



**LivedX Series:
What Young People Said**
Healthcare Settings
for LGBTQIA+ Youth
with Disability

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cyda.org.au



Children and Young People
with Disability Australia



Authorised by

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Language

The LivedX working group chose to use a mix of person-first and identity-first language (“person with disability” and “disabled person” respectively) throughout this paper series to reflect author preference and the diversity of preference in the disability community.

Acknowledgements

Children and Young People with Disability Australia would like to acknowledge the traditional custodians of the lands on which this report has been written, reviewed and produced, whose cultures and customs have nurtured and continue to nurture this land since the Dreamtime. We pay our respects to their Elders past, present and future. This is, was and always will be Aboriginal land.

We would also like to acknowledge the important contributions of our community to our work. This platform draws on the insights and lived expertise of young people who participated in our 2021 LivedX focus group series.

This activity received grant funding from the Australian Government.

Overview

To date, the experiences of accessing medical and healthcare services for young queer¹ disabled people have remained relatively underexplored. To address this, CYDA hosted a consultation in December 2021 with 11 participants that sought to understand the intersecting experiences of LGBTQIA+² young people with disability in medical and healthcare settings. The consultation was co-designed by an internal working group of young disabled people, who identified this topic as poorly represented in the research literature, and therefore in need of deeper exploration.

Consultation participants had a lot to say about their experiences as young disabled queer people in healthcare and medical settings. Key themes that emerged included the need for a more intersectional approach in healthcare, inadequate understanding and confidence around gender diverse and neurodivergent³ people, limited instances of healthcare providers with lived experience of these intersecting identities, a systemic issue of medical practitioners making incorrect assumptions, and a lack of dedicated or appropriate services to affirm people's identities.

Throughout the discussion, young people also made a number of suggestions for improvements to the healthcare sector. These included how to work collaboratively with young queer disabled clients, how to make clinical spaces more inviting, how to ask the right questions of clients, and educating medical practitioners and service providers on the necessary cultural competencies to provide the quality care that young people have a right to expect.

As a result of this consultation, the following recommendations outline opportunities for healthcare stakeholders to create and foster safe and inclusive spaces and practices for young LGBTQIA+ people with disability to receive the support and treatment they need and are entitled to.

¹ A community term, used interchangeably with LGBTQIA+

² LGBTQIA+ stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Aromantic/Asexual, with the '+' being an umbrella for all other gender, sexual, and romantic minorities. Detailed definitions available at: [Your guide to words and definitions in the LGBTQIA+ community \(minus18.org.au\)](https://www.minus18.org.au/guide-to-words-and-definitions-in-the-lgbtqia-community)

³ 'Neurodivergent' is a non-medical umbrella term for people whose brain works differently. It typically refers to, but is not limited to, conditions such as autism, ADHD, epilepsy and Tourette's syndrome

Recommendations

1. Recommendations for government:

- Commit to the development of a national LGBTQIA+ Healthcare Strategy, which includes a focus on healthcare for disabled clients, young clients, gender diverse clients, and neurodivergent clients.
- Invest in research exploring the experiences of LGBTQIA+ disabled young people, including a focus on transgender and gender diverse-specific health outcomes and treatments. Provide additional funding under the National Disability Advocacy Program⁴ to work in collaboration with specialist advocacy organisations to develop tailored advocacy approaches for LGBTQIA+ people with disability.

2. Recommendations for healthcare settings and medical service providers:

- Investigate opportunities to de-clinicalise medical spaces and to make them more inviting for queer disabled clients.
- Implement the suggestions to improve patient-care for young queer disabled people made in this paper, including ensuring spaces meet physical accessibility requirements and utilising digital platforms, such as social media, to support engagement.

3. Recommendations for healthcare regulators and peak medical bodies:

- Engage collaboratively with LGBTQIA+ and Disability Representative Organisations to develop accredited LGBTQIA+ cultural competency training for health professionals, as well as improving existing training through engagement with lived experience.

4. Recommendations for medical professional development and education providers:

- Engage with LGBTQIA+ and Disability Representative Organisations to collaboratively examine opportunities for improvements to the education and development pipeline to support more LGBTQIA+ and disabled people entering healthcare professions.
- Work with healthcare settings and medical service providers to identify opportunities for on-the-job, ongoing education and training which is co-designed with the LGBTQIA+ disabled community.

