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WWILD-SVP Association Inc.

Working Alongside People with Intellectual and Learning Disabilities.

Submission from the Queer and Disability Services and Professionals Network for the Queensland Parliamentary Inquiry into Social Isolation and Loneliness, 2021

(Authored by WWILD Sexual Violence Prevention Assn Inc. on behalf of QDSPN)

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“I think being both disabled and queer can be extra hard sometimes socially and with meeting new people because people can ask you unwanted questions about your gender and sexual identity and also personal questions about your disabilities. This can lead to just avoiding some places or talking to some people at all”

(WWILD Client, 2021)

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About the Queer and Disability Services and Professionals Network

The Queer and Disability Service and Professionals Network (hereafter QDSPN) welcome the Queensland Parliament's calling for an Inquiry into the nature and extent of the impact of social isolation and loneliness in Queensland. We offer this submission to the Inquiry and will respond to its Terms of Reference with particular regard to the experience of LGBTIQAP+ Sistergirl and Brotherboy (hereafter LGBTIQ+) people with a disability living in Queensland as a significantly marginalised population across diverse communities that remain at risk to the impacts of social isolation and loneliness. In doing so, we will draw on the stories and lived experience shared with us by LGBTIQ+ individuals and groups in the community, the insights and professional knowledge of QDSPN members as well as drawing from national reports and data such as the 2021 *More than Ticking a Box* and *Writing Themselves in 4* report, the LGBTIQ Health Australia *Mental Health Snapshot 2021*, 2020's *Private Lives 3* Survey, 2019's *Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings* and consultation papers arising from the National Disability Strategy review process.

Both LGBTIQ+ people and people with disability are often identified as priority cohorts for inclusive and accessible services, although needs of LGBTIQ+ people with disability are often neglected or remain unmet. Recent research, grant funding and community consultation relating to the National Disability Strategy highlight the importance for local coordination to focus on needs of LGBTIQ+ people with disability at the community and service level. The 2021 *More than ticking a box* report suggests that all organisations supporting or engaging with LGBTIQ+ communities or people with disability should operate under the assumption that they are *already* supporting LGBTIQ+ people with disability. The outcome of these and other reports are a series of recommendations and practical steps for organisations to follow to support the needs of people accessing their organisations, but with little additional resourcing or coordination to achieve this.

The Queer & Disability Service & Professionals Network aims to support:

- a) that identified and expressed needs of LGBTIQ+ PWD are represented across community health, disability support and other related organisational settings,
- b) that professionals and organisations are able to work collaboratively to improve standards of practice to better meet these needs, and
- c) that existing recommendations and practical steps referenced above are made clear and a level of coordination is offered to network members to avoid the duplication of resources.

In responding to the inquiry, we wish to emphasize the many significant strengths, roles, contributions and cultural vitality of LGBTIQ+ people with disability within their various relationships and communities across Queensland. We recognise that LGBTIQ+ people with disability as a widely diverse population with diverse experiences that intersect with Culturally and Linguistically Diverse, Aboriginal & Torres Strait Islander, women & children and other communities often identified as priority cohorts. We assert that realities of the disproportionate impacts of social isolation and loneliness are inextricably linked with alienating and deficit-focused narratives that perpetuate stigma, discrimination and negative community attitudes against LGBTIQ+ people with disability. We would encourage the Community Support and Services Committee to recognise that stigma, discrimination and negative community attitudes drive outcomes such as the acute prevalence and disproportionate risks of suicidality; poor health; experiences of Intimate Partner Violence, Domestic and Family Violence, Sexual Violence and broader experiences of harassment and abuse in the community, all of which are inextricably linked to experiences of loneliness and social isolation.

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“Sometimes, the LGBTI community won’t help you because you’re disabled, and the disability community won’t help you because you’re LGBTI”

“Without this group I’m nothing. I’m isolated, cut off. My life is very dull”

“When I’m on my own, I’m crying a lot inside”

(WWILD Rainbow Allsorts group, 2021)

1. The nature and extent of the impact of social isolation and loneliness

Key statistics and indicators we wish to draw to the attention of the Inquiry include:

- **The community surveys conducted as part of this submission (see Appendix Two and Appendix Three)**
 - On behalf of the Queer and Disability Services and Professionals Network, WWILD conducted a community survey of LGBTIQ+ people with disability that received 36 responses as part of this submission.
 - 39% of respondents indicated ‘I feel lonely a lot of the time or all of the time’
 - 39% of respondents indicated ‘I have some good connections but I still feel lonely’
 - 40% of respondents indicated ‘I have some connections but they aren’t very strong/ it’s not enough for me’
 - 31% of respondents indicated ‘I want to connect more but there aren’t enough places for people like me’
 - 20% of people indicated ‘I do not feel connected at all, or I feel stuck at home’
 - Greater numbers of Trans, Gender Diverse and Nonbinary (TGDNB) people and neurodiverse/autistic people reported feeling no connection to various communities, or having some community but not enough
 - Greater numbers of TGDNB people and neurodiverse/autistic people reported feeling lonely some of the time or all of the time
 - Greater numbers of TGDNB, multi-gender attracted people, and neurodiverse/autistic people reported not being an NDIS participant
 - 75% of respondents indicated that ‘a space to meet other people like me’ would support their social connection and decrease loneliness.
 - 61% of respondents indicated that ‘more places that include LGBTIQ+ people with disability’ would support their social connection and decrease loneliness.
 - 50% of respondents indicated that both ‘free activities in my local area’ and ‘services that understand how to support me better’ would support their social connection and decrease loneliness.
 - 33% of respondents indicated that ‘better transport to get to activities and get back home’ would support their social connection and decrease loneliness.
 - In 2020, WWILD also conducted a community survey for LGBTIQ+ people with intellectual disability living in Brisbane that received 18 responses.
 - A significant majority of LGBTIQ+ people with disability indicated feeling unsatisfied with the level of social and community connection they currently held, and unsatisfied with the current support they received as an LGBTIQ+ person with intellectual disability.

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- **About LGBTIQ+ people**

- Data indicates that LGBTIQ+ people experience higher rates of psychological distress, suicidality and disability than the general population, and experiences of Domestic & Family Violence, Intimate Partner Violence or Sexual Violence at equal rates to the general population
- Trans, Gender Diverse and Nonbinary (TGDNB) folk experience significantly higher rates of psychological distress and suicidality than cisgender Lesbian, Gay and Bisexual folks, as well as much higher than the general population. For example, TGDNB people aged 14-25 are fifteen times more likely to attempt suicide than the general population.
- TGDNB folk and cisgender women identify as multi-gender attracted at higher rates than cisgender men.
- Multi-gender attracted folks generally report poorer outcomes than monosexual (Lesbian, Gay or Straight) people in areas such as housing, employment, psychological distress, suicidality and DFV/IPV/SV
- TGDNB folk, and multi-gender attracted folk (Bisexual, Pansexual, Queer) report elevated rates of DFV/IPV/SV compared to cisgender Lesbian and Gay folk, and experience higher rates of these than the general population. For example, 53.2% of TGDNB people aged 16 and over have reported experiencing sexual violence or coercion, compared with 13.3% of the general population.

- **About LGBTIQ+ people with disability:**

- Around 39% of LGBTIQ+ young people and adults identify having a disability or long-term health condition. For younger people, the primary causes of disability or long-term health condition included mental health, neurodiversity/autism spectrum disorder, physical disability, sensory disability and intellectual disability, though this was not clarified for adults. In 2019, the ABS indicated a rate of 17.7% of people with disability in the general population.
- LGBT people with disability experience twice the rates of anxiety and mental distress than those without, and LGBT people overall face greater mental distress than the general population.
- LGBTIQ+ people with disability are more likely to experience discrimination or abuse from carers.
- Discrimination, internalized stigma and victimisation are predictors of disability for LGBTIQ+ folks.
- Community surveys conducted by WWILD suggest that LGBTIQ+ people with disability may experience high rates of multiple disabilities / co-morbidity, and therefore have more complex support needs and face greater barriers to social connection and appropriate service responses.
- Various studies indicate a higher number of autistic/neurodiverse folk who are also trans, gender diverse or nonbinary than the general population, which is supported by the community survey responses. International studies suggest rates of between 25-30% of people accessing gender clinic services for affirming care also have a clinical autism/neurodiverse diagnosis, and the rates of undiagnosed autism/neurodiversity may be higher. This is consistent with anecdotal feedback from gender services currently operating in Queensland.

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LGBTIQ+ adults with disability:

- 50.1% of people with a severe disability or long-term health condition had ever attempted suicide, followed by 41.6% for people with a moderate and 35.8% of people with a mild disability/long-term health condition
- Fewer participants with a severe disability or long-term health condition (29.9%) felt accepted 'a lot' or 'always' when accessing a health or support service.
- Only 19.8% of people with a severe disability or long-term health condition reported feeling consistently accepted in public spaces, followed by 23.2% of people with moderate and 28.8% of people with mild disability/long-term health conditions. For people with severe disability or long-term health issue, this dropped to 16.8% at mainstream venues and events, and 10.1% for engagement with religious or faith-based services and events.
- More than three quarters (77.7%) of participants with a severe disability or long-term health condition reported being treated unfairly by others in the past 12 months as a result of their disability or long-term health condition.

LGBTIQ+ young people with disability:

- 88.3% of young people reporting any disability had ever attempted suicide. This was highest for people with intellectual disability, 91.3% of whom had ever attempted suicide.
- People reporting any disability or long-term health condition reported greater levels of ever experiencing verbal (71.1%), physical (24.3.0%) and sexual (41.3%) harassment or assault based on their sexuality or gender identity than was the case for those without disability or a long-term health condition. This was highest for people with intellectual disability in terms of verbal (77.2%), physical (31.7%) and sexual (44.9%) harassment based on their sexuality or gender identity.
- Less than one quarter (21.5%) of participants with disability or long-term health condition felt that their LGBTIQ+ identity was supported by the NDIS/disability support providers.
- Only 21.5% of participants with disability or a long-term health condition felt that LGBTIQ+ services or support groups in their area make it easy for them to use them.
- Only 27.2% of participants with disability or a long-term health condition felt that the voices of LGBTIQ+ people with disability were heard and understood.

• About housing & homelessness:

- 42% of social housing residences include at least one person with a disability
- Non-dependent people with disability living in the community are more likely to live alone (24%) than people without a disability (11%)
- 20% of Australians living with disability rent public housing, as opposed to 5% without a disability
- For adults, 31.9% of trans women, 34.3% of trans men and 33.8% of nonbinary people have ever experienced homelessness
- For LGBTIQ+ young people, 35% of those reporting a disability reported ever experiencing homelessness in the last 12 months – this was highest for LGBTIQ+ people with intellectual disability (43.5% had ever experienced homelessness)

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- **About LGBTIQ+ adults ever experiencing intimate partner or family violence:**
 - 41.7% of all LGBTIQ+ adults have experienced one or more instances of Intimate partner violence, this is not aggregated for adults with disability
 - 38.5% of LGBTIQ+ adults indicated ever experiencing family violence, this was not aggregated for adults with disability.
- **About LGBTIQ+ adults and professional help-seeking for IPV or DFV**
 - 72% of LGBTIQ+ people did not report their experience to a professional or service
 - 18.7% told a mental health professional, of whom 89.4% felt supported
 - 2.3% told a DFV service, of whom 65.1% felt supported
- **About LGBTIQ+ adults ever experiencing sexual violence**
 - 48.6% of LGBTIQ+ adults have indicated ever experiencing sexual violence. The highest demographics included TGDNB, multi-gender attracted people and cisgendered women. This was not aggregated for disability.
 - Trans men 54.9%, Trans women 41.8%, Nonbinary 64.3%, Bisexual 57.1%, Pansexual 62%, Queer 66.5%
 - **In 2018's Australian Trans and Gender Diverse Sexual Health Survey:**
 - 53.2% of respondents reported ever experiencing sexual violence or coercion
 - 69.6% of those experiencing sexual violence or coercion experienced multiple instances
 - **Note:** Overall, gender diverse people assumed female at birth (nonbinary 66.1% and trans men 54.2%) reported more common experiences of sexual violence & coercion compared to people assumed male at birth (nonbinary 44.5% and trans women 36.1%)

2. The causes and drivers of social isolation and loneliness, including those unique to Queensland, and the interplay of COVID-19 with this issue

It is clear that the causes and drivers of social isolation and loneliness for LGBTIQ+ people with disability are complex and intertwined. However, LGBTIQ+ people with disability are experts in their own lives and have shared important insights with QDSPN into how social isolation and loneliness affects them. After individual consultation and engagement, as well as reflection and observation of workers, we would like to identify the following factors as primary causes and drivers in this issue:

LGBTIQ+ people with disability and their supporters are impacted by systemic and interpersonal violence and abuse, as well as multiple forms of stigma and discrimination.

- A crucial point for the Committee to consider in its Inquiry is that multiply marginalised groups in Queensland such as LGBTIQ+ people with disability experience social isolation and loneliness through active exclusionary forces and social attitudes underpinned by ableism, homophobia, transphobia, cisgendered-heteronormativity, amongst other experiences such as racism and sexism. This has disproportionately resulted in active forms of violence, abuse, discrimination, as well as subtler and more inadvertent forms of exclusion across services and in the community, in both public and private settings. Public services, health or support settings, shops, workplaces, social spaces, family,

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accommodation, and personal relationships are all points at which LGBTIQ+ people with disability may experience these diffuse forms of marginalisation and oppression.

- A full exploration of the consequences of this are beyond the scope of this Inquiry, although one significant outcome involves the creation of an environment of persistent stress and devaluation in which it is not clear where, when or to whom it is safe to disclose or share aspects of identity and support needs for the very real possibility of judgement, dismissal, denial, rejection, discrimination or abuse. For those who are unable to 'mask', 'pass', or remain 'stealth' to avoid detection and unwanted negative attention, often a safer choice is to avoid engagement with the many services, spaces and systems that have not demonstrated themselves as trustworthy, welcoming, respectful and inclusive even when engagement may be important for health and mental health reasons.
- This persistent stress (also known as 'minority stress') can also lead to forms of internalised stigma, in which people develop harmful negative self-concepts as a result of negative messages directed at them from individuals and broader society. Ultimately, loneliness and social isolation is an enduring consequence of this active marginalisation, which intensifies vulnerability and poor health and mental health outcomes for LGBTIQ+ people with disability.

"The government needs to provide us with services that allow us better transport, safe homes (because I'm currently homeless because that was the only way to leave DV because no one could find me a home because I'm disabled and queer) and I'm couch hopping in a pandemic because there's no homeless shelters to take me, they were full or I was discriminated against. Police don't have training for people like me, I can't trust our law enforcement to take me seriously because I'm disabled."

