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An Roinn Leanaí, Míchumais agus Comhionannais
Department of Children, Disability and Equality

# National LGBTQ+ Forum

# Summary of discussions

**National LGBTIQ+ Inclusion Strategy II 2024–2028**

*Gresham Hotel, Dublin | 23 April 2026*

Commissioned by the Department of Children, Disability and Equality.
Prepared by Second Nature

This report presents an independent record of views and discussions from the National LGBTQ+ Forum held on 23 April 2026 in Dublin. This report was commissioned by the Department of Children, Disability and Equality, and produced by Second Nature.

The Department of Children, Disability and Equality has commissioned and funded this report on the summary of discussions. The views and opinions contained in this report are those of participants, summarised by the authors, and do not necessarily reflect the views of the Department.

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## 1. Introduction

This report presents a summary record of the National LGBTIQ+ Forum, held on 23 April 2026 at the Gresham Hotel, Dublin. The Forum was commissioned by the Department of Children, Disability and Equality (DCDE) and facilitated by Second Nature using the Open Space methodology, which is described in full in the Appendix.

The Forum brought together approximately 75 participants, including representatives of local and national LGBTIQ+ organisations, members of the Steering Committee for the National LGBTIQ+ Inclusion Strategy II, and officials from the Departments and State Agencies responsible for delivering it. The session was designed and facilitated by Michael Donnelly of Second Nature.

This report is structured in six further parts. Section 2 sets out the context for the Forum and the Strategy it supports. Section 3 summarises the key conclusions participants reached over the course of the day, together with the actions they associated with each. Section 4 sets out the titles of each of the day's conversations, together with a ranking made by participants and a key insight or proposed action for the next Action Plan. Section 5 summarises an important and significant "whole group" plenary discussion that took place towards the end of the session. Section 6 presents the report's overall conclusion. The Appendix sets out the process used to run the day and provides a fuller description of the Open Space method itself.

*The views and opinions recorded in this report are those of participants, as summarised by the facilitation team, and do not necessarily reflect the views of the Department.*

## 2. Context

The National LGBTIQ+ Inclusion Strategy II (2024–2028) is the Government's framework for advancing the rights, safety and wellbeing of LGBTIQ+ people in Ireland. It builds on the first National LGBTI+ Inclusion Strategy (2019–2021) and sets out a programme of actions across four pillars: Safety; Health and Wellbeing; Participation and Inclusion; and Equality and Non-Discrimination.

This Forum sits within the ongoing delivery of that Strategy. Its purpose, as set out at the start of the day, was to:

- continue building relationships across the sector;
- provide feedback on progress made against existing commitments;
- give voice to key questions of concern for the community; and
- identify new actions to inform the next Action Plan, covering 2027/28.

Why this matters: a strategy of this kind can only deliver for the people it is designed to support if it stays responsive to lived experience. Participants at the Forum were clear that Ireland has good policy in place; the existence of a national strategy was repeatedly described as a genuine strength, and as a mandate for the sector to point to. But they were equally clear that policy commitments do not translate into delivery automatically: government and ministerial changes, and short funding cycles can all interrupt progress that depends on continuity. The Forum exists to surface that gap directly, in the words of the people closest to it, before the next Action Plan is finalised.

The day opened with a video message from Minister for Children, Disability, and Equality, Norma Foley, scene-setting remarks from Olive McGovern (Assistant Secretary, DCDE), and an overview of the Strategy from Jean McGrath (LGBTIQ+ Policy Unit, DCDE). The floor was then handed to participants, who used the Open Space method to set their own agenda for the rest of the day: 35 topics were proposed, several were merged, and 25 sessions were convened where issues were discussed in depth across three rounds of breakout sessions, before being brought back together for a prioritisation exercise and a closing plenary discussion.

## 3. Summary of Findings: Key Conclusions and Associated Actions

Across three rounds of breakout sessions, 25 separate conversations took place, each producing a short, written record of what participants were experiencing on the ground. They were tasked with articulating what they saw as most important, what they felt needed to happen, and to agree either an important insight or a single agreed priority action for the next Action Plan. After all the sessions were completed, participants placed dots against the priority actions that mattered most to them.

Nine themes recurred most strongly across these sessions and the closing plenary. They are not intended to map neatly onto the Strategy's four pillars; rather, they reflect the priority participants themselves gave to the issues on the day. Each is paired below with the actions participants most closely associated with it. A full ranked list of every individual session's priority action, together with the number of dots it received, follows at the end of this section.

