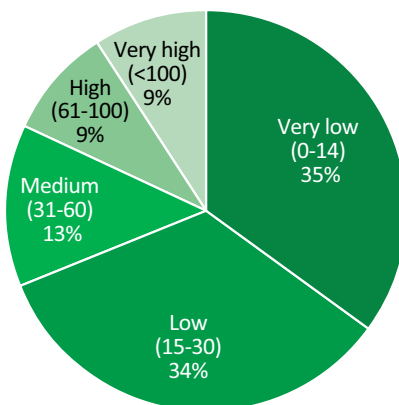
▪ Moderately lonely
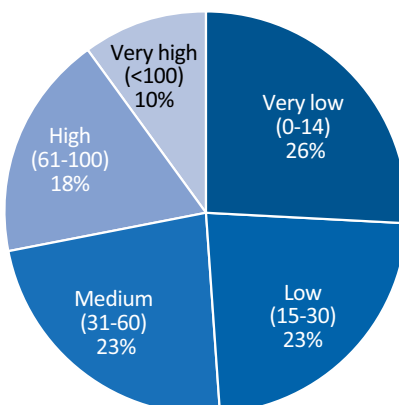
▪ Least lonely
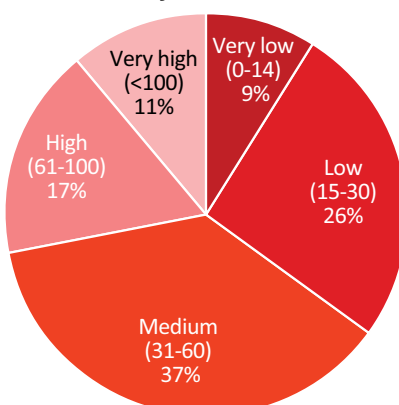
Figure 8. Breakdowns of social interactions per month for each loneliness grouping.

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

Loneliness v Total Social Interactions
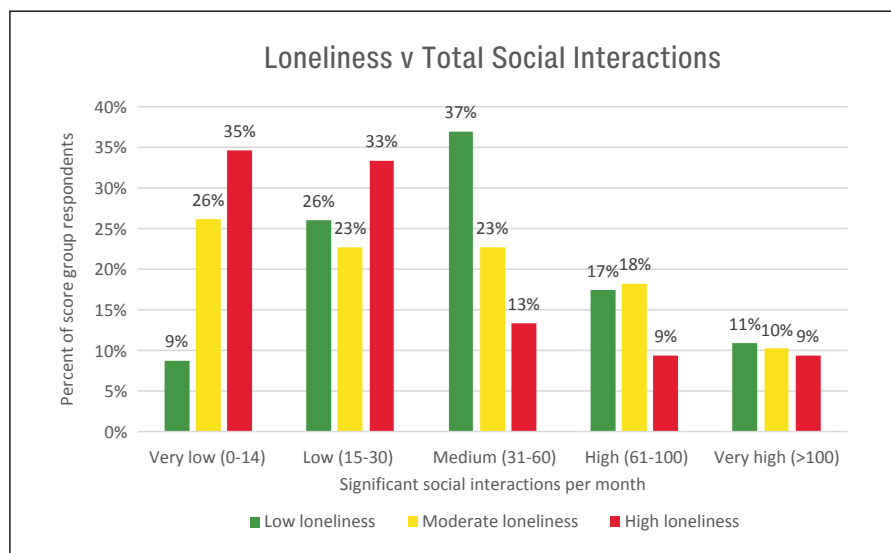
Figure 9. Breakdown of social interaction levels for each loneliness grouping.

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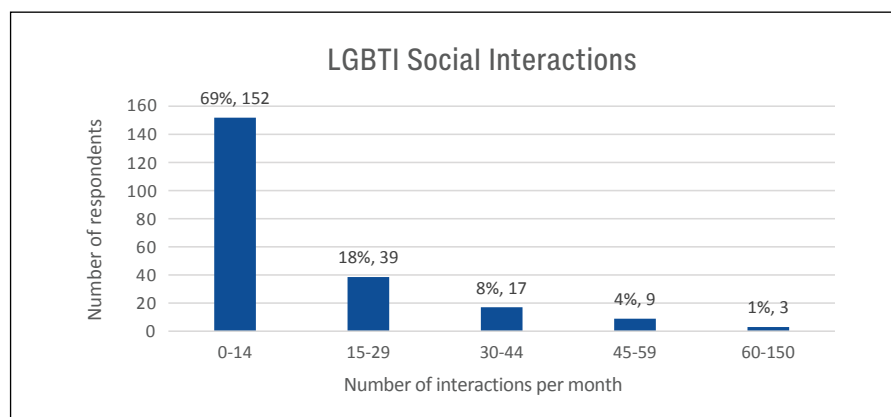
Figure 10. Reported number of social interactions with other LGBTI people in a typical month.

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).
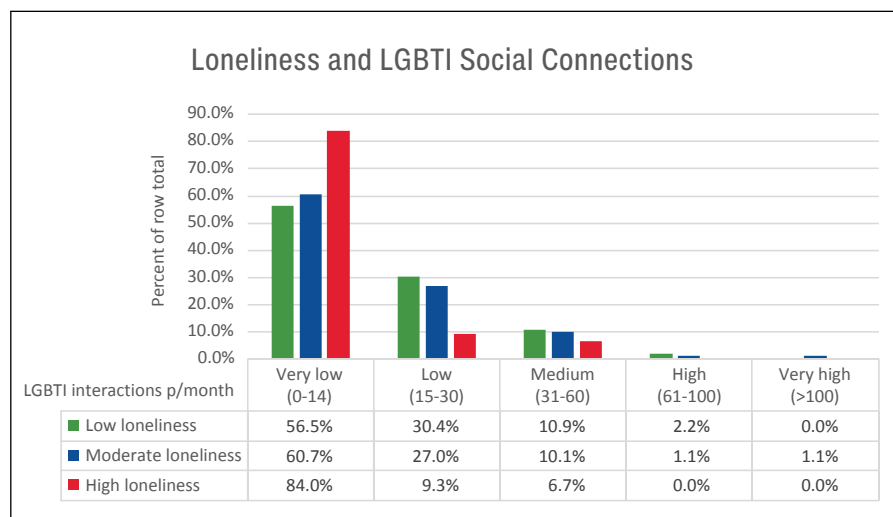
Figure 11. Estimated monthly interactions with other LGBTI people.

LGBTI interactions p/month	Very low (0-14)	Low (15-30)	Medium (31-60)	High (61-100)	Very high (>100)
Low loneliness	56.5%	30.4%	10.9%	2.2%	0.0%
Moderate loneliness	60.7%	27.0%	10.1%	1.1%	1.1%
High loneliness	84.0%	9.3%	6.7%	0.0%	0.0%
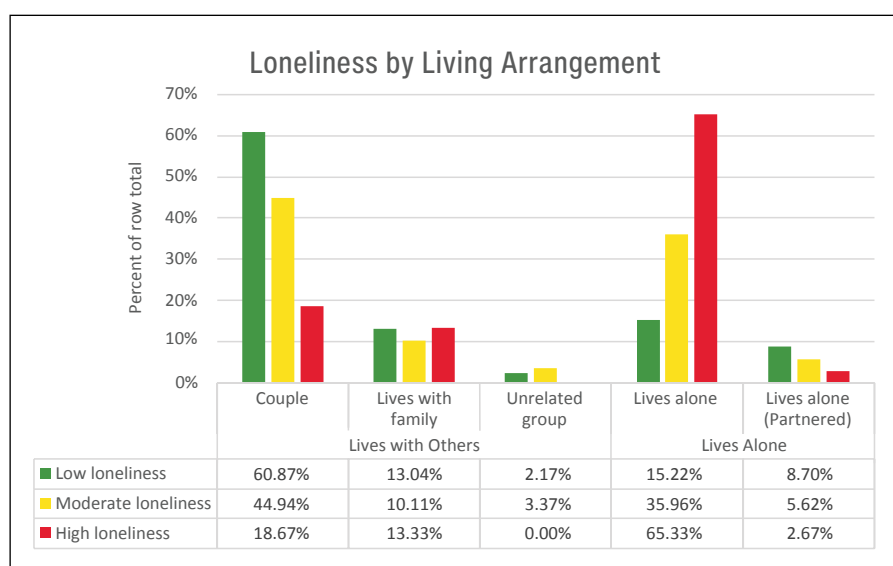
Figure 12. Loneliness by living arrangement.

	Couple	Lives with family	Unrelated group	Lives alone	Lives alone (Partnered)
		Lives with Others		Lives Alone	
Low loneliness	60.87%	13.04%	2.17%	15.22%	8.70%
Moderate loneliness	44.94%	10.11%	3.37%	35.96%	5.62%
High loneliness	18.67%	13.33%	0.00%	65.33%	2.67%

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.
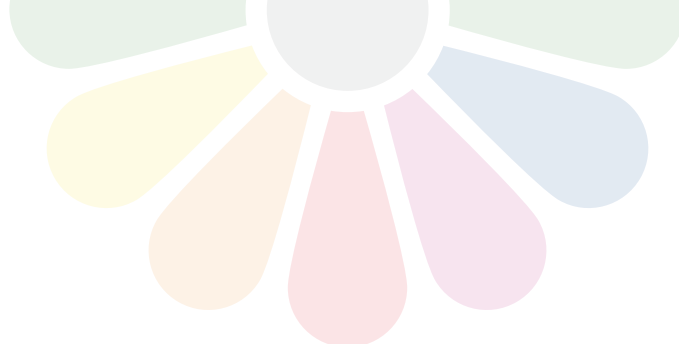
Loneliness and Financial Circumstances

People who are financially uncomfortable tend to be lonelier.

Financial Circumstances and Loneliness by Age Group

	Low loneliness		Moderate loneliness		High loneliness	
	50-64	65-84	50-64	65-84	50-64	65-84
Financially uncomfortable, sometimes have to go without necessities	0.00%	12.50%	29.17%	4.17%	37.50%	16.67%
Financially uncomfortable, struggle to get by	0.00%	0.00%	10.00%	0.00%	60.0%	30.00%
Financially comfortable, but have to watch what I spend	6.60%	9.43%	33.96%	15.09%	25.47%	9.43%
Financially comfortable, have enough money to enjoy life	22.86%	14.29%	18.57%	21.43%	11.43%	11.43%

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).

Percentage of Survey Respondents by Age Group Experiencing Psychosocial Loss

	50-64	65-84
Low	38.52%	37.80%
Medium	45.93%	39.02%
High	15.56%	23.17%
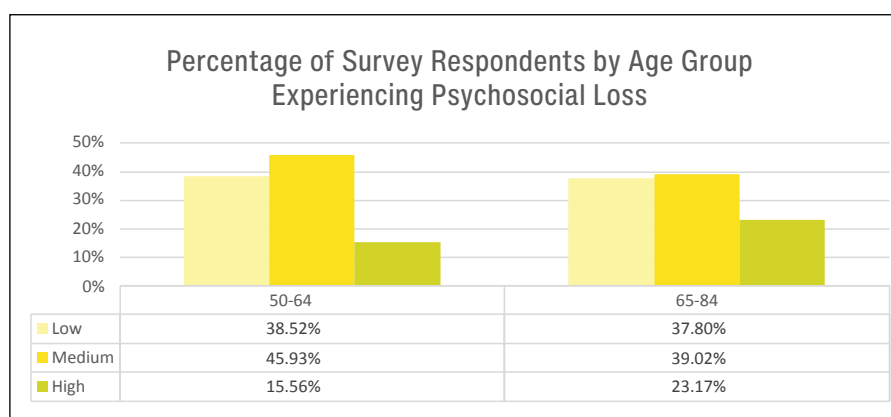
Figure 14. Percentage of age group respondents experiencing psychosocial loss.

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 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.

