



Health and wellbeing for
lesbian, gay, bisexual, trans, intersex [LGBTI]
people and sexuality, gender, and bodily
diverse people and communities
throughout Australia

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Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Employment Issues - National LGBTI Health Alliance submission

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National LGBTI Health Alliance

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

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The Alliance, in partnership with Disability Employment Australia, is engaged in an NDIS funded project called Employable Q. The project is funded via the Information, Linkages and Capacity Building (ILC) Economic Community Participation Disability Grant. The aim of this project is to produce resources for employers within the LGBTI sector to promote the employment of LGBTI people with disability. Employable Q will provide LGBTI organisations with a range of resources and tools to assist them in becoming more inclusive workplaces for people with disability. This information will be delivered via a toolkit targeted towards LGBTI employers.



Executive Summary

Question 4 of the Royal Commission's Employment Issues Paper identifies the need to address the experiences of LGBTI people with disability. **Applying an intersectional lens to the employment experiences of LGBTI people with disability is fundamental to designing and implementing effective programs to improve employment outcomes.**

This submission has been informed by the Alliance's **Employable Q** project, which worked with 25 LGBTI individuals with disability to understand their employment experiences. It is also informed by other relevant research.

However, there is no accurate picture of the situation for LGBTI people with disability due to the lack of **national population-based data collections with relevant data indicators**. Investment in research needs to be increased and LGBTI populations need to be captured in the **national Census** and the **ABS Survey of Disability, Ageing and Carers**. The **Standardised Disability Flag** for mainstream services needs to be updated.

Despite limited data and research, it is clear that **LGBTI people with a disability experience worse employment outcomes**. They are more likely to have no employment, less likely to have full employment and tend to have lower incomes. LGBTI people with disability experience higher rates of discrimination and reduced service access, compared with people with disability or LGBTI people without disability. Fear of discrimination and concealment of identities or disability is prevalent. The compounding impacts are associated with poorer health and wellbeing outcomes.

This submission makes recommendations related to **systemic and attitudinal barriers**, including improved processes for inclusionary recruitment, for having access needs met and for disability inclusion training. LGBTI people with a disability share challenges faced by other people with a disability and require similar improvements to support and services.

This submission also addresses **specific needs related to the intersectional experience** of being a LGBTI person with disability. It is recommended that workplaces have a **diversity statement** which includes LGBTI people with disability, and a **Disability Inclusion Action Plan** that addresses intersectionality around LGBTI people with disability. Training should ideally be delivered by people with lived experience of disability and consider the impact of multiple minority identities.

The Commonwealth *Sex Discrimination Act 1984* prohibits discrimination on the grounds of sexual orientation, gender identity, intersex status and relationship status. This submission recommends **repealing subsection 37(1)(d) which limits protection by exempting religious bodies** and address the **adverse implications of the proposed *Religious Discrimination Bill 2019***.

In the context of negative impacts from **COVID-19 restrictions**, some people with a disability found increased workplace flexibility beneficial. This submission recommends DSP recipients be included in the **Coronavirus Supplement** to limit further disadvantaged due to the COVID-19 pandemic.

Currently, there are a range of services to support people with disability to gain employment. **Tailored programs to support LGBTI people with disability are also essential**. The Alliance established Employable Q to provide LGBTI organisations with tools to help them become more inclusive workplaces for LGBTI people with disability. The submission recommends **future funding to extend Employable Q and further investment in capacity building programs**.

Introduction

The Alliance welcomes the opportunity to provide a written submission to the Royal Commission's Employment Issues Paper. We have a history of working with disability organisations and individual LGBTI people living with disability. This has included the NDIA, National Ethnic Disability Alliance (NEDA), People with Disability Australia and Disability Employment Australia. This submission will respond to Question 4 of the Issues Paper, with a specific focus on the experiences of LGBTI people with disability. It will highlight issues around access needs, barriers to paid employment, ableist attitudes in the workplace, intersectional experiences, data collection, and legislative threats to promoting culturally safe and inclusive workplaces.

