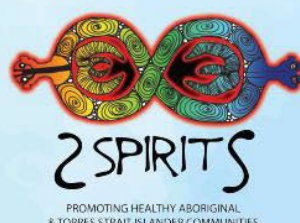


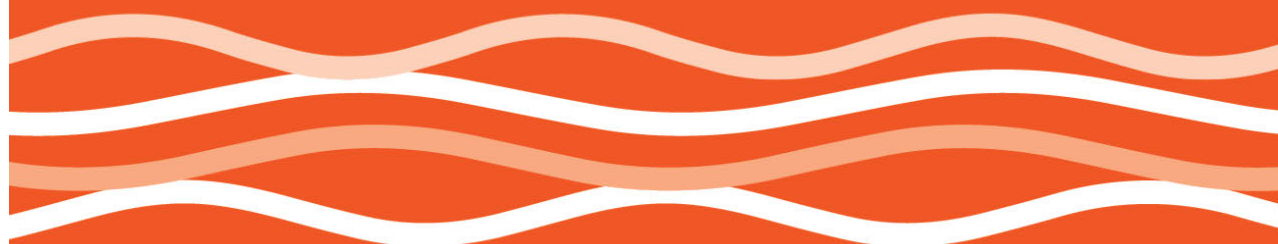
# **Inquiry into social isolation and loneliness**

## **Submission to the Community Support and Services Committee**



**AUGUST 2021**





**We acknowledge and pay our respects to the Traditional Owners of Country across these lands, oceans and waterways now known as Queensland. We acknowledge that your sovereignty of these lands was never ceded, and that for us to do our work with integrity, that you, your ancestors and your Elders, and the ways of knowing, being and doing, must be central to how we work, live, walk and play.**



## Inquiry into social isolation and loneliness in Queensland

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To: Community Support and Services Committee

Via email: [CSSC@parliament.qld.gov.au](mailto:CSSC@parliament.qld.gov.au)

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# Summary

## 1. Who we are

The Queensland Council for LGBTI Health (QC), has been a home for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy people and communities in Queensland for over 35 years. We are proud to be a community led and community owned health and wellbeing service, representing the diversity of our communities. Walking with you to find the support you need. Changing to meet our diverse communities needs. Led by you. Owned by you. With you.

## 2. Our Vision

Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy Queenslanders live longer and happier lives, and have access to the services and supports they need.

## 3. Our Purpose

Drive change within systems and services and empower communities and individuals to improve social, emotional and physical wellbeing.

## 4. Community conversations

QC has worked with community partner organisations and groups to have conversations about the best ways of helping our communities engage with this law reform and capture ways to improve the law for them, their families, their chosen families, friends and communities. The purpose was to make folks aware about this and participate in story telling if they wanted to provide their stories, voices and lived experience with social isolation and loneliness. QC hosted law reform conversations with folks from Cairns, to Bundaberg, Mount Isa and Brisbane, and offered a space for their stories and thoughts, including a survey which captured the stories of over 40 respondents (attached).

Throughout the findings of the survey responses and stories, the experience of social isolation and loneliness experienced affected mental health, increased instances of depression and anxiety and thoughts of self-harm and suicide, health and wellbeing outcomes and affected their social and emotional wellbeing.

QC welcomes this inquiry into social isolation and loneliness, and supports the inquiry.

QC recommends a range of approaches be taken to better reflect diverse genders, bodies and sexualities in addressing social isolation and loneliness for our folks and communities.

## Recommendations

**QC makes the following recommendations to enhance the current ways of addressing social isolation and loneliness in Queensland:**

1. Increase access to services and support for LGBTIQ+ Sistergirl and Brotherboy folks and communities, their families, friends and chosen families.
2. Increase capacity and resourcing to existing LGBTIQ+ Sistergirl and Brotherboy services, expanding services to help our folks and communities access services.
3. Strengthen capability and capacity of organisations to implement LGBTIQ+ Sistergirl and Brotherboy culturally safe ways to access mental health supports, doctors, clinicians, and crisis support.
4. Improve service delivery and service access for our folks and communities living with a disability, in regional and remote geographical settings and folks who are from Aboriginal, Torres Strait Islander and South Sea Islander backgrounds to access culturally safe health and wellbeing services to reduce social isolation and loneliness.
5. Establish services and expand existing supports for our ageing LGBTIQ+ Sistergirl and Brotherboy elders, folks and communities social connection, service referrals and community linkages in addressing social isolation and loneliness, in line with recommendations from the Royal Commission into Aged Care.

## Attributes

## Stories from our communities

QC has worked with community partner organisations and groups to have conversations about the best ways of helping our communities engage with this law reform and capture ways to improve the inquiry with them, their families, their chosen families, friends and communities. QC consulted with Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy people and communities across Queensland having conversations about experiences of social isolation and loneliness and the effects of this on their health and lives. Stories from our communities are attached as part of this submission.

Throughout the findings of the survey responses and stories, it is clear that the experiences of social isolation and loneliness affect mental health, increased instances of anxiety, depression, self-harm and suicidality and affected their social and emotional wellbeing.

We have heard stories and from our Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy ageing folks and communities, their carers and allies. Our ageing populations are experiencing high levels of social isolation and loneliness, cut off from their families, friends and chosen families, and often not able to connect with folks in their local

surroundings. Issues such as mobility, stigma and discrimination from their peers and displacement in an aged care facility often led to this isolation. The stories that folks shared linked many of these issues to significant impacts on health, mental health and wellbeing.

Our communities and folks living with a disability, in a regional and remote geographical setting and folks who are from Aboriginal, Torres Strait Islander and South Sea Islander backgrounds need better access to culturally safe health and wellbeing services to reduce social isolation and loneliness.

