

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY
GROWTH REGION**

Organisation: ACON
Date Received: 1 May 2020

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Greg Donnelly, MLC
Chair, Portfolio Committee No 2 – Health
Parliament of NSW



Sent via email: PortfolioCommittee2@parliament.nsw.gov.au

Dear Mr Donnelly

Re: Submission to the Inquiry into Current and Future Provision of Health Services in the South-West Sydney Growth Region

ACON welcomes the opportunity to provide a submission to this Inquiry. This submission relates primarily to item (d) in the Terms of Reference: the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region.

1. ACON's expertise

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

ACON has nurtured partnerships and helped support the establishment of networks in Greater Western Sydney. Our partners are mainstream health and allied services providers, Western Sydney University and local LGBTQ community groups. Through these partnerships, ACON can offer valuable insights into the health and allied services needs of sexuality and gender diverse communities in South-West Sydney Growth Area.

ACON's partnership in South-West Sydney include:

- Capacity building and support for sexuality and gender diverse inclusion networks.
 - a. Inclusive Communities Network (Canterbury/Bankstown)
 - b. Fairfield Liverpool LGBTQ+ Inclusive Network
 - c. Macarthur Wingecarribee Diversity Network
- Research established in partnership with Western Sydney University for the Western Sydney LGBTQ Wellbeing and Inclusion Survey. Preliminary findings of this research are discussed in Section 3.
- Research and capacity building in collaboration between Western Sydney University, ACON and the LGBTQ Domestic and Family Violence Interagency, on family, community, and belonging for sexuality and gender diverse CALD people. Preliminary findings are reported in Section 6.
- LGBTQ Domestic and Family Violence Interagency.
 - a. The specific needs of sexuality and gender diverse people who experience violence are a priority for many services in South West Sydney who work with ACON, and who are members of the NSW LGBTQ Domestic and Family Violence Interagency.

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- b. The interagency is a partnership of government and non-government agencies working to develop, implement and evaluate strategies that address and prevent domestic and family violence experienced by people of diverse genders, sexes and/or sexualities.
 - c. The Interagency provides an educative and advisory role to key agencies and services on preventing and responding to domestic and family violence.
- ACON's Aboriginal Project team is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander people of diverse sexualities and genders. We have existing partnerships with Western Sydney University and several local Aboriginal LGBTQ groups. We are committed to broadening our services and strengthening our partnerships with community, service providers and government in the South West Sydney regions as the community needs grow in this region.

2. Sexuality and gender diverse communities in South-West Sydney

People of diverse sexualities and genders in South-West Sydney are also members of First Nations communities, culturally and linguistically diverse communities and/or multifaith communities. These intersections of identity, community belonging, faith and First Nations status can be overlooked or poorly understood within their cultural communities and from within sexuality and gender diverse communities.

Research shows that health services under-serve and marginalise people of diverse sexualities and genders,¹ and that multifaith and multicultural communities underutilise healthcare services.² LGBTQ people from multicultural, multifaith and Aboriginal communities face particular challenges.³ These include pressure to create culturally appropriate, heteronormative families;⁴ prejudice from white sexuality and gender diverse communities;⁵ homophobia from religious leaders;⁶ and an absence of Indigenous LGBTIQ, Sistergirl and Brotherboy voices and services about health, wellbeing and suicide prevention strategies.⁷

3. Preliminary data from the ACON Western Sydney LGBTQ Wellbeing and Inclusion Survey

Please note that these are preliminary findings based on data as at mid-April 2020, with a sample size of just under 300 respondents. We are still collecting data and have not undertaken any final or detailed analysis. This research includes participants from across the Western Sydney catchment, including South-West Sydney.

¹ Tinashe Dune et al, *Welcoming Social Awareness: Exploring the Impact of LGBTIQ-Affirming Health and Community Care on Older Gender and Sexuality Diverse Women's Wellbeing and Sense of Belonging* (Research Report, Western Sydney University, 2018) <<https://doi.org/10.26183/5bac292dc443f>>.

² Augustine Asante, Henrike Körner and Susan Kippax, *Understanding Late HIV Diagnosis among People from Culturally and Linguistically Diverse Background* (Monograph No 7/2009, National Centre In HIV Social Research, The University of New South Wales, 2009); Jessica R Botfield, Christy E Newman and Anthony B Zwi, 'Engaging Migrant and Refugee Young People with Sexual Health Care: Does Generation Matter More Than Culture?' (2018) 15(4) *Sexuality Research and Social Policy* 398.

³ Ruth P McNair, 'Multiple Identities and Their Intersections with Queer Health and Wellbeing' (2017) 38(4) *Journal of Intercultural Studies* 443; Maria Pallotta-Chiarolli, *Supporting Sex-Sex Attracted and Gender Diverse Young People of Multicultural and Multifaith Backgrounds* (Report, Victorian Department of Premier and Cabinet, December 2016).