Private Lives is a national survey of the health and wellbeing of LGBT Australians. The first survey was run in 2006, the second, Private lives 2, in 2012 asked about disability in LGBT populations.¹ It found that:

- 22.7% of respondents reported having a disability or a long-term health condition
 - 40.8% - physical or diverse disability
 - 31.1% - psychiatric
 - 22.1% - Other
- 42.7% reported having specific restrictions
- 5.4% reported that they sometimes or always needed help with mobility, self-care and communication.

Of the total number of respondents who reported having a disability or long-term health condition (n=865) nearly 52% reported that they have no specific restrictions, while 42.7% reported having particular limitations or restrictions affecting things such as education and employment.

The prevalence of disability varied within each of the L, G, B, T, I populations:

- Bisexual men and women reported higher rates of psychiatric disability (41% bisexual women compared to 31.4% lesbians; 38.5% bisexual men compared to 24.8% of gay men)
- Gay men and lesbian women reported higher rates of physical disability (42.3% of lesbians compared to 36.9% bisexual women, 42.2% of gay men compared to 30.8% of bisexual men)
- Trans women had higher rates of psychiatric disability (39.0%) than trans men (16.7%)
- Aboriginal and Torres Strait Islander people had slightly higher rates of disability (31%).

According to the 2018 Survey of Disability, Ageing and Carers, there were 1.1 million Australians with disability (53.4%) aged between 15-64 years participating in the labour force, compared with 84.1% of people aged 15-64 years without disability. Just under half (47.8%) of people with disability in this age group were employed, compared with 80.3% of people without disability. Furthermore, just over one quarter (27.2%) of people with profound or severe disability were participating in the labour force, compared with just over half (55.0%) of all people with moderate or mild disability. However, while people with profound or severe disability were less likely to be in the labour force, among people with disability in the labour force, there was no significant difference between the

¹ William Leonard et al, (2012). Private Lives 2: The Second National Survey of the Health and Wellbeing of Gay, Lesbian, Bisexual and Transgender (GLBT) Australians. Available from:

<http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:35653>

employment rate of those with profound or severe disability (87.6% or 120,200 people), and those with moderate or mild disability (90.0% or 477,800 people).²

It is important to note that there is currently a dearth of research regarding the employment outcomes of LGBTI people with disability in Australia. However, according to Private Lives 2 data, LGBT respondents with a disability were more likely to have no employment than those without (18.7% versus 4.3%) and less likely to have full employment (31% versus 53%). Those with a disability or long-term illness tend to have lower incomes than those without. For example, while 30% of respondents without a disability earned less than \$600 per week, 52% of respondents with a disability earned less than \$600 per week. These differences were true irrespective of sex/gender identity.

Consultation

The material gathered for this submission has been informed by the work undertaken by the Alliance's Employable Q project. Throughout the Employable Q project, 25 LGBTI individuals with disability across Australia were consulted about their experiences in the workforce. These participants were asked questions about their experiences of applying for positions, attending job interviews, and obtaining employment. Most of these individuals were recruited via an 'expression of interest' process and were selected on a basis of providing a diverse representation of LGBTI identities and lived experiences of disability. In addition to the expression of interest process, the Alliance engaged with intersex community organisations to consult with 4 intersex individuals with disability to ensure that the lived experiences of this demographic within the LGBTI community was properly represented within the Employable Q project.

Of these 25 individuals, 8 LGBTI people with disability formed the 'Employable Q Co-Design Team' and were consulted on an on-going basis via video-conferencing, due to the onset of COVID-19, throughout the duration of the project. The Employable Q Co-Design Team not only shared their lived experiences of being an LGBTI person with disability in the workforce, but also gave their input and feedback to develop the Employable Q toolkit resources. Two face-to-face roundtable discussions consisting of 5 and 3 LGBTI individuals with disability were also conducted to develop an understanding of the barriers LGBTI people with disability face when trying to obtain employment. Additionally, the Alliance conducted consultations 9 individuals which occurred on a one-on-one basis via video-conferencing to gain further insight of the lived experiences of being LGBTI in the workforce and to form recommendations as to how workplaces can better support LGBTI people with disability.

The Employable Q project has been guided and overseen by an Advisory Committee consisting of experts within the disability sector. Many of the Advisory Committee members are LGBTI people with lived experience of disability.