## Isolation and loneliness crisis

Our Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy communities are facing a crisis of social isolation and loneliness. Our communities have a long history of being forced to hide and be invisible. Our communities tell us about their trauma and societal trauma, as we live in a world where we've been told that our love, or attraction, gender or gender expression, bodies and reproductive abilities, or lack thereof are wrong.

The toll that it takes to remain resilient can be large, and folks can see more isolation and loneliness as they choose to live their authentic lives. Our communities tell us there are many contributing factors to loneliness, including social isolation from families, friends and connection points all around society. At worst it signals that people are 'othered' and excluded, unwanted and discriminated against. At best we are 'not the norm.'

Our communities experience loneliness on a daily basis, and turn to coping strategies which can be harmful in other ways, such as drugs, alcohol and affect other areas of their health and wellbeing. For example, research shows the physical health impacts of loneliness equating to cigarette smoking impact, with findings that folks smoke 15 cigarettes a day who experience loneliness (The loneliness epidemic HSRA, <https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic>).

Our communities tell us from experience that connection helps with their loneliness, with peers, chosen families and reconnection back with families and friends. More information about health and wellbeing, more services to reach out to and safe spaces to meet folks are some of what are being fed back to us again and again as solutions to this social isolation and loneliness.



# Conclusion

QC has spoken with Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy communities, people and partner organisations across the state about experiences of social isolation and loneliness. Our communities experience levels of social isolation and loneliness in many different settings, with our stories coming from many different individuals. Our communities reported:

1. Social isolation and loneliness occurring due to a wide range of contributing factors including lack of connection spaces, histories of societal trauma, feeling unsafe in communities and lack of harm reduction, health and wellbeing information;
2. The extent of experiences ranged from over 10 years ago to recent months and on a daily basis;
3. Social isolation and loneliness stories being shared by individuals from a diverse range of identities and backgrounds, including Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Non-Binary and Aboriginal and Torres Strait Islander;
4. Social isolation and loneliness occurred in many different geographical places across the State, with post codes ranging from Far North Queensland, North Queensland, Western Queensland, Central Queensland and South East Queensland.
5. Social isolation and loneliness stories are shared by individuals from a diverse range of age groups, with the biggest range represented in the 45-49 age bracket, and distinct stories of repeated experiences occurring as the ages get higher, and in settings such as aged care.

Our communities told us that:

1. Current access to supports need to be improved and strengthened to ensure folks and communities have adequate access to support for them, their families, friends and chosen families.
2. More sector funding is needed to expand existing LGBTIQ+ Sistergirl and Brotherboy services, expanding services to help our folks and communities access services.
3. Referral pathways need strengthening and improving sector capability to allow more culturally safe ways to access mental health supports, doctors, clinicians, and crisis support.
4. Better access is needed for our folks and communities living with a disability, in regional and remote geographical settings and folks who are from Aboriginal, Torres Strait Islander and South Sea Islander backgrounds to access culturally safe health and wellbeing services to reduce social isolation and loneliness.

QC hopes to be a part of consultations into the future with the Committee so that more voices can be heard.

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QC thanks everyone who came forward and offered their stories to assist with the recommendations and improve the ways we respond to social isolation and loneliness in the future.

Sincerely

*Peter Black.*

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# Appendix 1: Storytelling and survey responses

**Have you experienced loneliness? If yes, with as much detail as you are comfortable sharing, please describe the loneliness that you personally experienced?**

“Feeling of massive isolation, desperate for human contact outside my household”

“I’m single, 52 and new to Australia. I don’t know many people and so spend a lot of time by myself. It’s lonely.”

“Being deaf and losing both parents quickly.”

“A sense of not being known by anyone. I had people to spend time with, but I felt this huge gulf between us that couldn’t be bridged. I felt like they saw a reflection of me, that I couldn’t make myself seen. And if you don’t feel seen, it’s impossible to feel loved, because it feels like people are loving a mask, not the real you.”

“I’m physically disabled, and transgender. I dropped out of high school early on and I’ve struggled to just “get out” and meet people, or even talk to people for years. I moved to Australia early last year to change everything- especially the loneliness and with covid lockdowns my attempts just keep getting shut down. Obviously, I don’t want to NOT lockdown, I’m disabled, I can’t deal with covid, but it’s still difficult. Loneliness affects me every day, I talk to friends over the phone every day, but I know I need more interaction IRL. I don’t know how to achieve this, as I have maybe 2 friends in real life. I just feel very physically isolated.”

“Not listened too, not invited to things, ignored, other people’s opinions about me make them not like me or become friends with me. Others thinking they’re better than people which creates loss of connections / making friends to others.”

“At times. I do isolate myself. I keep myself busy with work and have 2 good friends. Sometimes it doesn’t feel enough, I feel lonely and would like to get out and meet new people.”

“I live on my own. My work hours suddenly changed so that I don’t see anyone at the office. I can go for weeks without talking to anyone.”

“It’s like a feeling of just being alone in the world. Like others don’t understand or don’t even see me. Like even if they’re right next to me, they aren’t really seeing me. It feels like reaching out online and getting no response and not knowing why. It feels like failed plans or plans never suggested. At some points, it feels like there’s no one left in the world to turn to. That I am truly alone.”

“I am gay. I am my wife’s carer. We have been married forty-four years. She is aware of my homosexuality. I am constantly with her and I love her. But!! I am gay and cannot be gay. Even though we are always together I experience a loneliness that I cannot begin to describe.”



“Isolation, deep sadness, loneliness and anger”

“I’ve felt a lot of loneliness and isolation over the past year with restrictions on social gatherings. I feel loneliness when I am home alone and my housemate is away. I feel loneliness when I see people happy with their pets as I do not have one.”

