Supporting the Tasmanian LGBTIQ Community During COVID-19

Project Report

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Working It Out

Acknowledgements

We acknowledge, with deep respect, the traditional owners of lutruwita (Tasmania) and nipaluna (Hobart), the palawa and muwinina peoples. We pay our respects to elders past and present, to the many Aboriginal people that did not make elder status, and to the Tasmanian Aboriginal community that continue to care for Country. We recognise a history of truth which acknowledges the impacts of invasion and colonisation upon Tasmanian Aboriginal people resulting in the genocide and forcible removal from their lands. We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history. And a continued effort to fight for Aboriginal justice and rights establishing a strong future.

Executive Summary

This research explores Tasmanian lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people's health and social care needs during the 2020 Coronavirus (COVID-19) pandemic. Previous research has found that LGBTIQ people are often further marginalised during disasters and emergencies, however gender and sexuality are seldom factored in to broader disaster/emergency planning, response, and relief.

It is important to understand how LGBTIQ Tasmanians are being impacted by COVID-19 in order to inform health and social support organisations' delivery of services during and after the pandemic.

Demographics:

We surveyed **231 LGBTIQ Tasmanians** about their experiences, needs, and concerns during COVID-19.

Participants ranged in age from 14-78 with an average age of 33.5. The majority identified as women (35%), with smaller percentages identifying as men (20%), non-binary (11%) and transgender (trans women 7%, trans men 5.6%). The most common sexuality selected was bisexual (29%), followed by gay (26%), and queer (25%). 1.75% of participants described themselves as intersex or as having an intersex variation. 98% of our participants spoke only English at home and 88.7% were born in Australia. 4.3% identified as Aboriginal and/or Torres Strait Islanders.

Although the majority of participants' (59%) jobs had not been impacted by COVID-19, 20% had their hours and/or income reduced and 13% are now unemployed or unable to earn an income as a result of the pandemic.

Concerns:

The most common issues of concern for LGBTIQ Tasmanians surveyed were:
1) Family/Friends contracting COVID-19
2) Giving COVID-19 to someone else
3) Not being able to visit family/friends
4) Mental health concerns
5) Loneliness in isolation

Other concerns specific to LGBTIQ identities included: concerns for more vulnerable LGBTIQ community members, concerns about facing homophobia/transphobia when accessing healthcare, fear of being targeted by police for alleged violations of social distancing with same-gender partners, and a lack of clarity around social distancing guidelines for people with multiple partners.

The outbreak of COVID-19 has had a clear impact on LGBTIQ Tasmanians' feelings of safety and community connection, with rates of feeling safe and 'at home' in local areas dropping since the outbreak.

Most participants did not report difficulties accessing routine healthcare or prescription medications. However, a small proportion of people who require HIV medication/treatment and hormones or other medical transition pathways were concerned about their ability to

access these during COVID-19.

LGBTIQ Tasmanians overwhelmingly report wanting to receive support services, such as counselling, from LGBTIQ organisations and some were concerned about the viability of these services in a post-pandemic economy.

Recommendations:

1. LGBTIQ organisations and community groups require ongoing funding to provide vital support to the community. Additional resourcing will likely be required to support LGBTIQ services that may face unprecedented demand during and post-COVID-19.

2. Additional LGBTIQ-specific mental health services/supports needed in the wider community.

3. The specific impacts of COVID-19 on LGBTIQ people should be factored in to ongoing LGBTIQ-inclusive practice training for a range of professionals to increase awareness.

4. The specific impacts of COVID-19 on LGBTIQ people need to be factored in to public health emergency planning for future comparable events. For example, how pandemics may impact people of diverse sexes, genders, and sexualities, including same-gender partners and families, and those with non-traditional relationship structures must be accounted for and recognised in public health communications and directives.

Background

This research explores Tasmanian lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people's health and social care needs during the 2020 Coronavirus (COVID-19) pandemic.

Disaster and emergency policy and planning rarely include LGBTIQ people or their concerns. Researchers have recently begun to investigate the experiences of sexual and gender minorities in disaster contexts, noting that vulnerable groups face additional challenges in emergencies. Previous work indicates that during natural disasters, LGBTIQ people experience increased religious stigmatisation and abuse, particularly when disasters are perceived as 'divine retribution' (Dominey-Howes et al. 2014). LGBTIQ people are particularly affected by loss of safe personal and community spaces, which may expose them to harassment (Gorman-Murray et al. 2014). Preexisting barriers to LGBTIQ-inclusive health and social care (Australian Human Rights Commission 2015; McNair 2009; Mulligan and Heath 2007) are amplified in emergency situations, deterring LGBTIQ people from seeking necessary and life-saving care (Gorman-Murray et al. 2017). Furthermore, McSherry et al. (2015) argue that heteronormative assumptions and government policies may exclude and marginalise LGBTIQ people and same-sex families in disaster responses and recovery.

While previous research has documented the regional-specific barriers to healthcare faced by LGBTIQ Tasmanians (Grant and Nash 2019; Grant, Nash & Hansen 2019), there is currently limited research or social policy directly informing LGBTIQ-inclusive emergency and disaster management in Tasmania. Further, existing research on LGBTIQ-inclusive disaster management and recovery focuses mostly on natural disasters, while there is less attention to the wellbeing of LGBTIQ people during public health emergencies like the current outbreak of Coronavirus (COVID-19).

Aims:

This evidence points to the need for community consultation and targeted health and social supports for LGBTIQ Tasmanians during the current COVID-19 pandemic. This study builds on previous research to develop an evidence base for LGBTIQ-inclusive supports during COVID-19 and other comparable public health emergencies. This project seeks to identify any concerns or needs specific to the Tasmanian LGBTIQ community in the context of COVID-19. In doing so, this project aims to benefit the Tasmanian LGBTIQ community by improving current and future provisions of health and social care.