⁴ Commonwealth of Australia. (2022). Available at: [National Disability Advocacy Program \(dss.gov.au\)](https://www.dss.gov.au/nadap)

About Children and Young People with Disability Australia

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. CYDA has an extensive national membership of more than 5,000 young people with disability, families, and caregivers of children with disability, and advocacy and community organisations.

Our vision is that children and young people with disability are valued and living empowered lives with equality of opportunity; and our purpose is to ensure governments, communities, and families are empowering children and young people with disability to fully exercise their rights and aspirations.

CYDA's Youth Council is a group of 12 young disabled people that engage in CYDA's projects and provide lived expertise. The primary focus of the council this term has been on its two working groups: LivedX and NDIS In Control My/Our Way. Additionally, the members have undertaken professional development in media and governance.

Background to the LivedX consultations

The LivedX consultations were designed to capture the Lived-Experience and Lived-Expertise of young people with disability on topics and issues they value and deemed important. The series brought together young people from around Australia to share their insights, experiences and ideas for a future that embraces young people with disability and enables them to thrive.

The project is a component of CYDA's Our Voices Our Visions: Youth Advocacy project and is funded by the Youth Advocacy Support Grant from the Australian Department of Education, Skills and Employment.

There were seven sessions held over the course of seven months in 2021 covering:

- Inclusion
- Decision making
- Employment
- Tertiary education: university
- Tertiary education: TAFE and Vocational Education and Training
- LGBTQIA+ people with disability: community
- LGBTQIA+ people with disability: healthcare

A total of 63 participants attended across the sessions. There was representation from many different disabilities, age (15-29) and all states and territories except Northern Territory. Participants included LGBTQIA+ people, people of colour, Aboriginal and/or

Torres Strait Islander people, people who speak a language other than English at home, and people who are living in regional, rural, or remote areas.

These consultations have been synthesised into a series of five papers:

- Tertiary Education and Learning
- Financial Security and Employment
- **Healthcare Settings for LGBTQIA+ Youth with Disability**
- Community Spaces for LGBTQIA+ Youth with Disability
- Inclusion and Decision Making

LivedX has been designed by and for young disabled people. Co-design with young people was integral to this project and consequently LivedX was steered by a working group of the Youth Council.

This policy paper series was written by members of the working group⁵, who also participated in the consultation design, topic selection and facilitation, and conducted the data analysis. The working group was supported by Policy and Research team staff, however as a principle, the decisions were made by the young people involved.

Background on healthcare settings for LGBTQIA+ youth with disability

Broadly, the intersection between the disabled community and the LGBTQIA+ community is an under-researched topic in the Australia context. This research gap is even more glaring when layered with a focus on young people and healthcare settings. However, we do know that while people with disability are more likely to use healthcare settings than those without disability, they are also more likely to experience barriers to access, including accessibility, discrimination, affordability, waiting times and lack of communication and coordination between medical professionals.⁶ We also know that LGBTQIA+ patients experience distinct barriers to accessing and feeling safe in healthcare settings.⁷

Recent publications have called for the need to de-gender our approach to healthcare in Australia.⁸ Others have suggested that diversity training in the healthcare sector is

⁵ With the exception of the *Inclusion and Decision Making* paper, which was written by Policy and Research team staff, however, it was shaped and approved by working group members

⁶ ACTCOSS. (2017). *Disability and access to health services: Fact sheet*. Available at: [Factsheet: Disability and access to health services \(actcoss.org.au\)](https://actcoss.org.au); AIHW. (2022). *People with disability in Australia*. Available at: [People with disability in Australia \(aihw.gov.au\)](https://aihw.gov.au)

⁷ Dean, M.A., Victor, E. & Guidry-Grimes, L. (2016). *Inhospitable Healthcare Spaces: Why Diversity Training on LGBTQIA Issues Is Not Enough*. *Bioethical Inquiry* 13, 557–570

⁸ Geale, S. "Changing the Paradigm: Gender orientated healthcare needs to embrace the LGBTQIA+ community", *Australian Nursing and Midwifery Journal* Vol. 26, No. 5, Jan-Mar 2019: 52

not enough to improve the state of healthcare for LGBTQIA+ people.⁹ These calls were echoed by participants of this consultation, particularly those with lived experience of gender diversity and gender transition. Notably, however, these studies did not directly focus on young or disabled perspectives.

CYDA was overwhelmed by the response to the call out for participants for the LGBTQIA+ healthcare consultation. A substantial number of young people agreed that this area is largely under-researched, is especially important to them, and that they wanted to participate in this consultation to help CYDA lead the way in helping young queer people with disability advocate for their rights.

