



Australian Government

Department of Health and Aged Care

National Action Plan for the Health and Wellbeing of LGBTIQA+ People **2025 – 2035**

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Available supports

This material discusses topics that readers may find distressing. For anyone experiencing mental ill-health or suicidal distress – support is available.

- QLife (www.qlife.org.au) provides Australia-wide anonymous LGBTQA+ peer support and referral by telephone (1300 184 527) and webchat every day from 3pm to midnight.
- InterLink (www.ilink.net.au) InterLink brings people together to talk about living with innate variations of sex characteristics with the support of trained counsellors and intersex peer workers. They can be contacted via chat service or on +61 7 3017 1724.
- headspace (www.headspace.org.au/online-and-phone-support), on 1800 650 890 provides access to a safe online community, where young people can connect with their peers and seek support in peer-led communities or group chats.
- 13YARN (www.13yarn.org.au), on 13 92 76 provides a free, confidential and culturally safe service to talk with an Aboriginal or Torres Strait Islander Crisis Supporter 24 hours a day, 7 days a week.
- Head to Health (www.headtohealth.gov.au) is the Australian Government's national digital mental health website that aims to help people more easily access information, advice and free or low-cost telephone, face to face and online mental health services and supports that most suit their needs.
- Lifeline on 13 11 14 or via its chat service (www.lifeline.org.au).
- 1800RESPECT is a confidential information, counselling and support service. It is available 24 hours a day, 7 days a week to support people impacted by family, domestic, or sexual violence. You can contact them by phone or online chat anytime 1800 737 732.
- The Translating and Interpreting Service (www.tisnational.gov.au) can be accessed by calling 131 450. The service is available to any individual or organisation in Australia, enabling non-English speakers to independently access services and information over the phone.
- **If you or someone close to you is in distress or immediate danger, please call 000.**

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Acknowledgements

The Australian Government acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of Country throughout Australia. We pay our respect to Elders past, present and emerging, who maintain their culture, Country and spiritual connection to the land, sea and community.

We would like to extend this acknowledgement to First Nations peoples who took part in consultations on this Action Plan. We commit to ongoing partnership with First Nations peoples in implementing and monitoring this Action Plan, in accordance with the National Agreement on Closing the Gap.

This Action Plan is a result of the tireless efforts of LGBTIQ+ people, allies and organisations who have devoted their lives to improving the health and wellbeing of LGBTIQ+ people in Australia. We want to specifically thank those who have contributed to the development of this Action Plan, including LGBTIQ+ organisations, LGBTIQ+ people, and allies. Their involvement and expert advice have helped to create this Action Plan and make a difference to the future health and wellbeing of LGBTIQ+ people in Australia.

We would particularly like to thank the members of the Expert Advisory Group, many of whom advocated for this Action Plan.

Terminology

The term LGBTIQ+ is used throughout this document to refer to people who are lesbian, gay, bisexual/bi+, trans and gender diverse, have innate variations of sex characteristics (commonly referred to as intersex), queer, asexual/aromantic, or people otherwise diverse in gender, sexual orientation and/or variations of sex characteristics. It is acknowledged that language continues to evolve and can change over time. Further information can be found in **Appendix A – Terminology**.



Ministerial foreword

It is with great pride and a deep sense of responsibility that I introduce Australia's first ever National Action Plan for the Health and Wellbeing of LGBTIQ+ People (Action Plan).

The launch of this Action Plan is a landmark achievement, representing the Albanese Labor Government's commitment to fostering an inclusive society where every individual, regardless of their sexual orientation, gender identity, or sex characteristics, can thrive.

Over the 18 months since the Minister for Health and Aged Care, the Hon Mark Butler MP and I announced the Action Plan at WorldPride in 2023, we have undertaken the largest ever national consultation to inform LGBTIQ+ health and wellbeing priorities.

I am honoured to have been on this journey of genuine partnership and co-design with LGBTIQ+ communities.

What we heard throughout consultations is not new. For too long, LGBTIQ+ communities have faced significant disparities in health outcomes, not to mention the stigma, isolation and discrimination that is often a pervasive part of their everyday lives. This Action Plan seeks to address these challenges head-on, providing 16 actions that together will support improvements to overall health and wellbeing.

The Action Plan highlights the vibrancy, resilience and diversity of Australia's LGBTIQ+ communities. It demonstrates the strength and courage that LGBTIQ+ people have embodied throughout history, and the power of communities to use their experiences to advocate for change, education and inclusion. It is the sector's advocacy to develop an Action Plan that has brought us to where we are today.

The Action Plan also acknowledges the immense pain and trauma experienced by communities, both historically, and today. LGBTIQ+ people continue to feel the effects of these experiences, with intersectionality continuing to play a compounding role. Now, more than ever, we must all stand in solidarity with LGBTIQ+ communities, and work together to create, cultivate and celebrate our inclusive society.

I would like to recognise the work of the LGBTIQ+ Health and Wellbeing 10 year National Action Plan Expert Advisory Group, and every participant of the 26 roundtables held across Australia. Your passion and advocacy have been inspiring and informative, and we would not be here today without you. Thank you for your trust, openness, and willingness to share your experience, you have enriched my own understanding in the process of developing this Action Plan. I look forward to continuing to work with you as we put this plan into action.

As a nurse during the early days of the HIV/AIDS epidemic, to now Assistant Minister for Health and Aged Care, and Indigenous Health, representing one of Australia's most diverse and inclusive electorates, I can see how far we've come. But this process has also illuminated how far we have to go, and what we need to do to get there.

Our vision is of a healthcare system that is inclusive, accessible, and safe. Where LGBTIQA+ people have access to early intervention care, preventive treatment and information. Where the health workforce has the capability and capacity to support the delivery of high-quality care for all Australians. Where someone's sexuality, gender identity, or sex characteristics, does not define their experience of the healthcare system.

This Action Plan therefore outlines a pathway for government to work in partnership with LGBTIQA+ communities to drive real change and chart a course to better health and wellbeing outcomes.

In the end, the path to equality is a collective one, and it requires continuous action and commitment from all of us. I am proud to lead that charge today, and every day, alongside LGBTIQA+ communities.

The Hon Ged Kearney MP

Assistant Minister for Health and Aged Care
and Assistant Minister for Indigenous Health





Action Plan overview

Vision

LGBTIQA+ people achieve equitable health and wellbeing outcomes with access to safe, respectful, high-quality and inclusive health and wellbeing services

Guiding Principles

1. Achieving health equity for LGBTIQA+ people that acknowledges and respects their diversity
2. Embedding preventive health and wellbeing across the life course
3. Ensure supportive, safe, appropriate, and autonomous care
4. Access to health services that support high quality care and self-determination in decision making
5. Evidence-based continuous improvement should be in constant focus

Areas for focus

Build system wide leadership and cultural change

- Establish strong leadership within the Australian Government to champion diversity and inclusive behaviours
- Ensure LGBTIQA+ people are recognised as priority populations
- Support and drive consistency in key models of care and establish best practice frameworks

Strengthen preventive health, protective factors and build health literacy

- Reduce modifiable risk factors and improve preventive health measures
- Improve the health literacy of (and about) LGBTIQA+ people
- Foster community connections within and across LGBTIQA+ communities

Enhance accessibility, availability and safety of healthcare services

- Build capacity and scale of health and wellbeing services for LGBTIQA+ people
- Support LGBTIQA+ people navigating through the health system
- Support LGBTIQA+ people to access appropriate domestic, family and sexual violence supports
- Minimise barriers to accessing LGBTIQA+ inclusive care
- Ensure mental health and suicide prevention services are culturally safe and responsive to the needs of LGBTIQA+ people

Ensure workforce capability and capacity across both mainstream and LGBTIQA+ led services

- Build a pipeline of culturally safe and inclusive health and wellbeing workers
- Upskill the existing workforce to ensure responsive and safe care

Improve research, data and evaluation

- Improve collection, disaggregation and publication of LGBTIQA+ data across health and wellbeing datasets
- Ensure data is used routinely in policy and planning activities
- Promote and facilitate research that builds the evidence base and addresses knowledge gaps

What led us here?

Before we look ahead to the next 10 years, it is important to reflect on the events that have shaped the health and wellbeing of LGBTIQ+ communities to date.

Figure 1. A brief history of LGBTIQ+ rights in Australia

1949

Victoria downgraded sodomy punishment from death to 20 years in prison.

1970

Lesbian support group, the Daughters of Bilitis (later known as the Australasian Lesbian Movement) was formed in Melbourne.

Advocacy organisation, Campaign Against Moral Persecution Incorporated (or CAMP Inc) was established in Sydney, dedicated to removing the stigma of homosexuality.

1972-73

Following many years of advocacy, Australian psychiatrists called for the decriminalisation of homosexuality and started moving away from treating it as a mental condition.

1975

South Australia became the first jurisdiction to decriminalise homosexual acts

1978

Fifty-three lawful protesters were arrested in Sydney, signalling the beginning of the Gay and Lesbian Mardi Gras Parade.

1982

First known case of acquired immunodeficiency syndrome (AIDS) was diagnosed in Australia (recognised later as human immunodeficiency virus or HIV).

1992

Openly Lesbian, Gay and Bisexual people allowed to serve in Australian Defence Force.

1994

The Australian Government passed the *Human Rights (Sexual Conduct) Act 1994 (Cth)*, legalising sexual activity between consenting adults throughout Australia.