⁴ Ghassan Kassisieh, *We're Family Too: The Effects of Homophobia in Arabic-Speaking Communities in New South Wales* (Report, ACON, July 2011).

⁵ Derek Ruez, "'I Never Felt Targeted as an Asian ... until I Went to a Gay Pub': Sexual Racism and the Aesthetic Geographies of the Bad Encounter' (2016) 49(4) *Environment and Planning A: Economy and Space* 893.

⁶ Ghassan Kassisieh (n 4).

⁷ Dameyon Bonson, *Voices from the Black Rainbow: Aboriginal and Torres Strait Islander LGBQTI Sistergirl and Brotherboys People in Health, Wellbeing and Suicide Prevention Strategies* (Black Rainbow, 2017).

3.1 Sexuality and gender diverse respondents experienced significantly greater levels of psychological distress than the general Australian population.

Our respondents reported significantly higher levels of psychological distress than the general Australian population. We asked the five K5 questions from the Australian Government Department of Health Primary Mental Health Care Minimum Data Set.⁸ We compared our data to the responses reported for non-Indigenous persons in Australia.⁹

Of our respondents, over half (55.3%) reported 'high' or 'very high' levels of psychological distress (37.4% 'very high' and 17.9% 'high'). This is in comparison to 13.5% of non-Indigenous persons reporting 'high' (8.0%) or 'very high' (5.5%) levels of psychological distress in the general population.

Preliminary analyses show that the K5 measure was significantly correlated with participants' reports of whether they felt included or safe in various locations around Western Sydney, including public parks, educational spaces and LGBTQ social venues.

3.2 Respondents experienced a lack of access to culturally appropriate services

Participants were asked if a lack of access to services caused them personal worry or stress. Participants responded to a list of service types. The most frequently cited area of stress and worry was associated with a lack of access to counselling or mental health services (62% of respondents). This was followed by employment opportunities, then low-cost housing.

3.3 Interactions with services and practitioners are more welcoming to cisgender sexuality diverse people than trans and gender diverse people

Respondents were asked about their experiences when accessing health, community and social services in the Western Sydney region. The first questions related to how welcoming these services were.

Services were perceived to be more welcoming to cisgender sexuality diverse people than for trans and gender diverse people. More people felt that it was true, to some degree, that services welcomed cisgender sexuality diverse people more so than they were unwelcoming. The opposite was true for trans and gender diverse respondents.

Participants were asked specifically about the inclusivity of access, intake and information forms. The preliminary findings indicate that these are usually not inclusive or welcoming of sexuality or gender diverse people. However, they were better at including people from diverse cultures.

The preliminary results show that services are often not knowledgeable about resources for LGBTQ people, including available services and referral pathways. These findings suggest services may be welcoming of LGBTQ people, but may not have the knowledge, tools, or appropriate processes to provide meaningfully inclusive services.

⁸ Australian Government, Department of Health, *Primary Mental Health Care Minimum Data Set: Scoring the Kessler-5* (Report, 1 September 2018) <<https://pmhc-mds.com/doc/pmhc-scoring-k5.pdf>>.

⁹ Joan Cunningham and Yin C Paradies, 'Socio-Demographic Factors and Psychological Distress in Indigenous and Non-Indigenous Australian Adults Aged 18-64 Years: Analysis of National Survey Data' (2012) 12(1) *BMC Public Health* 95.

Over 150 respondents offered commentary on how services could help them feel more included. Such as:

- *'Acceptance and understanding we are not freaks'*
- *'Openly display symbols of inclusivity such as rainbow flags or Welcome Here stickers, avoiding using heteronormative language or making heteronormative assumptions'*
- *'Don't assume that my wife is my mother'*
- *'I shouldn't have to explain to therapists and psychiatrists what trans is'*
- *'To not reinforce the false binary of you are either LGBTQ or from a cultural minority'*
- *'I don't use any of these services in Western Sydney - I always go into the CBD area for these services when possible'*
- *'Hire more queer employees'*

3.4 Indigenous, CALD, LGBTQ people living in Western Sydney are often misrecognised and under-served

The preliminary findings of this research suggest that the experiences of accessing healthcare for Indigenous and CALD sexuality and gender diverse people in Western Sydney requires a thorough examination and strengthening. One survey respondent recommended that health care services should 'not reinforce the false binary of you are either LGBTQ or from a cultural minority'.

Although it appears that service providers' intake forms are more inclusive of CALD communities, preliminary analysis of the focus group and survey data indicates that LGBTQ people from Indigenous and CALD communities are often misrecognised and under-served.