(Community Survey response 2021)

LGBTIQ+ people with disability feel invisible across many places and spaces.

- Further to the active exclusion and marginalisation outlined above, LGBTIQ+ people with disability also report feeling invisible and largely ignored in community life. This invisibility may involve an absence or exclusion from traditional media and social media representation, community planning, political processes, days of celebration and recognition, workplaces, and even regular events, programs and activities organised by LGBTIQ+ and disability organisations and community groups. This exclusion often begins during design, consultation and planning stages across a range of areas in community life, in turn leading to spaces, places and events that are largely inaccessible or unwelcoming to LGBTIQ+ people with disability.

"I'm happy with the connections I have in the Queer/Ally community, but feel very disillusioned with the wider neighbourhood community"

(Community Survey response 2021)

- There remains harmful and deeply disempowering assumptions across the wider community, but also within many LGBTIQ+ and disability spaces, that LGBTIQ+ people with disability either do not exist, or represent an insignificant population and that it is therefore impractical to consider them in planning and decision-making processes. Such utilitarian approaches to service delivery, social planning and community development approaches have left many LGBTIQ+ people with disability feeling

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unrecognised and unacknowledged across the communities in which they live, further leading to alarming rates of mental distress and suicidality, as well as pervasive experiences of loneliness and social isolation.

"I only really have one friend who isn't disabled in the queer community because of how inaccessible it is. We tend to be forgotten about at most queer events and honestly, I feel very alone and isolated from my community because I feel like I don't belong anywhere. I don't fit in with other wheelchair users because I'm not cishet and I don't fit in with the most visible of the queer community because I'm disabled. So instead I just hope for a day I can host a potluck with all my queer and disabled friends so we just have a space we aren't being rejected." (Community Survey response 2021)

LGBTIQ+ people with disability are poorly serviced but under-represented in service approaches.

- As a result of the lack of engagement and visibility within their communities combined with overt and subtle forms of marginalisation and exclusion, LGBTIQ+ people with disability become displaced in their positions as citizens and community members, and are instead constructed as clients, service users, patients and service recipients with little determination or control over the decisions that affect them. As a result of multiple social and structural barriers, LGBTIQ+ people with a disability have a disproportionate need for services such as housing, health, mental health, violence prevention and victim support, employment and financial support, NDIS and other community services. However, LGBTIQ+ people with disability continue to report negative experiences across a range of service settings, and experience reluctance and hesitancy in engaging with supports and services that often lack appropriate knowledge and skills to provide culturally appropriate, trauma informed and affirming care. This reality is a sharp contrast to the swathe of strategies, action plans and industry/sector reports that identify both LGBTIQ+ and disability community as priority cohorts without any clear or explicit strategies or allocations to ensure engagement, representation, inclusion and implementation in service delivery or community processes.

"When I was housebound, we had to use 13SICK a lot when I couldn't make it to the GP, even though I was on the same street as the GP, but I also couldn't get to specialist appointments a lot, like I had multiple appointments a week, and I'd have to reschedule them, but if that happened a lot then they'd just have to cancel them. And for some specialists, I'd have to wait for years on the public health system for. And my LGBT identity was never taken into account in these appointments, and I never felt safe disclosing them either, because often I would say that and it would just change into a different conversation. It wasn't like 'okay, I'm going to respect your pronouns and move on from here', it would just go into conversations that were not appropriate to why I was at that appointment, you know? And that was the same with my disability sometimes, like I'd be at an immunology appointment and they'd be like 'why are you in a wheelchair?'" (WWILD Client, 2021)

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- Feedback from community consultation processes for the National Disability Strategy reset provides further insight here, in that consultation groups identified that a reductive focus on NDIS rollout had diverted efforts and attention for the National Disability Strategy's broader focus on social change, participation and the broader aims for people with a disability in Australia. It is likely that the increase of individualised funding and service focus of the NDIS have further reduced opportunities for LGBTIQ+ people with disability to participate collectively in community and political life, further reinforcing social constructs of 'client' or 'service user' rather than community members and citizens with power and agency. Feedback from the strategy also indicated that the original NDS lacked any clear process for engagement and involvement with particular marginalised groups with disability such as LGBTIQ+ people with disability, as well as First Nations, Culturally and Linguistically Diverse people and women with a disability. Importantly, a number of respondents to the Social Deck's 2019 NDS consultation indicated that levels of violence, neglect, exploitation and discrimination either remained unchanged or had worsened over the past 5 years, and that pervasive negative community attitudes against people with disability persisted.
- The inadequacy of data collection and safe, sensitive and trustworthy information sharing processes across a range of service and system settings undoubtedly compounds the above issues. This leads to both to potentially negative and harmful experiences at the point of intake and referral, as well as the lack of appropriate engagement and acknowledgement of LGBTIQ+ people with disability across multiple services and system levels. Many services either do not collect appropriate information regarding LGBTIQ+ or disability status, or demonstrate themselves to be safe and trustworthy sources to disclose to after initial points of referral or intake, where people may not be comfortable initially sharing their LGBTIQ+ or disability status. This can further intensify LGBTIQ people with disabilities experience of stigma, masking, withdrawal, needing to constantly navigate uncertainties regarding disclosure and making complex compromises in deciding what support needs to have met while having other needs ignored.

"Something as simple as having a 'nonbinary' option on a form can be a signal that this space or group is welcoming of the LGBT+ community. Or perhaps a Pride flag poster. It doesn't have to be big, but it does need to be explicit. Groups often think that so long as they're not outright bigots, their service or space is going well, but people who have experienced so much nastiness in their life may not want to take the risk of joining without an explicit sign that they will be welcome."

(Community Survey response, 2021)

- A particular area of concern with regard to data collection is the NDIS' lack of appropriate data collection of LGBTIQ+ people with disability who are participants or who have requested access but not been approved, given that LGBTIQ+ people have been identified as a priority cohort with a published strategy by NDIS. Given the majority of LGBTIQ+ people with disability who responded to this survey indicating that they are not NDIS participants, the lack of sufficient approaches to support LGBTIQ+ people with disability to overcome the many potential barriers to access is concerning. For many LGBTIQ+ people with a disability unable to access adequate support, social isolation and loneliness is likely to be more severe.

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Individuals, groups and organisations interested inclusion and connection for LGBTIQ+ people and their supporters with disability are under-resourced.

- Issues relating to a lack of resources impact LGBTIQ+ people at multiple levels. Individually, many LGBTIQ+ people with disability will face multiple barriers to participating in formal employment and struggle financially – there is also a lack of clear data regarding the kinds and levels of income support accessed by LGBTIQ+ people with disability and how this compares to other cohorts of people with disability. In their relationships, LGBTIQ+ people are more likely to be acting as informal carers, and LGBTIQ+ people experience higher rates of disability and are therefore more likely to require informal care support from partners, friends, and family (however that is defined by people). Considerable research confirms that informal carers of people with disability are less likely to participating in formal employment or remain underemployed, and therefore LGBTIQ+ people and their carers are likely to face higher rates of low-income or poverty, and the multiple isolating effects of unemployment.

“My partner missed out on so much [being my primary carer]. He would have full days at work and he would have to come home and cook for me, he would have to clean, he would have to help shower me, that sort of thing. He would have to help me mental health wise, he would have to help take me to the hospital when I needed it, come visit me in hospital, help take me to medical appointments and stuff, like all that. My partner had no time to himself, and it hurt me so much to see that, you know? It was just really hard on us both, because I also wanted a relationship, I didn’t want him to have to do that” (WWILD Client, 2021)

- Within their wider communities, LGBTIQ+ community organisations and groups remain critically underfunded and have limited capacity to provide proactive support and targeted programming for community members with disability, and are often stretched to maintain core and basic services already provided. Since the rollout of the NDIS, the use of block funding that disability services may have in the past used to respond to priority groups and community need is no longer available, and the ability to provide groups or facilitate connection for LGBTIQ+ people with disability is further limited.
- Overall, individuals, groups and organisations in the community who are best placed and most interested in addressing loneliness and social isolation for LGBTIQ+ people with disability lack the resources to provide any meaningful response to community need. Instead, LGBTIQ+ people with disability are left to rely on mainstream services, spaces and initiatives that may demonstrate very little understanding or inclusive practices for LGBTIQ+ people or people with disability, and therefore remain a risky choice in LGBTIQ+ people with disability feeling safe, welcome, included and respected if they choose to engage.

“I tried to set up a group [for LGBTI people], I had a few replies and they were positive, so I went and spent around \$400 worth of supplies, and nobody turned up. And I haven’t tried since, and I don’t think I will”

(WWILD Rainbow Allsorts group, 2021)

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Covid-19 has caused a number of changes that impact on LGBTIQ+ people with disability

- The significant global disruptions and impacts of Covid-19 on all communities across QLD is unmistakable – however it is worth acknowledging the differences across specific communities and demographics, and how this has been shaped by policy and service responses. As a result of the minimisation of face-to-face services and community engagement, LGBTIQ+ people with disability may be more reliant on parents, carers or partners to meet a range of support and social interaction needs since the outbreak of Covid—19.
- In general, public health restrictions and measures as a result of Covid-19 has seen the necessary cancellation of a number of local and national community Pride and commemoration events that may be important opportunities for connection and visibility for LGBTIQ+ people with disability.
- Such circumstances places people with disability (and LGBTIQ+ people with disability) in unsupportive or controlling relationship environments at increased risk of experiencing domestic & family violence or intimate partner violence from those who they are dependent on for support. Pervasive social beliefs about disability and capacity often normalise a range of controlling and coercive attitudes and behaviours from carers under the guise of acting in a person's 'best interest', leading to less recognition and identification from bystanders, professionals and other possible responders for people with disability experiencing violence. This disproportionately impacts people with intellectual disability, and other cognitive impairments.
- At the same time, LGBTIQ+ people with disability may already have been living lives of significantly constrained social engagement – whether as a result of chronic health conditions, few social networks, poverty or a lack of adequate service and support options. One LGBTIQ+ person shared that, in contrast to people around them talking about how small and confined everyone's lives had become as a result of Covid—19, their own circumstances had already been so confined that Covid-19 resulted in very little change for them, except that other people were now in similar circumstances.

“[When Covid-19 happened] people just started talking about how they were stuck at home all the time, and I was like ‘this has just been my life for years, you know?’ And people would say ‘oh, I can only leave my house for exercise this many hours a day’, and I was like ‘wow, that’s a lot more than I can leave the house to exercise for’, and things like that” (WWILD Client, 2021)

- In terms of policy and service responses, the impacts of LGBTIQ+ people with disability are likely to be mixed. For example, the normalisation of telehealth and digital platform engagement may actually have increased access and connection for those who found it difficult to attend appointments and spaces in-person. Furthermore, the provision of targeted and highly flexible emergency Covid-19 funding to services such as those within the violence prevention sector may have allowed resources for increased programming or innovation that was more relevant for marginalised communities such as LGBTIQ+ people with disability. However, the widespread mental health impacts across communities have tended to see a blowout of waiting periods across mental health services due to significant increases in demand – this leaves LGBTIQ+ people with disability, who remain at significant and disproportionate risk of acute mental health deterioration, less able to access potentially life-saving supports and experiencing a compounding effect of social isolation and loneliness despite comprising a high-risk population.

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“All current supports assume a level of family support or community engagement already exists but i'm going to die if nobody helps me in time”

(Community Survey response 2021)

3. The protective factors known to mitigate social isolation and loneliness

Helpfully, a number of protective factors against social isolation and loneliness are common across differently intersection marginalized communities and experiences. Overall, core protective factors include:

- Affirming social and relationship environments in which people feel safe, welcomed, respected and valued
- Spaces and places in which people can comfortably be themselves and connect to peers and others from the same or similar communities
- Positive visibility and recognition in broader media and public conversation, or media and conversation within their own wider communities
- Networks of supportive and meaningful relationships, rather than reliance on single supportive people, or engagement with professional services and fleeting or otherwise superficial community engagements
- Access to supports and services that are culturally relevant, skilled, understanding and responsive to both individual and community needs
- Adequate resources and income to participate in community life, as well as options for community and social participation that are free or minimal cost.

“It would be nice to have social activities/options that aren't centred on alcohol, partying, clubbing, bars, etc. Not all of us can or want to go to places like the Beat or the Wickham. Places like that are absolute hell with my disability (vision and hearing)”

(Community Survey response 2021)

4. Examples of successful initiatives undertaken

This submission would suggest that the benefits of addressing social isolation and loneliness are evident in the reduction of mental and physical health, preventable disease, unemployment and poverty and increases in community diversity, and are satisfied that such benefits are likely elaborated in other submissions received by the Committee. However, we would seek to highlight key initiatives in an Australian context that either respond to the needs of LGBTIQ+ people with disability, or that could be adapted to do so. We would like to highlight that many of the examples of positive initiatives are often centered in metropolitan areas, or more easily accessed by those living in metropolitan areas.

- We would like to highlight the varied projects currently being undertaken and delivered across different states through ‘Information, Linkages & Capacity building’ (ILC) grants, originally an initiative administered by the National Disability Insurance Agency that has since been transferred to the Department of Social Services. Several ILC grants such as those received by the Queensland Council for LGBTI Health (QC), LGBTIQ Health Australia (LHA), Thorne Harbour Health, Deakin University and Aids Council of NSW (ACON) are directly targeted to LGBTIQ+ people with disability. However, we do note that the NDIA’s original plan to create a network platform to support greater collaboration and cohesion across ILC grant projects has not been implemented, and that combined with the limited timeframes allocated to projects, the current ILC

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framework risks fragmented and disparate outcomes that limit the aims and potential gains of the broader initiative.

