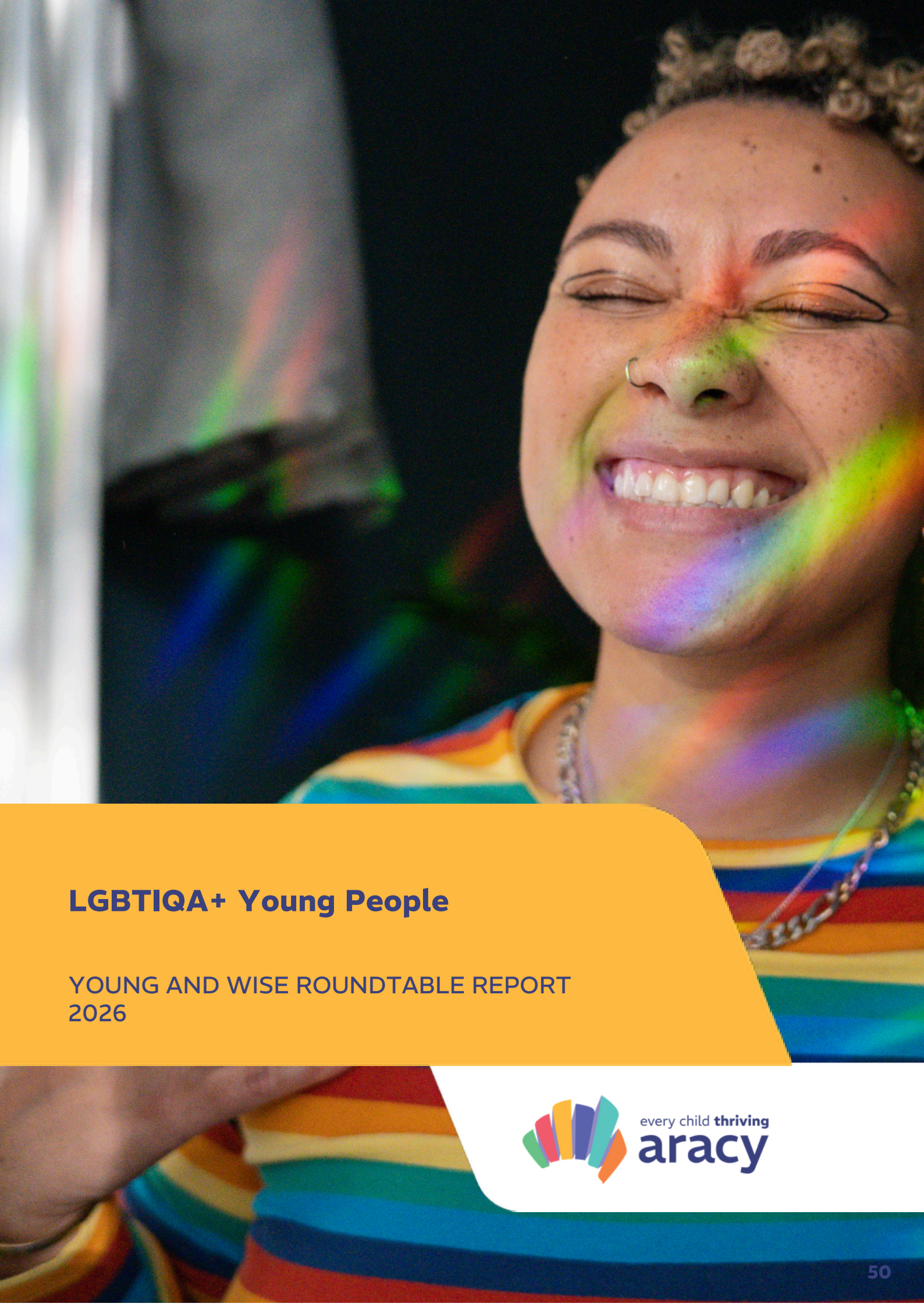




LGBTIQA+ Young People

**YOUNG AND WISE ROUNDTABLE REPORT
2026**

7 Cohort 2: LGBTIQA+ Young People

Cohort snapshot

18 PARTICIPANTS	44 APPLICANTS	2 SESSIONS	March 2026 CONDUCTED
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How we ran this

At the start of each roundtable, participants were invited to self-determine their language preferences, including any terms they preferred not to use, and were asked whether "queer" could be used as an umbrella term alongside LGBTIQA+, indicating their preferences via thumbs-up, thumbs-down, or verbal acknowledgement before recording.

Terminology: During recruitment, promotion and both roundtables, ARACY used "LGBTQIA+," consistent with ARACY's series one Young and Wise findings. This report has since been aligned to "LGBTIQA+," the term used by the Australian Government's National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035.

Participants self-identified into this cohort during their expression of interest, and while no one identified as intersex, having innate variations of sex characteristics, or as asexual or aromantic, several spoke up for broader gender and sexuality diversity during discussion. Therefore, this cohort should not be read as representative of the full diversity of LGBTIQA+ communities. Subpopulations within this community can be fundamentally different from one another, with distinct needs and experiences that this cohort's findings do not capture. We encourage this complexity to be recognised and explored further in future research.

"Affirming": Throughout this chapter, "affirming" is used broadly to describe being validated and supported in one's gender, sexuality and identity as a whole. One Mentimeter question specifically asked: "When accessing health/wellbeing services, what does gender or identity affirming care look like for you?" Participants were invited to speak to gender and identity broadly, not gender alone, and findings from this question are presented accordingly.



Who Participated

Eighteen (18) young people participated across two roundtables. The cohort reflected a diversity of gender identities, sexual orientations, and intersecting lived experiences. Participants were drawn from multiple Australian states and territories.

Participant demographics across the two sessions held, were as follows:

	Group: Under 18 years	Group: 18 years and over
Date	19 March 2026	18 march 2026
Participants	6	12
Age range	14-17 years	18-23 years
Gender	Female: 3 Non-binary: 2 Male: 1	Female: 5 Non-binary: 4 Male: 1 Prefer not to say: 1
State/Territory	NSW (3), VIC (2), QLD (1)	VIC (7), QLD (4), ACT (1)
Intersecting identities	RRR (4) CALD (2) Neurodivergent (2)	Neurodivergent (10) Disability or chronic illness (5) CALD (4) RRR (3)

Named participants (Under 18): Aspen, Kiana, Pip, Maddie, Beau. One young person also chose to remain de-identified.

Named participants (18 and over): Ren, Abbey, Darcie, Lars, Jess, Isabella, Sophia, Jacqueline, E, GZ, Taryn. One participant also chose to remain de-identified.

At the EOI stage, Healthy ranked fifth of six domains selected by LGBTIQ+ applicants (50%), well behind Positive Sense of Identity and Culture, Valued, Loved and Safe, and Participating. Yet in the roundtables, specialised and gender-affirming health care emerged as the strongest shared priority across both age groups, and was the most common open-text ask when participants were asked what they would change if cost was no object. Gender-clinic wait times, Medicare gaps and the search for competent, affirming care carried the conversation in a way EOI selections alone would not have predicted.

Based on 44 EOI responses, the wellbeing domains most frequently selected by LGBTIQ+ applicants were:

Rank	The Nest Domain	Frequency (qualitative)
1	Positive Sense of Identity and Culture	Most frequent
2	Valued, Loved and Safe	Most frequent
2	Participating	Frequent
4	Learning	Frequent
5	Healthy	Moderate
6	Material Basics	Less frequent

Note: Exact percentages not shown; this table reflects qualitative ranking of EOI frequency. Individuals could select multiple domains.

Scope and limitations

Limitations that apply across all Series 2 cohorts are set out at 2.7 Limitations and considerations. The points below are specific to this cohort. ARACY is aware of young people who chose not to participate for fear of being outed in their community, and that absence is itself meaningful. Participation was concentrated in the eastern states. Most participants in the 18 and over group also identified as autistic or neurodivergent, so LGBTIQ+ and neurodivergent experiences are closely interwoven in this section.

Key Messages



The short version: Across two roundtables, 18 young people described what helps them thrive: affirming (in gender and sexuality) adults, inclusive classrooms, competent and affordable health care, queer community and online connection. Their strongest message was that affirmation is prevention. Belonging, queer joy (see page 70), safe community spaces and online connection were described as protective, while schools, families and services could either strengthen wellbeing or cause harm by default. Participants highlighted gaps including heteronormative curriculum, limited access to affirming care, invisibility in the middle years, and parents being left without the tools to support them well. They asked to be seen, supported, and included as partners in designing the systems that affect their lives.

