



## Submission to the Australian Department of Social Services on a new approach to programs for families and children

### About LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the national peak organisation promoting the health and wellbeing of LGBTIQ+ people and communities. With a diverse membership spanning LGBTIQ+ community-controlled health organisations, community groups, state and territory peak bodies, service providers, researchers, and individuals, LHA is uniquely positioned to deliver national leadership in policy, advocacy, research, and capacity building.

### A national focus on LGBTIQ+ health

LGBTIQ+ people are recognised as a priority population in key national strategies such as the *Primary Health Care 10-Year Plan*<sup>1</sup>, *National Preventive Health Strategy*<sup>2</sup>, *National Men's*<sup>3</sup> and *Women's Health Strategies*<sup>4</sup>, and the *National Mental Health and Suicide Prevention Plan*<sup>5</sup>. The release of the *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035*<sup>6</sup> (National Action Plan) marks a historic step forward, delivering a comprehensive framework to address systemic health inequities and achieve better physical and mental health outcomes for LGBTIQ+ people across Australia.

### Understanding experiences of LGBTIQ+ people

Despite these national strategies, LGBTIQ+ people continue to experience poorer health outcomes due to stigma, discrimination, prejudice, and abuse. LHA acknowledges the compounding barriers faced by LGBTIQ+ people with intersecting experiences, including Aboriginal and Torres Strait Islander status, cultural and racial diversity, age, disability, socioeconomic disadvantage, and geographic isolation.



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<sup>1</sup> <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>

<sup>2</sup> <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>

<sup>3</sup> <https://www.health.gov.au/resources/publications/national-mens-health-strategy-2020-2030>

<sup>4</sup> <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>

<sup>5</sup> <https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan>

<sup>6</sup> <https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-and-wellbeing-of-lgbtqa-people-2025-2035>



## Introduction

LGBTIQ+ Health Australia (LHA) welcomes the opportunity to contribute to the consultation on reforms to programs supporting families, children and young people. The proposed reforms offer an important opportunity to create a national program structure that is inclusive of all families in Australia. This includes the many families that are part of LGBTIQ+ communities, as well as families raising LGBTIQ+ children and young people, and families with children who have innate variations of sex characteristics. For these groups, safe and inclusive access to family support, early intervention and broader child and youth services is essential.

LHA strongly supports the intention to create a more flexible, coherent and equitable system. However, to achieve the vision set out in the consultation documents, the reforms must explicitly and consistently commit to inclusion, equity and the elimination of structural barriers that continue to affect LGBTIQ+ parents, caregivers, children and young people. The National Action Plan provides a clear national framework for achieving this, and the *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020*<sup>7</sup> (ABS 2020 Standard), developed by the Australian Bureau of Statistics (ABS) to standardise the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation, offers a consistent approach to inclusive data collection that will be essential for equitable program design and evaluation.

In addition, funding sources for each stream of work should remain transparent. The Family Safety Program currently funds LHA's national leadership and advice role in LGBTIQ+ Domestic, Family and Sexual Violence and this funding source should be maintained as a visible commitment from government to equitable funding for LGBTIQ+ people who experience Domestic, Family and Sexual Violence.

This submission responds to each area of focus and the discussion questions in Appendix A.

## Vision and outcomes

The vision provides a strong foundation but requires explicit recognition that children and families in Australia are diverse. Many LGBTIQ+ parents and caregivers still encounter discrimination, lack of cultural safety, and inconsistent service quality in settings such as parenting support, counselling, early childhood services and family relationship programs. Similarly, children and young people who are LGBTIQ+ or who have variations of sex characteristics often experience stigma or family rejection, which are well-established drivers of mental health concerns and help-seeking avoidance.

The two proposed outcomes are appropriate, but they do not yet fully capture the importance of systemic equity. Empowerment of parents and caregivers is not possible unless services understand and affirm diverse family structures. Supporting children to become healthy and resilient adults requires environments that recognise the protective role of acceptance, respect and connection. The outcomes should reflect the importance of inclusive practice across all components of the program.

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<sup>7</sup> <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>



## Program structure

LHA supports the proposed single national program. A unified structure offers the potential for greater coherence and consistency, particularly in relation to inclusion, workforce capability, reporting, and the use of evidence. It also allows national peaks, including LHA, to provide aligned guidance and support.

LHA's work spans national information and capacity building, research translation, early intervention in mental health and suicide prevention, and community partnerships. These activities align clearly with Stream 1 and Stream 2 of the proposed model. For LHA's members, including LGBTIQ+ community-controlled organisations, the shift to a more flexible model is likely to be beneficial if commissioning processes explicitly support diverse service delivery models, including peer-led supports and programs grounded in lived experience.