This study addresses the following research questions:

1. What are LGBTIQ Tasmanians' concerns during COVID-19?
2. Which kinds of health and social supports do LGBTIQ Tasmanians need to promote resilience and wellbeing during COVID-19?
3. How can Tasmanian services support LGBTIQ people during COVID-19?

In addressing these research questions, the key aims of this study are:

1. To investigate Tasmanian LGBTIQ people's experiences and concerns during COVID-19
2. To inform the provision of LGBTIQ-inclusive emergency health and social care in the current pandemic.
3. To inform the planning and provision of LGBTIQ-inclusive health and social care in future public health emergencies.

Methods:

This research project has been developed using a quantitative methodology, which involved a **self-administered online survey/questionnaire** including a combination of Likert-type scale, closed check-box questions, and open questions.

The survey was distributed in late April 2020 and was open for 2 weeks. To ensure all participants could provide informed consent prior to participation, an electronic consent form was positioned at the start of the survey. A skip logic was used to ensure that any participant who did not provide informed consent could not complete the survey.

Following data collection, survey responses were analysed using descriptive statistics. Analyses are restricted to those participants who provided complete survey data by responding to at least 75% of survey items. Results were tabulated and graphed using Microsoft Excel.

Responses to open-ended questions were analysed thematically, with a focus on developing both inductive codes and themes that are identified during survey analysis, and deductive codes and themes that speak to the pre-existing areas of interest of the research team (Braun & Clarke, 2006).

No compensation or reimbursement was provided as part of this study. The study received ethical approval from the University of Tasmania Social Sciences Human Research Ethics Committee.

Results

We received 231 valid survey responses (80% of survey completed).

Age

Participants ranged in age from 14-78 with an average age of 33.5. The survey sample was relatively young, with a large portion of (38.3% n=86) participants being between the ages of 14-23, although the majority (46.88% n=105) were between the ages of 24-53.
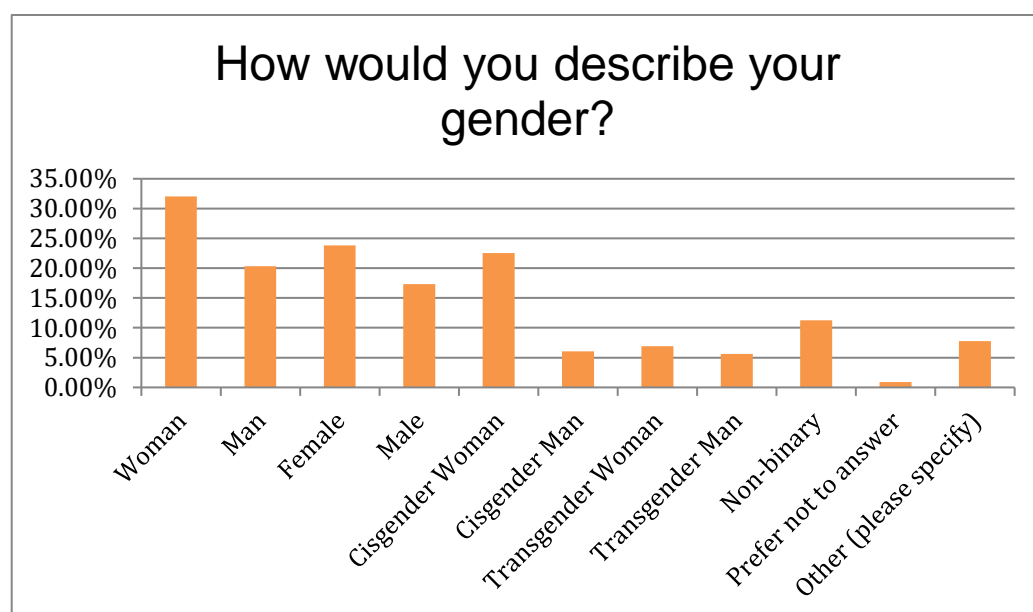
Table 1: Age of participants

Age	Responses (n=224)	(%)
14-23	86	38.3%
24-33	48	21.4%
34-43	29	12.9%
44-53	28	12.9%
54-63	16	7.1%
64-73	14	6.2%
74-83	3	1.3%

Gender

Participants were able to select multiple genders, according to how they would best describe themselves. The majority of participants identified as women (35% n=74), with many also selecting 'female' (n=55) and 'cisgender woman' (n=52). 20% (n=47) identified as men. A smaller percentage identified as non-binary (11%, n=26) and transgender (trans women 7%, trans men 5.6%).

 7.7% (n=18) of participants preferred to describe their own gender. The most common write-in responses were 'genderfluid,' 'agender,' and combinations such as 'transgender non-binary.'