### 3.1. Funding is at a crisis point

No single substantive policy issue scored higher than the call for sustainable funding of the sector itself. Participants described a cycle of short-term project grants, “brain drain” among staff, and posts going unfilled even where funding exists. The LGBTIQ+ sector was described as under-resourced, overstretched, and not growing to match demand. Participants voiced that charity funding has not increased in three years, and core costs such as rent, electricity, mileage and transport can fall outside what funding will cover. Reliance on short-term project grants is driving instability and “brain drain” among staff, and smaller voluntary organisations are the most exposed. Participants were unambiguous: unless resources are realistically on the table, none of the other actions in this report will have real impact. The clear message for the next Action Plan is that training, staffing and outreach commitments depend on multi-annual core funding being resolved first.

**Action:** Multi-annual core funding, a reformed LGBTIQ+ Services Fund, and a consolidated review of sector investment that balances regional and national needs.

### 3.2 Implementation is inconsistent

Ireland's strategy and policy framework were seen as a genuine strength. This is a powerful mandate the sector can point to. But participants described a recurring pattern of reports being commissioned without follow-through: conversion practices have not been prohibited, the 1989 Incitement to Hatred Act is unreformed, and previous commitments on trans healthcare were not implemented. Government and Ministerial changes reset progress and work built by motivated individuals is lost when they move on.

**Action:** Sustained cross-government coordination, clear deadlines, and values-based leadership that does not shift under political pressure, ministerial and committee changes.

### 3.3 Trans people feel they are being failed at every level

This was one of the most urgent themes raised across both breakout sessions and the closing plenary. Clinics were described as “disgraceful”; healthcare is still largely delivered by people without lived experience of being trans; and it is felt that little has changed since the 1980s and 90s. One contribution described a friend who had died by suspected suicide after turning to black-market medication. Participants also raised concern about anti-trans narratives from the UK and US shaping Irish public discourse. The Gender Recognition Act was repeatedly flagged as needing to be updated to include non-binary people, young people under 16 and people resident in Northern Ireland.

**Action:** Urgent, properly funded, community-informed trans healthcare, alongside legal reform of the Gender Recognition Act.

### 3.4 Invisible and Underserved Communities feel left behind

Ageing and loneliness was the highest-scoring identity-specific session of the day, and it pointed to a wider pattern echoed across the rural, service-inequity, and disability sessions: services, social spaces and visibility are concentrated around young, urban, able-bodied life. Older, rural and multiple marginalised people — including sex workers, people experiencing homelessness or addiction, and those with disabilities — described being overlooked, and in some cases returning to the closet once they became dependent on others for care.

Participants were clear the LGBTIQ+ community is not homogenous, and that the Strategy must reflect this fact. Groups named repeatedly as underserved include people with intellectual disabilities (described as the fastest-growing and least-supported gap in the sector, with no guidelines and inadequate facilities), LGBTIQ+ asylum seekers (whose support system was described as "barely functional" and "collapsing"), older LGBTIQ+ people facing loneliness and a lack of age-appropriate services, people living with HIV who are ageing, neurodivergent people, and people in rural areas. Only one of the country's five LGBTIQ+ centres is fully accessible.

Rural Ireland was raised as a structural case in point. Services, supports and visibility remain heavily concentrated in Dublin; just one of the five LGBTIQ+ centres, in Dundalk, sits outside a major city. Transport is not an incidental barrier but a structural one — some rural groups can meet only once a week and must finish by 6.30pm because of how local transport operates — and funding models rarely account for this.

**Action:** A dedicated capital package for accessibility and infrastructure; decentralised, properly funded services with dedicated transport support and rural-appropriate operating hours; and service models built around these specific communities rather than a single, generic offer.

### 3.5 The far right is a growing and an organised threat

The rise of the far right, radicalisation of young men, foreign interference on social media, and the spread of mis- and disinformation were raised across multiple sessions and again in the plenary. Participants specifically named the use of anti-trans sentiment as a “wedge issue” to mobilise people. Participants felt that political and institutional responses have been too slow and too reactive, allowing a climate of fear to erode good work already underway. Weak platform accountability, and hate-speech legislation that has not been substantively updated since 1989 is an issue. Only 18% of people feel comfortable reporting a hate crime, according to EU Fundamental Rights Agency data cited in the room. Proposed remedies centre on modernised legislation, stronger Digital Services Act enforcement, dedicated victim-support officers, and sustained political courage not to roll back progress under pressure.

**Action:** Robust policing of hate crime, stronger enforcement of digital and media regulation, greater accountability for social media platforms, and political leadership that does not pander to far-right pressure.