3.5 Trans and gender diverse people in Western Sydney unable to access affirming healthcare

Trans and gender diverse populations live, work and visit South-West Sydney, and, as demonstrated in the preliminary findings of this research, cannot typically expect to be affirmed by the health services they need to engage with.

The preliminary findings of this research are consistent with the established research literature, that trans and gender diverse people experience high levels of discrimination and stigma in healthcare settings, are not adequately recognised in data collection and avoid health services for fear of poor treatment.

The preliminary findings also confirm that across sexuality and gender diverse populations, it is people who are trans and/or gender diverse who experience a disparate burden of poorer mental health outcomes, as a direct result of transphobia, family violence and systemic discrimination.

4 Aboriginal and Torres Strait Islander Health

ACON and their dedicated Aboriginal Project Team acknowledge Aboriginal and Torres Strait Islander people of diverse sexualities and genders experience social inequalities leading to poorer health outcomes than their non-indigenous peers. To address these disparities, health services must be holistic, comprehensive and culturally safe. The delivery of mental, community and allied health services to Aboriginal and Torres Strait Islander people is a shared responsibility between Aboriginal Community Controlled Health Organisations and mainstream health services.

Aboriginal and Torres Strait Islander Peoples must be at the centre of decision-making affecting their health, and their communities. Effective engagement with communities on their goals and priorities for health is vital to the success of health services in the South-West Sydney.

5 Trans and Gender Diverse Communities of South-West Sydney

In 2019, ACON launched the landmark *Blueprint to Improve the Health and Wellbeing of the Trans & Gender Diverse (TGD) Community in NSW*, central to the development of this strategic document was consultation with TGD communities across NSW, including specific community meetings in South-West Sydney.

Across this growth area, community members spoke of the urgent need for local health services, including through primary care, to undergo TGD-specific cultural safety training. Trans people shared experiences of stigma and discrimination in local healthcare settings, including that many do not feel safe accessing services near home.

In March 2020, ACON launched TransHub, a ground-breaking digital information and resource platform for all TGD people in NSW, allies and health providers. TransHub is a key recommendation and ACON deliverable from the Blueprint and seeks to build capacity of health providers to better understand and respond to the gender affirming, and general health needs of TGD people.

6. Domestic and family violence

Research indicates that sexuality and gender diverse people are at least as likely as cisgender heterosexual women to experience intimate partner violence and are less likely to disclose their experience of violence or find support services that meet their specific needs¹⁰. Our communities also experience similar or higher rates of sexual assault and sexual harassment when compared to cisgender heterosexual women, and experience high rates of family violence.¹¹

An Australian sexual health study of 1,632 trans and gender diverse people found that more than 53.2% of the sample reported at least one experience of sexual violence.¹² Most respondents did not tell anyone, nor seek help, and most had faced more than one experience of sexual violence.

An Australian study of 895 gay, bisexual and queer men (trans and cis) found that of those who had experienced intimate partner violence, only 6% had disclosed to medical services.¹³

¹⁰ Australian Bureau of Statistics, *Personal Safety, Australia 2005*, (Catalogue No 4906.0, 21 August 2006); Autumn M Bermea, Brad van Eeden-Moorefield and Lyndal Khaw, 'A Systematic Review of Research on Intimate Partner Violence Among Bisexual Women' (2018) 18(4) *Journal of Bisexuality* 399; Inner City Legal Centre, *Outing Injustice: Understanding the Legal Needs of the Lesbian, Gay, Bisexual, Transgender and Intersex Communities in New South Wales* (Report, 2011); Georgina Ovenden et al, *Sorting It Out: Gay, Bisexual, Transgender, Intersex and Queer (GBTIQ) Men's Attitudes and Experiences of Intimate Partner Violence and Sexual Assault* (Report, Western Sydney University and ACON, 2019); Amy Roch, James Morton and Graham Ritchie, *Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse* (Report, Scottish Transgender Alliance, LGBT Youth Scotland and Equality Network, August 2010).

¹¹ Denton Callander et al, *The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings* (Report, The Kirby Institute, UNSW Australia, 2019); Elizabeth Smith et al, *From Blues to Rainbows: The Mental Health and Wellbeing of Gender Diverse and Transgender Young People in Australia* (Report, Australian Research Centre in Sex, Health and Society, La Trobe University, September 2014); Alysondra Duke and M Meghan Davidson, 'Same-Sex Intimate Partner Violence: Lesbian, Gay, and Bisexual Affirmative Outreach and Advocacy' (2009) 18(8) *Journal of Aggression, Maltreatment & Trauma* 795; Lori B Girshick, 'No Sugar, No Spice: Reflections on Research on Woman-to-Woman Sexual Violence' (2002) 8(12) *Violence Against Women* 1500.