1996

Three-drug combination antiretroviral therapy became available, dramatically improving the prognosis of people living with HIV.

1997

Tasmania was the final jurisdiction to decriminalise homosexual acts.

The High Court of Australia upheld the gay “panic” defence.

2002

Western Australia is the first jurisdiction to allow same-sex couples to adopt children.

2008

The Australian Government makes reforms to key pieces of legislation to reduce discrimination against same-sex couples, including health and aged care laws.

2010

Openly trans and gender diverse people allowed to serve in Australian Defence Force.

2013

The Australian Government updated the *Sex Discrimination Act 1984 (Cth)* to protect LGBTIQ+ people from discrimination.

ACT Legislative Assembly passed same-sex marriage legislation which is later overturned by the High Court of Australia.

2014

The ACT is the first jurisdiction to remove surgery requirement for changing sex markers on birth certificates.

2016

Victorian Parliament is the first of many jurisdictions to apologise to people convicted under unjust laws that previously criminalised homosexual acts.

2017

The Darlington Statement, a joint consensus statement by Australian and New Zealand intersex organisations and advocates, was released.

The *Marriage Act 1961 (Cth)* was updated following a majority 'yes' vote by Australians in favour of allowing same sex marriage.

2020

South Australia is the last jurisdiction to abolish the gay "panic" defence.

2023

The ACT Legislative Assembly passed *The Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023 (ACT)* into law.

2024

Australia's first ever 10 Year National Action Plan for the Health and Wellbeing of LGBTIQ+ People is released.

Significant progress in LGBTIQ+ rights has been achieved since the Australian Medical Association removed homosexuality from its list of illnesses and disorders in 1973 on the back of strong and sustained advocacy by LGBTIQ+ organisations and advocates. In 1994, the Australian Government passed the *Human Rights (Sexual Conduct) Act 1994*, protecting 'sexual conduct involving only consenting adults acting in private' throughout the Commonwealth and by 1997 homosexuality had been decriminalised in every state and territory. Since then, efforts to promote LGBTIQ+ equality and eliminate discrimination have been expanding including the historic passage of legislation that legalised same sex marriage in 2017.

At the heart of each of these landmark achievements has been enduring advocacy from LGBTIQ+ communities and allies. These changes have come about due to the strength of LGBTIQ+ communities in shifting societal views and understanding of their experience. The communities have worked together to advocate to governments and create organisations that are run by LGBTIQ+ people for LGBTIQ+ people.

LGBTIQ+ people experience significant health disparities in a broad range of areas, very often shaped by experiences of stigma, discrimination or hostility that are directed towards these communities. It is vital that health services understand these unique needs and experiences and provide inclusive and safe care. This Action Plan is an ideal mechanism through which we can ensure this is achieved.

Professor Adam Bourne, Director,
Australian Research Centre in Sex,
Health and Society (ARCSHS)



A vision for the future

The vision for the first National Action Plan for the Health and Wellbeing of LGBTIQ+ People is:

LGBTIQ+ people achieve equitable health and wellbeing outcomes with access to safe, respectful, high-quality and inclusive health and wellbeing services

The Action Plan has been designed with five guiding principles to drive action to achieve this vision:

Guiding Principles

1. Achieving health equity for LGBTIQ+ people that acknowledges and respects their diversity
2. Embedding preventive health and wellbeing across the life course
3. Ensure supportive, safe, appropriate, and autonomous care
4. Access to health services that support high quality care and self-determination in decision making
5. Evidence-based continuous improvement should be in constant focus

Through these principles we are working towards:

- A society where LGBTIQ+ people have equitable opportunities to live fulfilling and healthy lives.
- A health system that is designed to meet intersecting health and wellbeing needs and support person-centred care for LGBTIQ+ people.
- Supporting LGBTIQ+ people who have experienced trauma within and outside of the healthcare system to receive care that is safe, high-quality and affirms a person's identity and lived experience.
- Empowering LGBTIQ+ people to have agency over their healthcare and be supported in making decisions to improve their health and wellbeing outcomes.
- Supporting LGBTIQ+ people to make their own decisions about their bodies.
- LGBTIQ+ people, including First Nations LGBTIQ+ people are represented and involved in decision making, design and implementation of strategies, policies and programs that impact their health and wellbeing.
- Drawing on the strengths of communities, including expertise held in community organisations.
- Policy and planning that recognise LGBTIQ+ people as priority populations in an enduring way, with health disparities measured and addressed. This should be evaluated and tracked to ensure there continues to be system-level improvement.
- Reliable national data and research relevant to LGBTIQ+ people that underpins policy. This allows service provision and health promotion to be targeted in a meaningful way that is driven by evaluation of evidence.

Promoting health equity for LGBTIQ+ people and recognising intersectionality

Promoting health equity and delivering better health outcomes for all Australians, including LGBTIQ+ people, is a priority for the Australian Government. While an exact number cannot be quantified, at the time of publishing, it is estimated that between 4 and 7 per cent of the Australian adult population identify as LGBTIQ+^{1 a}. This broadly aligns with comparable countries with similar population demographics². The government recognises while many LGBTIQ+ people lead healthy lives, they continue to experience discrimination, stigma, isolation, harassment and violence – all of which leads to poorer health (including mental health) than the general population.³

It is important to acknowledge LGBTIQ+ people are not a homogenous population, and each person has unique needs and experiences. The aim of the consultation process that informed this Action Plan was to understand where there are similarities and differences across LGBTIQ+ communities. Understanding these differences ensures actions to improve the health and wellbeing of LGBTIQ+ people can be targeted and appropriate.

Some people find strength and connection in being part of LGBTIQ+ communities and others may not identify or connect with communities at all. Language that people use to refer to themselves differs based on many factors including age, cultural background, and where they live. The way that a person feels, behaves, loves or expresses themselves can also change over time. For example, younger people are more likely to use the term 'queer' to refer to their gender

or sexual orientation than older people, who may have historical trauma connected with the term.⁴ Some people may also engage in behaviour that may mean their health and wellbeing needs align with experiences of LGBTIQ+ communities but do not identify as part of communities, such as men who have sex with men but do not identify as gay or bisexual.

'Intersectionality' describes how the many different 'parts' that make up a person's identity or circumstance combine and compound to shape people's life experiences, including of discrimination.^{5,6} For example, age, cultural background, disability, gender, sexual orientation, location and many other factors can be important to a person's identity and influences their health and wellbeing needs.

Intersectionality is a way of seeing the whole person and recognising that different parts of a person should not be considered in isolation.

Throughout consultation, we heard that it is important that the health system be responsive to individuals and meet their needs and preferences. Regardless of how they do or do not identify themselves, LGBTIQ+ people want respect and equitable treatment when accessing services.

^a A relatively small sample size of asexual and aromantic people participated, or self-identified in the studies and surveys used in this Action Plan.

This Action Plan acknowledges the significant impact that discrimination and marginalisation have had on the health and wellbeing of diverse LGBTIQ+ communities, and highlights the unique barriers faced by LGBTIQ+ people with disability. It builds upon the brilliant work of the community-led organisations that have travelled beside us and takes the first steps towards creating a new standard for inclusive, safe and accessible healthcare for all LGBTIQ+ people.

Mx Katherine Marshall, Chief Executive Officer, Inclusive Rainbow Voices

Artwork created by proud queer, non-binary person with family ties to the Barunggam people. This piece is a visual representation of a concept that captures the diverse intersectionality of the Australian LGBTIQ+ communities.



What good health and wellbeing means in Australia

Health is not just the presence or absence of disease and injury. More holistically, health is a state of physical, mental and social wellbeing and for some, also includes cultural and spiritual wellbeing.⁷ Australians in good health are better able to lead fulfilling and productive lives, participating fully in their community, in their education, and/or employment and enjoy life.

In the context of health, prevention includes taking measures such as health promotion activities to keep people healthy and well and to avoid the onset of illness, disease or injury. The goal of prevention is to maintain and improve the health and wellbeing of the entire population, while simultaneously reducing health disparities between priority population groups and the general population.⁸

Community-led organisations, people and allies have worked hard to improve the health and wellbeing of LGBTIQ+ people in Australia, including through driving and advocating for policy changes. However, disparities in health and wellbeing outcomes are still present. Of key concern are the poorer self-rated health, mental health and suicide outcomes experienced by LGBTIQ+ people, in comparison to the broader population.

Figure 2. How the health and wellbeing outcomes of LGBTIQ+ people compare to general health and wellbeing of Australians

More LGBTIQ+ people had worse self-rated health in comparison to the general population

LGBTIQ+ Population

1 in 3 (31%) have poor/fair health



2 in 5 (38%) have good health



1 in 3 (31%) have very good/excellent health



General Population

3 in 20 (15%) have poor/fair health



1 in 3 (30%) have good health



3 in 5 (56%) have very good/excellent health



Community connectedness and having positive relationships can help provide a sense of positive mental and physical health.

