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Re: Discussion Paper for the Victorian LGBTIQ Strategy

# **About cohealth**

cohealth is one of Victoria's largest community health services, operating across nine local government areas in Victoria. Our mission is to improve health and wellbeing for all, and to tackle inequality and inequity in partnership with people and their communities.

As a primary health service, cohealth provides integrated medical, dental, allied health, mental health and community support services. More than 950 staff over 34 sites deliver programs promoting community health and wellbeing and involving communities in understanding needs and developing responses. Our service delivery model prioritises people who experience social disadvantage and are consequently marginalised from mainstream health and other services – such as people who have

multiple health conditions, have a disability or mental illness, are experiencing homelessness, Aboriginal and Torres Strait Islanders, refugees and asylum seekers, people who use alcohol and other drugs, recently released prisoners, LGBTIQA+ communities and children in out of home care.

cohealth is committed to LGBTQIA+ health and wellbeing. We are currently preparing to undertake Rainbow Tick accreditation, ensuring that all practices, policies and processes are culturally safe and inclusive for LGBTQIA+ staff and consumers. We offer an LGBTIQA+ peer support program, aiming to improve health and wellbeing outcomes of the LGBTIQA+ community through service navigation and wellness coaching. Our 2019 staff diversity survey found that 24% of respondents identify as LGBTQIA+. We are proud to auspice and partner with the Zoe Belle Gender Collective, a trans and gender diverse advocacy organisation that aims to build the capacity of mainstream services to provide inclusive services to trans and gender diverse people.

## **Summary**

cohealth welcomes the opportunity to provide comment on Victoria's first LGBTIQA+ strategy. LGBTIQA+ people continue to experience systemic and interpersonal discrimination and research clearly links this to the disproportionately high rates of ill-health and mental illness within the LGBTIQA+ community. Discrimination must be viewed as a health issue and proactively prevented to create health and wellbeing equity. cohealth's response calls for:



- Improved data collection requirements and systems, including LGBTIQA+ identities and experiences included within research
- An intersectional lens applied to all actions within the strategy
- Increased funding for LGBTIQA+ specialised services and advocacy organisations
- Removal of financial barriers for non-government and government organisations seeking to be more culturally safe and inclusive
- Linking LGBTIQA+ inclusion with organisation performance, KPIs and funding agreements
- More emphasis on LGBTIQA+ education and support within schools
- Trans, gender diverse and non-binary awareness raising media campaigns
- More peer worker roles that are valued and remunerated adequately, and investing in developing evidence based frameworks that support peer work

#### **Recommendations:**

# How can the government better support organisations and groups that coordinate peer support services to ensure they are able to sustain their services?

The benefits of peer work are globally understood. Evidence states that peer work results in better outcomes for consumers and organisations, in addition to providing employment opportunities for people who often face barriers to gaining employment and affirming their identity at work. Utilising the skills of peer workers within services and government is integral to improving systems, creating supportive pathways to service access and forming trusting working relationships. Whilst research on the concept of peer work is well established and understood, there remains a gap in Australian literature on the impact of LGBTIQA+ peer work and best practice frameworks.

Despite the benefits of peer work, people employed in 'lived experience' roles have not been adequately supported, valued or remunerated. In order for peer support services to be sustained, cohealth recommends:

- Professionalise the role of peer workers to be valued equally to clinically trained staff, and for this to be reflected in salary
- Provide organisations, groups and individuals with increased funding to invest in sustainable peer worker models
- Support the development of LGBTIQA+ peer work frameworks that assist organisations to adequately support peer work roles
- Invest in researching the effectiveness of LGBTIQA+ peer work to build an evidence-base
- Fund health services to employ LGBTIQA+ peer navigators to improve the mainstream healthcare experience for the LGBTIQA+ community

# How can the government best respond to the diverse experiences and needs of LGBTIQ people to ensure no one is left behind due to their identity, attributes or experiences?

1) To be able to adequately respond to community need, we must first understand what the needs are. Data collection and research continues to be exclusionary and at times overtly discriminatory against LGBTIQA+ people. One example of this was the recent decision to omit questions about LGBTIQA+ identity from the upcoming census, there by erasing LGBTIQA+ experiences through omission. At a

service level, LGBTIQA+ identity is rarely included in reportable minimum data sets, resulting in services not including LGBTIQA+ identity questions at registration and client management systems not built to capture the information. LGBTIQA+ people continue to be left behind from the very first point of access, as the systems are inherently heteronormative. Understanding and improving what questions are asked, how they are delivered, and what is done with the information is the starting point to ensure the government can respond adequately to the experiences and needs of LGBTIQA+ people.