- We would specifically like to highlight the 'Out Together' project facilitated by Wellways and partners, trialling an applied LGBTIQ+ peer worker disability support staffing project with a number of documented strengths and positive outcomes in its final implementation and reflection report. The benefits of adequately resourced peer support models are increasingly established, and would benefit from greater support and focus for LGBTIQ+ people with disability.
- Other commendable peer work projects include Belong, through Brook Red and Brisbane PHN South, providing individual peer support, groups and workforce development training specifically to benefit LGBTIQ+ people with disability. LGBTIQ Health Australia, QC and ACON are all also currently undertaking ILC projects involving peer support and community capacity building for LGBTIQ+ people with disability. In particular, we acknowledge that the provision of phone-based volunteer peer counselling nationally through Q-Life and Diverse Voices in Queensland as a vital source of mental health support for all LGBTIQ+ community. We note that the Victorian Government's further commitments in funding the Rainbow Door peer helpline and support service as a significant and important addition to Q-Life's national service.
- We note the ongoing work of the Queensland Council for LGBTI Health in their Community Visitor program connecting volunteers with older and ageing LGBTIQ+ Queenslanders as an excellent example of responses to communities most at risk of social isolation and loneliness.
- We also note the excellent work done by the Rainbow Rights and Advocacy group in Melbourne, which acts as a self-advocacy group for LGBTIQ+ people with intellectual disability. This group is supported by the Self-Advocacy Resource Unit.
- More recently WWILD, a sexual violence and victims of crime support service for people with intellectual disability in Brisbane, has established the Rainbow Allsorts group. This is a trauma-informed and supported support group for LGBTIQ+ people with intellectual and learning disability, and has been made possible through the provision of emergency Federal Covid-19 funding.
- Low cost and free social connection events for LGBTIQ+ community that are not based around bars and nightlife entertainment precincts, such as those hosted by Wendybird, a volunteer-run organisation in Brisbane before Covid-19, create a welcoming and inclusive environment for all LGBTIQ+ community and their friends and supporters. The structure and setup of such events are inherently more accessible and inclusive for LGBTIQ+ people with disability than social events relying on ticket and alcohol sales and held in venues with limited accessibility for a diversity of support or mobility needs. A more recent example of this was the 'Fab Abled' event held at North Lakes library in partnership with Carers Queensland and the University of the Sunshine Coast DisInterest group to commemorate the International Day Against Homophobia, Biphobia, Transphobia and Intersexphobia (IDAHOBIT). We note that a number of participants responding to a community survey in connection to this submission noted the importance of alcohol-free events as being strongly tied to their community participation.
- We have noted that a several LGBTIQ+ people with disability who are NDIS participants noted in discussion that the allocation of transport funding under their NDIS plan made an important difference in their ability to afford transport and access community events and activities that were important to them, where cost had previously been a prohibitive factor.

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- We would further note that the establishment of local organisational networks and alliances provide increased opportunities for collaboration, partnership, information and resource sharing and workforce development. Traditionally, the violence prevention sector, LGBTIQ+ community health and community centre organisations have established these networks formally and informally as a matter of necessity, though disability services have found less success in these initiatives, and have very little scope to do so as a result of individualised NDIS funding models. We would highlight an initial success of the Queer and Disability Services and Professionals network in supporting a collaboration between QC, Lotus Support Services, Deaf Services and Your Story Legal Support in a current initiative to engage LGBTIQ+ people with disability across Queensland in a series of workshops relating to the Disability Royal Commission as well as social connection events. Such opportunity has not been available for many LGBTIQ+ people with disability, especially those living in regional and remote areas.

5. Recommendations: How current investment may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland:

“The QLD government has done a couple of things in recent years to support the LGBTIQ+ community (e.g. conversion therapy, the right to use gender specific anti discrimination bill, age of consent laws, and civil unions before the 2017 marriage law postal vote). This has helped with reducing stigma in QLD. It would be great for continued focus on supporting the LGBTIQ+ community through specific service funding (e.g. a program for LGBTIQ+ people with a disability, funding to support transgender people seeking to transition, a focus on inclusivity as a requirement for all government contracts, etc.)” (Community Survey response, 2021)

We would disagree that current investment by local, State and Federal government, as well as non-government and corporate and other sectors is sufficient to prevent, mitigate and address social isolation and loneliness for LGBTIQ+ Queenslanders with disability and for Queenslanders more broadly. However, we would suggest the following initiatives as clear and realistic goals to address the significant social cost of social isolation and loneliness for LGBTIQ+ people with disability.

- As a matter of priority, we would recommend the Queensland Government advocate to the Federal Government that the National Disability Strategy reset incorporates a strategic focus on LGBTIQ+ community as well as focus on other marginalised priority groups in similar way to the National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy. We recommend that the planned NDS Advisory Council identified on the DSS website includes of LGBTIQ+ people with disability, commits to consultation with LGBTIQ+ people with disability within their Terms of Reference, and ensures a diverse representation of people with disability and their communities.
- We recommend that the Queensland Government advocates for the Department of Social Services to finalise their review of the national ILC grant initiative and ensure a cohesive implementation alongside

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the overdue National Disability Strategy. A reviewed ILC initiative should involve as a necessity provision for a national platform to connect and support individual projects and associated organisations involved in similar work to share information, resources and increase collaboration.

- Furthermore, there ought to be scope and consideration within DSS to extend successful ILC projects, particularly where they relate to priority or otherwise 'at risk' populations such as LGBTIQ+ people with disability. It is likely that some projects experiencing a limited lifespan are deserving of recurrent funding and to be included as core programs funded by local, State or Federal government where individual projects demonstrate significant value and success with their target communities.
- We critique the narrow assumptions of prior ILC programming towards a conceptualisation of 'capacity building' that is required to become self-sustaining where this relates to multiply marginalised communities, in that the withdrawal of project funding is likely to see an unjust end of vital initiatives in communities that do not have the resources to sustain activities on their own. The assumptions of 'capacity building' approaches may also reduce project aims to short-term, individualised and more easily deliverable targets, limiting opportunities for more sustained, cumulative and developmental community goals that would more adequately social isolation and loneliness.
- We encourage the Queensland Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships to work alongside the National Disability Insurance Agency and Federal Government in order to implement in full the recommendations of the 2021 *More than Ticking a Box* report. We have included these 12 recommendations as Appendix One of this submission.
- We recommend that the Queensland Government advocates to the NDIA for a planned implementation for their released LGBTIQ+ strategy, including the establishment of an appropriately resourced LGBTIQ+ advisory group, and that the strategy is revised to include scope for greater outreach and access support.
- We recommend that the Queensland Government, in collaboration with the NDIA and DSS, consider the implementation of transport subsidies for LGBTIQ+ people with disability who are not currently accessing or able to access NDIS transport funding in order to enable their community participation. Other innovations might include local councils providing transport subsidies for marginalised groups to be able to attend important community events.
- We recommend that the national Community Visitors Scheme (CVS) is expanded to include people with disability alongside older and ageing Australians. Eligibility for such a scheme should not be dependent on NDIS packages or participation, as many LGBTIQ+ people with disability are not currently connected or able to meet eligibility requirements for NDIS.
- We recommend that the adult Gender Service currently provided by the Royal Brisbane and Women's hospital be expanded to a state-wide program of a similar scope to the Queensland Children's Gender Service. This is particularly important given that many Trans, Gender Diverse and Nonbinary people with disability may not live in sufficiently safe and supportive environment to disclose or assert their gender identity during childhood and have this affirmed and supported, and that a state-wide service for adults will have a disproportionately positive impact on Trans, Gender Diverse and Nonbinary people with disability.

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- We recommend that the Queensland Parliament and all related state-funded services implement the ABS Standard for Sex, Gender, Sex Characteristics and Sexual Orientation Variables 2020 (2020 Standard) in data and administration systems so as to accurately and appropriately collect relevant data on LGBTIQ+ people with disability accessing state services, and to use this data to better inform and improve services.
- We identify that the 2021 Federal Budget's stated commitment to provide funding for suicide prevention has not yet been delivered. Unfortunately, in Queensland this has seen a number of valuable suicide prevention initiatives targeted towards LGBTIQ+ community, and which is likely to have particular benefit for LGBTIQ+ people with disability, have since ended due to the discontinuation of previous suicide prevention funding.
- We identify that a number of local initiatives and programs that currently or have until recently facilitated group activities and accessible social spaces and events for LGBTIQ+ people with disability should be supported to continue. The benefits of such programs not only address social isolation and loneliness for LGBTIQ+ people with disability, but have further impact for reduction and prevention of domestic and family violence, intimate partner violence, sexual violence and community violence, improved mental health, greater awareness and advocacy for personal rights, and more diverse and cohesive communities. The Queensland Government and could allocate appropriate departmental focus in supporting such programs for intersectionally marginalised groups disproportionately affected by social isolation, loneliness as well as by violence and mental health challenges as an innovative community investment.
- We further identify that many of the initiatives that have been named as successful earlier in this submission are largely based in the Brisbane area, and that many LGBTIQ+ people with disability living in regional, rural and remote areas have even less access to relevant services than those living in metropolitan areas.
- We identify that the level of flexibility provided in the Federal Government's provision of emergency Covid-19 funding to a number of priority community organisations allowed for creative and innovative approaches to identify and respond to community needs. This 'block funding' style model is no longer available within the disability sector as a result of changes resulting from the NDIS, however we would endorse the provision of a level of reinstated block-styled funding that was specifically allocated to intersectionally marginalised communities that community groups and organisations could use to creatively respond to those most affected by social isolation and loneliness in their communities.
- We urge the Queensland government to progress birth and marriage certificate legal reforms to allow for Trans, Gender Diverse, Nonbinary and Intersex people to be legally recognised in their identities without the level of significant barriers and regulation that disproportionately impacts people with disability and compound experiences of social isolation and loneliness with experiences of discrimination.
- We urge the Queensland government to advocate on behalf of LGBTIQ+ people with disability that would see exemptions under a proposed Federal religious freedoms bill allowing for further discrimination and marginalisation within faith-based services, of whom many LGBTIQ+ people with disability may be reliant upon for support.

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- We urge the Queensland Government to impose a ban on involuntary and medically unnecessary procedures and treatments performed on Intersex people, and which has been recognised by the UN Special Rapporteur on Torture as a cruel and unjust treatment, and which disproportionately results in disability and chronic health conditions for Intersex people.
- We recommend that the Queensland Government includes an explicit focus on LGBTIQ+ identities within their plan to respond to domestic and family violence against people with disability (DFV Disability Plan) – including in their workforce development training initiatives.

6. How to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective

Any initiated to measure social isolation and loneliness in Queensland and the effectiveness of strategies to address it must be determined in collaboration with LGBTIQ+ people with disabilities, and therefore effective evaluations of implemented strategies would also need to be developed and lead by peer researchers.

Social isolation and loneliness is intertwined in other social justice issues such as mental health, domestic violence, unemployment, etc. This means that measuring connection should be embedded across service responses to assess effective responses. Inherently, services claiming or intending to utilise a person-centred and trauma-informed approach must be addressing social isolation and loneliness across all of their levels of practice. Direct services with good community relationships may better suited to more directly consult LGBTIQ+ people with disability about loneliness and connection, but information sharing can support coordinated approaches between different services and system. An adequate assessment of the effectiveness of strategies requires long-term tracking of these measures to determine if the services and approaches are effective in regards to associated outcomes such as housing, unemployment. This would require sustained funding for interventions and programs.

7. The role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.

As has been identified above, we see that any state-wide strategy to address social isolation and loneliness in Queensland should necessarily act in a collaborative and complimentary matter to a renewed National Disability Strategy and ILC program, as well as the upcoming renewal of a National Suicide Prevention Strategy and National Strategy to Reduce Violence against Women and their Children. We also see that such a strategy should align with the DFV Disability Plan, and that the DFV plan should incorporate a focus for LGBTIQ+ people with disability. Furthermore, we see that any such strategy must include an advisory panel and consultation process that is inclusive of LGBTIQ+ people with disability and their supporters.

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Appendix One:

Recommendations from *“More Than Ticking a Box: LGBTIQ+ People With Disability Talking About Their Lives*

1. Recipients of public funding should be required to create and make public their statements and plans for equal access for LGBTIQ+ people with disability, supported with relevant academic research
2. LGBTIQ+ people with disability should be acknowledged as a priority community for focussed outreach or enhanced access support within the NDIS. This may occur within the NDIS and through funding advocacy services.
3. An opportunity to discuss and review the NDIS LGBTIQ+ Strategy should be arranged at local or state government levels as a matter of priority. This could be trialled within one region to determine how to best ensure access and cultural safety
4. Create state-based working groups with the assistance of experienced practitioners on LGBTIQ+ people with disability, to bring together health service providers, LGBTIQ+ organisations, disability services and LGBTIQ+ people with disability to learn from each and share ideas on inclusive practice. The work of LGBTIQ+ people with disability within these groups should be appropriately recognised and remunerated. These groups will:
 - 4.1 Establish clear channels for policy reform across all levels of government
 - 4.2 Create connection and peer development for LGBTIQ+ people with disability
 - 4.3 Advise services and departments on inclusive practices for LGBTIQ+ people with disability
 - 4.4 Promote opportunities in collaborative research development, including grant funding support
 - 4.5 Organise workshops, seminars and other events to develop ideas and share resources more broadly
5. Further research by tertiary institutions and independent research bodies into the experiences of people with disability and LGBTIQ+ people committed to developing the research capacity of LGBTIQ+ people with disability as an integral part of these research projects
6. Any funded project connected to disability or LGBTIQ+ topics should expressly aim to include LGBTIQ+ participants, and report against this outcome
7. Future research about LGBTIQ+ people with disability should meaningfully include them at all stages of the research process, including design, data collection and analysis, write up and dissemination.
8. Research and evaluation claiming co-design or similar approaches should be required to demonstrate rigor and transparency about processes towards inclusion.
9. All healthcare, community and disability services should be required to presume that LGBTIQ+ people with disability both need and use their services. These services should proactively develop inclusive reforms through

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action plans or similar approaches which demonstrate the ways they act in order to be inclusive to everyone, and acknowledge that it is not the responsibility of the individual to educate services on how to be inclusive. The Rainbow Tick may be an appropriate initiative to achieve this recommendation.

10. Voluntary organisations or groups within local, queer or disability communities should be funded and supported through small grant systems to develop similar plans at an appropriate level

10.1 At an immediate level, all systems and services should have the capacity to accommodate information such as gender pronouns and gender neutral titles, display the rainbow flag and use inclusive and welcoming language

10.2 Disability service providers should refer to the explicit list of attributes noted in rights, responsibility and diversity indicators of the NDIS Practice Standards

11. Opportunities to positively highlight the intersectional identities held by LGBTIQ+ people with disability, and to connect these individuals, should be sought. For example, a biannual conference should be funded by government to be led by LGBTIQ+ people with disability, in partnership with the University sector. The event should include streams for LGBTIQ+ people with disability may be one way to strengthen knowledge and advocacy, and a second stream for currently siloed disability, queer and mainstream support services would address this recommendation. Establishing conferences of this nature would allow for the involvement of LGBTIQ+ people with disability in what is often an environment that is restricted to academic audiences. It would further reflect the inclusive approaches taken in this project.

11.1 Such an event should be informed by relevant and accessible research and best practice

12. The Victorian State government should fund advocacy, community and research partnerships to provide adequate support to LGBTIQ+ people with disability in accessing the NDIS, including:

12.1 A communications campaign to raise awareness of the recently released NDIA LGBTIQ+ Strategy

12.2 Training for NDIS staff, with planners as the first priority, on how to include and support LGBTIQ+ people with disability

13. The development of a federal and state government/level LGBTIQ+ people with disability strategy to articulate a whole of government approach that specifically highlights the needs of LGBTIQ+ people with disability to address the issues of access and services described in this report¹²

14. LGBTIQ+ people with disability should be afforded the opportunity to participate in advisory and similar roles at all levels of government. This will ensure that future activities are informed by their experiences and input.

