



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

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13 September 2020

SUBMISSION: SUPPORT COORDINATION DISCUSSION PAPER

I make this submission in my capacity as the CEO of the National LGBTI Health Alliance, the 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 (LGBTI) people. We advocate for the health and wellbeing of LGBTI people, their families and communities.

This submission focuses on issues in the **Support Coordination Discussion Paper related to real or perceived conflicts of interest**, specifically proposals for providers of support coordination to be restricted from also providing any other funded supports in a participant's plan.

While protecting NDIS participants from providers' conflicts of interest is essential, enforced separation of interests in the current market could impact negatively on NDIS participants who identify as LGBTI, or who have a child or significant other who identifies as LGBTI.

There are insufficient specialist and community controlled LGBTI organisations currently providing NDIS services and participants could be forced to engage with mainstream organisations that lack understanding and experience of the needs of LGBTI people. For some LGBTI people who have experienced stigma and discrimination, mainstream organisations are not appropriate.

To address conflicts of interest while maintaining essential control and choice for LGBTI NDIS participants, the NDIA needs to ensure:

- **increasing the number and range of LGBTI community-controlled organisation providing NDIS supports, especially via building the capacity of LGBTI organisations to set up, fund and operate NDIS support coordination and support services**
- **increasing the capacity of mainstream organisations to provide LGBTI inclusive NDIS services, such as via an approach based on the Alliance's Silver Rainbow program, which educates service providers, policy makers and others about how to meet the needs of LGBTI elders.**

Impacts on LGBTI communities

The 2014 ABS General Social Survey reports 44,300 Australians over the age of 15 who were LGBTI and had disability. This is not a homogenous group and LGBTI PWD are part of all population groups, including those who are Aboriginal, from culturally and linguistically diverse backgrounds, from a religious faith community, and from regional or remote locations.

There is currently a lack of choice for most people with disability from LGBTI communities due to a lack of community controlled LGBTI organisations with resources to establish, fund and operate NDIS support coordination and support services.

Strict conflict of interest requirements would have a negative impact on some LGBTI NDIS participants by **reducing choice** in how they realise their NDIS plan goals. It will limit their capacity to choose organisations that have the culture and skills to best help them achieve their goals.



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The lack of appropriate choice is compounded where NDIS participants have **multiple intersections** such as also being Aboriginal and Torres Strait Islander, from a culturally and linguistically diverse background, being an asylum seeker or refugee, or from regional or remote locations.

NDIS participants need to have access to supports that not only cater for and specialise in the disability or diagnosis they live with. They need services, including support coordination, that **address the whole person** and understand key aspects of their identity without needing to disclose their sexuality, gender identity, HIV and/or intersex status to each service provider, without it needing to be repeatedly explained, and without a service provider needing to be educated.

Many LGBTI NDIS participants face a **challenge finding providers** that can manage their NDIS package without judgement and stigma. They are forced to engage with mainstream organisations where there is a lack of understanding of LGBTI communities, undeveloped options to help empower clients, and a lack of knowledge about where to find organisations that can help participants from LGBTI communities.

Some LGBTI NDIS participants have faced **stigma and discrimination from mainstream organisations**. Some have encountered well-meaning organisations who promote themselves as aware of the needs of LGBTI NDIS participants, but have limited understanding or approach them in a patronising manner that is disempowering and undermines the participant's ability to build their capacity and affirm their identity.

The **mental health** of NDIS participants can be affected by the removal of choice and the removal of options in a limited market. This is particularly true for the LGBTI community: poor mental health is a major issue for LGBTI NDIS clients and their NDIS plans are geared towards helping them to sustainably improve their mental health, building capacity and wellness over time.

LGBTI community organisations that provide **peer services** are better placed to attract and deploy the types of services that NDIS participants have said they wish to access and in the way they wish to access them, under their NDIS goals.

The **attached case study** provides a snapshot of the need for some LGBTI NDIS participants to access more than one service through the same LGBTI disability organisation if they are to maintain choice and control in meeting their NDIS goals.

