

29 August 2022

Legislative Assembly Committee on Community Services
Parliament House
Macquarie St
Sydney NSW 2000



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

Dear Committee

Re: Answers to questions on notice relating to the Inquiry into Improving crisis communications to culturally and linguistically diverse communities

Thank you for the opportunity to respond to the questions on notice. Please find our answers below.

ACON's relationship with the NSW Government

ACON has had a strong relationship with the NSW government since our formation in 1985. The early years of our work, our foundations and initial relationships with the NSW government of the time are documented in *Fighting for our lives*, a book by Nick Cook about the history of the community response to AIDS.

Now, ACON's work with the NSW Government extends across a range of departments and funding agreements. Central to our work is our core funding agreement with the Ministry of Health's Centre for Population Health. This agreement is renewed every three years, which provides consistency and security, allowing us to deliver the services we provide to community with expertise and continuity.

We report on our KPIs quarterly at meetings attended by the CEO, the Associate Director Policy, Strategy and Research, and the Data and Planning Officer. The KPIs are reviewed annually by ACON and the Ministry to ensure they are addressing community need. These regular reviews ensure there is always an open channel of communication between ACON and the Ministry of Health.

ACON also works with the NSW Government in a number of advisory and governance capacities. We are part of the NSW HIV/STI Implementation committee, which oversees the implementation of the *NSW HIV Strategy 2021-2025* and monitors performance against its targets. We are also a member of the LGBTIQ+ Strategy Implementation Committee, overseeing the implementation of that Strategy.

Our CEO also sits on the NSW Assessment Panel for Management of People with HIV Who Risk Infecting Others ("The Panel") which meets at least quarterly to provide expert advice to the Chief Health Officer, Local Health Districts, and specialist clinicians on managing people who risk transmitting HIV to others.

Our consistent funding agreement, while providing stability, also allows for a degree of flexibility, meaning our work can be responsive to new issues as they come to light. As a result of our longstanding relationship and the expertise we have been able to build over 37 as a community-led organisation, we are also able provide advice and support across a range of health issues that affect our communities to different areas of

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the Ministry where required. This includes suicide prevention, alcohol and other drugs policy and programs, sexual, domestic and family violence, and cancer prevention.

Our relationship with the Population and Public Health Division, NSW Ministry of Health, allows us to work together on other relevant population health concerns, including COVID-19 and MPXV (Monkeypox).

As an example of how our relationship with the NSW government is enacted in practice, as the MPXV situation began to accelerate in NSW, the ACON Director HIV and Sexual Health was in contact with senior staff in the Population and Public Health Division, NSW Ministry of Health and discussed an appropriate approach. We mobilised our Peer Testing teams within ACON and developed tailored communications targeting our communities. As the situation progressed, following further conversations with senior staff in the Population and Public Health Division, NSW Ministry of Health and relevant Local Health Districts, we set up a vaccine clinic with NSW Health staffed by ACON peers and distributed the vaccine EOI across ACON channels.

ACON was also recently funded by the NSW Government to establish an LGBTQ Health Centre, which will provide health services to our communities across the state via in-person and telehealth services. The Health Centre is a product of advocacy by ACON to the NSW government for over six years, including the development of a substantive Feasibility Study that was provided to the NSW Government in February 2021.

The Health Centre will allow us to strengthen our relationships across NSW Health, especially at the local health district level.

Crisis planning that is inclusive of sexuality and gender diverse communities

We are certain that NSW's crisis planning is meant to ensure that people of diverse sexualities and genders are catered for in the crisis response. However, there needs to be explicit consideration of the unique needs and experiences of LGBTQ people in emergency management planning.

The necessity of this was made apparent during the recent Lismore floods. ACON staff were on the ground in the evacuation centre, providing care coordination services. Their experience, and the experience of community, was one marred with stigma, harassment and discrimination, homophobia and transphobia, and misgendering, but also one of community strength and resilience.

Gendered norms, driven by heteronormativity and cisgenderism,^a exist throughout society, but are amplified in times of trauma. There is a need to consider crisis planning through a gendered lens, which is reflected in the work of Victorian-based organization Gender and Disaster Australia, who have extensively researched the gendered impacts of disaster, including findings on crisis planning for LGBTI people.¹

LGBTIQ people already experience higher rates of mental distress and suicidality than the general population, are often unlikely to feel safe or accepted, and experience high levels of harassment. Just 43% of LGBTIQ people feel accepted at a health or support service, and 31% feel accepted in public.² 58% of LGBTQA+ young people report experiencing harassment on the basis of their gender or sexuality.³ These

^a Heteronormativity is the perspective that sees heterosexuality as the only, preferred or 'normal' sexuality, and cisgenderism is a form of prejudice that denies, denigrates and/or pathologises non-cisgender identities and expressions.

experiences are more pronounced for trans people, and people with multiple marginalised identities, such as LGBTQ people from culturally, linguistically and ethnically diverse backgrounds.

These everyday experiences are compounded in a crisis situation. The detrimental impacts of a disaster are unevenly distributed across our communities with marginalised communities more vulnerable to adverse effects.⁴ A recent study of the impacts of the 2011 Brisbane floods on LGBTI communities found that more than half of respondents feared, or had experienced, discrimination and prejudice when attempting to access support following the crisis,⁵ an experience reflected on the ground in Lismore, where many communities didn't feel safe to present to evacuation centres or ask for help.

The perceived threat of discrimination or harassment is based on real-world experience prior to disasters, and creates an environment where LGBTQ people are reticent to access mainstream channels of support, turning instead to each other.³

While LGBTQ people experience higher rates of mental distress, we also demonstrate a great deal of community resilience and support, and the ability to come together during a crisis. Our capacity for resilience can offer insights for crisis responses. The 'queer corner' in the Lismore evacuation centre, marked by a rainbow flag, reflected the strength and resilience that our communities receive from and give to each other. This resilience was demonstrated not only in the work of ACON during the floods, but also local queer community groups including Queer Family and Tropical Fruits, and LGBTQ First Nations mob.

The NSW Emergency Management Plan needs to explicitly address the unique needs of marginalised communities, including LGBTQ communities, people from culturally, linguistically and ethnically diverse communities, and people at the intersections of marginalised communities. There are specific needs within marginalised communities that need to be explicitly acknowledged and addressed in order to ensure a safe emergency response for everyone.

Where possible, these needs should be addressed in a way that is community-led, either through co-design or by community-controlled organisations. Consumer participation and voices of lived experience are key in designing spaces and responses that meet community need.

For specific advice on how services can be more inclusive of LGBTQ people, we have supplied as an attachment the *LGBTIQ+ Inclusive Practice Guide for Homelessness and Housing Sectors in Australia*.

In order for crisis responses to be culturally safe, there needs to be understanding that concepts like 'family' and 'community' mean different things to different communities. This has implications for accessing 'family support' or being grouped by 'family' at evacuation centres, or in data collection around things like 'emergency contacts'.

Where possible, we would advocate for an understanding that these concepts must be flexible, and person-centred, meaning that they are evaluated on a case-by-case basis depending on the people involved, and that they are expansive enough to be inclusive of families of choice, extended families, pets, and multiple 'communities' within the one geographic 'community'.

This flexibility is part of cultural safety. Cultural capability training is something that could be considered for first responders and emergency management to ensure greater knowledge of the specificities of our

experiences and needs. Inclusive practice training ensures that assumptions aren't made about a person's gender, the gender of their partner, or their life circumstances.

It's important that crisis accommodation such as evacuation centres are safe, and culturally safe, for the many heterogeneous communities that exist in one geographic area.

There needs to be a way to ensure that violence and harassment are excluded from these spaces, to ensure the safety of everyone but especially people vulnerable to and traumatised by past experiences of harassment, including LGBTQ people, and especially trans people.

Private space is essential. This includes bathrooms that can be locked, lockable showers, individual cubicles for amenities where possible, and gender neutral options. Where it is necessary to separate people by their gender (and it may be worth considering when and why this is necessary), always allow people to access support based on the gender they identify with, not the one on their legal documentation. Ensure there is an option for non-binary people. Community members report that emergency clothing, such as tracksuit pants, were unnecessarily grouped into genders, and people were policed for accessing tracksuit pants that were for a particular gender. In contexts such as these, access to clothes regardless of gender is essential.

It is also important that these facilities allow access to prayer spaces and other spaces for cultural practice. These spaces should be determined and designed by the communities that need to access them, rather than dictated to them. This underscores the importance of community involvement in all levels of crisis planning.

Access to medication for those with chronic conditions, including people living with HIV, and access to hormone replacement therapies, especially when pharmacies have been destroyed in the crisis is also essential.

HIV is a specialised area of medicine, requiring prescribers to be s100 accredited. Supply of both HIV prevention and treatment medications, and other HIV prevention equipment such as condoms and sterile needles and syringes, can be severely impacted during a disaster and are not as easily catered for, especially in crisis situations in regional areas. Already, 44% of people living with HIV in regional areas travel more than 50km to visit their HIV doctor.⁶ Planning for the provision of specialist medical services is essential to the health and wellbeing of people living with or at risk of HIV.