“I live by myself with little to no friends. I am normally quite social and really don’t know how I’ve ended up in this situation. Weekends are the worst for me. I don’t want to get out of bed as seeing people out socialising makes me more depressed.”

“I’m 69 and I live alone.”

“Difficult to find like-minded friends.”

“Lived alone during most lockdowns, few friends understanding how hard it is to do a PhD under extreme conditions, recovering from sexual assault in isolating circumstances. Grew up in a rural area overseas, no sense of community.”

“I like spending time alone, but recently have found the lockdowns difficult. My mother died recently and I’ve been very sad and haven’t been able to see my friends to cheer me up and distract me from my grief.”

“Choosing to withdraw from community and social interactions due to fears about safety - especially as some recent experiences have made me realise people can do whatever they like to our family and the police will not protect us.”

“I moved to Bundaberg from the Gold Coast away from my family and friends to live with my partner and I’ve been here two years and have felt totally isolated. I haven’t made any friends.”

“Am 71, live alone in inner north Brisbane, know many people in "white Woolloowin" where I live but spend the majority of my time alone. I work on building friendships, but most people have a partner and are content. I only have 1 gay friend. Used to have many friends but since moving to Qld 18 years ago this has changed. To be fair I am particular about whom I mix with. My best friend moved to NZ last year and this has caused me a great deal of distress. I am lonely.”

“I experience loneliness almost every day. I see people around me and feel like I have no connection to them whatsoever. Everyone seems alien and I feel like I live on the outside of everything. I have this experience even at work; while I enjoy my work and like my colleagues, I feel like they don’t get me nor them. The feeling of loneliness is gnawing and chips away at my self-esteem and feeling of who I am as a person.”

“Feeling alone even in a full room.”

“Living alone, there are good things about it, but in times of isolation there are terrible things about it. No contact with people through work, friends or even interactions with strangers at the supermarket.”

"I've felt incredibly lonely over the last 18 months especially. I've frequently been isolated due to covid and my health conditions making me a high risk of complications if I were to be infected with covid. Being a trans man in queer spaces can also be incredibly isolating on another level. Over the last two years, I've developed significant social anxiety, so I tend to isolate myself quite a bit which doesn't help with my ongoing feelings of loneliness."

"Only trans woman in this village."

"Loneliness during the SEQ lockdowns."

"Loneliness that injects fear and then isolation. It stunts my physical and mental limits. I usually end up spiralling."

"A feeling like there's a hole in my chest- an emptiness that can't be filled. I miss having female companionship, having a girlfriend. I'm especially triggered when my son goes to his dads."

"I live alone and have zero friends."

"A disconnect from others, inability to be understood and seen."

"Feeling unworthy."

"Prior to transitioning I was single and tried to fill my loneliness by keeping myself busy. Sure, it helps but deeper feelings of not fitting in, not belonging, not understanding. Looking back now that I'm almost 4 years into transition I'm my authentic self, I'm engaged and living with an instant stepfamily scenario. I still experience loneliness but it's different. My fiancé is loving and caring but in life we all have ups and downs and not one person can meet all of another's emotional/ mental/ physical needs on a daily basis."

**Have you experienced social isolation, such as a lack of social connection?**

**If yes, with as much detail as you're comfortable with sharing, please describe the social isolation that you have experienced**

"People would not invite me to social events or not even talk to me, for some reason."

"Gay, 52-year-old not trendy, social, unusual and not everyone wants my company, I don't get lots of invites."

"People suspicious of my rapid hearing loss."

"I am often seen and perceived as 'weird', especially by straight friends and colleagues, because of my connections with Queer culture. The books, music, memes, movies, etc. Are shaped by my experience as part of the Queer community. So, people often make judgements about me and my interests, see me as strange, don't invite me to things, don't let me into their inner circle, etc. I don't have this issue with LGBT or minority friends, or in diverse groups, only amongst exclusively straight white groups. Unfortunately, these are the people I have studied and worked with."

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"Dropped out of high school, isolated from all of my friends through an abusive friend. Stopped talking one on one to people for several years. And now I am much closer and talk to my friends every day, yet I don't have any in real life."

"My anxiety or depression or PTSD has stopped me from going out in public to shops, to events and to social groups."

"I know sometimes I socially isolate myself, so I joined a couple of Facebook groups with social events."

"Because of COVID I developed anxiety which led to an eating disorder because I can't stand being around people. My anxiety stopped me from asking for help and I would cancel outings at the last minute. People just stopped getting in touch."

"Moving out to a completely new town the same time I came out to my family. Left behind friends and community. My family didn't want to talk to me. I couldn't make any new connections. It felt like the entire world was closed off to me. No matter how hard I tried, I just kept losing people. I was hollow and stopped feeling real."

"We have had a fairly mobile life and as such have left many friends behind. We have always been friends enough for each other but now the absence of any friends is very noticeable."

"COVID-19, f\*\*\*wits in my life."

"In times when I have not had many friends or have been excluded by the friends I had. It made me feel sad and unworthy of friendship or connections."

"I have absolutely no friends. So, no plans for social activities. My weekends are spent alone with my dog."

"I feel alienated from friends and family."

"Difficult to connect."

"I already did."

"When first coming out, in 1998, there was no LGBTI connection in our town, and it was very lonely. I lived in Maryborough Qld at the time."

"When I came out as gay, I didn't know many other gay people. My friends were supportive, but I felt I need to connect with other gay people and didn't know how."

"Our family was targeted by violent neighbours for over five years. They were on meth; we were visibly LGBT. We experienced constant death threats, threats to burn our house down, every time we even went to the mailbox, we'd have them barking at us like dogs out the window."