Six clear messages from LGBTIQ+ young people

Six key messages emerged consistently across both roundtables (under-18 and 18+), offering practical guidance for policy development, service design, and implementation.

Problem statement	Roundtable insights
1. Schools are not consistently creating environments where LGBTIQ+ young people can thrive.	Inclusion works when it is visible and embedded through queer role models, inclusive curricula, supportive libraries and recognition of significant days. The gap is consistency, implementation and accountability, particularly in responses to bullying and in some faith-based settings.
2. Access to affirming healthcare and support remains limited.	Good care was described as respectful, competent and inclusive. Key barriers included long wait times, cost, limited community access to affirming resources and systems that do not always recognise intersecting needs.
3. Online spaces are critical sources of connection, safety and belonging.	Online communities provide identity support and connection, particularly for those in regional or unsupportive environments. Young people want safer online spaces without losing access to vital networks, while greater action is needed on misinformation and hate.
4. Early support during the middle years is an underused opportunity to strengthen wellbeing.	Identity often developed between ages 8 and 14. Representation, affirming adults and safe spaces during this period were described as protective and lasting, highlighting the importance of earlier intervention.
5. Families need better resources to support LGBTIQ+ young people.	Many families want to provide support but lack the knowledge and tools to do so. Priority areas included lived-experience and community-informed resources and parent peer support to help families respond confidently.
6. LGBTIQ+ young people are not consistently recognised as partners in decisions affecting them.	Young people brought practical solutions and lived expertise. They wanted to be involved from the beginning of design processes, with their contributions recognised, valued and linked to visible outcomes.

These findings are reinforced by the broader Young and Wise 2026 Survey. Survey respondents prioritised youth-specialist physical and mental health care, clearer learning pathways, bullying being properly dealt with, feeling included and respected, and decision-making opportunities that value young people's expertise. While survey respondents were not the same young people who participated in the LGBTIQ+ roundtables, the survey findings indicate that several issues raised by LGBTIQ+ participants also have broader salience among young people reached through ARACY's communication channels.

What young people are telling us and where this aligns nationally

What LGBTIQ+ young people shared in these roundtables aligns with national Young and Wise (2024) findings, while also surfacing dynamics that are more pronounced for sexuality and gender-diverse young people, and often less visible in general youth consultation.

The Young and Wise report identifies belonging and safety as foundational to wellbeing across age groups, but notes that LGBTIQ+ young people are less likely to feel safe and more likely to experience exclusion and discrimination, particularly in school and community settings (Young and Wise, 2024, pp. 12). LGBTIQ+ participants in these roundtables reflected this pattern, describing how safety and belonging are shaped not only by relationships, but by whether systems default to heterosexuality and cisgender identities or actively signal inclusion through language, processes, and staff behaviour.

National evidence also shows that gender-diverse young people experience markedly poorer mental health outcomes and lower feelings of safety than their cisgender peers and are often not adequately identified or supported within mainstream systems (Young and Wise, 2024, pp. 13, 103). Roundtable participants expanded on this by describing how affirming care reduces cognitive and emotional load: when names, pronouns, and identities are handled competently, young people are better able to engage early with support and participate confidently in education and community life. At a national level, young people consistently report that support arrives too late and call for earlier, more practical support (Young and Wise, 2024, p.16). This aligns with participant experiences of long gender-clinic wait times and inadequate Medicare session caps.

The Young and Wise report highlights that schools are a critical setting for wellbeing, but that LGBTIQ+ young people report lower trust in school responses to bullying and discrimination, and less confidence that schools will act consistently (Young and Wise, 2024, pp. 56–58). This aligns closely with roundtable accounts, where participants described schools as central access points for wellbeing support, but only when staff capability, visibility, and follow-through were present.

Nationally, Young and Wise framed identity and culture as strengths, while noting that LGBTIQ+ young people are less likely to feel that their identity is recognised or respected by systems (Young and Wise, 2024, pp. 62–66; 114–120). LGBTIQ+ participants reinforced this, describing how affirming environments allow identity to function as a stabilising and protective factor, rather than something that must be managed, explained, or concealed.

Finally, Young and Wise consistently found that LGBTIQ+ young people are less likely to feel heard by institutions, despite demonstrating high levels of insight and engagement (Young and Wise, 2024, pp. 6, 14, 114). This was mirrored in the roundtables, where participants clearly articulated practical solutions, such as inclusive intake systems, visible signals of acceptance, continuity of care, and called for participation that results in tangible system change rather than symbolic consultation.

Taken together, these findings show that LGBTIQ+ young people share national wellbeing priorities but encounter them through systems that often require additional navigation. When systems are inclusive by design and consistent over time, LGBTIQ+ young people are not only able to thrive; they contribute to safer, more responsive environments that strengthen wellbeing for all young people.

Key insights from the roundtables

Schools and Education

Across both age groups, participants rated school-based wellbeing education as only modestly helpful overall, with most topics scoring at or below the midpoint of the 1–5 scale. Under-18 participants generally rated the topics more positively than participants aged 18 and over, including respectful relationships and consent (2.7 compared with 1.8), managing mental health (2.5 compared with 1.9), and substances education (3.0 compared with 2.3). Physical health was the only topic rated equally by both groups, at 2.5. Preventing racism and discrimination received the lowest scores across both cohorts (1.8 for under-18s; 1.7 for 18+), suggesting this was an area where participants felt school-based education was least helpful.

Overall, the results indicate limited perceived usefulness of wellbeing education, particularly among older participants, and point to a need for more relevant, practical and sustained approaches. Given the sample size, findings should be read as indicative only.

Did you have school lessons, workshops or guest speakers on these wellbeing topics? How helpful were they in helping you make good decisions?

(1 = Didn't help / Didn't receive, 5 = Helped me a lot)

Topic	Average score		
	Under 18 (n=6)	18+ (n=12)	Young and Wise 2026 Survey (n=192)
Digital safety and wellbeing	2.17	1.92	2.73
Managing Mental Health	2.5	1.92	2.74
Nutrition	2.33	2	2.77
Physical Health	2.5	2.5	3.46
Preventing Racism and Discrimination	1.83	1.67	2.7
Respectful Relationships	2.67	1.83	3.15
Sexual Health	2.33	1.75	3.15
Substances	3	2.33	3.03

Note: Sexual Health and Respectful Relationships were asked separately in the roundtables. The Young and Wise 2026 Survey combined them into one item, so the same survey score (3.15) appears on both rows.

Note: Indicative only. Small sample. Copied verbatim from the Mentimeter weighted average.

Broader Young and Wise 2026 Survey findings reinforce the importance of schools as wellbeing settings. Survey respondents identified more subject choices and clearer pathways after school, bullying being properly dealt with, free or affordable healthy food, better routines, and access to counsellors, wellbeing staff or GPs as key changes that would improve wellbeing at school. When asked what would make the biggest difference to their wellbeing at school, survey respondents pointed to more subject choices and clearer pathways after school, bullying being properly dealt with, free or affordable healthy food, better routines, and easy access to counsellors, wellbeing staff or a GP, reflecting a call for these practitioners to have more of a physical presence in schools themselves. This aligns with LGBTIQ+ participants' accounts of schools as places where wellbeing can be strengthened through visible inclusion, trusted adults and clear follow-through, or undermined through bullying, privacy breaches, exclusion and heteronormative assumptions.

Gaps in inclusive relationships and sexuality education

Across both sessions, participants described school-based relationships and sexuality education as limited in its inclusion of LGBTIQ+ experiences. They reported that content often focused on heterosexual relationships, physical risk and abstinence-based messages, while providing little practical information about queer relationships, diverse bodies, gender identity, or disability accessibility and inclusion. Participants suggested that this limited the relevance and usefulness of the education they received.



"...every speaker that we've had at school either did not help at all, [or] talked about something entirely different than they were meant to talk about. The funny thing is that like I learned more from the internet than I did at school about everything, and that probably says a lot, and it's probably really bad."

— Kiana, Under-18 LGBTIQ+ Roundtable



" ...my school acted as if educating students on diverse sexualities was too inherently sexual (?) despite the fact that sexuality isn't limited to discussion around sexual acts, and doesn't excuse not educating on them. And honestly they educated on heteronormative relationships, so a lot of double standards."

