



Annual Report  
2024-2025

## Acknowledgement of Country



LGBTIQ+ Health Australia acknowledges the Traditional Owners of Country throughout Australia and the Torres Strait Islands. We recognise their continuing connection to lands, waters and communities. We acknowledge that these lands have been materially, ecologically and socially transformed through occupation by settlers, and we acknowledge that this transformation does not erase history, sovereignty or continuing connections to culture. We acknowledge the work undertaken by Aboriginal and Torres Strait Islander people for health and justice. We pay our respects to Aboriginal and Torres Strait Islander Elders who came before and those that lead now.

## Honouring LGBTIQ+ People and Communities



We pay our respects and offer our deep thanks to those who have worked to improve the health and wellbeing of LGBTIQ+ communities. We honour both people and organisations in the diverse communities of which we are a part, and the work they have done to make our work and lives possible. We celebrate the extraordinary diversity of people's bodies, genders, sexualities and relationships that they represent. Thank you for having the courage to be yourself, and for your efforts to improve the health and wellbeing of our communities across the lifespan.

## Principal Funders

LGBTIQ+ Health Australia gratefully acknowledges the support of the Australian Government Department of Health, Disability and Aged Care, and the Australian Government Department of Social Services.



Australian Government  
Department of Health, Disability and Ageing



Australian Government  
Department of Social Services

## Other Funders

Australian Digital Health Agency

Hammond Care  
(Dementia Support Australia)

## Auspiced Grant Partnerships

(for Sydney Queer Muslims)  
Rainbow Giving



**LHA thanks all organisations and individuals who made donations throughout the year and our members for their continued support.**

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## OUR VISION

Healthy LGBTIQ+ individuals, communities and organisations, free from the burdens of stigma and discrimination and supported by safe, affirming and accessible services.

## WHO WE ARE

LGBTIQ+ Health Australia (LHA), founded in 2010, is the national peak body for LGBTIQ+ health and wellbeing. LHA members contribute a wealth of diverse expertise, capabilities and capacities to the organisation. Together, we serve as a formidable and trusted voice. LHA is guided by four foundational pillars of work:

- 1 Policy and influence
- 2 Member engagement and support
- 3 Partnerships and collaboration
- 4 National facilitation of capacity building programs.

## OUR PURPOSE

As the national peak body for LGBTIQ+ health and wellbeing, our purpose is to amplify the voices and expertise of our members and the communities we collectively represent. Through rigorous research and expert insights, we lead efforts to effect change and improve policy, system designs and service provision, thereby ensuring equitable access to services and resources for our communities.

## OUR PRIORITIES

In alignment with these principles and values, LHA is committed to fulfilling our strategic priorities and delivering meaningful outcomes for LGBTIQ+ health and wellbeing.

### Strategic Priority 1

#### **Collaboration and Partnership**

Enhance LGBTIQ+ health and wellbeing through effective collaboration and strategic partnerships.

### Strategic Priority 2

#### **Evidence-based Policy and Influence**

Advocate for evidence-based policy decisions and actively engage with decision makers to ensure communities have access to optimally co-designed and effective services.

### Strategic Priority 3

#### **Building the Capacity and Reach of the LGBTIQ+ Community-Controlled Health and Wellbeing Sector**

Strengthen the capacity and reach of the LGBTIQ+ community-controlled health and wellbeing sector through resource enhancement and capability development.

### Strategic Priority 4

#### **A Strong and Sustainable Organisation**

Ensure LHA operates as a dedicated and dynamic peak body with resilient governance, robust systems, financial sustainability, an engaged membership and a dedicated team.

#### **Our Strategic Plan 2024–2029:**

[lgbtiqhealth.org.au/strategic\\_plan](https://lgbtiqhealth.org.au/strategic_plan)

## OUR VALUES

**We recognise and celebrate** the rich diversity and inherent strengths of LGBTIQ+ communities, members and our team including the many intersectional identities that exist among us.

**We are engaged and accountable.** We listen attentively, seek to understand, and respond to the unique needs of our members, partners and staff. We hold ourselves accountable for our actions.

**We are driven by our commitment to human rights and social justice.** We stand in solidarity with our communities, members, partners and stakeholders, actively working to promote equity, address the social determinants of health, and expand access to services, support and opportunities.

**We lead with courage,** raising critical issues, speaking up and driving change.

**Together, we make progress.** Championing collaborative efforts with our members to advance progress and effect change in the best interests of LGBTIQ+ communities. Our approach is forward-looking, and partnership is our preferred mode of operation.



# Report from the Chair

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**During the year, we welcomed new Directors to the Board, Jason Hurst as Director for Queensland and Jackson Fairchild as Director for Tasmania. On behalf of the Board, I acknowledge the retirements of Lynn Jarvis (Tasmania) and Bernard Gardner (Queensland) and thank them for their commitment and service to our communities that was demonstrated during their tenure. We are grateful for their strong and insightful contributions to shaping LHA as an effective national health peak organisation for all LGBTIQ+ Australians.**

Regularly scheduled meetings of the Board have been held throughout the year, including a productive joint forum with LHA staff in February 2025. The February forum focused on operationalising the Strategic Plan 2024–2029, adopted last year, ensuring the organisation’s direction is embedded in day-to-day practice. The Finance, Audit and Risk Management (FARM) Committee also meets regularly, providing robust oversight of financial and risk management.

This year, the Board of Governance of LGBTIQ+ Health Australia (LHA) has continued to strengthen the organisation’s strategic and operational foundations, ensuring it remains a trusted and effective national peak body for LGBTIQ+ health and wellbeing.

A key focus for the Board this year was our financial sustainability. In collaboration with the Treasurer and Executive Director, Corporate Services LHA developed a framework to determine the optimal level of reserves. Following careful analysis, the Board endorsed a target of six months’ operating costs to ensure LHA can respond to funding changes with stability and confidence. This has now been embedded in our forward planning and has the organisation in a strong financial position.

The Board welcomed the extensions of funding through to 30 June 2026 from the Health Peak Advisory Bodies (HPAB) program and Ageing and Aged Care program, providing continuity for our work in these critical areas. While the successful tender for QLife secured three years of funding, the Board remains concerned that the level of investment falls short of what is required to meet growing community demand.

We continue to advocate for sustainable funding for this vital service. The growing strength of LHA’s leadership in national policy and advocacy was evident again this year. It was highlighted by our contributions to the launch of the inaugural National Action Plan for the Health and Wellbeing of LGBTIQ+ People, the development of the 2025 Federal Election Policy Priorities, and the successful campaign to include gender and sexual orientation questions in the 2026 Census. These achievements reflect the strength of the organisation and the sector, and I acknowledge the CEO and staff for their tireless work in advancing these outcomes.

On behalf of the Board, I thank the Hon. Mark Butler MP and the Hon. Ged Kearney MP for their continued support and congratulate them on their recent appointments. LHA looks forward to continuing our work with them in the important portfolios of Health, Ageing and Disability, and Social Services and Prevention of Family Violence, respectively. We also extend our congratulations to other Ministers and Assistant Ministers with responsibilities relevant to LGBTIQ+ health and wellbeing and look forward to working collaboratively across government to advance equity and inclusion.

It has been a privilege to serve as Chair during a year of progress and consolidation. I thank my fellow Directors, our CEO Nicky Bath, and the entire LHA team for their dedication and leadership. I also extend my appreciation to our members and partners across the country for their vital work and ongoing commitment to improving the health and wellbeing of LGBTIQ+ communities. It is only together that we will meaningfully advance the health and wellbeing of all LGBTIQ+ people across Australia.

With Pride

**Carolyn Gillespie**  
Chair – LGBTIQ+ Health Australia





### Carolyn Gillespie

#### Director for Victoria / Chair

Carolyn is a social worker, intersectional feminist and human rights advocate with more than 20 years' experience in healthcare and social justice. She has worked in a range of senior leadership roles across paediatric, adult and LGBTIQ+ community-controlled health services. She has been a member of the LHA Board since 2020.

Carolyn is passionate about addressing the health, social and structural inequities that impact on LGBTIQ+ people's capacity to fully participate in the communities in which they live, love, learn and play. She is regularly sought out as an LGBTIQ+ family/sexual violence, health, and mental health subject matter expert, and she is an active advocate for strategic and systemic change that strengthens the health and wellbeing of the entire LGBTIQ+ community.

Carolyn brings to the Board her professional healthcare experience and clinical qualifications (BA, BSW, MClInFT), as well as ICDA's Diploma of Governance. Carolyn is also a graduate of the 2024 Vincent Fairfax Fellowship – an intensive 12-month ethical leadership program.



### Wayne Herbert

#### Director for the Australian Capital Territory / Deputy Chair

Wayne Herbert is the Director of Progress and Property at LEAD Disability Services, where he leads with bold, strategic vision and lived experience to drive change for people with disability and members of the LGBTIQ+ BB SG communities.

An outspoken activist for the rights and inclusion of people with disability and LGBTIQ+ communities, Wayne's leadership spans local, national and international levels. He has contributed to global disability, employment and health policy forums, advised Australian government agencies on inclusive recruitment and employment, and helped shape regional governance through his roles as Deputy Chair of the ACT Government LGBTIQ Advisory Council and a member of the ACT Disability Reference Group.

Wayne currently serves on the Board of Sharing Places Inc and currently sits on the ACT Territory Committee of National Disability Services (NDS). Wayne also previously served as a Board Director and Deputy President of Meridian, he brings extensive experience in peer-led organisations, board governance and reforming employment systems to be inclusive of disabled people and those from LGBTIQ+ communities.

A nominee for the ACT Australian of the Year in both 2017 and 2025 for services to the disability and LGBTIQ+ BB SG community, Wayne is known for challenging the status quo and enabling organisations to lead with inclusion, integrity and courage. His body of work is grounded in a powerful combination of technical expertise, governance knowledge and personal lived experience.

Wayne is a graduate of the LGBTIQ+ Executive Leadership Fellowship and a member of the Australian Institute of Company Directors. He brings ambition, authenticity and impact to everything he does, with a vision for a future where equity is non-negotiable and everyone can unleash their full potential.



## Dr Sarah Bowman

### Co-opted Director

Sarah is a clinical psychologist, researcher and mental health advocate for gender diverse communities. She holds a Bachelor of Social Sciences (Psychology) (First Class Honours), a Master of Clinical Psychology and a Doctor of Philosophy in Clinical Psychology. Sarah primarily practices in the young adult and adult sectors.

Her research and clinical work with gender diverse people focuses on helping them to develop resilience and an authentic sense of self.

Sarah's public speaking and education roles include lecturing to both the education and corporate sectors on gender diversity and inclusion, and the provision of peer training and continuing professional development for psychologists working with gender diverse populations. She is an active member of the LGBTIQ+ community, is the co-chair of Twenty 10 in NSW, and a member of Australia Professional Association of Trans Health (AUSPath).



## Suzanne Castellas

### Co-opted Director

Suzanne Castellas is the Principal Lawyer of Castell Lawyers, previously the Centre Director/Senior Lawyer for the HIV/AIDS Legal Centre, and Lawyer at the Inner City Legal Centre, working closely with LGBTIQ+ communities and the BBV and STI health sectors, as well as a Lawyer at Legal Aid Civil Law division. She has provided legal services to vulnerable and disadvantaged clients with complex legal needs, a focus she continues to prioritise in her private practice, driving reform through legal process to address the stigma and discrimination that continues

to affect LGBTIQ+ communities and those with BBVs.

Suzanne has contributed to a range of community initiatives, such as the abuse of police powers at LGBTIQ+ events, and matters that impact people in the trans and gender diverse community particularly in public settings. She is an advocate for community education, having provided lectures and workshops to both client and professional communities. In addition to acting on not-for-profit boards, she provides pro bono support on many community initiatives.

Before practising law for the community sector, Suzanne had an extensive career overseas as a corporate legal professional, focusing on mergers and acquisitions, crisis management, and rehabilitation.



### Kuan Chia

#### Co-opted Director

Kuan was appointed as a Director for LGBTIQ+ Health Australia in February 2024 and currently serves as Treasurer and Chair of the Finance, Audit and Risk Management Committee.

Kuan is an Australian Financial Complaints Authority (AFCA) Panel Member and Advisory Board member of FCC Analytics and What's On. He taught governance at the University of Sydney as an Adjunct Professor and submitted his PhD thesis: *Development of a scam lifecycle framework to enhance the efficiency and effectiveness of community protection measures in response to criminal exploitation of technology*. Kuan has governance, risk, compliance and corporate advisory experience with Macquarie Group, HSBC, Standard Chartered Bank, Big 4 (KPMG, PwC and Deloitte) and Goldman Sachs joint venture in Australia, Hong Kong, London and Tokyo. He also has government experience, having started his career working on the Australian Federal Government's privatisation program (including Qantas and CBA). When Kuan was with the Queensland Treasury, he worked on the merger/privatisation of Suncorp/Metway/QIDC and TAB, restructure of the Queensland energy industry and portfolio management of Queensland State Owned Corporations. As Stanwell Corporation's Regulatory Counsel, Kuan was nominated by the Australian Greenhouse Office, Electricity Supply Association of Australia and the National Generators Forum to serve on climate change steering committees and working groups.



### Alastair Lawrie

#### Director for New South Wales

Alastair Lawrie is the Director of Policy and Advocacy at the Justice and Equity Centre. He has a background in public policy, having previously served as Policy and Engagement Manager at Hepatitis NSW and a ministerial adviser to the Commonwealth Government (2008–2012), as well as positions with Victoria Legal Aid and the Victorian Public Service.

Alastair has a long history of involvement in LGBTIQ community organisations. He has been Policy Working Group Chair of both the NSW and Victorian Gay and Lesbian Rights Lobbies, and is currently on the Board of Twenty10, the LGBTI Rights Subcommittee of Australian Lawyers for Human Rights and is the Co-Chair of the Tennis Australia LGBTIQ+ Advisory Group.