Consideration also needs to be given to people with substance dependence, including tobacco. LGBTQ people and people living with HIV tend to smoke at rates higher than the general population, and are more likely to drink at levels associated with lifetime health risks.^{1,6}

ACON, and LGBTQ communities more broadly, have always found great strength in our peers – developing and instigating community responses that are by and for people of diverse genders and sexualities. Peer workers (where there is capacity) may be valuable in an emergency response, and may already be doing some of this work informally.³ At the very least, engaging community in crisis planning is essential to ensure that the specific needs of the community are considered at this stage of the response.

It is worth noting that faith-based, typically Christian, organisations often play a role in emergency management. There are currently a number of exemptions in the NSW *Anti-Discrimination Act* and the Cth *Sex Discrimination Act* that permit faith-based organisations to discriminate against people accessing their services on the basis of their religious belief.⁴ Even where such discrimination is not enacted, the possibility

of real or perceived discrimination on the basis of one's sexuality, gender, or minority faith, risks deterring people from accessing vital crisis services.

It is ACON's view that the *Anti-Discrimination Act* requires a full review and comprehensive reform, including the removal of such faith-based exemptions in human-services contexts, including crisis services. It is also ACON's view that in crisis management, these services are managed by government bodies rather than outsourced to third-party faith-based organisations.

Crisis planning needs to consider the long-term recovery of both individuals and the community as a whole. Community-controlled organisations must be at the heart of this recovery, but it is also essential to provide trauma recovery for the workforces involved in disaster response, including community organisations.

ACON has received a grant from Healthy Communities North Coast to provide resilience counselling and services to the Lismore community following the floods. This funding has allowed us to develop resilience and wellbeing workshops for community, as well as expand our counselling services. We are also producing a toolkit for trans and gender diverse people in the Northern Rivers to respond to experiences of violence and harassment in the flood recovery process.

We are extremely grateful for these opportunities to provide for our communities in need. Funding opportunities for community organisations to develop crisis recovery services such as these should be built into crisis planning. The road ahead is long, and our communities need support to respond to the compounding impacts of trauma. Community organisations offer one avenue to provide this support.

Please do not hesitate to contact Nicolas Parkhill AM, ACON CEO, on [REDACTED] or at [REDACTED] if you require any additional information.

Kind regards

[REDACTED]

Nicolas Parkhill AM
Chief Executive Officer

Notes

¹ Parkinson, D., Leonard, L., Duncan, A., & Jeffrey, J. (2018). *Identifying the experiences and needs of LGBTI communities before, during, and after emergencies in Victoria*. Gender and Disaster Pod, Melbourne: Victoria. Available: <http://www.genderanddisaster.com.au/wp-content/uploads/2018/06/Identifying-the-experiences-and-needs-of-LGBTI-emergencies-FINAL.pdf>

² Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University

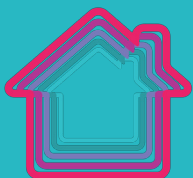
³ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

⁴ Gorman-Murray, A., McKinnon, S., Dominey-Howes, D., Nash, C. J., & Bolton, R. (2018). Listening and learning: Giving voice to trans experiences of disasters. *Gender, Place & Culture*, 25(2), 166-187.

⁵ Dominey-Howes, D., Gorman-Murray, A., & McKinnon, S. (2016). Emergency management response and recovery plans in relation to sexual and gender minorities in New South Wales, Australia. *International journal of disaster risk reduction*, 16, 1-11.

⁶ Power, J., Amir, S., Brown, G., Rule, J., Johnson, J., Lyons, A., Bourne, A. and Carman, M. (2019) *HIV Futures 9: Quality of Life Among People Living with HIV in Australia*, monograph series number 116, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

LGBTIQ+ Inclusive Practice Guide for Homelessness and Housing Sectors in Australia



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Contents

Forward	4
Acknowledgements	5
Executive Summary	6
Summary for Practitioners	7
Summary for Service Managers	8
1. Content for Service Workers	10
1.1 Disclosure and Confidentiality	12
1.2 Respectful Communication	16
1.3 Cultural Safety	18
1.4 Discrimination and Harassment	22
1.5 Specific Support, Referral, and Advocacy	24
2. Content for Service Managers	28
2.1 Organisational Policies	30
2.2 Procedures and Facilities	34
2.3 Consumer Participation	38
2.4 Staff Training	40
2.5 Data Capture and Storage	42
Conclusion	46
Appendix 1 Homelessness and LGBTIQ+ People	48
Appendix 2 Development of the Guide	49
References	50

Forward

The National LGBTI Health Alliance (the Alliance) is the national 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 people (LGBTI), and other sexuality, gender, and bodily diverse people and communities. The Alliance recognises that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life, and has a vision for our communities to live healthy lives, free from stigma and discrimination.

Contributing to the development of the LGBTIQ+ Inclusive Practice Guide for Homelessness and Housing Sectors in Australia has been important for the Alliance. We know that our communities experience significantly higher rates of homelessness as well as other health and wellbeing disparities, and it is vital that the homelessness and housing sectors across Australia are equipped to provide culturally safe services. The following guide is a rich resource that will enable the sectors to upskill and be more confident in working with our communities. They will assist in working towards our ultimate goal – that wherever our communities access services, there are no wrong doors and that every service is culturally safe. We congratulate the reference groups, the authors, and everyone involved in the development of this guide.

Nicky Bath, Executive Director
National LGBTI Health Alliance

Acknowledgements

This guide was developed through consultation with two reference groups spanning all states and territories, including experts within the LGBTIQ+ community, and experts from the housing and homelessness sectors. The depth and reach of this guide attests to the great wealth of knowledge, expertise, and commitment among the 48 people who contributed. The authors sincerely appreciate the significant contribution and support of every person involved. Those who wished to be acknowledged are listed below.

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In addition to the generous input from those on our reference groups, the framework has been informed by the Rainbow Tick Standards for LGBTI-inclusive practice established by GLHV@ARCSHS in Victoria, and other best practice models and reports from Australia and overseas. We would like to acknowledge, furthermore, that this guide has benefitted from the input of many workshop participants at the 2017 Victorian Homelessness Conference, the 2017 YACVic Conference, and the national Health in Difference Conference in 2018.

We express gratitude to our funders, the National LGBTI Health Alliance, and Pride Foundation Australia. Many thanks to Tim Kariotis for his administrative support and other assistance.

Executive Summary

This document outlines guidance on inclusive practice for agencies in Australian homelessness and housing sectors working with clients who identify as lesbian, gay, bisexual, transgender, intersex, and queer or questioning (LGBTIQ+). This has been prepared in response to requests from these sectors, as well as clear research and practice evidence that LGBTIQ+ people are at higher risk of homelessness and have specific needs to address. This guide is intended to be applicable to housing and homelessness services across Australia; and to provide a practical set of principles for staff at all levels to implement systems and cultural change, as well as to serve as a source of useful information for people in the LGBTIQ+ community who are or might be accessing these services.

It must be emphasised that there is much diversity within 'the LGBTIQ+ community'; and that multiple marginalised identities – concerning sexuality, gender, physical and cognitive ability, race, ethnicity, religion, class, age, and so on – intersect to impact in various and unique ways on lived experience, including but not limited to experiences of stigma, discrimination, and oppression. This understanding is relevant to all topics covered in this guide. It is important that staff, including those who work with people who have intersectional identities and experiences, understand the guide and adopt an intersectional approach as part of their practice in service provision. In specifying the experiences of some groups in the guide, it is important to acknowledge that these groups are also intersectional, and that there are many more which have not been discussed.

The guide is divided into two main sections. Section 1 provides content that is aimed primarily at staff who are in direct contact with LGBTIQ+ clients and tenants (or applicants). This maps onto the *Rainbow Tick Standards* (GLHV@ARCSHS 2016) for creating a welcoming and accessible organisation, disclosure and documentation, and culturally safe and acceptable services. Section 2 contains information that is more relevant for service managers and relates to the Rainbow Tick Standards of organisational capability and culture, workforce development, consumer participation, disclosure and documentation, and culturally safe and acceptable services.

The authors recognise the imperative of meeting other reporting requirements and quality assurance standards for housing and homelessness services, as well as differences between the housing and homelessness sectors. We acknowledge some challenges, furthermore, with respect to implementing aspects of the guide across states and territories in Australia, which are detailed in the Conclusion. Increased funding and resources from State/Territory and Commonwealth governments are recommended to address these. Further background information about LGBTIQ+ homelessness is provided in Appendix 1. The definition of homelessness used here, and the process of developing the guide, are discussed in Appendix 2. More information and resources – including factsheets for different sections of the guide, and an online version – are available at www.lgbtihomeless.org.au.

Summary for Service Workers

Disclosure and Confidentiality

Clearly explain the rationale and your agency's processes for collecting, storing, and sharing personal information. Respect an individual's choice about disclosing sexual orientation, gender identity, and/or intersex variation, and appreciate that individual preferences around disclosure may change in different contexts.