— Isabella, 18 and Over LGBTIQ+ Roundtable chat



"...we were taught that PIV sex was the only thing that counted as "sex" and everything else (including anal/oral/digital sex) was "sexual contact", the same as hugging or kissing. We were taught that sexuality was not who you were attracted to (gay/straight/bi) but instead how you present your gender to others (e.g. do you wear low cut clothing). Lots of fearmongering about STIs and lack of appropriate education (which disproportionately affects queer people)."

— De-identified, 18 and Over LGBTIQ+ Roundtable chat



"We were never taught what PrEP was; the only protection was just physical barriers in my class."

— Taryn, 18 and Over LGBTIQ+ Roundtable chat



"Disability accessibility and inclusivity is so, so important and necessary "

— Sophia, 18 and Over LGBTIQ+ Roundtable chat

Inclusion in Faith-Based School Settings

Participants raised concerns about how LGBTIQ+ topics and identities were addressed in some faith-based school settings. One participant described experiences in a Catholic school where school messages about queer identity were harmful, and where complaints or concerns did not appear to result in meaningful follow-up. While this reflects one participant's account, it highlights the importance of ensuring that all school environments are safe, respectful and responsive to student wellbeing.



" We had teachers and priests deliver masses and assemblies that directly stated Queer individuals were "wrong and would end up in hell". And the school failed to address 90% of those cases. If they did respond, they merely said sorry if anyone was offended by the views of the church..."

— Ren, 18 and Over LGBTIQ+ Roundtable chat

School culture, safety and belonging

Participants described bullying, exclusion and discriminatory behaviour as common concerns for queer, trans and gender diverse students. Several said the impact was compounded when school responses were unclear, delayed or did not appear to lead to meaningful change. Students were sometimes told action was being taken, but did not see changes that made them feel safer or more supported.



"Mocking of trans folks specifically... and gender diverse folks specifically, was a really, really normalised thing...and teachers, particularly substitute teachers, would just brush it off. And then when I would raise it with the school, there was complete lack of transparency on what was happening... like genuine health risks that weren't getting talked about."

— Lars, 18 and Over LGBTIQ+ Roundtable



"I was bullied in school for being queer and... I would go to the principal. It took them like six months to like even do something normal about it. The kids didn't get in trouble for it. And I felt like I just didn't get that time to process it all and talk to someone about it."

— Darcie, 18 and Over LGBTIQ+ Roundtable



" ...whether it be like very small things like not wanting to sit with me at lunch or very serious things like calling names and things like that... I definitely think bullying needs to be tackled more, especially for queer people."

— Aspen, Under-18 LGBTIQ+ Roundtable

Participants also described how harms can accumulate across different parts of school life. They pointed to staff cultures that normalised homophobia or transphobia, inconsistent consequences for students who engaged in harmful behaviour, rigid uniform rules that did not accommodate gender diversity, and breaches of privacy such as outing trans students to parents. Together, these examples suggest that school culture is shaped not only by formal policies, but by everyday decisions, staff responses and whether students can trust that concerns will be taken seriously.



"...at my school, it was just amongst the staff, very normalised homophobia and transphobia...that also extended to like a lack of punishment for students who would engage in that behavior... one of my friends actually eventually left our high school because they were non-binary and the school wouldn't allow them to... mix up the uniform to reflect that... Or even just outing trans students to their parents, when the parents weren't aware... stuff like that also just trickled down into the students."

— Isabella, Under-18 LGBTIQA+ Roundtable

What Works: Safety, Belonging and Physical Support

Participants identified a range of school practices that support LGBTIQA+ student wellbeing, including Pride or diversity clubs, quiet spaces, visible allyship from staff, queer representation in school materials, and whole-school recognition of events such as Wear It Purple Day. Across both groups, feeling safe at school, including bullying being dealt with properly, was ranked as the most important support. Participants also emphasised that inclusion should be embedded in everyday school culture, rather than limited to one-off events or symbolic gestures.

When asked to rank which ideas would most help their wellbeing at school, both groups put 'feeling safe' first. The 18-and-over group ranked 'easy access to counsellors, wellbeing staff and GPs' second, followed by 'quiet times and spaces to calm down'. The under-18 group ranked 'clubs and groups where young people feel they belong' second, and 'easy access to counsellors, wellbeing staff and GPs' third.



"There are a lot of really small but really powerful actions that teachers and adult members in our communities can take that can make young queer people feel a lot safer and a lot more comfortable. And those might be things like not saying 'boys and girls' or 'ladies and gentlemen', and making sure that they're wearing their pronoun pins and even wearing queer flags or ally flags that can just show people that they are a safe person to be around.

Because often if you want to go and talk to someone about something, but you're not sure how they'll respond to it, then those little signs are what a lot of us actually really look for. "

— Beau, Under-18 LGBTIQA+ Roundtable



" [on the importance of queer representation in schools]...at my school there are a lot of teachers who are openly queer...having...people who are older to look up to..."

— Pip, Under-18 LGBTIQA+ Roundtable



" My school has a learning support that has quiet place you can go to during class if you have a pass and it helped me more than anything...It also has diversity club which is nicknamed 'The Gay club' because, well that's what it is, and it's AMAZING! "

— Kiana, Under-18 LGBTIQA+ Roundtable

Participants also highlighted the need for school leaders to support young people who are already trying to create safer and more inclusive spaces.



"...when I was trying to set up the like systems at my school so that there'd be more like safe places for people, a lot of the senior leadership would like say, 'that's not possible because...' It's not really like what their priority was in school, and I thought that was a bit...wack, to be honest."

— Gabriel, Under-18 LGBTIQA+ Roundtable

External Lived-Experience Providers

Participants in both sessions recommended that schools draw on external providers with specialist training and lived experience to support sensitive wellbeing education. They suggested this could strengthen the relevance and trustworthiness of the content, while reducing the expectation that teachers deliver complex topics alone.



" ...sex-ed should be done by external providers with the correct training and lived experience. Teachers are not equipped for the experience, and kids are not able to trust folks they see every day with embarrassing questions."

— Lars, 18 and Over LGBTIQA+ Roundtable Chat



What this means for policy: The findings suggest that school wellbeing policy should focus not only on curriculum and formal policies, but on the everyday conditions that make students feel safe, included and supported. Three priorities stand out: consistent leadership on anti-discrimination; accessible and coordinated wellbeing supports; and evidence-based inclusive education that is embedded across school life. Participants also saw value in trained external and lived-experience providers, particularly for sensitive wellbeing topics, and in peer support models that can complement the role of teachers and school wellbeing staff.

Healthcare and Wellbeing Access

Healthcare and wellbeing access emerged as a major pressure point across both roundtables. Participants discussed barriers across formal health services, school-based wellbeing supports, community organisations and clinical care. Key concerns included the affordability and availability of gender-affirming care, long wait times for specialist services, limited access to queer-affirming mental health support, and difficulties navigating fragmented systems where young people have intersecting needs, including disability, neurodivergence, chronic illness, housing insecurity or limited family support.

Broader survey findings reinforce the centrality of health and wellbeing access. Across the survey sample, healthcare teams specialising in young people's physical and mental health were the highest investment priority. This supports the LGBTIQ+ roundtable finding that young people see timely, competent and youth-appropriate care as foundational to wellbeing, while the roundtable data shows why care also needs to be identity-affirming, affordable and responsive to intersecting needs.

Gender-affirming care was raised in both sessions as important to wellbeing, but often difficult to access due to cost, wait times and service availability. Participants described delays as distressing, particularly where young people were experiencing gender dysphoria and could not access timely advice, support or practical resources.



"...we do need larger and more funded spaces to help queer kids transition safely and in a way that makes them experience the joy they want to, because I think that Dysphoria can be very troubling and it can become harmful from a personal experience... if we can get more accessible, cheap, inexpensive programs that help kids transition safely and happily, then I think that we can really eliminate a lot of...negative repercussions that come with the wait times and overall just a happier community..."

— Aspen, Under-18 Roundtable

Participants identified gender-affirming resources beyond hormonal treatment, including binders, clothing options and practical guidance for families, as immediate, relatively low-cost areas for support. They pointed to community organisations such as Gender Agenda in Canberra as existing practice, while calling for more stable, systematic funding.