Health literacy is a protective factor that is crucial to enable people to make informed health-related decisions through access to, and an ability to understand and use health-related information. Understanding what health information is credible, trustworthy or useful can be difficult. Low health literacy is linked with poor health across the life course, a reduced ability to engage in self-care and preventive health care and increased healthcare costs and hospitalisations.⁹

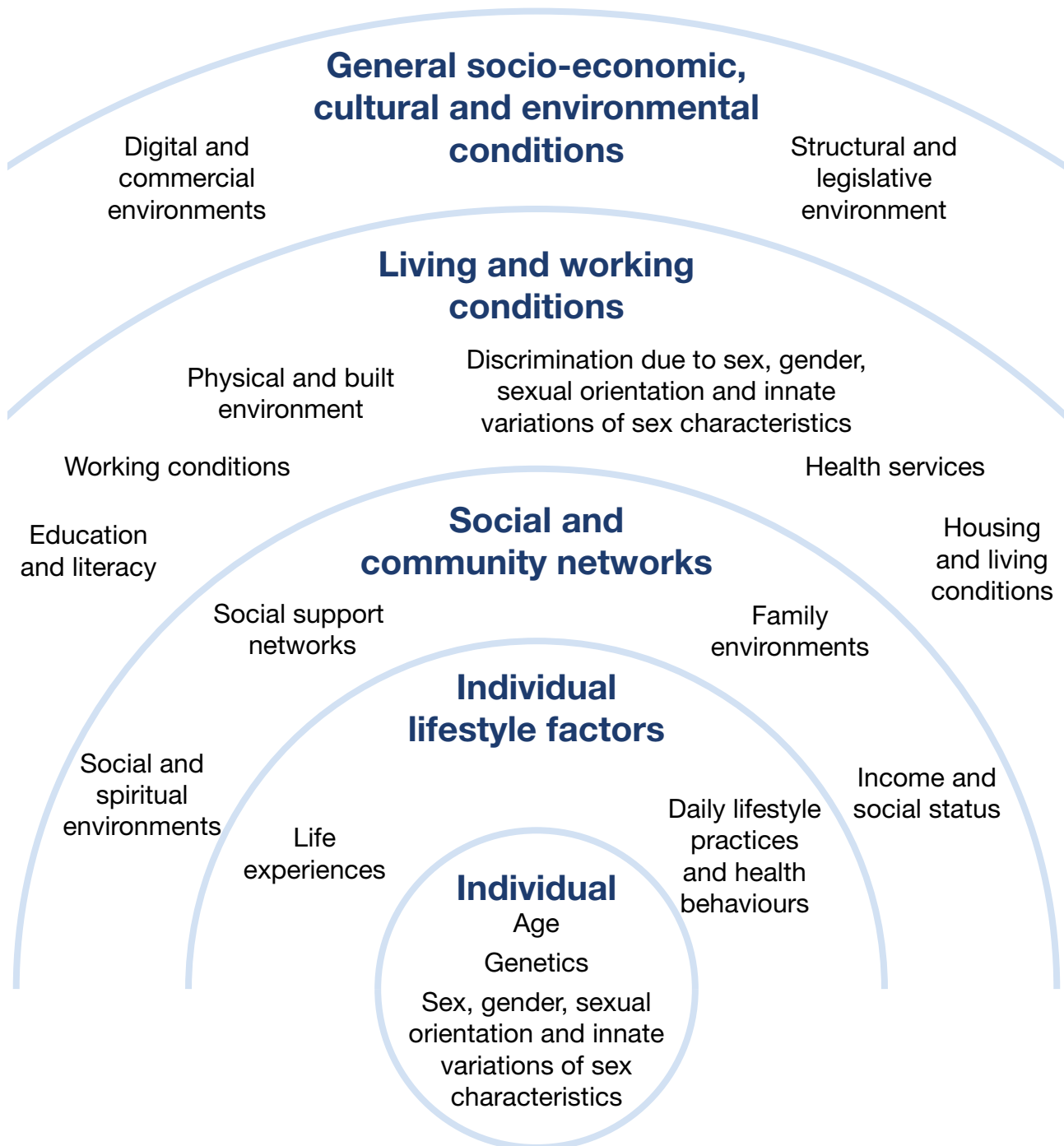
During consultation we heard the importance of improving the health literacy of LGBTIQ+ people and their families, carers and friends. Improving health literacy enables LGBTIQ+ people and their support networks to better understand their health care needs and treatment options and plans where appropriate.

Many factors contribute to health literacy. These include individual attributes of health and wellbeing including age, gender, education, disability, digital literacy, culture and language (see Figure 3). In addition, there is the health literacy environment. This includes the infrastructure, policies, processes, materials and relationships that make up the health system and have an impact on the way that people access, understand and apply health-related information and services.¹⁰

Improving health literacy will require improving how health information is delivered to ensure it is relatable, accessible, and culturally and linguistically appropriate to individuals and communities. Many of these factors are outside the control of the health system and the individual. As health literacy has strong interactions with the wider determinants of health, any action aimed at improving health literacy and the provision of health information needs to be implemented through an equity lens taking these various factors into account.

With this groundbreaking Action Plan, the Australian Government will assist LGBTIQ+ communities achieve health equity. It's a historic milestone that seeks to address persistent and unacceptable health and wellbeing disparities. Now, it's up to all of us to commit to its implementation and ensure everyone can thrive.

Ms Nicky Bath, Chief Executive Officer, LGBTIQ+ Health Australia

Figure 3. Factors that influence the health and wellbeing of LGBTIQ+ people

Adapted from Dahlgren. G and Whitehead M, 'The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows', *Public Health*, 2021, 199:(20-24), doi:10.1016/j.puhe.2021.08.009.

Figure 4. A snapshot of key health risk factors for LGBTIQ+ people in Australia

Mental Health

Almost 3 in 4 (73.2%) LGBTQA+ adults reported having ever been diagnosed with a mental health condition at some point in their lives. [1]

Almost 3 in 5 (57.2%) LGBTQA+ experienced high or very high psychological distress. [1]

2 in 5 (39.0%) LGBTQA+ young people identified as having a disability or long-term health condition (inclusive of mental health conditions). [2]

Almost 2 in 3 (62.1%) LGBTQA+ young people reported having ever self-harmed, and 2 in 5 (40.1%) had self-harmed in the past 12 months. [2]

Almost 3 in 4 (74.8%) LGBTQA+ people reported having ever considered attempting suicide at some point during their lives. [1]

Around 2 in 5 (41.9%) LGBTQA+ people reported that they had considered attempting suicide in the previous 12 months. [1]

Substance use

Gay, lesbian, and bisexual people were **2.4 times as likely as heterosexual people** to have used any substances in the previous 12 months (after adjusting for differences in age). [3]

Almost half (44.4%) of LGBTQA+ people reported using one or more drugs for non-medical purposes in the past 6 months. [1]

Alcohol use

Despite long term declines in risky drinking among gay, lesbian and bisexual people, they remain **more likely to consume alcohol at risky levels** than heterosexual people. [3]

Gay, lesbian, and bisexual people were **1.2 times as likely as heterosexual people** to consume alcohol at risky levels. [3]

Homelessness

Homelessness was related to being LGBTQA+ for **1 in 4 (25.7%)** of surveyed people. [1]

Around 1 in 5 (22.0%) LGBTQA+ people reported having ever experienced homelessness. [1]

Family, intimate partner and sexual violence

2 in 3 (64.9%) respondents had ever experienced family violence, not including intimate partner violence. [1]

LGBTIQ+ people with disability experience higher rates of intimate partner, family and sexual violence than LGBTIQ+ people without disability. [4]

Almost 1 in 2 (48.6%) LGBTQ+ people indicated having ever experienced sexual assault. [1]

Almost 1 in 10 (8.9%) LGBTQ+ people had experienced sexual assault in the past 12 months. [1]

3 in 5 (60.7%) LGBTQ+ people had ever experienced intimate partner violence. [1]

References

[1] AO Hill, et al., Private Lives 3: The health and wellbeing of LGBTIQ people in Australia, *ARCSHS Monograph Series*, No. 122, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, 2020, accessed 24 October 2024. <https://www.latrobe.edu.au/arcschs/work/private-lives-3>

[2] AO Hill, et al., Writing Themselves In 4: The health and wellbeing of LGBTQ+ young people in Australia. National report, *Monograph Series*, No. 124, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, 2021, accessed 24 October 2024. <https://www.latrobe.edu.au/arcschs/work/writing-themselves-in-4>

[3] Australian Institute of Health and Welfare, LGBT people's use of alcohol, tobacco, e-cigarettes and other drugs, AIHW website, 2024, accessed 24 October 2024. <https://www.aihw.gov.au/reports/lgbtiq-communities/lgbt-people-alcohol-drugs>

[4] AO Hill, et al., Violence, abuse, neglect and exploitation of LGBTQ+ people with disability: a secondary analysis of data from two national surveys, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, 2022, accessed 24 October 2024. <https://disability.royalcommission.gov.au/publications/violence-abuse-neglect-and-exploitation-lgbtqa-people-disability>



What the community told us

Consultation activities

The Action Plan has been designed in partnership with LGBTIQ+ communities, and their allies, carers, families and supporters.

The LGBTIQ+ Health and Wellbeing 10 Year National Action Plan Expert Advisory Group (Expert Advisory Group) was established by the Australian Government to ensure the development of this Action Plan was co-designed with community, in a culturally informed and sensitive way. Membership of the Expert Advisory Group included a diverse range of stakeholders working in the LGBTIQ+ health sector across Australia and was chaired by the Assistant Minister for Health and Aged Care and Assistant Minister for Indigenous Health, the Hon Ged Kearney MP. The Expert Advisory Group provided advice on the national consultation process as well as health and wellbeing issues that impact LGBTIQ+ people.