"The police wouldn't come most of the time - if they did, it was hours after the incident and only served to escalate the abuse. We not only went to police, but we also went to Dept Housing (it was their house), Dept of Child Safety (there was child abuse involved), our local

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member, the relevant Ministers - literally everyone passed the buck and left us in the position of slowly realising society feels it's ok to have to live with daily threats and abuse and we somehow deserved to have to live in fear for YEARS. That not ONE of the supposed safety mechanisms served to protect anyone in the situation."

"It hammered home to us there's literally no protection for families like ours - if we're targeted for being who we are we're literally on our own-- so now we keep our heads down, don't talk to anyone in our local area, I sleep with a bat next to the bed, etc. Even though they were eventually evicted after five long years of hell, psychologically, we're not ok. It's tough having confirmed that the safety mechanisms others can access, don't exist for us. They're just not there."

"In the past year, I've really struggled with suicidal ideation over all this. If I have to leave the house, it often leaves me on the brink of tears and shaking. I'm hypervigilant, I have trouble sleeping."

"I've gone to emergency at the PA twice seeking an admission, twice been turned away - so that safety net doesn't exist either, I've been fortunate enough to have a LGBT community organisation bend the rules and accept me into a suicide prevention pilot project (it's only meant to be for ppl in metro north, there's no such thing as mental health support for ppl on low incomes on the southside, please don't punish them for this, they are literally the only people willing to help me). I don't know what happens when that ends."

"I'm still struggling with feeling alienated from the community, scared of a future of increasing hostility to LGBT people in the media and elsewhere and knowing that what we experienced is just going to become more common. This isn't a future I want to face. I swing wildly between knowing I'm isolated and need to find community again and wanting to "lean in" to finding a way to just walk away from society altogether."

"I spend 23 hrs a day alone mostly. I have breakfast/coffee out but often alone. Even finding someone to go to the theatre with is difficult."

"I feel this pretty much all the time."

"All friends living out of town or overseas."

"Contact with friends and family."

"The social isolation of being trans in usually queer safe spaces which are more tailored to gay men, is a constant battle when out and about."

"I was run out of my sport of 40 years for coming out as trans."

"All my social groups have shut down due to covid and I have trouble making close friends at the best of times."

"Never really accepted in my Indigenous community cause I'm gay. Never accepted in the LGBTI community because I am indigenous, and racism exists. Being in the middle is tough, exhausting and for many of us we don't fit in."



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"I have difficulty finding my tribe. I've come out as queer in my late forties and feel like I don't fit in anywhere. It's hard to 'break into' the queer community -everyone is either very young or has well established friendship groups."

"Living alone with no friends."

"Lack of social support network."

"Not being included in a lot of activities due to my sexuality."

"During the initial 12months of my transition my Jehovah's witness family member and lifetime friend instantly shunned me overnight / like I had died. Complete lifelong cutting off, with no discussion. I'm actually surprised I survived this period. I went searching for transgender community and I attached myself."

"After transitioning I discovered a whole new me. I guess I'm still discovering myself as I go. However, a strong example of environmental change and situational pressures such as COVID-19 isolation has made life difficult for us all. I feel lonely and disconnected from community and friends. To top it off a serious cancer diagnosis has thrown me into treatment and even stricter isolation and the loneliness is intense at times."

### **Could you identify anything that has helped you in your experience/s of isolation or loneliness?**

"Alcohol."

"Not to care. When I realized that craving for it could only make it worse so I learned not to care and to love my life for what I have."

"Playing online games or phone calls."

"Bloody minded determination to be true to myself."

"Music and my pet."

"Connection with other Queer people, books/media that make me feel seen, self-care, learning new things."

"Pushing myself to reach out to others for support. I've learnt that this forges connection, not creating burden. Being honest and true to my feelings."

"Training to be a wrestler and having my partner by my side."

"Yes, joining Facebook groups."

"Getting a puppy."

"Trying as hard as possible to reach out and connect with people. Waiting the worst of it out so I can do that."



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“Rare visits to my, now deceased, brother.”

“Drug use, my cat and salvos.”

“Finding a better group of friends that understand me, having a housemate I have a good relationship with.”

“Reaching out to friends.”

“Finding a social group that helped me connect to others that I could talk to.”

“I had a conversation with my physio who was openly gay and she connected me with a social group. I joined a LGBTIQ+ arm of a political group as well.”

“Counselling at QC – Queensland Council for LGBTI Health.”

“I help an old neighbour with many things and am trying to volunteer with a legacy of which has proved problematic. Been trying for 9 months.”

“There was a dance party I used to go to which helped a little.”

“The internet.”

“Not much, physical isolation can’t be helped by digital interactions.”

“I got a dog and raising a puppy have assisted me in being out and about.”

“I have some supportive friends but if I go into a place where they are not I am alone.”

“Facebook, gaming and movies.”

“Suicidal and scared.”

“Social media sometimes, volunteering for Qlife.”

“Moving to Brisbane from the Sunshine Coast.”

“Finding like-minded people.”

“Be gay.”

“We’re blessed in this day and age to have social media and technology. We can still see and speak to friends and family. It’s not the same but it can be a real blessing when used right. Doing things to help others is also a focus that reaps its own rewards.”

## Appendix 2: Stories from an LGBTIQ+ Seniors Visiting Service Volunteer

“I’m Julia Geljon, She/her, I identify as a lesbian and live with my wife in Redland Bay. I have been an active participant in the CVS for over 8 years.

During that time I’ve had one long term client who identified as a gay man and one short term client who identified as a lesbian.