Health and wellbeing of LGBTI people

LGBTI Australians have demonstrated considerable resilience in looking after themselves and their communities despite adversity. Many live healthy and happy lives, contributing to their families, local communities, workplaces and society as a whole. Nevertheless, an overwhelming amount of research evidence has consistently demonstrated that LGBTI people experience significant health disparities compared to the general population. These poorer health outcomes can be attributed to

² Australian Bureau of Statistics, (2020). Disability, Ageing and Carers, Australia: Summary of Findings, 2018.

the impact of minority stress - the chronic stressors that LGBTI people are uniquely exposed to as a result of sexuality, gender and bodily diversity being socially stigmatised. This includes experiences of discrimination, social exclusion, harassment, and physical violence.

It is well documented that LGB employees who experience minority stress in the workplace report poorer mental health outcomes³ and decreased job satisfaction and commitment.^{4 5} Studies on the workplace experience of LGB people have documented that fear of discrimination and concealment of sexual orientation is prevalent.⁶ These studies showed that LGB people engage in identity disclosure and concealment strategies to avoid experiences of discrimination. These strategies include passing, which involves lying to others in order to be seen as heterosexual, and covering, which involves censoring one's behaviour, expression, or history to conceal their sexual identity. This constant vigilance when interacting with others for fear of harm and expectation of rejection result in poorer health outcomes for LGB people.⁷

Health and wellbeing of LGBTI people with disability

The limited research that is available shows that the health and wellbeing of LGBTI people with disability is fragmented and under-resourced, and that there are higher rates of discrimination and reduced service access among LGBTI people with disability, compared with people with disability and LGBTI people without disability. Reduced social connection, including family, services, and support groups, across mainstream, disability and LGBTI communities, correlates to significantly reduced health and wellbeing for LGBTI people with disability. Conversely, positive and increased social connection is associated with improved health and wellbeing for LGBTI people with disability.

Private Lives 2 data shows the compounding experiences of systemic discrimination and stigma are associated with poorer health and wellbeing outcomes compared to LGBT people without disability.

Self-rated health

Nearly 23% of those with no disability rated their health as 'excellent' compared with only 5.6% of those with a disability. While less than 1% of those with no disability rated their health as 'poor' the figure rises to 11% for those LGBT people with a disability. There were marked differences in rates of self-reported general health according to sex/gender identity. For example, 67% of females without disability reported 'very good' or 'excellent' health compared with only 27% of females with a disability.

Drug and alcohol use

Rates of drug use for non-medical purposes in the past 12 months were almost identical for LGBT people with and without disabilities (44% and 45% respectively). This is in the context of LGBT people having higher rates of drug and alcohol use compared to the general population.

³ Velez, B. L., Moradi, B., & Brewster, M. E. (2013). Testing the tenets of minority stress theory in workplace contexts. *Journal of Counseling Psychology, 60*, 532–542. <https://doi.org/10.1037/a0033346>

⁴ Button, S. B. (2001). Organizational efforts to affirm sexual diversity: A cross-level examination. *Journal of Applied Psychology, 86*, 17–28. <https://doi.org/10.1037/0021-9010.86.1.17>

⁵ Ragins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology, 92*, 1103–1118. <https://doi.org/10.1037/0021-9010.92.4.1103>

⁶ Croteau, J. M. (1996). Research on the work experience of lesbian, gay, and bisexual people: An integrative review of methodology and findings. *Journal of Vocational Behavior, 48*, 195–209.

⁷ Waldo, C. R. (1999). Working in a majority context: A structural model of heterosexism as minority stress in the workplace. *Journal of Counseling Psychology, 46*, 218–232.

Mental health and wellbeing

LGBT people with disability were more likely to report high K10 scores, indicating high levels of psychological distress, and be at increased risk of a range mental health issues compared to those without disability (52% versus 27%). Overall, the mental health among respondents with disability was significantly poorer than those without. This is in the context of LGBT people overall experiencing poorer mental health outcomes compared to the general population.

PL2 also found that LGBT people with disability had higher rates of anxiety and treatment for anxiety than those without (52% versus 23%). Furthermore, LGBT people with disability were more likely to experience episodes of intense anxiety than those without (27% versus 10%).

