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SUBMISSION: INCLUSIVE COMMUNITIES FUND

About this submission

Inclusive Rainbow Voices (IRV) is Australia's national Disabled People's Organisation (DPO) led by and for LGBTIQA+ people with disability. DPOs are organisations led, directed and governed by people with disability, consistent with the approach to representative organisations of people with disability under the Convention on the Rights of Persons with Disabilities. This submission is prepared with support from LGBTIQ+ Health Australia (LHA).

IRV is submitting to multiple consultations within the current NDIS reform program. This opening statement sets out our starting position, the evidence informing it, and the changes we consider essential across the whole reform program. It is common to each of our submissions and is followed by our response to the specific issues raised in the Inclusive Communities Fund consultation.

Being LGBTIQA+ is not a luxury

LGBTIQA+ people with disability are too often told, in effect, that being LGBTIQA+ is an optional extra, something to be addressed only once every other need has been met.

IRV rejects that framing. Being LGBTIQA+ is core to a person's sense of self. The ability to express, explore and live safely as an LGBTIQA+ person is not an add-on to disability support. It is part of what health, wellbeing, safety, choice and control must mean under the NDIS.

LGBTIQA+ people with disability do not experience disability separately from sexual orientation, gender, sex characteristics, relationships, family, culture or other parts of their lives. Barriers arise when systems, services and community spaces fail to recognise and respond to these intersecting experiences and the forms of marginalisation they can produce. An intersectional approach is therefore essential to understanding whether services, supports and community spaces are genuinely accessible, safe and inclusive.

For some people, being able to participate safely may depend on whether a service recognises a partner or chosen family, respects their gender, provides privacy, facilitates opportunities for them to express who they are, understands their body, or creates an environment in which they do not have to hide who they are. A service or activity being technically available does not mean it is accessible, culturally safe, affirming or appropriate.

For some LGBTIQA+ people with disability, family of origin will be an important source of support. For others, those relationships may be rejecting, unsafe or unavailable. NDIS policy and service design must not assume that family relationships are safe or that family members are able to provide support. Carers may themselves be people with disability, and their capacity to provide support cannot simply be assumed to be unlimited.

We ask the Department to treat this as a starting principle for this reform program, not a caveat to it.

The evidence

National data indicate that LGBTIQA+ people are over-represented among people with disability. The ABS Survey of Disability, Ageing and Carers 2022 found that 4.9% of people with disability were LGB+, compared with 3.6% of the general population aged 16 years and over. The age breakdown is particularly significant. Among people with disability, 18.5% of those aged 15–34 reported being gay or lesbian, bisexual or using a different term, compared with 6.3% of those aged 35–54, 2.9% of those aged 55–64 and 0.8% of those aged 65 and over. While these differences between ages need to be understood in the context of generational differences in identification and disclosure, they demonstrate the importance of ensuring that disability services and supports are equipped to include LGBTIQA+ people across generations and into the future. LGB+ people with disability also reported disability-related discrimination at more than three times the rate of heterosexual people with disability, 27.7% compared with 8.7%.

Research commissioned by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability provides further evidence of significant inequities. Hill et al. found that 90.9% of LGBTQA+ young people with disability reported high or very high psychological distress, 15.0% had attempted suicide in the previous 12 months, and rates of family and intimate partner violence among LGBTQA+ adults with disability reached as high as 81%.

Importantly for these reforms, the research also identified barriers within services themselves. Only 21.5% of LGBTQA+ young people with disability felt being LGBTIQA+ was supported by the NDIS or disability services, while only 34.5% of LGBTQA+ adults with disability felt accepted when accessing a health or support service.

This is not a marginal issue. It is core disability policy.

The Disability Royal Commission recognised that realising the rights of people with disability requires more than access to disability-specific services. People with disability have the right to participate fully in community life, to exercise autonomy and choice, and to be involved in decisions that affect them.

The NDIA itself recognised the importance of intersectionality in its 2020 LGBTIQA+ Strategy, Our bodies, our genders and our relationships. The Strategy committed to cultural safety, respect for people's bodies, genders and relationships, improved engagement, increased representation and

participation, and improved data collection and evaluation. It remains unclear how much of this has been achieved, as the Strategy's implementation has not been evaluated.