### 3.6 Young people and schools need urgent attention

The climate in schools was described as deteriorating, with Gen Z men identified as the first generation showing worse attitudes on homophobia and transphobia than the generation before them. Participants raised the experience of LGBTIQ+ students facing difficulty not only with peers but with teachers. Online safety was identified as a specific and growing risk: systems that require young people to openly declare their sexuality to access safety services can expose them to greater danger rather than less.

**Action:** Mandatory, community-delivered training in schools; clear guidance on legal obligations around bullying and children's rights; and proper support for trans students.

### 3.7 Training is crucial

Mandatory, ongoing, face-to-face training came up in almost every session; for General Practitioners (GPs), nurses, Gardaí, mental health professionals, teachers, civil servants and workplace managers. The consistent frustration was that current training is one-off, tick-box, delivered online, and not led by LGBTIQ+ people with lived experience. Pre-Exposure Prophylaxis (PrEP) access, mental health support and general primary care surfaced the same concern: many GPs and clinicians lack basic LGBTIQ+ competence, some refuse blood tests to transgender people, services are over-concentrated in Dublin, and patients are routed into specialist "LGBT services" rather than receiving competent mainstream care. Participants want this addressed through training embedded in clinical education, rather than one-off continuing professional development.

**Action:** Permanent, rolling, properly resourced training, starting with senior leadership and management, designed and delivered by LGBTIQ+ people.

### 3.8 Community-led work is life-saving and must be properly resourced

Community organisations were described repeatedly as doing work that saves lives and providing peer support, mental health support, pushing back against hate, and facilitating difficult conversations. This work was seen as niche outside the room, but valuable to society as a whole. The work demands bravery and resilience from those delivering it, and equally brave allyship from others. Yet it remains chronically underfunded; peer support in particular was described as "dead and buried" in some areas.

**Action:** Sustained, flexible funding for community-led approaches, and proper recognition of their value.

### 3.9 Communication and accountability between government and community must improve

Participants consistently reported not knowing why things have not happened, when they will, or who is responsible. Time delays, missing information and a lack of transparency were raised across multiple sessions, although the LGBTIQ+ Inclusion Strategy website was noted as a positive step. A tiered or prioritised next Action Plan rather than equal weight on every action; accessible meeting times and covered expenses; and avoiding tokenistic engagement that is not visibly acted upon.

**Action:** Regular, honest communication from departments about progress; tiered prioritisation within the Action Plan; and meaningful consultation, including meetings held outside business hours, expenses paid, and outcomes reported back.

## 4. Priority Actions, Ranked by Dots[1]

Every breakout session produced its own agreed priority action or priority insight. The table below lists all 25, ranked by the number of dots placed against each by participants at the end of the day. This is the fullest available signal of relative weight given to each individual issue.

| Rank | Session | Dots | Priority Action |
|---|---|---|---|
| 1 | **Funding the LGBTIQ+ Sector** | 37 | Consolidated review and scaling of investment into the LGBTIQ+ sector, addressing structural, capacity, staffing and infrastructure deficits. |
| 2 | **Ageing and Loneliness for LGBTIQ+ People** | 28 | A National Loneliness Strategy which includes recognition of the specific needs of LGBTIQ+ people. |
| 3 | **Rise of Far Right** | 26 | More robust policing, including of hate crime; greater social media enforcement and factchecking. |
| 4 | **Access to Sexual Health Services / PrEP** | 22 | Broaden equitable access to PrEP. |
| 4 | **Mental Health Access** | 22 | Resourcing: funding for mental health professional roles in the Health Service Executive (HSE). |
| 6 | **Combatting Hate Speech and Misinformation** | 20 | More robust media training; updating incitement to hatred legislation; more robust enforcement of the Digital Services Act. |
| 7 | **Queer Space in Rural Ireland** | 19 | Remember that services exist outside Dublin and other major cities. |
| 8 | **Consultation without Follow-Through** | 17 | Update consultation and guidance within public service to ensure LGBTQIA+ participation. |