Alastair's interests include LGBTIQ mental health, the health impacts of discrimination, and health education in schools. In 2017, he was a finalist for the Tony Fitzgerald Memorial Community Individual Award at the National Human Rights Awards.



## Barry Cosker

### Director for Western Australia

Barry Cosker is based in Perth, WA. He has extensive experience in senior leadership roles in banking and finance, consultancy, and the community/not-for-profit sector, in both the UK and in Australia.

He is currently the Chair of Living Proud in WA, an incredible organisation that has been supporting the WA queer community for almost 50 years, as well as a founding Director of Rainbow Futures WA, the state's LGBTIQ+ peak body focused on advocacy and law reform.

Barry has a long-standing commitment to community and charitable causes, particularly in the areas of LGBTIQ+ health, mental health and disadvantaged youth. Prior to joining the boards of Living Proud and Rainbow Futures, he was privileged to lead non-profit organisations both large and small, from 100% volunteer-run community enterprises through to large regional organisations with complex funding and service delivery commitments. His NFP experience encompasses both executive and non-executive roles.

Barry has a strong desire to see better outcomes for the rainbow community no matter where people live or work, and he is a passionate advocate for maintaining a strong, stable and effective LGBTIQ+ community-controlled sector.



## Holley Skene

### Director for South Australia

Holley Skene is the CEO of SHINE SA and a strategic leader in sexual and reproductive health, with expertise in HIV and mental health. With over 15 years' experience across community, clinical and policy settings, she is passionate about advancing intersectional health equity through both locally led initiatives and systems-level reform.

Holley holds qualifications in psychology, public health and governance, and brings deep experience in community engagement, service design and inclusive health policy. A founding member of

Rainbow Families SA, she has also contributed to South Australian and national LGBTIQ+ organisations as a Board member including Feast Festival, the SA Rainbow Advocacy Alliance, Sexual and Reproductive Health Australia and The Equality Project.

Holley is committed to strengthening the LGBTIQ+ sector and improving health and wellbeing outcomes through sustainable, community-led services, accountable governance and national collaboration that centres intersectional lived experience.



### Darcy Godden

#### Director for Northern Territory

Darcy is a proud Kamilaroi and Wonnarua man and a senior executive in the Australian Public Service. He currently serves as Region Manager for the Northern Territory at the National Disability Insurance Agency (NDIA), leading service delivery, community engagement and strategic reform across some of the most remote and culturally diverse communities in the country.

Darcy brings extensive leadership experience across Aboriginal health, disability, governance and intergovernmental relations. He is a Board

Director of Mary MacKillop Today, an international aid and development charity, and a member of the Clinical Advisory Committee for Australian Regional and Remote Community Services (ARRCS), supporting governance and culturally safe care across aged and disability services in the Northern Territory.

He has previously held executive roles with the Northern Territory Primary Health Network and Kura Yerlo Incorporated, where he led nationally recognised work in Aboriginal-led commissioning, cultural governance and service reform. A passionate advocate for intersectionality and LGBTQIA+ inclusion, Darcy also supported the financial growth and success of Top End Pride NT, helping deliver the highest-funded Pride event in Darwin's history, enabled by both grant and self-generated revenue streams.

Darcy holds multiple Master's degrees, including a Master of Health Management and a Master of Business Administration, alongside several additional postgraduate qualifications in strategic leadership, operational excellence and quality systems auditing. He is a certified Lead Auditor across national and international standards, with a strong focus on building inclusive, culturally safe systems that improve outcomes for First Nations peoples and LGBTQIA+ communities.



### Jackson Fairchild

#### Director for Tasmania

Jackson lives on Muwinina and Palawa country in lutruwita (Tasmania). They are a consultant and one of Australia's leading voices in family and gender-based violence prevention. They currently serve on the Board of Working It Out, Tasmania's diverse gender, sex and sexuality support, education and advocacy service. They also are a qualified counsellor and clinical supervisor with a background in service leadership, research translation, policy advocacy, governance, diversity and inclusion, and organisational change.

Jackson has held senior roles at the Zoe Belle Gender Collective, Rainbow Health Australia, No to Violence and Thorne Harbour Health. They are particularly passionate about the power of community-led health and social services and building meaningful coalitions with other groups striving for social progress and a fairer world.



## Jason Hurst

### Director for Queensland

With over 30 years of leadership in community development, advocacy and organisational management, Jason is dedicated to advancing the health, inclusion and wellbeing of LGBTIQ+ communities. Jason is currently Chief Operating Officer at Diverse Voices in Queensland. He brings a strong foundation in operations, finance and human resources, essential for supporting LGBTIQ+ Health Australia (LHA) in its commitment to social justice and human rights.

Jason has co-founded and advised multiple organisations and managed diverse teams, fostering participation and inclusion. Jason's experience spans campaign leadership, film production and investigative services, equipping him with the ability to manage complex initiatives with strategic insight. Jason is a LivingWorks ASIST and SafeTalk Trainer, underscoring his commitment to the wellbeing of our communities.



# Report from the Chief Executive Officer

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**From vital policy breakthroughs to historic funding, the past year has seen real progress for the health and wellbeing of LGBTIQ+ people. This progress is made more urgent and meaningful amid the persistent toll of stigma and discrimination, rising transphobia and ongoing health and wellbeing disparities.**

Following years of advocacy by LHA and our partners, the Australian Government confirmed that the 2026 Census will, for the first time, include questions on gender and sexual orientation for people aged 16 and over. While we will continue to call for Census questions collecting data on young people and people with innate variations of sex characteristics, this is a major step forward. Census data will provide critical insights to inform long-term planning, service delivery and policy reform. I extend my heartfelt thanks to the more than 100 organisations who joined our joint statement, and to the parliamentarians who engaged with us throughout the process.

Another defining moment came in December 2024, with the launch of the Australian Government's *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035* (Action Plan). This long-awaited framework sets out a bold vision for equity, inclusion and respect in healthcare systems. It was accompanied by a suite of funding commitments to scale up LGBTIQ+ health and wellbeing services, continue the Private Lives and Writing Themselves In research projects, and support the InterLink specialised intersex mental health and wellbeing service. LHA is proud to have been engaged by the Australian Government to administer the grants program to support LGBTIQ+ health and wellbeing services to expand their reach and impact.

LHA also welcomed the Australian National Suicide Prevention Strategy 2025–2035, launched by the National Mental Health Commission in February 2025. It includes LGBTIQ+ populations as a priority group, with specific actions to promote good mental health and wellbeing, with community-led solutions and improved data to reduce suicide risk.

The federal election in May 2025 reinforced this momentum, with commitment to fund more inclusive, culturally safe healthcare for LGBTIQ+ Australians, through training for primary care providers and a new voluntary accreditation program.

During the election campaign and following consultation with our member organisations, LHA launched our Policy Priorities for LGBTIQ+ Health and Wellbeing, calling for clear targets, timelines and funding to deliver on the Action Plan. The report outlined key areas requiring action, including gender affirming care, aged care, intersex supports, and action on sexual, domestic and family violence. We urged all candidates to reject harmful rhetoric and commit to strengthening LGBTIQ+ community-controlled health services. LHA was pleased to receive multi-partisan commitment to delivering the Action Plan, and we remain committed to working across the political spectrum to ensure sustained progress on the identified priorities.

We welcomed the reappointment of the Hon Mark Butler MP with an expanded portfolio as Minister for Health and Ageing, and Minister for Disability and the National Disability Insurance Scheme. We also acknowledge the contributions of the Hon Ged Kearney MP, Assistant Minister for Social Services and Assistant Minister for the Prevention of Family Violence whose personal interest and passion helped shape the Action Plan, and who now continues her work in social services and family violence prevention – essential areas for progressing the health and wellbeing of LGBTIQ+ populations.

Internally, LHA is reshaping and growing to meet the demands of this new era. We've expanded our team and worked to deepen collaboration with our Full Members, the LGBTIQ+ community-controlled organisations whose expertise and lived experience are central to our success. Programs such as QLlfe, MindOut and Silver Rainbow continue to evolve.



I am particularly excited by the growth of our Silver Pride Advocacy Network (SPAN), which amplifies the voices of LGBTI older people in discussions about ageing and the aged care system in Australia. The diverse views and experiences of older LGBTI people are especially important to ensure their distinctive needs are addressed as reforms from Royal Commission into Aged Care Quality and Safety continue to be implemented.

While we celebrate these milestones, we remain vigilant. The politicisation of gender affirming care, rising homophobic violence and ongoing non-consensual interventions on people with innate variations of sex characteristics remind us that our work is far from done.

To our members, staff, Board of Governance, partners and supporters, thank you. Your commitment, courage, and collaboration have made this year one of real progress. Together, we will continue to build a future where all LGBTIQ+ people can live with dignity, safety, and pride.

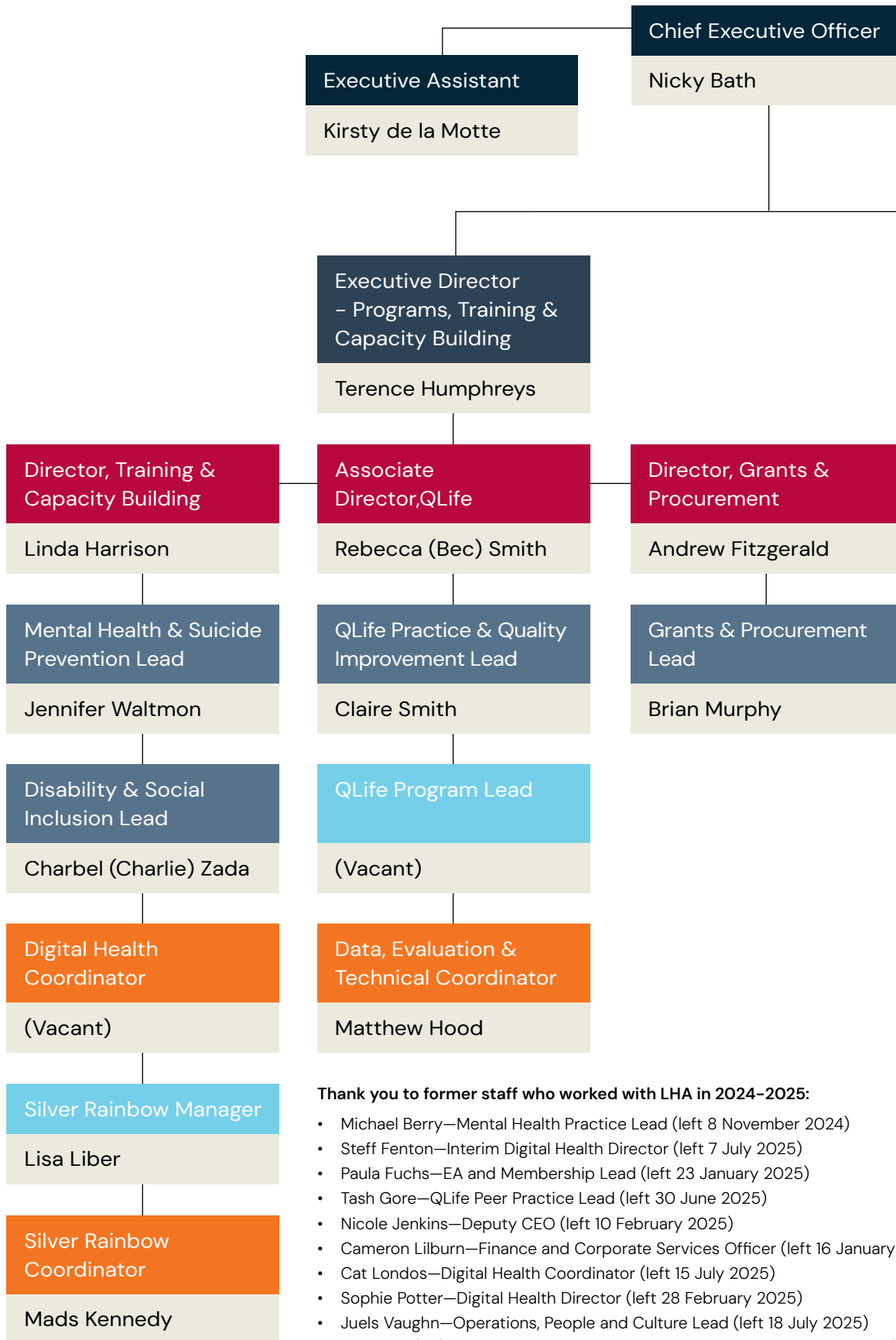
Thank you for your ongoing support.

A handwritten signature in black ink that reads "Nicky Bath". The signature is written in a cursive style and is underlined.