The NDIA subsequently undertook further consultation towards a renewed LGBTIQA+ Strategy, including a national summit in 2024. That renewed Strategy has still not been released. At a time of substantial reform to the NDIS, it is particularly important that the commitments made through that process are not lost.

The current reforms also need to align with the Australian Government's National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035. The National Action Plan provides a whole-of-government framework for addressing health and wellbeing inequities experienced by LGBTIQA+ people, including through accessible and inclusive care, workforce capability, improved research and data, and stronger leadership and accountability. These commitments are directly relevant to LGBTIQA+ people with disability and need to be reflected across the design and implementation of NDIS reforms.

What we are asking for across every consultation in this reform program

Before addressing the specific issues raised in this consultation, IRV asks the Department to adopt seven commitments across the NDIS reform program.

1. Build an explicit assessment of impacts on LGBTIQA+ people with disability into the design of every consultation and policy in this reform program as standard practice, rather than relying on DPOs and advocacy organisations to identify these impacts after proposals have been developed.
2. Establish and properly resource an ongoing LGBTIQA+ disability advisory mechanism, led by LGBTIQA+ people with disability, with authority to contribute across NDIS reform workstreams and to hold government accountable for implementation.
3. Provide dedicated Disability Representative Organisation funding to adequately resource IRV and other LGBTIQA+ DPOs to participate meaningfully in NDIS policy development, co-design, implementation and evaluation. Specialist DPOs cannot be expected to contribute lived-experience knowledge and expertise across multiple simultaneous consultations without adequate funding.
4. Publicly report on implementation of the NDIA's 2020 LGBTIQA+ Strategy and urgently finalise, release and implement the renewed LGBTIQA+ Strategy developed following consultation with LGBTIQA+ people with disability, with clear actions, responsibilities, timeframes and public accountability.
5. Mandate consistent, safe and voluntary collection of sex, gender, variations of sex characteristics and sexual orientation data across relevant NDIA systems and reform monitoring, aligned with the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020, while enabling people to self-describe where standard response options do not adequately reflect them and recognising that data collection practices will need to evolve as national standards and evidence develop. The NDIA must be transparent about why information is collected, how it will be used, who it may be disclosed to and when it

will not be disclosed. People must retain control over disclosure where sharing information could place their privacy or safety at risk. These data must never be used as a gatekeeping or eligibility mechanism.

6. Fund LGBTIQA+ and disability-led participatory research to address significant evidence gaps, particularly for trans and gender diverse people and people with innate variations of sex characteristics with disability.
7. Embed LGBTIQA+ cultural safety and workforce capability across the NDIS and associated services, including through training developed and delivered with LGBTIQA+ people with disability and their representative DPOs. This must extend beyond awareness training to organisational practice, safeguards and accountability, including recognition that suppressing or preventing a participant's expression of being LGBTIQA+ can compromise autonomy, dignity, safety and wellbeing.

These commitments also support implementation of the *National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035* and provide an opportunity to strengthen coherence between national disability and LGBTIQA+ health policy.

The Inclusive Communities Fund

IRV welcomes the intention of the Inclusive Communities Fund to increase opportunities for people with disability to participate in social, recreational, arts, sporting, cultural and other community activities.

We particularly welcome the recognition that inclusion needs to mean relationships, belonging and meaningful participation rather than simply attendance; that attitudinal as well as other accessibility barriers need to be addressed; that community building works best when it is locally responsive; and that disability-led organisations have expertise that community organisations need.

The Fund also needs to avoid recreating segregated approaches in which people with disability are provided with separate activities rather than supported to participate in community life on an equal basis. At the same time, improving access to mainstream community activities must not come at the expense of disability-led spaces, peer networks or LGBTIQA+ disability-specific activities that people value. Genuine inclusion means having choice about where and how to participate, including opportunities to connect with people who share similar experiences.

