



2024-25 Victorian pre-budget submission

LGBTIQ+ services controlled by the community

28 November 2023

Thorne Harbour Health

For 40 years, Thorne Harbour Health has been one of Australia's largest community-controlled health service providers for people living with HIV, and the lesbian, gay, bisexual, trans and gender diverse, intersex and queer communities (LGBTIQ+) communities. Thorne Harbour Health primarily services Victoria and South Australia, but also leads national projects. Thorne Harbour Health works to protect and promote the health and human rights of LGBTIQ+ people and all people living with, and affected by, HIV.

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The Equality State

Victoria, under the Allan and Andrews Governments, has become a fairer and more equitable society. Legislative change and investment in necessary services has seen LGBTIQ+ people feeling more comfortable to come out and be counted. Conversion practices have been outlawed, transgender Victorians can have their birth certificates changed and child safety standards protect young LGBTIQ+ people from harm. Apologies have been made for historic persecution, a record number of LGBTIQ+ people sit openly in the Victorian Parliament and for the first time ever a 10-year plan to make improve the lives of LGBTIQ+ Victorians has been released with *Pride in our future: Victoria's LGBTIQ+ strategy 2022-32*.

This openness has also meant the full extent of issues faced by LGBTIQ+ Victorians can finally be uncovered, with Deloitte calculating the cost to the state of high prevalence mental health issues in Victoria amongst LGBTIQ+ people being up to \$26 billion in any given year. The Equality Agenda, whilst incredibly welcome and supported, has also resulted in increasingly divisive public commentary and debate about the lives and lifestyles of LGBTIQ+ Victorians and this has taken a toll on the communities we serve.

Whilst services have been commissioned in some areas, processes for commissioning have failed to consider cultural expertise, appropriateness or community connection. Community representation has been overlooked in favour of individual opinions and the needs of LGBTIQ+ Victorians continue to be overlooked during the development of whole of government/community policy and reforms.

The importance of community control

LGBTIQ+ people constitute up to 10 per cent of the population – over 600,000 Victorians – yet targeted investment in their health and wellbeing is not proportionate, nor are services evenly distributed. The majority of LGBTIQ+ services are located in inner-Melbourne, creating access barriers to people in outer-urban, regional and rural areas. Mainstream services, even when inclusive, often do not understand the specific needs of LGBTIQ+ people.

The *Well Proud* (Government of Victoria, 2009) guide, and other research, identifies actual or perceived discrimination, and lack of specific knowledge, as being reasons for avoiding or delaying seeking of healthcare. This fear is poignant for many LGBTIQ+ community members, particularly regarding faith-based services. Historic discriminatory practices, and ongoing association with religious institutions that campaign against LGBTIQ+ rights, create real barriers to accessing services. Faith based services, which dominate certain sectors, whilst purporting to provide inclusive services continue to alienate LGBTIQ+ people with inconsistent messaging and refusals to consider the long term harm their “hate the sin, not the sinner” philosophy has done to LGBTIQ+ people.

The funding of HIV and LGBTIQ+ services that are community-controlled are fundamental to providing clinical and therapeutic care that is culturally safe, contextually knowledgeable, and trusted by community.

LGBTIQ+ community-controlled organisations:

- Are embedded within, and connected to the communities they serve, providing agile responses to emerging needs.
- Are staffed by community, with lived experience and contextual understanding, that are trusted and affirming.
- Provide services that are culturally safe, trauma-informed, sex-positive and gender-affirming.
- Have governance structures to ensure community control and accountability.

Victoria has strong, albeit small, LGBTIQ+ and HIV community-controlled sectors. These sectors have national peak bodies and decades of expertise and knowledge. The organisations have large memberships that inform their work and to whom they are accountable. The Victorian HIV response has been led by the HIV community-controlled sector, with Thorne Harbour Health (formerly the Victorian AIDS Council) delivering the majority of the Victorian gay community HIV prevention messaging over four decades and more recently leading the MPox community response.