15. There is an urgent need for further research across a host of areas that affect LGBTIQ+ people with disability, and for that research to be conducted in a way that practices meaningful inclusion.

15.1 Elucidation of key concepts through accessible knowledge translation documents to articulate the processes of inclusion and participation across the intersecting LGBTIQ+ and disability spectrums.

16. Ensure that the present work and the methodological capacity developed by the research team is recognised in future capability mapping

16.1 Drawing on this project, we suggest the following priority research areas:

- Further research to emphasise/highlight the diversity of experiences within the umbrella terms “LGBTIQ+” and “disability”. We suggest that a qualitative focus on the experiences and needs of, and protective factors for, trans and gender diverse people with disability, is of particular significance and should be considered as a priority.
- Academic evaluation of the impact on the lives of LGBTIQ+ people with disability the following initiatives:
 - LGBTIQ+ inclusive practice approaches in clinical services
 - LGBTIQ+ inclusive policies
 - Disability inclusion reforms in LGBTIQ+ services and organisations
 - Connecting with the National Disability Research Partnership to promote the importance of LGBTIQ+ disability research
 - Further exploring the experiences of LGBTIQ+ people with disability. In particular:
 - Research projects that are focused on specific disabilities and include the intersecting experiences of LGBTIQ+ people. For example, research into the experiences and needs of neurodiverse women or Deaf men. We also note a dearth of research on intersex lived experience. Such projects should be led by teams with established connections to relevant communities, partnership across relevant sectors, and academic experience relevant to the task/s required.

Appendix Two:

Survey results for “Social connection and wellbeing for LGBTIQ+ people with disability in Queensland” (WWILD 2021)

- 70% of respondents identified as Trans, Gender Diverse or Nonbinary
- 66% of respondents identified as multi-gender attracted (Bisexual, Pansexual or Queer)
- 54% of multi-gender attracted respondents are also TGDNB
- 47% of respondents identified having more than one disability
- 70% of respondents selected neurodiverse/autistic/ASD to describe their disability
- 84% of respondents who selected neurodiverse/autistic/ASD are TGDNB
- 68% of respondents who selected neurodiverse/autistic/ASD are multi-gender attracted
- 56% of respondents who selected neurodiverse/autistic/ASD are TGDNB and multi-gender attracted
- 50% of respondents selected psychosocial/mental health to describe their disability
- 72% of respondents who selected psychosocial/mental health also selected neurodiverse/autistic/ASD
- 60% of people who identified as TGDNB have a psychosocial disability
- 50% of multi-gender attracted people have a psychosocial disability
- 77% of people who identified as TGDNB and multi—gender attracted have a psychosocial disability
- 66% of TGDNB and multi-gender attracted people who are neurodiverse/autistic also have a psychosocial disability

See following pages for question summaries

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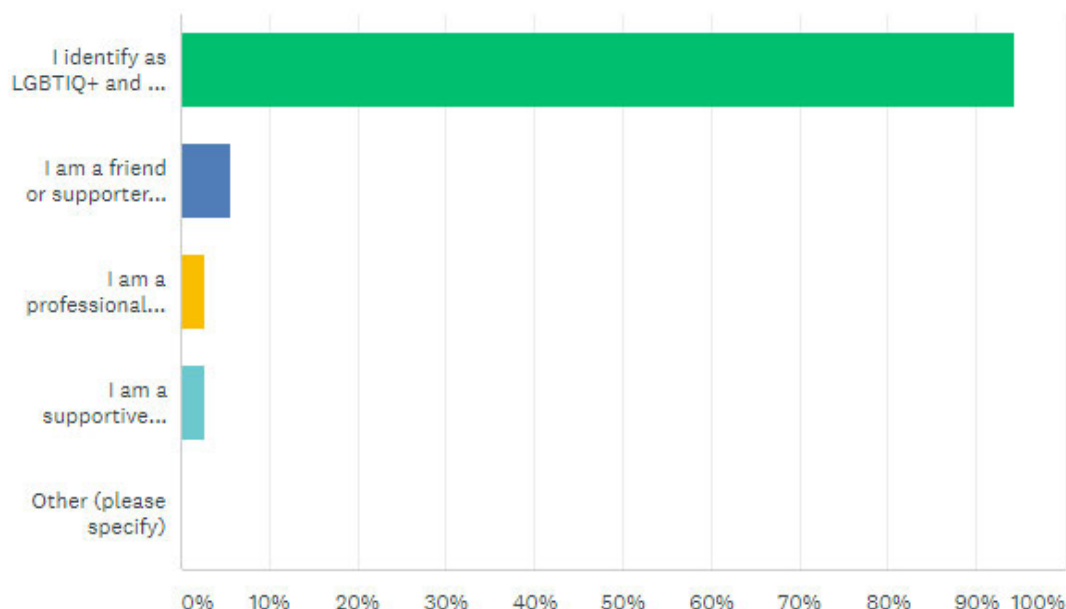
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Do you identify as LGBTIQ+ Sistergirl or Brotherboy or are you a friend, supporter or family member?

Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES
I identify as LGBTIQ+ and I have a disability	94.44% 34
I am a friend or supporter of someone who identifies as LGBTIQ+ and who has a disability	5.56% 2
I am a professional working with someone who identifies at LGBTIQ+ and who has a disability	2.78% 1
I am a supportive family member of someone who identifies as LGBTIQ+ and who has a disability	2.78% 1
Other (please specify)	Responses 0.00% 0
Total Respondents: 36	

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Q2

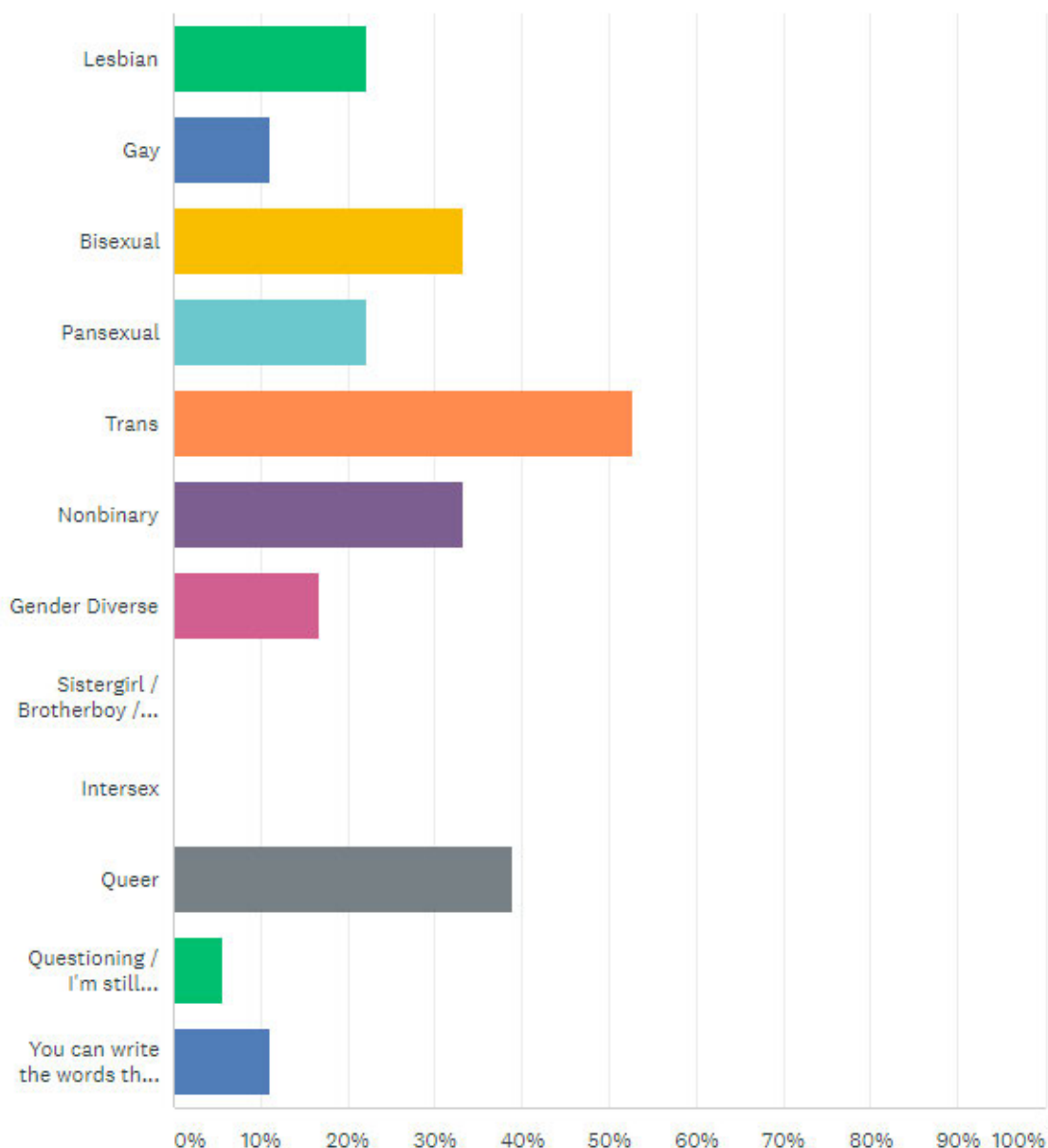


Customize

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How do you (or the person you know) identify? (You can tick any options that fit you. You can also add more words that fit you better at the bottom)

Answered: 36 Skipped: 0



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Q2 (continued)

ANSWER CHOICES	RESPONSES	
▼ Lesbian	22.22%	8
▼ Gay	11.11%	4
▼ Bisexual	33.33%	12
▼ Pansexual	22.22%	8
▼ Trans	52.78%	19
▼ Nonbinary	33.33%	12
▼ Gender Diverse	16.67%	6
▼ Sistergirl / Brotherboy / 2spirit	0.00%	0
▼ Intersex	0.00%	0
▼ Queer	38.89%	14
▼ Questioning / I'm still thinking about it	5.56%	2
▼ You can write the words that fit you best here.	Responses 11.11%	4

RESPONSES (4) WORD CLOUD TAGS (0)

 Sentiments: OFF 

☐ Add tags▼ Filter by tag▼

Search responses  

Showing 4 responses

☐ Asexual aromantic
8/8/2021 11:43 AM [View respondent's answers](#) [Add tags▼](#)

☐ Demigirl
8/8/2021 9:59 AM [View respondent's answers](#) [Add tags▼](#)

☐ Asexual
8/5/2021 2:31 PM [View respondent's answers](#) [Add tags▼](#)

☐ asexual
8/3/2021 5:43 PM [View respondent's answers](#) [Add tags▼](#)

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Q3

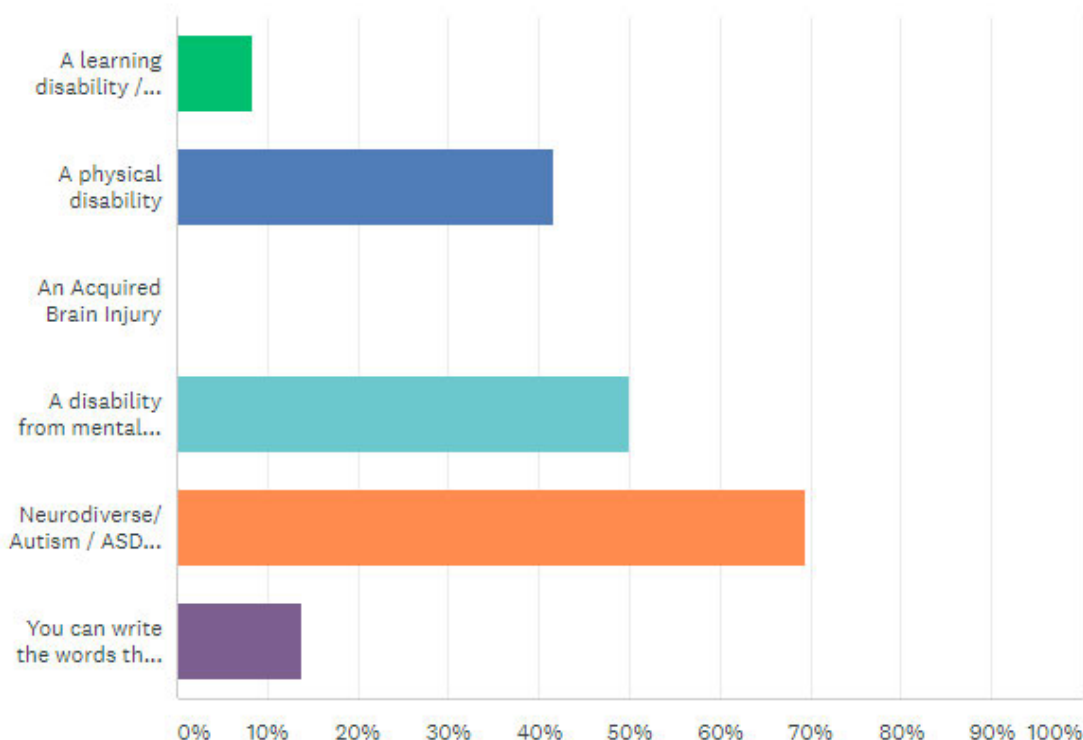


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How do you (or the person you know) describe your disability?
(You can choose any options that fit you. You can also add more words that fit you better at the bottom)

Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ A learning disability / intellectual disability	8.33%	3
▼ A physical disability	41.67%	15
▼ An Acquired Brain Injury	0.00%	0
▼ A disability from mental health / psychosocial disability	50.00%	18
▼ Neurodiverse/ Autism / ASD (some neurodiverse folks identify as having a disability and some do not)	69.44%	25
▼ You can write the words that fit you best here.	Responses 13.89%	5
Total Respondents: 36		