Psychosocial Loss by Gender and Age Group

| | Cisgender | | Transgender | |
	50-64	65-84	50-64	65-84
Low	37.14%	37.84%	43.33%	37.50%
Medium	46.67%	39.19%	43.33%	37.50%
High	16.19%	22.97%	13.33%	25.00%
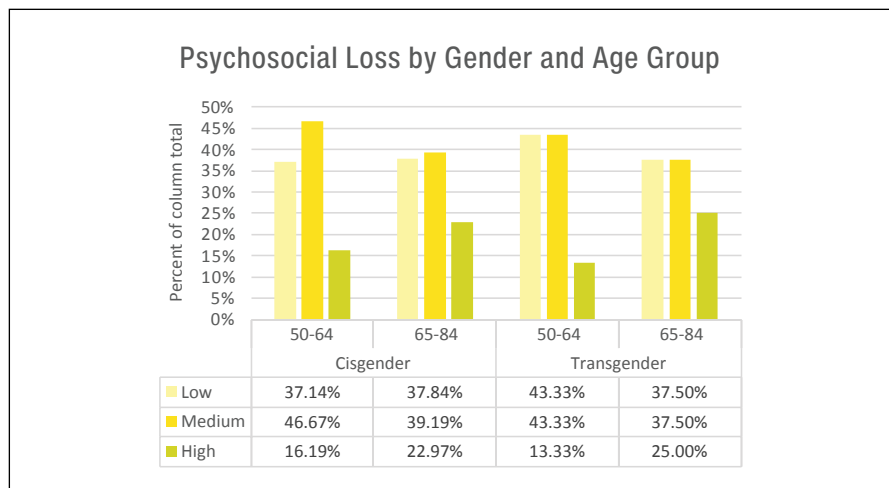
Figure 15. Psychosocial loss by gender and age group.

Psychosocial Loss by Sexual Orientation

	Asexual	Bisexual	Gay	Lesbian	Pansexual	Queer
Low	40.00%	72.73%	27.06%	39.29%	46.67%	66.67%
Medium	0.00%	27.27%	54.12%	40.48%	40.00%	22.22%
High	60.00%	0.00%	18.82%	20.24%	13.33%	11.11%
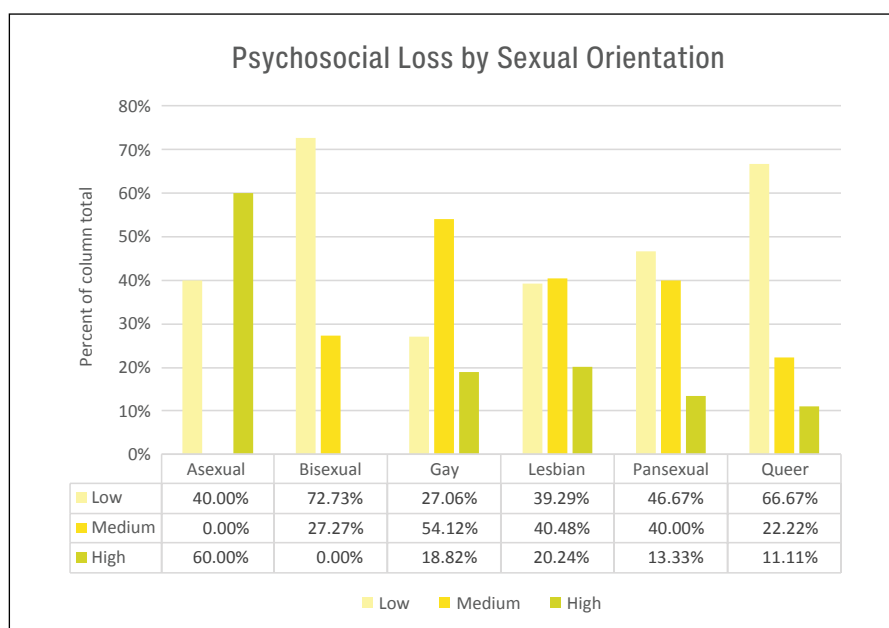
Figure 16. Psychosocial loss by sexual orientation.

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."* (Viertiö 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.

Loneliness and Level of Psychosocial Loss by Age Group

	Low loneliness			Moderate loneliness			High loneliness		
	Low loss	Medium loss	High loss	Low loss	Medium loss	High loss	Low loss	Medium loss	High loss
50-64-year-olds	13%	5%	0%	20%	20%	4%	5%	22%	12%
65-84-year-olds	21%	7%	0%	11%	23%	5%	5%	7%	20%

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

K10 scores were classified as either low, moderate, high or very high psychological distress according to criteria used by the ABS (Australian Bureau of Statistics, 2017d). Approximately two fifths of participants in PL3 reported experiencing low (20.4%; n=1,364) or moderate (22.4%; n=1,494) levels of psychological distress. Over one quarter (27.7%; n=1,855) reported high levels of psychological distress and 29.4% (n=1,963) reported very high distress. Overall, more than half (57.2%; n=3818) of participants reported high or very high levels of psychological distress. This is four times higher than the proportion of people reporting high or very high levels of psychological distress among the general population (13.0%) (Australian Bureau of Statistics, 2018h).

Figure 18. Proportion of participants experiencing low, moderate, high or very high psychological distress. (n= 6,676) – from Hill et all, 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.
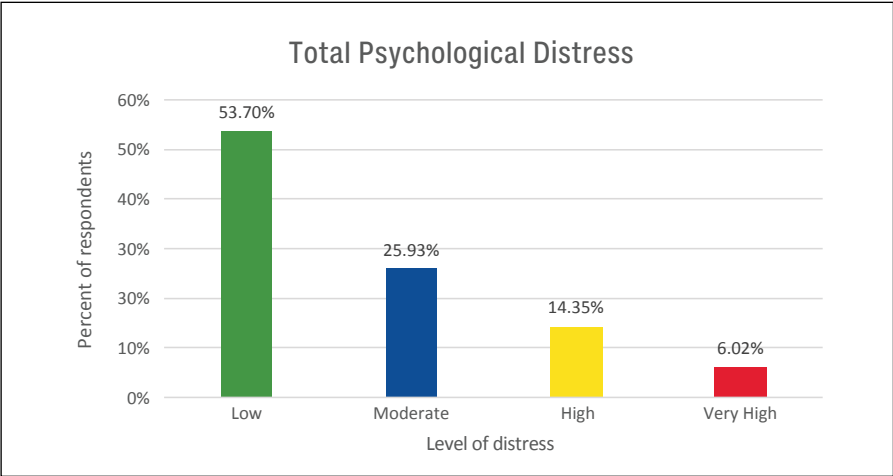
Figure 19. Proportion of participants experiencing low, moderate, high or very high levels of psychological distress – GRAI survey, 2022

	50-64	65-84
Low	47.76%	63.41%
Moderate	30.60%	18.29%
High	19.40%	6.10%
Very High	2.24%	12.20%
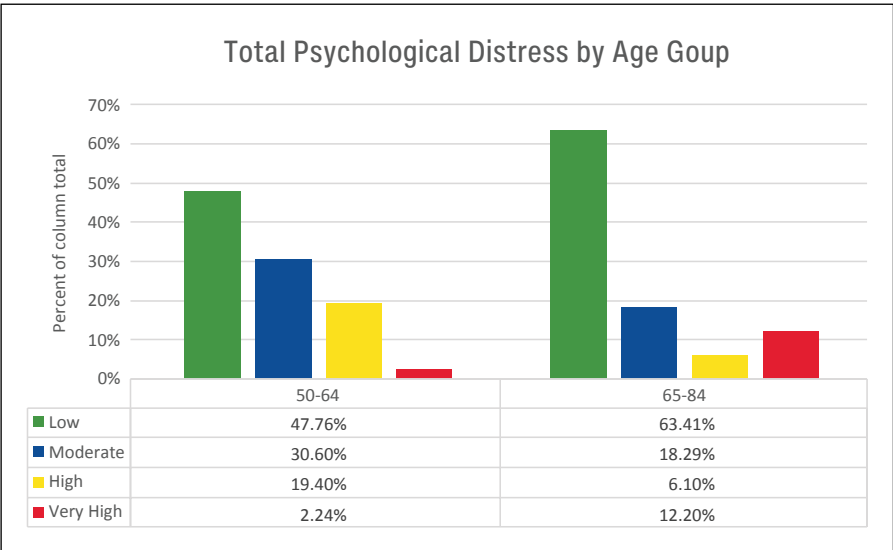
Figure 20. Total psychological distress experienced by participant age group.

Looking closer at the 13 people who experienced 'very high' psychological distress, it is apparent that they were evenly spread by gender (7 men, 6 women), that most are cisgender (two people were transgender), most lived alone (10/13), their physical health rating was mostly 'poor' to 'fair' (10/13), and most had experienced high levels of psychosocial loss (9/13). All of them rated themselves as 'poor' to 'fair' on mental health and all of them were lonely (with a score of 6 or above); 9/13 had a total score of 8 or 9 on loneliness. Loneliness, psychological distress, and poor/fair mental health appear to be strongly related.

The Private Lives 3 psychological distress data indicated that a person's sexuality and gender identity can have a bearing on how much psychological distress they experience.

Private Lives 3 data indicated that the majority of trans people, and especially trans men and non-binary folk, tended to experience 'high' or 'very high' levels of psychological distress. Levels of psychological distress were higher amongst trans people compared with cisgender men and women from the LGBTIQ community. The GRAI survey sample included a very small number of transgender men (two), and only one completed the psychological distress scale, making comparisons limited for this group.

When analysed by gender, almost three quarters (75.8%; n = 222) of trans men, 65.6% (n = 185) of trans women and 74.9% (n = 674) of non-binary participants reported experiencing high or very high levels of psychological distress. This compared to 59.4% (n= 1,708) of cisgender women and 43.7% (n = 993) of cisgender men.
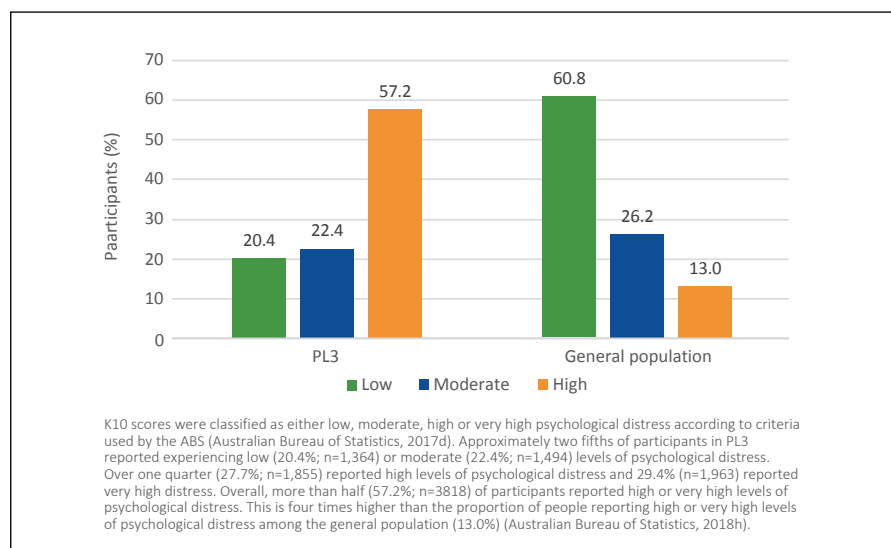
Figure 21. Proportion of participants experiencing low, moderate, high or very high psychological distress by gender (n=6627) – from Hill et al, 2020, p.47.

	Cisgender	Transgender	Transgender	Cisgender	Transgender
	Woman	Woman	Nonbinary	Man	Man
Low	57.8%	42.1%	27.8%	58.0%	0.0%
Moderate	24.4%	36.8%	27.8%	23.9%	100.0%
High	13.3%	10.5%	44.4%	10.2%	0.0%
Very High	4.4%	10.5%	0.0%	8.0%	0.0%

Figure 22. Psychological distress by gender.