Likewise, several organisations in the youth, LGBTQIA+, and disability sectors expressed a strong interest in the results from this consultation. It is clear that there is a demand for insights from this intersectional community. As such, this paper presents perspectives on healthcare from young LGBTQIA+ people with disability and provides recommendations for healthcare providers and support services to refine and improve their practices and approaches.

Young LGBTQIA+ people with disability’s perspective on healthcare settings

CYDA has reviewed, analysed, and collated the participants’ ideas into five key themes that emerged throughout the consultations.

Key theme	Theme description
Identity	How young people with disability define themselves
Enablers	The factors that enable or support young people with disability to live the lives they would like to live
Barriers	The factors that inhibit or prevent young people with disability to live the lives they would like to live
Solutions	How organisations, government, and the community can contribute to the greater social movement young people with disability want to see in the world
Social Movement	How organisations, government, and the community can contribute to the greater social movement young people with disability want to see in the world

⁹ See footnote 6

What young people said

Identity

Throughout the consultation, participants shared that they strongly believe that the success of healthcare services for queer disabled people is underpinned by a deep and nuanced understanding of intersectionality. Services which have affirmed their identity as both queer and disabled, as well as their identities as culturally and linguistically diverse, Indigenous, and more, are those which reflexively apply an intersectional approach. Conversely, services which have not appropriately recognised and affirmed a young person’s disabled and queer identities have not succeeded in making these young people feel welcomed or accommodated.

“I always have to compromise one part of myself.”

“We have this added burden [...] there are so many different parts of our lived experience that we have to try and explain to people.”

“I’ve never found any healthcare service that is [both] queer and disability-affirming.”

“I am as disabled as I am queer, and as queer as I am disabled, because I am both.”

In particular, transgender (trans) and gender diverse young people explained the additional challenges they experience in navigating healthcare settings. Healthcare professionals are often unaware of how to approach the intersection between gender diversity and disability, from both a cultural and a logistical perspective.

“If I do have a really good doctor, they’re never good with both [identities]. So, I just don’t talk about being trans, and just don’t bring it up, because I’m like cool, I’ve found the specialist, I need to hold onto them, so we’re just going to seem as un-difficult as possible.”

“I’ve yet to have a specialist who can give me answers [about how I can get top surgery¹⁰ as a wheelchair user] [...] [F]irstly, top surgery is seen as cosmetic, so therefore not medically necessary, and so a lot of disabled people are denied it. But just like, that intersect is never really talked about.”

¹⁰ “Reconstructive chest surgery, commonly referred to as ‘top surgery’ is typically sought [...] to remove breast tissue and sculpt the chest into a pectoral form.” [Top surgery \(transhub.org.au\)](http://topsurgery(transhub.org.au))

“If I’m getting good medical care for my disabilities, and they understand I’m disabled, [I’m] probably going to let a few misgenderings¹¹ [go...] because it will compromise my medical treatment. And if I’m getting really affirmed in my gender and my queerness, and my gayness, and I’m not going to bring up how un-comfy I am that they’re using person first language about my autism, and that they’re not recognising some of my conditions as disabilities, and that sort of thing.”

“And binding¹², how does that work as a disabled person, what are some more things I should be concerned about? Same with hormones, I think just more conversations that already exist, but just making sure they’re a little bit more intersectional in that respect.”

Young people also identified that both their disabled and LGBTQIA+ communities were important in helping them to locate appropriate services.

“[...T]rusting the community and asking other people in the community to vouch for people, and then going in that way. But it’s quite difficult, because if you are not a part of those networks, then how do you know?”

Enablers

Many young people explained that it was more important to them that healthcare providers display empathy and ask the right questions when engaging with the queer aspects of their identity, than educating them on all the possible unique intersectional identities.

“I think empathy is the big thing. You don’t have to be trained, you don’t have to be like super, ‘Oh, I’ve read every single research paper on how gender diverse people relate to reproductive rights’. But you just ask – just ask the question, and just listen to what people have to say.”

“I don’t necessarily want them to know about my identity, but I wish they knew to actually ask me about it, rather than make assumptions.”

“When doctors ask open-ended questions, especially for someone who is questioning, it’s really helpful to have the space and confidence that you can explore yourself and your health status in a safe way.”