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Q3 continued

Showing 5 responses

8/8/2021 11:43 AM

[View respondent's answers](#)[Add tags▼](#)☐

Likely neurodiverse but can't afford a diagnosis

8/7/2021 11:28 AM

[View respondent's answers](#)[Add tags▼](#)☐

ADHD

8/4/2021 11:02 AM

[View respondent's answers](#)[Add tags▼](#)☐

FND

8/4/2021 10:42 AM

[View respondent's answers](#)[Add tags▼](#)☐

Chronic fatigue syndrome, ptsd, depression, restrictive anorexia

8/3/2021 10:58 PM

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Q4

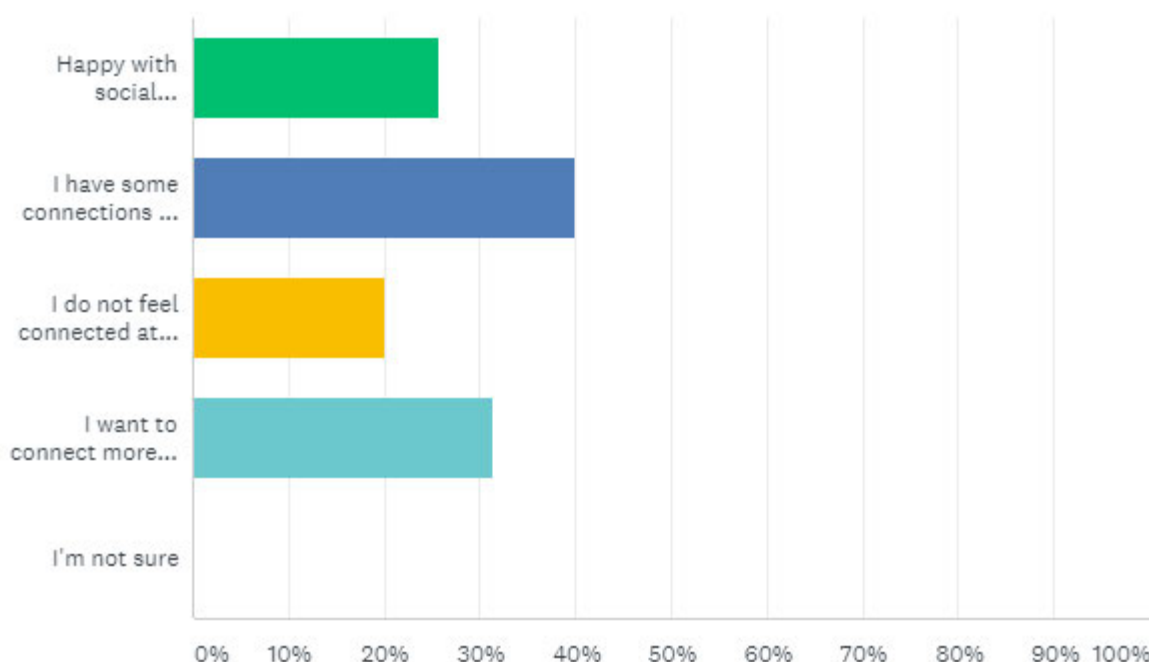


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Do you (or the person you know) feel like you are connected to a community or to other people? This might be LGBTIQ community, disability community, cultural community, your neighbourhood or any other community or group of people that is important to you.

Answered: 35 Skipped: 1



ANSWER CHOICES	RESPONSES	
▼ Happy with social connections and community at the moment	25.71%	9
▼ I have some connections but they aren't very strong / it's not enough for me	40.00%	14
▼ I do not feel connected at all, or I feel stuck at home	20.00%	7
▼ I want to connect more but there aren't enough places for people like me	31.43%	11
▼ I'm not sure	0.00%	0
Total Respondents: 35		

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Q4 Continued

Showing 6 responses

☐

The Sunshine Coast seems pretty light on trans inclusive spaces.

8/8/2021 9:59 AM

[View respondent's answers](#)[Add tags▼](#)☐

I have no friends or social life at all. just work and home. not even online. need support to make social connections but i dont know how to get that support.

8/5/2021 3:42 PM

[View respondent's answers](#)[Add tags▼](#)☐

Im happy with the connections I have in the Queer/Ally community, but feel very disillusioned with the wider neighbourhood community

8/5/2021 10:58 AM

[View respondent's answers](#)[Add tags▼](#)☐

I don't like to be labelled so I don't have a community - it is difficult

8/4/2021 10:42 AM

[View respondent's answers](#)[Add tags▼](#)☐

Most of my friends in the community are from more accessible groups outside of the queer community or I went to school with them. I only really have one friend who isn't disabled in the queer community because of how inaccessible it is. We tend to be forgotten about at most queer events and honestly, I feel very alone and isolated from my community because I feel like I don't belong anywhere. I don't fit in with other wheelchair users because I'm not cishet and I don't fit in with the most visible of the queer community because I'm disabled. So instead I just hope for a day I can host a potluck with all my queer and disabled friends so we just have a space we aren't being rejected.

8/3/2021 3:59 PM

[View respondent's answers](#)[Add tags▼](#)☐

Connections are important! I've found great communities on Facebook and Discord

8/3/2021 12:51 PM

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Q5

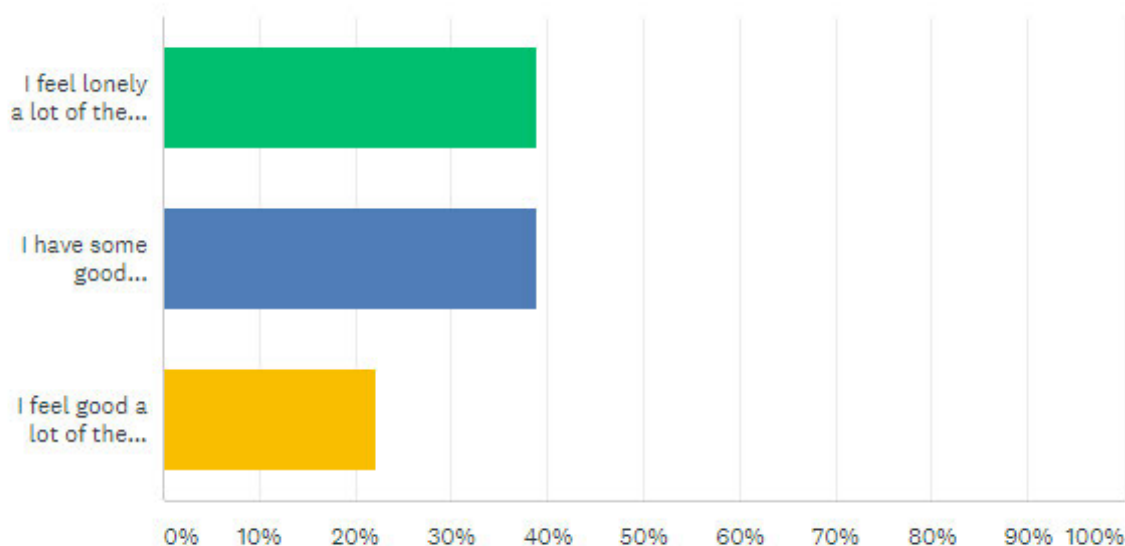


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How do you (or the person you know) feel about how connected you are?

Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
I feel lonely a lot of the time or all of the time	38.89%	14
I have some good connections but I still feel lonely	38.89%	14
I feel good a lot of the time, and I can manage if I feel lonely sometimes	22.22%	8
Total Respondents: 36		

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Q6

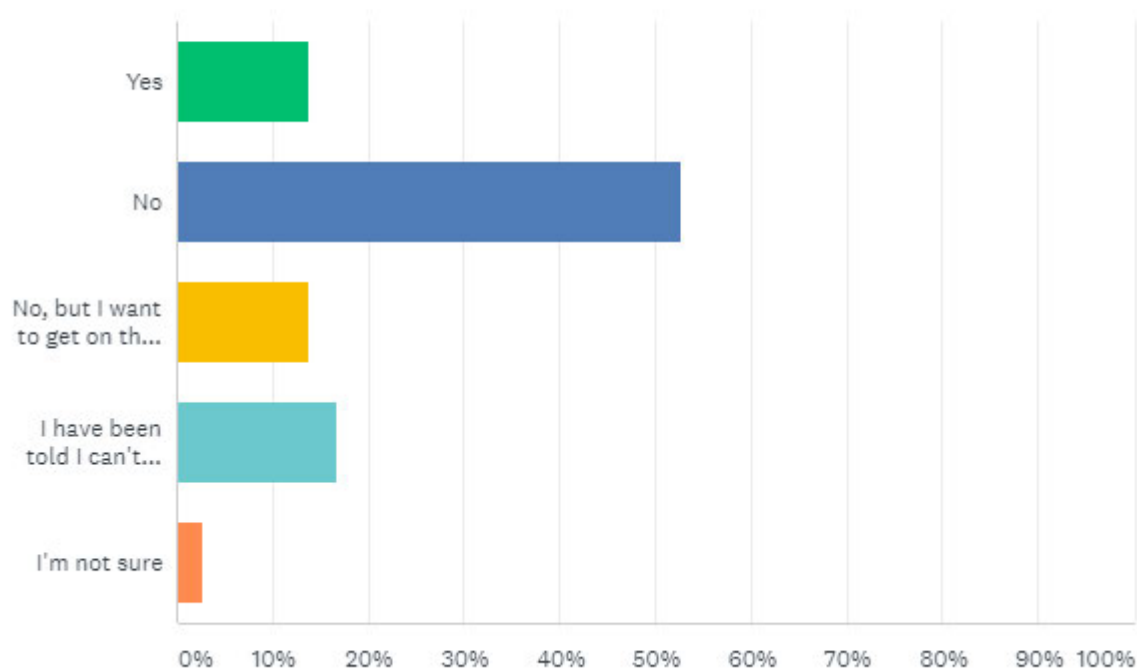


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Are you (or the person you know) an NDIS participant?

Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	13.89%	5
▼ No	52.78%	19
▼ No, but I want to get on the NDIS	13.89%	5
▼ I have been told I can't get NDIS support	16.67%	6
▼ I'm not sure	2.78%	1
TOTAL		36

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Q7

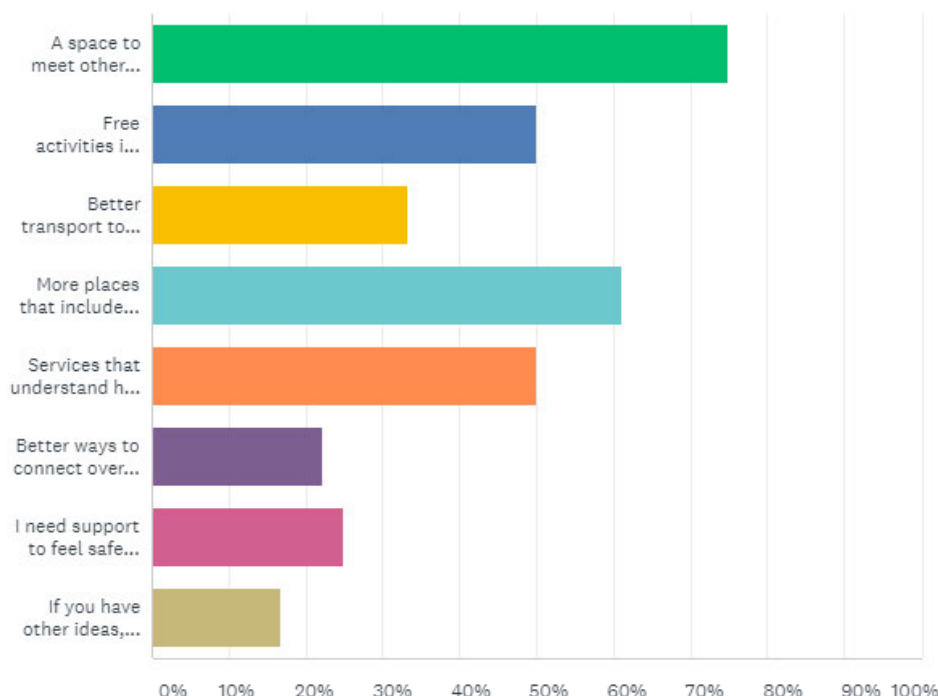


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If there was something that could help you (or the person you know) feel more connected and less lonely, what would it be?(You can pick more than one answer. We have included some ideas but you can type more in the box)

Answered: 36 Skipped: 0



ANSWER CHOICES ▼	RESPONSES ▼
▼ A space to meet other people like me	75.00% 27
▼ Free activities in my local area	50.00% 18
▼ Better transport to get to activities and back home	33.33% 12
▼ More places that include LGBTQ+ people with disability	61.11% 22
▼ Services that understand how to support me better	50.00% 18
▼ Better ways to connect over the phone or internet	22.22% 8
▼ I need support to feel safe in the community and with other people	25.00% 9
▼ If you have other ideas, you can write them here	Responses 16.67% 6
Total Respondents: 36	

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Q7 Continued

Showing 6 responses

☐

It would be nice to have social activities/options that aren't centred on alcohol, partying, clubbing, bars, etc. Not all of us can or want to go to places like the Beat or the Wickham. Places like that are absolute hell with my disability (vision and hearing).

8/12/2021 11:49 PM

[View respondent's answers](#)[Add tags▼](#)☐

wide sweeping education regarding queer lives and our struggles, and reform of the laws regarding transitioning.

8/5/2021 10:58 AM

[View respondent's answers](#)[Add tags▼](#)☐

Better training for how to support disabled clients/patrons in non-disabled spaces

8/4/2021 11:09 AM

[View respondent's answers](#)[Add tags▼](#)☐

It is difficult because I am a very capable person and don't want to be the subject of services or have to identify myself in a way that other people can compare and make conclusions about who I am - I am very private but social with friends and family

☐

Regular, meet ups based around an activity that are easy to get to and accessible

8/3/2021 5:43 PM

[View respondent's answers](#)[Add tags▼](#)☐

I need a space that provides access to wheelchair friendly homes and services in lgbtqia+ safe spaces. Most disability services are run by church organisations and I've had terrible experiences especially because of my religious trauma and that I'm of pagan faith so I've been accused of turning my back on god and going to the devil and 'that's why I'm disabled' according to someone last time I tried to reach out. I need places that see me as human and care about the fact I am a person with thoughts and opinions and faith and love who still see me in fullness for my disability and my queerness and the problems I face because of it. I also want more accessible clubs and non alcoholic lgbtqia+ dating scenes; because I don't have access to most bars and clubs and I can't drink. So I loose a lot of community that way too

8/3/2021 3:59 PM

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Q8

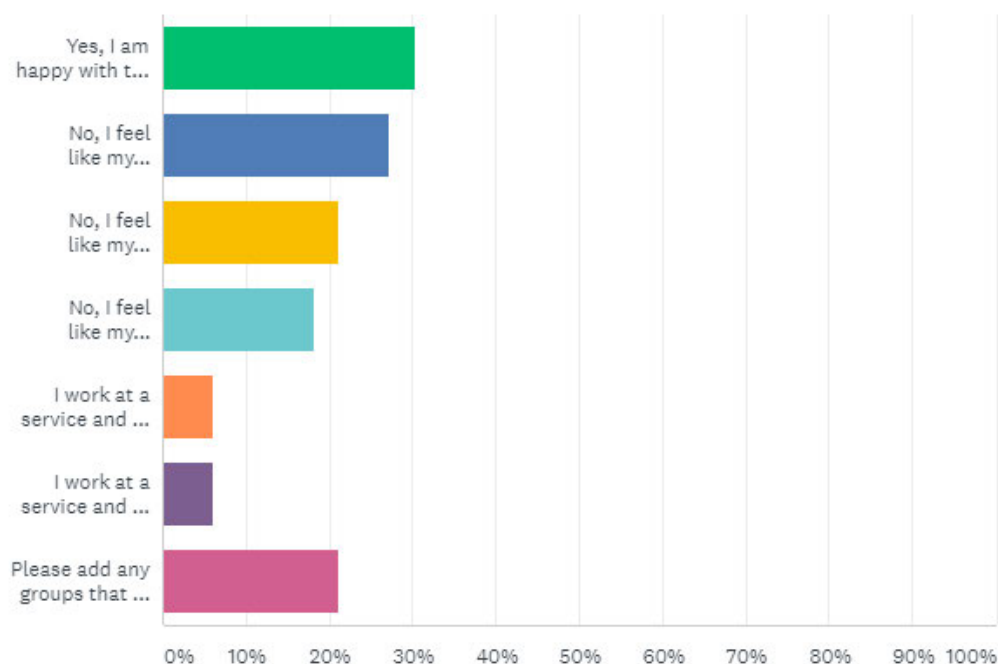


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If you (or the person you know) are connected with a service, , do you feel like they are good at supporting you? Please add groups or services you are connected to and happy with at the bottom.