However, the Fund will only achieve these aims if people with disability and DPOs are positioned as leaders in its design and implementation, rather than principally as sources of advice to organisations receiving funding.

This distinction is fundamental. The Fund must invest in disability-led capacity as well as mainstream organisational capacity.

Inclusion requires more than access

The Fund needs to adopt a broad understanding of inclusion. An accessible venue is not necessarily an inclusive venue. Nor does providing an accessible activity necessarily create belonging.

For LGBTIQA+ people with disability, barriers can arise from ableism, homophobia, biphobia, transphobia, discrimination against people with innate variations of sex characteristics, racism, ageism, as well as ableism and other forms of exclusion, often operating simultaneously and intersecting to produce unique forms of marginalisation

An activity can therefore be disability-accessible while remaining unsafe or exclusionary for an LGBTIQA+ person with disability. Conversely, an LGBTIQA+ organisation may be affirming in relation to sexual orientation, gender and sex characteristics while its venue, communications, activities or organisational practices remain inaccessible to people with disability.

The Fund provides an opportunity to address these barriers together rather than treating different dimensions of inclusion as separate.

IRV notes that the indicative list of eligible organisations includes sports and recreation organisations, arts and cultural organisations, multicultural organisations, First Nations community organisations, not-for-profit and volunteering groups and local councils, but does not specifically identify LGBTIQA+ community-controlled organisations.

LGBTIQA+ community-controlled organisations need to be explicitly included. They are important sites of connection, belonging, culture, peer support, volunteering and participation for LGBTIQA+ people. Improving their accessibility to people with disability is directly consistent with the purpose of the Fund.

This is also consistent with the National Action Plan's emphasis on accessible and inclusive services and the role of LGBTIQA+ community-controlled organisations in addressing health and wellbeing inequities.

DPOs need to be funded to lead this work

The consultation paper proposes partnerships between community organisations and disability-led organisations as a way of building skills and knowledge. IRV supports this approach, but the funding model needs to recognise what these partnerships require in practice.

DPOs cannot simply be expected to provide their knowledge and expertise to funded organisations without being resourced for it.

The expertise involved is substantial. It can include reviewing policies and procedures; assessing physical, communication, sensory and cultural accessibility; advising on program design; working with staff and volunteers; developing accessibility plans; supporting implementation; engaging people with disability; and reviewing whether changes are actually working.

This is skilled work built on lived experience expertise, and needs to be recognised and funded accordingly.

LGBTIQA+ DPOs need to be expressly eligible to receive funding as lead organisations in their own right, not merely as advisers or partners to mainstream organisations. They also need to be eligible as funded partners in projects led by other organisations.

Grant assessment criteria need to distinguish genuine, adequately resourced partnership from consultation added to a proposal after its fundamental design has already been determined. The latter is unlikely to easily become fully accessible. Funding agreements need to identify the resources flowing to DPO partners rather than assuming their contribution will be absorbed within existing resources.

The limited number and capacity of specialist LGBTIQA+ DPOs is itself relevant. The Fund can help build this capacity rather than creating additional unpaid demands upon it.

Fund disability-led accessibility work

IRV supports the proposed funding of training, expert advice, accessibility improvements and organisational change. However, training alone will rarely make an organisation or activity genuinely accessible.

The Fund needs to support ongoing disability-led accessibility structures within participating organisations. These could include accessibility working groups or advisory groups, accessibility coordinators, disability-led accessibility planning and review, and people with disability coordinating volunteers or other practical accessibility arrangements.

People with disability participating in these roles need to be paid for their expertise.

This is particularly important for events and activities. Accessibility often depends not simply on what an organisation knows, but on people being available to make accessibility work in practice. An event may need people to assist participants to navigate a site, coordinate accessible facilities, respond to unexpected barriers, provide information in accessible formats or ensure agreed accessibility arrangements actually occur.

The Fund is not expected to pay for direct service delivery because its investment is intended to produce lasting organisational change. IRV understands this objective but cautions against defining service delivery so broadly that practical accessibility work is excluded.

A Fund intended to increase community participation cannot exclude the work that actually enables people with disability to participate.