Respectful Communication

Use gender-neutral language until you are familiar with preferred terminology and pronoun/s that the person uses. Do not make assumptions based on appearance or formal documentation. Understand that gender, sexual orientation, and the language a person uses to describe themselves can also change over time. Ensure all communication is person-centred, sensitive to individual needs, and that sexual orientation, gender, intersex variations, and relationships are discussed in culturally safe and appropriate ways. Ask questions in a space that does not risk outing LGBTIQ+ people to other service users or staff.

Cultural Safety

Do not assume that accommodation and support options will be seen as safe, appropriate, accessible, and welcoming. Ensure you explain the various accommodation and support options likely to be available. Accommodation should be offered based on self-identified gender and choice. Cultural safety can be further supported through policies, consumer charters, staff training, signage, resources, and facilities. LGBTIQ+ people at risk of eviction should be referred to appropriate legal or tenancy support services.

Discrimination and Harassment

Protect LGBTIQ+ clients by adopting a Zero Tolerance approach to discrimination, stigma, harassment, and violence. Make sure you understand your agency's complaints pathways and facilitate prompt responses to discrimination and harassment. LGBTIQ+ people can get legal support if they believe they have been discriminated against on the basis of their sexual orientation, gender identity, or intersex variation.

Specific Support, Referral, and Advocacy

You may be required to advocate on a client's behalf, to support particular needs, or facilitate access to specific services. Know how to discuss relevant topics sensitively, while being mindful of the impacts of trauma. Have the right knowledge to connect LGBTIQ+ people with culturally appropriate support (including vetting services before referring on) and provide options where possible to help make informed decisions.

Summary for Service Managers

Organisational Policies

Organisations should review policies to ensure that they recognise diversity, intersectionality, and place an emphasis on equity, not just equality. Multiple changes can be made to ensure internal policies and procedures and external collateral explicitly include different groups in the LGBTIQ+ community. This needs to be accompanied by adequate training, resources, and support.

Procedures and Facilities

LGBTIQ+ people experience increased risks and barriers in mainstream facilities and have diverse needs. Organisations should ensure that planned service improvements and ongoing quality improvement activities reflect the needs of LGBTIQ+ people. Organisations should commit to ongoing audits of the physical safety and accessibility of its services as well as of internal feedback, complaints, and other consumer participation processes.

Consumer Participation

Ensure consumer participation strategies include opportunities for LGBTIQ+ people with different lived experiences and promote peer leadership. Strategies should ensure that LGBTIQ+ people are reimbursed for their knowledge, skills, and time.

Staff Training

Ensure that new and existing staff receive ongoing training and professional development opportunities to acquire the skills and knowledge needed to provide LGBTIQ+ inclusive practice. Training needs to be an ongoing process rather than one-off, and to be planned and prioritised, embedded in induction, and supported with additional training focused on more marginalised groups and intersectional identities. Organisations should assess and monitor LGBTIQ+ inclusive practice through client surveys and staff supervision.

Data Capture and Storage

Review internal data collection processes (including intake forms and client management systems) to ensure, where possible, that they include a range of options and cultural variations in relation to gender, pronoun/s, sexual orientation, intersex variation, and relationships (such as family, and preferred emergency contacts), as well as 'prefer to self describe' free text boxes. Appropriate language should be used that reflects the name, gender, and experiences that a client, tenant, or applicant identifies with where possible. Data fields should enable people to select more than one option, and not conflate intersex variations with gender or sexual orientation.

1. Content for Service Workers

Sections 1.1 to 1.5 provide information on LGBTIQ+ inclusive practice for frontline service workers, as well as front of house. This includes:

- Disclosure and confidentiality (1.1);
- Respectful communication (1.2);
- Cultural safety (1.3);
- Discrimination and harassment (1.4); and
- Specific support, referrals, and advocacy (1.5).

More information about changes that can be implemented at management and organisational levels to promote inclusive practice is provided in Section 2.



1.1 Disclosure and Confidentiality

How

Preferred name and pronouns

- Address the client, tenant, or applicant using whatever name and pronoun/s they prefer, reflecting language and terminology that they use, regardless of what is on formal identity documents.
- Prompt other service workers to use the correct pronoun (pronoun cuing).
- Be mindful that LGBTIQ+ people – especially trans, gender diverse, and nonbinary people – may use different names and pronouns in different circumstances. While someone might be open to having their preferred name used with trusted staff, they may also like their legal name to be used with relatives, members of their cultural community, or around other clients of the service to avoid being 'outed'.
- Check what name, pronouns and/or title/s they wish to use in written correspondence, such as mail and referral letters. This may change depending upon the service or where information is being sent.

Appropriate responses to disclosure and safety considerations

- Practice sensitive, supportive responses to disclosure of LGBTIQ+ status. More support and affirmation may be needed if you are the first person that someone has disclosed to, or if they are isolated, have poor mental health, and/or other vulnerabilities.
- Be aware that disclosure about sexual orientation, gender identity, and/or intersex variation, may be particularly sensitive for LGBTIQ+ people, may put their safety at risk, and may have contributed to their homelessness.
- Provide an opportunity for in-depth conversation, understand that LGBTIQ+ people may not want to disclose this information, and always respect the

individual's choice. They may prefer to disclose at a second or subsequent meeting.

Data collection and information about how disclosure of LGBTIQ+ status is used

- Ask permission to record their details on file – using language that they use – so they do not have to repeatedly disclose, and to respectfully navigate confidentiality with others.
- Where legal name has to be obtained, if it is not a client, tenant, or applicant's preferred name, explain why it is needed and provide options of speaking or writing it, to reduce the risk of re-traumatising them.
- Explain:
 - » Why information about LGBTIQ+ status is collected, including in order to provide the best service and meet their needs.
 - » How information about LGBTIQ+ status is stored, who has access to this information, and the relevant organisational procedures and privacy legislation.
- Facilitate correct data records internally, and advocate for change where datasets are not inclusive.

Confidentiality considerations

- General processes through which personal information is stored and used, and what happens in the event of a breach, should be documented in privacy policies and communicated to all service users.
- Ensure you have adequate systems in place to minimise risk of breaching confidentiality regarding someone's LGBTIQ+ status, and to support affirmation of an individual's LGBTIQ+ identity to other services, staff, and significant others.
- Check in with the client regarding which services, staff,

and significant others they have/not disclosed to.

- Check in with regards to what information the individual would like to disclose in the event of an emergency (for example, if police or ambulance are called).
- When appropriate, explain that other services (such as counselling and legal services) they are referred to may have particular confidentiality requirements in place.

Multicultural and multifaith considerations

- Understand that some individuals choose not to disclose their LGBTIQ+ identities to maintain connection and support with those of similar cultural and religious backgrounds, or with others in their local community.
- Be aware that there may be additional disclosure, anonymity, and confidentiality concerns and communication needed for clients in specific cultural, religious, and rural/regional/remote communities, and for people with a disability. Reassure them that information will not be passed on to other service providers, institutions, or service users, without their consent.
- Explain that they have the right to choose another client contact officer if the person comes from similar cultural and religious communities.
- When working with people from multicultural backgrounds, migrants, refugees or asylum seekers, and international students, let them know that their personal information will not be shared with Border Protection, universities and education providers, embassies, and consulates, without permission, unless there is a legal obligation.

Intersex considerations

- Understand that there are many intersex variations¹.
- Be aware that many intersex people do not identify with the LGBTIQ+ acronym, nor with the word 'intersex', and may prefer to use different terminology.
- Do not conflate confidentiality issues for intersex and trans, gender diverse, and nonbinary people.
- Be mindful of the history of structural violence in sex and gender classifications, and its impacts on intersex people².

1. For more information refer to Intersex Human Rights Australia (IHRA) <https://ihra.org.au/>

2. For more information see the *Darlington Statement* by the Australia and Aotearoa/New Zealand intersex community <https://ihra.org.au/darlington-statement/>

Example scripts that workers can adapt.

"It is really important for us to collect good information about the people that need services like ours. Part of that includes representing the different experiences and needs you have, and the communities or populations you are part of. We are a service that is inclusive of LGBTIQ+ people, so it is important for us to reflect this when collecting information. These are some questions that help us show that."

"We know that everyone is different, so I'm going to ask a few questions about how you identify, such as your cultural background and sexual orientation. You don't have to answer these questions if you don't want to, and I want you to know that we keep this information confidential and only ask to ensure that we can be respectful of who you are."

"The staff at this service have been trained in the importance of confidentiality, and not revealing personal or private information about clients to other services without permission, unless there is a legal obligation to do so. Please let me know if there are people or agencies that you would prefer not to know about your gender identity, intersex variation, or sexual orientation, or if there is a particular way you would like to be known to others."

"Thank you for letting me know that. It is helpful so that I can provide the best service."