Graph 1: Gender of participants

Sexuality

As with gender, participants were able to select multiple sexualities so as best to reflect how they would describe themselves. The most common sexuality selected was Bisexual (29% n=69), closely followed by Gay (26% n=62), Queer (25% n=59) and Lesbian (22% n=51). 6.5% (n=15) of participants chose to describe their own sexuality. The most common write-in responses were 'demisexual' and 'panromantic.'
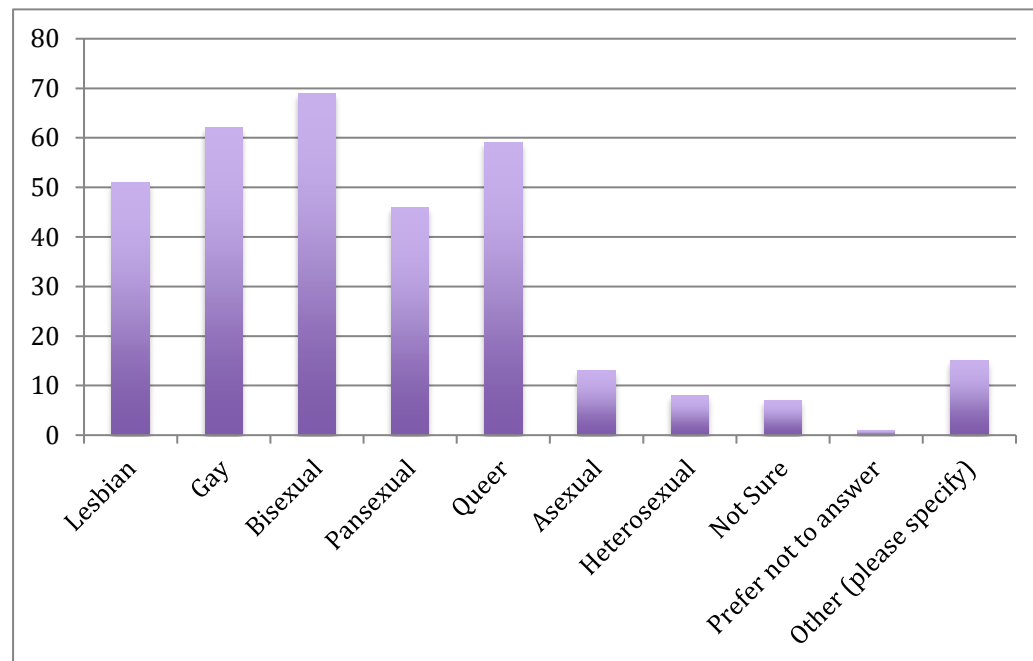
Graph 2: Sexuality of participants

Intersex Status

Intersex is a term for people born with atypical physical sex characteristics. There are many different intersex traits or variations. According to Intersex Human Rights Australia (2013), approximately 1.7% of the wider population are intersex, although this is difficult to capture and define for a number of reasons.

In line with these figures, 1.75% of our survey participants described themselves as intersex or as having an intersex variation.
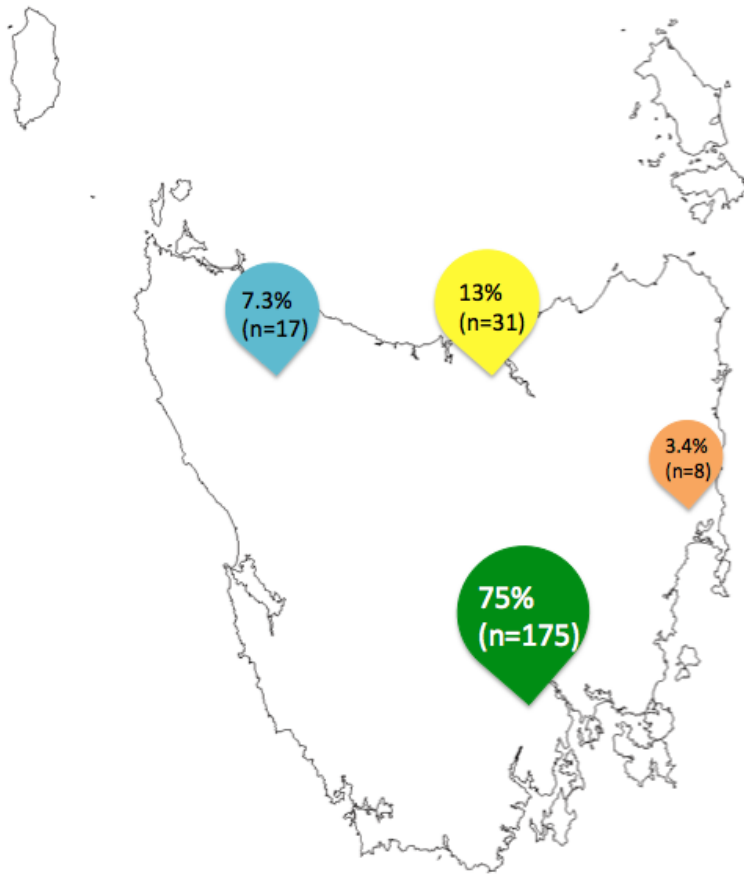
Region

Figure 1: Geographical distribution of participants

The majority of survey respondents were from southern Tasmania (n=175), with significantly fewer in the North (n=31) and North West (n=17).

Ethnicity

According to the [Australian Bureau of Statistics, in 2016](#) 88.3% of the Tasmanian population spoke only English at home. Similarly, 80.7% of Tasmanians were born in Australia with 69.3% born to Australian-born parents. 80.8% of Tasmanians reported having Australian, English, Irish, and Scottish ancestry. Aboriginal and Torres Strait Islander people made up 4.6% of the Tasmanian population. In 2016, the most common places of birth outside of Australia for Tasmanians were England, New Zealand and China. The most common languages spoken in Tasmania other than English were Mandarin, Nepali, and German.

Echoing these population-level statistics, 98% of our participants spoke only English at home and 88.7% were born in Australia. Languages spoken other than English included Tamil, Dutch, and Spanish. Of the 9.9% of participants who were born outside of Australia, most were born in the United Kingdom (n=8), New Zealand (n=4), and the United States (n=3). 4.3% (n=10) of respondents identified as Aboriginal and/or Torres Strait Islanders.