Participants also raised concerns about whether existing Medicare-funded supports are sufficient for young people with complex or intersecting needs. This included concerns that the number of subsidised mental health sessions available each year may not meet the level of need for some young people, and that chronic condition management arrangements may not adequately reflect the cumulative impact of multiple diagnoses or care needs.



" Chronic disease management plan doesn't cover much, especially if you have multiple chronic illnesses as you don't get more sessions if you have more diagnoses."

— Taryn, 18 and Over LGBTIQ+ Roundtable



"Most of us need multidisciplinary care, affordably or for free, and many queer people are homeless and may not be able to access physical services. Street medicine is something I wish existed in a meaningful way, especially for queer people...10 subsidised mental health care sessions per year wouldn't be enough even if they were free instead of just slightly reduced price! "

— De-identified, 18 and Over LGBTIQ+ Roundtable chat

Young people were asked what gender or identity affirming care looks like for them; while most responses centred on gender-affirming care specifically, participants situated this within a broader session focus on sexuality, gender identity and gender diversity as interconnected parts of wellbeing.

.Across both groups, affirming care was framed not as an extra service but as competent care: inclusive intake forms, correct names and pronouns, privacy, non-judgement, understanding of queer relationships and minority stress, and staff who do not treat identity as a problem to be explained or justified.

Participants aged 18 and over focused particularly on how mainstream services operate in practice, including intake processes, practitioner behaviour and the broader culture of care (noting the following is not a full set of Mentimeter responses):

"Having the actual intake forms be inclusive! e.g. differentiating sex from gender, giving a preferred name and pronouns, being able to choose your own title"

"Services understanding queer relationship dynamics, asking pronouns, not using deadnames, understanding of the intersection of queerness and mental health, appreciating minority stress, being secular"



"Not trying to 'fix' something or place me into a neat box for the purpose of statistics and meeting research targets."

"I like it if they don't react if I mention having a same-sex partner. Like it's not even a factor just another ordinary part of day to day life, and completely normal, and it's not a big deal."

"From the get-go having access to services where the staff themselves have lived experience of being in the LGBTIQ+ community, I find that fundamentally makes a difference in the way care is delivered"

Under-18 participants echoed these expectations, while placing greater emphasis on whether affirming support is visible, accessible and available at early points of contact, including schools.

"shorter and more accessible resources, e.g.: binders, hormones, youth workers etc."

"I find many services at school (consent talks, sex ed, etc) do not go into LGBTQ+ topics at all."

"Having visible confirmation that people will accept me as a transgender person (badges, posters, etc)."



"Not being biased towards any gender and treating everyone with respect. Not stereotyping people because of how they present themselves. My school just kind of pretends it doesn't exist at all"

"Confidential counselling coming from people who understand where you come from/don't reject what you are feeling because of their prior bias more community spaces"

"I haven't accessed wellbeing services because of gender identity yet."

"Having options to speak to queer health mental health professionals and GPs."

Participants' responses highlight strong alignment across both groups, with differences largely shaped by context, particularly whether affirming care is encountered within established health systems or must first be made visible and accessible within school and early support environments.



What this means for policy: Participants described affordable, accessible and affirming care as essential to wellbeing, particularly for young people with intersecting needs. Policy priorities include reducing wait times for gender-affirming care, funding community-based gender-affirming resources, reviewing whether Medicare-funded supports are adequate for young people with complex or multiple needs, and investing in outreach and wrap-around models for those who cannot easily access fixed services. Participants also made clear that identity-affirming care should be embedded as a routine standard across health, wellbeing and school-based services.

Social Media, Digital Safety and Digital Equity

Social media and online communities emerged as significant issues for this cohort. Participants did not describe digital spaces only as risks to be managed; they also described them as important sources of identity exploration, safety, connection and peer support. This was particularly important for young people in regional areas, or in school, home or community environments where they felt unable to access affirming support offline.

Age Restrictions, Access and Unintended Consequences

Under-18 participants generally questioned whether the social media age restriction was working as intended and raised concerns about unintended consequences for queer young people. Their concerns were twofold: first, that restrictions could be bypassed in practice; and second, that removing or limiting access to online communities could reduce access to identity-affirming information and peer connection for young people with few offline alternatives.



"... I'm under 16 and I have not been banned or like had a pop up on any of the social media apps, other than Twitch...So it has not affected me at all because it doesn't exist. "

— Kiana, Under-18 LGBTIQA+ Roundtable

More importantly, participants described social media and online communities as important for queer identity discovery and connection, particularly where school, family or local community environments were not affirming. Platforms and online communities were described as places where some young people first found language, peers and information that helped them understand their identity.



"... I definitely know people who have had their resources cut off... I think that if I didn't have the internet, I wouldn't have discovered that I was queer...it's harmful on queer kids because they can pretty much grow up their entire life thinking that like they should be ashamed that they don't feel right in their body ... And it not only adds to the issue, but can actually make it more harmful in the sense that more kids are going to be prone to suicide or prone to bullying people because they don't understand their own identity. And I think it overall just creates more problems than it does fix them. "

— Aspen, Under-18 LGBTIQA+ Roundtable

The concern was not that online spaces are inherently safe. Rather, participants suggested that restricting access without providing credible alternatives may relocate risk rather than reduce it. They argued that digital safety education should move beyond messages about reducing screen time, and instead help young people understand why they seek online spaces, how to assess risk, and how to find safer, moderated and affirming communities.



"... my school ... always looked at like the symptom rather than the cause... it was always like, 'People spend too much time online. It's so bad for your sleep. You'll get depressed'. And it was never like, why are people spending so much time online? ... I couldn't talk to anybody in my real life about being queer. So of course I went to online spaces. And the same is also true for my friends who are part of like racial minorities... finding community online ...was like essential to me figuring out who I was.."

— De-identified, 18 and Over LGBTIQA+ Roundtable

Broader Young and Wise 2026 Survey findings add context to these concerns. Survey respondents did not strongly agree that social media age restrictions made them feel safer online, and responses also pointed to ongoing issues around connection, mental health support and finding communities. This aligns with LGBTIQ+ participants' accounts of online spaces as both risky and protective: not inherently safe, but often essential where young people cannot access affirming information, peers or support offline.



What this means for policy: Participants' accounts suggest that digital safety policy should recognise both the risks and protective functions of online spaces for queer young people. Evaluation of the social media minimum age framework should include specific attention to LGBTIQ+ young people, particularly those in regional areas or unsupportive offline environments. Rather than relying solely on restriction, policy should strengthen harm reduction through safer platform design, effective moderation, practical digital literacy and access to moderated, identity-affirming spaces. Digital education should move beyond screen-time reduction to help young people assess information, manage privacy, recognise risk and find safe sources of support.

Wellbeing in the middle years

ARACY defines the middle years as ages 8 to 14 – a period marked by transition from primary to secondary school, growing independence, biological change and increasing engagement with technology. Participants described this stage as an important window for identity development, belonging and access to affirming information. For queer young people, wellbeing in the middle years was shaped not only by formal supports, but by everyday experiences of acceptance: finding affirming friends, having adults use the right name or pronouns, seeing queer lives reflected in books or media, accessing practical gender-affirming supports, and being able to explore identity without pressure or judgement.

What supported wellbeing: belonging, acceptance and identity

Participants' responses show that wellbeing in the middle years was supported by belonging, affirmation and opportunities for self-expression. Young people valued supportive friends, trusted adults, inclusive books and media, community spaces, extracurricular activities and practical forms of gender affirmation. For some, these supports were available at school or through family; for others, they came through media, books, online communities or peers.



Please share the best thing that happened for your wellbeing in the Middle Years. For example, something good that improved your health and happiness.

Mentimetre written responses, Under 18 LGBTIQ+ Roundtable:

"Getting my first binder!!!!!!!!!!!!!!"

"Having supportive spaces in real life"

"Finding people I could talk to."

"Finding my tribe at school and having relationships that were loving and positive instead of stressful (or mainly filled with cishets)."

"All my friends being queer.... hint"

"Finding a group of friends I could relate to, validating my feelings"

"Joining ALL of the extracurriculars once I got to high school!!", "" I joined every club too, haha"



"Having leadership, community, and public speaking opportunities."

"Changing my name socially"

"My first queer relationships"

"Getting teachers who use my correct pronouns"

"So I read this book that had queer representation, and about struggles and finding love and stuff. I actually didn't really know why I loved it so much and then I was just like omg, wait..."