Why

It is important to explain why information about sexual orientation, gender, and intersex variations, is collected – for example, in order to collect information that may be useful in determining the appropriate service and support, and reflects the particular experiences, needs, and priorities of the individual. However, there are many organisational and individual reasons why people accessing services may not disclose information about their sexual orientation, gender, and intersex variation to staff. Individual reasons could be that the person may:

- Not be 'out' (identify as LGBTIQ+ or preferred term and process³) in other aspects of their lives, and fears that being out (or outed by someone else, including through breach of confidentiality) would put them at increased risk of harassment, abuse, stigma, rejection, shame (or bring dishonour to their family) (Kasssieh 2011), loss of important connections, and discrimination, including within their specific cultural, religious, and rural/regional/remote communities;
- Not be out, but may already be known to intake staff (for instance, living in a small community) (Barrett and Stephens 2012);
- Believe that disclosure of sexual orientation, intersex variation, or gender does not fit with other cultural norms and understandings⁴;
- Be experiencing internalised homophobia, biphobia, or transphobia (Morandini et al. 2015);
- Have become homeless because they disclosed that they are LGBTIQ+;
- Have been assaulted while rough sleeping, and fear that disclosing to a service provider could risk further abuse;
- Have multiple and/or fluid identities and only recorded one that felt appropriate or safe at the time (Abramovich 2018);
- Be missing documentation that reflects their identity (such as name and gender), or are unable to change their official documents;

- Fear that this could affect their migration, visa status, or sponsorship arrangements (Noto, Leonard, and Mitchell 2014);
- Fear that this would put them at increased risk of harassment, abuse, and discrimination from other clients and staff when accessing that particular service or other services;
- Be concerned that they will be rejected from a service, or referred to a service that is not appropriate for their gender, and that they need to pretend to be something they are not in order to receive support;
- Use other terminology to describe their experience and/or identity;
- Use culturally-specific terminology to describe their experience and/or identity, and have different understandings of confidentiality or homelessness, rather than Western acronyms, labels, and understandings;
- Be experiencing language barriers or issues with the translator/interpreter;
- Have an intersex variation, but do not identify with the LGBTIQ+ acronym, community, or the word 'intersex' itself, and may use other medical, culturally specific, or preferred terminology;
- Have concerns about accessing a faith-based service; or
- Have other reasons why they do not trust the confidentiality of the service provider or staff.

Organisational reasons could be that staff:

- Are hesitant to ask, and so do not create opportunities (including the option to discuss at another time);
- Lack knowledge and training in how to ask respectfully;
- Do not communicate confidentiality and disclosure policies;
- Do not provide information about anti-discrimination policies, and client rights and responsibilities, that are relevant to LGBTIQ+;

- Do not provide appropriate accommodation options for LGBTIQ+ couples, including crisis accommodation; and
- Do not provide information on how to access formal and informal, internal and external complaints pathways.

All of these things can undermine trust and a sense of safety that is conducive to disclosure, so an explicitly welcoming, inclusive environment is the service provider's responsibility to create and maintain. A lack of LGBTIQ+ data collection can also perpetuate the invisibility of LGBTIQ+ people in housing and homelessness services, which in turn fails to enable inclusion in policies, advocacy, and programs, and evaluation.

There may be further concerns for service users who are nonbinary or gender diverse that they could be referred to an inappropriate gendered service or rejected. Some services are moving to non-gendered models or amending gender-specific policies to be more inclusive. In gendered shelters, special considerations can be made on a case-by-case basis, and staff education on these matters is imperative. Note that transmen and/or transmasculine people may prefer to access women's services for safety reasons or lack of appropriate referral options, and they should be given special consideration in these situations. This may include a single room and access to bathrooms.

Protocols around confidentiality may differ between states and territories, and respective databases.

3. It is critical to note that rather than sharing an identity based on sexual orientation or gender identity/expression/experience, intersex people are often united by experiences of stigma, discrimination, violence, and the denial of agency to express their identities at a young age (including 'coming out'), due to innate sex characteristics.

4. For example, as sexuality being something that is private (Kasssieh 2011).



1.2 Respectful Communication

How

Avoiding assumptions

- Do not make assumptions about a person's gender, sexual orientation, sex characteristics, pronoun/s, cultural background, physical or cognitive abilities, preferred terminology, or preferred name, based on voice, appearance, age, marital status, or formal documentation.
- Be mindful that respectful language can differ between age groups, as terminology changes. Avoid making age-based assumptions, and reflect language that the individual uses.
- Use gender-neutral greetings and pronouns until you have checked in about individual preferences. This is especially important for workers who are a first point of contact, including on the phone.
- Offer to share your pronoun/s.
- Avoid assumptions about the gender or number of intimate partners, family makeup, or relationship with family of origin (parents, children, others), and use gender-neutral language for parents, partners, and siblings, and other caregivers.
- When a person asks for the toilet, do not assume which toilet they may want to use. Inform them where all the toilets are located, including fully accessible for people with disabilities, and let them choose.

Person-centred

- Ask questions that are person-centred: nuanced enough to focus on individual needs and safety during intake, assessment, and care planning (not a one-size-fits-all approach), without being voyeuristic, pathologising, jeopardising their wellbeing, and policing their presentation.
- Understand that gender, sexual orientation, and the language a person uses to describe themselves can also change over time (National LGBTI Health Alliance 2013).

Example script for asking about gender and pronouns.

"I would like to ask some questions about your gender so I can be sure that you receive the most appropriate services here, and are treated in a culturally appropriate way with dignity and respect.

Would you mind letting me know your gender identity? And what pronouns (if any) do you use for yourself? For example, I identify as female, and my pronoun is she/her.

How would you like to be referred to with other people and services, and in correspondence such as mail?

Thank you for telling me".

- If using an interpreter, check in with the client to make sure they feel comfortable and safe. Some people may prefer a phone-based interpreter who is interstate, which can minimise the risk of being outed to others in their community.
- If you are unfamiliar with the language that someone is using to describe their identities and/or experiences then acknowledge this. Inform them that you are going to be taking some notes, and that you will do further research and secondary consultation to ensure you are more familiar with language and concepts in future sessions.

- Understand that people from different cultural communities may not use Western terminology for describing sexual orientation, gender, and intersex, so be able to explain these, and provide other culturally appropriate options.
- Ask questions in a space that does not risk outing LGBTIQ+ people to other service users or staff.

Why

There are multiple ways in which homelessness and housing sectors reinforce white, Western, cisnormative, heteronormative, ableist assumptions and privilege, creating additional barriers and impacts for LGBTIQ+ people – especially from different cultural backgrounds and experiences – when accessing services.

This can be reflected in:

- Language (for example, misgendering, using inappropriate greetings based on a person's voice or appearance, and using Western terminology);
- Stereotypes (concerning race, and sexual orientation based on marital status, for example);
- Intake and assessment questions, forms, and procedures;
- Invisibility in data collection systems and policies;
- Inappropriate and unsafe sleeping arrangements or housing options;
- Unsafe and inaccessible buildings and facilities, and
- Discrimination and rejection from gender-based services.

LGBTIQ+ people not only have to navigate these barriers and stigma when accessing services and support, they often have the additional burden of being expected to educate their service provider. This can further erode a sense of trust and confidence in the staff and organisation's professional capacity, with impacts on disclosure, future help-seeking, and individual safety and wellbeing (McNair et al. 2017; National LGBTI Health Alliance 2013). Aboriginal and Torres Strait Islander LGBTIQ people, including Sistergirls and Brotherboys, are at particular risk of being stereotyped by mainstream service providers, and avoiding them as a consequence.

Example of giving directions to the toilets.

"We have gender-specific toilets on the left, and an all genders toilet on the right that is also wheelchair accessible".

"The toilets are located at the back of the building. All of our toilets are gender-inclusive".

Example conversation in navigating safety and accommodation with a gender diverse person.

"You let me know that you are gender diverse. You might be aware that all of our crisis accommodation options in the area are binary gender specific. Can we talk about which option would work best for you (for instance, a male only or female only facility), and if there is anything else you might need to feel supported?"

Note that this should be discussed in a confidential setting and consider a thorough risk assessment.



1.3 Cultural Safety

How

Signage and messaging

- Display welcoming and inclusive signage and information for LGBTIQ+ people, such as flags, books, posters⁵, pamphlets, relevant literature in foyers, waiting areas, accommodation, and other common areas. This includes information and resources stating that:

- » Women of all sexual orientations, gender experiences (cis and trans), and nonbinary people, and those who are intersex, should feel safe and welcome accessing women's services;
- » Men of all sexual orientations, gender experiences (cis and trans), and nonbinary people, and those who are intersex, should feel safe and welcome accessing men's services;
- » Homophobia, biphobia, and transphobia, and prejudice against or pathologisation of intersex people, are not tolerated.

And that:

- » Reflect religious and cultural diversity, and people from refugee and newly arrived backgrounds (Noto, Leonard, and Mitchell 2014);
- » Are in different languages, and
- » Display contact details for staff who specialise in LGBTIQ+ cultural competency.
- If it is safe to do so, staff who work in the field (for example, visiting homes or working with people sleeping rough) and do not have an office

to display inclusive signage and literature, could attach flags to uniforms, work bags, or wear other symbolic items.