I will relate some of their experiences in relation to Isolation and Loneliness over the last 18 months and will also include some experiences of two Transgender women with whom I have personal contact.

I can supply full names if needed but for now will just use initials.

CS – was an 82 yr old gay man who was assigned to me as a CVS volunteer. I began visiting him in 2013 on a regular basis. At that time he was living in a unit in a Caravan Park with his much younger partner who had morphed into becoming his reluctant carer.

CS had suffered from depression throughout his life and was not in good health mentally or physically at the time I began visiting. Due to other circumstances, his carer felt he was unable to continue to provide the level of care needed and CS agreed to go into an Aged Care facility.

This proved to be a good move for him as he was now receiving good health care, proper medication and food as well as better attention to hygiene needs.

Consequently his mental state also improved and he was able to enjoy his considerable musical abilities again as well as pursuing his numerous scientific interests.

As a volunteer visitor I enjoyed his wit, intelligent conversation on many subjects and visits to cafes, museums, libraries and shops.

In 2016 CS became part of a Virtual Visiting Scheme run by Nundah Community Centre where he was supplied with a tablet and data so he could talk to the coordinator and other participants.

This gave him the ability to reconnect with a brother in the UK and a cousin in Norway. It also allowed him to buy music, DVDs, maps and pursue other interests.

Apart from dealing with his chronic bronchial issues his life was pretty good and he enjoyed his freedom to go where and when he pleased. Apart from myself his previous partner was the only other visitor he ever had but he was content with that.

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All this changed in 2020 when he along with other Elders in Aged Care was placed into lockdown for long periods of time. Initially he didn't mind too much as the home did its best to keep residents occupied. However, the lack of freedom and no visitors to stimulate his brain eventually took its toll and he started to feel depressed again.

During that time I kept in touch via phone calls, numerous texts and the occasional visit when allowed but it was much harder to enthuse him sitting in his room than out in the community.

This was further exacerbated by the fact that in November he was asked/ordered to relinquish his tablet because the new provider (Aureus) did not have a "suitable" volunteer to maintain virtual contact. When I found out I called Aureus and was told these were now the rules and someone else needed the tablet.

In December CS and I went to the shops and he bought himself a new tablet, but he was never able to set this up properly as the home's WiFi didn't function properly. I alerted them to that fact and they said they would provide him with a booster but it needed to be ordered. This didn't happen until about 4 months later by which time he'd lost interest.

In the meantime his phone had also stopped working and EPOA (does this mean his ex partner had EPOA? context?) (his ex-partner was getting a new one. This was made difficult because of no visiting rules.

Consequently the only contact possible was through the home's phone line which proved to be extremely difficult. Every time I phoned he was "unavailable" at the time and asked for call backs did not happen. When questioned at the next call it was "he's not feeling well at the moment but he's fine". When further information was sought I was told they couldn't give me any because I was not related.

Stymied at every turn I eventually wrote an email to the parent organisation (Alzheimer's Australia) and complained about their lack of understanding about some LGBTIQ+ Elder not having relatives. I also got in touch with his EPOA and asked him to intervene as well.

He was also unaware how sick CS actually was at that time with a very bad bladder infection that led to him almost dying and spending 2 weeks in hospital in April this year. (Again once the danger of imminent death had passed no one was allowed to visit.)

This episode did so much damage to CS' mind and body that he never properly recovered and lost interest in life. In late May he had a fall and broke his hip, which proved to be inoperable because of his lung condition. He was placed on palliative care in PA hospital where he subsequently died on June 7th."

**RG**

"I was assigned RG as a phone visitor in March 2020 through the CVS. At the time she was a 78yr old Lesbian Indigenous woman who had been in Aged Care for the last 9years due to the effects of a stroke at the age of 68. She did have another much loved volunteer as a regular visitor who was also limited to phone contact

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Initially I only had phone contact for 30 min. per week as the home was in lockdown and there was a strict limit on phone time.

RG was one of the people selected for an interview with the Royal Commission into Aged Care and I was asked to facilitate that process once we were able to visit again. This was made extremely difficult and confronting by the home as when I went to outline the process to RG we had to sit on either side of a screen with an attendant within hearing distance. When I questioned this process and said it seemed more like a prison setup than a home the HR person came to explain that's what management demanded. I was also told that RG could probably not do the interview as she "gets confused"

I had not found her to be so during phone conversations, and in subsequent visits when possible found her to be an intelligent articulate woman with physical limitations, but not obvious cognitive ones. It became obvious over time that the home was resisting her doing the interview with the assigned person and in the end I only ended up doing a partial one over the phone.

As I visited her regularly when permitted we became friendly as we were close in age and understood each other's life stories. I also gradually became aware how much RG detested her living conditions and how little she had in common with the mainly Chinese residents and staff.

She related many small incidents of neglect and carelessness, but was more or less resigned to the fact that her phone didn't work, she had a tablet but no internet access and almost no family contact.

However, one day in October 2020 when I came to visit, I found her extremely angry and upset. She told me she'd had an altercation with a staff member who had told her "she had to leave her child at home to come and look after someone like you" and had then stormed out and left her unshowered in the bathroom.

I reported this incident to the RN who said she'd look into it and to the CVS coordinator who said she'd make contact with ADA. The ADA person did not make contact with RG straight away, then went on leave for 3 weeks and on return was given a different role.

Another Elder abuse issue occurred during the following weeks where RG was told she could not go outside unaccompanied in her motorised wheel chair as she had previously done without any explanation. When she remonstrated and said she could do what she liked the staff member said "yes but you can't get into it by yourself" again I reported this incident to the RN and the CVS.

At this point in time RG told me she'd had enough and didn't want to spend another 10 years living like this. She dealt with this by deciding not to eat and consequently became very weak over the next month.