The government engaged two organisations, Health Equity Matters (formerly the Australian Federation of AIDS Organisations) and LGBTIQ+ Health Australia (LHA), to support national consultation with LGBTIQ+ people. They were commissioned to inform understanding of the unique health and mental health issues and barriers to accessing health care for LGBTIQ+ people. From this work, these organisations have produced two landmark reports, National Consultation on Health Care for LGBTIQ+ Communities and Rainbow Realities.

The National Consultation on Health Care for LGBTIQ+ Communities focused on the primary health care needs of LGBTIQ+ people and preferences for types of services and providers. This report identified and mapped current services and consulted with LGBTIQ+ people, community organisations and other services providing support to LGBTIQ+ people. This report also found

that LGBTIQ+ people want to be listened to, to be believed as the experts in their own bodies and experiences, and to access health care that is respectful and judgement-free.¹¹ These findings are informed by online and face-to-face consultations with over 200 people and a survey completed by 700 LGBTIQ+ people and 37 parents and/or caregivers of young LGBTIQ+ people.

The Rainbow Realities report is an in-depth analysis of key LGBTIQ+ data sets informed by more than 20,000 responses from LGBTQ+ people across Australia, and a wide range of intersectional backgrounds.¹² The Rainbow Realities report details pre-existing evidence and new analyses that have been thematically organised. These 10 themes relate to either a key determinant or contributing factor to LGBTQ+ health outcomes, or a topic of particular concern while still recognising many of these factors are also related and cannot be considered in isolation.

In addition, more than 26 LGBTIQ+ national consultation roundtables have taken place across every state and territory in Australia. These consultations provided a wealth of knowledge, bringing together people with lived experience, service providers, researchers and healthcare workers. Through the consultations, participants shared their stories and discussed key issues for LGBTIQ+ communities including mental health and suicide prevention, the unique needs of intersectional cohorts including First Nations people, migrants, culturally and linguistically diverse people, trans and gender diverse people, people with innate variations of sex characteristics, youth, older people, and people with disability.

While there have been improvements in rights and protections for LGBTIQ+ people over time, many LGBTIQ+ people still experience discrimination, persecution, hate, stigma, violence and trauma. Many of these experiences were shared during the consultation activities, including through the research that informed the Action Plan.^{13,14}

These experiences, and more, have been a key focus of the consultation process.

LGBTIQ+ people across Australia experience significantly poorer health outcomes than the general population. This Action Plan will provide the platform to shape the solutions we need to address the critical health disparities experienced by our communities.

Mr Dash Heath-Paynter, Chief Executive Officer, Health Equity Matters

Areas to improve

The health and wellbeing of LGBTIQ+ people is influenced by a range of partners and support networks. The actions to improve the health and wellbeing outcomes of LGBTIQ+ people in this plan are intended to be implemented in partnership with a variety of stakeholders. These include:

- LGBTIQ+ people, carers and families
- Communities
- All levels of government
- Non-government organisations including LGBTIQ+ community-controlled organisations
- Public and private health sectors, including healthcare providers
- Researchers and academics.

Throughout consultations, LGBTIQ+ people consistently reported not feeling safe in healthcare settings due to experiences of stigma or not being affirmed in their identity. This included misgendering, judgement of sexual history and being denied agency over their own sexual orientation or gender identity. When people did access services, some felt the information they were given was not relevant to them. This included lesbian women being asked to take pregnancy tests ahead of certain medical interventions.

Many participants in the consultations felt the health system evolved without consideration of the needs of LGBTIQ+ people. Barriers to accessing healthcare services include location, cost, capability of staff, safety, confidentiality, appropriateness and inclusivity, past negative experiences, or fear of negative experiences. Participants reported many healthcare providers do not understand the needs of LGBTIQ+ people or are not confident to provide safe and inclusive care. In some areas there are not enough workers to meet demand. This may be particularly pronounced for people living in rural, regional and remote areas.

There is a reason all the people I grew up with who officially came out, have moved away... It's easier to live in parts of the country that are more accepting.

Consultation participant, LGBTIQ+ safety in primary health care (Department of Health and Aged Care)

Many people reported being treated as 'abnormal' or oversexualised in healthcare settings. LGBTIQ+ people who have experienced discrimination or felt unsafe in a healthcare setting may delay seeking health care in the future. This can negatively impact their health and wellbeing.¹⁵ Throughout consultations, participants were clear that LGBTIQ+ accreditation across health services would enable people to identify safe and inclusive healthcare providers with relevant skills in LGBTIQ+ health care.

Research shows many LGBTIQ+ people delay or avoid routine cancer screening. This may be because they think mammograms or cervical screening are not for them.¹⁶ Trans, gender diverse people, and people with innate variations of sex characteristics may not receive appropriate and targeted screening reminders. Missing screening tests may mean cancer is diagnosed at a later stage when it is harder to treat.¹⁷

Private Lives 3 is Australia's largest national survey of the health and wellbeing of LGBTIQ people. This study has provided key information for health professionals, service providers, community organisations and governments to better understand and support the health and wellbeing of LGBTIQ people in Australia. Private Lives 3 reported, when asked how they prefer to access their healthcare, almost half of participants (46.9%) held a preference for a mainstream service known to be LGBTQA+

inclusive, and 21.4% held a preference for a service that only caters to LGBTQA+ people. These preferences are not uniform across LGBTIQ+ communities and are shaped by unique experiences with the health system.¹⁸ In another survey focused on trans young people, 60.1% of participants had experienced feeling isolated from medical and mental health services, which resulted in poor self-reported mental health outcomes.¹⁹

There are many shared needs and experiences across LGBTIQ+ communities. LGBTIQ+ people may experience a range of negative experiences in their lives from microaggressions where they are 'othered', to violence and incidents of trauma and harm. Many LGBTIQ+ people reported experiencing the cumulative and compounding impacts of psychological distress, stress and exhaustion in not only navigating the health system but from broader society. These experiences can contribute to more complex health and mental health needs. The impact of trauma may be lifelong and can impact the person, their emotions, and relationships with others.

There are also unique needs and experiences within LGBTIQ+ communities, including where there are intersecting identities. These unique needs and experiences can impact people's confidence and trust in healthcare settings. For example, some people with innate variations of sex characteristics experience long term mental and physical health impacts related to treatments or procedures they have previously undergone.

Improving the health and wellbeing of LGBTIQ+ Australians needs to become a national priority. Our communities, particularly transgender communities, experience poorer health outcomes when compared to the general population. It's time to transform our challenges into action and this 10 year plan aims to create a path forward for a healthier future. Our lives depend on it.

Jeremy Wiggins, Chief Executive Officer, Transcend Australia

What is working well

The Australian Government has been working hard to respond to and acknowledge the unique needs and challenges faced by LGBTIQ+ people across the health system. The government invests in a range of programs to support the health, mental health and wellbeing of LGBTIQ+ communities, including support for counselling, suicide prevention, palliative care, aged care and sexual health measures. The government welcomes feedback from LGBTIQ+ people on how programs can be improved to ensure they are accessible, safe and inclusive for the community.

LGBTIQ+ people are seen as a priority population in a number of strategies including the National Preventive Health Strategy 2021-2030, the National Drug Strategy 2017-2026 and the Primary Health Care 10 Year Plan 2022-2032.^{20,21,22} In addition, the specific needs of LGBTIQ+ people are considered in provision of services related to experiencing harm from substance use, the listing of PrEP (pre-exposure prophylaxis) on the Pharmaceutical Benefits Scheme (PBS) (particularly important for gay men) and more flexible access to Medicare Benefits Schedule (MBS) telehealth for sexual and reproductive health. Significant progress has been made to improve the accessibility of aged care services for LGBTIQ+ people including through LGBTI peak body funding for programs. For example, the Silver Rainbow training designed to improve the experiences of LGBTI people as they age and enter the Australian aged care system.²³ Until now, there has not been a health and wellbeing focused action plan for LGBTIQ+ people at a national level.

Figure 5. Relevant government strategies that have LGBTIQ+ people as a priority population



Progress on improving data is underway with the development of the joint National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF) Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research (Statement).²⁴ The Statement aims to improve health outcomes for all people in Australia by ensuring the evidence base that informs the healthcare system considers sex, gender, variations of sex characteristics and sexual orientation. The Statement encourages all health and medical research be consistent with the Australian Bureau of Statistics 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables and outlines that these variables should be considered in all research funded by the NHMRC and MRFF.

In 2024, 13 projects were awarded around \$22 million in funding through the MRFF to explore new models of care for sexuality and gender diverse people and people born with innate variations of sex characteristics. These research projects will point the way to positive change in critical areas so LGBTIQ+ people of all ages can receive care, without discrimination or fear, wherever they live.

The Australian Government provided \$10.2 million for a national campaign to raise awareness of the cervical screening self-collect option. Self-collection is when a person takes their own sample for cervical screening. It has great potential to remove cultural and personal barriers that may discourage some people from screening and improve equity in access to screening services, especially among First Nations people, culturally and linguistically diverse people, and LGBTIQ+ people.