- Provide opportunities to educate non-LGBTIQ+ clients and tenants - for example, through resources and workshops - on how to be an ally, and on LGBTIQ+ discrimination and sexual harassment (including that inappropriate questions about people's relationships, sexual orientation, and bodies will not be tolerated).
- Be capable of resolving conflicts between service users, ensuring that homophobia, biphobia, transphobia, and prejudice against intersex people, are not permitted, and in a way that does not further traumatise the victim.

Intersectionality and risk

- Be aware of multiple layers of oppression, risks, and barriers, which impact on experiences of homelessness, stigma, and health.
- Recognise when more flexible approaches are required to ensure accommodation and support are culturally safe and appropriate.
- Provide specific resources and support connections with relevant cultural groups and communities when appropriate.
- Be mindful that some cultures prefer a clear segregation based on gender⁶.
- Identify staff whom LGBTIQ+ people may be more comfortable working with, and explain that a particular staff member works with that community. Ensure such staff are appropriately skilled and easy to identify⁷.

Accommodation services

- Ensure that LGBTIQ+ cultural safety needs are addressed in the consumer charter and educate other residents on codes of conduct.
- Regularly check in with clients and tenants - especially if they are young and/or trans, gender diverse, or nonbinary - after they are placed in accommodation and moving out of crisis (for example, into social housing) to make sure they are not being harassed or feel isolated and unsafe, and to promote a continuum of care (Lambda Legal 2009; Twenty10 2007).
- Refer LGBTIQ+ clients or tenants who are at risk of being evicted to appropriate tenancy support services, such as legal help or tenant advocates.
- Recognise heightened risks for LGBTIQ+ and additional privacy needs, and offer accommodation based on self-identified gender and choice, not presentation or surgical status.
- Consider appropriate matches where accommodation is shared.
- Do not place LGBTIQ+ people in accommodation with other service users who are likely to victimise and harass them⁸.
- Be aware that asylum seekers are extremely vulnerable in shared accommodation.
- Ensure the accommodation has gender inclusive bathrooms and toilets, single stalls, lockable doors, shower curtains, and at least one shower that is completely private.
- Ensure the service is fully accessible, including but not limited to stairs, bathroom, laundry, and toilet facilities.
- Ask LGBTIQ+ clients, tenants, and applicants if they have any additional safety concerns or living arrangement needs. This includes if a family is seeking housing support and a child/young person in the family unit is LGBTIQ+.
- Ensure there is a place where people can practice their faith and religion without fear of judgement, including a dedicated prayer room that can be used for all denominations, with Muslim prayer time clearly visible.

Why

LGBTIQ+ people can have specific safety needs when accessing homelessness and housing services, which should be reflected in:

- Disclosure and confidentiality (Section 1.1);
- Respectful communication (Section 1.2);
- Organisational policies (Section 2.1);
- Procedures and facilities (Section 2.2), and
- Future planning.

Experiences of discrimination, histories of trauma, substance use, mental health issues (such as anxiety, depression, suicidality, and PTSD), family conflict and violence, and childhood sexual abuse, have been found to be higher among LGBTQ people who experience homelessness, and a sense of isolation from the LGBTIQ+ community is not uncommon (Corboz et al. 2008; Leonard et al. 2012; McNair et al. 2005; McNair et al. 2016; Rosenstreich 2013). Some research suggests that rates of anxiety and psychological distress are higher among LGBTQ+

people with a disability (Leonard and Mann 2018). Minority stress, confidentiality, and anonymity can also be more challenging for LGBTIQ+ people in rural, regional, remote, and outer metropolitan areas (Barrett and Stephens 2012; Morandini et al. 2015).

Some research suggests that rates of intimate partner violence, sexual harassment, assault, and rape are higher among trans, gender diverse, and nonbinary people (Callander et al. 2019; Langenderfer-Magruder et al. 2016; Martin-Story et al. 2018) with transgender people of colour at particular risk – and there is often a fear of being re-victimised when accessing services, which may lead some to feel less at risk on the streets. There is often a fear of being rejected from gender-specific services, such as women's shelters⁹. This rejection can result from the myth that transwomen could put other clients' safety at risk. The fear of being harassed and re-victimised while accessing public bathrooms, furthermore, can contribute to alarming numbers of trans and gender diverse people not

5. For examples of welcoming posters that services can adapt see: <http://www.lgbtihomeless.org.au/resources/for-service-providers/>

6. This should not be used as a reason to reject trans and gender diverse people from services.

7. For example, by wearing a rainbow ribbon.

8. This should not be used as a reason to refuse LGBTIQ+ people access to services.

9. Note that it is unlawful under the Commonwealth *Sex Discrimination Act* to discriminate against someone on the basis of their sexual orientation, gender identity, or intersex status – see Section 1.4 Discrimination and Harassment.

eating and drinking, which can result in kidney problems and urinary tract infections (James et al. 2016: 229).

People with disabilities – especially female-identified, and people who are isolated socially or geographically – are also at increased risk of violence (Leonard and Mann 2018; WDV 2016), and at increased risk of homelessness or staying in an abusive situation if a service or accommodation is not accessible.

Although research on experiences of homelessness and related vulnerabilities among people with intersex variations is lacking, the involuntary medical interventions and surgeries that they are often coerced into as infants and children can have significant, harmful long-term impacts on their physical and mental health, as well as violating their rights to bodily integrity, physical autonomy, and self-determination (Jones et al. 2016).

Aboriginal and Torres Strait Islander people who are also LGBTQ+, Sistergirls, or Brotherboys, experience multiple structural, institutional, and interpersonal forms of discrimination, based on race, gender, colonialism, and LGBTQ+ status, and are a high-risk group for suicide (Dudgeon et al. 2016).

To practice a person-centred approach and minimise risks to physical, emotional, and mental wellbeing, staff need to be adequately trained and

confident to have conversations around safety, to respond appropriately, and to ask about any specific accommodation needs or preferences of LGBTQ+ service users. This includes short-term emergency accommodation where there is a high turnover of residents.

However, LGBTQ+ people should not be asked invasive questions about surgical status or bodies – this is not only potentially offensive and re-traumatising, but it could be interpreted as sexual harassment – and such information should not be used to make decisions regarding accommodation.

Note that although someone might disclose their LGBTQ+ status to a staff member who provides appropriate reassurance of confidentiality, staff also need to be adequately trained to advocate for and protect LGBTQ+ clients and tenants from discrimination, bullying and harassment in shared environments.

Ensuring and monitoring client safety may be more challenging when referring on to privately run services (for instance, boarding houses), and when there is a significant shortfall in crisis accommodation, transitional or social housing, and other specialised services (particularly outside metropolitan areas). For suggestions see Section 1.5: Specific Support, Referral, and Advocacy and Section 2.4: Staff Training.

1.4 Discrimination and Harassment

How

Understanding discrimination

- Understand what discrimination can look like for LGBTIQ+ people, and multiple layers of oppression, and undertake more specific training where possible.
- Recognise that LGBTIQ+ people may experience specific barriers and discrimination in shared accommodation (such as sharehousing) and the private rental market.
- Adopt a 'no wrong door' approach so that LGBTIQ+ people who present to a service are given the support they need, and without having to retell their story to multiple providers.
- Be aware of relevant Commonwealth and State/Territory legislation regarding discrimination and victimisation.

Reporting and communication

- Communicate anti-discrimination policies and behaviour codes to all clients upon intake and support them to be good allies (Ecker 2017). Name homophobia, biphobia, transphobia, prejudice against or pathologisation of intersex people, and racism, and promote a 'Zero Tolerance' approach to discrimination and harassment.
- Respond to discrimination and harassment when they happen, and ensure that appropriate training, resources, and systems review are put in place.

Why

LGBTIQ+ people face increased risk of discrimination, stigma, harassment, and violence. Discrimination may not only come from service provider staff, institutions, workplaces, and the general public, but from within the LGBTIQ+ community¹⁰, as well as multicultural,

- Explain to clients that reporting discrimination and harassment does not affect their position or access to the welfare system.
- Understand that previous traumatic experience with the law can impact on a client's willingness to report discrimination and harassment, especially for asylum seekers fleeing persecution.
- Ask if LGBTIQ+ people feel safe and supported at school and in higher education. Follow up with the education provider and advocate if they are being bullied, harassed, or experiencing other discrimination (Lambda Legal 2009; Marksamer, Spade, and Arkles 2011).
- Include clear information on complaints pathways, ensure that complaints are taken seriously and managed appropriately, and support the complaints process. Have an in-depth discussion with the client about:
 - » Options for lodging a formal/informal, internal/external, identified/anonymous complaint at organisational, State/Territory, and national levels (including via the Australian Human Rights Commission, for instance, if that is more relevant than the Equal Opportunity Commission).
 - » Any safety concerns they might have during or after a complaint is made.

multifaith, and other communities that LGBTIQ+ people identify with, and in online spaces.

Discrimination is also an issue in the private rental market – especially for queer and trans people from Indigenous or migrant backgrounds, or with

a disability. Racism, queerphobia, transphobia, and ableism (including lack of accessible housing generally) compound an already highly competitive housing climate, and there can be additional barriers such as increased risk of financial stress, lack of ID, and gaps in rental histories. Asylum seekers, who are unable to work on a bridging visa, are particularly vulnerable in shared accommodation.