**Nicky Bath**  
CEO - LGBTIQ+ Health Australia

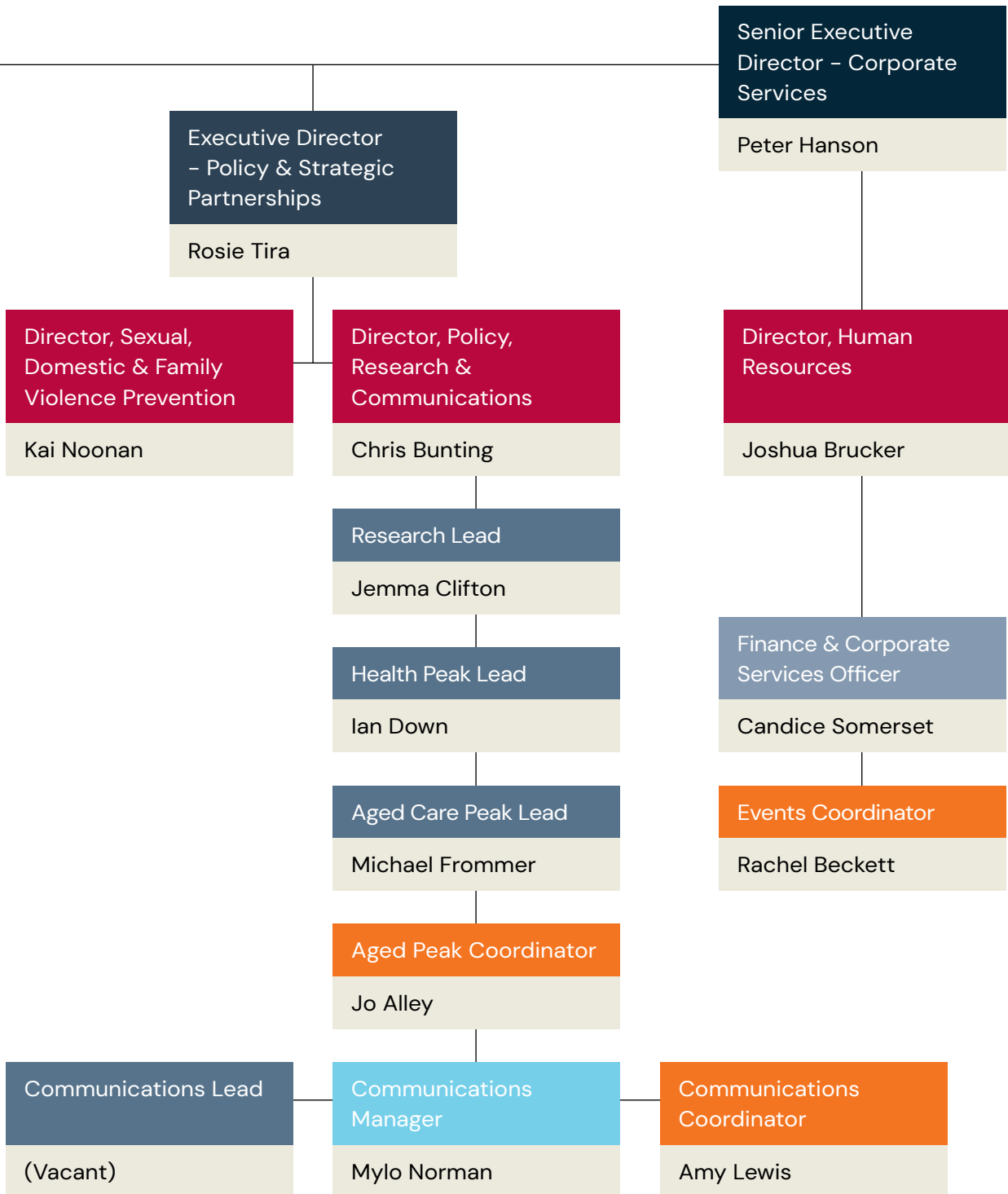


# Organisational Structure



**Thank you to former staff who worked with LHA in 2024-2025:**

- Michael Berry—Mental Health Practice Lead (left 8 November 2024)
- Steff Fenton—Interim Digital Health Director (left 7 July 2025)
- Paula Fuchs—EA and Membership Lead (left 23 January 2025)
- Tash Gore—QLife Peer Practice Lead (left 30 June 2025)
- Nicole Jenkins—Deputy CEO (left 10 February 2025)
- Cameron Lilburn—Finance and Corporate Services Officer (left 16 January 2025)
- Cat Londos—Digital Health Coordinator (left 15 July 2025)
- Sophie Potter—Digital Health Director (left 28 February 2025)
- Juels Vaughn—Operations, People and Culture Lead (left 18 July 2025)
- Elisabeth (Liz) Wilkinson—Mental Health and Suicide Prevention Manager (left 30 June 2025)
- James Zanotto—Policy, Research and Communications Director (left 30 October 2025)





# Member Program

LGBTIQ+ Health Australia is a membership directed organisation. Our members are central to the work we do to help improve the health and wellbeing of LGBTIQ+ people throughout Australia. The diversity and dynamism of our members ensure innovative collaborations and dynamic cross-sector partnerships.

Organisations and individuals are welcome to apply for membership at any time.

Information on benefits, requirements and fees is available at: [www.lgbtiqhealth.org.au/new\\_members](http://www.lgbtiqhealth.org.au/new_members)

## Full Member engagement

LHA's Full Member Leadership Roundtable meetings continued, providing an opportunity to network and collaborate. Seven meetings were held in 2024–2025. Ad hoc briefings were also held on priority topics, including on the 2026 Census and gender affirming care.

At 30 June, planning was underway for the annual Full Member Symposium face-to-face in Sydney. The face-to-face meeting, initially planned for earlier in the year, was deferred to August 2025 to maximise member availability and participation.

## Other member engagement

- Six **member newsletters**.
- Twelve **policy and research webinars**.
- Two **Member Network Meetings** held for staff at Full and Regular Member organisations, providing opportunities to build relationships and discuss emerging issues. The meetings focused on gender affirming care and *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035*.
- Opportunities to contribute to **consultations, submissions and policy development**, including LHA's *Policy Priorities for LGBTIQ+ Health and Wellbeing–2025 Federal Election*. During the year, LHA expanded our member consultation by introducing regular on-line 'drop-in' sessions to invite input on submissions.
- Planning with full member organisations for jurisdictional roadshows.
- Targeted meetings, phone calls, direct work and collaborative projects with many member organisations nationally.

## Policy and research webinars

LHA's regular webinar series focuses on emerging research, current policy issues and best practice service delivery.

- **Free to exist:** Participation data on LGBTIQ+ young people in sport and physical activity, Dr Ryan Storr (24 July 2024).
- **Rainbow Realities:** In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia, Dr Natalie Amos, Professor Ashleigh Lin, Julie Mooney-Somers, Shakara Liddel-Hunt (7 August 2024).
- **LGBTIQ+ Primary health care priorities in Western Australia:** Insights for advocacy and action, Dr Jonathan Hallett (18 September 2024).
- **MRFF insights:** Transforming LGBTIQ+ health through leading research – two parts, including all 13 funded projects (10 October, 17 October).
- **Towards inclusive research and health care:** NHMRC and Department of Health and Aged Care's joint Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research, Prue Torrance (30 October 2024).
- **Our Voices Have Changed the World:** reflections on interview series with older LGBTI people about their lives and experiences, Kedy Kristal, Vivienne Claire, Maxine Drake (13 November 2024).
- **Where are we now?** The latest insights into gender dysphoria interventions for children and young people (5 February 2025).
- **Tippling the balance:** LGBTIQ+ teens' experiences negotiating connection, self-expression and online harm (12 February 2025).
- **See yourself in data:** Estimates and characteristics of LGBTI+ populations in Australia (20 March 2025).
- **SpeakingOut@Work:** LGBTQ Young People's Experiences of Sexual Harassment at Work (3 April 2025).
- **Aboriginal and Torres Strait Islander LGBTIQ+ experiences** of connection, education, affirmation and strength (15 May 2025).

Webinars are free for staff, volunteers and delegates of LHA Full, Regular, Affiliate and Associate member organisations.



# LHA Members 2024-2025

## Full Members

Full Members are LGBTIQ+ community-controlled health organisations, solely promoting the health and wellbeing of LGBTIQ+ people and communities, delivering services and programs within a jurisdiction or nationally.

## Regular Members

Regular Members are incorporated LGBTIQ+ community-controlled groups or organisations that solely advocate for and promote the health and wellbeing of LGBTIQ+ people through community activities and events, training and capacity building, or policy and advocacy activities.



## Affiliate Members

Affiliate members are incorporated not-for-profit organisations that have a funded project or programs promoting the health and wellbeing of LGBTIQ+ people and communities.



## Associate Members

Associate Members are incorporated not-for-profit or for-profit organisations or unincorporated groups/entities that support the objectives of LGBTIQ+ Health Australia and our Code of Conduct.






# The Latest in LGBTIQ+ Health and Policy Podcast

To subscribe, visit [joy.org.au/thelatest](https://joy.org.au/thelatest)




**In partnership with Joy Media, each episode of LHA’s podcast The Latest brings stimulating conversations with leading voices in LGBTIQ+ health and wellbeing.**

 **Episode 24: Robyn Lambird**

Paralympian Robyn Lambird shares insights on disability, identity and representation, highlighting how inclusive sport and media can empower LGBTIQ+ people with disabilities.

 **Episode 25: Dr Jane Connory and Dr Shivani Tyagi**


This episode dives into visual communication, exploring ways to destigmatise use of period products for trans, masculine presenting, non-binary and gender diverse consumers.

 **Episode 26: Tiger Salmon**


Queer advocate, Tiger Salmon, talks about youth mental health, intersectionality, and the importance of lived experience in shaping policy and support services.

 **Episode 27: Assistant Minister Ged Kearney**

Join in for a candid conversation with Assistant Minister Ged Kearney about federal health policy, equity, and the government’s role in supporting LGBTIQ+ health initiatives.

 **Episode 28: Dr Chris Davis**


Emphasising inclusive care, patient trust and the need for better training in medical education, Dr Davis explores the intersection of general practice and LGBTIQ+ health.

 **Episode 29: Dr Ryan Storr**

Dr Storr discusses queer inclusion in sport, the challenges of homophobia and transphobia in athletic spaces, and how community-led initiatives are changing the game.

 **Episode 30: Professor Nadine Ezard**

In a deep dive into harm reduction and substance use in LGBTIQ+ communities, Professor Ezard calls for compassionate, evidence-based approaches, peer-led models and naloxone access.

 **Episode 31: Vaping and LGBTIQ+ Communities**

Dr Ruby Grant (La Trobe University), Rachel Anderson (QUIT) and Terence Humphreys (LHA) explore why people vape at higher rates, the health impacts and new vaping laws.



# Policy, Research and Advocacy



Minister for Health and Aged Care, Hon Mark Butler (rear row, fifth from the left) and Assistant Minister for Health and Aged Care, Hon Ged Kearney (centre front) at the launch of the National Action Plan, 11 December 2024.

- LGBTIQ+ Health Australia collaborates nationally to develop and implement an evidence-based policy program that can deliver equity of health outcomes for LGBTIQ+ communities.
- LHA supports quality research and data, promotes policy reform, shares information and advocates for essential change that can overcome the serious health disparities faced by many people within LGBTIQ+ populations.
- Governments and non-government organisations rely on LHA to provide trusted advice, participate in public inquiries and collaborate with other national organisations to improve the policy landscape for LGBTIQ+ communities across Australia.
- LHA supports and collaborates with members to inform and involve them in this policy work, tapping into grassroots knowledge and providing a conduit to the Australian Government for national reform.

## National Action Plan

In December 2024, LHA welcomed the launch of Australia's first *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035* (National Action Plan), accompanied by a significant \$15.5 million investment. This marked a milestone in advancing equity, inclusion and respect for LGBTIQ+ people within the healthcare system.

The National Action Plan reflects years of advocacy by LHA and sector partners, and was the central recommendation in LHA's 2022 federal election platform. LHA acknowledges the leadership of the Hon. Mark Butler MP, Minister for Health and Aged Care, and the Hon. Ged Kearney MP, then Assistant Minister for Health and Aged Care, in delivering this landmark initiative.

LHA contributed actively to the development of the Action Plan, with the CEO serving on the Expert Advisory Group, reviewing drafts, and participating in the launch.

As part of the implementation, the Australian Government engaged LHA to administer a \$13 million grants program to help scale up dedicated LGBTIQ+ health services. These grants will enable funded services and programs to expand their reach and improve outcomes.



### Policy Priorities and 2025 Federal Election

Following extensive consultation, LHA released *Policy Priorities for LGBTIQ+ Health and Wellbeing – 2025 Federal Election* ahead of the federal election on 3 May 2025. During the campaign period, LHA sought cross-party support for these priorities and conducted a survey of political candidates.

LHA also collaborated with Equality Australia, Health Equity Matters and InterAction to host a public election forum, providing a platform for dialogue between candidates and community members.

Implementation of the National Action Plan remains LHA's highest priority. Commitments to support the Plan were received from the Labor, Liberal and Greens parties, as well as several independent members.

#### **Additional election priorities included:**

- Targeted mental health and suicide prevention strategies and funding
- National coordination on sexual, domestic and family violence
- Sustainable funding for programs supporting people with innate variations in sex characteristics
- Addressing service gaps for LGBTIQ+ families
- Improved access to sexual and reproductive healthcare
- Safe, culturally appropriate aged care services
- Affordable, accessible gender affirming care in the public health system
- Equity for LGBTIQ+ people with disability
- Investment in inclusive crisis and long-term housing
- Support for LGBTIQ+ carers
- Strengthening LGBTIQ+ community-controlled health organisations
- Establishment of a national clearinghouse for LGBTIQ+ health research, policy and best practice.

**The full Policy Priorities report is available at:**

[www.lgbtiqhealth.org.au/2025\\_federal\\_election\\_priorities](http://www.lgbtiqhealth.org.au/2025_federal_election_priorities)

## 2026 Census

In 2024, LHA led a successful campaign to secure the inclusion of questions on gender and sexual orientation in the 2026 Census for people aged 16 and over. This outcome followed over 10 years of sustained advocacy in partnership with member organisations and focused partnerships with more than 100 peak bodies, researchers and community groups. LHA coordinated a joint statement calling for the inclusion of topics on gender, sexual orientation and innate variations of sex characteristics in the Census, and engaged directly with Members of Parliament, the Australian Bureau of Statistics (ABS), and the broader public.

Although the final decision disappointingly excluded questions on innate variations of sex characteristics and has an age restriction on the gender question, the inclusion of gender and sexual orientation questions represents a historic step forward. For the first time, the Census will provide nationally representative data on LGBTQ+ populations, enabling more accurate socio-economic analysis, regional insights and long-term planning. This data will be essential for evaluating the National Action Plan and ensuring services are appropriately resourced.