 Education and Employment

What is the highest level of education you have completed?
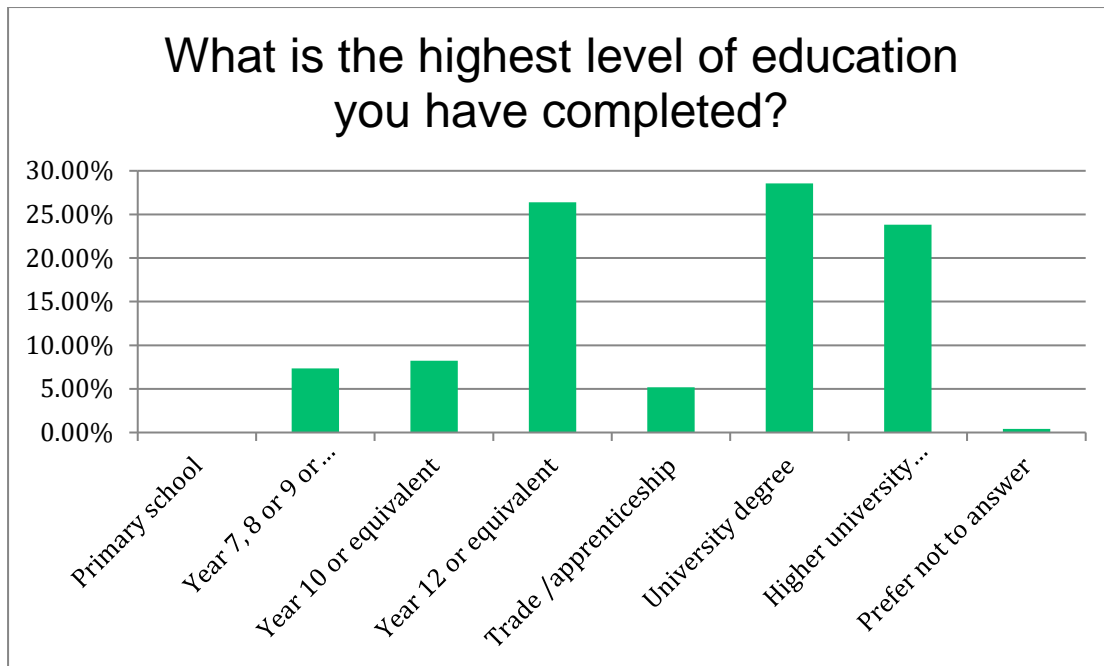
Graph 3: Level of education

According to the ABS, in 2016 17.4% of the Tasmanian population had completed year 10, while 16.2% had achieved a Bachelor Degree and above.

Our sample represents a highly-educated demographic in comparison to the broader Tasmanian population, with 52.3% (n=121) having completed a Bachelor Degree and above, and 26.4% (n=61) having completed year 12.

While 52.3% of Tasmanians over the age of 15 were working full-time in 2016, 62% of our participants were currently in some form of paid employment. Of those who were employed 49.3% were in part time and casual work. 8.9% noted that they are receiving the JobKeeper payment.

Although the majority of participants' (59% n=130) jobs had not been impacted by COVID-19, 20% (n=44) have had their hours and/or income reduced and 13% (n=29) are now unemployed or unable to earn an income.

Concerns and Worries during COVID-19

Participants were asked to assess how much they were concerned or worried about a range of issues during COVID-19 (on a four-point scale from 'not at all concerned/worried' to 'very concerned/worried').

The top 5 issues participants were most concerned/worried about were: 1) Family/friends contracting COVID-19; 2) Not being able to visit family and friends during lockdown/restrictions/social distancing; 3) Infecting someone else with COVID-19; 4) Mental health; 5) Loneliness/isolation.

Level of concern about a range of issues during COVID-19
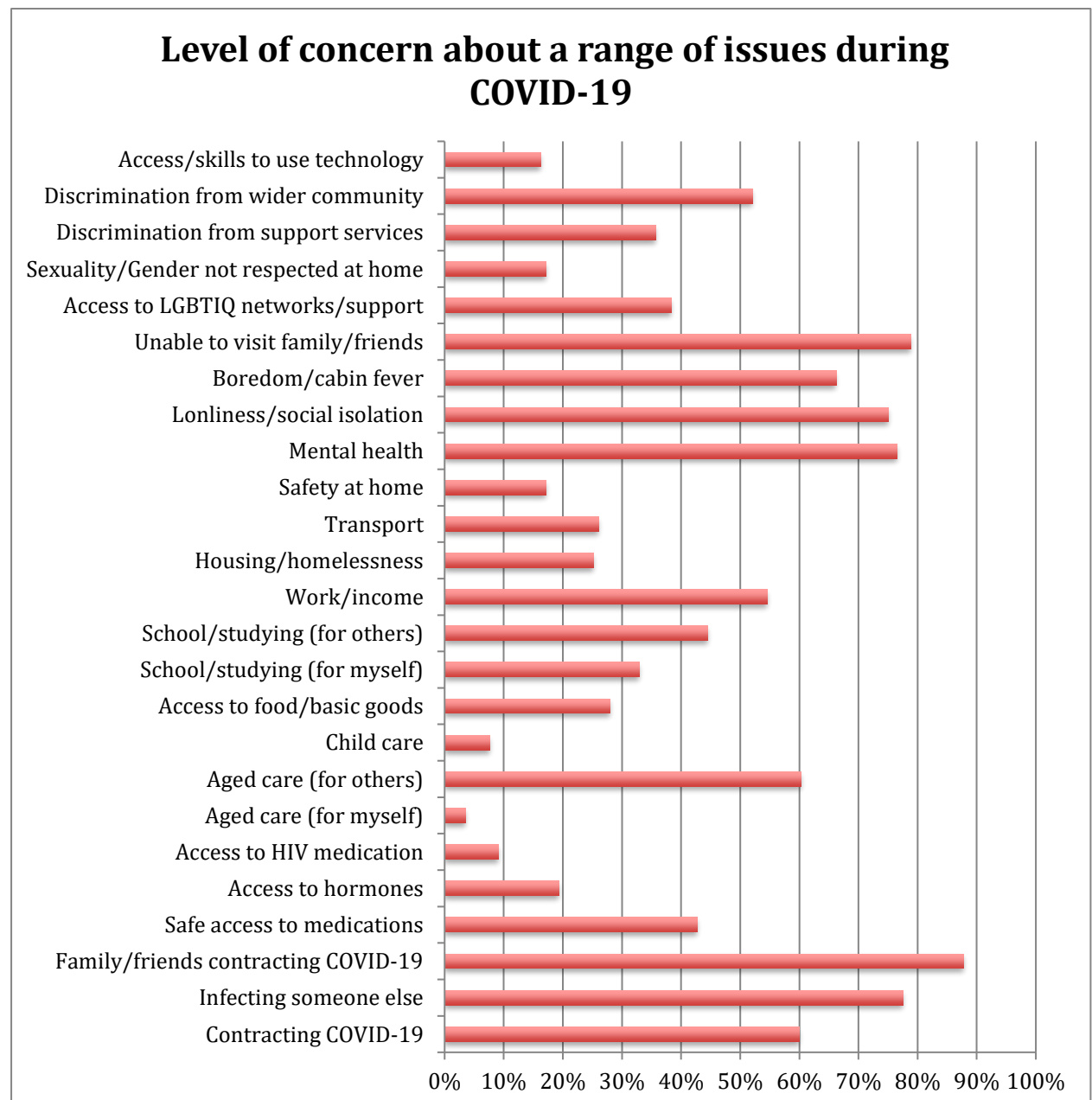
Graph 4: Issues listed as being of moderate to high concern