Under the Commonwealth *Sex Discrimination Act 1984*, amended in 2013¹¹, it is unlawful to discriminate against someone on the basis of their sexual orientation, gender identity, or intersex status. Although religious exemptions and some state-based legislation may still allow exceptions, this should not be used as an excuse to reject clients or deny service (National LGBTI Health Alliance 2016). Nor should a fear that providing service to an LGBTIQ+ person might make other clients 'uncomfortable'. The Australian Human Rights Commission provide more information about the Act, as well as examples of direct and indirect discrimination, on their website and information sheet (AHRC 2014a).

Importantly, the Commonwealth *Racial Discrimination Act 1975* prohibits racial vilification and unfair treatment on account of race, colour, descent, nationality, ethnicity, or immigration status (AHRC 2014b).

The *Disability Discrimination Act 1992* prohibits discrimination against people with disabilities, including discrimination on account of being accompanied by an assistant, interpreter, reader, trained animal, or equipment or other aid; it also protects people from discrimination, for example, if they are carers, parents, or friends of people with a disability (AHRC 2014c)¹².

More information about discrimination laws in Australia and making a complaint is available on the Australian Human Rights Commission website¹³.

The Australian Human Rights Commission provide more information about the Act, as well as examples of direct and indirect discrimination, on their website and information sheet (AHRC 2014a).

Other legislation in States and Territories include:

Victoria:

Equal Opportunity Act 2010

New South Wales:

Anti-Discrimination Act 1977

Queensland:

Anti-Discrimination Act 1991

Northern Territory:

Anti-Discrimination Act

Western Australia:

Equal Opportunity Act 1984

Tasmania:

Anti-Discrimination Act 1998

South Australia:

Equal Opportunity Act 1984

Australian Capital Territory:

Discrimination Act 1991

11. *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013*.

12. <https://www.humanrights.gov.au/our-work/disability-rights/brief-guide-disability-discrimination-act>

13. www.humanrights.gov.au

10. For example, racism, biphobia, transmisogyny, and ableism.



1.5 Specific Support, Referral, and Advocacy

How

Assessing individual need for LGBTIQ+ specific or generic referrals

- During assessment, use a person-centred framework by explaining the types of support you can offer LGBTIQ+ people, and then seeking guidance from the individual on what their specific needs are, and what they are comfortable engaging with. Do not make assumptions about which type of service a person may wish to access.
- If no support groups or services exist for LGBTIQ+ people in their local area, or none that they feel comfortable accessing, provide information about support options that are state-wide or national, in other areas, online, or over the phone.
- Be mindful when discussing sensitive topics concerning surgery, hormone replacement treatment (HRT), or other medical interventions around intersex people that these can often be triggering.
- Be mindful that people who have experienced significant trauma may be less inclined to engage with other services and supports due to emotional fatigue.

Choosing appropriate referrals

- Have the right knowledge to connect LGBTIQ+ people with other forms of support and social engagement they might need, such as:
 - » An appropriate community worker or liaison officer;
 - » Accessible building and facilities;
 - » Safe spaces to engage in religious/spiritual practices;
 - » Social support groups (online, phone, or in

person) and events; and

- » Inclusive health services to access HRT and/or surgery.

- Remember when providing referrals that asylum seekers, international students, and other temporary residence visa holders are not able to receive support such as Medicare or Centrelink.

Assessing LGBTIQ+ inclusivity of referral networks

- Do not refer clients to any service that claims to be 'queer friendly' without checking how inclusive they are. Build strong relationships with other workers to whom you refer, and vet these services to ensure they are safe. Ten basic questions to ask include:
 1. How welcoming and inclusive do they think the service is towards LGBTIQ+ clients?
 2. Have staff done any LGBTIQ+; trans, gender diverse, and nonbinary; intersex, or other cultural competency training in the past two years?
 3. Have staff done specific training for Indigenous, multicultural, and multifaith communities?
 4. Are there specific anti-discrimination policies and codes of conduct in place that ensure the cultural safety of LGBTIQ+ clients?
 5. Will staff respect clients' confidentiality, and use name and language that clients use? Is there anything other than male/female as gender options on intake forms?
 6. If it is a gendered service, is it inclusive of trans, gender diverse, and nonbinary people?
 7. Has the organisation undergone any other processes or accreditation (such as the Rainbow Tick) to become more inclusive?

8. Does the service have any LGBTIQ+ specific programs?
 9. Is there a clear complaints pathway?
 10. Are they aware of this guide, and relevant anti-discrimination legislation?
- If during the vetting you identify that there may be risk for your LGBTIQ+ client, then try to find another inclusive service. If that is not an option, then inform your client of the risk so they can make an informed decision about accessing the service.
 - Be aware of different ways of assisting LGBTIQ+ people to enter the private rental market (such as housing establishment funds, private rental assistance products, Facebook groups).
 - Understand that some LGBTIQ+ clients may need help providing other proof of identification if they are unable to change their official documents or if those documents are missing.
 - Use a strengths-based approach to promote resilience and build capability for self-advocacy.

Why

To increase support for clients and reduce the risk of being referred to culturally unsafe services, workers need to be aware of some existing LGBTIQ+ groups and other inclusive organisations that are accessible to clients (and families) and can promote social connections. Following a Housing First approach, it may be necessary to wait until the initial crisis and need for accommodation are addressed before addressing other issues, such as social isolation.

Rather than expecting to be educated by the client, workers must be prepared to reach out and advocate on their behalf, as required. At the same time, it is critical to check in with the client about whether (and what information) relating to their LGBTIQ+ status they consent to disclose with other people and services.

Do not assume that just because someone identifies in a particular way, or has a particular lived experience, that they necessarily feel connected to or desire to connect with that community, or that they feel capable or comfortable approaching a group, facility, or other service specifically for that community, or in their local area. For example,

Family considerations

- Recognise that family – chosen and family of origin – and community connections can play a central role in the lives of many service users.
- Work with families of origin as appropriate – or at least one supportive member if possible, not necessarily biological parents – without pressuring LGBTIQ+ young people to return or making assumptions about their reason for homelessness (Abramovich 2016a).
- Be aware that found or chosen family, and queer relationships are often distinct from and may not reflect heteronormative or monogamous ones.
- Recognise that social connections and networks have an important role in reducing the risk of homelessness – especially for LGBTIQ+ people – and improving health and wellbeing.
- Remember that feelings of isolation, loss of connection, and not belonging – including to the LGBTIQ+ community – are also common.

a bisexual person in a heterosexual-presenting relationship may not feel comfortable accessing an LGBTIQ+ specific service; and a person with a disability may experience more restrictions on their freedom and difficulties connecting with LGBTIQ+ communities and/or disability communities (Leonard and Mann 2018).

In some areas, there may be a lack of existing LGBTIQ+ specific services or support groups to refer to; in these cases, be aware of phone and online options, and options for referring clients to relevant services that are state-wide, national, or in other regions (Barrett and Stephens 2012). A range of visitor support schemes, including online, are also available for LGBTIQ+ elders, coordinated nationally by Silver Rainbow¹⁴.

Working with families of origin can be important in prevention and early intervention, but LGBTIQ+ young people – who are at increased risk of becoming homeless due to family rejection, conflict, and violence – should not be pressured to return to their families of origin. Since victims of violence are often referred to homelessness services, workers ideally have some understanding of risks and dynamics in

14. <https://lgbtihealth.org.au/ageing/>

the context of LGBTIQ+ relationships and families generally.

The kinds of family violence¹⁵ or intimate partner violence that could be driving homelessness for LGBTIQ+ people may take a variety of forms such as:

- Verbal, physical, economic, or emotional abuse;
- Denial of gender affirmation or expression;
- Threatening to disclose their LGBTIQ+ status to others without their permission;
- Control of, access to resources, medical treatment, friends and communities, and
- Forced medical interventions for intersex youth.

Family can also play a central role (in terms of cultural responsibilities and connection to country) in the lives of many service users. Services may also fail to recognise found or chosen family and queer relationships that fall outside heteronormative, monogamous, or biological types.

Some trans, gender diverse, and nonbinary clients may need particular information or assistance from staff at homelessness services to change their identity documentation (such as birth certificates, passports, Medicare or Centrelink details) in order to affirm their gender. This can have a positive

impact on wellbeing and help reduce obstacles to accessing financial support¹⁶, employment (Abramovich 2016b), and other services. Depending on the program and situation, discretionary funds may be able to support the client in this process. If a letter of support is required from a medical or other professional to change details on personal documents, appreciate how pathologising this process may feel, and ensure that you send them to a trans-affirmative professional who is familiar with the relevant legislation and the informed consent model (Equinox Gender Diverse Health Centre 2017). This may require services to develop a process for systematically sharing relevant resource information with new and existing staff.

Nonetheless, there may be safety-related reasons why some clients are not comfortable engaging with particular support services, including faith-based, gender-specific, legal, police, family violence and sexual assault services.

Using a person-centred framework, rather than a one-size-fits-all approach will enable the worker to explain the types of support that can be offered to LGBTIQ+ service users, while seeking guidance from them as to what their specific needs are, and what they are comfortable accessing.