LHA continues to work with InterAction, the Australian Bureau of Statistics (ABS) and the Australian Government to improve future data collection and support public education on innate variations of sex characteristics. The CEO serves as co-chair of the ABS LGBTQ+ Expert Advisory Committee for the 2026 Census, with LHA staff actively contributing to the committee and its subcommittees.

## Research and data collection

LHA continues to advocate for the national adoption of the ABS 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables. This standard is essential for improving the quality and consistency of data collection on LGBTQ+ populations across Australia.

LHA's online research network Facebook group grew to 259 members by 30 June 2025, up from 220 the previous year. The group provides a space for researchers to share findings, seek collaboration and request support for LGBTQ+ health and wellbeing projects.

LHA partnered with several organisations receiving Medical Research Future Fund (MRFF) grants under the *2023 Models of Care for Sexuality & Gender Diverse People & People with Innate Variations of Sex Characteristics*:

- **Optimise+:** Strengthening LGBTQ+ community-controlled mental health and AOD services (La Trobe University).
- **PRIDE Project:** Promoting queer-inclusive professional identities for diversity in primary healthcare (PRIDE) project (University of Queensland).
- **Rainbow Inclusive Care:** Co-creating rainbow inclusive care for gender and sexually diverse people in residential aged care (Southern Cross University).
- **SAGE Dem:** A model of care to improve health of sexuality and/or gender diverse people living with dementia (Deakin University).

Following a two-part symposium in 2024 with all 13 MRFF-funded research teams, LHA continues to collaborate with the projects to support development of a national knowledge network.



LHA continues to engage with and provide input into major LGBTIQ+ health and wellbeing research across Australia, with links to major institutions.

### Other collaborations include:

- MRFF Priorities and MRFF Act Review roundtable
- Strategic and Scientific Advisory Committee, ARCSHS (Australian Research Centre in Sex, Health and Society, La Trobe University)
- Ten to Men Community Reference Group, Australian Institute of Family Studies
- Suicide and Self-harm Monitoring System Expert Advisory Group, Australian Institute of Health and Welfare (AIHW)
- HealthConsult's Resident Experience Survey (RES)– Diversity Research Study
- Engagement with the AIHW on sexual and reproductive health and homelessness data
- Collaboration with the Australian Institute of Family Studies on research into abuse and mistreatment of LGBTI older people
- Regular meetings with the ABS population research team
- Support for La Trobe University's research proposal: The Role of Queer Spaces and Places in LGBTQ+ Identity and Wellbeing
- Partnership with the Consumers Advisory Group – Australian Commission on Safety and Quality in Health Care
- National Suicide Prevention Office and UNSW Centre for Social Research in Health, review for National Suicide Prevention Outcomes Framework
- Participation in the National Early Intervention Service (NEIS) Expert Advisory Group.

## Ageing and aged care resource development

### Silver Pride Advocacy Network

LHA continued to strengthen the Silver Pride Advocacy Network (SPAN), a national initiative designed to amplify the voices of LGBTI older people in discussions about ageing and aged care. The Network supports older LGBTI people to influence policies, programs and decision-making processes that affect their lives.

The Network is comprised of three parts:

- The Silver Pride Advocacy Network Advisory Committee
- The Living Experience Advocacy Panel (LEAP)
- A newsletter for LGBTI older people and their allies.

In 2024–25, LHA expanded the LEAP from five to fifteen members. LEAP participants contributed to external consultations on ageing and aged care, informed policy and program development, and provided advice on LHA's own initiatives targeting older LGBTI people.

LEAP members participated in:

- Ten SPAN project advisory committee meetings
- Five training sessions
- 27 engagement activities, including eight public speaking roles at conferences, webinars or podcasts.

A two-day training workshop was delivered to support LEAP members in developing their advocacy skills. The workshop focused on using lived experience to influence change and strengthen community representation.



*Living Experience Advocacy Panel (LEAP) training day (May 2025).*

## **Silver Pride Navigator**

Technical development is complete for the Silver Pride Navigator, a new online portal to support LGBTI older people in planning for and navigating aged care. The platform has been updated to reflect recent reforms to the aged care system and underwent user testing in collaboration with SPAN members to ensure accessibility, relevance and ease of use.

Although development took longer than expected due to technical challenges, evolving policy changes and feedback from consultations, the final product is a robust resource to help LGBTI older people make informed and confident decisions about their care.

The launch of the Silver Pride Navigator is scheduled to coincide with the commencement of the new Aged Care Act in November 2025.



## Submissions

In 2024–25, LHA made numerous formal written submissions to parliamentary inquiries, government consultations and sector reviews. These submissions ensure the voices and needs of LGBTIQ+ communities are reflected in national policy and legislative reform. Key submissions included:

### Aged Care Reform

- Design Changes for Star Ratings (Dec 2024)
- Senate Standing Committees on Community Affairs – Aged Care Bill 2024 (Sep 2024)
- Review of Residential Care Service List (Jan 2025)
- Department of Health and Aged Care – National Registration Scheme for Personal Care Workers in Aged Care (Apr 2025)
- Inspector-General of Aged Care – response to Royal Commission recommendation implementation (Mar 2025)

### Disability, Carers and Ageing

- Draft National Carer Strategy (Nov 2024)
- National Plan to End the Abuse and Mistreatment of Older People (Feb 2025)
- Australian Human Rights Commission – Financial Elder Abuse (Feb 2025)
- Australian Financial Complaints Authority – Approach to Financial Elder Abuse (Apr 2025)

### Mental Health and Suicide Prevention

- Feedback on the National Roadmap to Improve the Health and Mental Health of Autistic People (Sep 2024)
- Reforms to strengthen the National Mental Health Commission and National Suicide Prevention Office (Nov 2024)
- Advice on the draft on the National Suicide Prevention Strategy (Nov 2024)
- PHN Business Model Review and Mental Health Flexible Funding Stream Review (Jan 2025)
- Models of care for mental health services for young people (May 2025)

### Cancer

- National Cancer Data Framework (Nov 2024)
- National Lung Cancer Screening Program Guidelines (Jan 2025)
- Draft 2025 Clinical Guidelines for the Early Detection of Prostate Cancer (Apr 2025)

### Other

- Review of Medicare Benefits Schedule (MBS) Health Assessment Items (Sep 2024)
- Australian Centre for Disease Control (CDC) – Data Policy Framework Consultation (Sep 2024)
- Response to Australia’s Ninth Periodic Report under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (Sep 2024)
- Draft National Nursing Workforce Strategy (Oct 2024)
- Online Safety Amendment (Social Media Minimum Age) Bill 2024 (Nov 2024)
- Standing Committee on Health, Aged Care and Sport – Inquiry into the health impacts of alcohol and other drugs in Australia (Dec 2024)
- Consultation Paper: Use of Automated Decision-Making by Government (Jan 2025)
- MSAC 1754 – Gender affirmation procedures for adults with gender incongruence (Feb 2025)
- Senate Select Committee on Measuring Outcomes for First Nations Communities – in partnership with 2Spirits (Feb 2025)
- Review of children, youth and parenting programs – discussion paper (Feb 2025)
- Community Affairs Legislation Committee – Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Bill 2024 (Jan 2025)

Submissions are available at [lgbtiqhealth.org.au](https://lgbtiqhealth.org.au)

## Advice and expertise for national policy development

During 2024–2025 LHA continued to engage with a diverse range of Australian Government agencies and national organisations, participating through consultation forums, surveys, submissions and conferences, to provide information and influence better outcomes for LGBTIQ+ health, wellbeing and ageing.

### Health and wellbeing

- Regular meetings – Mental Health and Suicide Prevention Division
- Regular meetings – Health Equity Branch
- ANACAD meetings attended by CEO (individual appointment)
- Member – Strengthening Medicare Implementation Oversight Committee
- QUM (Quality Use of Medicines) Alliance – anti-depressants in older people
- Regular meetings – Rainbow Health Australia
- Collaboration – Health Peak Advisory Bodies forum
- Meetings – Headspace
- Participation – engagement session with Nous Group for Scarlet Alliance Funding Strategy
- Participation – roundtable with groups disproportionately affected by Online Safety Act review – Online Safety Branch, Department of Communications and the Arts
- Consultation – Breastfeeding Helpline/LiveChat Evaluation – HMA
- Engagement with the National Suicide Prevention Leadership and Support Program (NSPLSP) Alliance
- Young Minds: Our Future – National Stakeholder Advisory Forum, National Health and Suicide Prevention Division, Health Systems Policy and Primary Care Group
- Member – National Early Intervention Service (NEIS) Expert Advisory Group
- Services Australia: Community Steering Group – Community Engagement & Servicing Redesign Project
- CEO participation – National Cessation Platform Stakeholder Consultation and Expert Advisory Group
- Consultation – Share Your Story to Improve Access to Gender-Affirming Care
- Follow-up meeting – Building and Biotechnology Branch, Industry and Manufacturing Division – ABCB (All-Gender Bathroom Consultation)
- Consultation – La Trobe University on review of current Rainbow Tick Standards
- Developing an Optimal Care Pathway (OCP) for LGBTIQ+ People with Cancer – ASHM
- Stakeholder Group Meeting – Clinical Practice Guideline on MDMA for PTSD (Monash University)
- Collaboration on resource development – Jean Hailes for Women's Health
- Development of a Whole of Society Social Cohesion Engagement Framework – Office of Community Cohesion
- CEO interview with Monash University – Silent Issues in Women's Health Study
- HIV/AIDS Stakeholders Study – Perceptions and Expectations of Pharmaceutical Companies
- National Audit of Early Pregnancy Assessment Clinics – Deloitte for Department of Health and Aged Care
- Panellist – 2024 National Harm Reduction Forum (Drug Checking / Pill Testing)
- Presentation – Primary Care Conference 2024: One Health System in Partnership
- Participation – APSAD (Australian Professional Society on Alcohol and Other Drugs) Conference



- Presentation – The Hatchery’s Public Sector LGBTQIA+ Leadership & Allyship Summit
- Presentations – Public Health Association of Australia (PHAA) Preventive Health Conference, Canberra
- Presentation – International Mental Health Conference, Gold Coast
- Workshop – National Suicide Prevention Conference
- Presentation – Leadership 2025 Conference: The Pivotal Event for Australian Civil Society Leaders
- LGBTQIA+ Advocacy Panellist – QueerCon: LGBTQIASB+ Medical Student Conference
- Consultation forum – Department of Home Affairs, Office of Community Cohesion: Whole of Society Social Cohesion Engagement Framework
- Consultation – Inspector-General of Aged Care 2025–2026 Activity Work Plan
- Industry partnership, CEO meetings – Ageing Australia
- Associate membership – National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAAC)
- Engagement – QUM Alliance: Anti-depressants in older people
- Collaboration – NACA partners and consumers on ageing reform implementation

### **Ageing and aged care**

- Membership – Office of the Inspector-General of Aged Care Consultative Committee
- Quarterly meetings – Diversity Consultative Committee, Department of Health and Aged Care, including follow-up on Aged Care Specialisation Verification
- Participation – National Aged Care Alliance (NACA) consumer meetings (Aug, Nov 2024; Feb 2025+)
- Membership – Ageing Australia (ACCPA) Consumer Advisory Committee
- Collaboration – COTA, OPAN, FECCA, Dementia Australia, EAAA, PICAC Alliance, National Seniors and others on feedback to the new Aged Care Act
- Advisory meetings – Elder Abuse Action Australia (EAAA) Advisory Committee
- Advisory meetings – EAAA Compass Content Advisory Committee
- Feedback – Visual resources developed by Department of Health and Aged Care to explain changes to the new Aged Care Act
- Participation – Australian Human Rights Commission roundtables/forums: Human Rights As We Age
- Collaboration meeting – Australian Association of Gerontology
- Consultation – The Social Deck: Resources for diverse consumer audiences in aged care
- Engagement – La Trobe University: Review of Rainbow Tick Standards
- Meeting – NAPWHA (National Association of People with HIV Australia) on aged care
- International collaboration – Membership and engagement with GAROP (Global Alliance for the Rights of Older People), IFA (International Federation on Ageing), and dialogue with SAGE USA
- Panel participation – 2024 Australian Elder Abuse Conference (EAAA): Raised voices – are we listening to LGBTQIA+ people?
- Presentation and trade exhibitor stand – Ageing Australia National Conference
- Trade exhibition stand – Commonwealth Home Support Program (CHSP) Conference
- Trade exhibition stand – International Dementia Conference



*Ian Down, Policy and Research Lead, at the LHA trade stall, Public Health Association of Australia (PHAA) Preventive Health Conference, 28-30 April 2025 (Canberra).*



*Nicky Bath, LHA CEO, presentation presentation at Ageing Australia (ACCPA) National Conference, 23-25 October 2024 (Adelaide).*



# Media and Communication

LHA was mentioned in over 200 media articles covering key topics including ageing, mental health and suicide prevention, digital health, inclusive healthcare, gender affirming care, the Census, and the National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035.

These articles reached a combined audience of 111 million, representing a 971% increase compared to the previous year. LHA’s media releases, featuring quotes from the CEO or Chair, were referenced in nearly 50 media articles, with a total reach of 5.51 million, a 79% increase year-on-year.

Coverage appeared in a range of national and sector-specific outlets, including:





## Media releases

**11 DECEMBER 2024** LGBTIQ+ Health Australia welcomes launch and financial investment in the first 10-Year National Action Plan for LGBTIQ+ health and wellbeing

**30 JANUARY 2025** QLD decision on gender-affirming care puts lives at risk, research shows

**25 AUGUST 2024** Lack of LGBTIQ+ inclusion in the next Census will adversely impact health outcomes.

**19 DECEMBER 2024** Experimental LGBTI Population Estimates a Step Forward Ahead of 2026 Census

**30 JANUARY 2025** Joint Statement: LGBTIQ+ community groups and health experts cautiously welcome treatment review for trans and gender diverse young people

**26 MARCH 2025** LGBTIQ+ Health Australia welcomes Budget investment in LGBTIQ+ health and broader healthcare reforms

**10 APRIL 2025** LGBTIQ+ Health Australia welcomes launch and financial investment in the first 10-Year National Action Plan for LGBTIQ+ health and wellbeing

**26 MAY 2025** LHA calls on new government to deliver lasting change for LGBTIQ+ people

## Social Media

LHA’s social media presence continued to grow across Facebook, Instagram and LinkedIn, with 320 posts shared during the year.