¹¹ “‘Misgendering’ is a term used to describe accidentally or intentionally using incorrect pronouns about or towards a person.” [What are pronouns and why are they important? \(minus18.org.au\)](https://minus18.org.au/what-are-pronouns-and-why-are-they-important/)

¹² ‘Binding’, short for ‘chest binding’ “involves the use of tight fitting sports bras, shirts, ace bandages, or a specially made binder to provide a flat chest contour.” [Binding, packing, and tucking \(transcare.ucsf.edu\)](https://transcare.ucsf.edu/binding-packing-and-tucking/)

“The first question I would [like to be] asked would be, ‘What are you hoping for?’, and then [the doctor] fulfilling that, making the experience patient-led.”

“Because even in this room I’ve already heard people use very different language to describe themselves, whether we have similar experiences or different ones. So, it’s important to always check in.”

Barriers

Throughout the session, participants noted that a lack of lived experience of queerness and disability in healthcare services led to barriers in receiving the appropriate care. In the absence of lived experience, the need for education on issues pertaining to the queer community was made clear.

“[The problem for me has] not been that they don’t know that [trans people] exist, because we’re at a point where they know trans people exist. But that [they don’t know] actually it is their legal obligation to gender me correctly, to not deadname¹³ me, et cetera, et cetera. So, that’s actually their responsibility, I wish they knew that. Or I wish they knew that that’s also just like the bare minimum.”

“There really needs to be lived experience within service providers, because otherwise it creates a barrier of self-disclosure, and receiving adequate care.”

“I’m also on a Disability Royal Commission group, which is also excellent. But that happens to be because the two people who run the group are trans. I think if they weren’t, I couldn’t expect the same.”

“It sounds like we need more queer people to become doctors and nurses. Wow, almost like there’s pipeline issues. What?! Couldn’t even suggest that, right!?”

Young people participating in the consultation reported many instances of healthcare providers making assumptions about their condition because of their queer identity. More specifically, they shared how misconceptions and practitioners’ lack of education in gender and sexuality led to negative and disempowering experiences and healthcare outcomes. This was particularly true for participants who were neurodivergent, trans or gender diverse, or had lived experience of trauma.

“[I feel] as though I’m not offered the same services in terms of access to birth control and STI checks simply because of my sexuality in that I primarily have had same-sex partners, so I was questioned as to why I wanted birth control and that [an] STI check probably wasn’t necessary.”

¹³ “Deadnaming’ means using a person’s former name without their consent.” [Pride, respect, equality \(respectvictoria.vic.gov.au\)](https://respectvictoria.vic.gov.au)

"[Gender] dysphoria is often viewed like as a mental illness, which it is not. Dysphoria is society not seeing me as I am, and me not having access to the things that make me feel like I am myself. So, it's very much an external thing that I am forced to experience. And so, when they lump in dysphoria with things like depression, and yes, a lot of trans people are depressed, but when dysphoria is like a flavour of depression or anxiety, rather than something with a distinct societal cause, that then means I am the problem as the trans person, rather than transphobic society. And I wish that they knew that that's just not good enough."

"When a service knows that you're trans, they then are more likely to infantilise you, and not believe you can make your own decisions, and get your parents to play a larger role in decision making."

"My queerness sits very closely with my dysphoria around childbearing, and the way that treatment for one of my disabilities is predominantly approached, is through fertility treatment, and through, 'Oh, well you must want to have children, therefore I can't give you this option, because that's going to reduce your opportunities to have children. But I can give you this, and that will help you.' When that's just not my priority. And the vast majority of specialists that I've seen in that space, have made no attempt to understand how that part of my identity relates in with very complex relationships, with getting treatment, and improving my quality of life around that particular condition."

One young person shared how lack of disability awareness impacted the way practitioners viewed their gender and identity:

"I also wish that [healthcare professionals] knew that my autism doesn't invalidate my transness and my queerness. In fact, it double validates it, because it means my understanding of gender and queerness has been solidified, literally by my brain, and the physical wiring of my brain."

Another common topic of discussion was how existing systemic issues in healthcare settings made it difficult to seek support or justice following an experience of discrimination. Participants noted that sensitivities, such as practitioners talking about gender and sexuality with a young patient whilst their parent was in the room or working in medical settings without a trauma-informed approach, created challenges for young people accessing adequate and appropriate care.

“So, yeah, when I had many, many experiences of transphobia while in an inpatient admission, just like routine health stuff, I was like, cool I’m going to make a complaint, I’m going to bring this up to all of the levels. And I kind of got told, ‘there’s nothing we can do about that.’ Or ‘That’s just interpersonal things, it’s just what happens when people are in hospital.’ Rather than like, ‘You have been actively discriminated against, here’s what we’re going to do about it’.”