This campaign is being delivered in partnership with organisations including ACON, who have been funded to deliver the advertising element of the campaign through their existing campaign, *Own It*. The *Own It* campaign empowers all people, regardless of gender, sexuality, cultural background, or ability, to make their cervical screening test their own by choosing how to screen.²⁵

Although prevention and treatment of HIV is not solely a priority for LGBTIQ+ people, many of the recommendations of the HIV Taskforce Report are in line with the areas for focus under the Action Plan. These include a focus on prevention, treatment and reducing stigma and discrimination.²⁶

There are also programs run by state and territory governments, community-led organisations and the hard work of academics and allies to meet the needs of LGBTIQ+ people across the country, based on local needs. What is working well at the local level and ways to expand pockets of excellence nationally have been explored in the literature and discussed throughout consultations. There have been many campaigns at the national and state and territory level aimed at increasing screening rates among LGBTIQ+ people. In Western Australia, a Stakeholder Communications Toolkit was designed to promote three cancer screening programs, for bowel screening, breast screening, and cervical screening to LGBTIQ+ communities.²⁷

Figure 6. Examples of opportunities to influence the LGBTIQ+ sector

Government initiatives

There have been many Government initiatives that improve the workforce, research and data on LGBTIQ+ communities, and provide LGBTIQ+ people with access to safe and inclusive preventive health services.

LGBTIQ+ community-controlled organisations

There are many LGBTIQ+ community-controlled organisations providing health promotion and education, and safe and appropriate services to LGBTIQ+ people.

Lived-experience is often at the core of service delivery under this model of care.

Additionally, LGBTIQ+ community-controlled organisations often provide resources that can help LGBTIQ+ people navigate the health system and identify inclusive and safe services.

Aboriginal Community Controlled Health Organisations (ACCHOs) are primary health care services initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate healthcare to the community which controls it. ACCHOs have served as great examples for other community-controlled organisations to learn from.

Events and programs for LGBTIQ+ communities

Events run by, and for, LGBTIQ+ communities are a powerful way to build connection, which is associated with better mental health outcomes.

Grassroots initiatives

Grassroots initiatives, including community groups, bring supports, allies, and LGBTIQ+ people together, to discuss common experiences, and advocate for LGBTIQ+ communities.

These initiatives may focus on specific intersectionalities, such as cultural background, to provide opportunities for connection and support that are more nuanced than larger scale initiatives.

Allyship

Individuals that actively support and advocate for LGBTIQ+ people play an important role in uplifting communities. Allyship can come from both within LGBTIQ+ communities and outside of it.

Health services that provide LGBTIQ+ safe and person-centred care can facilitate positive experiences for LGBTIQ+ people.

Non-LGBTIQ+ people can support the community by learning about important issues, calling out inappropriate behaviour, championing for inclusion and creating space for LGBTIQ+ voices.

Allyship within LGBTIQ+ communities exists through the support, understanding and respect of the diverse experiences of all people. This includes intersectional factors, such as gender, race, ability, sex, sexual orientation, variations of sex characteristics, and other social constructs.



Areas for focus

Figure 7. Five focus areas for action

The Action Plan was designed with five guiding principles to drive action to achieve its vision that **‘LGBTIQ+ people achieve equitable health and wellbeing outcomes with access to safe, respectful, high-quality and inclusive health and wellbeing services’**.

Through consultation processes with LGBTIQ+ communities, service providers and other stakeholders, we identified five focus areas that provide a framework to support system change to improve the health and wellbeing of LGBTIQ+ people. These focus areas are:

Build system wide leadership and cultural change**Strengthen preventive health, protective factors and build health literacy****Enhance accessibility, availability and safety of healthcare services****Ensure workforce capability and capacity across both mainstream and LGBTIQ+ led services****Improve research, data and evaluation**

Build system wide leadership and cultural change

What we are working towards

LGBTIQ+ people navigate a world that historically often excluded them from the mainstream experiences and support. Broad leadership is needed to champion cultural change and create the conditions in which LGBTIQ+ people can achieve optimal health and wellbeing. Some progress is already being made towards this, with the development of the Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research (Statement). The Statement reflects a joint commitment to health equity from the Australian Government's major health and medical research funders and acknowledges that every Australian has the same right to be included in safe, high-quality research that informs health care.

Done well, progress under this focus area will mean:

- Mechanisms to involve LGBTIQ+ people in meaningful ways are co-designed and embedded in health policy guidance and training.
- The needs and experiences of all LGBTIQ+ people are routinely considered during policy or planning work and LGBTIQ+ people, including First Nations LGBTIQ+ people, are represented and have a say in design and development.

Progress will be achieved through the delivery of the below strategic actions.

Action 1: Establish strong leadership within the Australian Government to champion diversity and inclusive behaviours

a. Embed people with lived experience in governance groups across the Department of Health and Aged Care and broader government

- Establish mechanisms to involve LGBTIQ+ people meaningfully and routinely in governance activities so that lived experience is embedded into decision-making, consistent with the National Lived Experience Workforce Development Guidelines.²⁸
- Leverage the Action Plan across the Australian Public Service to promote government agencies to build and sustain strong workforces that are inclusive of LGBTIQ+ employees, consistent with similar efforts to improve the inclusive support provided by the broader health workforce.

b. Ensure LGBTIQ+ people are engaged on issues that impact them

- Where funding and policies highlight LGBTIQ+ people are a priority population for engagement, work should be progressed in a partnership approach with LGBTIQ+ peak bodies and community as per the National Consumer Engagement Strategy for Health and Wellbeing (to be published shortly).
- Support LGBTIQ+ health organisations to act as sector leaders and build capacity and upskill the broader health sector.
- Ensure LGBTIQ+ people are represented on advisory structures where relevant.

Action 2: Ensure LGBTIQ+ people are recognised as priority populations

a. Ensure LGBTIQ+ people are recognised as priority populations in Australian Government policies, strategies, and action plans

- Embed routine consultation with LGBTIQ+ people on policy and program delivery where it impacts LGBTIQ+ people with the aim to achieve equity in health and wellbeing access and outcomes, with a focus on hard-to-reach populations within LGBTIQ+ communities.

b. Improve coordination across government to better meet the needs of LGBTIQ+ people

- Harness cross-jurisdictional and government working groups and forums to improve coordination of efforts and awareness of policies and programs to support LGBTIQ+ people. This would enable sharing of information about existing and emerging policies and programs, including how local programs may be applicable in other jurisdictions or expanded at the national level.

c. Develop and apply consistent language to refer to LGBTIQ+ people in Australian Government materials to support reducing stigma experienced by community

- Promote appropriate and inclusive language for Australian Government materials and health promotion activities, which reflects and normalises the diverse identities and characteristics of LGBTIQ+ communities. Regularly consult with LGBTIQ+ people to update terminology to reflect evolving language.

Refer to [Appendix A](#) for terminology used within this Action Plan.

Action 3: Support and drive consistency in key models of care and to establish best practice frameworks

a. Improve national consistency and uptake of best practice frameworks of support where possible

- Actively look for opportunities to identify, amplify, support and scale up good practice to improve outcomes for LGBTIQ+ people across Australia. This will ensure LGBTIQ+ people can access appropriate health care across all parts of the health system, no matter where they live.
- Acknowledge people's needs and therefore what constitutes best practice differs based on many factors including location, age and cultural background.

b. Develop guidelines to support evidence-based health care for LGBTIQ+ people where there are gaps or identified needs

- Build partnerships between LGBTIQ+ community sector leaders, medical colleges and professional bodies, co-design approaches and respond effectively to the needs of LGBTIQ+ people.
- Explore opportunities to work with medical colleges, relevant professional bodies, and the National Health and Medical Research Council to develop new evidence-based guidelines where there is identified need to support the health and wellbeing of LGBTIQ+ people.

- Be led by people with lived experience when developing guidance to support clinical practice, in partnership with professional colleges and LGBTIQ+ community-led organisations.
- Explore opportunities with states and territories including through consideration of findings from the Australian Human Rights Commission's *Ensuring health and bodily integrity* report²⁹ to improve protections and care for people with innate variations of sex characteristics.

Strengthen preventive health, protective factors and build health literacy

What we are working towards

People can experience their best health and wellbeing when they feel comfortable in their identity and body, understand their health needs and are proactive in seeking support. Building foundations for LGBTIQ+ people by fostering community connections and supporting prevention activities which recognise the key health and wellbeing factors impacting LGBTIQ+ communities are critical to building the health literacy of consumers and the health workforce.

Done well, progress under this focus area will mean:

- LGBTIQ+ people achieve better health outcomes through strategies to address modifiable risk factors such as alcohol, tobacco and other drug use, physical activity and nutrition.
- Prevention and health promotion activities are targeted and tailored in partnership with LGBTIQ+ community-controlled organisations to support LGBTIQ+ people in ways that acknowledge their diversity.
- There are improved community connections and reduced isolation and loneliness among LGBTIQ+ people which will contribute to improved mental health and wellbeing outcomes.
- Effective, strengths-based health promotion materials are readily available and targeted to consumers, the people who care for them and the community at large.
- There are more safe, inclusive and appropriate spaces for LGBTIQ+ people.

Progress will be achieved through the delivery of the below strategic actions.