In addition, LGBTI people with disability may be at higher risk for sexual abuse, including intimate partner violence, compared to the general population. Also, they may be at higher risk for compromised sexual health due to a lack of appropriate sex education. Young LGBTI people with intellectual disabilities may feel 'invisible' if sexual health education is not inclusive.^{8 9} Furthermore, people with disability face barriers to accessing information and services relating to their sexual health due to the prevailing myth that people with disability are asexual, or not sexually active. These access barriers are compounded for LGBT people with disability, due to misconceptions around all people with disability being heterosexual and/or cisgendered.

Increased investment in research initiatives that explore the health and wellbeing and employment outcomes of LGBTI people with disability will contribute to fostering an evidence-informed environment for policy development in this space.

Recommendation: Increased investment in further research that explores the health and wellbeing and employment outcomes of LGBTI people with disability.

Data Collection on LGBTI populations with disability

The Australian Bureau of Statistics (ABS) acknowledges the importance of the national Census in collecting information about the living arrangements, population characteristics, and education and labour force participation of people with a need for assistance to inform the planning and management of disability services and targeted support for those living with disability.¹⁰

Furthermore, the Census allows us to examine a range of detailed demographic and socio-economic characteristics of those needing assistance, their geographic distribution, and the identification of small sub-populations that may be at higher risk of needing assistance. Despite this, LGBTI people with disability are not counted. The recently released NDIS LGBTIQ+ Strategy recognises that it is difficult to obtain an accurate picture of the number of LGBTI people with disability in Australia due to the lack of national population-based data collections with relevant data indicators.¹¹

⁸ Abbott, D. (2013). Nudge, nudge, wink, wink: love, sex and gay men with intellectual disabilities - a helping hand or a human right? *Journal of Intellectual Disability Research*, 57(11):1079-1087.

⁹ Noonan, A., and Taylor Gomez, M. (2010). Who's Missing? Awareness of Lesbian, Gay, Bisexual and Transgender People with Intellectual Disability, *Sexuality & Disability*. 29(2):175-180.

¹⁰ Australian Bureau of Statistics, (2018). 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Core%20Activity%20Need%20for%20Assistance~27>

¹¹ NDIS, (2020). LGBTIQ+ Strategy: 'Our bodies, our genders and our relationships.' Available from: <https://www.ndis.gov.au/about-us/strategies/lgbtqa-strategy#:~:text=The%20NDIA%20is%20committed%20to,chance%20to%20benefit%20from%20NDIS.>

In comparison, the Survey of Disability, Ageing and Carers (SDAC) provides in-depth information about the details of a person's disability, the activities they need support with, and who supports the person. SDAC uses detailed interview administered questions which are not feasible for inclusion in the Census.¹² Currently, the SDAC does not collect data on LGBTI populations, and thus it cannot be used to determine the prevalence of disability in LGBTI communities.

Inadequate data collection practices perpetuate a cycle of invisibility. As data informs evidence-based policy, this exclusion of LGBTI people with disability can lead to adverse public policy outcomes that fail to address the unique needs and experiences of LGBTI people with disability. Together, an LGBTI-inclusive SDAC and the Census will help build a better picture of LGBTI people with disability in Australia, including their employment outcomes.

The Standardised Disability Flag (the Flag) for mainstream services is a data collection guide developed in 2016 by the Australian Institute of Health and Welfare. It is a set of questions that are intended to be used by mainstream services to identify people with disabilities or long-term health conditions who report an activity limitation, a specific education participation restriction and/or a specific employment participation restriction. It was designed to provide consistent and comparable information across mainstream services in all Australian jurisdictions over time and across administrative data sets.¹³

To understand the intersectional needs of LGBTI people with disability more fully in the workplace, the employment participation restriction flag should consider additional questions with regards to LGBTI status.

Recommendation: LGBTI populations meaningfully captured in the national Census, and the ABS Survey of Disability, Ageing and Carers.

Recommendation: Update the Standardised Disability Flag for mainstream services to reflect the intersectional identities and needs of LGBTI people with disability.

Barriers to applying for paid employment

“For someone that has autism and ADHD there’s a lot of stuff that puts you off applying for a job, like when you look at a job description and it’s just a wall of text...I just can’t even fathom reading through all of it and I get really overwhelmed and I get really anxious and I end up not applying. Applying for jobs is really stressful because of my autism and the way that my brain works.”