¹² Denton Callander et al (n 11).

¹³ Georgina Ovenden et al (n 10).

Research also shows that sexuality and gender diverse CALD people can experience family violence when disclosing their sexuality or gender including harassment, physical violence, family exile, forced marriage and conversion therapy. This family violence is often framed by family and community notions of honour.¹⁴

Asquith, et al, surveyed 55 sexuality and gender diverse people from CALD communities from Greater Western Sydney and found that 45% of participants reported that they had experienced family violence as a result of their sexuality and/or gender. In addition, 24% of participants indicated that they are currently or have been previously afraid of family members or fearful of their safety.¹⁵

While the small number of participants in this study mean that we cannot assume that these statistics are representative, this suggests that family violence is likely to be a significant concern for sexuality and gender diverse people in South West Sydney.

Sexual, intimate partner and family violence have serious impacts on physical, psychological and sexual health, and these affects are cumulative.¹⁶

Access to both specialist sexuality and gender diverse health services, and responsive, knowledgeable and safe mainstream health services and the police is important for sexuality and gender diverse people who have experienced sexual, domestic and family violence.

7. Alcohol and other drugs use among sexuality and gender diverse communities

The National Drug Strategy Household Survey 2016 reports that lesbian, gay and bisexual people (trans and cis) use higher rates of illicit substances compared to the general population.¹⁷ These findings are consistent with other cohort studies and population-based surveys among our communities.¹⁸

An Australian mental health study of 946 trans and gender diverse people found that respondents were twice as likely to have used an illicit drug than the general population in the last 12 months.¹⁹

Trans men and non-binary people presumed female at birth were more likely than trans women and non-binary people presumed male at birth to use cannabis, ecstasy, and methamphetamine. Trans men were also more likely to use cocaine than any other group, suggesting these men may be at greatest risk of drug-related harm.

However, these data may not capture the alcohol and other drug (AOD) use experiences of sexuality and gender diverse people living in South-West Sydney Growth Region. AOD services in this region will need to

¹⁴ Nicole L Asquith et al, 'Home Is Where Our Story Begins: CALD LGBTIQ+ People's Relationships to Family' (2019) 31(3) *Current Issues in Criminal Justice* 311.

¹⁵ Ibid.

¹⁶ NSW Ministry of Health, *The Case for Change: Integrated Prevention and Response to Violence, Abuse and Neglect in NSW Health* (Report, January 2019).

¹⁷ Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2016* (Report, 2017).

¹⁸ Timothy Broady et al, *Gay Community Periodic Survey: Sydney 2019* (Report, Centre for Social Research in Health, UNSW, 2019); Shawn Clackett et al, *Flux: Following Lives Undergoing Change 2014-2017 Surveillance Report* (Report, The Kirby Institute, UNSW Australia, 2018); Denton Callander et al, *The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings* (Report, The Kirby Institute, UNSW Australia, 2019); Julie Moonie-Somers et al, *Women in Contact with the Sydney LGBTQ Communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2014, 2016, 2018* (Report, The University of Sydney and ACON, 2018).

¹⁹ Zoë Hyde et al, *The First Australian National Trans Mental Health Study: Summary of Results* (Report, Curtin University, 2014).

be informed through better data collection on sexuality and gender, and through research that looks at the specific AOD needs of this population.

8. Implications and Recommendations

Outside of suburbs with high proportions of sexuality and gender diverse residents, access to healthcare that is appropriate, supportive and relevant becomes more difficult to find, but also in many cases more important. It is imperative that planning for healthcare takes into account the needs of the communities ACON works with and for.

ACON would recommend the following considerations in developing and planning healthcare services in the South West Sydney Region:

- That continued resources be placed on developing a solid evidence base on the health and wellbeing needs of sexuality and gender diverse populations, and that evidence be used in program and service development.
- That meaningful partnerships are developed with organisations who have a demonstrated record of excellence in providing health services and information for sexuality and gender diverse communities, and that these partnerships inform service and program delivery.
- That, where possible, services for drug and alcohol issues are provided by organisations that understand the unique needs of our communities and the complex relationships between sexuality, gender identity and alcohol and other drug use.
- That any health planning for South West Sydney recognise the complex relationships between sexuality, gender identity and other characteristics of an individual that can lead to intersectional health issues. Services must be able to see people as individuals, and address issues in a holistic way, with health promotion principles underpinning responses to mental health and wellbeing.

Again, we thank you for the opportunity to share our expertise and experience on this issue. If you have any questions about the submission, or wish to speak further on the issues raised, please feel free to contact Nicolas Parkhill on [redacted] or via [redacted].

Kind Regards

Nicolas Parkhill
Chief Executive Officer