Answered: 33 Skipped: 3



ANSWER CHOICES ▼	RESPONSES ▼	
▼ Yes, I am happy with the support I am getting	30.30%	10
▼ No, I feel like my services do not understand me as an LGBTIQ+ person	27.27%	9
▼ No, I feel like my services do not support me enough with my disability	21.21%	7
▼ No, I feel like my services are not good with supporting my disability or my LGBTIQ needs	18.18%	6
▼ I work at a service and I think we do a really good job (please feel free to share which service and why below)	6.06%	2
▼ I work at a service and I think we really need to do better (feel free to add extra info below)	6.06%	2
▼ Please add any groups that are already doing a good job here. Responses	21.21%	7
Total Respondents: 33		

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Q8 Continued

Showing 7 responses

☐

QC

8/5/2021 3:42 PM

[View respondent's answers](#)[Add tags▼](#)☐

QC

8/5/2021 12:06 PM

[View respondent's answers](#)[Add tags▼](#)☐

Community Living Association, Nundah. Brisbane Youth Service (BYS), Fortitude Valley. While both are doing well as a service, they are sorely underfunded.

8/5/2021 10:58 AM

[View respondent's answers](#)[Add tags▼](#)☐

I am not connected at all to any groups

8/4/2021 10:42 AM

[View respondent's answers](#)[Add tags▼](#)☐

Open Doors Youth Service - am currently doing my social work placement here and they are very accommodating.

8/4/2021 9:50 AM

[View respondent's answers](#)[Add tags▼](#)☐

Minds & Hearts

8/4/2021 9:04 AM

[View respondent's answers](#)[Add tags▼](#)☐

Wendybird

8/3/2021 5:43 PM

[View respondent's answers](#)[Add tags▼](#)**WWILD Sexual Violence Prevention Association Inc.**

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Q9



Save as ▼

Please share any other ideas about what the government could do to prevent isolation and loneliness for LGBTIQ+ people with a disability in the text box.

Answered: 18 Skipped: 18

Showing 18 responses



The QLD government has done a couple of things in recent years to support the LGBTIQ+ community (e.g. conversion therapy, the right to use gender specific anti discrimination bill, age of consent laws, and civil unions before the 2017 marriage law postal vote). This has helped with reducing stigma in QLD. It would be great for continued focus on supporting the LGBTIQ+ community through specific service funding (e.g. a program for LGBTIQ+ people with a disability, funding to support transgender people seeking to transition, a focus on inclusivity as a requirement for all government contracts, etc.).

8/12/2021 11:49 PM

[View respondent's answers](#)

[Add tags ▼](#)



Improve accessibility in general - in building standards, etc; improve LGBT+ training of disability and healthcare providers - those little interactions can really exacerbate loneliness if not LGBT-sensitive

8/7/2021 11:28 AM

[View respondent's answers](#)

[Add tags ▼](#)



Increase funding for psychology clinical assessments for adults and for counselling sessions. All current supports assume a level of family support or community engagement already exists but I'm going to die if nobody helps me in time.

8/5/2021 3:42 PM

[View respondent's answers](#)

[Add tags ▼](#)



I work in disability and have a learning disability as well. I think more awareness education towards the general public regarding unseen disabilities is very important. I have had trouble explaining to people about my disability purely because I am healthy, happy and capable. This I can see, confuses many who see disability as a blanket term and instantly thinking of someone in a wheel chair (for example) when the word 'disabled' comes up. I think those who are disabled also need empowering and relatable groups of people to build and strengthen their confidence to engage in a assumptions world (hopefully for not too long!). I believe those with acute learning disabilities need a community as many would feel (like myself) guilty for even suggesting I have a disability, which is only another terminology minorizes have to accept and understand (coming out as a LGBTIQ+ person as well as DISABLED! Wild)

8/5/2021 2:47 PM

[View respondent's answers](#)

[Add tags ▼](#)



It's about making sure that LGBT+ disabled people know they are welcome, since we so often feel we are not (and usually have many experiences to back that feeling up). If the government can encourage all its connected services/groups to be explicit about their support, that would help. For example, something as simple as having a 'non-binary' option on a form can be a signal that this space or group is welcoming of the LGBT+ community. Or perhaps a Pride flag poster. It doesn't have to be big, but it does need to be explicit. Groups often think that so long as they're not outright bigots, their service or space is going well, but people who have experienced so much nastiness in their life may not want to take the risk of joining without an explicit sign that they will be welcome.

8/5/2021 12:34 PM

[View respondent's answers](#)

[Add tags ▼](#)

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Q9 Continued

- ☐ Better access to transition services. Better access to mental health services. More funding for both. Reform/Remove laws that serve only to exclude us (why do I need to get life altering surgery to change my title centrelink?). Allow us to educate people about our struggles. Remove the effective monopoly that Rupert Murdoch has over Australian news media so we aren't constantly in the spotlight when we just want to survive.

8/5/2021 10:58 AM

[View respondent's answers](#)[Add tags▼](#)

- ☐ making queer safe areas that dont invite as many cis het people in that are also accessible and not centred around things like alcohol

8/4/2021 7:21 PM

[View respondent's answers](#)[Add tags▼](#)

- ☐ Increased education and awareness of the intersectionalities between queer and disabled identities

8/4/2021 11:09 AM

[View respondent's answers](#)[Add tags▼](#)

- ☐ More local government funding for LGBTIQ+ people living with disability inclusive activities run by community members, support groups dedicated promote more visibility of what is actually out there not that there is much.

- ☐ It is very lonely at times not being understood but I do not relate to LGBTIQ+ labelling or activism. I am just me. But it means I don't have like minded people that I connect with.

8/4/2021 10:42 AM

[View respondent's answers](#)[Add tags▼](#)

- ☐ Providing transport options, further funding for disability services to provide support, further funding for social services in general to provide more robust and accessible support. A major part of Open Doors' practice is providing social groups for young LGBTIQ+ people, but without being able to offer transport for some young people these groups become inaccessible.

8/4/2021 9:50 AM

[View respondent's answers](#)[Add tags▼](#)

- ☐ I think there is a lot of progress being made in supporting young people and school programs which is fantastic! However, I think there needs to be more support for people later in life as well. With neurodiversity particularly, a lot of people are not diagnosed until later in life (particularly women and people who are non-binary). I think this late diagnosis means people have struggled with social connections for a long time without knowing why. I think addressing isolation and loneliness therefore should also include reducing stigma and improving accessibility of diagnosis and support. Having also come out later in life (I was questioning for a long time), sometimes I get nervous about joining LGBTIQ+ events because I haven't identified for as long. I worry about feeling a bit of an outsider, so perhaps some support that is specific for people who are questioning or come out later in life.

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Q9 Continued

☐

Places to gather/activities to do that don't require 'adult' activities like drinking (for example, people tend to meet up and socialise at bars and restaurants). Just facilities where we are not expected to spend money ect.

8/4/2021 9:04 AM

[View respondent's answers](#)[Add tags▼](#)☐

mandatory education for general practitioners, as well as all allied health staff, regarding LGBTQIA+ terminology and issues

8/4/2021 8:55 AM

[View respondent's answers](#)[Add tags▼](#)☐

Teach people what intersectionality is!!!

8/3/2021 6:24 PM

[View respondent's answers](#)[Add tags▼](#)☐

Right now, almost all disability services have come from church services. The model of care we receive still comes from a Christian perspective; that enough faith will fix us and that we need to fix ourselves and find our power in god. And nowadays the god part tends to be omitted but the idea that we have to find our power and learn to be 100% independent even through struggling and hurting ourselves just to be loved and seen as human is there. It's painful and we need training that reminds service workers we're human and we think and we feel and that who we are as people matter. We lack access to vital healthcare services, jobs, and homes because of who we are. There have been jobs that would take me while disabled, but not when I'm queer (church based mostly), others would've taken me onboard as a queer but not because I'm disabled. The government needs to provide us with services that allow us better transport, safe homes (because I'm currently homeless because that was the only way to leave DV because no one could find me a home because I'm disabled and queer) and I'm couch hopping in a pandemic because there's no homeless shelters to take me, they were full or I was discriminated against. Police don't have training for people like me, I can't trust our law enforcement to take me seriously because I'm disabled. We need shelter and accessible food services and clothing because adapted clothing is really expensive and hard to find second hand, mobility aids are hard to access my gov wheelchair was the wrong size and they couldn't fix it so I went hungry during the pandemic saving for one that wouldn't cause me permanent injuries from being sized wrong. A lot of sexual health clinics also aren't easily accessible because they just don't expect us to be having sex or wanting children; it was easier for me to get a marina than it was to get a pre-natal checkup because I was discriminated against for being queer and disabled so often that I gave up on the possibility of having children. I also don't have access to education because I was being misgendered and the elevator on campus wasn't working efficiently and I was having seizures from stress and lights. They told me they couldn't do anything about it. We need somewhere we can go for support and legal advice and access to basic necessities. Because they're mostly set up for one or the other and we end up being left out and looked down upon in our communities because of it.

8/3/2021 3:59 PM

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Make name changes free so I don't have to out myself every time I go out. Rebuild Medicare so I can actually get some help for my physical disabilities. I dunno. That's about it. Hope this helps

8/3/2021 2:51 PM

[View respondent's answers](#)[Add tags▼](#)☐

"trans only" and/or "disability only" days/times for services so it is safe and accessible to be in public service areas. Like the "quiet hours" at grocery stores but more targeted towards lgbt people and accommodating for a broader range of disabilities

8/3/2021 12:51 PM

[View respondent's answers](#)[Add tags▼](#)

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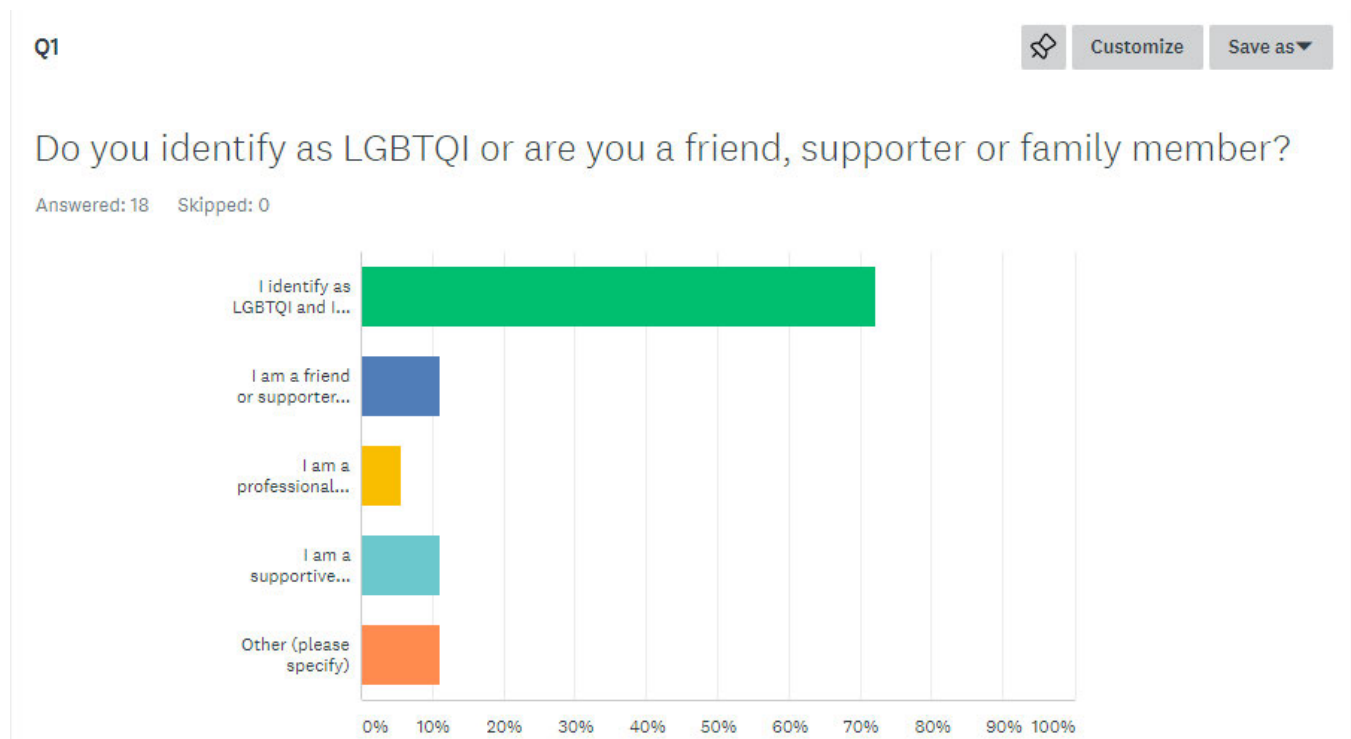
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Appendix Three:

Survey results for “LGBTQI people with intellectual disability in Brisbane” (WWILD, 2020)

- 13 people LGBTQI+ people with disability responded, and 5 people identifying as friends, family members or workers of an LGBTQI+ person with intellectual disability
- 12 participants (66.67%) identified as trans, 10 (55%) as Queer and 9 (50%) as Nonbinary
- 10 responses (59%) regarded an LGBTQI+ person with intellectual disability AND psychosocial disability
- 9 responses (53%) regarded an LGBTQI+ person with intellectual disability AND Autism Spectrum Disorder/Aspergers
- 6 responses (33%) regarded an LGBTQI+ person with intellectual disability AND psychosocial disability AND Autism Spectrum Disorder / Aspergers
- Only one response (5%) indicated feeling happy about current social and community connection
- Only 3 responses (18%) indicated feeling satisfied with their current supports as an LGBTQI+ person with intellectual disability
- 88% of respondents indicated being interested in an LGBTQI+ group for people with intellectual disability for the purpose of social connection, 70% for the sake of peer support and advice, and 53% for the sake of learning about friendships, relationships and sexual health.