"I joined a community, Autcraft, A Minecraft server for Autistic people and their family/friends. They have a whole /warp pride and descriptions of all the queer flags- also have people/staff to talk to"

"Finding out what non-binary meant and meeting my two best friends!"

"Making queer friends"

"My friendship circles openly discussing their identities and educating each other on LGBTQIA+ terms", "Finding a friend who was accepting of my identity without question!"

"Hanging out with friends who accept me for who i am"

"Discovering queer media that shows queer joy"

"Media recognition of queer communities, this is the way I learnt about things, it was never talked about in my real life"

"the only moments of belonging and connection i had were through books, making art, playing piano, engaging in interests, watching fun videos"

"coming out when i was thirteen."



"Asking non-heteronormative questions e.g. 'do you like anyone?', 'do you have a boyfriend or a girlfriend?'"

"Sexual health nurse at school that was trauma and queer informed"

"I was not okay during this time, but one thing that was really good was my 12th birthday party. I think I felt genuinely happy then, and we spent the full day playing in the mud during a rainstorm"

"Didn't know I was queer 😊"

"Having supportive teachers who always treated me like I was a good person worthy of care and kindness regardless of what I was doing"

"being a baby gay and my first girlfriend. Falling in love for the first time"

"i didn't discover that gender diverse people existed until i was 18"

"I could be a "tomboy" and it wasn't an issue"

"Going to pride with my gay uncle when I was 12!"

Challenges to wellbeing in the middle years

Participants described the middle years as a period when exclusion, bullying and lack of recognition could have a significant effect on wellbeing. Several responses pointed to gaps in school responses to homophobia, transphobia and the everyday psychosocial impact of being trans or gender diverse, including in primary and early secondary settings. Participants also described queer identity and gender diversity as often treated as too adult or irrelevant for younger students, despite some young people already needing language, support and safety during this period.

When asked what had challenged their wellbeing, participants pointed to bullying, isolation, lack of inclusive education, gendered assumptions, limited staff understanding and the absence of safe pathways for asking questions or seeking support.

Please share a challenge to your wellbeing in the Middle Years. For example, something you wish could've been prevented. Could the Gov't prevent it?

Mentimetre written response, under 18 LGBTIQ+ Roundtable:

"more education about the lgbtqia+ community"

"intersex inclusive sex education also"

"Still a lot of homophobia at single-gender schools, lots of slurs thrown around, unsure if Gov could prevent it directly? Maybe through programs but not sure how effective they would be in stopping depression and major bullying"

"Saying I'm Asexual to one of my friends, him proceeding to make it really serious, and pulling me aside at school, saying "do they (my friends) know yet?" I said it was just a joke haha. It broke me"

"Having difficulties taking the first steps in socially transitioning at high school (luckily, I had a really good teacher who noticed how uncomfortable I was and asked me what I wanted to be called)."



"Being at a rural primary school and having queerness completely ignored, with other students noticing that something was different, and being told it was 'unnatural' in year five. I was a child."

"Feeling really isolated in my second year of high school when I didn't have a core group that I could fall back on"

"Bullying and discrimination- not as much with the woman, but alot of the men at school would derogatory language."

"Slurs are really thrown around a lot at my school. Any sort of Queer identity needs to be kept kind of quiet, because the school would totally not support it"

"Additionally, the government could assist with this by providing more teacher training for queer experiences."

"Bullying and harassment. I would get asked invasive questions by peers and teachers/the school would brush it off. Identity was barely touched on in school and considered secondary"

"Taught to associate shame with sex, sexuality and gender. And also reinforced with messages that discussing these topics was bad and you should feel guilty if you were wanting to explore these topic..."

"Suicidality"

"Sexual education should include far more information on intersex people, and the non binary nature of physical sex in general- what happens when people take HRT, body diversity, no bioessentialism"

"Actually inclusive puberty and sex education would have really helped!"

"All textbooks or worksheets "he/she does xyz", etc.

"Violence from men - the gov could've played a part in preventing through policies, community support & outreach, funding for these (and schools), educated teachers & support"

"Normalisation of homophobia and transphobia at school, kids never getting repercussions for saying slurs or bullying queer students"

"Talking about queer people as if they're not in the room when people are queer-passing which makes you feel like you have to hide your identity"

"Boys = blue and girls = pink", ""Boy toys and girl toys"

"Wear it purple day (maybe un-popular opinion) but this singled out queer people at school and made it a "big deal" when it should just be"

Broader Young and Wise 2026 Survey findings reinforce the importance of earlier support for belonging and identity. Survey respondents identified pressure to look or act a certain way around peers, not knowing how or who to talk to, and not feeling included or respected for who you are as major barriers to feeling safe and supported. These findings align with LGBTIQ+ participants' accounts of the middle years as a period when identity, peer culture, trusted adults and visible affirmation can have lasting effects on wellbeing.



What this means for policy: The middle years are a key window for prevention and early support. Participants' accounts suggest that wellbeing can be improved through inclusive school cultures, age-appropriate education, stronger teacher capability, visible support for gender diverse students, and consistent responses to bullying and discrimination. Everyday inclusion matters: representation, respectful language, correct names and pronouns, trusted adults and clear pathways for support were all described as practical protective factors. These findings suggest that support for queer and gender diverse young people should be available from the middle years where needed, rather than assumed to be relevant only in later adolescence.

Belonging, Safety and Queer Joy

Participants in both sessions emphasised the importance of queer-specific spaces where young people can feel safe, connected and affirmed. The concept of "queer joy" emerged independently in both discussions, describing something more than the absence of harm: the positive experience of being able to participate, connect, celebrate identity and see queer futures modelled by others. For some participants, the term itself was new, but the experience it described was familiar.



" im loving the term queer joy. I dont think ive ever heard that before ❤️"
— Maddie, Under-18 LGBTIQA+ Roundtable Chat

Participants pointed to existing community events, peer spaces and visible role models as sources of belonging, and called for more regular, accessible and youth-appropriate opportunities to connect.



" I'm really, really happy about Spring Out, but I do think we need to see more events like that throughout the year...safer and more communal spaces, whether it be like activities that are yearly or monthly or weekly or clubs... I feel like that can really help queer people feel like we have a voice in a space"
— Aspen, Under-18 LGBTIQA+ Roundtable

And several pointed to the quiet, protective power of simply seeing older queer generations flourish:



" Seeing thriving queer adults in my life."
— Taryn, 18 and over LGBTIQA+ Roundtable Chat

One Folktale reflection extended this discussion by identifying gaps in sport, youth events and safety pathways as health and wellbeing issues, not only social or cultural concerns.

On queer youth sport as a gap in physical and social health:



"Queer, and particularly trans, young people engaged in youth sport are often in unsafe or uncomfortable environments"...for many this leads to far less participation and far less overall participation in sport, which can decrease general health as well as community connections."



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"... Community programs are needed to combat discriminatory ideas in sporting culture ...programs that are designed for transgender young people could really increase physical health and allow them to do these things that kids should be able to do without feeling targeted or harmed."



On queer joy, safe events and the conditions that let young people thrive:
"...lgbtqia+ youth already experience high rates of mental health issues, both in schools and wider community. we cannot overlook the importance of events prioritising queer joy and connection"
"an important note ... prioritising youth friendly and under 18 a drug, smoke free events is really important because things like chill out festival are great for the older member of the lgbqita community but many young people may not feel entirely comfortable engaging with their identity in the way that adults do"



The same reflection extended this from joy to safety, naming the material conditions young people need just to be well:
"queer youth are overrepresented in homelessness statistics... this is very much because of parental rejection so there needs to be many more clear and accessible pathways living in unsupportive home environments to get out safely or have the resources that they need to survive and not have to turn to the streets"

— Beau, Under-18 LGBTIQA+ Roundtable, Folktale submission

Survey findings reinforce the importance of belonging as a wellbeing issue. Not feeling included or respected for who you are was one of the highest-ranked barriers to feeling safe and supported, and pressure to look or act a certain way around peers was the strongest barrier overall. This supports LGBTIQA+ participants' emphasis on queer joy, affirming spaces and visible community as protective, not optional, elements of wellbeing.