Some examples might include supporting LGBTIQ+ people to:

Engage mainstream services that can provide PrEP or PEP for HIV prevention¹⁷ without being judged or poorly treated;

Access specific health care, such as hormones and surgery, to medically affirm their gender or manage an intersex variation;

Refuse medical interventions if they prefer;

Change their identity documentation to affirm their gender;

Find LGTBIQ+ friendly legal services;

Find Facebook groups specifically for LGBTIQ+ people seeking housing in the private rental market;

Find churches, religious organisations, faith-affiliated support and advocacy groups;

Find counselling and groups where families can get support (for example, PFLAG);

Find support groups for international students;

Find support groups for refugees;

Find bisexual support groups;

Find other support groups for gender identities similar to their own;

Find a range of supports in their local area, or other regions, online, or on the phone as required;

Have a gender-affirmation plan in their school or workplace;

Develop a safety plan for disclosing to family or community members, or navigating confidentiality and anonymity concerns, if desired, and

Find social, legal, and financial support for victims of family violence or intimate partner violence.

15. A study by Inner City Legal Centre in New South Wales found experiences of domestic violence were more common among trans and intersex respondents. (ICLC 2011: 24).

16. Note that medical affirmation procedures – such as surgery and hormones – are not required to change gender markers.

17. For more information see: <http://www.ashm.org.au/HIV/PEP> and <https://www.ashm.org.au/HIV/PrEP/>

2. Content for Service Managers

Sections 2.1 to 2.5 provide information for LGBTIQ+ inclusive practice and implementing cultural change (for instance, to increase awareness, accessibility, reporting, and shift attitudes) across the organisation. Changes in these areas should complement and support other practices undertaken by staff at front of house and service delivery level.

In order for inclusion to become a norm within the workplace culture, and for workers to be able to achieve the points outlined in Section 1, service managers will need to have in place:

- Inclusive organisational policies that are embedded and monitored (2.1);
- Inclusive values and quality improvement processes that are reflected in procedures and facilities (2.2);
- Multiple opportunities for consumer participation (2.3);
- Adequate staff training about inclusive practice across the organisation (2.4);
- Inclusive data capture and storage systems (2.5), and
- Managers who lead by example in being inclusive during their engagement with service users and staff alike, and who demonstrate a workplace commitment to LGBTIQ+ inclusion.



2.1 Organisational Policies

How

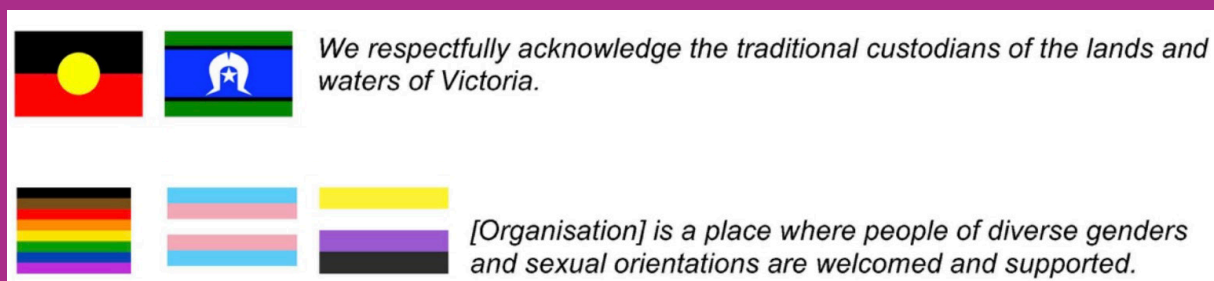
Reviewing existing policies

- Review all existing policies, as well as language used in internal and external communications and resources to ensure they are inclusive of people with diverse genders, sexual orientations, and intersex variations.
- Consult with LGBTIQ+ representatives and specialist organisations to ensure that they have a voice in policy development and feedback.
- Any policies for gender-specific services (for example, for women and men) must be inclusive of trans, gender diverse, and nonbinary people, and accommodation should be offered on the basis of self-identified gender, choice, and risk assessment.
- If there is a dress code for clients, make sure that it is not gender-based and still supports clients to express their identity (Marksamer, Spade, and Arkles 2011).
- Develop and implement a LGBTIQ+ Communication Policy and train staff in respectful communication, in particular Client Service Officers.
- Develop and implement a Reconciliation Policy.
- Ensure respectful policies and procedures for working with LGBTIQ+ clients recognise diversity in the community, and emphasise equity not just equality.
- Ensure that staff, client, and visitor codes of conduct explicitly acknowledge LGBTIQ+ people, anti-discrimination, anti-harassment and diversity policies, and that these are displayed in common areas.

Symbols, statements, and celebration

- Include a clearly visible statement of LGBTIQ+ support and flags on the organisation website.
- Add LGBTIQ+ flags, statement of support, and staff pronouns to email signatures.
- Celebrate important dates for LGBTIQ+ people (such as Transgender Day of Visibility, Intersex Awareness Day, Pride, and Wear It Purple).

Example of an inclusive email signature¹⁸.



Adapted from Launch Housing

18. Note that the intersex flag has not been included. This is to avoid tokenism and to reflect the fact that there are vast gaps in understanding of homelessness and housing support needs among people with intersex variations.

Example of diversity and inclusion statement.

"All of our guidelines, policies, procedures and practice aim to ensure substantive equality and participation, at all levels of the organisation, regardless of gender identity, age, ethnicity, cultural background, disability, religion, sexual orientation and/or professional background. Our service welcomes lesbian, gay, bisexual, transgender, gender diverse and intersex (LGBTI) people"

Adapted from the Lifeview Diversity Statement¹⁹.

Example Code of Conduct.

"Employees must at all times maintain a respectful and appropriate relationship with all clients of this service. They shall deliver quality, inclusive services, regardless of the Resident's gender identity, age, ethnicity, cultural background, disability, religion, sexual orientation and/or professional background.

Discrimination, harassment, any displays of homophobia, biphobia, transphobia and/or bullying of any kind, will not be tolerated within the workplace, and will be dealt with through the performance management and /or existing disciplinary system. Our aim is always the delivery of inclusive and respectful care and services, to all, including people from the lesbian, gay, bisexual, transgender, gender diverse and intersex (LGBTI) communities".

Adapted from the Lifeview Code of Conduct.

Why

In developing and implementing respectful policies and procedures for working and communicating with LGBTIQ+ clients, it is important to recognise diversity within the community, and the needs of different groups; and, consequently, to emphasise equity, not just equality. Some questions to ask about policies include whether they:

- Respect multicultural and multifaith identities?
- Cater for specific needs of international students, temporary residents, and asylum seekers?
- Cater for specific needs of people with disabilities and promote the Social Model of Disability²⁰?
- Respect and honour the unique experiences of Aboriginal and Torres Strait Islander LGBTIQ+ people and right to self-determination?
- Support a separate Reconciliation Policy?
- Avoid conflating the needs and experiences of people with an intersex variation (or preferred terminology for their individual variation) with those who are trans, gender diverse, and nonbinary?
- Support diversity within the LGBTIQ+ community regardless of how people identify and whether or not they have had any medical/surgical intervention?

19. Aged care provider.

20. <https://pwd.org.au/resources/social-model-of-disability/>

In addition to reviewing organisational policies²¹, explicit inclusion of different groups – through flags and other symbolism – on the organisation's websites and in staff email signatures is a good first step in building rapport. This is especially important for groups who are more often refused services and discriminated against, as these experiences create

considerable mistrust. As people may not be in a position to access policies and diversity statements online during a crisis, other symbols and resources communicating that the service is welcoming and inclusive should be visible. Services can also work towards this by engaging with LGBTIQ+ community groups and supporting events where appropriate.

Example anti-discrimination and harassment policy.

"It shall be the policy of the ABC Group Care Facility to maintain and promote a safe environment for all youth in the facility's care. All ABC staff, volunteers, and contract providers are prohibited from engaging in any form of discrimination against or harassment of youth on the basis of actual or perceived race, ethnicity, immigration status, national origin, sex, disability, sexual orientation, gender identity, and gender expression. ABC is committed to providing a healthy and accepting setting for all youth placed in its facilities by training staff and educating youth to respect each other. Any discrimination against or harassment of youth, including by other youth, will not be tolerated. The provision of services to lesbian, gay, bisexual, transgender, and gender non-conforming youth in facility programs shall be free of institutional and personal bias and shall be based on the attached practice guidelines and procedures. ABC staff shall recognize and address the individual needs of each youth and shall apply ABC policies and practices fairly to all youth in our facilities. If you have experienced harassment or discrimination in violation of this policy, please file a grievance according to facility policy. All grievances will be reviewed and investigated immediately".

Marksamer J, Spade D and Arkles G 2011, *A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth*, National Center for Lesbian Rights and the Sylvia Rivera Law Project, United States, p. 51.