Delivering choice for NDIS participants requires strengthening the market to provide an adequate number and range of LGBTI organisation available for people with disability. This will require the NDIA to actively build the capacity of LGBTI community organisations to set up, fund and operate NDIS support coordination and support services.

Delivering choice for NDIS participants also requires building the capacity of other organisations to integrate inclusive practices and understand the needs LGBTI people. An appropriate model is the Alliance's Silver Rainbow project (https://www.lgbtihealth.org.au/silver_rainbow) which educates service providers, policy makers, LGBTI people and the general community about how to meet the needs of LGBTI elders. A comparable program could help ensure more mainstream NDIS services



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and supports are inclusive of the diverse genders, bodies, sexualities and relationships of Australians with a disability.

In the current limited market, restricting LGBTI community providers of support coordination from providing other funded supports will restrict control and choice for many LGBTI NDIS participants.

Response to Questions

Question 17: In what circumstances is it more or less appropriate for a participant to receive multiple supports from a single provider?

- The participant decides to exercise choice and control over who should provide their services.
- The participant anticipates or has experienced discrimination based on their sexuality, gender identity, sex characteristics and/or HIV status from another provider.
- The services sought by the participant are difficult to access, especially due to a lack of specialised LGBTI providers that are community-based or understand intersectional community needs, especially if the LGBTI NDIS participant is based in remote, rural or region areas.
- Protocols ensure identification, disclosure and management of risks of conflicts of interest, and effective action is taken on breaches.

Question 18: Should the IAC recommendation for the NDIA to enforce an “independence requirement between intermediary and other funded supports at the participant level” be adopted?

- Enforced independence requires multiple accessible LGBTI providers and inclusive mainstream providers, which is not the situation experienced by many LGBTI NDIS participants.
- LGBTI community organisations need additional resourcing to establish, fund and operate NDIS support coordination and support services.

Question 19: What impacts would stricter conflict of interest requirements have on NDIS participants and the NDIS market?

- Limiting choice and control for LGBTI NDIS participants.
- Limiting access to organisations with relevant culture and skills, such as LGBTI community and peer organisations.
- Creating risks that LGBTI NDIS participants will face stigma and discrimination in mainstream organisations, including those already affected by minority stress or trauma associated with their sexuality, gender identity, sex characteristics and/or HIV status.

Yours sincerely

A handwritten signature in blue ink that reads 'Nicky Bath' followed by a stylized flourish.

Nicky Bath, Chief Executive Officer, **National LGBTI Health Alliance**

Case study:

NDIS participant requesting access to more than one service through the same LGBTI disability organisation

Charlie is in their 40s and lives alone in a private rental. Charlie lives with a psychosocial disability and has significant deficits accessing different recreational, educational and vocational activities positively and safely. Charlie identifies as LGBTI and has significant trauma associated with this identity, including multiple interactions with the law as a victim of crime. They have been physically, psychologically and verbally abused. Charlie has no familial or informal supports and is reliant on formal supports and services.

NDIS participation and access

Charlie entered the scheme to be supported to safely access recreation and employment activities, to find safe social groups and to receive therapy intervention to increase their ability to participate in the activities and experiences that align with their goals.

Service requirements

Charlie felt services were unable to accommodate or understand the complexities and innate needs of an LGBTI person with a disability. This resulted in Charlie seeking services only where they could work with a practitioner experienced in supporting people in the LGBTI community and identifying as LGBTI. This provided a space where they did not have to explain or educate about who they are. The Support Coordinator was able to seek out services and supports using an LGBTI lens and quickly assess whether a service or support would be 'safe'. This was vital given Charlie's past significant trauma.

How conflict of interest was managed, given the importance of choice and control

The Support Coordinator did not put forward their own service as the only option, but there are few other accessible LGBTI services and Charlie was determined to pursue the provider's other services when they were aware of the options. Charlie was advised of the intake process and the request remained open while Charlie explored starting a relationship with a support worker. Charlie remained adamant this was their chosen option. The service provided clear information on the billing of the plan.

Charlie chose one organisation to provide more than one service, given the organisation's LGBTI lens and the level of understanding provided by lived experience. Given the trauma and associated increased threat level experienced, one service that understood provided a level of safety that a mainstream service could not provide.