What this means for policy: Participants described belonging, safe spaces and queer joy as important protective factors for LGBTIQ+ young people's wellbeing. Policy responses should support regular, youth-friendly queer community spaces and events, including under-18, alcohol-, drug- and smoke-free options and smaller sensory-friendly settings. Participants also identified safe sport as a gap, suggesting a need for inclusive sport programs and training for coaches, educators and community organisations. For young people in unsupportive home environments, clearer pathways are needed between schools, health services, housing, youth services and LGBTIQ+ community supports. Together, these measures would treat connection, safety and participation as part of prevention and early support, not as separate from health and wellbeing policy.

Parents and Caregivers: Support, trust and family wellbeing

Participants did not generally describe parents and caregivers as hostile. Instead, they often described them as under-resourced, anxious or unsure where to find reliable information. Across both sessions, young people described a pattern in which they sometimes felt responsible for managing parents' emotions, questions or uncertainty, rather than being fully supported themselves. This was particularly evident around coming out, pronoun use, gender identity, family acceptance and navigating services.

Broader Young and Wise 2026 Survey findings reinforce the importance of family and caregiver support. Survey respondents ranked mental and physical health as the top issue parents and caregivers should focus on and identified stress and tension at home as the strongest impact when money is tight. This aligns with LGBTIQ+ participants' accounts of family wellbeing as closely connected to their own wellbeing, including the need for parents and caregivers to have reliable information, emotional support and practical resources.

For some participants, this meant withholding difficult experiences or filtering what they shared, to avoid increasing parental distress or guilt.



"... I know a lot of us are quite attuned to having to coach our parents through things... you're filtering everything so that you don't even tell them, I guess, the bad stuff that's happened... for me, at least, that meant I didn't disclose anything about abuse or whatever until I was an adult because I didn't want them to feel like they'd done something wrong."

— Jess, 18 and over LGBTIQ+ Roundtable

Participants also noted that even when resources are available, parents may struggle to identify which sources are credible, practical and trustworthy.



"... many parents avoid them [resources] cos they don't know which ones are credible/reliable cos their marketing is 'fun' rather than the serious medical info that parents perceive as legitimate."

— Jacqueline, 18 and over LGBTIQ+ Roundtable

Participants identified a need for parent-facing supports that combine reliable information, peer connection and practical guidance.

 **" ...parental peer support for parents of queer, and gender diverse children. education on the importance of gender affirming care and community connections "**

— E, 18 and over LGBTIQ+ Roundtable Chat

For some, concern for parents and caregivers was also financial and practical. Several described being aware of family cost pressures, including the cost of health care, medications and everyday living.

 **" I worry a lot about my parents finances, as a chronically ill young person who has required financial support to afford medications. They have supported me a lot, but we are all on low wages and I can see the stress that my expenses bring to them."**

— Ren, 18 and over LGBTIQ+ Roundtable

 **"...I worry a little bit about my parents' mental wellbeing and their relationship with work and how they're making ends meet. And I think it makes it difficult for me to relate to them because sometimes they're not very present with me because I know they're very stressed."**

— Abbey, 18 and over LGBTIQ+ Roundtable

One under-18 participant described the additional complexity of navigating family acceptance across cultural and generational lines:

 **" ...I was only ever out on one side of my family because the other one came from.. Central America, [their] views on queer LGBT people are a lot more conservative and often not well taken. So for me, especially having to educate second culture families about what it looks like... even though you've been socially conditioned to not agree with this, it's okay to be gay, it's okay for your child to be trans "**

— Aspen, Under-18 LGBTIQ+ Roundtable

Three questions were also put to participants across both groups. Each is reported separately below.

Question 1 — What should parents and caregivers focus on most?

Focus area	Average ranking	
	Under 18 (n=6)	18+ (n=12)
Chances to have a say and be listened to	3.3 ▲	2.5 ▲
Mental and physical health	4	2.9▲
Discrimination, harassment and bullying	2.7▲	5.2
Family relationships (including conflict or stress)	3.8	4.1
Education (quality, support, workload, pathways)	3.7	4.5
Friendships and belonging	4.2	4.7
Money stress (affording to join in)	7.2	5.7
Rapidly changing technology (AI and social media)	7.2	6.5

Key difference between groups: Both groups placed ‘chances to have a say and be listened to’ in their top two priorities. For under-18 participants, ‘discrimination, harassment and bullying’ ranked highest (most important), likely reflecting their current experiences in school and peer environments. Participants aged 18 and over placed ‘mental and physical health’ second, while ranking ‘discrimination, harassment and bullying’ lower. Across both groups, ‘rapidly changing technology and money stress’ ranked lowest. These results suggest that participants wanted parents and caregivers to focus less on monitoring or managing young people’s lives, and more on listening, taking their wellbeing seriously, supporting safety, and sustaining family relationships.

Question 2 — What concerns you most about your parents' or caregivers' wellbeing?

This is an often-missed driver of young people's own wellbeing. Responses were strikingly consistent across both groups, and largely economic, health-related and emotional.

Theme	Terms used
Financial and material security	" <u>financial</u> stress" (the single most common 18+ response), "cost of living", "money", "retirement", "housing", "worried I won't have a house"
Physical health and ageing	" <u>physical</u> health", "health – had cancer", "getting old", "injuries and illness", "access to medical care"
Mental health and burnout	" <u>mental</u> health" (the most common under-18 response), "burnout", "emotional stress", "I think mum's depressed", "work stress"
Connection and isolation	"isolation", "lack of community", "lack of connections", "lack of own identity", "relationship with kids"
Worry that runs both ways	"stressed about me", "worried about me online"

Why this matters: Participants' responses suggest that parent and caregiver wellbeing is closely linked to young people's own wellbeing. Financial stress, health concerns, burnout, isolation and work pressures can affect family relationships, emotional availability and the sense of safety young people experience at home. Distinctive to this cohort, several participants described worry that runs both ways: parents were worried about them, while young people were also absorbing parental stress. Supports that reduce financial, health and isolation pressures on families should therefore be understood as part of the wellbeing system for young people, not separate from it.

Question 3 — Parenting advice from Young and Wise participants, 2026

Participants were asked for one piece of advice for all parents and caregivers. Participants' advice centred on patience, curiosity, unconditional support and respect for young people's developing identities. Rather than focusing primarily on technology or screen time, participants asked parents and caregivers to listen carefully, respond calmly, seek reliable information and avoid treating identity-related conversations as a crisis.

What LGBTIQ+ Young and Wise participants told parents in 2026

"You are the adult, let your child be a kid."

"You should love your child unconditionally, queer or not."

"Correction of pronouns doesn't mean I'm mad at you."

"Being trans doesn't make me a different person."

"Don't hold on too tight, the more you relax your grip, the more likely we are to take a breath and share. And we are more capable than you think!"

"Approach your child with curiosity! If you don't understand something, seek to understand, rather than making a snap judgement."

"Be open to constructive discussions with your child. If they express that something is hurtful, it's not a personal attack. You should use that to grow and improve and appreciate your child's honesty."

"Never assume anything. If you support and understand your child as much as you can, you are doing great."

"Work on your own mental health. You can't pour from an empty cup... you can model recovery to your children."

"Educate yourself with trusted, reliable sources."

"To let them know they're trying their best to understand a very complex issue and that their support is all we can ask for."

"I'm working on this as well, and you need to be patient while I figure my own identity out, alongside understanding that things may change in the future."

"If your child says something about someone else being Queer - don't laugh and say 'that's actually so weird', because your child may be Queer-testing what you think of it."

"I think I've been really lucky because my parents have always just supported me, and I feel like they have made it really easy to be myself."

"Listen to your child but find out the facts - your kid might want to rush through hormone therapy and that's scary: but when you know the facts, it becomes easier to deal with."

"Please ask about how we really feel. There's a lot going on."

Across all three questions, participants' advice to parents and caregivers was consistent: listen to young people, use names and pronouns respectfully, respond calmly when a young person comes out, be patient while identity is still being explored, and seek information from reliable, lived-experience and community-informed sources. Participants also emphasised that parents need support themselves, including trusted information, peer connection, help navigating services and relief from broader pressures such as cost of living, health concerns and isolation.

Boys, young men and help-seeking

Both roundtables explored barriers to help-seeking for boys and young men. Participants pointed to a combination of school culture, sport culture, peer expectations, uncertainty about who to talk to, and online or media influences on masculinity. Across both groups, sport and school culture were commonly identified as barriers, alongside not knowing how or who to approach for support. Participants aged 18 and over placed greater emphasis on media and social media influences on masculinity, while under-18 participants more often identified appearance and peer approval as pressures. Family expectations were selected less often, suggesting that participants located many of these pressures in peer, school, sport and broader cultural settings rather than only within the home.