Nor can accessibility be reduced to reasonable adjustments that an organisation is already legally required to provide. The Fund's value lies in enabling organisations to move beyond minimum compliance and redesign their activities, systems and cultures so that people with disability are included from the outset.

Intersectionality needs to be built into funding decisions

The consultation asks how the Fund can work for all people with disability, including LGBTIQA+ people, First Nations people, people from culturally and linguistically diverse backgrounds, younger and older people, people with low incomes and people in regional, rural and remote areas.

These are not discrete populations. People live at their intersections, and barriers can be compounded when policies, services and programs respond to only one dimension of a person's experience..

Applicants need to demonstrate how their proposed activities will reach and include people with disability who experience intersecting forms of marginalisation. This is vital even where the proposed activity is not specifically designed for LGBTIQA+ people and/or people with disability. For example, an LGBTIQA+ person with disability should be able to access a soccer club or a dance class safely and without difficulty, even if they're not specifically for LGBTIQA+ people or people with disability.

For projects seeking to improve the inclusion of LGBTIQA+ people with disability, this means drawing on both disability and LGBTIQA+ expertise. Reciprocal partnerships between DPOs and LGBTIQA+ community-controlled organisations could be particularly valuable.

DPOs can support LGBTIQA+ organisations to improve disability accessibility, while LGBTIQA+ community-controlled organisations can support disability organisations to become safer and more affirming in relation to sexual orientation, gender and sex characteristics.

The Fund needs to resource both forms of expertise. Partnerships cannot be meaningful if smaller DPOs and community-controlled organisations are expected to contribute expertise without adequate funding.

Particular attention is required in regional, rural and remote Australia. Intersectionality has a geographic dimension. In metropolitan areas, LGBTIQA+ people with disability may have access to LGBTIQA+ venues, events, peer networks and community-controlled organisations. In many regional, rural and remote areas, those opportunities may be limited or absent altogether. People can therefore experience the combined effects of disability-related exclusion, LGBTIQA+ stigma and geographic isolation, with fewer alternative services, activities or community spaces available if a local option is inaccessible or unsafe.

The absence of LGBTIQA+ infrastructure in many regional, rural and remote areas means that equal funding does not necessarily produce equitable access. The Fund needs to make additional effort, and provide sufficient flexibility and resources, to ensure people living outside metropolitan areas have genuinely comparable opportunities for participation, belonging and connection. This may require place-based approaches, outreach, support for smaller local organisations, partnerships with state and national DPOs and LGBTIQA+ community-controlled organisations, and funding models that recognise higher costs and different models of delivery across large geographic areas.

What activities need to be funded

The Fund needs sufficient flexibility to support the different components of sustainable inclusion rather than prescribing a narrow menu of allowable activities.

Useful investments could include disability-led accessibility audits and plans, accessibility working and advisory groups, organisational policy and practice reform, workforce and volunteer development, accessible communications, accessible equipment and infrastructure, partnership development and practical systems for making activities accessible.

They could also include work to improve the accessibility of LGBTIQA+ venues, events, information and resources; peer and social connection; and initiatives addressing the combined effects of ableism, homophobia, biphobia, transphobia and discrimination against people with innate variations of sex characteristics.

Funding also needs to recognise that accessibility can involve costs associated with participation itself. The consultation paper acknowledges examples such as Auslan interpreters and accessible transport.

There will inevitably be boundaries between the Fund, NDIS supports, other government programs and organisations' existing legal obligations. Those boundaries need to be clear, but they must not leave people with disability caught between systems, with each system assuming another will meet the cost.

The Fund must complement, rather than replace, NDIS-funded social and community participation supports. Making a mainstream activity more accessible does not remove a person's need for the disability supports required to participate in it.

The Fund also needs flexibility to support smaller organisations. Application and reporting requirements need to be proportionate so that DPOs and small community-controlled organisations are not disadvantaged against larger organisations with dedicated grant-writing and administrative capacity.

The role of local government

Local governments can play an important enabling role in the Fund. Their local knowledge, facilities, relationships and connections with community organisations can help identify opportunities and bring organisations together.