In the GRAI data, a higher proportion of cisgender men reported very high distress (8%) compared with cisgender women (4%). This differed from the Private Lives 3 data, where cisgender women as a group had higher levels of 'very high' psychological distress (30.3%) compared with cisgender men (19.5%). More cisgender women had 'high' levels of psychological distress (13%) compared with cisgender men (10%), but the two groups were the same for 'moderate' and 'low' levels of distress (24% moderate, 58% low for both groups). When 'high' and 'very high' levels are combined, the two groups are equal at 18%. Compared with Private Lives 3, it appears that cisgender lesbians in the GRAI sample, became less psychologically distressed over time.

Within the GRAI data, 44% of non-binary people (8) experienced 'high' psychological distress. This group included people who were questioning and people who identified as 'other' in terms of their gender. All of these people were in the 50-64-year-old age group[3]. This pattern differed from the Private Lives 3 data, where 43% of the non-binary sample experienced 'very high' distress and 31% experienced 'high distress'. In the GRAI sample, the majority of non-binary/questioning people experienced low psychological distress.

In the Private Lives 3 data, 67% of trans women experienced either 'high' or 'very high' psychological distress. Within the GRAI data, 22% of trans women experienced these high levels. Comparing the combined totals within the GRAI data, non-binary people were most distressed on 44.4%, followed by trans women on 21.0 %, cisgender men on 18.2% and cisgender women on 17.7%.

Sexual Orientation

When analysed by sexual orientation, three quarters (75.9%; n = 375) of survey respondents who identified as pansexual, 66.7% (n = 902) as bisexual, 71.7% (n = 152) as asexual and 67.8% (n = 556) as queer reported experiencing high or very high levels of psychological distress. This compared to 50.6% (n = 685) of lesbian and 43.7% (n = 837) of gay identifying survey respondents.

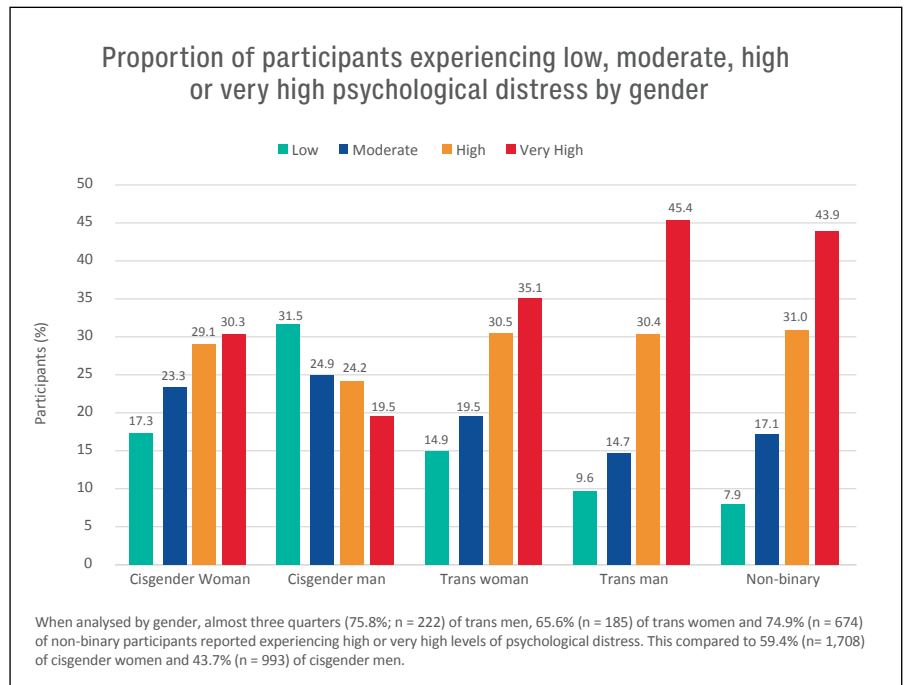Figure 23. Proportion of participants experiencing low, moderate, high or very high psychological distress by sexual orientation (n=6658) – from Hill et al, 2020
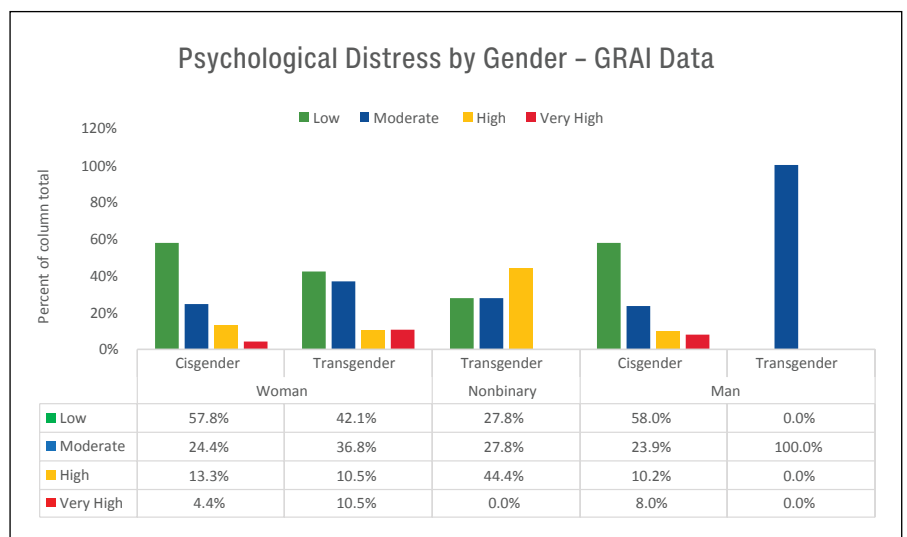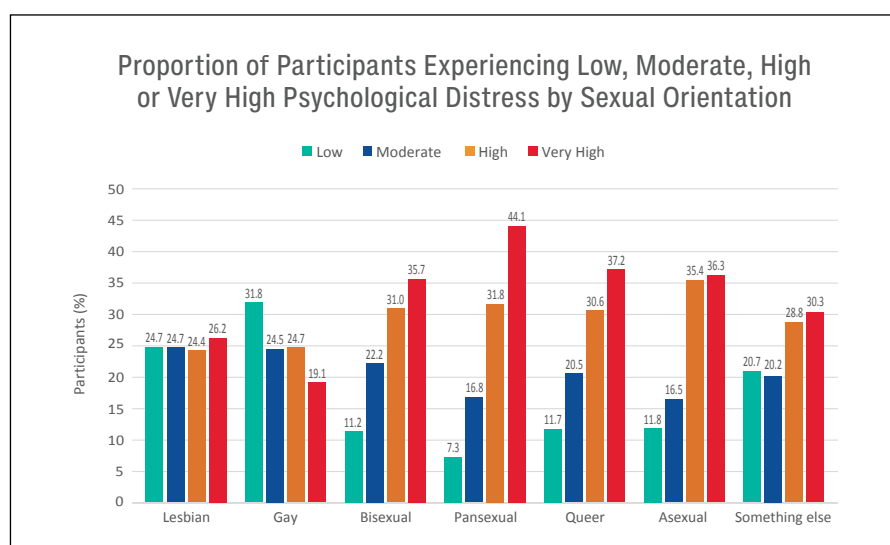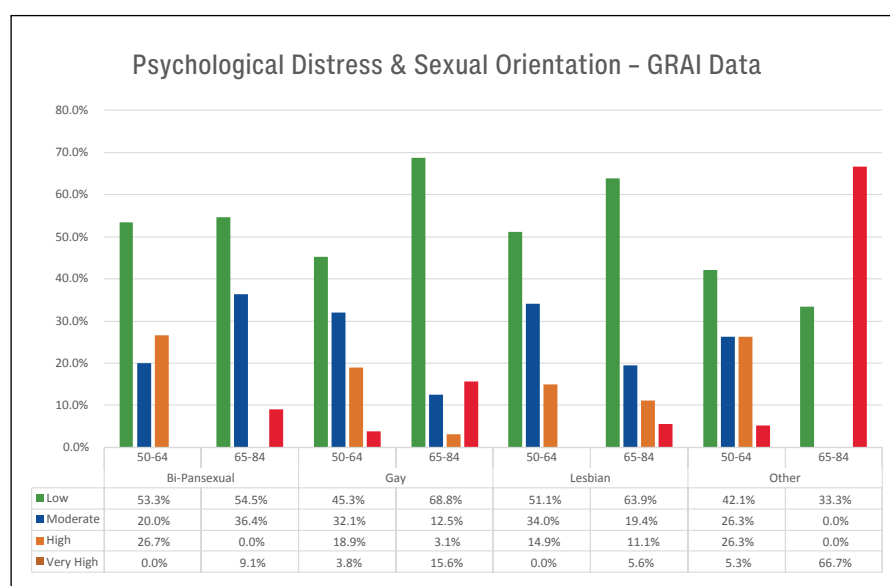

Figure 24. Psychological distress and sexual orientation – GRAI survey data.

3 Apart from non-binary people, there were no noticeable differences within the groups based on age group membership.

When we consider the GRAI data on psychological distress and sexual orientation, it is apparent that levels are highest amongst those who identify as 'other'. This group includes people who identified as asexual, queer, or straight (trans people). The two people who had 'very high' levels of psychological distress in the 'other' category for 65-84-year-olds were asexual (one was a cisgender woman and one was a transgender woman). The one person who did so in the 50-64-year-old age group was also asexual (and transgender). The five people who identified as 'other' and had 'high' levels of psychological distress in the 50-64-year-old age group, were all transgender people who identified as 'straight', 'queer', or 'other'. This pattern is consistent with the Private Lives 3 data, which indicated that being transgender or non-binary was associated with more psychological distress than being cisgender.

For those who identified as bisexual/pansexual, gay, or lesbian, levels of psychological distress were highest amongst bisexual/pansexual people aged 50-64 (27%), gay men aged 50-64 (23%), gay men aged 65-84 (19%) and lesbian women aged 66-84 (17%), with 'high' and 'very high' levels combined.

The GRAI data differed from the Private Lives 3 data given that in their sample it was pansexual people who had the highest level of psychological distress in the 'very high' and 'high' categories combined (76%), followed by asexual people (72%), queer people (67.8%), and bisexual people (67%), others (59%), lesbians (51%) and those who identified as gay (44%). The GRAI proportions are much lower for those in the 'high' and 'very high' distress categories, and asexual people have the highest levels, followed by gay men and those who identify as pansexual or bisexual. Lesbian women reported the lowest levels of high/very high psychological distress.

Table 5: Psychological distress – Private Lives report vs GRAI Quality of Life Survey data

	Private Lives	GRAI
Pansexual	75.9%	19.23%
Bisexual	66.7%	
Asexual	71.7%	36.37%
Queer	67.8%	
Other	59.1%	
Lesbian	50.6%	15.66%
Gay	43.8%	21.8%

Mental Health

According to the World Health Organisation (WHO), mental health is,

… a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.

(https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response, retrieved 20th April, 2023).

Based on the data presented so far, participant self-ratings of mental health appear to have a strong relationship to a person's level of loneliness.