Issues that were of least concern were: 1) Safety at home; 2) Access/skills to use technology, 3) Access to food and basic goods; 4) Transport; 5) Sexuality/gender identity not being respected at home.

Concern	Concerned	Not Concerned	Not Applicable
Contracting COVID-19	60%	38.74%	
Infecting someone else	77.48%	20.72%	
Family/friends contracting COVID-19	87.84%	11.26%	
Safe access to medications	42.79%	35.14%	22.07%
Access to hormones	19.37%	8.10%	72.55%
Access to HIV medication	9.05%	6.79%	84.16%
Aged care (for myself)	3.60%	12.61%	
Aged care (for others)	60.36%	15.77%	23.87%
Child care	7.69%	9.95%	84.16%
Access to food/basic goods	27.93%	67.56%	
School/studying (for myself)	33%	14.48%	52.49%
School/studying (for others)	44.54%	12.27%	43.18%
Work/income	54.54%	29.09%	
Housing/homelessness	25.23%	58.11%	
Transport	26.13%	65.35%	
Safety at home	17.11%	77.93%	
Mental health	76.47%	22.62%	
Loneliness/social isolation	75.11%	24.43%	
Boredom/cabin fever	66.22%	32.88%	
Unable to visit family/friends	78.82%	20.72%	
Access to LGBTIQ networks/support	38.29%	54.51%	
Sexuality/Gender not respected at home	17.11%	58.56%	
Discrimination from support services	35.74%	53.85%	
Discrimination from wider community	52.04%	42.99%	
Access/skills to use technology	16.21%	77.03%	

Table 2: Levels of concern on range of issues during COVID-19

Other Concerns

Following this section in the survey, participants were given the opportunity to share any other concerns/worries not included in the list above. 49 individuals contributed to this section. Some of the most common concerns/worries have been grouped thematically below.

Concern for LGBTIQ community wellbeing

Many participants emphasised concern for other more vulnerable members of LGBTIQ communities not captured by this survey. For example:

> "While I am not concerned for myself regarding experiencing discrimination based on my perceived sexuality or gender in home/service/structural spaces, I am super concerned for vulnerable people with no validating connections experiencing this (via friends, family, services)."

> "Concern for others who are not safe (mentally, physically or emotionally) at home."

> "I fear for others who aren't as privileged as me as I think all of these services would be extremely helpful and necessary."

> "I'm old and gay and out. I worry about those kids for whom it should be time to come out, but there's nowhere to hide if it goes wrong."

> "I'm more concerned for others, who rely on support services or are in unsafe home environments. I'm fortunate that I am the queen of my castle at home and have made it safe for me. I know others are not in such a situation."

In addition to the wellbeing of other LGBTIQ community members, LGBTIQ Tasmanians were also worried about how COVID-19 would impact both LGBTIQ organisations and the ongoing need for activism:

> "Ongoing LGBTI issues not getting adequate consideration, public discussion due to strong focus on COVID (I.e. religious discrimination laws)"

> "The loss of LGBTIQ services not surviving the isolation period. Also the fast rise again of Religious freedom once Covid-19 has gone"

LGBTIQ (in)visibility during COVID-19

Several participants indicated that lockdown/isolation and physical distancing were having a negative impact on their visibility as LGBTIQ people, which was impacting their mental health:

> "Grief due to losing access to my community. Misgendering by workmates and the wider community due to working by phone/internet and loss of visibility of trans folk with social distancing."

> "That many friends in community are restricted from the sense of belonging and mental-health affirming visibility and safety that social interaction with the LGBTI community offers in LGBTI specific social events."

One participant highlighted how (in)visibility for LGBTIQ people also posed safety issues in public with social distancing regulations:

> "I worried about lesbian invisibility when out with my partner, I worry that people will not assume we are 'in the same household' and that they/police will think we are not practicing social distancing. As the measures relax I am feeling less worried about this."

Public disregard for physical/social distancing

While in public, many participants had observed others not complying with physical distancing rules, which was a cause for concern:

"It just saddens me to see stupid people, both here and overseas, not respecting social distancing, especially in public, and putting the lives of others at risk."

"The stupidity of some members of the public is horrifying"

"Many other people don't physically distance in shops and in public generally."