[1] Names of Session Leaders provided where available

| Rank | Session | Dots | Priority Action |
|---|---|---|---|
| 9 | **Legislation / Conversion Practices** | 15 | Legislate to ban conversion practices. |
| =9 | **Garda Relationships in Rural and Local Areas** | 15 | Training for all levels of the Gardaí, with in-person training delivered by LGBT+ people with lived experience. |
| 11 | **Informed Practitioners in Primary Care** | 14 | Ensure GPs cannot refuse care to LGBT+ patients, including blood tests; full training and education for GPs during their studies. |
| 12 | **Progressing Legislation around LGBTQIA+ Families** | 13 | Pass legislation to ensure fully equal rights for LGBT+ families, parents and children. |
| 13 | **Next Action Plan** | 12 | Keep the next Action Plan comprehensive, but include tiering, categorisation and prioritisation of actions by the community. |
| =13 | **Protection of LGBTQIA+ under Equality Acts** | 12 | Maintain what we have and expand the gender ground inclusively; remove the healthcare exemption. |
| =13 | **Service Inequity** | 12 | Specifically address the needs of rural and other “invisible” communities through decentralised service delivery, capacity building and visible campaigns. |
| 16 | **Gender Recognition** | 11 | Implement the recommendations of the 2018 review, plus a “tell us once” cross-implementation mechanism. |
| =16 | **Intersex Rights** | 11 | Legislate to protect the human rights and bodily autonomy of intersex people. |
| =16 | **Education and LGBTQIA+** | 11 | Community involvement and funding for training in schools; awareness of legal obligations. |

| Rank | Session | Dots | Priority Action |
|---|---|---|---|
| 19 | **Hate Crime, Victims and An Garda Síochána Response** | 9 | Mandatory LGBT+ equality training for the Gardaí; modernise incitement to hatred legislation; official acknowledgement of legacy issues; dedicated victim-support officer. |
| 20 | **Changing Culture – Workplace** | 7 | Cultural competency through regular, ongoing rolling training; treat homophobia/transphobia as gross misconduct. |
| 21 | **Supporting Coming Out** | 5 | Awareness campaigns to highlight support groups available for parents and young people. |
| =21 | **LGBTI Rights** | 5 | Advance legislation with respect to assisted human reproduction. |
| =21 | **Lived Experience of LGBTQIA+ with Disability** | 5 | Mandatory training for healthcare professionals in LGBTQIA+ / diversity and inclusion to address the rural/urban divide. |
| =21 | **Barriers to Participation and Representation** | 5 | Develop two toolkits on meaningful engagement — one for community members (signposting), one for policymakers. |
| | **Whole of Government** | Na | Identify where LGBTQI+ people are, and are not, included across other national strategies. |

## 5. Summary of the Final Discussion

The final plenary brought together community organisations, service providers, policymakers and members of the LGBTIQ+ community. Participants recognised the progress Ireland has made, including the existence of a national strategy and the commitment shown by many individuals across the system. They were equally clear, however, that significant gaps remain, and that implementation, funding and accountability must now be central.

A strong theme was the divide between urban and rural experience. Participants described poor transport, isolation, limited services, and the additional costs of

mileage and travel in rural areas. In some counties, groups can meet only once a week and must finish early otherwise people cannot get home. Funding models often fail to reflect these realities, or the different ways rural participation happens.

The needs of LGBTIQ+ asylum seekers were raised repeatedly. Participants described a support system under severe pressure, with people dispersed across the country and often facing racism, homophobia and transphobia. Concerns were also raised about people being asked to "prove" their sexuality or gender identity through letters, photographs or other evidence, described as "unsafe, frightening and inappropriate".

Funding was a major concern throughout. Community organisations described doing life-saving work while struggling to cover core costs such as rent, electricity, staff time and basic running expenses. Participants stressed that effective supports, including peer support, require facilitators, safe spaces, transport and consistent infrastructure, and that small, short-term or project-based funding is not enough.

Trans healthcare and support were discussed with particular urgency. Participants spoke about long-standing failures in clinical care, lack of access to appropriate services, and difficulty accessing basic supports such as blood tests, Hormone Replacement Therapy (HRT)-related care and informed GP support. The wider political and media climate, including rising anti-trans rhetoric internationally, was described as having a direct impact in Ireland.

Disability and accessibility were also identified as major gaps. LGBTIQ+ people with intellectual disabilities are often not adequately supported, and the sector lacks guidelines, training and resources to respond well. Physical accessibility was also raised, with only one of the five LGBTIQ+ centres described as fully accessible.

Participants raised concerns about young people, schools and online safety. Some young people still do not feel safe in school, and participants reported worsening attitudes among some young men towards LGBTIQ+ people. Online safety measures can also create risk where they require people to identify themselves in ways that may increase danger.

Despite these challenges, participants stressed the value of LGBTIQ+ community organisations. Their work supports mental health, reduces isolation, pushes back against hate, and strengthens wider community development. Participants emphasised that this work is often seen as "niche", but in reality, benefits society as a whole.

The plenary recognised that parts of the State are doing good work, often through the initiative of committed individuals. However, participants highlighted contradictions across the system: good policy exists, but implementation is inconsistent; training is needed, but staff are not always enabled to attend; strategies are written, but action can be slow. The National LGBTIQ+ Inclusion Strategy was seen as a strength and a mandate, but it must lead to concrete implementation, which participants feel is currently not the case.