**f 10,831 followers (+763).**  
12,612 engagements, 148,165 impressions

**@ 5,400 followers (+1,100).**  
2,513 engagements, 78,739 impressions

**in 7,700 followers (+991).**  
3,496 engagements, 127,420 impressions

## Newsletter/ Subscribers

LHA distributed six newsletters to members and stakeholders during the year.

- **Stakeholder:** Sent to an average of 1,650 contacts, with an open rate of 24%
- **Member:** Sent to an average of 1,251 contacts, with an open rate of 32.11%

Top performing posts covered topics such as gender affirming care information and trans visibility, inclusion of gender and sexuality questions in the Census, LGBTQA+ mental health and suicidality (State and Territory based briefing papers), and highlighting LGBTIQ+ days of significance.



Social media post for Transgender Day of Visibility, Monday 31 March 2025.

## Website

From January 2025, LHA began tracking website analytics to better understand audience engagement. Over the first six months, the site received 88,887 page views. The most visited content areas included:

- Ageing and Aged Care **(2,795)**
- Mental Health and Suicide **(2,315)**
- Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People **(1,876)**
- Workforce Resources **(1,758)**
- Services and supports **(1,531)**
- Palliative Care **(1,258)**
- Peer-to-Peer Support **(995)**
- Workplace Training **(926)**
- Genders, Bodies and Relationships Passport **(856)**
- Silver Rainbow: LGBTIQ+ aged care awareness training **(794)**
- LGBTQA+ Mental Health and Suicidality: The State (or Territory) of Affairs **(766)**
- 2025 Federal Election Priorities **(621)**
- Silver Rainbow factsheets to support older LGBTI people **(589)**
- Silver Pride Advocacy Network **(581)**
- LGBTIQ+ Health and Wellbeing Research Network **(503)**



SILVER RAINBOW  
LGBTI AGEING & AGED CARE

# Silver Rainbow



The Silver Rainbow program aims to improve the experiences of LGBTI people in Australia's aged care system. Led by LHA and funded by the Department of Health and Aged Care, the program educates service providers, policymakers and communities about the needs of older LGBTI people.

Silver Rainbow has been a core part of LHA’s work since 2013 and is delivered nationally through the following state and territory partners:



## Training delivery and evaluation

In 2024–25, the program implemented an updated Silver Rainbow training framework, including both eLearning and blended learning options. Key outcomes included:

**53 training sessions delivered nationally**

**843 aged care workers trained:**

- 506 face-to-face
- 337 online.

**Participant demographics and service types:**

- 72% metropolitan, 21% regional, 7% rural or remote
- 45% community-based services, 24% residential, 16% both, 15% other.

**Evaluation results:**

- 90% of participants were extremely or very satisfied
- 87% found the training extremely or very relevant to their role
- 94% rated the information as extremely or very clear
- 94% rated the facilitator’s knowledge as excellent or very good.

### eLearning modules

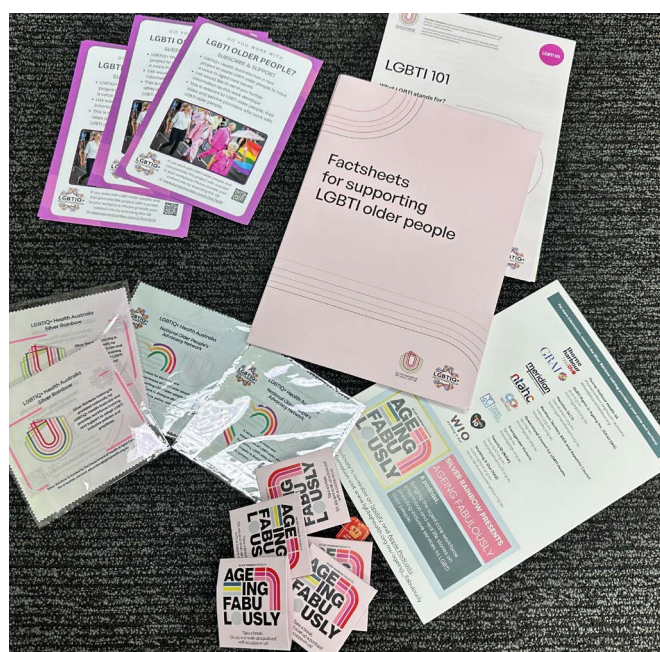
The introductory eLearning module, Introduction to LGBTI Inclusion in Aged Care, had 94 unique users in 2024–25. While lower than previous years, this reflects broader sector trends in eLearning uptake. Among respondents, 74% were extremely or very satisfied with the module.

The eLearning package includes five extension modules:

- Lesbians & Aged Care
- Gay Men & Aged Care
- Bisexual People & Aged Care
- Trans and Gender Diverse People & Aged Care
- Intersex People & Aged Care

All existing modules are currently under review and being refreshed. New modules in development include:

- People Living with HIV and Aged Care
- Rural and Regional LGBTI People and Aged Care.



A sample of Silver Rainbow resources.



## Additional resources

### Recreational therapy guide

LHA partnered with Australian Recreational Therapy Australia to develop *Many Ways to Have a Good Time*, a guide for recreational therapists working with LGBTI older people. The updated edition will be launched at the Australian Recreational Therapy Australia National Conference in September 2025.

### Dementia booklet

The booklet *LGBTI and Dementia – Understanding Changes in Behaviour*, co-produced with Dementia Support Australia, remains popular at conferences and continues to be widely distributed.

### Factsheets

Ten factsheets have been developed to support inclusive aged care practice. Topics include:

- Intersex Older People and Ageing
- LGBTI 101
- LGBTI Older People and Dementia
- Families of Choice
- Palliative Care
- Older People Living with HIV
- Elder Abuse
- Coming Out Later in Life
- Loneliness and Social Isolation
- Transgender Older People.

All factsheets are currently under review and being updated and refreshed. During the reporting period, 600 hard copies were distributed at conferences. The factsheet landing page received 656 views over six months.

## Research collaboration

LHA continues to collaborate with Deakin University on research to inform best practice for working with LGBTI people with dementia. The project has produced a suite of resources for visiting LGBTI older people with dementia. LHA supported dissemination by printing and distributing 250 hard copies of these resources.

## Conference participation

LHA attended several conferences as an exhibitor, presenting sessions and hosting trade exhibition stands:

- National Aged Care Providers Conference 2024
- International Dementia Conference 2024
- Ageing Australia National Conference 2024
- Invox National CHSP Conference 2024
- Ageing Australia WA State Conference 2025
- Ageing Australia Victorian State Conference 2025
- Ageing Australia NSW/ACT State Conference 2025.



Ageing Australia Victorian State Conference 2025.



Ageing Australia NSW/ACT State Conference 2025.



Invox National CHSP Conference 2024.



# QLife and digital health

QLife is an Australian national, free and anonymous peer support and referral service for LGBTIQ+ individuals, their families and friends. It provides a confidential space to discuss issues related to sexuality, gender, bodies, feelings and relationships.

## The service is provided through four partner organisations



In 2024–25, QLife operated with a reduced budget following the conclusion of 2022 election funding commitment that supported site-based Team Leaders. Despite this, the service maintained strong delivery, responding to 15,949 calls and 7,125 webchats. Through increased coordination, workflow management and phone system enhancements, QLife achieved a 47.1% call answer rate, an increase of 6.7% over the previous year.

A total of 43 staff and 79 volunteers contributed over 7,300 hours of peer support. Additionally, a specialist team at Diverse Voices and Living Proud delivered additional tailored support sessions through QProgram, a pilot initiative supporting service users with complex needs and higher suicide risk.

In February 2025, QLife was awarded a three-year contract under the Digital Mental Health program, one of 12 services selected nationally. This marks a significant shift from previous short-term contracts, providing greater stability and opportunity for long-term planning.

## Service trends and user insights

Key themes in service delivery included:

- **Peer connection and belonging** remained the most common reason for contact, highlighting QLife's role in connecting community and reducing isolation.
- **Younger users (under 25)** were more likely to discuss family relationships, mental health, coming out and exploring gender.
- **Users aged 26–65** more often raised issues of loneliness, isolation, disability and mental health.

- **Users who self-identified as trans and non-binary** made up nearly 40% of contacts, with one-fifth of these calls involving transphobia or transphobic violence (an additional one-fifth of service users did not share their gender).
- **Suicide, self-harm or immediate distress, or domestic/family violence** was a theme in over 20% of contacts from trans and non-binary users, compared to 16% for contacts from all service users of any gender.
- **Users who self-identified as Aboriginal or Torres Strait Islander** almost doubled compared to the previous financial year.

## Workforce engagement and collaboration

QLife strengthened its culture of collaboration across partner sites, focusing on collective problem-solving and strengthened relationships at all levels. A project team of frontline staff co-developed new shift coordination mechanisms, improving national connectivity and operational consistency. Operational leadership at sites enthusiastically supported this culture shift and worked more closely with each other than ever before.

Two anonymous workforce engagement surveys were conducted with staff and volunteers, with results showing commitment and connection:

- Engagement scores consistently above 70%
- 97% of staff and volunteers proud to be part of QLife and likely to recommend it as a workplace or volunteer opportunity.

Monthly Community of Practice meetings, led by peer supporters, provided a space for cross-site learning and connection, with participants reporting increased relevance and peer engagement.



## Service evolution

To support long-term sustainability, the QLife Steering Committee engaged consultant Cherie Rae of CoLab Strategy to guide development of a new national operating model. This work aims to transition to a consistent, coordinated and unified approach to service delivery, while continuing to honour the rich histories of the partnership model. The proposed model aims to strengthen governance and service delivery, while ensuring greater consistency, scalability and responsiveness to community needs.

Consultation with partner organisations and other key stakeholders has been central to the process, with implementation planning to continue into the next financial year.

## National workplan

For the first time, LHA and partner organisations delivered against a shared annual workplan, with project leads at various partners delivering key initiatives including:

- Articulating five-year service plans
- Strengthening Aboriginal and Torres Strait Islander advisory structures
- National induction for peer supporters
- Finalisation of a new Peer Practice Framework
- Clarification of QLife's approach to anonymity, confidentiality, and crisis messaging
- Production and implementation of national on-shift coordination and handover mechanisms
- Roster mapping and alignment.

## Safety, quality and governance

Building on the previous year's accreditation achievements, QLife focused on strengthening safety, quality and governance across the national service. Key initiatives included:

- Accessibility improvements to website content, including implementation of the UserWay accessibility widget
- Development of a national induction program, co-

designed with staff from all partner organisations

- Delivery of consistent eLearning modules and webinars, including a QLife-specific version of Switchboard's Lived Experience of Suicidal Distress training, completed by 89% of paid staff
- Introduction of new QGuides, including 'Anti-Racism and Whiteness'.

QLife's governance model was supported by its Consumer Advisory Group, Aboriginal and Torres Strait Islander Advisory Group, and Safety and Quality Governance Committee, which provided critical input into service improvement and strategic direction.

## Service impact and innovation

### QProgram pilot

The QProgram pilot supported 35 participants with complex needs and higher suicide risk. Designed as a brief intervention model of up to 12 weeks, engagement periods were extended due to factors such as the high complexity of participant needs, absence of suitable inclusive, culturally safe and affirming alternative or ongoing supports, and the therapeutic benefit of consistent peer-based contact while participants navigated systemic barriers to care.

The pilot closed by 30 June, in line with funding. An external evaluation by the Centre for Impact and Change identified strong evidence of positive impact. Participants overall found the experience helpful, valuing the peers' flexibility, generosity, respectful, non-directive approach, as well as the shared experience with their peer.

### Qlife annual survey

QLife's annual service user survey captured demographic data, usage patterns, and feedback. Notably, 10.7% of respondents identified as asexual or aromantic, up from 6.6% the previous year, highlighting the need for increased ACE representation and capacity within the workforce.

Overall satisfaction was 76.6%, with 64% satisfied with service availability. Respondents praised QLife's LGBTIQ+SB-specific peer support model, peer knowledgeability, and the sense of safety found in being able to engage anonymously and for free.



National QLife Operational Leadership Team at Victorian Pride Centre June 2025.

*“Every time I talk to someone at QLife, I feel a deep sense of relief – like I’m speaking with family I’ve known forever. That’s actually how I see you. I’ve even saved your number in my phone as ‘My Family’, so whenever I need support, I just say, ‘Hey Siri, call My Family.’ It really shows how much comfort and connection I feel when reaching out to you.”*

## Digital health: inclusion and literacy

In partnership with the Australian Digital Health Agency (ADHA), LHA continued to expand the Digital Health project, supporting LGBTIQ+ communities—particularly older people, rainbow families, and people with disability—to make informed decisions about digital health tools, with a focus on My Health Record.

Key achievements included:

- Co-production of written, audio and video resources to improve digital health literacy
- Two national workshops: one on upcoming changes to pathology and diagnostic imaging sharing through My Health Record, and one launching the co-design group, which played a key role in shaping resource development
- Development of stakeholder engagement, a co-design plan, content and quality assurance frameworks, and a suite of written materials reviewed and approved by ADHA

- Commencement of production of two videos: an animated explainer, and a community Q&A (to be released in the second half of 2025).

A supplementary work stream focused on explaining legislative changes related to pathology and diagnostic imaging uploads. LHA consulted stakeholders and developed accessible resources to help LGBTIQ+ people navigate these changes confidently.

Through this work, LHA is helping build digital inclusion, ensuring individuals in LGBTIQ+ communities can access and use digital health systems in a safe and affirming manner.