Many participants advised us that traditional job application processes are exclusionary and inaccessible towards LGBTI people with disability. Participants identified barriers when preparing resumes and cover letters, taking pre-employment tests, and attending job interviews. Specifically, job advertisements are presented in an inaccessible format, pre-employment tests are often

¹² Australian Bureau of Statistics, (2018). 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Core%20Activity%20Need%20for%20Assistance~27>

¹³ Australian Government, Australian Institute of Health and Welfare, (2016). Standardised Disability Flag for mainstream services: Data collection guide. Available from: <https://www.aihw.gov.au/getmedia/2cda5b59-bbac-45f2-aea8-954ae12306b2/dat-6-standardised-disability-flag-data-collection-guide.pdf.aspx>

inaccessible, and ableism frequently occurs during job interviews. Participants also observed that employers often utilised people with disability on a volunteer basis rather than on an employment basis.

Recommendation: Organisations ensure that formal recruitment processes are in line with disability employment guidelines to ensure people with disability are supported throughout recruitment processes.

Access Needs

"I've had people refuse to hire me because I'm blind and they don't want to buy assistive technology for me."

"They ended up putting out stuff that was really inaccessible, so I was the one who put my neck on the line constantly in all of my workplaces... partially because of my role and partially because I needed it. It is a little bit of a crude spot at this point in time for my employment because it has compounded. I'm just traumatised, and I don't want to self-diagnose as having PTSD, but this is just... really traumatic."

Most of the participants who were consulted for this study reported that they had worked in workplaces which were inaccessible or did not adequately facilitate their access needs. Many participants also felt uncomfortable to request access needs from their employers, as they feared it would compromise their job security. When access needs were not met, participants described difficulties maintaining productivity, experiencing trauma, and a reduced sense of self-worth. By contrast, when participants worked in accessible work environments, they were able to maintain and exceed expected productivity, and had better state of well-being.

Recommendation: Organisations embed within all process opportunities for people with disability to be able to request their needs throughout their employment, including recruitment, induction, performance review, and supervision.

Ableist attitudes in the workplace

"I was also told in a meeting by Supervisor Number 1 that they could put all sort of supports in for me, however, that because I was young, I should struggle because it would be good for my career."

The ableist attitudes of employers and co-workers was identified as an issue for LGBTI people with disability who are trying to obtain and sustain suitable employment. All participants had encountered some form of ableism, either directly or indirectly, from employers or co-workers at some point of their working life. Participants often recounted incidents where employers and/or co-workers had made uninformed assumptions about their work capacity or capabilities based on ableist ideas about people with disability. These included both situations where participants were assumed to be less capable than their able-bodied and neurotypical co-workers, and situations where participants were assumed to be not disabled or 'not disabled enough' to receive support based on their performance at work.

In order to address ableist attitudes in the workplace, training should be ideally delivered by people with lived experience of disability and considers intersectionality so that individuals can explore together, through an intersectional lens, the potential costs and benefits of belonging to multiple minority identities. This is important as it will reinforce what is valuable and reaffirming about

people's complex and intersecting identities, including LGBTI people living with disability who identify with one or more other marginal or minority population.

Recommendation: Workplaces engage in regular disability inclusion training to increase the knowledge of staff and reduce ableism and ableist attitudes in the workplace.

Intersectional experiences

“There is this whole issue of having to decide am I going to divulge or disclose my disability or my sexual orientation and gender identity? And you have to kind of assess how everyone's going to respond.”

Participants reflected upon the intersectional experience of being a LGBTI person with disability within a workplace context. Some participants described having to hide the fact that they are a person with disability and/or that they are an LGBTI person from employers, in fear that it could compromise their employment opportunities or subject them to workplace bullying. Trans and gender diverse participants described additional barriers to employment than cisgender participants, such as transphobic behaviours and attitudes from employers, restrictive dress codes, and forms which only provided binary gender pronouns and titles. Intersex participants reported a lack of awareness about intersex people and intersex variations within their workplaces, such as employers mistakenly categorising intersex people as ‘gender diverse’.