Mental Health Rating and Total Loneliness by Age Group

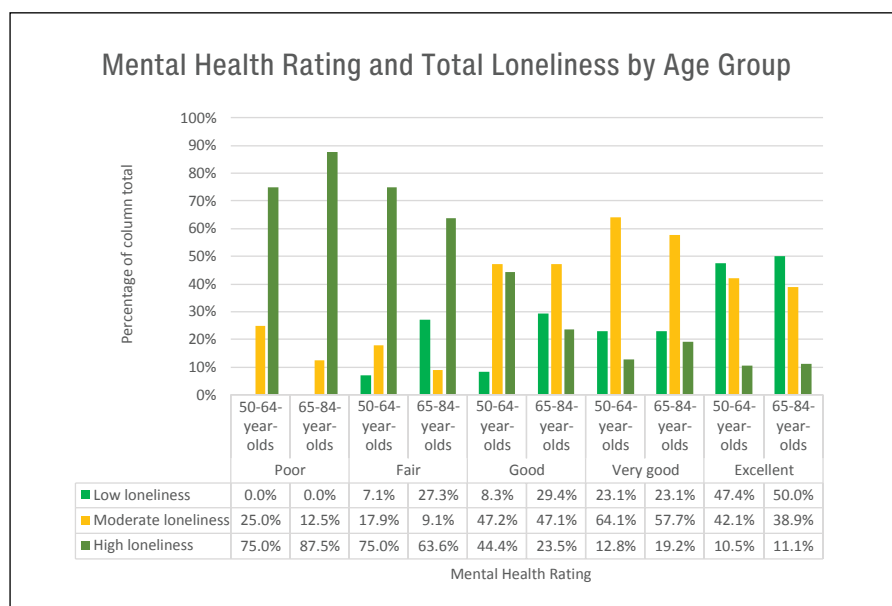|	Poor		Fair		Good		Very good		Excellent	
	50-64-year-olds	65-84-year-olds	50-64-year-olds	65-84-year-olds	50-64-year-olds	65-84-year-olds	50-64-year-olds	65-84-year-olds	50-64-year-olds	65-84-year-olds
Low loneliness	0.0%	0.0%	7.1%	27.3%	8.3%	29.4%	23.1%	23.1%	47.4%	50.0%
Moderate loneliness	25.0%	12.5%	17.9%	9.1%	47.2%	47.1%	64.1%	57.7%	42.1%	38.9%
High loneliness	75.0%	87.5%	75.0%	63.6%	44.4%	23.5%	12.8%	19.2%	10.5%	11.1%

Mental Health Rating

Figure 25. Mental health rating and total loneliness by age group.

Each column in the graph above adds up to 100%. Therefore, we can state that of the respondents aged 50-64 who rated their mental health as 'poor', none experienced low loneliness, 25% experienced moderate loneliness and 75% experienced high levels of loneliness. For respondents aged 65-84 who rated their mental health as 'poor', only 13% experienced moderate loneliness, and 88% experienced high levels of loneliness. For people aged 50-64 with 'fair' mental health, 75% experienced high levels of loneliness and for those aged 65-84, 64% experienced high levels of loneliness. Poor or fair mental health appears to make people more prone to high levels of loneliness.

Although people with 'excellent' mental health were less likely to be lonely (47% of the 50-64-year-olds and 50% of the 65-84-year-olds reported low levels of loneliness), around half of the survey respondents in both age groups experienced moderate to high levels of loneliness. Even when people reported good mental health, 92% of 50-64-year-olds experienced moderate to high levels of loneliness and 71% of 65-84-year-olds did also.

Mental Health Rating and Gender

	Cisgender	Transgender
Excellent	21.35%	7.89%
Very good	32.02%	23.68%
Good	23.03%	31.58%
Fair	15.73%	31.58%
Poor	7.87%	5.26%
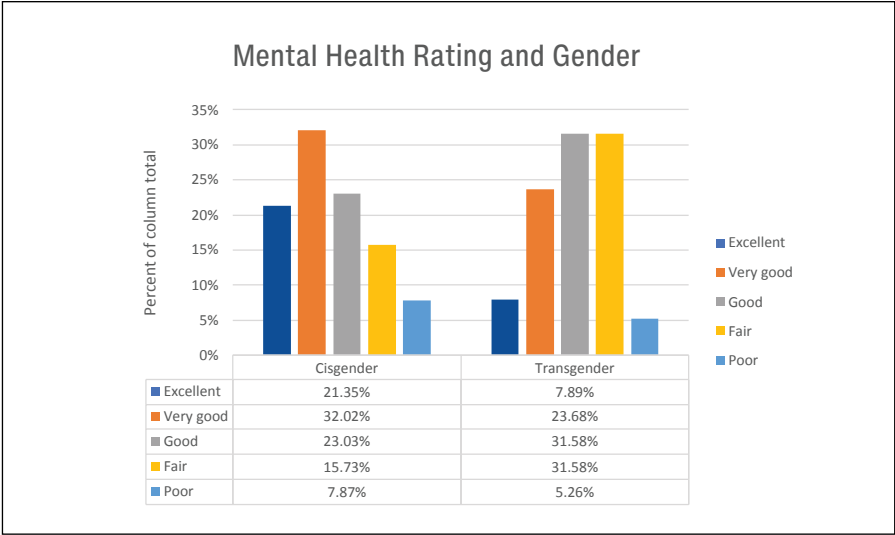
Figure 26. Mental health rating and gender.

Based on our data, it appears that people's mental health ratings differed based on their gender identity. Only 8% of transgender people rated their mental health as 'excellent' compared with 21% of cisgender people. After combining the 'excellent', 'very good' and 'good' categories, 76% of cisgender people had good mental health or better, compared with 63% of transgender people. Thirty-seven percent (37%) of transgender respondents indicated that their mental health was 'fair' or 'poor', compared with 24% of cisgender respondents.

When looking deeper into the profiles of the 14 transgender people who rated their mental health as 'poor' or 'fair', the factors that seemed most relevant were their living circumstances (11/14, or 79% lived alone) and their self-rating of physical health (11/14, or 79% rated their physical health as 'poor' or 'fair'). Psychosocial loss and psychological distress levels were mixed across this group. The group tended towards being more lonely, with 9/14 (64%) having a total loneliness score of 6+. In summary, having physical health challenges and living alone may adversely affect transgender people's mental health status and make them more prone to loneliness. This makes sense when you consider that these people live alone and may find it harder to get out-and-about because of physical limitations.

Self-Rated Mental Health and Sexual Orientation

	Lesbian	Straight	Gay	Asexual	Queer	Other	Bisexual	Pansexual Group1
Excellent	15.66%	33.33%	23.53%	0.00%	33.33%	0.00%	36.36%	0.00%
Very good	27.71%	0.00%	31.76%	20.00%	44.44%	20.00%	54.55%	26.67%
Good	33.73%	33.33%	17.65%	20.00%	11.11%	20.00%	9.09%	33.33%
Fair	19.28%	33.33%	16.47%	20.00%	11.11%	40.00%	0.00%	33.33%
Poor	3.61%	0.00%	10.59%	40.00%	0.00%	20.00%	0.00%	6.67%
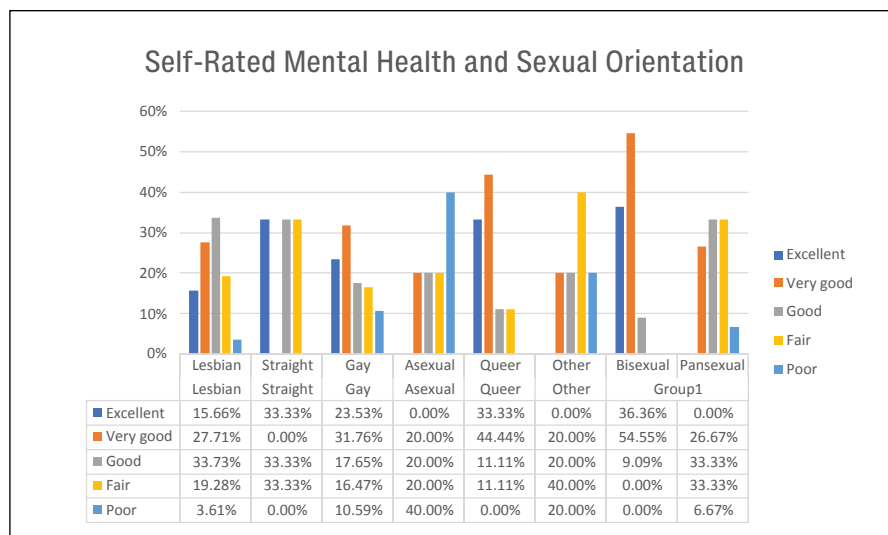
Figure 27. Self-rated mental health and sexual orientation.

With regard to sexual orientation, when the 'good', 'very good', and 'excellent' categories were combined, bisexual people appeared to have the most robust mental health (100%), followed by gay men (82%), queer people (78%), lesbian women (77%) and pansexual people (60%). Only 40% of asexual people and those in the 'other' category were in the positive mental health categories and only 33% of straight people were. Bear in mind that those identifying as 'straight' and 'other' were all transgender, and that two out of the three people who identified as asexual were transgender also. These people all lived alone (one of them had a partner) and they were all extremely lonely. We know from the preceding section that nearly 40% of transgender people in our sample struggled with their mental health.

The Loneliest

When comparing the least lonely and the loneliest, differences in living circumstances, financial circumstances, psychosocial loss, psychological distress, and self-ratings of physical health and mental health are also evident. The loneliest people are more likely to live alone (86%) whereas the least lonely people are more likely to live with others (76%). The loneliest people tend to experience higher levels of psychosocial loss (low – 0%, medium – 40%, high – 59%) whereas psychosocial loss was lower amongst the least lonely (low – 74%, medium – 26%, low – 0%). Psychological distress tended to be higher amongst the most lonely (Low – 18%, Moderate – 18%, High – 45%, Very High – 18%) compared with those who were least lonely (Low – 87%, Moderate – 11%, High – 2%, Very High – 0%). People who were very lonely also tended to rate their mental health as poorer (Poor – 27%, Fair – 41%, Good - 18%, Very Good – 14%, Excellent – 0%), compared with those who were least lonely (Poor – 0%, Fair – 11%, Good – 17%, Very Good – 33%, Excellent – 39%).

Table 6 summarises these findings. It is notable that 23% of the loneliest people were transgender.

In summary, the least lonely tend to live with others (76%), be financially comfortable (93.5%), have good physical health (82%), experience low psychosocial loss (74%), experience low psychological distress (87%), and have good mental health (89%). In terms of identity, they are more likely to be cisgender (96%) and lesbian or gay (83%). Being cisgender, lesbian or gay, financially comfortable, having good mental health, experiencing low psychological distress and having good physical health appear to be the factors that are most strongly associated with the lowest level of loneliness.

The loneliest people tend to be aged 50-64 (62%), to live alone (77%), to be financially uncomfortable (49%), to have poorer physical health (58.5%), to experience medium to high psychosocial loss (95%), moderate to high psychological distress (85%) and have poor to fair mental health (66.5%). In term of identity, a higher proportion are transgender (18%) and 'Asexual' or 'Other' in terms of sexual orientation (18%). Psychosocial loss, being psychologically distressed, and living alone appear to be the factors that are most strongly associated with the highest level of loneliness.

Overall, living circumstances, financial means, psychosocial loss, mental health and psychological distress appear to have stronger impacts on a person's level of loneliness.