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Q1 Contd.

ANSWER CHOICES	RESPONSES	
▼ I identify as LGBTQI and I have a disability	72.22%	13
▼ I am a friend or supporter of someone who identifies as LGBTQI and who has a disability	11.11%	2
▼ I am a professional working with someone who identifies as LGBTQI and who has a disability	5.56%	1
▼ I am a supportive family member of someone who identifies as LGBTQI and who has a disability	11.11%	2
▼ Other (please specify)	11.11%	2

RESPONSES (2) WORD CLOUD TAGS (0)

 Sentiments: OFF 

☐ Add tags▼ Filter by tag▼

Search responses  

Showing 2 responses

- ☐ Victims crime assistance rap Wwild sexual violence prevention association Inc Sexual violence child sexual abused
2/28/2021 4:44 PM [View respondent's answers](#) [Add tags▼](#)
- ☐ I identify as LGBTQI & work in disability support
9/17/2020 1:57 PM [View respondent's answers](#) [Add tags▼](#)

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Q2

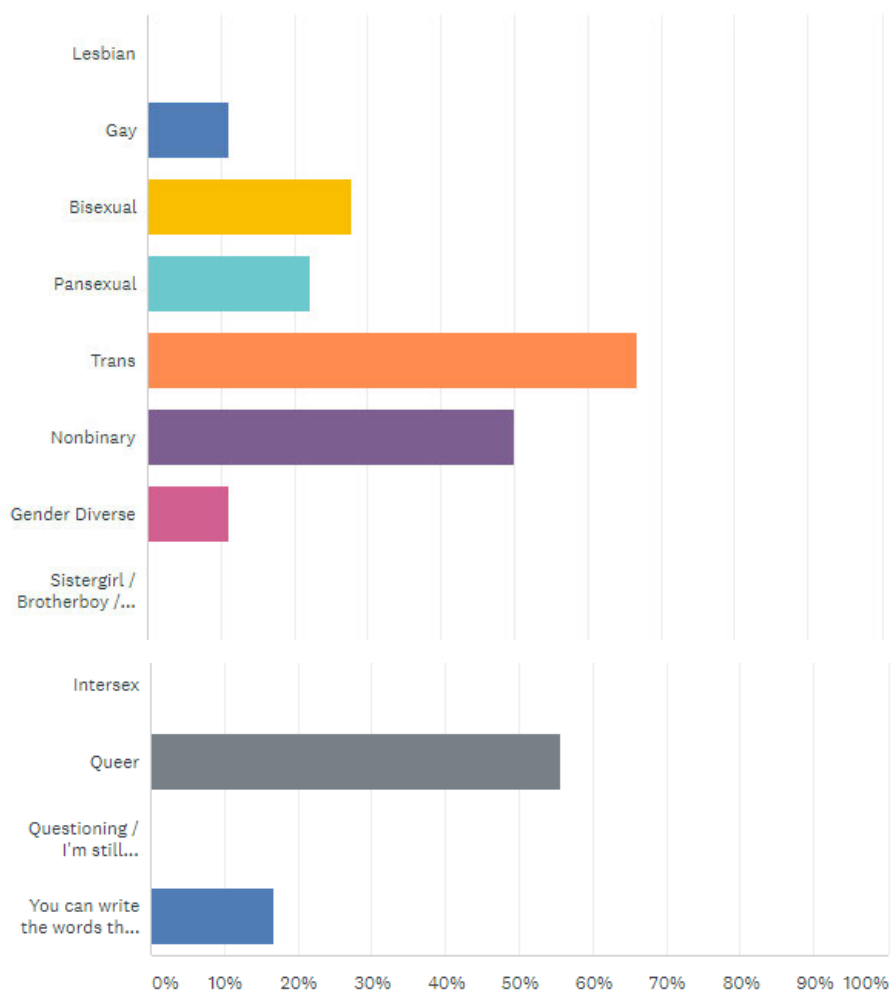


Customize

Save as ▼

How do you (or the person you know) identify? (You can tick any options that fit you. You can also add more words that fit you better at the bottom)

Answered: 18 Skipped: 0



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Q2 Contd

ANSWER CHOICES	RESPONSES
▼ Lesbian	0.00% 0
▼ Gay	11.11% 2
▼ Bisexual	27.78% 5
▼ Pansexual	22.22% 4
▼ Trans	66.67% 12
▼ Nonbinary	50.00% 9
▼ Gender Diverse	11.11% 2
▼ Sistergirl / Brotherboy / 2spirit	0.00% 0
▼ Intersex	0.00% 0
▼ Queer	55.56% 10
▼ Questioning / I'm still thinking about it	0.00% 0
▼ You can write the words that describe you best here. Responses	16.67% 3

RESPONSES (3) WORD CLOUD TAGS (0)

Sentiments: OFF

☐ Add tags▼ Filter by tag▼

Search responses

Showing 3 responses

☐ Single mother to 2 kids

2/28/2021 4:44 PM

[View respondent's answers](#) [Add tags▼](#)☐ Normal

10/13/2020 1:46 PM

[View respondent's answers](#) [Add tags▼](#)☐ genderfluid

9/17/2020 1:57 PM

[View respondent's answers](#) [Add tags▼](#)**WWILD Sexual Violence Prevention Association Inc.**

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Q3

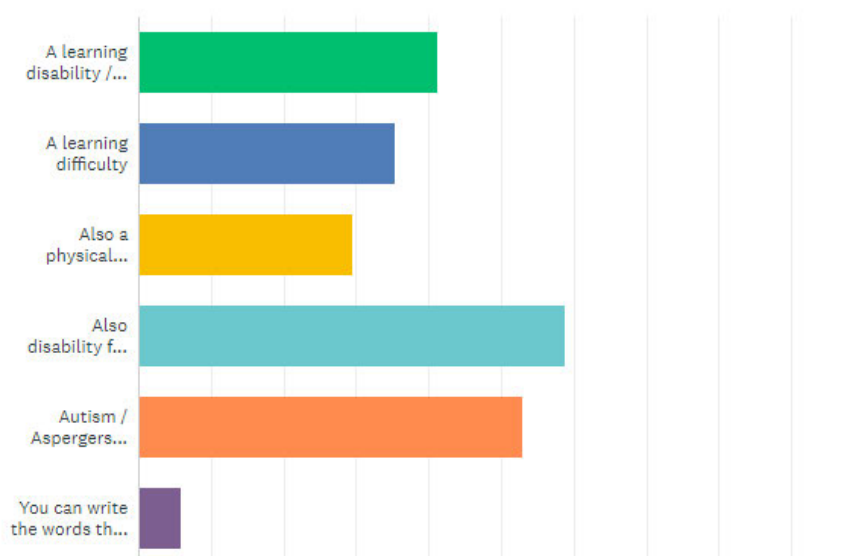


Customize

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WWILD wants to hear more from people LGBTQI+ with intellectual or learning disabilities, and we know that people with disability have different experiences. How do you (or the person you know) describe your disability? (You can choose any options that fit you. You can also add more words that fit you better at the bottom)

Answered: 17 Skipped: 1



ANSWER CHOICES	RESPONSES
▼ A learning disability / intellectual disability	41.18% 7
▼ A learning difficulty	35.29% 6
▼ Also a physical disability	29.41% 5
▼ Also disability from mental health / psychosocial disability	58.82% 10
▼ Autism / Aspergers (people with Autism / Aspergers might not see it as a disability)	52.94% 9
▼ You can write the words that describe you best here.	5.88% 1

RESPONSES (1) WORD CLOUD TAGS (0)

Sentiments: OFF

☐ Add tags ▼
 ☐ Filter by tag ▼

Showing 1 response

☐ ADHD

9/14/2020 1:25 PM

[View respondent's answers](#)
☐ Add tags ▼

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Q4

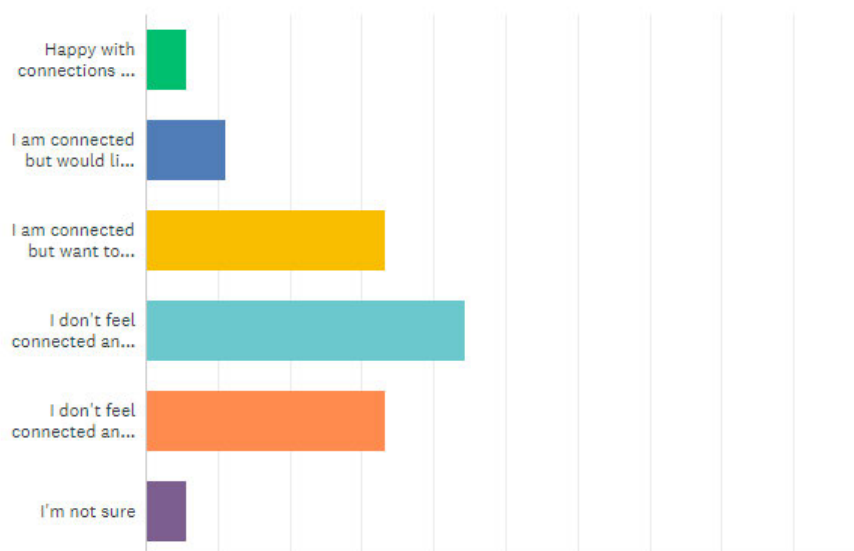


Customize

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Do you or the person you know feel like you are connected to community or other people? This might be LGBTQI community, disability community, local community or any other community that is important to you.

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Happy with connections and community at the moment	5.56%	1
▼ I am connected but would like more connections	11.11%	2
▼ I am connected but want to connect with more people like me	33.33%	6
▼ I don't feel connected and want to connect with more people like me	44.44%	8
▼ I don't feel connected and am not sure how to connect	33.33%	6
▼ I'm not sure	5.56%	1
Total Respondents: 18		

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Q5

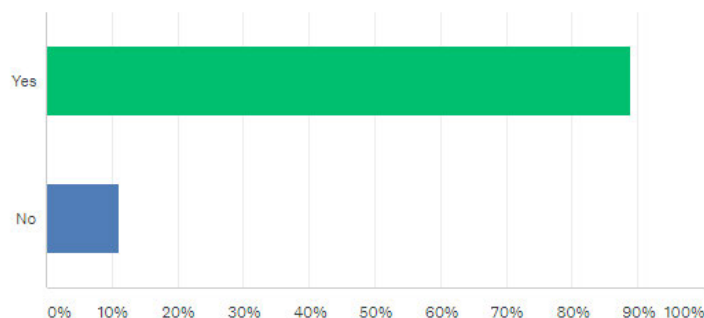


Customize

Save as ▼

Would you or the person you know be interested in a group for LGBTQI people with disability?

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Yes	88.89% 16
▼ No	11.11% 2
TOTAL	18

Q6

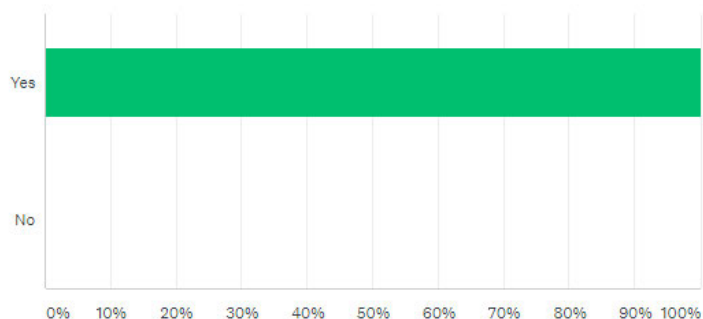


Customize

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Do you live in the Brisbane region?

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Yes	100.00% 18
▼ No	0.00% 0
TOTAL	18

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Q7

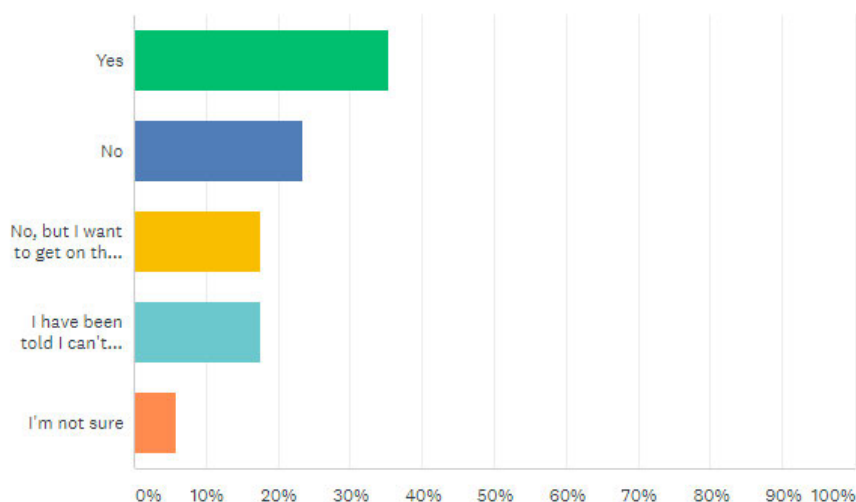


Customize

Save as ▼

Are you or the person you know an NDIS participant?