# MindOut

In 2024–25, LGBTIQ+ Health Australia (LHA) continued to lead national efforts in LGBTIQ+ mental health and suicide prevention through the MindOut program, supporting inclusive practice, strengthening workforce capacity and centring lived experience.

**A refreshed brand identity, launched in early 2025, was co-designed with stakeholders to reflect both the urgency of suicide prevention and the strength and diversity of LGBTIQ+ communities.**

## **Strengthening skills and building confidence**

MindOut expanded its national training footprint through direct delivery, new partnerships and co-designed training.

An independent evaluation by the Centre for Impact and Change confirmed the training's effectiveness in building trust, embedding inclusive practice and strengthening sector capacity. Key recommendations were provided to sustain and expand its impact.

A Co-Design Team developed and piloted new training to support people with lived experience of suicide. Training activities included:

- In WA, LHA supported Living Proud to deliver Opening Closets to mental health and Aboriginal medical service staff in Broome.
- Switchboard Victoria ran affirming ASIST suicide prevention training in Melbourne and Adelaide.
- A legal sector pilot was delivered in partnership with the Inner City Legal Centre (ICLC).
- A new collaboration with Queerious Health will see the co-design of training for primary care providers, including GPs, in the coming year.
- Additional sessions included workshops with the Black Dog Institute, over 100 students at the Celtic Institute, and media engagement via Q Magazine, the Diversity Council of Australia and Radio SA.

To inform future delivery, LHA finalised the LGBTIQ+ Suicide Prevention Training and Resource Scoping Report, mapping existing programs and identifying critical gaps.

## **Working together for systems change**

MindOut's four national advisory groups, comprising lived experience leaders, peer advocates, PHN partners, and trans, gender diverse and intersex representatives, continued to guide program direction and ensure relevance to community needs.

The MindOut Champions project brought together lived experience advocates from across Australia to inform and amplify inclusive practice in mainstream services.

Champions contributed lived and professional experience, supported services to reflect on practice, and promoted inclusion in policies and programs. Regular meetings focused on guiding activities, addressing challenges and shaping community-focused strategies.

Partnerships progressed in Aboriginal and Torres Strait Islander suicide prevention, including ongoing work with the 2Spirits program. A new collaboration with Walkern Katatdjin at Telethon Kids Institute will support training development for services working with Aboriginal and Torres Strait Islander LGBTQA+SB young people, with activity commencing in 2025–26.

Sector engagement included:

- Bi-monthly webinars featuring lived experience advocates
- Network MindOut newsletter (approx. 3,000 monthly subscribers)
- New webinar series with the Mental Health Professionals Network (MHPN).



MindOut was featured at major events, including:

- National Suicide Prevention Conference (Perth, May 2025)
- International Mental Health Conference (Gold Coast, June 2025)
- International Conference on Social Work in Health and Mental Health (Melbourne, November 2024)
- Prime Minister's World Suicide Prevention Day address
- Launch of the National Suicide Prevention Framework
- These platforms elevated LGBTIQ+ voices and advocated for inclusive, evidence-informed approaches.

Development of an updated edition of *Working Therapeutically with LGBTIQ+ Clients: A Practice Wisdom Guide* commenced, with launch planned for late 2025. It is edited by Professor Marcus O'Donnell and shaped by a review panel of experienced clinicians across Australia and New Zealand.

Communications activity during Mental Health Month amplified LGBTIQ+ voices through weekly updates, digital engagement and campaign activity.

## Research translation

LHA continued our partnership with the Australian Research Centre in Sex, Health and Society (ARCSHS) to ensure MindOut remained grounded in robust evidence.

State and Territory reports on LGBTIQ+ mental health and suicidality were released in September 2024, followed by Executive Summaries in early 2025. These were promoted through newsletters, social media and tailored presentations, with further webinars scheduled.

Research outputs included:

- Four intersectional data reports on:
  - Ethnicity
  - Socio-economic status
  - Older age
  - Residential location
- Four peer-reviewed journal articles.

With the partnership concluding in June 2025, LHA acknowledges ARCSHS for its essential role in strengthening the evidence base.

## Media and communications

MindOut collaborated with Everymind to develop *Mindframe: A Guide for Media Reporting on LGBTIQ+ Suicide*, a national resource created with lived experience input to improve media practices and reduce harm through affirming and inclusive messaging.

Through the Changing the Landscape campaign, LHA and Switchboard Victoria advanced national narratives on LGBTIQ+SB suicide prevention.

Activities included:

- Co-designed community resources
- Days of Significance campaigns
- Story-sharing tools
- Social media engagement
- Advocacy and awareness raising.

Over 650 organisations and individuals, including Roses in the Ocean, Mind Australia and Aboriginal and Torres Strait Islander agencies, signed on to support the campaign. With the partnership concluding in June 2025, LHA thanks Switchboard for its exceptional contribution. Switchboard will continue the work independently, building on a strong foundation.

JORDAN D. X. HINTON  
 GENE LIM  
 NATALIE AMOS  
 JOEL ANDERSON  
 ADAM BOURNE



# LGBTQA+ MENTAL HEALTH AND SUICIDALITY

## STATE AND TERRITORY SNAPSHOTS



[View Snapshots: Briefing Paper Summary](#)

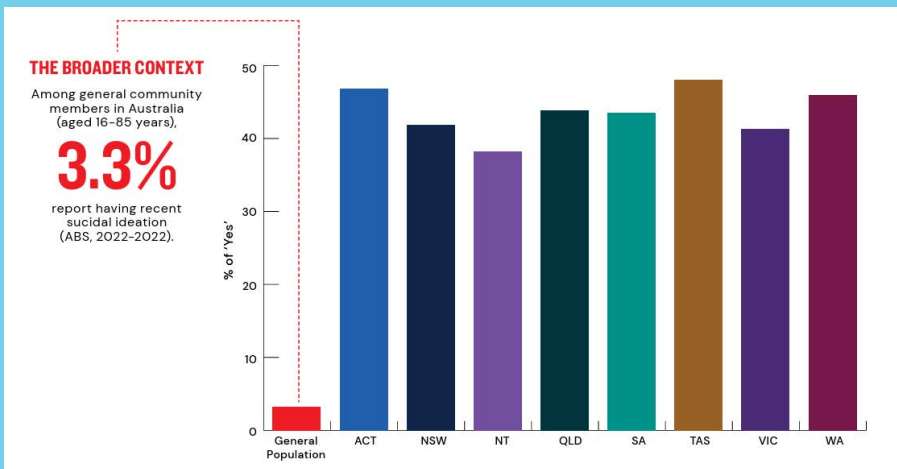


Figure 1:  
 Recent suicidal ideation among LGBTQA+ adults (PL3) by State and Territory

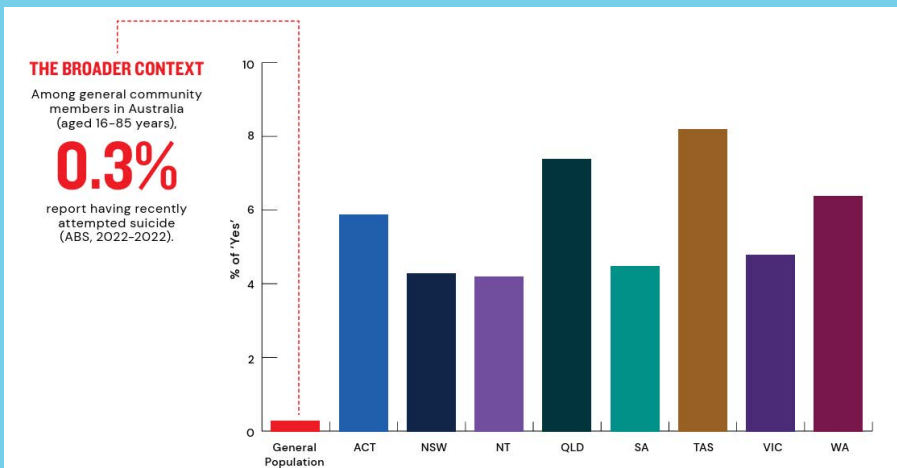


Figure 2:  
 Recent suicide attempts among LGBTQA+ adults (PL3) by State and Territory



# Disability inclusion

**LGBTIQA+ people with disability continue to face systemic marginalisation through experiences such as discrimination, social isolation and limited access to safe, appropriate services. Some families and carers create additional barriers through infantilisation, restrictive control and discriminatory behaviours that deny access to self-determination, self-expression, bodily autonomy and community.**



*Charlie Zada promoting LHA's disability inclusion work at the Darwin Family Fun Day, Top End Pride (June 2025)*



*LHA and Inclusive Rainbow Voices staff meet for the quarterly reflective session.*

Building on previous initiatives of Our Voices, Our Lives, Our Way (OVOWOW) and the EmployableQ Disability Employment Inclusion Toolkit, LHA is partnering with Inclusive Rainbow Voices (IRV) on a national project funded by the Department of Social Services to address these issues.

Commencing in 2024 and running until 2027, the project is co-designing a model for social participation with community members.

The model will strengthen:

- **Knowledge of rights:** Understanding of LGBTIQ+ and disability rights, and the skills and confidence to exercise them
- **Family and carer capacity:** Knowledge, skills and confidence of families and carers to affirm and support LGBTIQ+ people with disability
- **Community connections:** Development of meaningful peer relationships
- **Social leadership:** Confidence to participate in community and empower social leaders
- **Service navigation:** Capacity to access and navigate services and supports effectively.

Once developed, the model will be implemented by Community Champions in local areas. The rollout will include resources for families and carers to support LGBTIQ+ people with disability in exercising their rights, practising self-advocacy and building community connections.

The project prioritises intersectionality, recognising the diverse and compounded experiences within the LGBTIQ+ disability community.

To support development and delivery, the following groups have been established:

- **Co-design:** Leading the design of the participation model
- **Advisory:** Providing strategic guidance
- **Reference:** Offering community and sector insights.

The University of New South Wales has been commissioned to:

- Conduct a scoping review of existing community participation frameworks and programs
- Undertake a project evaluation to build the evidence base for future investment in meeting the needs of LGBTIQ+ people with disability.

The LHA Disability and Social Inclusion Lead has promoted the project nationally, including at:

- The People with Disability Western Australia conference
- Top End Pride in Darwin.



# Sexual, domestic and family violence

Throughout 2024–25, LHA’s Sexual, Domestic and Family Violence (SDFV) project continued to contribute nationally to policy discussions, support LGBTIQ+ organisations in their SDFV work, and shape public understanding and service sector readiness.

## National roundtable and report

In October 2024, LHA hosted a national roundtable for specialists in LGBTQ+SB domestic, family and sexual violence, supported by a \$15,000 grant from the Department of Social Services.

Outcomes were published in *Where to From Here: An Approach to Ending Gender-Based Violence in LGBTQ+SB Communities*, which outlines nine key recommendations to improve safety, support and policy. The report calls for coordinated action across all levels of government to address gender-based violence through collaborative efforts.

## LGBTIQ+ sector workforce capability building

In early 2025, LHA established a Community of Practice (CoP) to support frontline workers from community-led organisations assisting LGBTIQ+ people experiencing domestic, family and sexual violence.

As of June 2025, the CoP includes a national cohort of workers committed to learning from one another, strengthening inclusive practice and improving outcomes for LGBTIQ+ communities.

## Advice and representation

LHA ensures LGBTIQ+ perspectives are represented in key national forums. Current contributions include:

- Federal Circuit and Family Court of Australia's Family Violence Reference Group
- National Centre for Action on Child Sexual Abuse Advisory Group
- Child Safe Sector Leadership Group
- 1800 Respect Stakeholder Panel
- Universities Australia Stakeholder Forum
- DV-alert Expert Panel
- Preventing Gender-Based Violence in LGBTIQ+ Communities (Our Watch)
- Stop DV Conference Advisory Committee
- National Women's Safety Alliance GVB Working Group.

## Sexual Violence Prevention Pilots

Between July 2023 and June 2025, LHA oversaw three Sexual Violence Prevention Pilot Projects:

- **Peer support for LGBTIQ+ people with disability experiencing isolation:** delivered by Meridian
- **Protecting personal autonomy of intersex people:** delivered by InterAction
- **Safety, acceptance, and identity for LGBTIQ+, Two Spirit, Sistergirl and Brotherboy Aboriginal and Torres Strait Islander peoples:** delivered in partnership with 2Spirits.

Pilot outcomes included:

- 23 peer support matches and monthly accessible community events for LGBTIQ+ people with disability
- 130 individuals accessed psychosocial support through InterLink, with:
  - 671 individual counselling sessions
  - 122 group counselling sessions
- 47 new publicly available resources for people with innate variations of sex characteristics
- A suite of five co-designed resources to strengthen identity, cultural connection, and safety for LGBTIQ+SB Aboriginal and Torres Strait Islander peoples.

All three projects concluded in June 2025. These pilots explored innovative approaches in areas not previously researched in depth. Outcomes reflect the sector's dedication, wisdom and commitment to community safety and wellbeing.

A formal evaluation of two pilots will be conducted by the Gendered Violence Research Network at UNSW Sydney in the second half of 2025.



## National vaping project



With funding from the Department of Health and Aged Care, LHA partnered with Thorne Harbour Health to undertake a national project on vaping in LGBTIQ+ communities. The project reviewed existing data, engaged with communities and stakeholders, and developed campaign concepts to address disproportionately high rates of vaping, particularly among younger LGBTIQ+ people, and raise awareness of recent changes to vaping laws.

The campaign includes a podcast, radio interview, national social media campaign, and a poster campaign to reach diverse LGBTIQ+ audiences. The Department deferred the implementation phase of the project until after the federal election. Implementation is scheduled to commence in early 2025–26, with findings to inform targeted, culturally-safe health promotion and cessation support.



## HUMAN RESOURCES

Corporate Services continued to receive HR support from enrichHR. A staff culture survey was conducted, with work underway to implement identified improvements.