Table 6: Differences between the extremely lonely and those who were not lonely

	Extremely Lonely	Not Lonely
Age Groups	50-64 – 62% 65-84 – 38%	50-64 – 50% 65-84 – 50%
Living Circumstances	Lives Alone – 77% Lives with Others – 23%	Lives Alone – 24% Lives with Others – 76%
Financial Circumstances	Financially comfortable – 51% Financially uncomfortable – 49%	Financially comfortable – 93.5% Financially uncomfortable – 6.5%
Self-Rating – Overall Physical Health	Poor – 20.5% Fair – 38% Good – 26% Very Good – 13% Excellent – 2.5%	Poor – 4% Fair – 13% Good – 30% Very Good – 37% Excellent – 15%
Psychosocial Loss	Low – 5% Medium – 33% High – 62%	Low – 74% Medium – 26% High – 0%
Psychological distress	Low – 15% Moderate – 23% High – 44% Very High – 18%	Low – 87% Moderate – 11% High – 2% Very High – 0%
Self-Rating – Overall Mental Health	Poor – 25.5% Fair – 41% Good – 18% Very Good – 13% Excellent – 2.5%	Poor – 0% Fair – 11% Good – 17% Very Good – 33% Excellent – 39%
Gender Identity	Transgender – 18%	Transgender – 4%
Sexual Orientation	Lesbian – 41% Gay – 31% Bi/Pan – 10% Other – 10% Asexual – 8%	Lesbian – 46% Gay – 37% Queer – 11% Bi/Pan – 7%

Low Psychosocial Loss and High Loneliness

Of the ten people who reported low psychosocial loss and high loneliness (scores of 7-9), 7/10 were living alone and 7/10 were assigned female at birth (3 were transgender and one was a cisgender man). Identifying as a woman or being assigned female at birth appeared to be related related to low psychosocial loss but high levels of loneliness, along with with living alone. No other factor figured strongly (for example, 9/10 had good health or better, 7/10 experienced low psychological distress, 4/10 experienced 'fair' mental health, 2/10 were financially uncomfortable).

High Psychosocial Loss and High Loneliness

Looking more deeply into the living arrangements, physical health, mental health and levels of psychological distress for the 15 people in the 50-64-year age group and the 15 people in the 65-84-year age group who had both high psychosocial loss and high levels of loneliness, further illustrates the relationship between these factors. Living alone was a stronger relationship for those in the 65-84-year age group, with 87% living alone, compared with 66% in the younger age group. Overall self-ratings of physical health were 'Poor' or 'Fair' for 60% of the 50-64-year-olds and 73% for the 65-84-year-olds. No one from either age group rated their physical health as 'excellent'. However, overall mental health appeared to be a stronger relationship, especially for the 50-64-year-olds. Eighty percent in the younger age group rated their mental health as 'Poor' or 'Fair', compared with 74% in the older age group. Overall psychological distress was 'High' or 'Very High' for 67% of the 50-64-year-olds and for 67% of the 65-84-year-olds.

Table 7: Factors Associated with High Loneliness and High Psychosocial Loss by Age Group

	Extremely Lonely	**Not Lonely**
Living Circumstances	Lives Alone – 66% Lives with Others – 33%	Lives Alone – 87% Lives with Others – 13%
Self-Rating – Overall Physical Health	Poor – 7% Fair – 53% Good – 33% Very Good – 7% Excellent – 0%	Poor – 53% Fair – 20% Good – 13% Very Good – 13% Excellent – 0%
Psychological distress	Low – 7% Moderate – 27% High –60% Very High – 7%	Low – 0% Moderate – 33% High – 20% Very High – 47%
Self-Rating – Overall Mental Health	Poor – 7% Fair – 73% Good – 20% Very Good – 0% Excellent – 0%	Poor – 47% Fair – 27% Good – 20% Very Good – 7% Excellent – 0%

Overall, living arrangement was the strongest factor associated with high loneliness and high psychosocial loss for the 65-84-year-olds, with 87% living alone. In addition, 73% had 'Poor' or 'Fair' physical health, 67% had 'High' or 'Very High' psychological distress, and 74% rated their mental health as 'Poor' or 'Fair'. For the 50-64-year-olds, mental health was the strongest factor associated with high loneliness and high psychological distress, with 80% rating their mental health as 'Poor' or 'Fair'. Alongside mental health, 66% lived alone, 60% rated their physical health as 'Poor' or 'Fair, and 67% had 'High' or 'Very High' psychological distress.

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.
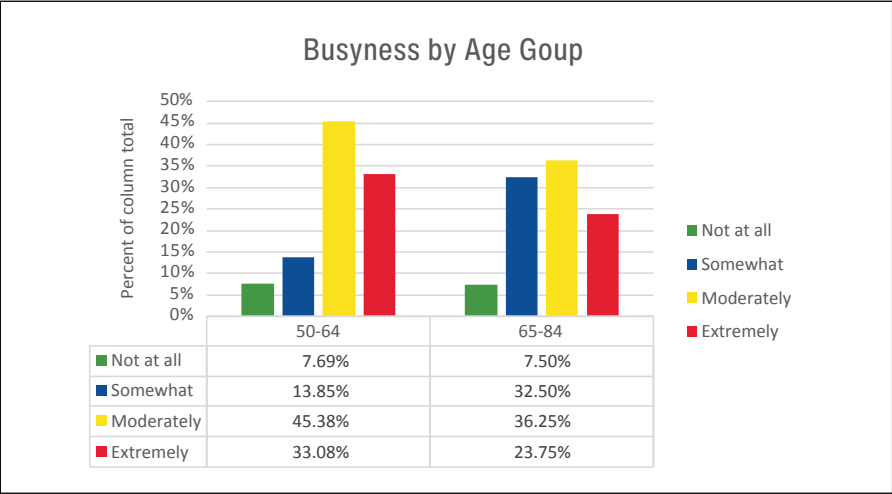
Busyness by Age Goup

	50-64	65-84
Not at all	7.69%	7.50%
Somewhat	13.85%	32.50%
Moderately	45.38%	36.25%
Extremely	33.08%	23.75%

Figure 28. 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.

Busyness and Loneliness by Age Group

	1-3 (50-64)	4-6 (50-64)	7-9 (50-64)	1-3 (65-84)	4-6 (65-84)	7-9 (65-84)
Not at all	0.00%	7.02%	12.00%	4.35%	6.25%	12.00%
Somewhat	4.35%	12.28%	20.00%	13.04%	37.50%	44.00%
Moderately	43.48%	50.88%	40.00%	47.83%	34.38%	28.00%
Extremely	52.17%	29.82%	28.00%	34.78%	21.88%	16.00%
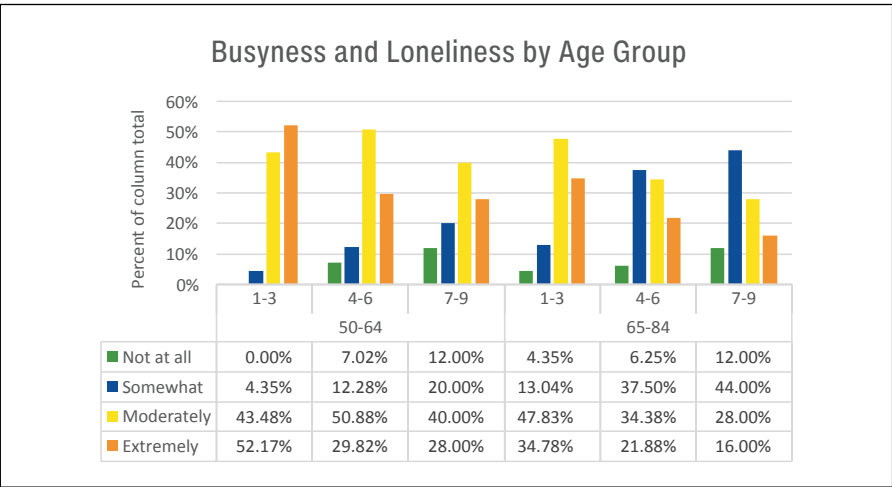
Figure 29. Survey respondent busyness and loneliness by age group.

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.
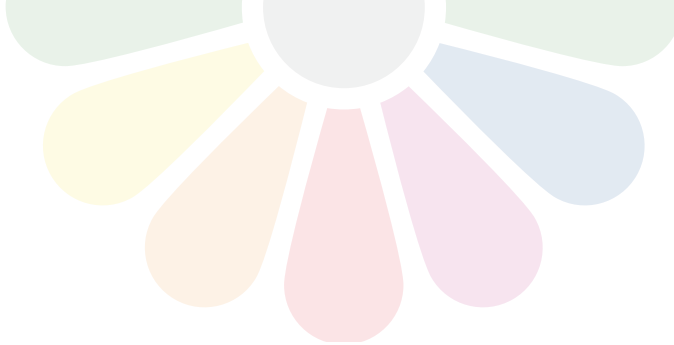
Psychological Growth

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

Psychological Growth by Age Group

	50-64	65-84
4-9 Low growth	2.99%	2.44%
10-15 Medium growth	32.84%	37.80%
16-20 High growth	64.18%	59.76%

Figure 30. Psychological growth by age group.

Psychological Growth by Gender

	Cisgender		Transgender				
	Man	Woman	Man	Nonbinary	Other	Questioning	Woman
4-9 Low growth	1.14%	3.33%	0.00%	0.00%	0.00%	0.00%	10.53%
10-15 Medium growth	39.77%	35.56%	0.00%	10.00%	16.67%	100.00%	21.05%
16-20 High growth	59.09%	61.11%	100.00%	90.00%	83.33%	0.00%	68.42%

Figure 31. 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.
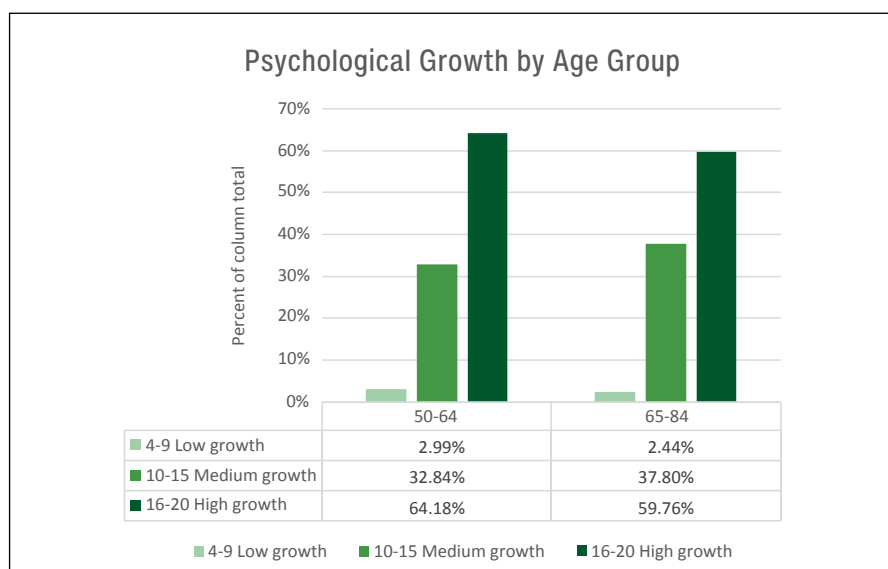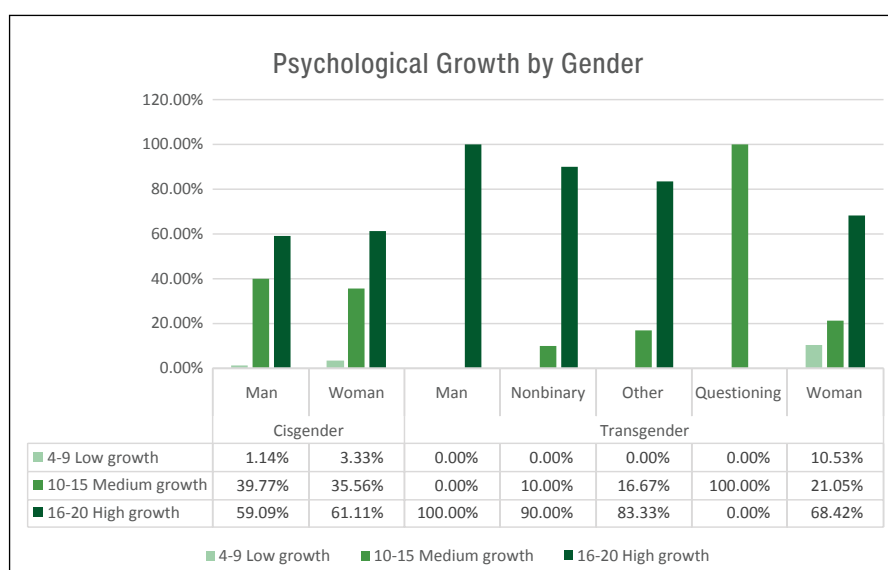
Psychological Growth by Sexual Orientation