Answered: 17 Skipped: 1



ANSWER CHOICES ▼	RESPONSES ▼	
▼ Yes	35.29%	6
▼ No	23.53%	4
▼ No, but I want to get on the NDIS	17.65%	3
▼ I have been told I can't get NDIS support	17.65%	3
▼ I'm not sure	5.88%	1
TOTAL		17

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Q8

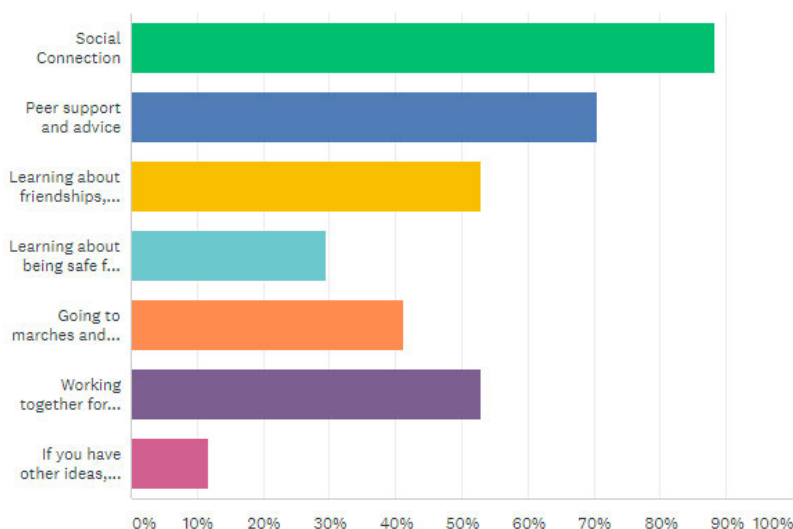


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If there was a group for LGBTQI people with disability, what would you want out of it?

Answered: 17 Skipped: 1



ANSWER CHOICES	RESPONSES
▼ Social Connection	88.24% 15
▼ Peer support and advice	70.59% 12
▼ Learning about friendships, relationships and sexual health	52.94% 9
▼ Learning about being safe from domestic and family violence, partner violence and sexual violence	29.41% 5
▼ Going to marches and events	41.18% 7
▼ Working together for social action or change, or talking to politicians or other people in power	52.94% 9
▼ If you have other ideas, you can write them here	Responses 11.76% 2

RESPONSES (2) WORD CLOUD TAGS (0)

🔒 Sentiments: OFF

☐ Add tags ▼ Filter by tag ▼

Search responses 🔍 ?

Showing 2 responses

☐ Routine

9/16/2020 11:30 AM

[View respondent's answers](#)

[Add tags ▼](#)

☐ You should work with existing lgbtq orgs not recreate the wheel

9/11/2020 5:11 PM

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Q9

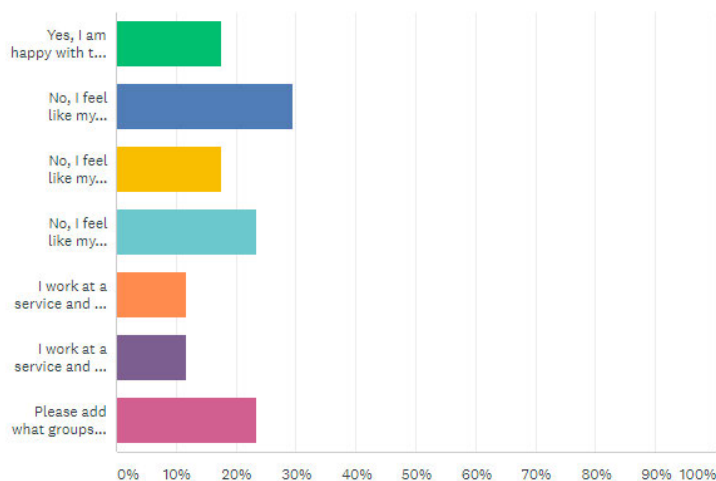


Customize

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If you are connected with a service, or if you work for a service, do you feel like they are good at supporting you? Please add groups or services you are connected to and happy with at the bottom.

Answered: 17 Skipped: 1



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Q9 Contd.

ANSWER CHOICES	RESPONSES
▼ Yes, I am happy with the support I am getting	17.65% 3
▼ No, I feel like my services do not understand me as an LGBTQI person	29.41% 5
▼ No, I feel like my services do not support me enough with my disability	17.65% 3
▼ No, I feel like my services are not good with supporting my disability or my LGBTQI needs	23.53% 4
▼ I work at a service and I think we do a really good job (please feel free to share which service and why below)	11.76% 2
▼ I work at a service and I think we really need to do better (feel free to add extra info below)	11.76% 2
▼ Please add what groups need to do better, or groups that are already doing a good job here. Responses	23.53% 4

RESPONSES (4) WORD CLOUD TAGS (0)

Sentiments: OFF

☐ Add tags▼ Filter by tag▼Search responses

Showing 4 responses

☐ N/a

9/20/2020 8:55 PM

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I'd love to see more education for staff in schools supporting gender diverse people..... there is still a stigma around this especially in regards to pronouns and the importance on the person to feel accepted- as a parent it is frustrating always explaining how important this is - as a teacher aide I often hear other staff members saying they don't understand or saying your a girl/boy you can't change that - we need more professional development in general I have asked my work but to be honest I don't think they know where to look

☐

I'm not connected to any services

9/11/2020 7:48 PM

[View respondent's answers](#) [Add tags▼](#)☐

I'm not connected to any services

9/11/2020 7:47 PM

[View respondent's answers](#) [Add tags▼](#)

Total Respondents: 17

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Appendix Four:

Stories and insights from WWILD community consultation:

Quotes from Zoom Discussion with WWILD client 06/08/221

"I think being both disabled and queer can be extra hard sometimes socially and with meeting new people because people can ask you unwanted questions about your gender and sexual identity and also personal questions about your disabilities. This can lead to just avoiding some places or talking to some people at all."

"At my worst, when I was bedbound and housebound, it didn't matter if, when I lived in Fortitude Valley right next to a service, I could live so close to it but, I couldn't get to it no matter how close those service were you know? I would have to get an Uber to and from services I was with, and I had terrible Uber ratings. I got into an Uber one day and the man says to me "I dunno what the problem is, you're so lovely and polite", and I said, "I dunno what you mean, why are you saying this?" and he says "well, you have such a terrible Uber rating, do you always get short trips?" and I said "yeah, often because I can't walk far". He said "that's why, they give you bad Uber ratings because they don't like short trips", because I couldn't walk for like 5 or 10 minutes home. So it affected my Uber rating, and people see your Uber rating and they can make a choice to come and pick you up or not"

"When I was housebound, we had to use 13SICK a lot when I couldn't make it to the GP, even though I was on the same street as the GP, but I also couldn't get to specialist appointments a lot, like I had multiple appointments a week, and I'd have to reschedule them, but if that happened a lot then they'd just have to cancel them. And for some specialists, I'd have to wait for years on the public health system for. And my LGBT identity was never taken into account in these appointments, and I never felt safe disclosing them either, because often I would say that and it would just change into a different conversation. It wasn't like 'okay, I'm going to respect your pronouns and move on from here', it would just go into conversations that were not appropriate to why I was at that appointment, you know? And that was the same with my disability sometimes, like I'd be at an immunology appointment and they'd be like 'why are you in a wheelchair?' One time I asked if I could get my name put in the system at the hospital, my preferred name before it was legally changed, and I was treated with extreme rudeness. I was told that I could get that changed but I just didn't have the emotional or physical energy. And like, I've had people saying like 'who told you that you have, this, I've never heard of that'. Like, I had a psych say that to me once. So lots of questioning my diagnoses."

"At one time, my partner was my main carer. And at first I didn't have any NDIS, I didn't have any carers, and services that weren't meant to be providing care were offering me care to come help do my dishes and help cook for me and stuff, and I wish I had that earlier on. But also just, any more connection to friends that I could have had would have helped, I would have loved to talk to more people who were disabled and queer like me."

"I know these few things because this is the only people I would talk to, like I connected because I was desperately trying to find people to talk to so I found a Discord server, this Australian and New Zealand LGBT one. And I would also just chat to these people through Facebook that played animal crossing, and I would chat to them every single day, we just became friends. It was wild, because these women who I played animal crossing with didn't even live in Brisbane, and when you're isolated, the people who you're talking with don't even need to be local, they don't need to be in the same city, the same state, the same country. So there's a few online chats that I'm in now for people with disability and I'm chatting with people in Sydney and in Perth, you know?"

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"My partner missed out on so much [being my primary carer]. He would have full days at work and he would have to come home and cook for me, he would have to clean, he would have to help shower me, that sort of thing. He would have to help me mental health wise, he would have to help take me to the hospital when I needed it, come visit me in hospital, help take me to medical appointments and stuff, like all that. My partner had no time to himself, and it hurt me so much to see that, you know? It was just really hard on us both, because I also wanted a relationship, I didn't want him to have to do that."

"[One organization] was amazing. They're not an LGBT space but they are the most inclusive non-LGBT space that is like LGBT friendly. They did everything to make the space more disability and queer friendly for me. They asked me what things they could do, they let me nap in a room when I needed because I have chronic fatigue, they turned down music and made like a quiet room, they made a gender free bathroom. They were just constantly checking in on what they could do and it was amazing."

"The best thing about [one organization] was that they had multiple rooms. So they could have a space where there was music and dancing, but you could have another space where it was quiet. But a place that is very small, when you hold a get together and have music and dance and it's really loud, but there isn't a space where you can just go to sit down and be quiet, you know? And that's probably the biggest barrier for me, like sensory things. When a place is loud that's really hard for me. I recognize that not everyone wants to go to a space and hang out and for there not to be music there you know? But I find it really hard to talk to people when there's music in the background, I have trouble processing words back and forth."

"[A different organization] was sad, they showed interest in wanting to be more disability inclusive, and they talked about wanting to make a sensory room that was like a quieter space, but in the end all that they did while I was there was kind of just put like squishy lizards on the table and some beanbags, like 'here's some sensory items'. And I watched them tell people with disabilities they couldn't come because of their disabilities, so people with mental health issues, I watched them say 'you're too difficult for this space', people who had seizures be told they couldn't come because they couldn't deal with that. You know, they couldn't put in a seizure action plan or anything, like that's really bad for me. I don't know what they're like now, I haven't been there for ages, it could be a completely different space now."

"[A different organization] was a really bad place to be queer when I first started there. We would go on like events and outings and stuff, and there would be other young people would be blatantly homophobic, and I would try and stand up for myself but they would just keep being homophobic. And I would say to the workers like 'hey, you have like policies in place if things like this happen, can you ask this person to like leave the event or something', and they would say 'we can't because this is another young person in need here. And while I understood that, at the same time they were harmful. I remember this one bus trip and I turned to someone and I said 'you realise that half the person in the bus are LGBT?'. And everything was happening, like there was deadnaming, foul language, use of slurs and stuff. But slowly over time it changed. There was a suggestion box and I wrote in it all the time. And then there were a few people at the service that come out, like workers, and I think some policies changed and stuff, and they made an LGBT room, holding LGBT events, and it started to change over the years and I think they're much better now."

"In the past I've not been able to go to pride rallies or disability rallies and stuff if support workers aren't LGBT friendly, or they've told me they don't feel comfortable to go to those sorts of things, and so that makes me isolated at those events. Or, like, Brisbane has the pride rally, but I wasn't able to go one year because it was all rainy and wet, so they have the thing at the end, but my wheelchair couldn't go through it because the grass was all wet."

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"Once I went to a rally for Invasion Day, and I went and volunteered and stuff. And when I was leaving, I went up to get a maxi taxi, and someone came up to me and said 'since you've come today, the local council will pay for your taxi ride. And I was like 'wow, that's actually really helpful, thank you'. And that's something that's actually really helpful, because I have currently no income. My DSP has been cut because my partner has had a pay rise and his income is seen as my income. Yeah, for public event and stuff, if the local council would help people get there it would be so helpful. Because sometimes I've had to be like 'do I actually have the money to get to this event?'"

"[Covid-19] has had such a huge impact on me relating to the telehealth appointments that I can have. One example is that I saw my endocrinologist for three years. And I would go to the hospital to see her. And I would get very worked up and overwhelmed in the waiting room, and I would have to see someone else before I saw her and by the time I got to see her, I was pretty much nonverbal, I mean I was very short, very overwhelmed and in a panicking state. And the first time I talked to her on a telehealth, she was shocked. She was like 'it's like I'm talking to a different person, you're doing so well, I'm so happy for you', and I was like 'yeah well I'm in the comfort of my home, I haven't been all worked up in a waiting room' and she was just so happy for me. Sensory wise, it's made a big impact."

"[When Covid-19 happened] people just started talking about how they were stuck at home all the time, and I was like 'this has just been my life for years, you know?'. And people would say 'oh, I can only leave my house for exercise this many hours a day', and I was like 'wow, that's a lot more than I can leave the house to exercise for', and things like that. I dunno, some things became harder, like if I'd go to the shops, all the seats – there are like less places to pause and stuff. And there'd be like these weird rules, like 'oh we're going to have disability hour for shopping', but only one person can come, like the disabled person, and I can't push my own chair, I only had a manual chair at that stage. But the real thing that affected me during lockdown was that I couldn't go to my physical therapy. Most other things got better and I could attend my GP and hospital appointments over the phone and it got better for me."

"Social stuff got much better for me too [after Covid-19], because I find stuff so much more accessible online. Like, I can manage my pain and fatigue and sensory needs with assistive stuff at home, like lie in my bed and reply to messages, take breaks, put stuff in my chair at home that I may not be able to do if I was going out to meet friends, or may fully prevent me from going out if I can't do it and I need it. Like, right now I have a heat pack on my back, I have a heat pack on my stomach, and I'm sitting on my power wheelchair. And I couldn't do that if I was out somewhere, you know? And today I'm in quite a lot of pain, I wouldn't be able to meet you out anywhere, but I'm able to do this because I'm at home because this is accessible for me."

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Talking points from WWILD Rainbow Allsorts group for LGBTIQ+ people with intellectual disability, 11/08/21

- Warm invitations/supporting to attend events: *"Don't just tell us about something and leave it [and expect us to manage everything ourselves]"*
- Alienating when services act like more of an expert than support people, like being corrected and challenged about pronouns after one accidental slip up and being made to feel like I was unsupportive
- Experiences of 'falling through the cracks'
- Not being eligible for health supports and services, and only becoming eligible once things become really bad, and then getting lost between health systems, as well as State and Federal systems.
- Being ignored or disbelieved by health practitioners
- Being treated differently and not transparently by Doctors
- Laws and provisions to prevent discrimination are ignored or disregarded by services with power, but fear of further victimisation and sense of fatigue makes it difficult to proceed with complaints.
- *"Being heard is really difficult"*
- *"Being LGBTI is really hard"*
- *"Sometime, the LGBTI community won't help you because you're disabled, and the disability community won't help you because you're LGBTI"*
- *"A lot of people don't even have one support person supporting them"*
- *"Without this group I'm nothing. I'm isolated, cut off. My life is very dull"*
- *"When I'm on my own, I'm crying a lot inside"*
- *"I tried to set up a group [for LGBTI people], I had a few replies and they were positive, so I went and spent around \$400 worth of supplies, and nobody turned up. And I haven't tried since, and I don't think I will"*
- I want to move closer to Brisbane to be closer to LGBTI community but the cost is too much
- *A lot of church community says they are accepting but a lot of them aren't, really*