To strengthen the program structure, LHA recommends:

- Embedding explicit inclusion requirements in all streams, including expectations that providers deliver culturally safe and affirmative services for LGBTIQ+ populations
- Mandating use of the *ABS 2020 Standard*, ensuring meaningful visibility in program design, reporting and evaluation
- Providing dedicated funding for LGBTIQ+ community-controlled organisations, given their critical role in offering safe, trusted and culturally informed support.

## Prioritising investment

The four priorities identified by the Department align with evidence and with LHA's understanding of effective approaches to family wellbeing. They reflect a public health approach grounded in early intervention, integrated care, and community-led models. However, the priorities must be expanded to address barriers faced by LGBTIQ+ people, including stigma, service avoidance and discrimination, which can limit access to early support and contribute to preventable adverse mental health, family conflict and social isolation.

Additional priorities should include:

- Strengthening inclusive practice across mainstream services, ensuring staff have the skills and knowledge to support LGBTIQ+ families and children.
- Addressing the specific needs of children and young people who are LGBTIQ+ or who are exploring their gender or sexual orientation.
- A commitment to safe and rights-based approaches for children with innate variations of sex characteristics, aligned with emerging legislative reforms.

## Improving family wellbeing

The proposed focus areas, including support for young parents and for families at risk of involvement with child protection systems, are relevant to the needs of LGBTIQ+ communities – especially those experiencing domestic, family and/or sexual violence. LGBTIQ+ young parents may experience reduced social support, financial instability and lower service engagement due to fear of judgement. Families of LGBTIQ+ children and young people often need increased systemic supports to navigate social pressures, stigma and family conflict. These additional factors should be reflected in program settings.

The Department should also consider:





- Programs supporting family acceptance, which is a significant protective factor for LGBTIQ+ young people.
- Peer-led supports for parents of trans and gender diverse young people.
- Family-centred programs for intersex children that reflect human rights principles and safe decision-making.

### **Connected, co-located and integrated services**

Integration extends beyond physical co-location. Effective integration requires shared care pathways, warm referrals, inclusive assessment frameworks, and clear partnership structures that bring mainstream services together with LGBTIQ+ community-controlled organisations. Digital supports, online navigation tools, helplines and after-hours services also play a key role in connecting families with supports they trust.

In grant applications, organisations should be expected to demonstrate community connection through genuine co-design with priority populations, evidence of culturally safe practice, strong partnerships with community-controlled organisations, and inclusive data practices. Assessment criteria should reflect these expectations.

### **Responding to community need**

Locational disadvantage is a key factor, but other significant determinants of access must also be considered. For LGBTIQ+ people, these include experiences of discrimination, past service exclusion, limited local services with inclusive capability, and social isolation. These factors can be present in any location and should be recognised in needs assessment and funding allocation.

To demonstrate genuine community connection, organisations should show transparent evidence of co-designed service models, workforce training, use of the *ABS 2020 Standard*, and ongoing feedback loops with the communities they serve.

### **Improving outcomes for Aboriginal and Torres Strait Islander children and families**

LHA strongly supports increasing the number of Aboriginal and Torres Strait Islander Community-Controlled organisations (ACCOS) delivering services to children and families. This can be achieved through targeted commissioning, longer-term contracts, reduced administrative burdens and support for workforce capability.

Program design must also recognise the experiences of Aboriginal and Torres Strait Islander LGBTIQ+SB people, who can experience additional stigma and barriers to service access. Culturally informed supports that recognise intersecting experiences of discrimination are essential.

### **Measuring outcomes**

To prepare meaningful case studies and evaluations, organisations require data that captures service reach, safety, belonging, cultural safety and inclusive practice. Data collected using the *ABS 2020 Standard* will allow organisations to describe outcomes for LGBTIQ+ populations, who are otherwise invisible in program reporting. Qualitative data grounded in lived experience will also be essential.



## Working together

Relational contracting offers a promising approach grounded in trust, shared decision-making and adaptability. In practice, this requires long-term partnerships, reduced administrative burden, shared governance, and flexibility to tailor services as community needs evolve. Organisations best suited for relational contracts are those with deep community relationships, a strong track record of inclusive practice and proven capability in evidence-informed program delivery.

LHA would welcome engagement through relational contracting, as it would support partnership-driven approaches, collaborative planning and better alignment between national policy and community need.

## Other considerations

For the reforms to reach their full potential, they must systematically embed LGBTIQ+ inclusion across all components of the national program, considering the specific needs of LGBTIQ+ people such as those experiencing domestic, family and/or sexual violence. This requires consistent use of the ABS 2020 Standard, sustained investment in LGBTIQ+ community-controlled organisations, workforce capability building, and a commitment to co-design with LGBTIQ+ people and families. The reforms also offer an opportunity to ensure alignment with the National Action Plan, which provides a national roadmap for improving health and wellbeing outcomes for LGBTIQ+ people.

LHA welcomes the Department's leadership in strengthening family and child programs and looks forward to ongoing collaboration to ensure all children, young people, parents and caregivers in Australia can thrive.