Improving diversity and inclusion within mainstream organisations will always be important. However, there will always be parts of our communities that will only attend LGBTIQ+-specific services. Moreover, findings from the *Private Lives 3* research shows that LGBTIQ+ people feel most respected at services catering solely to their community, and that it is extremely important to them to access services known to be LGBTIQ+ inclusive.

Recommendations

The following document outlines a series of recommendations that Thorne Harbour Health believes will help the Allan Government deliver on its promise of Victoria being the Equality State. The recommendations address key gaps in needs of LGBTIQ+ Victorians and people living with HIV. Each recommendation supports the state's delivery of *Pride in our future: Victoria's LGBTIQ+ strategy 2022-32*, *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30* and *the Victorian HIV Plan: 2022-2030*.

Abbreviations and Acronyms

HIV Human Immunodeficiency Virus

PLHIV People Living with HIV

TGD Trans and Gender Diverse

TGV TransGender Victoria

THH Thorne Harbour Health

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Mental Health

LGBTIQ+-specific Mental Health and Wellbeing Services
Recommendation: Commit to six LGBTIQ+-specific Mental Health and Wellbeing Services, including at least one funded in the next financial year, using funding allocated to the 50-60 Adult and Older Adult Mental Health and Wellbeing Locals.
Cost: \$10,121,000 in FY24/25; \$45,981,000 overall for six services. See: <i>Proposal: Establish LGBTIQ+ Community-Controlled Mental Health & Wellbeing Services and a Network of Excellence</i> , prepared by Thorne Harbour Health and Mind Australia for a full breakdown of costs over six sites.

Thorne Harbour Health developed a business case with Mind Australia and LGBTIQ+ community-controlled partners, Switchboard Victoria and Transgender Victoria (TGV), to develop LGBTIQ+-specific Mental Health and Wellbeing Services that would each include culturally safe mental health services catering to the specific needs of LGBTIQ+ Victorians, including addiction medicine.

The six Hubs would service metropolitan Melbourne and regional Victoria. Funding could be drawn from that already allocated to the 50-60 Mental Health and Wellbeing locals committed to by the Victorian Government.

Hub 1, to be established first, servicing inner Melbourne (Darebin, Melbourne, Merri-bek, Port Phillip, Stonnington, and Yarra), would improve the evidence base surrounding LGBTIQ+ service attendance, and build learnings to inform scale-up to an additional five services.

Improving LGBTIQ+ mental health has a high benefit-to-cost ratio, in addition to addressing inequities between LGBTIQ+ communities and the general population. The financial costs of anxiety, depression and suicide within LGBTIQ+ communities are up to \$508 million per year, and the economic costs up to \$2.5 billion. Intangible costs are up to \$23.4 billion per year, 90 per cent of which is borne by LGBTIQ+ people.¹

Trans and Gender Diverse Health

Replication Equinox Trans and Gender Diverse Health Service for outer urban areas
Recommendation: Fund the replication of Equinox in other locations to improve access to affirming healthcare for all trans and gender diverse Victorians.
Cost: \$2.25 million over three years: \$250,000 per site per annum.

Thorne Harbour Health's trans and gender diverse health service, Equinox, requires urgent replication at other metropolitan and regional sites such as Dandenong, Bendigo and Sunshine. Equinox, which is primarily Medicare funded, is Victoria's only substantial TGD primary care service. Patients attend from across Victoria, and also small numbers from Tasmania, South Australia and NSW. The service which is popular due to being TGD lead, is unable to meet demand. Replicating the service at alternative sites

¹ Deloitte. 2022. [The Cost of Adverse Mental Health Outcomes in the LGBTIQ+ Victorian Adult Population](#).

would alleviate pressure at its existing site in Abbotsford, and improve accessibility across Victoria. An exploratory study could analyse further scale-up across the State in other locations.