"I'm constantly shocked the populace in Central North Tasmania are taking little if any precautions to avoid infection."

One participant connected others' disregard for physical distancing with disrespect for health status and gender identity/expression:

"As an essential worker (retail) I am in a situation where people do not respect social distancing because they don't believe that my imuno-compromised condition is that serious especially because I am outwardly [gender non-conforming] and they see this as rebelling and therefore I am a hipster who is overreacting and doesn't deserve their time."

Strained Partner and Family Relationships in Isolation

While loneliness was a significant concern for many participants, those who were isolating with partners and family also expressed concerns about the impact isolation was having on their relationships. For example, several participants noted tension with partners:

"Strain on my relationship with my significant other"

"Being quarantined inside with my fiancé with no space of my own, having my personal space boundaries violated because of being inside 24/7."

"The mental health of my partner is a very big concern."

"I'm worried my relationship with my partner will be strained. I'm not feeling a sexual connection right now (not unusual for me to spend long periods of time like this) but he's home more often and our sexual needs aren't matching up."

Two participants also noted strained family relationships living at home with parents and other family members:

"I'm altogether finding it really difficult to not only take care of myself, but also my family as my parents kinda "quit" at being parents through this whole thing. I'm also acutely aware of where my family members are at all times so that I can avoid getting abused best I can which hasn't been great on my mental health."

"I lived in uni accommodation in Hobart before covid-19 started, but have since had to move home to the north west and it has been an incredibly difficult time. UTAS Student living haven't handled the pandemic well so going back to Hobart isn't an option, but being back home in the North West has been hard due to the anti-LGBT views shared by the community and members of my family."

Another participant expressed concern about their living situation in a share house:

> "The isolation of COVID definitely raised tensions between myself and my cisgender housemate. I had only been living with them for two weeks before I got stood down from work and had to spend all day at home. I feel like I haven't had any personal space or a feeling of safety in months. I have compromised my personal values in order to keep a roof over my head. My partner is trans and poly so for personal safety reasons she hasn't visited me."

Some participants indicated that being polyamorous or having multiple partners was difficult during COVID-19, as much of the official advice did not take alternative relationship structures into account:

> "Polyamory is difficult, only being able to see the partner I live with is isolating."

> "There have been no guidelines for people with more than one romantic partner. I have two romantic partners and do not know whether I can see both of them under the current social isolation guidelines. We all live separately and all get emotional support from each other."

Inadequacies of virtual social environments

As social interaction and events are increasingly conducted through social media or online video call applications (e.g. Zoom, Skype), some participants expressed frustration with the inadequacy of virtual environments for fostering community connections:

> "Social media has been more overwhelming"

> "It's hard to get past the idea for me that online connection is not real connection. It feels forced and actually feels counterproductive in exacerbating loneliness in many regards."

> "Reaching out online seems so... "intentional." But turning up to an event, enjoying the swirl, the safety, and the acceptance to be there as short or long a time as you need. [...] It's really hard to feel that 'come as you are' / no pressure / joy in community energy in an online way. I feel it may be limiting people's capacity to reach out when they need to. Because it might not be talk they need, but just presence."

Impact of COVID-19 on Safety and Community Connection

Survey results suggest that the outbreak of COVID-19 has had a moderate impact on LGBTIQ Tasmanians' feelings of safety and community connection. Prior to the outbreak of COVID-19, 41.5% of participants strongly agreed to feeling 'at home' in their local communities and 40.5% agreed that they felt part of those communities. However, since the outbreak of COVID-19, the percentage of those who strongly agreed to feeling at home in their communities dropped to 34.7%. COVID-19 has had a significant effect on community connection, with just 9.8% strongly agreeing to feeling part of their local community now, down from 18.1% prior to COVID-19. While 6% of participants felt that people in their community were not accepting of their gender identity/expression and/or sexuality prior to the outbreak of COVID-19, this increased to 9.8% since COVID-19. Similarly, the percentage of those who strongly felt that their community accepted their gender and/or sexuality dropped from 22.3% before COVID-19, to 19.6% since the outbreak.
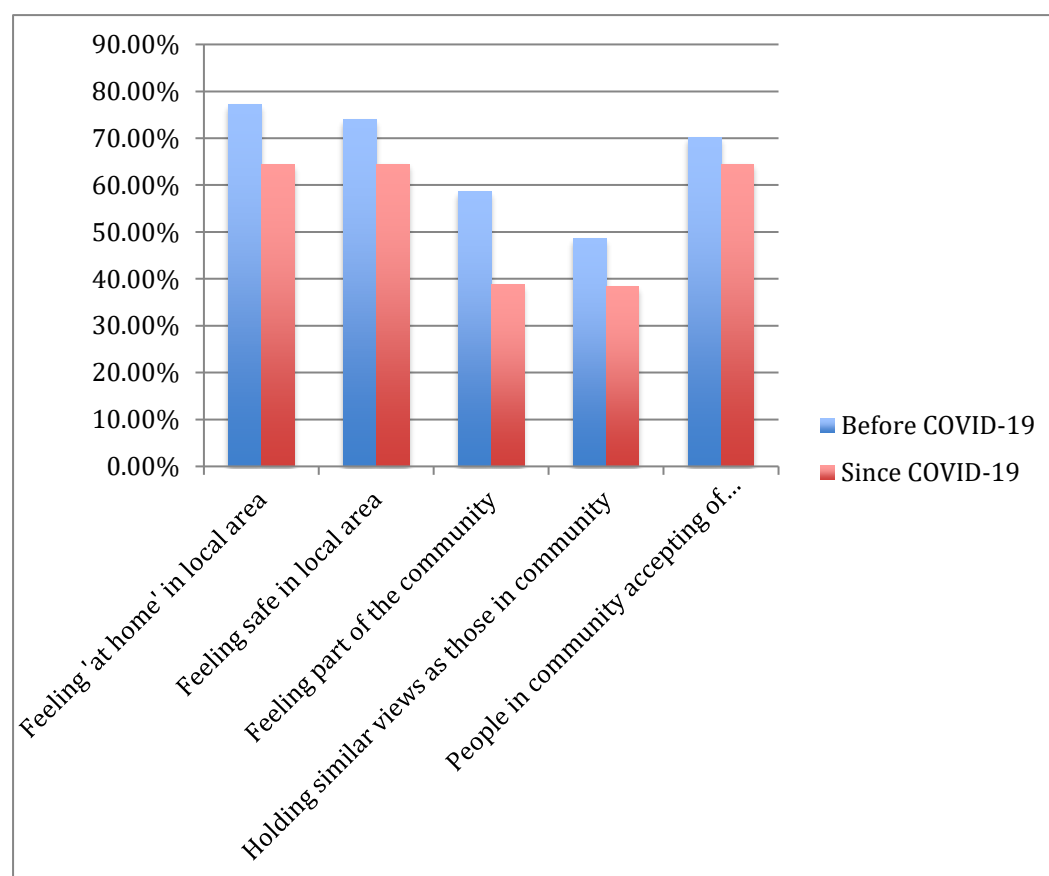
Graph 5: Safety and Community Connection before and since COVID-19