It is important that employers understand that intersex people also experience ableism. The medical model of disability treats intersex variations as “disordered”, and this justifies human rights violations in the form of forced and coercive medical interventions to make intersex bodies conform with stereotypical and clinical norms for male or female bodies. Intersex people may have impairments that are innate or because of medical treatments, but it is the way they are marginalised in society that creates access barriers to their full participation in society. Therefore, the social model of disability applies directly to the situations of intersex people.¹⁴

Disability Inclusion Action Plans (DIAP) are a well-established tool for workplaces to commit to removing systemic and attitudinal barriers so that people with disability have a better opportunity to live a meaningful life and participate as full members of the community. This includes supporting them to access meaningful employment. People with disability cite experiencing barriers in accessing information on job opportunities and the recruitment processes, reasonable adjustments to support them to meet their job requirements and professional development opportunities once in a job. Applying an intersectional lens to the development and implementation of a DIAP is fundamental to addressing the intersectional needs of LGBTI people with disability in the workplace.

Recommendation: Workplaces have a diversity statement which includes people with disability and LGBTI people.

Recommendation: Workplaces co-design a Disability Inclusion Action Plan with employers and key stakeholders, including LGBTI people. Any DIAP is reviewed on regular basis and is published to ensure transparency and uphold accountability. Intersectionality around LGBTI people with disability is considered in this plan.

¹⁴ Intersex Human Rights Australia, (2010). Intersex and Intersectionality. Available from: <https://ihra.org.au/intersectionalities/>

Religious exemptions in the federal *Sex Discrimination Act 1984*

The *Sex Discrimination Act 1984* (Cth) (SDA) prohibits direct and indirect discrimination on the grounds of sexual orientation, gender identity, intersex and relationship status.¹⁵ However, these protections are limited by a general exemption for religious bodies.

Subsection 37 of the SDA states:

37 Religious bodies

(1) Nothing in Division 1 or 2 affects:

- (a) the ordination or appointment of priests, ministers of religion or members of any religious order;
- (b) the training or education of persons seeking ordination or appointment as priests, ministers of religion or members of a religious order;
- (c) the selection or appointment of persons to perform duties or functions for the purposes of or in connection with, or otherwise to participate in, any religious observance or practice; or
- (d) any other act or practice of a body established for religious purposes, being an act or practice that conforms to the doctrines, tenets or beliefs of that religion or is necessary to avoid injury to the religious susceptibilities of adherents of that religion.

The Alliance believes that the scope of the exemption contained in s 37(1)(d) is overly broad and excessive. It also fails to require a consideration of proportionality. It appears that the provision is stating that any act of discrimination is permissible, if it conforms to the doctrines, tenets or beliefs of a religion, regardless of its consequences. Similarly, it appears that any injury to the religious susceptibility of members of the religion is enough to invoke the exemption, regardless of how serious the injury is to the individual that is experiencing discrimination.

This provision accordingly does not strike the right balance between the right to religious freedom, and the right to be free from discrimination, and should be repealed. It enables faith-based providers to legally discriminate against LGBTI people in their employment practices, which directly undermines efforts to foster culturally safe and inclusive workplace environments for LGBTI people, including those with disability.

Recommendation: Repeal subsection 37(1)(d) of the federal *Sex Discrimination Act 1984*.

Federal government's proposed *Religious Discrimination Bill 2019*

Section 42 of the government's proposed *Religious Discrimination Bill 2019* (the Bill) provides that certain "statements of beliefs" will contravene existing federal, state, and territory anti-discrimination protections. This will have the undesirable consequence of giving license to a broad range of potentially harmful and offensive statements being made by religious people, contributing to a hostile, unsafe or non-inclusive workplace for LGBTI employees, including those with disability.

Examples of statements said by an employer or another colleague that may be protected include:

- 'homosexuality is a sin'

¹⁵ *Sex Discrimination Act 1984* (Cth) ss 5A–5C, s 6.

- 'God made only men and women'
- 'disability is caused by turning your back on God, or can be healed by prayer'¹⁶

In addition, Sections 8(3) - (5) of the Bill also makes it unlawful for large businesses with a turnover of \$50 million or more, to impose a conduct rule on employees that would prevent or restrict them from making "statements of belief" outside of work hours. Compliance with such a rule would only be lawful if the business can prove that the condition is necessary to avoid unjustifiable financial hardship. This provision goes well beyond the realms of setting standard contractual obligations and employee codes of conduct found in the majority of workplaces. These measures will undermine efforts to foster healthy and inclusive workplaces for LGBTI employees with disability.