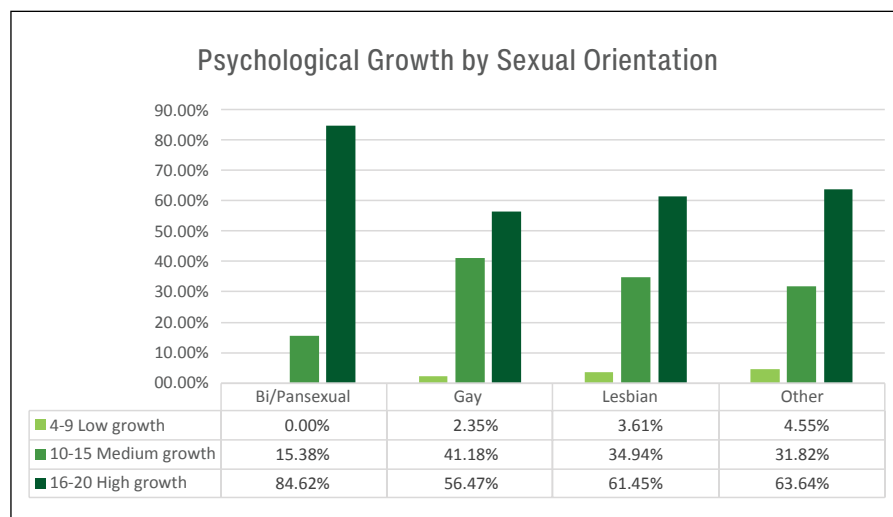|	Bi/Pansexual	Gay	Lesbian	Other
■ 4-9 Low growth	0.00%	2.35%	3.61%	4.55%
■ 10-15 Medium growth	15.38%	41.18%	34.94%	31.82%
■ 16-20 High growth	84.62%	56.47%	61.45%	63.64%

Figure 32. 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 8: 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 9: 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 10: 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 11: Areas where Quality of Life could be increased

Social contact and support (110 people, 62%).	**Friends** to share time with, with similar interests, to meet up with, etc (30 people). **Partner(s)** to share romance, have a relationship or a regular date, etc (23 people). **A Companion** that is not effortful, company, a confidante, someone I feel comfortable around (13 people). **More LGBTI Friends** 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). **Group membership** with things in common with me, community involvement, connection, social engagement, contributing, spending time with people who are lonely or isolated, etc (9 people). **Social Support**, 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). **A local LGBTQI+ social group Counselling** on later life issues and challenges, someone to talk to I can trust (3 people). **A sex life**, sexual ability, sexual partners (3 people). **Love** (2 people). **Miscellaneous** - A regular travel companion, visitor program, a pet for companionship, more friendly neighbours, clearing my name (5 people).
Living circumstances (51 people, 31%).	**Money,** financial security, financial resources, retirement planning, a livable income, etc (21 people). **Less Work/Workload** (11 people). **Time** to focus on my wellbeing, free time, time to participate in activities (8 people). **Vehicles** – Car, use of a car, sailboat (3 people). **Secure housing**, Private space where I live (2 people). **Miscellaneous** – travel, a job that I like, a different boss, a mobility scooter, completion of the establishment of a women's community (5 people).

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).

Intergenerational Programs for LGBTIQA+ People

Introduction

The final section of this report synthesises the research literature about intergenerational programs that bring together LGBTQ+[4] 'older' people and LGBTQ+ 'younger' people. It responds to the GRAI Quality of Life survey findings indicatiing that most LGBTQ+ people who are 50+ wanted to participate in intergenerational programs that are for LGBTQ+ people only, with a focus on social contact and support. Below, the qualities and purposes of LGBTQ+ intergenerational programs are identified, along with some of the characteristics of effective programmes and key relationship-based programme outcomes. The Appendix contains a table summarising the intergenerational programmes and research literature that were included in this review.

In general, "intergenerational practice attempts to bring together members of different generations in mutually beneficial activities, which can deepen understanding and foster greater communication between age groups" (McGovern & Vinjamuri, 2016, p. 12). Westrate, Turner and McLean (2023) required people to be at least ten years apart in age to be considered a different generation. Intergenerational practice can have a variety of objectives, ranging from achieving educational outcomes to reducing social isolation (McGovern & Vinjamuri, 2016).

Intergenerational practice has been recognised as a strengths-based and evidence-based approach with significant positive impacts on people of all age-groups (McGovern & Vinjamuri, 2016). However, few programmes target the LGBTQ+ communities (Chazan & Baldwin, 2021; Kneale, Serra, Bamford & Diener, 2011; McGovern & Vinjamuri, 2016). The scarcity of LGBTQ+ intergenerational programmes limit the benefits that could be experienced by people, if given the opportunity to participate, as well as our understandings about what works well for LGBTQ+ participants (McGovern & Vinjamuri, 2016).

Intergenerational LGBTQ+ Programme Rationales, Assumptions, and Strengths

LGBTQ+ intergenerational programmes are often based on the rationales that little cross-generational interaction occurs naturally, and that increasing interaction between the generations would be beneficial to both age-groups. There are a number of reasons why naturally occurring LGBTQ+ intergenerational relationships might be rare, including that families of origin may not include other LGBTQ+ people, LGBTQ+ elders can be harder to identify because invisibility or a low-profile is protective, and the different generations are likely to occupy different public spaces (Westrate, Turner & McLean, 2023). A generational gap is considered to be a limitation that "...prevents the positive experience of passing on culture through generations" (Farrier, 2015, p. 1399). A generational disconnect is also thought to contribute to LGBTQ+ older adults feeling "...forgotten and isolated... from LGBTQ+ communities they helped to create" (Morris & Greteman, 2021, p. 4).

LGBTQ+ intergenerational programs often seek to reduce the intergenerational differences that may be present, facilitating a deeper sense of community with shared interests (Farrier, 2015). Some of the more obvious generational differences include that older participants are more likely to have grown up during an era where there were few legal protections and more overt expressions of homophobia and transphobia. They will likely have lived experience of the HIV/AIDS epidemic and to have been young people when the gay rights movement reached its peak (McGovern & Vinjamuri, 2016). Younger participants may have had more access to knowledge about LGBTIQ+ identities, to have accessed more support, to feel more confident in expressing themselves, but to have little direct experience of activism (Chazan & Baldwin, 2021).

Despite generational differences, there are ways in which both younger and older LGBTIQ+ people share similar challenges and issues. Chazan and Baldwin (2021) found that experiences of not fitting in and of repressing or hiding one's identity were shared across generations. All LGBTIQ+ people are at higher risk of social isolation and poorer physical and mental health compared with their heterosexual and cisgender peers (McGovern & Vinjamuri, 2016; Morris, Greteman & Weststrate, 2022). In the United States in particular, a range of anti-LGBTIQ+ legislation has been introduced to prohibit instruction on topics related to sexual and gender identity in schools and to limit access to gender affirming care (Weststrate, Turner & McLean, 2023). This limits young people's access to information and support that would help them make sense of their identity. Younger LGBTIQ+ people also experience bullying and harassment, sexual and physical assault, and homelessness in relation to their sexual or gender identity (McGovern & Vinjamuri, 2016; Morris & Greteman, 2021).

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4 Acronym usage has changed in this section. Within the intergenerational literature, LGBTQ+ is the most common acronym used, and is inclusive of older and younger people.

A range of benefits are thought to occur when younger LGBTQ+ people interact with older LGBTQ+ people. Intergenerational programmes provide an opportunity to reflect on and share how a person's identity has evolved, and may continue to evolve in the future (McGovern & Vimjamuri, 2016). By developing a sense of collective identity or community, feelings of isolation and alienation can diminish as new social supports are accessed (Kneale, Valentina, Bamford & Diener, 2011), contributing to a reduction in some of the health and social disparities experienced by members of the LGBTQ+ communities (Mc Govern & Vinjamuri, 2015).

Intergenerational programmes for LGBTQ+ people can also help to address epistemic injustice (exclusion and silencing), which results in a lack of access to information that would help make sense of LGBTQ+ experiences (Morris, Greteman & Weststrate, 2023). Intergenerational storytelling, particularly, helps to share the culture and histories of LGBTQ+ people, and helps prevent their loss to other generations (Morries et al., 2023). A particularly important example is the topic of queer ageing. This is often represented as involving loneliness, frailty and a return to the closet (Chazan & Baldwin, 2021). Through intergenerational sharing, younger people can access discussions about queer aging "...as being joyful and liberating – indeed, as a complex human experience with a full range of associated emotions" (Chazan & Baldwin, 2021, p. 88).

Another way that intergenerational programmes can create new ways of seeing life as an LGBTQ+ person, is by challenging "...assumptions about a wounded community" (Farrier, 2015, p. 1403). The risk of "victim troping", according to Farrier (2015), is that people can come to expect their lives to be "painful and pointless" and assume a position that lacks agency

(p. 1404). Chazan (2021) pointed to the ways that intergenerational programmes and storytelling can disrupt such views:

> ...pervasive narratives of queer old-age as isolated, risky, and limited toward stories that reveal connection, pride, learning, and purpose intertwined with struggle and vulnerability (Chazan, 2021, p. 77).

Through intergenerational programmes, aging with pride and agency is a future that everyone can benefit from envisaging.

One final way that intergenerational programmes can create new understandings is by challenging notions of the older generation passing their knowledge onto young people, as if they were the past and the younger generation the future. This view implies that older people have finished learning and growing, and don't have an impact on the present (Farrier, 2015), and that younger people only have something to offer once they have finished developing, and have more experience (Chazan & Baldwin, 2021). A linear sense of time doesn't entirely work for LGBTQ+ people, when "normative conceptions of developmental time don't always hold..." (Westrate et al., 2023, p. 25) and people come out as LGBTQ+ at all different ages, including in their 50s, 60s, 70s, and 80s. Rather than creating a sense of debt to the past, Chazan and Baldwin advocated for "...a sense of sustained cooperative relations throughout time" (Roof, 1997; cited in Chazan & Baldwine, 2021, p. 84). In a similar vein, Westrate and colleagues (2023) described intergenerational storytelling as a "bidirectional exchange", characterised by mutual learning experiences where "...both generations Peons grapple with a fading history, a rapidly changing present, and an unpredictable future" (Weststrate, 2023, p. 25).

In *The Front Room* project, Farrier (2015) found that it wasn't possible to assume that any particular generation had stable identifying characteristics:

> In the project the generations were not easily politically separable; rather, the claiming of the radical and the more fixed identity positions might be thought of as a uniting factor across age as there is likely to be both positions present in both cohorts -- there are queers old and young, as well as gays old and young (Farrier, 2015, p. 1414).

Likewise, Chazan and Baldwin (2021) concluded that no one generation could be considered to be learning and growing in comparison to another; examples of care, learning and advocacy were shared by all participants in their project.

Tensions between the generations

As in other communities, conflict and tensions can arise between older and younger LGBTQ+ people when they interact during intergenerational program activities (Kneale et al., 2011). It is to be expected that discussion about certain topics will get challenging, considering the differing viewpoints and life experiences of participants (Morris & Greteman, 2021). Morris and Greteman (2021) found that conflicts regularly occurred, despite both older and younger participants wanting to avoid them for fear of hurting another participant, or being hurt themselves. Morris and colleagues (2022) also observed that participants found these conflicts particularly disappointing because there had been an expectation (or imagining) that queer spaces were relatively safe spaces, free from the kinds of issues that can arise in non-queer company. Morris and colleagues (2022) reported that their participants experienced "immense heartbreak" when they experienced

"...anew, division, animosity, inequity, and lack of understanding between the letters of LGBTQ+" (Morris, Greteman & Weststrate, 2022, p. 12). The intergenerational dialogues that occurred "...exposed divisions, discrimination, and suppression within LGBTQ+ communities" (Morris, Greteman & Weststrate, 2022, p. 7) and needed to be addressed within the group and by project leaders.