Action 4: Reduce modifiable risk factors and improve preventive health measures

a. Prevent and minimise social, cultural and economic harms among LGBTIQ+ people with a focus on alcohol, tobacco, e-cigarettes and other drugs

- This will be supported through the development of resources and initiatives, in partnership with LGBTIQ+ community-controlled organisations in line with the National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029³⁰.
- In addition, ensure relevant prevention and health promotion efforts are appropriate for LGBTIQ+ people and reaches intended audiences.

b. Building opportunities outside the health system for people to be involved in preventive health activities, harness a sense of community and reduce social isolation

- Promote opportunities to encourage physical activity and reduce social isolation including community sport, which builds community connection and supports good health and wellbeing.
- Develop health promotion materials for specific settings such as community sport, as well as materials for LGBTIQ+ people across the life course. Ensure materials provide clear and accurate information that focuses on how to improve health and wellbeing across the life course.

c. Ensure LGBTIQ+ people are supported in preventive health activities such as screening programs to reduce modifiable risk factors

- Explore new and more flexible approaches, including adapting existing resources or screening, to make screening for cancer and other diseases more accessible for LGBTIQ+ people, with a focus on areas where they are often under-screened.
- Resources should clarify where there is a link between eligibility for screening and variables such as sex, gender, sexual orientation or variations of sex characteristics and are inclusive and accessible. Where relevant, there are targeted campaigns for LGBTIQ+ people.

d. Support primary care providers, and administrative and support staff (such as practice managers) to increase their patients' screening rates

- Exploring opportunities to support the broader primary care workforce with necessary skills, including through training where appropriate, to ensure they encourage and support people to engage in appropriate screening programs, in line with the aims of the National Preventive Health Strategy.³¹

Action 5: Foster community connections within and across LGBTIQ+ communities

a. Amplify and explore opportunities to promote activities and safe places for LGBTIQ+ people, in partnership with LGBTIQ+ community organisations

- Social stressors and isolation can lead to poorer mental health and wellbeing outcomes. Create community connections across Australia (in person and online) to promote healthy lifestyles and reduce social isolation. This could include:
 - Tailored support for younger and older people, including through access to platforms such as peer support.
 - Community events and education, including in First Nations communities to reduce stigma and foster connections with First Nations LGBTIQ+ people, in partnership with local community to create opportunities for families, carers, advocates and others to come together to support LGBTIQ+ people.
- Supporting the growth of LGBTIQ+ community-controlled organisations, including those that represent diverse intersectional identities and experiences.

b. Support national peer and family support services for LGBTIQ+ people

- National peer and family support services should be supported for all LGBTIQ+ people. Explore opportunities to support and bolster existing services and supports in partnership with organisations led and controlled by LGBTIQ+ people.

Action 6: Improve the health literacy of (and about) LGBTIQ+ people

a. Develop evidence-based health literacy resources so LGBTIQ+ people have access to and understand how to manage their health and wellbeing through preventive action across the life course

- Develop health promotion activities so LGBTIQ+ people, their families, carers, advocates and healthcare providers understand and can articulate the health needs of LGBTIQ+ people across the life course. This will support action 4, to reduce modifiable risk factors and improve preventive health measures. These resources must be accessible, reflect the diversity and intersectionality of the community, be developed in partnership with the communities and provided in various languages.

Enhance accessibility, availability and safety of healthcare services

What we are working towards

LGBTIQ+ people are entitled to feel safe when accessing health and wellbeing services and should be able to access the services that they need when they need them.

Done well, progress under this focus area will mean:

- People feel safe to share their gender, sexual orientation, and variations of sex characteristics, at their discretion, when relevant to their health care.
- Improved access to suitable health and wellbeing services for LGBTIQ+ people, in terms of both geographic access and timeliness of care, including peer-led services.
- Improved visibility of health services for LGBTIQ+ people in both mainstream and LGBTIQ+ community-led health settings through expanding inclusive accreditation.
- Reduced barriers to health care. The Action Plan encourages activities to support subgroups to overcome unique challenges accessing health care, such as helping migrants access services that meet cultural and language needs and are LGBTIQ+ inclusive.
- Greater recognition and respect of LGBTIQ+ people's rights and improved access to person-centred care.
- There is increased awareness, competence and confidence among consumers and the people who care for them to navigate the health system and access care that meets their health needs.

Progress will be achieved through the delivery of the below strategic actions.

Action 7: Build capacity and scale of health and wellbeing services for LGBTIQ+ people

a. Support LGBTIQ+ community-controlled organisations providing targeted care and support across LGBTIQ+ communities

- Support LGBTIQ+ community-controlled health services providing safe, inclusive and integrated care to LGBTIQ+ people. This includes, but is not limited to general practice, mental health and wellbeing, substance use, sexual and reproductive health care, and family, domestic and sexual violence services.

b. Support Aboriginal Community Controlled Health Services and Primary Health Networks to improve access to services for First Nations LGBTIQ+ people

- Bolster and support services that provide physical and psychological safety to LGBTIQ+ consumers. Work in partnership with First Nations LGBTIQ+ organisations to deliver more support services to LGBTIQ+ people, especially people living in rural and remote Australia. This includes providing pathways into and building cultural safety of existing LGBTIQ+, First Nations and mainstream services.

c. Support services providing health care for LGBTIQ+ people to demonstrate their skills through accreditation, peer support and training material

- Support the upskilling of healthcare providers and enable LGBTIQ+ people to identify and access safe and inclusive services, through evidence-based, community-informed accreditation for the provision of LGBTIQ+ health care.

- Highlight services that demonstrate excellence in inclusive LGBTIQ+ care by mapping and promoting organisations, including mainstream services holding relevant LGBTIQ+ accreditation.

Action 8: Support LGBTIQ+ people navigating through the health system

a. Improve referral pathways and service integration

- Ensure coordination points such as nurse or peer navigators are responsive to LGBTIQ+ people's needs in navigating the health system. This includes exploring opportunities to work with state and territory governments and Primary Health Networks to ensure local referral pathways for specialist LGBTIQ+ services are in place.
- Improve referral pathways from mainstream health services, such as mental health services, to LGBTIQ+ specific or specialist services.

b. Ensure national health telephone lines resourced by the Australian Government are appropriate for LGBTIQ+ people

- All staff should be trained to provide appropriate information to LGBTIQ+ people including relevant referral pathways, such as mental health supports.

Action 9: Support LGBTIQ+ people to access appropriate family, domestic and sexual violence supports

a. Ensure family, domestic, and sexual violence responses include targeted supports for LGBTIQ+ people

- All LGBTIQ+ people, including First Nations and culturally and linguistically diverse LGBTIQ+ people should have access to culturally safe and trauma-informed family, domestic, and sexual violence support services. This includes protections and services for older people experiencing abuse (elder abuse).

Action 10: Minimise barriers to accessing LGBTIQ+ inclusive care

a. Ensure mechanisms exist to remove barriers to accessing support

- Where possible and practical, review language in health policy to ensure there are no unintended barriers to LGBTIQ+ people accessing health and wellbeing care.
- Facilitate the Medical Services Advisory Committee's consideration of applications which request funding for private services to be listed on the MBS.
- Work across the Australian Government to reduce silos in healthcare support for LGBTIQ+ people, such as in residential care, palliative care, aged care and disability services.

b. Work with state and territory governments to simplify prescribing arrangements for select medicines used by LGBTIQ+ people

- In line with recommendation 3 of the HIV Taskforce Report³², work with relevant regulatory bodies, clinical workforce, community organisations, and state and territory governments to improve access to essential medicines, such as pre-exposure prophylaxis (PrEP) for HIV and hormones, for LGBTIQ+ consumers.

c. Support LGBTIQ+ people living in rural and remote communities to access telehealth

- Actively consider how to balance the needs of LGBTIQ+ people living in rural and remote Australia with effective and safe clinical care which meets the needs of this patient population. This action is consistent with recommendations from the recently completed review into telehealth services.

Action 11: Ensure mental health and suicide prevention services are culturally safe and responsive to the needs of LGBTIQA+ people

a. Improve capacity of mainstream mental health services to offer culturally safe, person-centred and adaptive mental health care to LGBTIQA+ people

- Ensure mainstream mental health services commissioned by the Commonwealth meet LGBTIQA+ people's needs, are culturally safe and have capacity to meet growing demand.
- Work with Primary Health Networks and states and territories to support capability-building and information sharing to improve capacity of mental health services at local levels.

b. Explore opportunities to build the capacity of community-controlled LGBTIQA+ mental health services to meet growing demand

- Support LGBTIQA+ community-controlled mental health services and encourage partnerships with mainstream mental health services.
- Support organisations delivering peer support services for LGBTIQA+ people.

c. Increase access and availability of safe and appropriate suicide prevention services for LGBTIQA+ people

- Ensure LGBTIQA+ people continue to be considered in national suicide prevention and First Nations suicide prevention strategies.

- Increase the availability of safe and appropriate suicide prevention services for LGBTIQA+ people, including provision of tailored, culturally safe suicide prevention services for First Nations LGBTIQA+ communities.
- Facilitate improved bereavement support services for LGBTIQA+ people, including through providing safe spaces for LGBTIQA+ people bereaved by suicide to find support and connection and improving postvention service capacity.
- Ensure aftercare services appropriately support LGBTIQA+ people to transition from crisis services to community-based support services.

Ensure workforce capability and capacity across both mainstream and LGBTIQ+ led services

What we are working towards

The Australian Government is committed to the delivery of inclusive, safe and high-quality health care for all Australians. To achieve this, the health workforce provides tailored support to meet the unique and often complex health needs of a range of priority populations, including First Nations people, women, culturally and linguistically diverse people, and LGBTIQ+ people. Health professionals should be equipped with the relevant knowledge and skills to support all communities.