Participants described these barriers as connected to broader expectations about masculinity, including pressure to appear emotionally contained, dominant or unaffected.



"I mean the number one reason in my opinion is patriarchy and the expectation to perform masculinity for other men...because empathy and seeing other people as full and complete human beings is sadly coded as a woman's job."

— Deidentified, 18 and over LGBTIQA+ Roundtable

Some participants noted that even supportive families may find it difficult to counteract peer and cultural pressures affecting boys and young men.



"I think that family can be impactful but so many 'good' families are really struggling to morally engage their boys or encourage their boys to speak up."

— Abbey, Under-18 LGBTIQA+ Roundtable Chat

One under-18 participant drew on experience in a men's mental health youth advisory group to describe several reinforcing pressures that can discourage boys from seeking help:



"...constant effort to be manly, teasing, heterosexism, which is the, where sort of the need to not be seen as either gay or girly, and emotional restriction. All those things that are really coming together to stop boys from talking about their feelings..."

— Beau, Under-18 LGBTIQA+ Roundtable

Participants also emphasised these dynamics are reinforced socially, particularly within peer groups. They noted that help-seeking may become more difficult when vulnerability is seen as inconsistent with masculine identity or group belonging.



"one on one, you can like have them [men] be a lot more vulnerable and like kind of break down those barriers. But the moment that they go back to like their friend groups that are full of other men, they kind of revert back...to like being sort of like 'bloke' energy..."

— Isabella, 18 and over LGBTIQA+ Roundtable



" ...it is important to consider boys as like inclusive of literally anyone who identifies as masculine or male, because like we do know that especially after people transition, the influence of what you know people call the 'manosphere' does."

— Lars, 18 and over LGBTIQA+ Roundtable



" ...it is important to consider boys as like inclusive of literally anyone who identifies as masculine or male, because like we do know that especially after people transition, the influence of what you know people call the 'manosphere' does."

— Lars, 18 and over LGBTIQA+ Roundtable



" Butch women can also adopt toxic masculinity/ perpetrate misogyny (in my experience)"

— E, 18 and over LGBTIQA+ Roundtable Chat

One participant also raised concern about the risk of harmful online communities filling gaps where boys, including autistic boys, lack genuine support, belonging or community alternatives.



" ...speaking about boys before, a big part of extremist recruiting (in Australia) is recruiting Autistic boys, incredibly easy when there's really no genuine support or community alternatives"

— Sophia, 18 and over LGBTIQA+ Roundtable Chat

Why this matters: Participants' responses suggest that parent and caregiver wellbeing is closely linked to young people's own wellbeing. Financial stress, health concerns, burnout, isolation and work pressures can affect family relationships, emotional availability and the sense of safety young people experience at home. Distinctive to this cohort, several participants described worry that runs both ways: parents were worried about them, while young people were also absorbing parental stress. Supports that reduce financial, health and isolation pressures on families should therefore be understood as part of the wellbeing system for young people, not separate from it.

Priority solutions from young people

In the final activity, participants completed a hypothetical budget-allocation exercise, distributing 100 points across eight possible investments to improve the wellbeing of LGBTIQ+ young people. Scores show the average proportion of points allocated to each option. As with other activities in this consultation, results are indicative rather than representative.

The two groups showed different patterns of allocation, likely reflecting their different life stages. Under-18 participants placed the greatest emphasis on connection, community and belonging, while participants aged 18 and over prioritised paid involvement in local decision-making, health care and material security. Across both groups, specialised health care, including gender-affirming care, emerged as the strongest shared priority.

Treasurer! You have \$100 billion to spend on improving the wellbeing of LGBTIQ+ young people in Australia. How will you spend it?

Under 18s (n=6)	Score	18+ (n=12)	Score
Things to do and ways to connect	26.70%	Young people paid and involved in local	23.40%
Health care teams incl. gender-	12.50%	Health care teams incl. gender-	15.10%
Cultural safety and belonging	12.50%	Food and money pressure support	15.00%
Services that help homes feel calmer	11.50%	Services that help homes feel calmer	12.30%
Food and money pressure support	10%	Things to do and ways to connect	12.30%
Transport help	9.70%	Cultural safety and belonging	9.20%
Better learning options and	8.30%	Transport help	7%
Young people paid and involved in local	8.30%	Better learning options and	4.50%

Key findings

- Under-18 participants prioritised connection, community and belonging; Under-18 participants allocated the largest share of funding to 'things to do and ways to connect', including events, clubs and social spaces. At 26.7 per cent, this was more than double any other option. This aligns with earlier discussion in the roundtable, where participants described queer community, safe spaces and belonging as protective for wellbeing. Specialised health care, including gender-affirming care, and cultural safety and belonging were the next highest priorities.
- Participants aged 18 and over prioritised participation, health and material security: Participants aged 18 and over allocated the largest share of funding to young people being paid and involved in local decisions (23.4%). This suggests a strong emphasis on meaningful participation, influence and system-level change. Health care, including gender-affirming care, and food and cost-of-living support were also high priorities, reflecting broader concerns raised by older participants about service access, affordability and economic pressure.
- The broader survey findings strongly reinforce this message. When asked how to recruit young people to a decision-making group, survey respondents prioritised recognition that their time and expertise would be valued, authenticity, respect, flexibility and proof that input changed something. This aligns with LGBTIQ+ participants' call for paid, visible and accountable participation, where young people are involved from the beginning and can see how their expertise shapes policy and service design.

Notable differences

Participants aged 18 and over allocated substantially more funding to young people being paid and involved in local decisions. Under-18 participants placed much greater emphasis on things to do and ways to connect, making this their highest priority by a wide margin.

Participants aged 18 and over gave more weight to food and cost-of-living support.

Both groups placed specialised health care, including gender-affirming care, as their second priority, making it the clearest shared priority.

Better learning options and pathways received comparatively lower allocations from both groups, although this should not be interpreted as meaning education was unimportant.

While both groups identified specialised, gender-affirming health care as a high priority, their broader allocations differed by life stage. Under-18 participants placed the strongest emphasis on connection, community spaces and cultural safety, reflecting the importance of belonging and queer community in their accounts of wellbeing. Participants aged 18 and over placed greater emphasis on being paid and involved in decision-making, alongside health access and cost-of-living support. Together, the results suggest that wellbeing policy for LGBTIQ+ young people should combine age-appropriate community connection, accessible affirming health care, material support and genuine youth participation in decision-making.

If cost was no object

Participants were then asked, in an open-text question, for the one thing they would ask government to improve LGBTIQA+ young people's wellbeing where they live. Their responses clustered around several clear priorities. The most common was faster, easier and more affordable gender-affirming care, including HRT and surgeries on Medicare, shorter waitlists, and resources beyond hormones such as binders and hormones, surgery, shorter waitlists and practical supports beyond medical treatment, such as binders and gender-affirming clothing. Participants also called for better and free mental health care, including more appropriate youth mental health facilities; free and flexible "third spaces" to gather, study and connect; inclusive education and anti-discrimination programs across schools; and positive public education to reduce stigma. Across these responses, participants emphasised that decisions should be made by and with LGBTIQA+ young people, not only about them.



Cohort specific policy signals

Policies that specifically name or target LGBTIQ+ people, or that have direct relevance to the barriers described by participants. The analysis is not a formal evaluation, but a lived-experience-informed signal of how policy settings may be experienced by this group.