In early 2025, a company restructure was discussed to better align team structures with the Strategic Plan. This led to a major recruitment drive in July 2025.

## STAFF PLANNING AND DEVELOPMENT

Joint Board and staff planning days were held in July 2024 and February 2025.

In July 2025, we undertook work with Leadership Space on who we are, our values, our rules of engagement and the language we use at our joint meetings. The afternoon session included anti-racism training led by Dr Monty Badami of Habitus.

In February 2025, the team revisited LHA's Mission, Vision and Values to ensure they resonated individually and collectively. Discussions focused on ingredients of organisational culture, behaviours and language that embed values and preliminary results of the staff survey. The Hon Ged Kearney, then Assistant Minister for Health and Aged Care, joined the session to reflect on the launch of the *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035*.



Staff and Board members at joint planning day in February 2025.

## SYSTEMS AND PROCESSES

Key activities included:

- Review and update of HR policies
- Development of a policy and procedure on the use of Artificial Intelligence (AI), submitted to the Finance, Audit and Risk Management (FARM) Committee for approval
- Review and modification of operational policies in collaboration with the FARM Committee
- Planning for further policy work in 2025–2026.

All regulatory filings and returns were completed and submitted in line with legislative and funder requirements.

## FINANCIAL MANAGEMENT

The greatest strategic risk to LHA remains the lack of guaranteed ongoing funding for our role as a peak body in LGBTIQ+ health and ageing. This limits the organisation's ability to secure long-term staff and suppliers, with short-term contracts often required to align with available funding. These contracts may be less economically efficient than longer-term arrangements.

Financial management activities included:

- Completion of budgets for all programs and operations
- Monthly financial reporting against budgets and Activity Work Plans
- Review of financial reports by the FARM Committee (11 meetings per year)
- Board consideration of financial reports at six meetings per year.

The FARM Committee approved a Reserves Policy, setting an optimal reserve range of \$0.85–\$1.7 million. LHA maintained reserves within this range throughout the 2024–25 financial year.



# Financial Report

# LGBTIQPLUS Health Australia

ABN: 45 138 151 569

## Directors' Report

For the Year Ended 30 June 2025

LGBTIQPLUS Health Australia ("LHA") is incorporated as a company limited by guarantee and not having a share capital under the provision of the *Australian Charities and Not-for-profits Commission Act 2012*. The directors present their report on LGBTIQPLUS Health Australia for the financial year ended 30 June 2025.

### (a) General information

#### Directors

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Carolyn Gillespie (VIC)	Chair	
Wayne Herbert (ACT)	Deputy Chair	
Sarah Bowman	Director	
Suzanne Castellas	Director	
Bernard Gardiner (QLD)	Director	Retired 11 November 2024
Lynn Jarvis (TAS)	Director	Retired 11 November 2024
Alastair Lawrie (NSW)	Director	
Barry Cosker (WA)	Director	
Darcy Gooden (NT)	Director	
Holley Skene (SA)	Director	
Kuan Chia	Treasurer	
Jackson Fairchild (TAS)	Director	Appointed 14 February 2025
Jason Hurst (QLD)	Director	Appointed 03 December 2024

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Company secretary

Peter Hanson held the position of Company Secretary for the financial year.

#### Principal activities

The principal activities of LGBTIQPLUS Health Australia during the financial year were the improvement of health and well-being of lesbian, gay, bisexual, trans/transgender, intersex and other sexuality, gender, and bodily diverse people.

#### Significant changes in the state of affairs

There have been no significant changes in the state of affairs of the Company during the year.

#### Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the result of those operations or the state of affairs of the Company in future years.

# LGBTIQPLUS Health Australia

ABN: 45 138 151 569

## Directors' Report

For the Year Ended 30 June 2025

### (a) General information (Cont'd)

#### Strategic Plan

LGBTIQ+ Health Australia (LHA), founded in 2010, is the national peak body for LGBTIQ+ health and wellbeing. LHA members contribute a wealth of diverse expertise, capabilities, and capacities to the organisation. Together, we serve as a formidable and trusted voice. LHA is guided by four foundational pillars of work: policy and influence, member engagement and support, partnerships and collaboration, and the national facilitation of capacity building programs.

#### Our Vision

Healthy LGBTIQ+ individuals, communities, and organisations, free from the burdens of stigma and discrimination and supported by safe, affirming and accessible services.

#### Our Purpose

As the national peak body for LGBTIQ+ health and wellbeing our purpose is to amplify the voices and expertise of our members and the communities we collectively represent. Through rigorous research and expert insights, we lead efforts to effect change and improve policy, system designs and service provision, thereby ensuring equitable access to services and resources for our communities.

#### Our Values

*We recognise and celebrate* – the rich diversity and inherent strengths of LGBTIQ+ communities, members, and our team including the many intersectional identities that exist amongst us.

*We are engaged and accountable* – We listen attentively, seek to understand, and respond to the unique needs of our members, partners, and staff. We hold ourselves accountable for our actions.

*We are driven by our commitment to human rights and social justice* – We stand in solidarity with our communities, members, partners and stakeholders, actively working to promote equity, address the social determinants of health, and expand access to services, support, and opportunities.

*We lead with courage* – raising critical issues, speaking up, and driving change.

*Together, we make progress* – championing collaborative efforts with our members to advance progress and effect change in the best interests of LGBTIQ+ communities.

Our approach is forward-looking, and partnership is our preferred mode of operation.

In alignment with these principles and values, LHA is committed to fulfilling our strategic priorities and delivering meaningful outcomes for LGBTIQ+ health and wellbeing.

### (b) Operating results and review of operations for the year

#### Operating result

The surplus of the Company for the financial year amounted to \$118,343 (2024: surplus \$176,045).

# LGBTIQPLUS Health Australia

ABN: 45 138 151 569

## Directors' Report

For the Year Ended 30 June 2025

### (c) Meetings of directors

During the financial year, 6 meetings of directors (excluding committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Carolyn Gillespie (VIC)	6	6
Wayne Herbert (ACT)	6	5
Sarah Bowman	6	3
Suzanne Castellas	6	4
Bernard Gardiner (QLD)	2	2
Lynn Jarvis (TAS)	2	2
Alastair Lawrie (NSW)	6	6
Barry Cosker (WA)	6	5
Darcy Gooden (NT)	6	6
Holley Skene (SA)	6	5
Kuan Chia	6	6
Jackson Fairchild (TAS)	3	2
Jason Hurst (QLD)	4	4

### Auditor's independence declaration

The auditor's independence declaration in accordance with subdivision 60-C section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2025 has been received and can be found on page 4 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Chair .....  
Carolyn Gillespie (VIC)

Treasurer .....  
Kuan Chia

Dated this 8<sup>th</sup> day of October 2025

# LGBTIQPLUS Health Australia

ABN: 45 138 151 569

## Auditor's Independence Declaration under S 60.40 of the Australian Charities And Not-For-Profits Commission Act 2012 to the Directors of LGBTIQPLUS Health Australia

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2025, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

DFK Laurence Varnay Auditors Pty Ltd



Faizal Ajmat  
Director

28 October 2025

Sydney

## LGBTIQPLUS Health Australia

ABN: 45 138 151 569

## Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2025

		2025	2024
	Note	\$	\$
Revenue	4	8,553,105	8,506,053
Other revenue	4	39,801	136,744
Employee benefits expense		(2,505,784)	(2,227,556)
Depreciation expense		(16,162)	(11,445)
Depreciation of leased asset	5	-	(50,959)
Other expenses	5	(5,952,617)	(6,176,303)
Finance expenses	5	-	(489)
<b>Surplus before income tax</b>		<b>118,343</b>	176,045
Income tax expense	2(b)	-	-
<b>Surplus for the year</b>		<b>118,343</b>	176,045
Other comprehensive income, net of income tax		-	-
<b>Total comprehensive income for the year</b>		<b>118,343</b>	176,045

## Statement of Financial Position

As At 30 June 2025

	2025	2024
Note	\$	\$
<b>ASSETS</b>		
CURRENT ASSETS		
Cash and cash equivalents	6 <b>4,040,215</b>	2,399,018
Trade and other receivables	7 <b>37,395</b>	168,427
Other assets	8 <b>179,340</b>	80,933
<b>TOTAL CURRENT ASSETS</b>	<b>4,256,950</b>	2,648,378
NON-CURRENT ASSETS		
Property, plant and equipment	11 <b>17,010</b>	12,123
<b>TOTAL NON-CURRENT ASSETS</b>	<b>17,010</b>	12,123
<b>TOTAL ASSETS</b>	<b>4,273,960</b>	2,660,501
<b>LIABILITIES</b>		
CURRENT LIABILITIES		
Trade and other payables	10 <b>497,223</b>	300,634
Employee benefits	12 <b>166,812</b>	112,372
Other financial liabilities	13 <b>2,357,134</b>	1,123,467
<b>TOTAL CURRENT LIABILITIES</b>	<b>3,021,169</b>	1,536,473
NON-CURRENT LIABILITIES		
Employee benefits	12 <b>23,283</b>	12,863
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>23,283</b>	12,863
<b>TOTAL LIABILITIES</b>	<b>3,044,452</b>	1,549,336
<b>NET ASSETS</b>	<b>1,229,508</b>	1,111,165
<b>EQUITY</b>		
Restricted reserves	16 <b>24,225</b>	68,244
Retained surplus	<b>1,205,283</b>	1,042,921
<b>TOTAL EQUITY</b>	<b>1,229,508</b>	1,111,165

**Statement of Changes in Equity**  
**For the Year Ended 30 June 2025**

**2025**

	Retained Surplus	Restricted Reserves	Total
	\$	\$	\$
<b>Balance at 1 July 2024</b>	<b>1,042,921</b>	<b>68,244</b>	<b>1,111,165</b>
Surplus for the year	118,343	-	118,343
Transfer from restricted reserves	44,019	(44,019)	-
<b>Balance at 30 June 2025</b>	<b>1,205,283</b>	<b>24,225</b>	<b>1,229,508</b>

**2024**

	Retained Surplus	Restricted Reserves	Total
	\$	\$	\$
<b>Balance at 1 July 2023</b>	880,113	55,007	935,120
Surplus for the year	176,045	-	176,045
Transfer to restricted reserves	(13,237)	13,237	-
<b>Balance at 30 June 2024</b>	<b>1,042,921</b>	<b>68,244</b>	<b>1,111,165</b>

## Statement of Cash Flows

For the Year Ended 30 June 2025

	2025	2024
Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from customers	9,693,367	7,072,058
Payments to suppliers and employees	(8,196,951)	(8,309,662)
GST refund/(paid)	81,983	(7,631)
Interest received	83,847	40,187
Net cash provided by/(used in) operating activities	19 <u>1,662,246</u>	<u>(1,205,048)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property, plant and equipment	11(a) <u>(21,049)</u>	<u>(17,803)</u>
Net cash used in investing activities	<u>(21,049)</u>	<u>(17,803)</u>
Net increase/(decrease) in cash and cash equivalents held	1,641,197	(1,222,851)
Cash and cash equivalents at beginning of year	<u>2,399,018</u>	<u>3,621,869</u>
Cash and cash equivalents at end of financial year	6 <u><u>4,040,215</u></u>	<u><u>2,399,018</u></u>

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2025**

The financial report covers LGBTIQPLUS Health Australia as an individual entity. LGBTIQPLUS Health Australia is a not-for-profit Company limited by guarantee, incorporated and domiciled in Australia.

### **1 Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures of the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012.

The financial statements have been prepared on a going concern assumption and prepared on an accrual basis of accounting including the historical cost convention, except for, where applicable, by the measurement of fair value of selected non-current assets, financial assets and financial liabilities.

Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless stated otherwise.

### **2 Summary of Material Accounting Policies**

#### **(a) Comparative Amounts**

When required by Accounting Standards comparative figures have been adjusted to conform to changes in presentation for the current year.

#### **(b) Income Tax**

No provision for income tax has been raised as the Company is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

#### **(c) Revenue and other income**

AASB 1058 clarifies and simplifies the income recognition requirements that apply to not-for-profit (NFP) entities, in conjunction with AASB 15. The income recognition requirements under AASB 1058 shift the focus from a reciprocal/non-reciprocal basis to a basis of assessment that considers the enforceability of a contract and the specificity of performance obligations.

The core principle of the new income recognition requirements in AASB 1058 is when a NFP entity enters into transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives, the excess of the asset recognised (at fair value) over any 'related amounts' is recognised as income immediately.

An example of a 'related amount' is AASB 15 and in cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, income is recognised when (or as) the performance obligations are satisfied under AASB 15, as opposed to immediate income recognition under AASB 1058. Under AASB 15, an entity recognises revenue when (or as) a performance obligation is satisfied, i.e. when 'control' of the goods or services underlying the particular performance obligation is transferred to the customer. AASB 15 introduces a 5-step approach to revenue recognition.

The entity recognises revenue from the following major sources is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2025**

### **2 Summary of Material Accounting Policies (Cont'd)**

#### **(c) Revenue and other income (Cont'd)**

The entity recognises revenue from the following major sources

- Government grants
- Donations

##### **Government grant**

The organisation has analysed the terms of each contract to determine whether the arrangement meets the enforceability and the 'sufficiently specific' criteria under AASB 15. For those grant contracts that are not enforceable or the performance obligations are not sufficiently specific, this will result in immediate income recognition under AASB 1058. Income will be deferred under AASB 15 otherwise and recognised when (or as) the performance obligations are satisfied.

##### **Donations**

Based on an analysis of the organisation's underlying arrangements for donations as at 30 June 2025 on the basis of the facts and circumstances that exist at that date, the organisation has assessed that the impact of the income requirements will not have a significant impact on the amounts recognised in the Organisation's financial statements as majority of the donations do not meet the 'enforceability' and the 'sufficiently specific' criteria under AASB 15 and would therefore be accounted as immediate income recognition under AASB 1058.