RG passed away on December 30th."

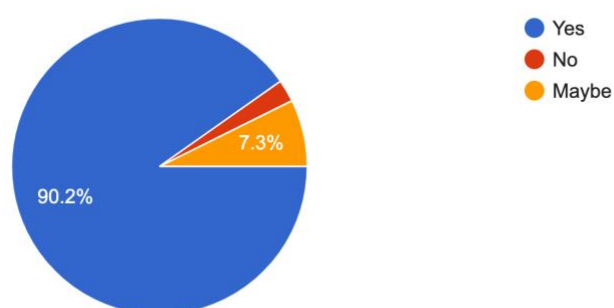
## Appendix 3: survey responses

### Experience data

Out of responses from our Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy folks and communities, over 90% of respondents have experienced loneliness at some point in their life.

Have you ever experienced loneliness?

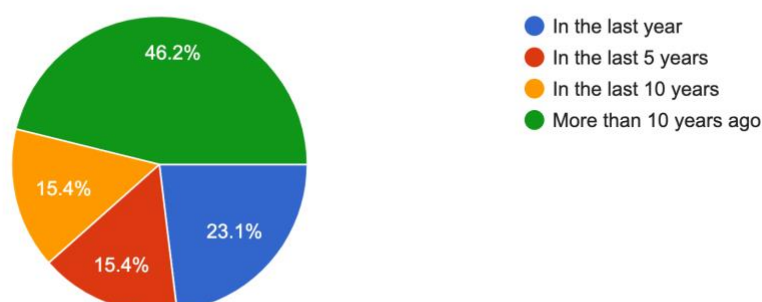
41 responses



Of those responses, folks experienced this more than 10 years ago and evenly more recently over the years.

When have you first experienced loneliness?

39 responses

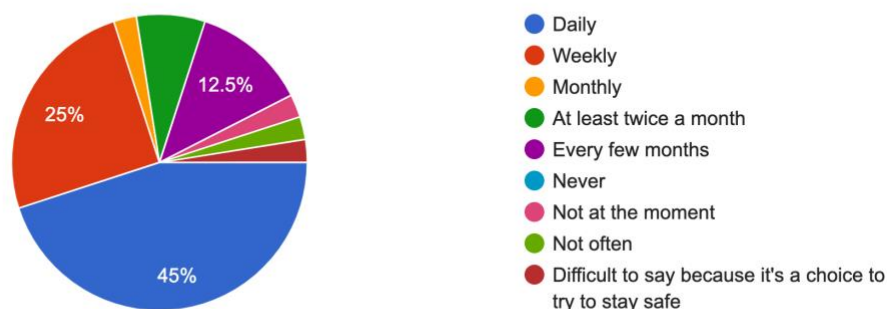


## Inquiry into social isolation and loneliness in Queensland

Our communities are experiencing loneliness frequently, with loneliness experienced by 45% of respondents on a daily basis, followed by 25% experiencing this on a weekly basis at least.

How frequently do you experience loneliness?

40 responses



Folks reaching out to their supports, are the following:

Reached out to friends

Reached out to family/chosen family

Reached out to mental health professional

Reached out to other services

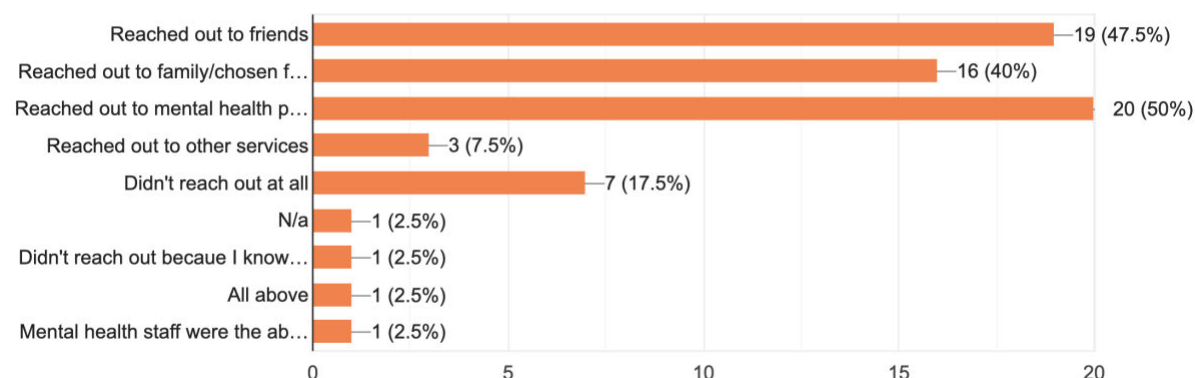
Didn't reach out at all

Other answers include because they feel they could never leave their families alone, all of the options and mental health staff did not meet their needs.

About half of folks reached out to friends, families, and support services.

Did you reach out to anyone about your experience of loneliness? If so, how did you?

40 responses



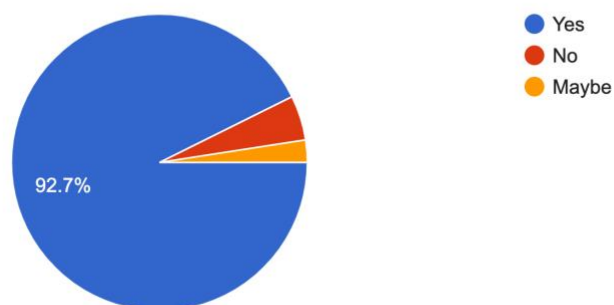


## Inquiry into social isolation and loneliness in Queensland

Our communities are in a crisis of experiencing lack of social connection and social isolation, with over 92% reporting this.