Four main areas of conflict were evident in the LGBTIQ+ program literature, on the following topics:

1. *Lack of understanding about gender* was described by Morris and Greteman (2021) as "...the most complicated issue to navigate intergenerationally" (p. 5). Older participants felt that younger people expected them to understand their gender identities and to use pronouns correctly, without understanding the limitations of their generational context (Morris et al., 2022). Some older participants felt that they needed classes to learn about gender diversity (Ossie, 2019). In addition, there were conflicts early on when an older bisexual man questioned the validity of transgender identities, and described young people's "obsession with flipping back and forth", which made no sense to him (Morris & Greteman, 2021, p. 3). These kinds of comments upset younger people in the group.

2. *Use of the word 'queer' was problematic* for some older participants who felt excluded by the term, or experienced trauma due to the way that the term had been used against them in the past (Morris et al., 2022). Some older people saw the term as contemptuous, whilst some younger people saw it as celebratory (Houseal, Ray & Teitelbaum, 2013). However, it wasn't possible to stop using the

term because some participants used it to refer to their identities. In addition, usage of the term had changed over time (Ossie, 2019; Morris et al., 2022). A lot of discussion occurred to try and find a solution, and people started to use it more mindfully (Morris et al., 2022).

3. *Lesbian identities* became problematic when tensions arose between younger and older people about what could be said appropriately. An older lesbian woman wanted to talk about "disappearing lesbians", which was an issue for her because less young people were using the label, and she grieved the shutting down of women-only lesbian spaces, "...due to financial instability, sexism, and struggles over the exclusion of transgender women" (Morris et al., 2022, p. 10). Younger participants perceived this woman's comments to be divisive and transphobic.

4. *Whose stories were told* was an issue for lesbian women and people of colour in one programme. An older lesbian woman felt that gay men's stories were dominant and privileged in relation the HIV/AIDS epidemic, and excluded those who worked behind the scenes and provided support (e.g., lesbian women). An older trans woman of colour pointed out that white lesbian stories were also dominant to the exclusion to the experiences of drag queens and trans women of colour. Two older gay men became defensive in relation to these comments and felt that they were being blamed and scapegoated (Morris et al., 2023). Weststrate and colleagues (2023) asserted that centering stories of white, cisgender gay and lesbian people help to "...reproduce White supremacy, cisnormativity, and patriarchy" (Weststrate, Turner & McLean, 2023, p. 23).

Ageism was another area where LGBTQ+ intergenerational project participants experienced discomfort. Ageism was acknowledged as generally showing up LGBTQ+ communities through a privileging of youth and a focus on queer young people (Chazan & Baldwin, 2021; Houseal et al., 2013). Alternatively, being old and queer was associated with being "...frail, isolated, and re-closeted ..." (Chazan & Baldwine, 2021, p. 82), particularly amongst LGBTQ+ young people who didn't see older people as having much to offer (Ossie, 2019). McGovern and Vinjamuri (2016) pointed out that ageism harms both groups: older adults suffer the judgements of younger people and younger people begin to fear their futures.

Ageism in the intergenerational LGBTQ+ programme literature occurred around the following themes:

1. *Over-valuing of youthful appearances* was particularly problematic for older gay men in one programme, who reported feeling alienated from the younger group who they perceived to be focused on youthful appearances to the exclusion of older bodies (Kneale et al., 2011).

2. *Being out of touch* was how some younger people felt about the older generation, who they perceived to be fixated on battles from long ago (Kneale et al., 2011).

3. *Activism lacking in experience* was how some older people described younger people that they felt were "...naïve in their activism" (Kneale et al., 2011, p. 3).

4. *A sexualized lens* was a concern some younger people expressed about how they felt older people perceived them (Kneale et al., 2011).

5. *An unhealthy relationship with technology* was an assumption made by older people about younger people (Houseal et al., 2013).

6. *Older people are non-sexual* was an assumption made by some younger people about older people (Houseal et al., 2013).

Embracing diversity appears to be an approach that creates space for different identities and experiences of oppression to be expressed in intergenerational LGBTQ+ programmes. Overall, Morris and colleagues (2023) observed that different forms of oppression interacted within intergenerational group dialogues and resulted in layers of complexity. They reflected that it was difficult to find a shared reality or approach to caring for one another, when "Different forms of oppression rooted in gender identity, sexuality, age, race, disability, and education status unfurl on top of one another..." (Morris et al, 2023, p. 193). They wryly surmised that a lack of consensus was something they could be certain of (Morris et al., 2022) and that being flexible and allowing things to develop organically whilst avoiding harm were important principles to adopt in relation to difficult or challenging conversations (Morris & Greteman, 2021). Rather than trying to find a unified view, Chazan and Baldwin advocated for telling disruptive stories "...which illuminate complex and diverse later lives and highlight queer perspectives on aging futures (2021, p. 83).

Qualities of Effective Intergenerational Programs for LGBT+ People

Based on the intergenerational program literature reviewed within this section of the report, the following areas were identified as contributing to successful interactions between LGBTIQ+ younger people and older people.

Regular time together

Morris and Greteman (2021) identified the importance of sustained contact over time, which allowed relationships to develop and understandings to develop. Similarly, Chazan and Baldwin (2021) emphasised the importance of ongoing interactions between storytellers of all ages, which allowed social connections to grow, including a sense of mutual support across the generations.

Shared interests

Kneale and colleagues (2011) reviewed the literature on intergenerational projects and concluded that they were more successful when they included activities that were of common interest to the various groups coming together.

Storytelling

Morris and colleagues (2023) emphasised that storytelling had emerged as central to community formation, and they summarized that,

> Listening to LGBTQ+ people telling stories offers an effective way to discover (and recover) the people and histories that evade us. It helps to fill gaps in knowledge and foster empathy across differences (Morris, Greteman, & Westrate, 2023, p. 5).

Storytelling in one form or another was an intrinsic part of all of the intergenerational programs reviewed within this section of the report.

Everyday experiences and informal conversations

Farrier (2015) noted that exchanges about everyday experiences had "... just as great, if not greater, impact on the participants as the passing on of accepted gay histories" (p. 1404). For example, one participant shared about having to put on a tie (repeatedly) to attend the funerals of people he knew who had died during the AIDS epidemic and said he had funeral fatigue. This impacted younger listeners differently to hearing facts about the epidemic.

Morris and colleagues (2021) observed that they had learnt as much from informal conversations that occurred in varied settings (e.g., over dinner, during visits to participant's homes, during special outings) as during structured activities such as group dialogues.

Diversity

Morris and colleagues (2023) identified participant diversity as being one of their project's greatest strengths. Diversity included identities within the acronym, as well as people of different ages, genders, racial and socio-economic backgrounds. Morris and colleagues deliberately changed their recruitment strategies in the second year of the project because the majority of their younger people (students) were not cisgender, but the majority of older people were (Morris et al., 2022). Attracting more gender diverse older people helped to avoid reinforcing generational stereotypes.

Differences are addressed

Areas of difference and potential conflict that can come up when different generations of LGBTIQA+ people come together were identified earlier in this section of the report. According to Ossie (2019), it is important that programs make an effort to address these differences, or they can become barriers to the development of trusting relationships.

A brave space

Morris and colleagues (2021) found that the most productive space was "brave" rather than "safe" (p. 6). Their participants learned to commit to staying in the room and doing emotional labour to navigate sensitive conversations. Pain and hardship often came up during the intergenerational dialogues, as well as conflicting views about sensitive topics. It was only by persisting together that empathy and care was developed and that attitudes changed.

A positive view of aging

Chazan and Baldwin (2021) recommended moving away from "marginalizing and no-future narratives" (p. 76) about LGBTQ+ aging, towards a shared understanding of aging as a process of unlearning cis-heteronormative expectations and impositions, whilst healing the resulting internalised shame. These critical processes were relevant to both younger and older participants in their project.

Online options are included

Morris and colleagues (2023) discovered that going online during the COVID-19 pandemic led to a deepening of intimacy for their participants. Using Zoom was also more accessible for those who were hard-of-hearing. Their participants also looked forward to meeting in person again, which suggests that a mixture of both in-person and online gatherings would be most optimal.

Depictions of sex, and sexuality

Farrier (2015) identified the importance of including sex and expressions of sexuality as part of the stories of LGBTIQ+ people, where relevant. Farrier expressed that sexual elements can be an important aspect of fully representing identities.

Relationship-Based Program Outcomes

Three main relationship-based areas of change emerged from the literature on intergenerational LGBTQ+ programmes. Whilst some authors identified personal outcomes such as improving confidence, or decreasing isolation, these three outcomes were available to all participants, based on the interactions between the two different generations of LGBTIQ+ people.

Caring for one another

When programme participants persevered through difficult conversations and engaged in emotional labour to manage difficult feelings such as "...pain, anguish, sadness, grief, anger, and feelings of rejection (Rankine, 2020; cited in Morris et al., 2022, p. 3), change could occur. Some participants learned to develop "receptive attention," which is open and vulnerable and involves people putting aside their own project to listen and feel what others are going through (Morris et al., 2023). For those who received this kind of careful listening attention, a sense of respect for themselves as "...knowers who should be listened to and respected" formed also (Morris et al., 2023, p. 193). Chazan and Baldwin (2021) described the development of social connection and responsibility that developed through intergenerational interactions, which they called 'generativity.' For them,

Storytellers of all ages described a sense of responsibility to support and nurture future (queer) generations, rooted in their own struggles to unlearn shame and oppression as they age (2021, p. 92).

In their project, queer generativity and care developed outside of hetero-reproductive relationships (based on the passing information down through the generations of one's relatives), and was part of forming queer community.

Changed attitudes

Farrier (2015) noted that young people who took part in their intergenerational drama production changed their attitudes about including material about HIV/AIDS in the show. At the beginning of the programme, they felt that productions about AIDS had already been done. However, as older men in the programme shared about their experiences, this position changed. It was off the cuff sharing that by one participant that he had stopped going to funerals because he had funeral fatigue that appeared to make an impact on the younger participants. Farrier concluded that, "...the difficulties of the past (the AIDS crisis, coming out, passing) contributed to an understanding of the present for the younger participants" (Farrier, 2015, p. 1409).

In their intergenerational dialogue project, Morris and colleagues (2021) also noted that attitudes had changed. One of the older men who had been outspoken against using the word 'queer' later said that he was okay with it. He had space to share his experiences of it being an identity that he associated with being threatened physically and even killed. However, after listening to young people sharing their experiences, he came to understand that for younger people, it was a positive thing.

Addressing age-related stereotypes

Kneale and colleagues (2011) evaluated three LGBTIQ+ intergenerational programmes that were developed in the United Kingdom, and concluded that all three had reduced age-related stereotypes about people from a different generation. This outcome came about as participants discovered commonalities between them, regardless of age.

A student who participated in Morris and colleagues' intergenerational dialogue project acknowledged that,

> I soon realized I held many preconceived notions about what older people had to offer – or rather didn't have to offer... I now feel compelled by a certain sense of duty to look at the ways that the community pushes older adults to the margins (Ossie, 2019, p. 4).

In the *Bridging the Gap* theatre project, the focus was on identifying and challenging age-related stereotypes expressed by intergenerational participants. The two actors in the resulting production played themselves; a younger queer woman and an older gay man. They discovered that they were physically stuck in the stereotypes that were held about them the other generation:

> Desperate to break out, they realised that only positive affirmations solicited from the audience would allow them to escape their two-dimensional, prescribed roles (Houseal, 2013, p. 206).

By using real stereotypes and inviting the audience to counteract them, everyone involved was part of an embodied learning experience that changed views about what each generation was capable of.