Many areas of the health workforce across both mainstream and LGBTIQ+ led services already deliver inclusive, safe, and culturally appropriate care. However, there is a clear need to upskill the health workforce and increase capacity to meet the health and wellbeing needs of LGBTIQ+ communities. Health professionals across the country should be equipped to provide high-quality care to LGBTIQ+ people from the time they undertake their initial training, through to ongoing continuing professional development opportunities. Where able, this training should build on the expertise of the LGBTIQ+ community-controlled sector and expand existing training to increase capability and recognition of inclusive health care. There are also some health and wellbeing services accessed by LGBTIQ+ people that require specialist expertise. The Department of Health and Aged Care will collaborate with key stakeholders to support the pipeline of skilled, capable and culturally safe health professionals.

Done well, progress under this focus area will mean:

- Newly trained health professionals, including those who have completed university, vocational education and training and fellowship training, understand LGBTIQ+ people's needs and experiences and are trained to ensure services are delivered in a culturally safe way.
- Healthcare services (at both mainstream and LGBTIQ+ community-led services) demonstrate a higher level of commitment to continuous development and provision of quality care for LGBTIQ+ people, including through formal training.
- Specialist LGBTIQ+ care (including for mental health and sexual and reproductive health) is more readily available.

Progress will be achieved through the delivery of the below strategic actions.

Action 12: Build a pipeline of culturally safe and inclusive health and wellbeing workers

a. Promote LGBTIQ+ specific health care needs in workforce planning

- Leveraging existing workforce strategies^b, seek to:
 - Ensure LGBTIQ+ representation in governance bodies to consider how workforce capacity building initiatives respond to the needs of LGBTIQ+ people.
 - Capture information on supply and demand of services that are frequently used by LGBTIQ+ people.
- Give adequate consideration of pathways to specialise in areas of LGBTIQ+ health where there is a current lack of clinicians.
- Support promotion of LGBTIQ+ health resources and training to support LGBTIQ+ people including on specific issues, such as disclosure of sexual orientation, gender diversity appropriate conversations and supporting people with innate variations of sex characteristics.
- In line with recommendation 18 of the HIV Taskforce Report³³, work with health-sector partners to enhance education, training and development materials and guidelines to promote current and emerging technologies in HIV prevention, testing and treatment, and in the delivery of culturally safe LGBTIQ+ health services.

b. In consultation with LGBTIQ+ community representatives and people with lived experience, bring together medical colleges and equivalent bodies to ensure content of programs of study for health and wellbeing practitioners reflects the diverse and intersectional needs of LGBTIQ+ people

- In line with key action 3 under the National Roadmap for Improving the Health of People with Intellectual Disability,³⁴ bring together relevant stakeholders to develop and embed content on intellectual disability competencies, curricula content and tools in disability health, as well as reflect other intersectional needs of LGBTIQ+ people.
- Where appropriate, allow accreditation of LGBTIQ+ health in programs of study for health and wellbeing practitioners. This includes professional organisations, medical colleges, universities, council deans, nursing and allied health bodies, accreditation bodies, regulators, LGBTIQ+ community organisations and aged care training providers.

c. Ensure internationally trained health practitioners are educated on LGBTIQ+ inclusive cultural norms as part of registration

- Work with health and aged care workforce accrediting bodies to explore how their work with international health practitioners applying for registration can be leveraged to build familiarity around Australian cultural norms and expectations of working with LGBTIQ+ colleagues and consumers.

^b This includes the National Medical Workforce Strategy 2021-2031, National Allied Health Workforce Strategy (in development), National Nursing Workforce Strategy (in development) and Australia's Aged Care Workforce Strategy.

Action 13: Upskill the existing workforce to ensure responsive and safe care

a. Encourage the review and update of continuous professional development materials to reflect the diverse and intersectional needs of LGBTIQ+ people

- Work with LGBTIQ+ organisations, professional colleges and other stakeholders to create continuous professional development training focused on meeting the needs of and improving outcomes for LGBTIQ+ people. This includes training that reflects the diversity of the community and intersectionality, in line with the National Aboriginal and Torres Strait Islander Health Plan³⁵.
- Work with organisations, peak groups, and regulators with education functions to improve awareness and capability of health care, in a culturally safe way. This includes resources on the unique needs and barriers to accessing health care for people with innate variations of sex characteristics in line with findings from the Australian Human Rights Commission's *Ensuring health and bodily integrity* report.³⁶

b. Upskill peer workers as key practitioners in health and mental health services for LGBTIQ+ communities

- Peer workers can play a key role across health and mental health settings. Noting the high rates of LGBTIQ+ people experiencing poor mental health, LGBTIQ+ people should be included as a priority population that would benefit from the National Mental Health and Suicide Prevention Peer Workforce Association and be consulted in its design.

c. Work with relevant professional and peak bodies to review and update clinical guidelines to ensure they are inclusive of LGBTIQ+ people

- Through existing engagement and partnership work, encourage peak bodies to consider the needs of LGBTIQ+ people in their education efforts and co-design with community.
- Ensuring screening guidelines³⁷, health information and resources are appropriate for LGBTIQ+ people, for example, not assuming all people will become sexually active or basing eligibility for screening on the gender someone may present as.
- Developing assessment tools that are inclusive and appropriate for LGBTIQ+ people and ensure that only medically relevant questions are asked and where there is a need to ask questions on gender, sexual orientation or variations of sex characteristics, how this information will be used and stored is explained.

Improve research, data and evaluation

What we are working towards

There are challenges in collecting and reporting on data on 'hard to reach' subgroups because of relative sample size and limited understanding of individual communities' experiences. There are some discrete surveys conducted in Australia that demonstrate robust data governance practices and provide a snapshot of the health and wellbeing needs of LGBTIQ+ people.

A contemporary health and wellbeing system is contingent on high-quality data and evaluation mechanisms. LGBTIQ+ people need to be routinely represented in datasets and their information used strategically to drive positive health and wellbeing outcomes. As the custodian of many national datasets, the Department of Health and Aged Care and its portfolio agencies are vital in establishing expectations around data design, collection, analysis, reporting and use.

Done well, progress under this focus area will mean:

- LGBTIQ+ people feel accurately represented in and have greater access to data and research, including those who have not been historically captured in data in meaningful ways.³⁸
- More complete data regarding LGBTIQ+ people is available and evaluated, including data that recognises the diversity of various subpopulations within LGBTIQ+ communities such as people with disability and culturally and linguistically diverse people.
- Progress in LGBTIQ+ health, mental health and wellbeing can be monitored and assessed over time.
- There is greater generation of policy-relevant research and evaluation of whether LGBTIQ+ services and policies are improving LGBTIQ+ people's health and wellbeing outcomes.
- The needs and experiences of LGBTIQ+ people are more consistently considered in policy, planning and investment decisions by the Australian Government and other bodies.

Progress will be achieved through the delivery of the below strategic actions.

Action 14: Improve collection, disaggregation and publication of LGBTIQ+ data across health and wellbeing datasets

a. Be guided by the Australian Bureau of Statistics (ABS) 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables³⁹ (2020 Standard) in the design of Australian Government population health datasets

- Test potential application of the 2020 Standard to health datasets to determine if application would lead to the collection of high-quality data.
- Work with relevant agencies and the community to ensure the ABS 2020 Standard and other community focused surveys support an accurate understanding of LGBTIQ+ people's experiences and behaviours including those who do not identify as part of LGBTIQ+ communities, such as men who have sex with men.
- Work with LGBTIQ+ communities to identify and address gaps in data and research to improve future population health datasets.

Action 15: Ensure data is used routinely in policy and planning activities

a. Refresh the Primary Health Network Program Needs Assessment Guide

- Consider updating the guide to understand and address the prevalence and diverse needs of LGBTIQ+ people across Australia and ensure that commissioning behaviours reflect these needs.

b. Introduce requirements for Australian Government health and wellbeing grant recipients to demonstrate consideration of LGBTIQ+ people, where appropriate

- Introduce requirements for grant recipients to demonstrate an awareness of LGBTIQ+ people as members of priority populations (where appropriate) to ensure their needs and preferences are accounted for in investment decisions.

c. Ensure all policy and programs evaluate impacts on LGBTIQ+ people, where appropriate

- Where appropriate, include metrics in evaluation frameworks to measure and report on the impact of health and wellbeing services commissioned by the Commonwealth, including uptake by LGBTIQ+ people, in line with the ABS 2020 Standard.⁴⁰

Action 16: Promote and facilitate research that builds the evidence base and addresses knowledge gaps

a. Define national research priorities for LGBTIQ+ health and wellbeing

- Continue to promote and facilitate projects aimed at improving the health (including mental health) and wellbeing of LGBTIQ+ people, including through the Medical Research Future Fund.
- Ensure LGBTIQ+-focused services and community-led organisations have access to data so that the needs and experiences of LGBTIQ+ people are more consistently considered in policy, planning and investment decisions by not just the Australian Government but other bodies.

b. Promote data, research and systems that address gaps in understanding of LGBTIQ+ people's health care experiences and outcomes

- Support the continuation and use of existing research studies that collect vital data on LGBTIQ+ people's health and wellbeing including health outcomes and quality of service provision.
- Work with LGBTIQ+ community organisations and researchers to build evidence and understanding of health and wellbeing outcomes where data is currently limited.
- Support improvements in administrative systems and processes to allow LGBTIQ+ patient data to be collected, where appropriate, maintaining safety and security.