“So, when you’re in inpatient for example, changeover which happens three times a day, name, pronouns, always misgendered every single time. But they are really sweet about it, but they also don’t realise that this is the third time it happens every single day [... so], there’s a lack of understanding of how what they say is not isolated, it’s often a repetitive experience [...] so it’s kind of more hurtful.”

“When I got admitted to the [children’s psych] ward, there was a ridiculously long list of questions [...] so the nurses get to know you. Then there was, ‘What’s your gender identity? What’s your sexuality?’ But they said it with my mum in the room, and they were trying to be like really inclusive. I’m out to my family, so it didn’t matter, but it was also like, some kids aren’t going to be able to give you that information in front of their parents, and it’s really a question you should be asking without your parents. It was just kind of like yeah, we’re going to be inclusive. But also, the execution was really poor.”

Young people reported that there are not many places they can turn to locate services that will affirm their intersectional identities. Further, the geographical location of services can impact access to a full range of providers.

“I don’t feel like there are many resources that help queer communities find services or practitioners who explicitly express familiarity and knowledge with working with queer people.”

“I find that being queer makes me just very ambivalent, or maybe anxious in the lead-up to actually reaching out and engaging with mainstream services.”

“It hasn’t necessarily been my disability itself, but rather how I identify as someone with an accessibility need, which just makes me much more nervous or uncertain about how and where I can go to access care.”

“I have epilepsy, so I’m never going to drive a car, and so every single time my GP refers me to a specialist that is like off the public transport route, I’m like, ‘Bro, I would love to see that person, but I literally can’t.’”

Solutions

Throughout the session, participants made a number of suggestions that could be implemented to make healthcare settings and services more welcoming and accessible to queer disabled young people. These include:

- creating more inclusive spaces by making them less clinical and more comfortable and inviting
- implementing basic physical accessibility measures, and ensuring that healthcare providers know their legal obligations around providing these
- making services free or heavily subsidised
- ensuring that more medical professionals are equipped with either lived experience or more education around disability and LGBTQIA+ matters.

Other suggestions young people made to improve services include:

"[Nurses during handover at a hospital] kind of explain[ing] [my gender and pronouns] outside of the room, so then I didn't have to deal with the whole being misgendered during handover."

"[G]iving away free things that are super important for us. So, like free condoms, free dental dams, lube, things for safe sex, but also for queer sex. I think like where possible, binders would be really epic, information sheets, like that sort of thing."

"Initial appointment before the actual appointment to properly evaluate needs, unrushed appointments as many clinics are overbooked and these things feel very rushed, client focused."

"[An ideal service] would partner with queer organisations to engage cohorts on specific issues. It would have regular feedback sessions, and not just, 'Complete this survey,' but community conversations, like let's have a cup of tea, let's have a board game night with the doctors, and the doctors are going to listen to your grievances, whatever that looks like."

There was strong support for healthcare settings to be more digital-first, and to be using the platforms that queer disabled youth use to support engagement.

"I think it's really important that the services use the platforms that we feel comfortable using."

"[I would love to see a] 'Rate the doctor', online systems like Yelp for medical practitioners. I find that so often, unless you are connected in with your local queer community, you're not going to know if you're going to see a medical practitioner who is queerphobic¹⁴ or transphobic. And so yeah, it would be really good to have more of those online systems, so that you don't have to rely on your own networks."

"[S]ocial media presence that is actually run by queer young disabled people, so that you don't have to just like Google, a map comes up of where are the different doctor clinics. It's like they have a social media presence, they advertise that they exist, and it's advertised directly to me. Because I know I'm way more likely to go and click something from an Instagram ad, than I am from like a newsletter that gets sent to my parents' house."

Some young people supported the idea of education for healthcare providers in order to provide more appropriate services, however, it was important to the group that education not be a one-off and that proof of continuing professional development in this area be maintained. Participants also noted that it would be beneficial for professional accrediting bodies to require this continuing professional development as a condition of accreditation and registration.

"[There needs to be] [t]raining delivered by folks with identities in this context, gender sensitivity and general queer education, disability sensitivity and responsiveness and of course, the other intersectional identities."

"I don't think [education is] how we solve the problems. It can be a step [...] I think it should be in uni curriculum that you need to get a degree, but I think more than that, there needs to be proven competence regularly."

"So, I think the solution, which can be connected with an education program, could be like queer people [...] go into shops and test them to see how good they are. Like that, but with queer people receiving medical services. And if [the services] don't do a good job, they have to – I would say get their medical licence revoked, but that feels a bit dramatic. But some sort of big punishment, and then here are the things that you have to do before you can start practicing again."