Policy / Strategy	What it aims to do	What participants told us	Signal
Respectful Relationships Education / National School Reform Agreement	Ensure all students receive evidence-based education on consent, healthy relationships, gender, and sexuality.	Participants described sex and relationship education as overwhelmingly heteronormative — structured around opposite-sex couples and binary gender. Same-sex relationships, trans experiences, and diverse gender identities were largely absent. At faith-based schools, some topics were explicitly prohibited. Several participants described having to advocate for themselves in class as teenagers, educating teachers and peers when the content was absent or wrong.	Not yet reaching — LGBTIQ+ inclusion inconsistent across schools
Sex Discrimination Act 1984 (Cth) and 2013 amendments — protections based on sexual orientation, gender identity and intersex status	Protect people from discrimination <u>on the basis of</u> sexual orientation, gender <u>identity</u> and intersex status in education, employment and service provision.	Participants described normalised homophobia and transphobia among school staff, with no transparency about consequences. One participant described a school refusing to allow a non-binary student to mix uniform items, and staff outing a trans student to parents who didn't know. When participants reported discrimination to principals, they were told it was 'being worked on' — for months.	Not yet reaching — enforcement absent in many schools
Online Safety Amendment (Social Media Minimum Age) Act 2024	Protect children and young people under 16 from potential harms on age-restricted social media platforms.	Participants described social media as the primary way many LGBTIQ+ young people found their community, discovered their identity, and accessed peer support unavailable in their immediate environment. One participant said: 'I couldn't talk to anybody in my real life about being queer. So of course I went to online spaces.' The ban was described as removing community without replacing it, particularly for those in regional areas or conservative households.	Unintended effects — removes essential community access for isolated LGBTIQ+ youth

Policy / Strategy	What it aims to do	What participants told us	Signal
Better Access to Mental Health Care (Medicare Benefits Schedule)	Improve access to mental health services through subsidised psychology and psychiatry sessions.	Participants described healthcare quality as the issue, not availability. GPs and school counsellors were described as lacking training in LGBTIQ+ experiences, engaging in medical gaslighting around trans-related health, and pushing people toward inappropriate or abstinence-based approaches. School counsellors were described as 'one and done' — resolving incidents and moving on rather than providing ongoing support. Out-of-pocket costs for psychology and ADHD/ASD diagnosis were raised as a barrier for young LGBTIQ+ people.	Not yet reaching — quality and LGBTIQ+ competency gap
Federal Government Statement of Commitment to LGBTIQ+ Inclusion (2023)	Signal federal commitment to the safety, inclusion and wellbeing of LGBTIQ+ Australians, including through culturally safe services and representation.	The National Action Plan was co-designed with an LGBTIQ+ Expert Advisory Group, reflecting participants' strongest call for decisions to be made "by and with" LGBTIQ+ young people. Participants welcomed this direction but described a gap between the commitment to co-design and their experience of implementation. Many said government consultations did not clearly demonstrate what changed <u>as a result of</u> their input, while others described their lived <u>experience</u> expertise being filtered or diluted before reaching <u>decision-makers</u> . Participants also emphasised that meaningful participation should be ongoing, locally connected, appropriately <u>paid</u> and visibly <u>influence</u> decisions.	Working – implementation not yet consistently visible.

Policy / Strategy	What it aims to do	What participants told us	Signal
National Mental Health and Suicide Prevention Agreement	Reduce the burden of mental illness and suicide and improve access to equitable mental health support.	Participants described ACT and Tasmania as not having dedicated youth mental health inpatient wards. Gender affirming care — including hormone replacement therapy and surgery — was described as financially inaccessible without Medicare coverage. Mental health services were described as not adequately trained to understand the intersection of queerness and mental health, including the concept of minority stress.	Not yet reaching — gender affirming care gap; geographic access gaps
National Preventive Health Strategy 2021–2030	Prevent ill health and reduce health inequities through proactive, early access to health literacy and services.	School wellbeing education was described as reactive and symptom-focused rather than preventive. Rather than exploring why young people turn to social media or online communities, programs focused on telling them to stop. Programs addressing alcohol and substances were described as the most effective — where they were harm-reduction based rather than abstinence-based.	Not yet reaching — abstinence and fear-based approach persists



Policy / Strategy	What it aims to do	What participants told us	Signal
National Action Plan to End Violence Against Women and Children 2022–2032	Reduce violence against women and children, including through prevention, early intervention and support services.	Participants described current mental health <u>supports</u> as insufficient for young people managing trauma, dysphoria and multiple needs. While the National Mental Health and Suicide Prevention Agreement establishes a national framework for improving mental health care, participants reported ongoing gaps in access, including the absence of dedicated youth mental health inpatient wards in some jurisdictions, limited affordability of gender affirming care, and services that are not consistently equipped to understand the intersection of queerness and mental health, including minority stress. These experiences are consistent with the Productivity Commission's finding that the current Agreement has not yet delivered the intended system improvements.	Partially working – significant access and capability gaps remain



Links to The Nest: top 3 issues for further development

The LGBTIQ+ roundtables identified a wide range of opportunities for further research, policy development and implementation attention. The three priorities below capture the strongest lived-experience signals from this cohort and show where further work could most improve wellbeing across multiple Nest domains.

- 1. Accessible, gender- and sexuality-affirming and affordable health and wellbeing care**
- 2. Schools as safe, inclusive and identity-affirming environments**
- 3. Belonging, queer joy and paid youth leadership**

1. Accessible, affirming and affordable health and wellbeing care

LGBTIQ+ young people described health and wellbeing care as essential, but not consistently accessible, affordable or affirming. Participants raised concerns about long wait times, cost, limited access to gender-affirming care, insufficient Medicare-funded mental health support, and the difficulty of finding practitioners who understand queer identity, neurodivergence, disability, chronic illness, trauma and intersecting needs. They described affirming care not as an optional extra, but as competent care: correct names and pronouns, inclusive intake forms, privacy, non-judgement, and staff who do not treat identity as a problem to be explained.

Further development should focus on how to make youth health and wellbeing services genuinely usable for LGBTIQ+ young people. This includes improving access to queer-competent and neurodivergent-aware clinicians, reducing cost and wait-time barriers, strengthening gender-affirming care pathways, and supporting community-based resources such as binders, clothing support, peer navigation and family information.

- **Relevant Nest domains:** Healthy; Valued, Loved and Safe; Material Basics; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can governments ensure that LGBTIQ+ young people can access timely, affordable and competent care that affirms identity, recognises intersecting needs and reduces distress before crisis?

2. Schools as safe, inclusive and identity-affirming environments

LGBTIQ+ young people described schools as places that can either protect or undermine wellbeing. Participants identified visible allyship, trusted adults, inclusive libraries, Pride and diversity clubs, queer role models and inclusive curriculum as protective. However, they also described heteronormative relationships and sexuality education, faith-based exclusion, homophobia and transphobia, slurs, privacy breaches, rigid uniform rules, inconsistent bullying responses and school cultures where inclusion depended too much on individual staff rather than system-wide practice.

Further development should focus on implementation: not whether schools have inclusion policies, but whether LGBTIQ+ students experience safety and affirmation in daily school life. This includes inclusive relationships and sexuality education, stronger anti-bullying and anti-discrimination follow-through, staff capability, privacy protections, inclusive language, support for gender diverse students, and the use of trained external or lived-experience providers for sensitive wellbeing content.

The roundtables also identified the **middle years** as a critical window. Young people described identity development, peer belonging, representation, correct names and pronouns, affirming adults and safe information as important before crisis points emerge. This means support for LGBTIQ+ young people should not begin only in later adolescence.

- **Relevant Nest domains:** Learning; Valued, Loved and Safe; Healthy; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can school systems move from symbolic inclusion to consistent, whole-school practice that protects LGBTIQ+ students' safety, identity, privacy and wellbeing from the middle years onward?

3. Belonging, queer joy and paid youth leadership

Participants consistently described belonging, community and queer joy as protective for wellbeing. Young people wanted regular, youth-friendly, under-18, substance-free, sensory-considerate and accessible spaces where LGBTIQ+ young people can connect, celebrate identity and see positive futures. They also identified inclusive sport, youth events, peer spaces, online communities and visible role models as important parts of wellbeing infrastructure, not optional social extras.

The roundtables also highlighted the relationship between belonging and safety. Some young people described unsafe or unsupportive home environments, family rejection, financial stress and housing insecurity. For these young people, connection to trusted adults, schools, LGBTIQ+ community organisations, youth services and safe housing pathways can be critical.

Further development should also focus on participation and leadership. Participants wanted decisions about LGBTIQ+ young people to be made by and with LGBTIQ+ young people. Young adults in the cohort placed the highest priority on being paid and involved in local decision-making. They called for participation that is paid, credited, accessible, ongoing and linked to visible change.

- **Relevant Nest domains:** Participating; Positive Sense of Identity and Culture; Valued, Loved and Safe; Material Basics; Healthy.
- **Key policy-development question:** How can governments invest in LGBTIQ+ young people's belonging, community connection and leadership in ways that are paid, safe, accessible and visibly linked to decisions?



Suite 9.1, 15 London Circuit, Canberra City, ACT 2601
GPO Box 2807, Canberra, ACT 2601

P: 02 6204 1610

E: enquiries@aracy.org.au

aracy.org.au

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