Monitoring and evaluating progress

Monitoring and evaluating progress

The areas for focus and actions under this Action Plan will drive improvements in the health (including mental health) and wellbeing of LGBTIQ+ people in Australia over the next decade and beyond. Some of these actions can happen now, while others will be opportunities over the 10 year period of the Action Plan. In some instances, this is because they are dependent on the outcome of an earlier action. Ongoing monitoring and evaluation are important to ensure the Australian Government and its delivery partners are delivering outcomes for LGBTIQ+ people as effectively, efficiently and sustainably as possible.

Evaluation and continuous improvement

Monitoring the implementation of this Action Plan will require a coordinated national effort and engagement across all levels of government and community organisations. Monitoring and evaluation will be incorporated into the implementation plan to guide the progress reviews of this Action Plan. A mid-point review will be undertaken in 2029-30 to assess progress. An end-point review will be conducted in 2034–2035 to assess achievements arising from the Action Plan and determine areas of improvement to inform the development and implementation of the next iteration of the Action Plan.

Implementation

An implementation plan will be developed to guide the execution of this Action Plan.



Appendix A – Terminology

This appendix provides definitions of the terminology and acronyms used throughout this document and in communities. This list is not comprehensive and does not reflect all LGBTIQA+ identities and intersectional experiences. While the definitions below are widely accepted^c, we acknowledge that they do not reflect all experiences and that LGBTIQA+ people are able to identify with whichever terms they feel most comfortable.

Asexual/Ace: Asexual people experience little to no sexual attraction. People who identify as asexual can still experience romantic attraction across the sexuality continuum. While asexual people may not experience sexual attraction, this does not necessarily imply a lack of libido or sex drive. ‘Ace’ may also be used.

Aromantic/Aro: Refers to individuals who do not experience romantic attraction. Aromantic individuals may or may not identify as asexual. ‘Aro’ may also be used.

Bi+: An individual who is sexually and/or romantically attracted to people of the same gender and people of another gender. Bisexuality does not necessarily assume there are only two genders.

The terms ‘Bisexual’ or ‘Bi’ may also be used.

Brotherboy/Sistergirl: Terms used in some First Nations communities to describe trans and gender diverse people. How these terms are used can differ between locations, countries, and nations.

Cisgender/Cis: The cisgender (cis) experience of gender is defined for persons whose gender is the same as the sex that was recorded for them at birth. ‘Cis’ is a Latin term meaning ‘on the same side as.’

Culturally and linguistically diverse (CALD): A term usually used in government policy in Australia. It means a person who has one, some or all the following characteristics or identities:

- are from, or have a parent from, a country/ies other than Australia,
- have a diverse cultural background whose heritage/ancestry, or race, is from places other than England, Scotland, Ireland, or Wales,
- may speak other languages at home besides English or,
- follow religions, traditions, values, and beliefs outside of the majority Christian and Atheist beliefs in Australia.

The acronym ‘CALD’ may also be used in place of culturally and linguistically diverse.

^c Definitions have been drawn from both the Australian Institute of Family Studies **LGBTIQA+ glossary of common terms**, and the **ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables**.

Elder abuse/Abuse of an older person: Abuse of an older person, also referred to as elder abuse, is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.⁴¹

Family, intimate partner/domestic and sexual violence⁴²:

- **Family violence** is a broader term than domestic violence, as it refers not only to violence between intimate partners but also to violence perpetrated by parents (and guardians) against children, between other family members and in family-like settings. Family violence is also the term Aboriginal and Torres Strait Islander peoples prefer because of the ways violence occurs across extended family networks. Family violence can also constitute forms of modern slavery, such as forced marriage and servitude.
- **Intimate partner violence**, also commonly referred to as ‘**domestic violence**’ refers to any behaviour within an intimate relationship (including current or past marriages, domestic partnerships or dates) that causes physical, sexual or psychological harm. Intimate partner violence can also occur outside of a domestic setting, such as in public and between 2 people who do not live together.
- **Sexual violence** refers to sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. It occurs any time a person is forced, coerced or manipulated into any sexual activity. Such activity can be sexualised touching, sexual abuse, sexual assault, rape, sexual harassment and intimidation and forced or coerced watching or engaging in pornography. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature. Forms of modern slavery, such as forced marriage, servitude or trafficking in persons may involve sexual violence.

Gay: An individual who is sexually and/or romantically attracted to other people of the same gender. The term gay is commonly used to refer to men, but many women also identify as gay (see ‘lesbian’).

Gay/LGBTIQ+ “panic” defence: The gay (or broader LGBTIQ+) “panic” defence is a legal strategy where defendants charged with a violent crime/s weaponize their victim’s real or perceived sexual orientation or gender identity/expression to reduce or evade criminal liability.⁴³

Gender: Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience for example, as a man, woman or non-binary person.⁴⁴

Gender affirmation: An umbrella term for a range of actions and possibilities involved in a person living, surviving, and thriving as their authentic gendered selves.⁴⁵ This may involve social, medical and/or legal steps that affirm a person’s gender.

Gender diverse: An umbrella term for a range of genders expressed in different ways. Gender diverse people use many terms to describe themselves. Language in this area is dynamic.

Heteronormativity: The view that heterosexual relationships are the natural and normal expression of sexual orientation and relationships.

Intersectionality: Intersectionality describes how the many different ‘parts’ that make up a person’s identity or circumstance combine and compound to shape people’s life experiences, including of discrimination. For example, age, cultural background, disability, gender identity, sexuality, location and many other factors can also be very important to a person’s identity and influences their health and wellbeing needs. Intersectionality is a way of seeing the whole person and recognising that different parts of a person should not be considered in isolation.

Intersex: See ‘People with innate variations of sex characteristics’.

Lesbian: An individual who identifies as a woman and is sexually and/or romantically attracted to other people who identify as women.

LGBTIQ+: The acronym LGBTIQ+ has been used to describe lesbian, gay, bisexual/bi+, trans and gender diverse, people with innate variations of sex characteristics, queer, asexual/aromantic and other sexuality and gender diverse people and communities throughout this document. Other variations of the acronym are used only when referencing other sources.

LGBTIQ+ community-controlled organisation: LGBTIQ+ community-controlled organisation means an organisation that:

- a. has been initiated by, is governed by and operated by LGBTIQ+ people for LGBTIQ+ people,
- b. is based within those communities and delivers culturally appropriate and safe services that build strength and empowerment in LGBTIQ+ communities,
- c. is accountable to its members, who are the LGBTIQ+ community.

Not all LGBTIQ+ community-controlled organisations will focus on all LGBTIQ+ communities. For example, some organisations may or may not focus on targeted populations, such as people with innate variations of sex characteristics.

Mainstream services: Services delivered by providers that do not fall into the category of LGBTIQ+ community-led organisations. These include both public and private services.

Misgendering: An occurrence where a person is described or addressed using language that does not match their gender identity. This can include the incorrect use of pronouns (e.g. she, he, they), familial titles (e.g. dad, sister, uncle, niece) and, at times, other words that traditionally have gendered applications.

Multi-gender attracted: People who are attracted to multiple genders. Multi-gender attracted people may or may not identify as bi+ or pansexual.

Non-binary: Non-binary is an umbrella term describing gender identities that do not conform to traditional binary beliefs about gender.

Pansexual: An individual whose sexual and/or romantic attraction to others is not restricted by gender. Pansexuality can include being sexually and/or romantically attracted to any person, regardless of their gender identity.

People who are experiencing harm from substance use: Substance use describes the use of illegal, prescription or over the counter drugs for purposes other than those they are intended for or in excessive amounts, increasing a person's risk of associated physical and mental health issues. Risk of harm from substance use is associated with a range of complex factors including history of trauma, socioeconomic status, stress, history of mental illness and other environmental and social factors.

People with disability: Disability is an umbrella term for impairments, activity limitations and participation restrictions, all of which can interact with a person's health condition(s) and environmental and/or individual factors to hinder their full and effective participation in society on an equal basis with others. There are varying degrees of disability—from having no impairment or limitation to a complete loss of functioning. It can be associated with genetic disorders, illnesses, accidents, ageing, injuries or a combination of these factors.⁴⁶

People with innate variations of sex characteristics: Refers to people with innate genetic, hormonal, or physical sex characteristics that do not conform to medical norms for female or male bodies. Other umbrella terms include 'variations of sex characteristics', 'Differences of Sex Development' (DSD) and 'intersex'.⁴⁷

Queer: A term used to describe a range of sexual orientations and gender identities. The term queer is now often used as an umbrella term to describe the full range of LGBTIQ+ identities by younger people. However, the term should be used with sensitivity noting many older LGBTIQ+ people still associate the term with derogatory use and trauma.

Sex/Sex recorded at birth: A person's sex is based upon their sex characteristics, such as their chromosomes, hormones, and reproductive organs. While typically based upon the sex characteristics observed and recorded at birth or infancy, a person's sex can change over the course of their lifetime and may differ from their sex recorded at birth. The terms sex and gender are interrelated and often used interchangeably, however they are two distinct concepts.⁴⁸

Trans and gender diverse/Trans: The trans and gender diverse experience of gender is defined for persons whose gender is different to the sex that was recorded for them at birth.⁴⁹ Not all trans people will use this term to describe themselves.

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