Equinox is an evaluated TGD health service, established for Victoria by THH in 2016 as an Australia-first. Clients of Equinox travel from all over Victoria to attend the service because of its quality of care and commitment to its clients. It operates as a not-for-profit service, which offers both a bulk billing General Practice and low-cost counselling service to the TGD community. Equinox consults with the TGD community on what the community needs and has a strong commitment to reducing access barriers to quality medical care. It has an established best-practice Informed Consent Model, policy and practice recommendations for AOD Service Providers supporting the TGD community, and sexual health testing. Further, it has built evidence through a randomised control trial (RCT) that demonstrates early access to testosterone therapy reduces suicidality.

2023 in particular has seen a significant increase in transphobic vilification and violence from the far-right, highlighting the important of health and support services that are trusted, safe and nuanced to the unique needs of trans and gender diverse clients.

HIV

Achieving the Virtual Elimination of HIV

Recommendation: Convert longstanding non-recurrent funding to recurrent for PRONTO! rapid HIV testing services, Thorne Harbour Health’s Priority Populations project, and HIV social marketing.
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THH’s PRONTO! rapid HIV and sexual health testing service is a proven and evaluated, peer-led clinic for gay, bisexual and other men who have sex with men (GBMSM), running since 2013. Its clinical expertise and connection to the community was also instrumental in Victoria’s swift and effective response to the MPox outbreak in 2022.

The Priority Populations project has been flexible its response over the years to target agreed populations that require greater focus in order to drive down rates of HIV transmission. The project currently works primarily with GBMSM from culturally and linguistically diverse backgrounds, and with heterosexually identified MSM. This project is essential as we work toward virtual elimination of new HIV transmissions to ensure that no one is left behind. Compared to Australian-born GBMSM, we have not seen the same decrease in new HIV transmission among GBMSM born overseas, who are also more likely to receive a late or advanced diagnosis. In 2022, over half of all GBMSM diagnosed with HIV in Victoria were born overseas, in large part to due lack of awareness of HIV, and lack of access to services.

Thorne Harbour’s award-winning and widely recognised social marketing is a corner stone of our ongoing response to HIV. Maintaining community awareness and connection to services, particularly for those at higher risk is fundamental to achieving the Victorian Government’s ambitious targets in *Victorian HIV Plan 2022-30*, including to achieve virtual elimination of new HIV transmissions by 2025. We must maintain what works or else risk losing our hard-won gains in the fight against HIV.

Recommendation: Subsidise and eliminate co-payments for HIV medications.

Retention of PLHIV in care and maintaining viral suppression is one of the key targets in *Victorian HIV Plan 2022-30*. As an infectious disease, it is essential PLHIV are retained in care to avoid onward transmission.

In 2015, the New South Wales Government began subsidising co-payments for HIV medication to help ease the financial burden for people with chronic conditions. The Queensland Government followed suit, making an announcement in 2023. These initiatives assisted people living with HIV to access and adhere to treatment. Addressing the financial burden of treatment is key to reaching wellbeing targets contained in the Victorian HIV Plan 2022-30.

As an infectious disease, Medicare eligibility should be irrelevant to prevention, testing, treatment and care. So long as a segment of our society face barriers, we will not achieve virtual elimination of new transmissions, nor maintain gains won.

Women’s Health

LGBTIQ+ Women’s Health Hub
Recommendation: Fund the establishment of a LGBTIQ+ Women’s Health Hub to develop programs, campaigns, and activities to address the unique needs of LGBTIQ+ women.
Cost: \$600,000 per annum.

The Allan’s Government is delivering an ambitious reform to women’s health. There is a risk that LGBTIQ+ women may be left behind due to a lack of focus on their specific needs. Lack of attention to LGBTIQ+ women’s health continues to drive disparities, yet the area remains insufficiently resourced and under-researched.