Have you experienced social isolation, such as a lack of social connection?

41 responses



Our communities were asked about what could help reduce social isolation and loneliness, with a large support for more connection spaces, online and physical and social programs and peer led projects. There were the following answers:

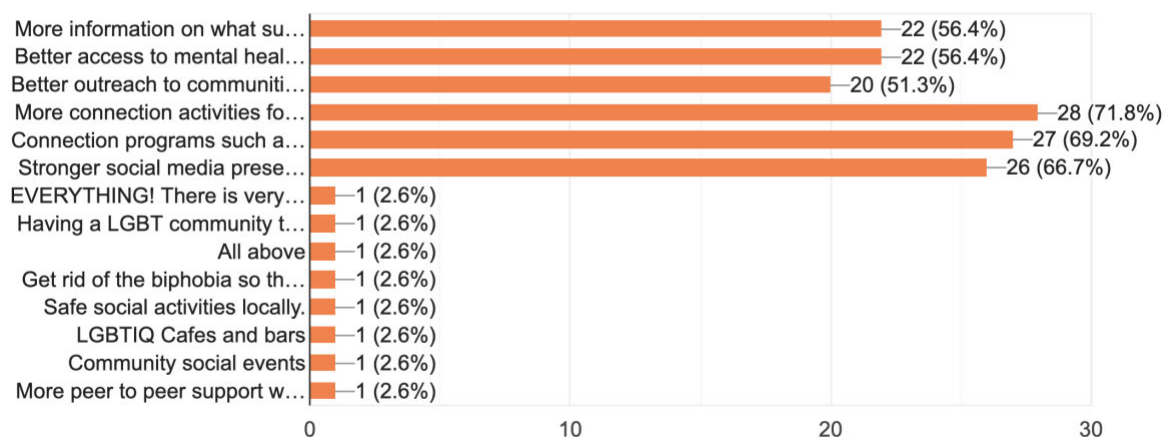
- More information on what support is available, and how to support those around you
- Better access to mental health services
- Better outreach to communities from services
- More connection activities for our communities i.e. online events
- Connection programs such as peer led programs to help support each other
- Stronger social media presence and online spaces for folks to connect with each other safely
- Safer activities locally
- More peer support
- LGBTI community and folks support each other and interact
- Community social events
- LGBTI venues such as cafes and bars
- Reducing stigma and phobias, such as biphobia.



## Inquiry into social isolation and loneliness in Queensland

What do you think would help reduce social isolation and loneliness in our Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Sistergirl and Brotherboy communities?

39 responses

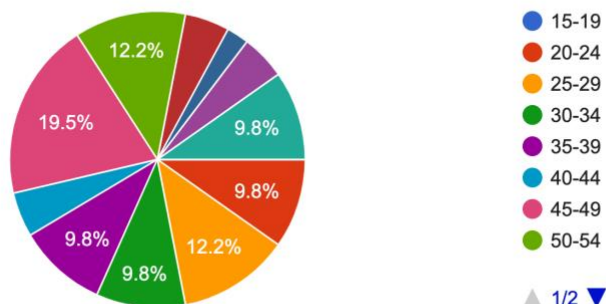


## Demographic data

Age ranged greatly with respondents, with a healthy representation from all groups, and the largest age group represented in the 45-49 age bracket, followed by 50-54 and 25-29 age groups. The eldest group was 70-74 years of age.

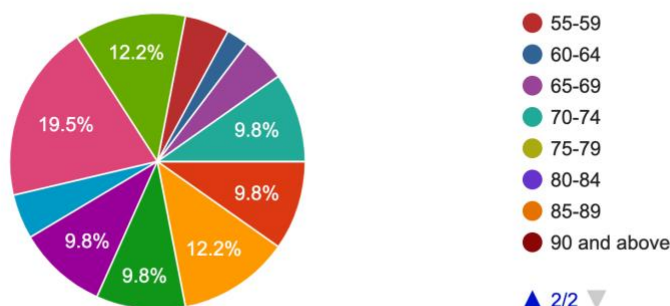
What is your age?

41 responses



What is your age?

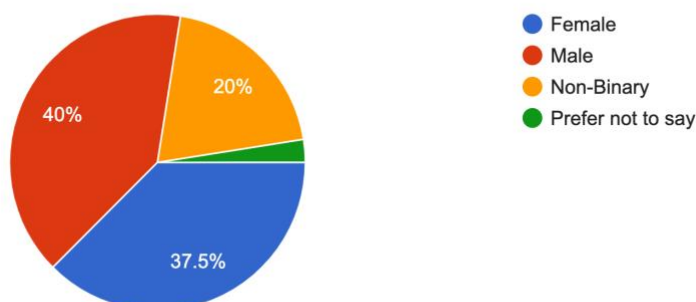
41 responses



Most respondents identified as male, followed by female and 20% identifying as non-binary.

Which of the following best describes your gender?

40 responses

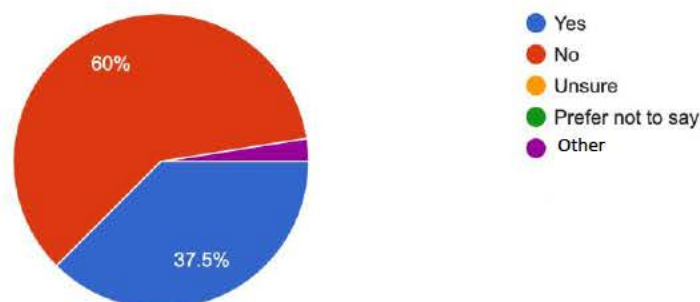


## Inquiry into social isolation and loneliness in Queensland

Nearly 40% of respondents identify with a different gender to what was presumed at their birth.