The key message was that Ireland has made progress, but that progress remains fragile. Participants called for stronger implementation, sustained funding, better access to healthcare, greater support for rural communities, meaningful inclusion of asylum seekers and disabled LGBTIQ+ people, and visible backing from government and public bodies.

Department representatives thanked participants for their openness and engagement. The session closed by recognising that, despite the pressures it faces, the LGBTIQ+ community and its allies are making progress and saving lives every day.

## 6. Conclusion

The Forum confirmed both the strength and the fragility of Ireland's approach to LGBTIQ+ inclusion. Participants were clear that having a national strategy is valuable: it gives the sector a shared reference point and a mandate it did not have before 2019, and committed individuals across government and community organisations are using it well. But they were equally clear that funding, implementation and accountability have not kept pace with the scale of need, and that without addressing these directly, the next Action Plan risks repeating a pattern where policy is written and commissioned but is not translated into delivery.

The prioritisation exercise reinforced this. Funding scored higher than any other single issue, by a wide margin, and resurfaced as the precondition underlying nearly every other action proposed during the day, from training and rural service delivery to trans healthcare and support for underserved communities. The consistent message was not that new commitments are needed so much as that existing and proposed ones need to be properly resourced, sequenced, and carried through on a timeline that survives ministerial change.

Taken together, the nine emergent themes in this report point to a clear mandate for the next Action Plan: resource what is already known to work, close the specific gaps

in coverage that participants named, and rebuild trust through visible, accountable delivery. The sector is asking for action, not another round of consultation.

# 7. Appendix

## 7.1 The Process

The Forum was held on 23 April 2026 at the Gresham Hotel, O'Connell Street, Dublin, from 10am to 4pm. It was facilitated by Michael Donnelly of Second Nature, assisted by Will Devas, Louise Keating and Éilis Donnelly.

The purpose of the session, as set for participants at the outset, was to:

- continue to build relationships across the sector;
- provide feedback on progress;
- address key questions of concern for the community; and
- identify new actions for the next Action Plan.

Participants were asked to work to the following conditions for success: hear from everyone; treat all ideas as valid; acknowledge differences without needing to resolve them; seek common ground; build a conversation; and ask for help.

Approximately 75 participants attended, including representatives of local and national LGBTIQ+ organisations, the Strategy's Steering Committee, and relevant Departments and State Agencies. Participants proposed 35 discussion topics at the start of the day; several were merged, and 25 were discussed across three 50-minute breakout rounds. Each session was asked to use a shared template, recording what was most important, what needed to happen, and a single priority action for the next Action Plan. Reports from all 25 sessions were displayed in a gallery, and participants placed dots against the priority actions that mattered most to them. The day closed with an hour-long whole-group plenary discussion, summarised in Section 4.

The running order for the day was as follows:

| Time | Session |
|---|---|
| **09.30** | Registration and refreshments |
| **10.00** | Welcome from Michael Donnelly; video by Minister Norma Foley, introduction from Olive McGovern (Assistant Secretary); presentation from Jean McGrath on the National LGBTIQ+ Inclusion Strategy |
| **10.30** | Participants create the agenda |
| **11.20** | Session 1 (50 minutes) – Participant led discussions |
| **12.10** | Session 2 (50 minutes) – Participant led discussions |
| **13.00** | Lunch |
| **13.45** | Refresh agenda – new topics |
| **14.00** | Session 3 (50 minutes) – Participant led discussions |
| **14.50** | Gallery of reports, with prioritisation |
| **15.20** | Plenary discussion |
| **16.20** | Close |

## 7.2 About Open Space

Open Space Technology is a highly participative meeting method developed by Harrison Owen for groups facing complex questions where no single person has the answer. It is built on the idea that people will take responsibility for what they care about when given enough freedom, structure and trust.

An Open Space event begins with a broad theme or question — in this case, progress on implementation of the four pillars of the Inclusion Strategy. Participants sit in a circle, and anyone who wants to raise an issue writes it down, announces it, and posts it on a marketplace wall. These topics become the agenda. People then choose which conversations to join. They are free to move between groups as their interest and contribution shift.

The method is guided by a small number of principles: whoever comes are the right people; whatever happens is the only thing that could have happened; whenever it starts is the right time; and when it's over, it's over. The “law of two feet” invites people to move on if they are neither learning nor contributing.

Open Space is especially useful where there is passion, conflict, complexity and a need for self-organisation. Its strength is that it releases energy, ownership and creativity rather than forcing participation, it creates the conditions for meaningful work to emerge naturally. This made it well suited to a Forum seeking genuine, prioritised input from a large and diverse sector into the next Action Plan.

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