Compared to heterosexual women, LBQ women experience higher rates of tobacco, alcohol, and other drug usage than heterosexual women, and lower levels of help-seeking, poorer mental health, and higher rates of intimate partner violence and sexual assault. They are also less likely than heterosexual women to access cervical cancer and breast cancer screenings.

Family Violence

LGBTIQ+ Sexual Assault Services
Recommendation: Fund dedicated sexual assault positions at LGBTIQ+ community-controlled health services.
Cost: \$650,000 per annum.

Lesbians, bisexual women, and trans and gender diverse people experience sexual assault at higher rates than heterosexual women, and gay and bisexual men experience sexual violence at much higher rates than heterosexual men.

Yet mainstream sexual assault services, which primarily support cisgender, heterosexual women and children, are ill-equipped to understand the unique contexts in which LGBTIQ+ sexual assault occurs, and the unique needs of LGBTIQ+ victim-survivors.

LGBTIQ+ community-controlled services need to be proportionately funded to appropriately address sexual assault within LGBTIQ+ communities, in a culturally safe, trauma-informed, contextually knowledgeable manner.

Housing and Homelessness

LGBTIQ+ Homelessness and Access to Housing.
Recommendation: Undertake a feasibility study to build the capacity of LGBTIQ+ community-controlled services to deliver LGBTIQ+ homelessness programs including LGBTIQ+ crisis housing services.
Cost: \$250,000 in 2024/25

Research shows LGBTIQ+ people experience homelessness at higher rates due to multiple factors: Family rejection, social isolation, lack of access to culturally safe services, poorer mental health outcomes. LGBTIQ+ people experience discrimination at mainstream crisis services which creates a barrier to access and can increase the number and duration of episodes of homelessness.

The prevalence of faith-based organisations in the homelessness sector results in LGBTIQ+ delaying or not seeking support. At the launch of its LGBTIQ+ homelessness program, VincentCare acknowledged that many LGBTIQ+ Victorians would not feel comfortable accessing its services, despite it having the Rainbow Tick. This is an unacceptable situation. LGBTIQ+ community-controlled organisations, that are owned by their communities need to be delivering these services. The capacity of these organisations needs to be enhanced to ensure they are capable of operating these services in the future and are a viable funding alternative.

LGBTIQ+ Youth Homelessness
Recommendation: Develop a LGBTIQ+ youth mixed-model homelessness modelled after the Ali Forney Centre in New York City.

The Ali Forney Centre in New York City provides a best-practice model for addressing LGBTIQ+ youth homelessness. The Centre incorporated crisis accommodation and food, transitional housing, a drop-in centre and job readiness training to support LGBTIQ+ youth people to escape the streets.

According to the *Writing Themselves in 4* research, almost one quarter of LGBTIQ+ young people in Australia have experienced one or more forms of homelessness in their life time, including 11.5 per cent in the previous 12 months. Two-fifths of trans men and trans women reported ever experiencing one or more forms of homelessness.

LGBTIQ+ young people experience unique factors leading to homelessness, including family of origin violence (FOOV) related to their sexuality or gender identity. Mainstream youth services can also lack the cultural safety and affirming environment young people may require that a LGBTIQ+-specific service can offer.

Regional and rural services

Thorne Harbour Country in Gippsland
Recommendation: Fund the establishment of Thorne Harbour Country in Gippsland, modelled on Thorne Harbour Country in Bendigo.
Cost: \$250,000 per annum.

Thorne Harbour Health has been working with Gippsland Pride for the past year to support LGBTIQ+ community development in regional and rural areas in pursuit of equality across Victoria. With the majority of LGBTIQ+ services and community events occurring in inner-Melbourne, initiatives that service Gippsland – where there are currently minimal supports – play a crucial role in promoting community connection and linking people to relevant services yet require greater resources to fully build LGBTIQ+ community capacity in regional areas. The permanent establishment of a small, but important presence will greatly benefit LGBTIQ+ communities in Gippsland.