Is your gender different to what was presumed for you at birth?

40 responses



Of respondents, 5% were unsure of their intersex variation and 5% identified as having an intersex variation.

The largest group of sexual identity was with gay or homosexual identity followed by lesbian, queer and asexual.

Our respondents also identified as 7% HIV positive and 7% unsure.

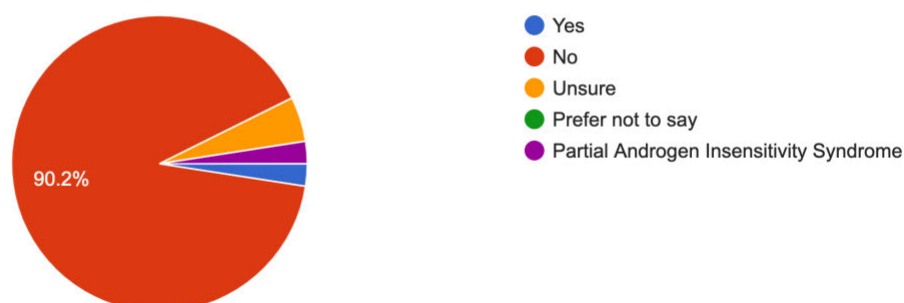
Our First Nations Aboriginal, Torres Strait Islander and South Sea Islander representation is about 10% of respondents. 7.3% identify as Aboriginal and 2.4% identify as South Sea Islander.

Folks were speaking to us from a range of locations, spread across various geographical places or post codes. Most respondents are in South East Queensland (Meanjin), followed by the Wide Bay area and then Far North Queensland, however locations range right across Queensland.

## Inquiry into social isolation and loneliness in Queensland

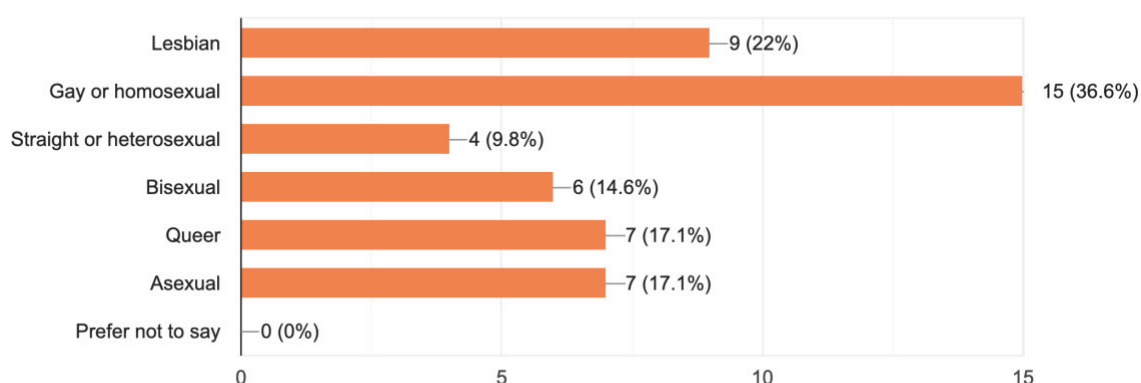
Were you born with an intersex variation? An intersex variation can include variations in chromosomes, gonads, sex hormones, or genitals th... the gender binary definitions of male or female.

41 responses



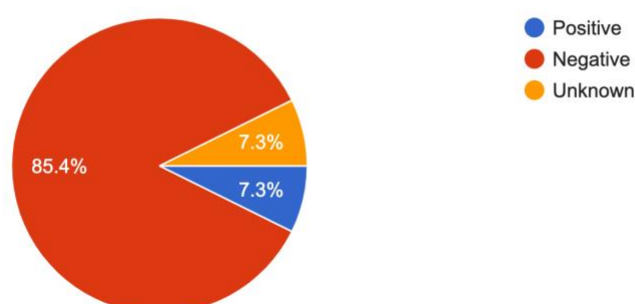
Which of the following best describes your sexual identity?

41 responses



What is your HIV status?

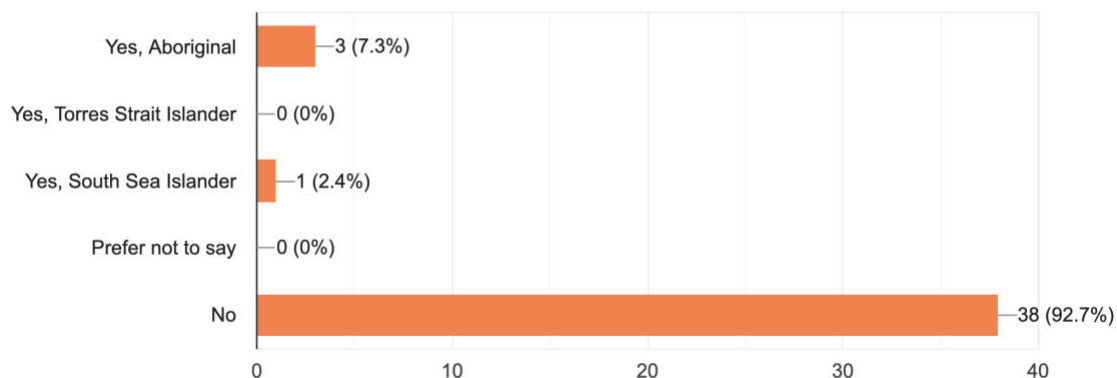
41 responses



## Inquiry into social isolation and loneliness in Queensland

## Do you identify as Aboriginal, Torres Strait Islander, or South Sea Islander?

41 responses



## What's your suburb or post code?

41 responses