##### **Interest revenue**

Interest is recognised using the effective interest method.

#### **(d) Goods and Services Tax (GST)**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

#### **(e) Property, Plant and Equipment**

Property, plant and equipment is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment of losses.

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### 2 Summary of Material Accounting Policies (Cont'd)

#### (e) Property, Plant and Equipment (Cont'd)

##### Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a reducing balance basis over the assets useful life to the Company, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

<b>Fixed asset class</b>	<b>Depreciation rate</b>
Computer Equipment	66.67%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

#### (f) Financial instruments

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

##### Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

##### *Classification*

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

##### *Amortised cost*

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

##### *Impairment of financial assets*

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost

The Company uses the presumption that a financial asset is in default when:

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2025**

### **2 Summary of Material Accounting Policies (Cont'd)**

#### **(f) Financial instruments (Cont'd)**

##### **Financial assets (Cont'd)**

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or

##### *Trade receivables*

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

##### **Financial liabilities**

The financial liabilities of the Company comprise trade payables.

#### **(g) Impairment of non-financial assets**

At the end of each reporting period the Company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

#### **(h) Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

#### **(i) Leases**

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2025**

### **2 Summary of Material Accounting Policies (Cont'd)**

#### **(i) Leases (Cont'd)**

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

#### *Exceptions to lease accounting*

The Company has elected to apply the exceptions to lease accounting for short-term leases (i.e. leases with a term of less than or equal to 12 months). The Company recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

#### **(j) Employee benefits**

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than twelve months after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

Employee benefits are presented as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date regardless of the classification of the liability for measurement purposes under AASB 119.

#### **(k) Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2025**

### **2 Summary of Material Accounting Policies (Cont'd)**

#### **(k) Current and non-current classification (Cont'd)**

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classed as non-current.

A liability is classified as current when: it is either expected to be settled in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

#### **(l) Adoption of new and revised accounting standards**

The Company has adopted all standards which became effective for the first time at 30 June 2025, the adoption of these standards has not caused any material adjustments to all reported financial position, performance or cashflow of the company.

### **3 Critical Accounting Estimates and Judgments**

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

#### **Key estimates - impairment of property, plant and equipment**

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

#### **Key estimates - fair value of financial instruments**

The Company has certain financial assets and liabilities which are measured at fair value. Where fair value has not able to be determined based on quoted price, a valuation model has been used. The inputs to these models are observable, where possible, however these techniques involve significant estimates and therefore fair value of the instruments could be affected by changes in these assumptions and inputs.

#### **Key estimates - revenue recognition**

The company undertakes long term contracts which span a number of reporting periods. Recognition of revenue in relation to these contracts involves estimation of future costs of completing the contract and the expected outcome of the contract. The Assumptions are based on the information available to management at the reporting date, however future changes or additional information may mean the expected revenue recognition pattern has to be amended.

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### 3 Critical Accounting Estimates and Judgments (Cont'd)

#### Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

### 4 Revenue and Other Income

	2025	2024
	\$	\$
Revenue		
- Membership fees	69,621	80,275
- Grants	8,317,827	8,315,023
- Donations	81,810	70,568
	<u>8,469,258</u>	<u>8,465,866</u>
Finance income		
- Interest received	83,847	40,187
	<u>8,553,105</u>	<u>8,506,053</u>
Other Income		
- Conference income	20,196	74,109
- Passport income	3,177	-
- Miscellaneous income	14,929	1,942
- Consultancy fee	1,300	-
- Auspicing fee received	-	59,693
- Training income	198	1,000
	<u>39,800</u>	<u>136,744</u>

### 5 Result for the Year

#### The result for the year includes the following specific expenses

Consulting and professional fees	247,932	175,384
Rent	115,811	57,278
Resource development costs	223,975	513,138
Subcontracting costs	4,324,066	4,326,533
Capacity building and development & training	313,069	305,713

### 6 Cash and cash equivalents

Cash at bank in hand	<u>4,040,215</u>	<u>2,399,018</u>
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## Notes to the Financial Statements

For the Year Ended 30 June 2025

### 7 Trade and other receivables

	2025	2024
	\$	\$
CURRENT		
Trade receivables	14,997	62,368
GST receivable	22,398	104,381
Other receivables	-	1,678
	<u>37,395</u>	<u>168,427</u>

### 8 Other assets

CURRENT		
Prepayments	29,856	68,161
Accrued income	149,484	12,772
	<u>179,340</u>	<u>80,933</u>

### 9 Leases

#### Right-of-use assets

	Buildings	Total
	\$	\$
<b>Year ended 30 June 2025</b>		
Balance at beginning of year	-	-
Depreciation expense	-	-
<b>Balance at end of year</b>	<u>-</u>	<u>-</u>
<b>Year ended 30 June 2024</b>		
Balance at beginning of year	50,960	50,960
Depreciation expense	(50,960)	(50,960)
<b>Balance at end of year</b>	<u>-</u>	<u>-</u>

Operating lease have been taken out for premises in Sydney. From 1 July 2025 the lease was renewed for a periods of less than one year. The current arrangement expires on 31 December 2025.

The Company recognises the payments associated with the leases as an expense on a straight-line basis, hence being deemed as short term and excluded from AASB 16 lease accounting.

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### 10 Trade and other payables

	2025	2024
	\$	\$
CURRENT		
Trade payables	278,311	205,923
Sundry payables and accrued expenses	184,773	64,637
PAYG Withholding	30,467	29,904
Other payables	3,672	170
	<u>497,223</u>	<u>300,634</u>

### 11 Property, plant and equipment

#### PLANT AND EQUIPMENT

##### Furniture and Equipment

At cost

Accumulated depreciation

Total furniture, fixtures and fittings

**Total property, plant and equipment**

105,089	77,408
<u>(88,079)</u>	<u>(65,285)</u>
<u>17,010</u>	<u>12,123</u>
<u>17,010</u>	<u>12,123</u>

#### (a) Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Furniture and Equipment	Total
	\$	\$
<b>Year ended 30 June 2025</b>		
Balance at the beginning of year	12,123	12,123
Additions	21,049	21,049
Depreciation expense	<u>(16,162)</u>	<u>(16,162)</u>
<b>Balance at the end of the year</b>	<u>17,010</u>	<u>17,010</u>

### 12 Employee Benefits

	2025	2024
	\$	\$
CURRENT		
Provision for annual leave	<u>166,812</u>	<u>112,372</u>
NON-CURRENT		
Provision for long service leave	<u>23,283</u>	<u>12,863</u>

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### 13 Other Financial Liabilities

	2025	2024
	\$	\$
CURRENT		
Deferred government grants income	2,312,752	1,102,608
Deferred membership income	44,382	20,859
	<u>2,357,134</u>	<u>1,123,467</u>

### 14 Auditors' Remuneration

Remuneration of the auditor DFK  
Laurence Varnay Auditors Pty Ltd,  
for:

- auditing the financial statements

7,500	7,000
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### 15 Key Management Personnel Disclosures

The totals of remuneration paid to the key management personnel of LGBTIQPLUS Health Australia during the year are as follows:

Short-term employee benefits	411,715	427,525
Post-employment benefits	46,839	46,209
	<u>458,554</u>	<u>473,734</u>

### 16 Restricted Reserves

Restricted reserves are tied to particular purposes specified by donors or as identified at the time of public appeal; but with no obligation or no capacity to return unspent funds to donors.

These funds were raised from the Australian public by LGBTIQPLUS Health Australia to effectively provide a national voice to the ongoing conversations around LGBTIQPLUS health in Australia and to contribute to the Capacity Development of its members to promote the health and wellbeing of LGBTIQPLUS Australians.

### 17 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2025 (30 June 2024:None).

### 18 Members' Guarantee

The Company is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. The limits of liability of Members is set out in the Company's policy on membership and on a winding up of the Company, the liability of Members shall not exceed the amounts stated in the Company's policy on membership. At 30 June 2025 the number of members was 382 (2024: 397).

## Notes to the Financial Statements

For the Year Ended 30 June 2025

### 19 Cash Flow Information

Reconciliation of net income to net cash provided by/(used in) operating activities:

	<b>2025</b>	<b>2024</b>
	<b>\$</b>	<b>\$</b>
Surplus for the year	<b>118,344</b>	176,045
Non-cash flows in surplus:		
- depreciation - plant and machinery	<b>16,162</b>	11,445
- depreciation on Right of Use Assets	-	50,959
- interest expense on lease liability	-	489
Changes in assets and liabilities:		
- decrease/(increase) in trade and other receivables	<b>49,049</b>	(51,833)
- decrease in prepayments	<b>38,305</b>	8,636
- increase/(decrease) in deferred income	<b>1,233,666</b>	(1,474,580)
- decrease/(increase) in GST refundable	<b>81,983</b>	(7,631)
- (increase) in accrued income	<b>(136,712)</b>	(12,772)
- increase in trade and other payables	<b>196,587</b>	99,760
- changes in adoption of AASB 16 right of use assets	-	(52,554)
- increase in employee benefits	<b>64,862</b>	46,988
Cashflows from/(used in) operations	<b>1,662,246</b>	(1,205,048)

### 20 Events Occurring After the Reporting Date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the result of those operations or the state of affairs of the Company in future years.

### 21 Company Details

The registered office of and principal place of business of the company is:

LGBTIQPLUS Health Australia  
233 Castlereagh St,  
Sydney, NSW, 2000.

# LGBTIQPLUS Health Australia


ABN: 45 138 151 569

## Directors' Declaration

The directors of the Company declare that:

1. The financial statements and notes, as set out on pages 5 to 19 comply with the Australian Charities and Not-for-profits Commission Act 2012, the Australian Charities and Not-for-profits Commission Regulation 2013 and other mandatory professional reporting requirements and:
  - a. comply with Accounting Standards - Simplified Disclosures; and
  - b. give a true and fair view of the financial position as at 30 June 2025 and of the performance for the year ended on that date of the Company.
2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Chair.....  
Carolyn Gillespie (VIC)

Treasurer.....  
Kuan Chia

Dated this 8<sup>th</sup> day of October 2025

## **Independent Audit Report to the members of LGBTIQPLUS Health Australia**

### **Report on the Audit of the Financial Report**

#### **Opinion**

We have audited the accompanying financial report, being a general purpose - simplified disclosures financial report of LGBTIQPLUS Health Australia (the Company), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity, the statement of cash flows for the year ended 30 June 2025, notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report has been prepared in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, in all material respects, including:

- (i) giving a true and fair view of the Company's financial position at 30 June 2025 and of their financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### **Responsibilities of Management and Those Charged with Governance**

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Charities and Not-for-Profit Commission Act 2001, and for such internal control as management determines is necessary to enable the preparation of the financial report is free from material misstatement, whether due to fraud or error.

**LGBTIQPLUS Health Australia**

ABN: 45 138 151 569

## **Independent Audit Report to the members of LGBTIQPLUS Health Australia**

### **Responsibilities of Management and Those Charged with Governance (cont'd)**

In preparing the financial report, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

### **Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [https://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

### **DFK Laurence Varnay Auditors Pty Ltd**



Faizal Ajmat  
Director

Sydney

28 October 2025

**LGBTIQPLUS Health Australia**

**ABN: 45 138 151 569**

**For the Year Ended 30 June 2025**

**Disclaimer**

The additional financial data presented on page 24 is in accordance with the books and records of the Company which have been subjected to the auditing procedures applied in our statutory audit of the Company for the year ended 30 June 2025. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than LGBTIQPLUS Health Australia) in respect of such data, including any errors or omissions therein however caused.

DFK Laurence Varnay Auditors Pty Ltd



.....  
Faizal Ajmat, Director

Sydney

28 October 2025

**LGBTIQPLUS Health Australia**  
**ABN: 45 138 151 569**  
**For the Year Ended 30 June 2025**

**Profit and Loss Account**

	2025	2024
	\$	\$
<b>Income</b>		
Membership Fees	69,621	80,275
Interest income	83,847	40,187
Grants	8,317,827	8,315,023
Donations	81,810	70,568
Auspicing fees received	-	59,693
Miscellaneous income	14,929	1,942
Passport income	3,177	-
Training income	198	1,000
Conference income	20,196	74,109
Speaking & consultancy fee	1,300	-
<b>Total income</b>	<b>8,592,905</b>	<b>8,642,797</b>
<b>Less: Expenses</b>		
Board expenses	42,668	31,012
Accounting and Auditing	90,341	87,714
Bank charges	5,250	5,072
Website	4,559	2,001
Conference/seminar costs	60,502	129,812
Consulting and professional fees	247,932	175,384
Depreciation - plant and machinery	16,162	11,445
Equipment	8,714	6,235
Evaluation expenditure	65,340	68,000
Fees and permits	15,531	8,478
Insurance	15,844	20,214
IT Expenses	108,543	71,596
Leave pay	54,440	42,355
Long service leave	10,421	4,633
Operating expenses	6,836	19,834
Other employee costs	106,877	112,822
Postage	6,769	8,238
Printing and stationery	8,599	3,141
Promotion	59,880	70,555
Resource development costs	223,975	513,138
Salaries	2,090,982	1,860,144
Staff amenities	10,710	7,645
Subcontracting costs	4,324,066	4,326,533
General expenses	21,035	44,731
Superannuation contributions	234,194	202,883
Telephone and fax	59,443	54,008
Travel	137,199	159,970
Workers compensation insurance	8,871	4,720
Capacity building and development & training	313,069	305,713
<b>Total Expenses</b>	<b>8,358,752</b>	<b>8,358,026</b>
<b>Other expenses:</b>		
Rent	115,810	57,278
Depreciation on Right of Use Assets	-	50,959
Interest expense on lease liability	-	489
	<b>115,810</b>	<b>108,726</b>
<b>Surplus for the year</b>	<b>118,343</b>	<b>176,045</b>



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[www.lgbtiqhealth.org.au](http://www.lgbtiqhealth.org.au)