It was also made clear by participants that young queer disabled people should not be burdened with educating these professionals in the context of them receiving healthcare.

¹⁴ 'Queerphobia' is an umbrella term for hatred and discrimination against LGBTQIA+ people at individual and systemic levels

“I’m happy to educate people if they’re paying me for it in a different setting – I’m not happy for my healthcare to be like taken over by someone else’s education.”

Social Movement

LivedX consultation participants recognised the importance of the use of a strengths-based or social model¹⁵ in healthcare settings. Where a medical model¹⁶ was used, young people reported feeling less affirmed in their disabled identity, even if their queer identity was affirmed.

“ [A Victorian hospital] has been great in affirming my queer identity, but in regard to disability, it’s very medical model based. So, it’s been helpful at times, but also not super helpful at other times.”

“I think it really is a big thing with the medical model of disability, and the way that we’re seen as impaired, without looking at the way that society is built to render us, when they’re inaccessible.”

“[F]or me, disability-affirming means not following the medical model, because that isn’t why I’m disabled. And so, I haven’t found a healthcare service that doesn’t follow the medical model.”

Finally, education and reform needs to be led by disabled people. Young people said that the whole sector needs to connect and collaborate with the queer community to balance out the power dynamic that exists between formally educated clinical practitioners and queer disabled folk who have been systemically marginalised throughout their lives.

“Opportunities for queer and disabled people to become healthcare providers such as uni scholarships for disadvantaged people, traineeships and inclusive courses.”

“Including disability lived experience in tertiary education relating to healthcare, perfect.”

“And [a good service] would treat me like an equal from the beginning. So, it wouldn’t be like this hierarchical, ‘I’m the doctor, I know everything. You are the patient; you will pay me for my services’. It is, I’m a peer, this is what I’m offering you, and this is how you can pay me for that.”

¹⁵ “The social model sees ‘disability’ is the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers.” [Social model of disability \(pwd.org.au\)](http://socialmodelofdisability.org.au)

¹⁶ “According to the medical model, ‘disability’ is a health condition dealt with by medical professionals. People with disability are thought to be different to ‘what is normal’ or abnormal. ‘Disability’ is seen ‘to be a problem of the individual.’” *ibid*

“I think that coproduction is the way to go, so planning, delivery and then evaluation by consumers or folks with these intersectional identities so that it’s theirs, it’s by them, for them and it’s not other people’s ideas and assumptions on what people need.”

“Avenues for building capacity and spaces where we are deemed our own experts, whether that may be through advocacy with decision makers, workshops, service provider consultations.”

Where to from here?

The calls for culturally competent and inclusive healthcare settings providers were heard loud and clear. In line with the perspectives of young people who participated in this consultation, CYDA recommends the following:

1. Recommendations for government:

- Commit to the development of a national LGBTQIA+ Healthcare Strategy, which includes a focus on healthcare for disabled clients, young clients, gender diverse clients, and neurodivergent clients.
- Invest in research exploring the experiences of LGBTQIA+ disabled young people, including a focus on transgender and gender diverse-specific health outcomes and treatments. Provide additional funding under the National Disability Advocacy Program¹⁷ to work in collaboration with specialist advocacy organisations to develop tailored advocacy approaches for LGBTQIA+ people with disability.

2. Recommendations for healthcare settings and medical service providers:

- Investigate opportunities to de-clinicalise medical spaces and to make them more inviting for queer disabled clients.
- Implement the suggestions to improve patient-care for young queer disabled people made in this paper, including ensuring spaces meet physical accessibility requirements and utilising digital platforms, such as social media, to support engagement.

3. Recommendations for healthcare regulators and peak medical bodies:

- Engage collaboratively with LGBTQIA+ and Disability Representative Organisations to develop accredited LGBTQIA+ cultural competency training for health

¹⁷ Commonwealth of Australia. (2022). Available at: [National Disability Advocacy Program \(dss.gov.au\)](https://dss.gov.au)

professionals, as well as improving existing training through engagement with lived experience.

4. Recommendations for medical professional development and education providers:

- Engage with LGBTQIA+ and Disability Representative Organisations to collaboratively examine opportunities for improvements to the education and development pipeline to support more LGBTQIA+ and disabled people entering healthcare professions.
- Work with healthcare settings and medical service providers to identify opportunities for on-the-job, ongoing education and training which is co-designed with the LGBTQIA+ disabled community.



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