Councils could maintain networks and referral pathways connecting community organisations with local DPOs and other sources of specialist expertise. They could also support shared accessibility resources that would be difficult or inefficient for individual community organisations to purchase.

For example, councils or regional partnerships could establish libraries of accessibility equipment available to community organisations, including more expensive items that may only be required periodically.

There is also scope for councils to support directories of accessible venues, accessible community activities, interpreters and other accessibility resources and to facilitate partnerships between organisations.

In regional, rural and remote areas, councils may have a particularly important convening role where there are fewer DPOs and specialist organisations locally. This makes connections with state and national DPOs and LGBTIQA+ community-controlled organisations particularly important.

However, IRV does not support local government becoming the default intermediary through which Fund resources are distributed. Funding needs to reach organisations undertaking the work, including DPOs and other community-controlled organisations. Councils can enable and connect this work without displacing DPOs from leadership.

Lasting inclusion still has ongoing costs

IRV supports the Fund's emphasis on creating lasting change. Good capacity-building investment can produce benefits that continue well beyond the life of a grant. Policies can change. Staff capability can improve. Buildings and equipment can become more accessible. Partnerships can endure. Organisations can learn to incorporate accessibility into their ordinary planning and governance.

But sustainable inclusion does not mean cost-free inclusion.

Some accessibility costs are recurrent. Interpreting, accessible transport, accessible communications, accessibility coordination and other participation supports may continue to be required for as long as people with disability participate.

Three years of capacity building cannot remove those costs.

The Fund therefore needs to distinguish between investments that can reasonably become embedded in ordinary organisational practice and accessibility costs that will continue after the initial investment period.

This is particularly important given the broader changes occurring to the NDIS. The Fund cannot be treated as a substitute for disability supports that people require to participate in community life. Nor can the availability of a more inclusive mainstream activity compensate for the loss of the individual supports a person requires to access it.

The Government also needs to consider what happens when the three-year Fund ends. Evaluation of the Fund needs to identify continuing unmet accessibility costs and inform decisions about what ongoing investment is required.

A three-year funding period followed by withdrawal of support will not, by itself, create inclusive communities.

Data, evaluation and accountability

Evaluation needs to measure who actually benefits from the Fund, not simply how many organisations receive grants, how many people attend activities or how many staff complete training.

The Government needs to be able to determine whether LGBTIQA+ people with disability, including people experiencing multiple forms of marginalisation, are participating and experiencing greater belonging, safety, choice and control.

Funded projects need appropriate mechanisms for people with disability to provide feedback throughout implementation, with evidence that organisations respond to that feedback. Funding agreements also need clear mechanisms for responding where evaluation identifies significant accessibility barriers, inequitable outcomes or failure to implement agreed inclusion measures. Funded organisations need to demonstrate how identified deficiencies will be rectified, rather than evaluation functioning only as a reporting exercise.

Where demographic data are collected, relevant variables relating to sex, gender, variations of sex characteristics and sexual orientation need to align with the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020, while enabling people to self-describe where standard response options do not adequately reflect them. Data collection practices need to evolve as national standards and evidence develop, and data collection must be voluntary, safe and proportionate to the purpose for which the information is required.

This requires more than adding demographic questions. Participants need clear information about why data are being collected, how they will be used, who will have access to them and whether information may be shared with other organisations or service providers. Information about sexual orientation, gender or sex characteristics must not be disclosed unnecessarily, particularly where disclosure could expose a person to discrimination or compromise their safety.

The NDIA itself needs to demonstrate leadership by bringing its own demographic data collection into alignment with the 2020 Standard and ensuring its systems can appropriately reflect the diversity of LGBTIQA+ people with disability.

Evaluation also needs to examine the quality of partnerships with DPOs, including whether people with disability exercised meaningful influence over project design and implementation and whether DPOs and people with disability were appropriately remunerated for their expertise.

Evaluation needs to be intersectional and capable of identifying differences in reach and outcomes for people in regional, rural and remote areas and for people experiencing multiple forms of marginalisation.