**Access to Healthcare and Medications**

Despite lockdown conditions, physical distancing, and the closure of some health services to the general public, the majority of participants (56% n=120) reported still being able to access healthcare or support services (e.g. doctors, counselling) as they usually would. Similarly, most participants (65.4% n=140) were able to access any prescription medications as they usually would.

Services and Support

	A great deal	A lot	A moderate amount	A little	Not at all
Social events (online)	10.58%	14.90%	29.81%	28.85%	15.87%
Support groups	11.06%	11.54%	29.81%	32.21%	15.38%
Personal check-ins	9.62%	13.94%	25%	31.73%	19.71%
Counselling	18.27%	14.42%	17.31%	22.60%	27.40%
Home deliveries	14.01%	14.49%	15.94%	20.77%	34.78%
Food support/delivery	12.14%	13.11%	12.14%	21.84%	40.78%
Aged care advice	0%	1.45%	3.38%	5.31%	89.86%
Information on local LGBTIQ services	10.58%	16.83%	25%	26.92%	20.67%
Information on LGBTIQ services/events nationally	11.06%	12.50%	25.48%	28.85%	22.12%
LGBTIQ specific information for COVID-19	10.14%	14.01%	23.67%	26.57%	25.60%

Table 3: Level of preference for range of support services

Participants were asked to indicate how much they would benefit from a range of services and supports during COVID-19 (on a 5-point scale from 'a great deal' to 'not at all'). Overall, participants did not indicate especially high needs for any of the supports listed. However, participants did identify counselling, home deliveries, information on local LGBTIQ services, and social events as among some of the most beneficial supports.

Which organisation/s would you prefer to receive these supports from?
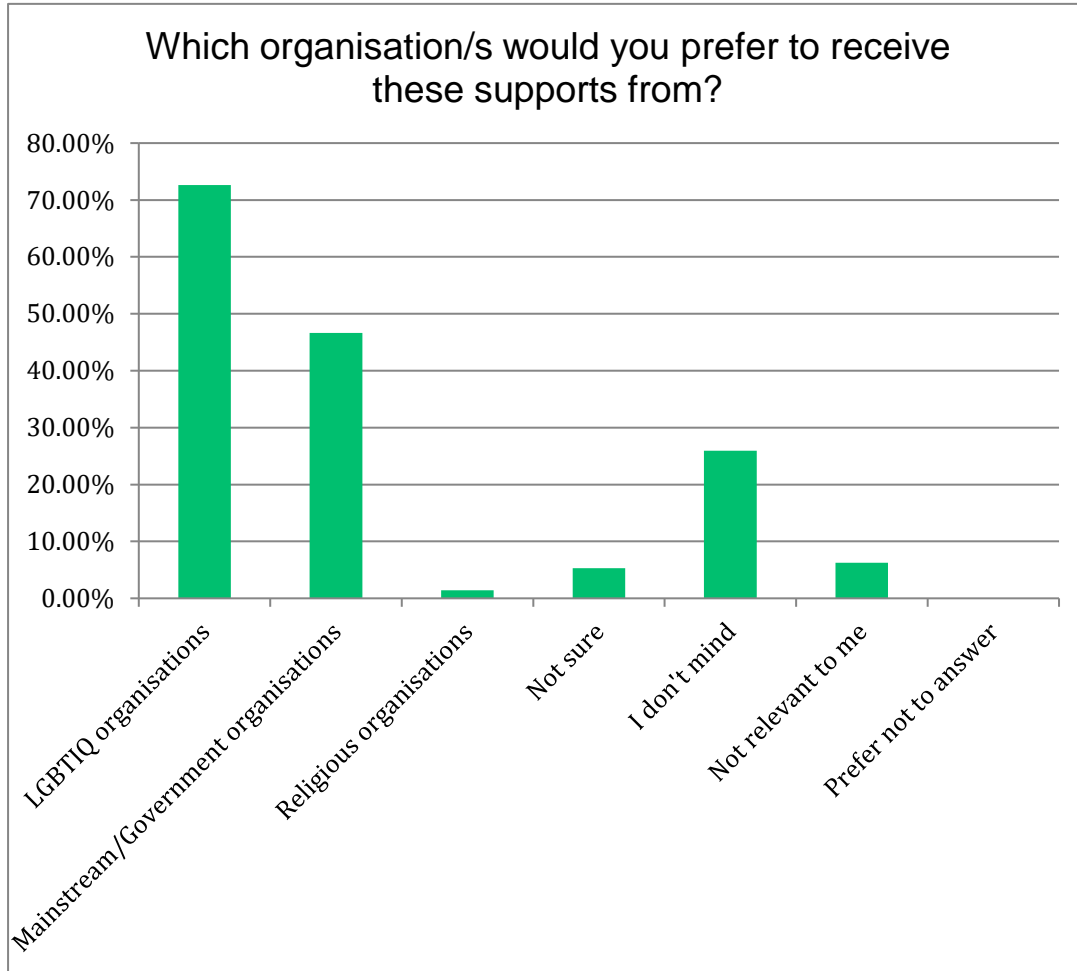
Graph 6: Preferred organisation to provide COVID-19 support for LGBTIQ people