#### cohealth recommends:

- The data collection requirements and systems are required to be more inclusive, and collect information accurately and respectfully to represent LGBTIQA+ people. Agencies that develop client management systems that hold data also need to be part of this conversation and held accountable
- Research to be inclusive of LGBTIQA+ people to better understand needs and experiences
- Changes needs to occur in meaningful consultation with LGBTIQA+ people
- 2) Having an intersectional framework to understand experiences of discrimination and oppression is essential to ensuring no one within the LGBTIQA+ community is left behind. cohealth commends the inclusion of intersectionality within the discussion paper and encourages an intersectional lens be applied to all actions within the strategy.
- 3) Whilst gay, lesbian, pansexual and bi-sexual identities and experiences are becoming increasingly understood within the broader community, there remains low levels of understanding and knowledge of trans and gender diverse identities and experiences, and even less so of people with intersex variations.

### cohealth recommends:

 Awareness raising campaigns regarding trans, gender diverse and intersex variation identities and experiences.

What systems are in place to ensure that all government-funded services are working towards LGBTIQ inclusivity? What other resources could services be offered to support the development of LGBTIQ inclusivity? What other service experiences need to be understood?

cohealth is currently working towards Rainbow Tick accreditation, to ensure consumers and staff experience the organisation as culturally safe and affirmative. Whilst a rigorous accreditation process is effective in embedding LGBTIQA+ inclusion, the process is inaccessible for many community and health organisations due to the large financial investment required. The cost associated with the formal accreditation, the training of all staff, resource development and staffing required to achieve Rainbow Tick is considerable.

Within the current climate of competitive short term funding, health and community services are under enormous financial pressure in addition to increased service delivery expectations. This results in limited opportunity to engage in organisational capacity building and staff development, and presents a barrier for many striving for accreditation and/or LGBTIQA+ inclusion improvements.

### cohealth recommend:

- Clearer government commitment to LGBTIQA+ inclusion. For a genuine shift to occur, LGBTIQA+ inclusion needs to be integrated and embedded into all government quality frameworks, strategies and policies.
- Government financial support for non-government and government organisations to undertake Rainbow Tick accreditation
- Government financial support for non-government and government organisations to engage in LGBTIQA+ inclusion training
- Increased accountability for all non-government and government services, linking service performance to LGBTIQA+ inclusion, reflected in funding agreements and actively reported on
- Consider an alternative quality improvement framework that does not incur the same fee as Quality Innovation Performance Limited (QIP) – currently the sole Rainbow Tick accreditor.

# What services reforms are required to ensure equitable access to treatments that promote health and wellbeing?

LGBTIQA+ people continue to experience high levels of discrimination and barriers when accessing mainstream health services and often delay seeking healthcare<sup>1</sup> (LGBTI Cultural Competency Framework, 2013). There are not enough specialised LGBTIQA+ services funded to meet community need, and this high demand leads to long wait times. The lack of timely support available is a major risk to the LGBTIQA+ community, with many people choosing to either delay support, or access services that may be culturally unsafe. Both of these options have the potential to exacerbate health and wellbeing issues.

### cohealth recommend:

- Increased funding of LGBTIQA+ specialised services, advocacy and training/capacity building organisations.
- Victorian Government investment in ensuring all government, non-government and private health services be required and then supported through resourcing to ensure they are welcoming and inclusive of LGBTIQA+ people.

# How can transphobia in services and the broader community be addressed?

Transphobia is a major health and wellbeing issue, and needs to be proactively addressed in order to achieve equity. Transphobia is experienced overtly, covertly, interpersonally and systemically. This will continue until there is more education and understanding of diverse gender identities, and more accountability to improve systems, processes and practices across all government and non-government services.

## cohealth recommend:

- Ongoing engagement and consultation with members of the trans and gender diverse community through varied and accessible channels
- Increase trans and gender diverse identified roles within services

<sup>&</sup>lt;sup>1</sup> National LGBTI Health Alliance (2013). Cultural Competency Framework: Achieving Inclusive Practice With Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) communities.

- Service performance linked to trans and gender diverse inclusion, to improve accountability
- Trans and gender diverse awareness raising campaigns: improving understanding
  of diverse gender identities and firmer messaging on discrimination based on a
  person's gender identity being against the law
- LGBTIQA+ education mandatory in school settings
- Increase funding and support of the Safe Schools initiative
- Government funded LGBTIQA+ inclusion training programs for services

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