Evaluation also needs to examine the interaction between the Inclusive Communities Fund and broader NDIS reforms. The Government needs to monitor whether changes to individual social and community participation supports affect people's capacity to access and benefit from activities made more inclusive through the Fund, including impacts on participation, isolation, reliance on informal supports and unmet support needs.

Recommendations

The recommendations below apply the broader IRV NDIS reform positions to the specific design of the Inclusive Communities Fund. They are not intended as a separate set of standing positions.

1. The Inclusive Communities Fund explicitly recognise LGBTIQA+ community-controlled organisations as eligible community organisations and LGBTIQA+ DPOs as eligible lead applicants in their own right, as well as funded partners in projects led by other organisations.
2. The Fund require meaningful disability-led design, implementation and evaluation of funded projects, with DPOs and people with disability adequately remunerated for their expertise and participation, and with funding agreements explicitly resourcing DPO contributions.
3. The Fund embed intersectionality in funding criteria and require applicants to demonstrate how their projects will include people with disability experiencing intersecting forms of marginalisation, including LGBTIQA+ people with disability and people living in regional, rural and remote areas.
4. The Fund support disability-led accessibility structures and activities, including accessibility working and advisory groups, accessibility coordinators, accessibility planning and review, accessible communications, equipment and infrastructure, and practical coordination that enables people with disability to participate.
5. The Fund support reciprocal, adequately resourced partnerships that enable DPOs to become LGBTIQA+-affirming and LGBTIQA+ organisations to become disability-accessible, recognising the distinct expertise of DPOs and LGBTIQA+ community-controlled organisations.
6. Fund guidelines recognise the full range of costs required to achieve accessibility and meaningful participation, while making clear that the Fund complements rather than replaces NDIS-funded social and community participation supports, and ensure boundaries between the Fund, the NDIS and other programs do not leave necessary accessibility supports unfunded.
7. Local governments be supported to facilitate local partnerships, referral pathways and shared accessibility infrastructure and resources, including connections to specialist expertise where it is not available locally, without becoming the default funding intermediary or displacing DPOs and community-controlled organisations from leadership.
8. The Government recognise that some accessibility costs are recurrent and use evaluation of the three-year Fund to identify continuing unmet accessibility needs and the ongoing investment required to sustain meaningful community inclusion beyond 2028–29.
9. Monitoring and evaluation measure equitable participation, belonging, safety, choice and control for diverse people with disability, including LGBTIQA+ people with disability, and examine the interaction between the Fund and changes to individual NDIS social and community participation supports, with relevant demographic data collected consistently with the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020, while enabling people to self-describe where standard response options do not adequately reflect them, recognising that data collection practices need to evolve as national standards and evidence develop, and supported by clear privacy, consent, use and disclosure safeguards.

Conclusion

The Inclusive Communities Fund has the potential to make an important contribution to a more inclusive Australia. Its success will depend on whether it understands inclusion as more than access and people with disability as more than participants in activities designed by others.

The Fund needs to invest in the leadership and expertise of people with disability. It needs to resource DPOs rather than rely on their unpaid contribution. It needs to recognise intersectionality, support practical accessibility as well as organisational change, and acknowledge that some of the costs of inclusion do not disappear when a grant ends.

It also needs to sit coherently within the broader reform environment. The Fund cannot compensate for reductions in the supports people with disability need to participate in community life. Its purpose is different: to change communities and organisations so that people with disability encounter fewer barriers when they participate. Both sides of that equation matter.

For LGBTIQA+ people with disability, the objective is not simply access to more mainstream activities. It is the ability to participate in community life safely, openly and as themselves.

The Fund provides an opportunity to give practical effect to commitments already made through the NDIA's LGBTIQA+ Strategy and the Australian Government's National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035. It can also demonstrate a broader principle that needs to guide the NDIS reform program: people with disability and their DPOs are not merely stakeholders to be consulted about inclusion. They are leaders and experts who need to be resourced to design it.

IRV welcomes the opportunity to work with the Department on the design and implementation of the Inclusive Communities Fund, with LHA providing policy and research support.

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