Recommendation: The Royal Commission address the potential adverse implications of the government's proposed *Religious Discrimination Bill 2019* on LGBTI people with disability in the workplace.

Impacts of COVID-19 on LGBTI people at work

"Working from home makes things a lot easier for me as I am able to make adjustments to make my environment more comfortable, which would not be feasible in a formal workplace."

"My psychosocial disability has flared up during COVID-19, and there isn't a lot of resources on what type of reasonable adjustments one could ask from an employer."

LGBTI people with disability who were surveyed expressed mixed emotions around workplaces implementing flexible workplace arrangements in response to COVID-19 restrictions. While some participants believed that working from home was positive outcome for many people living with disability, others expressed frustration at the relative ease of workplaces adapting to these changes, considering many people with disability have strongly advocated in the past for their access needs and adjustments in the workplace to be taken more seriously. Additionally, social isolation was raised as a major issue, with LGBTI people with psycho-social disability being especially impacted.

People with disability who receive the DSP, including LGBTI people with disability, are currently experiencing additional, unforeseen costs and barriers to supports in the COVID-19 crisis, which is causing significant levels of anxiety and distress. It is well recognised that 50% of people with disability already live in poverty. Additional costs at this time will further entrench DSP recipients into poverty. Currently, less than 10% of people with disability in Australia are supported by the NDIS and are therefore unable to access and pay for the additional supports they require during this period. LGBTI people with disability face added barriers to receiving appropriate supports due to stigma, discrimination and abuse as a result of their sexuality, gender identity or sex characteristics. Therefore, it is crucial that DSP recipients have access to the increased Coronavirus Supplement of \$550 per fortnight, consistent with the Jobseeker Payment.

Recommendation: Ongoing implementation of flexible workplace arrangements for people living with disability.

Recommendation: Include DSP recipients in the Coronavirus Supplement to ensure that people with disability are not further disadvantaged by the impact of the COVID-19 pandemic.

¹⁶ Equality Australia, (2020). Our Laws Should Protect All Of Us, Equally: Submission on the Second Exposure Draft of the Religious Discrimination Bill. Available from: <https://equalityaustralia.org.au/easubmission2/>

Program support for the employment of LGBTI people with disability

Currently, there are a range of disability support services to support people with disability to gain employment. However, tailored programs to support LGBTI people with disability seeking employment are essential.

The establishment of Employable Q program at the Alliance aimed to provide LGBTI organisations with a range of resources and tools to assist them in becoming more inclusive workplaces for LGBTI people with disability. With the challenges of time-limited program funding, small things can be achieved. Therefore, to continue the momentum of this vital work, Employable Q project is in need of funding to train organisations on the effective implementation of the toolkit resources to promote the hiring of LGBTI people with disability, for it to be evaluated and refined, and then expanded to mainstream organisations.

Furthermore, the Alliance sees enormous value in developing a second phase of the program to support LGBTI people with disability to write job applications, develop their interview skills, explore training opportunities for them, and empower them to be their authentic selves in the workplace in relation to their sexuality, gender and/or bodily diversity.

Recommendation: The Royal Commission consider future funding opportunities to expand and extend the Employable Q program to further promote accessible and culturally safe workplaces across sectors for LGBTI people with disability.

Recommendation: Investment in capacity building programs to train disability employment services in cultural sensitivity.

Conclusion

The Alliance would like to thank the Commission for its consideration of the above matters. LGBTI people with disability experience unique health issues and needs related to their employment. Applying an intersectional lens to LGBTI people with disability's experiences of discrimination and stigma is fundamental to designing and implementing specific programs aimed at improving their employment outcomes. Additionally, inclusive data collection practices that better captures LGBTI people with disability, will ensure improved monitoring of key employment indicators and thus better inform policy responses to deliver positive outcomes. We look forward to future opportunities to contribute to the Commission's vital work investigating the prevention and better protection of people with disability, including LGBTI people with disability, from experiencing violence, abuse, neglect, and exploitation.