When asked whether they had a preference as to what kind of organisation they would access support from during COVID-19, the majority (72.6% n=151) indicated that they would prefer to receive support from LGBTIQ organisations.

Discussion

This survey provides necessary research support for many things that LGBTIQ communities and those who support and work with us already know anecdotally about how COVID-19 is impacting LGBTIQ people.

Our findings indicate that while the coronavirus has had a significant impact on the wider population, it is the mental health and other social impacts resulting from social isolation and physical distancing that are of most concern to LGBTIQ Tasmanians. The majority of respondents were much more concerned about transmitting the virus to others or their family and friends contracting the virus than being infected themselves. Broadly, mental health the most significant concern for LGBTIQ Tasmanians, closely followed by loneliness and boredom in isolation and being unable to visit family and friends. Despite this, survey respondents did not express high need for social events, personal check-ins, or online support groups during COVID-19. Some participants indicated that online socialising and public events held via video conferencing apps (e.g. Zoom, Skype, MS Teams) are insufficient in combatting loneliness and not the same as attending an in-person LGBTIQ event. Participants did indicate the need for counselling, particularly given the ways COVID-19 may have exacerbated pre-existing mental health conditions.

COVID-19 has had a clear impact on LGBTIQ Tasmanians' sense of safety and community belonging. Prior to the outbreak of COVID-19, the majority of participants felt comfortable or 'at home' and safe in their local communities, with most indicating that they felt part of the community and accepted by those around them. However, since the outbreak, these have all reduced on average, suggesting that a combination of social isolation and community tensions may be further marginalising LGBTIQ people. Some participants specifically noted experiencing discrimination from family members or people they are isolating with. Others have had requests for social distancing ignored by others in the community. Some were concerned about being targeted by police who may not factor same-gender relationships into their enforcing of social distancing restrictions.

On a positive note, the majority of participants' jobs and income have not been impacted by COVID-19, and very few reported difficulties accessing healthcare and prescription medications. Those who require access to HIV medication/treatment, hormones and/or medical transition pathways did report some concern about continued access to these during COVID-19. Some participants also expressed concern about facing discrimination in healthcare settings during COVID-19. Although most were not significantly concerned about experiencing homophobia/biphobia/transphobia from support services, 52% were concerned about discrimination in the wider community. This likely reflects the experiences of reduced safety and belonging in local communities during COVID-19.

When asked whether they have a preference, LGBTIQ Tasmanians overwhelmingly reported that they would rather receive a range of social supports from LGBTIQ-specific organisations. This included services such as food support and deliveries, COVID-19 information, and mental health supports. LGBTIQ organisations, groups and social networks are so significant to the Tasmanian LGBTIQ community that several participants expressed concern about the continued viability of such services in the event of economic downturn post-COVID-19. These findings indicate that LGBTIQ organisations play a significant part in supporting LGBTIQ communities in a range of ways, particularly during difficult times. It is vital that these services be adequately resourced to continue supporting these often-vulnerable communities.

While our survey did not observe significant hardships resulting from COVID-19 among our sample, many participants expressed concern for the safety and wellbeing of more vulnerable LGBTIQ people, particularly young people and those who are not 'out' in their families or communities. Participants were also concerned about the impact COVID-19 was having on ongoing campaigns for LGBTIQ rights, with some fearing that issues facing LGBTIQ people would be framed as 'less important' in the wider community. Taken together, these findings suggest that LGBTIQ communities will continue to need supports for a range of issues and causes during and after COVID-19.

This survey importantly captured the strength of the Tasmanian LGBTIQ community, with many respondents noting positive outcomes of COVID-19, such as a greater sense of support and solidarity from within LGBTIQ social groups, communities, and organisations. LGBTIQ Tasmanians' awareness and concern for the wellbeing of others arguably demonstrates the strong sense of empathy, altruism, and community-spirit within this group. Many participants noted a concern about life returning to 'normal' after the pandemic, as some saw this as a unique opportunity for reflection on how we live our lives, what we value, and how we could foster more equitable, resilient, and sustainable communities.

Recommendations:

From the findings of this project, we suggest the following recommendations for policy and practice:

- Ongoing resourcing and support are required for LGBTIQ organisations and community groups to provide vital supports for LGBTIQ people as well as assist in the training of other health and human service providers in LGBTIQ-inclusive practices.

- Resourcing and support specific to COVID-19 relief will likely be needed to support LGBTIQ organisations that may have experienced unprecedented demand for services during the pandemic.

- LGBTIQ-specific mental health supports, including counselling are required to support this community.

- Government health, education, and social service providers require LGBTIQ-awareness training, including additional awareness about the specific impacts of COVID-19 on LGBTIQ people.

- The specific impacts of COVID-19 on LGBTIQ people, including issues around visibility, public safety, and recognition of same-gender relationships and non-traditional family/relationship structures which involve more than two romantic partners must be taken into account in future disaster and emergency planning and public health announcements.