Summary

This section of the report has identified ways that intergenerational programmes for LGBTQ+ people can be helpful for building relationships between younger and older people based on mutual respect and exchange. There is a tendency to think that bringing the generations together in and of itself is a good thing to do. However, as this review as identified, thought needs to be given to shaping interactions in ways that don't further stereotypes and assumptions about generational differences or how relationships should be shaped (e.g., only passing on experience and wisdom from older to younger). Intergenerational exchange that is open to diversity and difference, and resilient enough to work through conflict and difficult emotions, can result in community building that enriches all; both younger and older. Most importantly, intergenerational exchange can help to alter the way that LGBTQ+ communities are perceived, including by their members. Concepts of queer aging can be developed that embrace joy as well as challenge, which is ultimately optimal for all members, regardless of their age.

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Appendix: Intergenerational LGBTQA+ Programs Overview

Reference, Program Type, Name	Participants & Program Aim(s)	Activities	Outcomes
Houseal, J., Ray, K., & Teitelbaum, S. (2013). Identifying, confronting and disrupting stereotypes: Role on the Wall in an intergenerational LGBTQ applied theatre project. Research in Drama Education: The Journal of Applied Theatre and Performance, 18(2), 204-208. Theatre Bridging the Gap	21 participants, divided into two groups: those aged 18-28 and those aged 60+ To address the age-segregated micro-communities between LGBTQ people from different age groups. To identify, confront and disrupt age-related stereotypes.	13 two-hour sessions were held where facilitators built up the theatre skills of participants. The Role in the Wall drama strategy was used. It involved drawing a blank silhouette of a body and writing information inside it about the thoughts and feelings of the other generation and what they imagined the other generation's world would be like on the outside (this was done anonymously). Development of an original play in response to the group's perception of a generation gap within the LGBTQ community (inspired by conversations that occurred during the sessions).	The Role on the Wall strategy provided a safe context in which to uncover assumptions and make ageism apparent. Characters in the play demonstrated that they were physically stuck in their restrictive roles (represented by carnival cutouts with ageist labels written on them). Members in the audience called out affirmations about each age-group to help the actors remove different body parts from the confines of the cutouts. This exchange bought the audience into conversation about ageist stereotypes that the participants had identified in the workshops.
Farrier, S. (2015). Playing with time: Gay intergenerational performance work and the productive possibilities of queer temporalities. Journal of Homosexuality, 62(10), 1398-1418. Theatre The Front Room	The participants were LGBT and represented a broad range of the community. The younger group were all young adults, ranging in age from 18–25, and the older group had a much larger age range, stretching from people in their late 50s to the eldest participant of 85 years old. To stimulate conversation and exploration along generational lines.	This project saw younger LGBT people sharing stories with older LGBT people through interviews and brokered sessions with a diverse range of individuals and community groups. The younger people, along with a creative team of theatre professionals, generated a performance from raw interview material, research, and discussions about the politics of gayness, age, gay history, and the politics of contemporary gay life. The company formed fictional characters and stories that were hybrids of interview material, research, and rehearsal improvisations. The performances played in London and toured to Birmingham in the UK.	The generations were not easily politically separable; rather, the claiming of the radical and more fixed identity positions was a uniting factor across age as both positions were present in both cohorts (p. 1414). The exchange of historically everyday knowledge led to the most profound representations of the performance, such as the local histories of the AIDS crisis, finding sex, and embodying important historical moments of the past. In the performance, a gay man putting on a black tie before going to a funeral was performed repeatedly to indicate multiple deaths and his weariness with needing to attend so many funerals.

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Kneale, Dylan, Serra Valentina, Sally-Marie Bamford, and Lilly Diener. 2011. Celebrating Intergenerational Diversity: An Evaluation of Three Projects Working with Younger and Older Lesbian, Gay, Bisexual and Transgender People. London, UK: The International Longevity Centre. Intergenerational Advocacy and Drama Project, Stockport, UK	10 older people and 18 younger people. To communicate the needs of the LGBT community to the local service providers and beyond.	Participants were trained in research methods and techniques, and they helped to distribute and analyse questionnaires. A focus group and a workshop were held to bring service users together with service providers. A speed dating workshop where younger and older people shared information on their experiences with service providers, and other issues and experiences. The research helped with development of a drama piece (presented at the final celebration event), consisting of a number of vignettes aimed at highlighting the challenges experiences by both younger and older participants.	Allowed LGBT individuals to directly engage with service providers to rais issues specific to the community. Participants liked the contemporary, action-oriented project approach. The project led to the development of an LGBTI toolkit for social support that outlines the challenges facing LGBT people and the response needed by service providers. Helped to address ageism towards older people, and from older people towards younger people.
Weststrate, N. M., Turner, K., & McLean, K. C. (2023). Intergenerational Storytelling as a Developmental Resource in LGBTQ+ Communities. Journal of Homosexuality, 1-26. Intergenerational Storytelling (Research Project)	495 LGBTQ+ adults ranging from 17 to 80 years. To generate a broad initial understanding of LGBTQ+ intergenerational storytelling that can be followed up in depth in future research. To learn about the transmission of stories about cultural-historical events between older LGBTQ+ people and younger LGBTQ+ people.	Intergenerational storytelling about cultural-historical events. Participants indicated how often they were in social situations with LGBTQ+ people from different generations. They identified the story that had been shared, the identity of the storyteller, when it had been shared, why they thought the story had been shared, how they reacted to the storytelling and how old they were when the event occurred. Participants indicated the quality of the intergenerational relationship as well whether they had learned something from hearing the story.	Intergenerational storytelling occurs infrequently but most participants (especially younger LGBTQ+ people) felt that it was important that these stories were shared and most participants wanted more intergenerational contact. Participants felt that they had learned a lesson from the storytelling experience and that this contributed to the development of their psychosocial identity. Despite the focus on cultural-historical events, most participants shared personal events such as coming out experiences (52%).

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Kneale, Dylan, Serra Valentina, Sally-Marie Bamford, and Lilly Diener. 2011. Celebrating Intergenerational Diversity: An Evaluation of Three Projects Working with Younger and Older Lesbian, Gay, Bisexual and Transgender People. London, UK: The International Longevity Centre. LGBT Intergenerational History Project (Leicester, UK)	8 people who were 50+ and 13 people who were aged under 25 or between 30 and 40 years old. To record changes in everyday life over the years, to bring younger and older LGBT people together, and to enable both generations to interact with the aim of improving their understanding of LGBT history.	Interviews	Contribution to the community by filling a perceived void of LGBT material in local history archives. Improving confidence levels by developing skills, particularly for the younger people who received training on conducting interviews. Further funding was obtained to keep the project going for another 3 years
Morris, K. A., Greteman, A. J., & Weststrate, N. M. (2023). Rainbows and Mud: Experiments in LGBTQ+ Intergenerational Care. Signs: Journal of Women in Culture and Society, 49(1), 183-207. Morris, K., Greteman, A. J., & Weststrate, N. M. (2022). Embracing queer heartache: lessons from LGBTQ+ intergenerational dialogues. International Journal of Qualitative Studies in Education, 35(9), 928-942. LGBTQ+ Intergenerational Dialogue Project/ Querying the Past Project: Maine LGBTQ Oral History Project.	Participants were 15 LGBTQ+ young adults (18-26 years old) and 15 LGBTQ+ older adults (62-81 years old). Over half of the participants from each year continue with the project in the following years. To bring together racially, socioeconomically, spiritually, and gender diverse cohorts of LGBTQ+ youth and elders for dialogues, creative work, and shared dinners. To bring different generations together to teach each other and learn together about "our people." To explore how education can be harnessed to cultivate queer people and community.	Shared dinners and biweekly themed dialogues (16 per year) on topics such as histories of LGBTQ+ politics and activism, lesbian cultural shifts, chosen families, radical care, HIV/AIDS, gender and sexuality, media representations of LGBTQ+ folk over time, race and racial reckoning in the LGBTQ. Meetings usually begin with storytelling sessions (participants of varying ages talking about their experiences with topics and moments important to LGBTQ+ history) followed by unstructured dialogue in large groups, small groups, and pairs. Intergenerational working groups of 4-6 people collaborating on creative projects (e.g., Queer Joy). The small groups decide on the idea, content, and format of their work that will bring to life the stories, histories, and/or lived experiences of LGBTQ+ folk.	An intergenerational gathering of marginalised people who express excitement at finding each other, being together, and creating community. Through the sharing of stories and perspectives, participants came to recognizes each other and their communities as important and credible sources of knowledge, culture, and history. Shared heartache and conflict helped participants to feel things deeply, to learn from others, and develop care. The development of new knowledge, community and subjectivities through personal interaction between folks whose lived experiences span 70 years.

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Chazan, M., & Baldwin, M. (2021). Queering generativity and futurity: LGBTQ2IA+ stories of resistance, resurgence, and resilience. International Journal of Ageing and Later Life, 15(1), 73-102. Intergenerational History Project Stories of Resistance, Resilience, and Resurgence in Nogojiwanong/ Peterborough	24 people from LGBTQ2IA+ communities in Peterborough, Canada, ranging from 23 to 74. To explore how LGBTQ2IA+ people from two different age cohorts discuss their own sexual and gender identities, how these have changed over their lives, and how they imagine their aging futures.	An intergenerational research generation workshop held over three days. 16 individual stories were recorded, several roundtable discussions were facilitated and all participants created personal "zines" around five core questions (e.g., how has your sexuality and/or gender changed at different times in your life, as you have aged? How do you imagine growing older here in Nogojiwanong?). Analysis generated key thematic areas such as generational differences, intergenerational similarities, generativity and intergenerational connection.	Complicating and adding nuance to mainstream narratives of queer later life and intergenerational queer connection. Challenging assumptions about a unidirectional passing down of knowledge which position older folk as archives of experience and younger folk as impressionable and inexperience. Developing a perspective on queer aging that honours other forms of difference and resists multiple, intersecting systems of oppression.
Hayashi, T. (2019). Mattering across generations: Engaging LGBTQ elders and young adults through co-mentorship. Chronicle of Mentoring and Coaching, 3(1). Intergenerational Mentoring, Visiting, and History Project Mattering Across Generations	12 LGBTQ volunteers aged 21-37 years and 12 LGBTQ community members aged 60-85 years. To stimulate mutually supportive dialogue and appreciation of intergenerational differences as well as similarities. To reduce feelings of isolation, and the expansion of social networks.	The participants formed mutually supportive co-mentoring goals. Participants kept a reflective journal, had mentoring goals/a learning plan, and produced videos capturing the oral history of LGBTQ elders in the program. Participants committed to meeting in person a minimum of twice per month for 1.5 to 2 hours and kept in touch in between meetings. There were also group meetings/ social get-togethers once quarterly.	Improved self-concept, reductions in social-cultural isolation, promotion of general wellbeing for queer younger people and older adults. Feelings of mutual appreciation from sharing individual and community backgrounds. Feelings of isolation reduced by 50%, social networks expanded. An older participant found it easier to reach out to a younger neighbour after interacting with his younger mentor.
Sally-Marie Bamford, and Lilly Diener. 2011. Celebrating Intergenerational Diversity: An Evaluation of Three Projects Working with Younger and Older Lesbian, Gay, Bisexual and Transgender People. London, UK: The International Longevity Centre. Intergenerational Art Project, Camden, UK	15 younger (under 25 years) and 15 older (over 50 years) LGBT people participated. To challenge stereotypes and social isolation face by older and younger people across London. To foster relationships between the generations in creative ways.	Four general art workshops were held. Older people tended to prefer more traditional art techniques, with others using moder technology such as film.	Participants were positive about having a final outcome to focus on. Arts-based work helped people to reveal private emotions and thoughts in a less public way and people felt more comfortable being open. Over half of the participants reported that their knowledge had improved about the services on offer in their local area.

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