21. For additional suggestions on LGBTI risk management and cultural safety see GLHV@ARCSHS (2017).



2.2 Procedures and Facilities

How

Planning and monitoring to improve services and facilities

- Conduct an internal audit on LGBTIQ+ inclusivity²² to inform quality improvement planning, and link with audits of cultural diversity and accessibility.
- Ensure that planned service improvements reflect LGBTIQ+ needs. Monitor needs over time, and adjust services to meet changing and emerging needs as required.
- Include LGBTIQ+-specific supports and accommodation options where possible in a range of housing models and following Housing First Principles.
- Consider co-location of other mainstream services including health and justice – for example, to help LGBTIQ+ people who may want to speak with a lawyer on site. Provide community legal education presentations so that staff and clients can learn about rights, responsibilities, and discrimination.
- Ensure the accommodation has gender inclusive bathrooms and toilets, single stalls, lockable doors, shower curtains, at least one shower that is completely private.
- Have clear signs to all facilities, without assuming which option/s individuals prefer (Gooch 2011).
- Ensure the service is fully accessible, including but not limited to stairs, bathroom, and toilet facilities.
- Ensure there is a place where people can practice their faith and religion without fear of judgement, including a dedicated prayer room that can be used for all denominations, with Muslim prayer time clearly visible.
- Support staff and allies in establishing a Zero Tolerance approach to discrimination (National LGBTI Health Alliance 2013).

- Ensure that complaints pathways are visible, taken seriously, and managed appropriately, including options that are:
 - » Formal and informal;
 - » Internal and external (including state/territory and national), and
 - » Identified and anonymous.

Workforce

- Promote inclusion of LGBTIQ+ people and peer leadership in the workforce by:
 - » Including specific mention in staff recruitment advertisements;
 - » Having LGBTIQ+ inclusive questions in all interviews;
 - » Including LGBTIQ+ people on interview selection panels;
 - » Supporting other opportunities for LGBTIQ+ peer-led projects and programs in the organisation;
 - » Emphasising the importance and value of diversity and lived experience in the workforce;
 - » Having at least 50% representation of professionals with LGBTIQ+ lived experience on advisory groups or steering committees for homelessness and housing projects that are specifically focused on LGBTIQ+ populations;
 - » Promoting continuous dialogue between lived experience, practice, and evidence-building, and
 - » Not relying on one particular 'champion' but endorsing a whole of organisation approach and supporting networks of champions across organisations.

Example interview questions that include multiple marginal identities.

“What barriers might a person who identifies as [identity/experience] face in accessing a Specialist Homelessness Service?”

“Many different people access [organisation]. Tell me about a situation when you worked effectively with a person who had a previous experience of discrimination (for example, on the basis of gender, sexuality, race, ethnicity, Indigeneity, or disability), how did you build trust and rapport?”

What to look for:

- Awareness and understanding of specific experiences of discrimination;
- Able to identify barriers to service and access. For example, discrimination, misgendering, facilities, previous experiences of harassment or violence;
- Non-judgemental approach, and
- Acknowledgement of the importance of respectful communication, confidentiality, cultural safety, privacy, and appropriate referrals.

Adapted from Launch Housing

Why

LGBTIQ+ people experience increased risks and barriers in mainstream facilities; and have diverse, often complex needs. To promote better outcomes, a trauma-informed and recovery-oriented approach is helpful, in addition to following Housing First principles where possible, and being able to offer a range of other housing-led approaches and accommodation options that create choice (Ecker 2017; Abramovich 2016c).

An initial internal audit will help inform a quality improvement plan that ensures service developments reflect the needs of LGBTIQ+ clients, and changing needs over time through monitoring and review; as well as supporting an inclusive workforce. In addition, a supportive approach to feedback and complaints as they arise will help address systemic discrimination, increase confidence, and promote cultural change across the organisation and sector. Ten basic questions that managers can ask here include:

1. Are there accommodation options for LGBTIQ+ people that are culturally safe and consistent with Housing First principles?²³
2. Is LGBTIQ+ specific support available (if desired by the individual)?
3. Is a Zero Tolerance approach to discrimination and harassment being upheld, and supported through appropriate staff training?
4. Are the building and facilities fully accessible?
5. Are there gender inclusive toilets and clear signage?
6. Do bathrooms have lockable doors?
7. Is there at least one shower that is completely private?
8. Are there safe spaces for people to practice and retain their faith?
9. Are feedback, complaints, and other consumer participation processes supported?
10. Is LGBTIQ+ leadership, diversity, and lived experience, valued and supported in the workplace?

22. An example audit tool is available on the website: <http://www.lgbtihomeless.org.au/resources/for-service-providers/>

23. Housing as a human right, harm reduction, and offering housing first.

Example LGBTIQ-inclusive content in job advertisements and position descriptions.

"[Organisation] is an Equal Opportunity employer and supports accessible working arrangements for all. This includes people with a disability, Aboriginal and Torres Strait Islanders, culturally, religiously and linguistically diverse people, young people, older people, women, and people who identify as gay, lesbian, bisexual, transgender, gender diverse, intersex or queer. We acknowledge Lived Experience as a unique expertise, and encourage people with a Lived Experience of Homelessness to apply."

Adapted from Launch Housing



2.3 Consumer Participation

How

Creating specific opportunities

- Include opportunities for LGBTIQ+ people to be involved in the planning and development of facilities, and review process (Ecker 2017).
- Establish an LGBTIQ+ lived experience advisory group and support leadership opportunities.
- Create and promote specific roles on lived experience advisory groups, and ensure that intersectional identities and experiences are included.
- Create an LGBTIQ+ portfolio and liaison officer and/or peer mentor role, to help coordinate activities and disseminate inclusive practice knowledge.

Referrals and consultation

- Ensure that feedback loops are in place, to increase client confidence that making a complaint results in action for improvement.
- Develop and review complaints pathways and avenues for feedback with lived experience advisory group.
- LGBTIQ+ people and secondary consultations should not be automatically referred to particular staff who specialise in LGBTIQ+ cultural competency without prior discussion and recognition of this as specific work.
- Promote consultation with and involvement of

Why

Valuing consumer participation is important in strengthening connections with diverse communities. In particular, providing multiple opportunities for feedback and input from LGBTIQ+ people with lived experience of homelessness, and engaging with LGBTIQ+ communities more widely – especially

Example of consumer participation.

A new crisis accommodation facility was being developed. In order to hear what might work best for LGBTIQ+ people with a range of experiences, a large roundtable was held. People who attended were reimbursed for their time. A survey was also conducted. By engaging LGBTIQ+ community organisations and people with lived experience of homelessness in this discussion, the service was able to gain a more informed view about what organisational change was needed and how best to support LGBTIQ+ clients within the new development.

Based on example from VincentCare

LGBTIQ+ community groups, and partner on projects where possible.

- Reimburse consumers and community groups appropriately for their involvement.

intersectional identities and experiences – has a critical role to play in developing policies, procedures, and facilities that are accessible, safe, and inclusive. This can involve:

- Lived experience advisory groups with specific roles;

- Peer mentoring, leadership, and traineeship opportunities that help build capacity of the LGBTIQ+ workforce;
- Consulting with LGBTIQ+ community groups for feedback and review concerning policies, risks, procedures, and facilities;
- Partnering with LGBTIQ+ community groups on new initiatives that promote co-design principles;
- Reimbursing consumers and community groups for their time, and
- Establishing an LGBTIQ+ portfolio and liaison officer role within mainstream services.

Introducing paid LGBTIQ+-specific roles – such as an LGBTIQ+ liaison officer – can be a helpful means of coordinating activities, supporting other workers, and disseminating knowledge around inclusive practice. Additional funding may be needed to establish this, or if funding is lacking it could be formally integrated into another role. In order to implement organisational change, however, support is still required across the whole organisation rather than leaving this to one staff member who might be tasked with the LGBTIQ+ portfolio (and LGBTIQ+ clients should not be referred automatically to this person without discussion, as the member of staff may not have capacity or be able to assist with all issues).

When creating lived experience advisory groups and peer mentoring or other leadership opportunities, remember that one person cannot speak for an entire community, so include a variety of roles and intersectional identities and experiences – for example, LGBTIQ+ people of multicultural and multifaith backgrounds, and different cognitive and physical abilities. Participants should also be reimbursed for their time in exchanging valuable knowledge and skills, and for contributing to organisational change.



2.4 Staff Training

How

Staff knowledge, skills, and attitudes

- Conduct an annual survey to assess staff attitudes and knowledge of LGBTIQ+ issues and experiences.
- Assess and monitor skills gaps in working with LGBTIQ+ service users during staff supervision.
- Provide new staff with LGBTIQ+-specific information during induction, so that all new staff are aware of key issues for LGBTIQ+ people accessing their service.
- Develop a knowledge bank of LGBTIQ+-specific resources (on the intranet if available), and share these with all staff, including an up-to-date list of inclusive referral services.
- Conduct regular, whole-of-organisation, face-to-face LGBTIQ+ training. Set training completion targets for current and new staff and evaluate.
- Be aware that broad LGBTIQ+ inclusive practice training often does not address the complexities involved in more marginalised groups and

intersectional experiences, so ensure there is further training to address this.

Supportive training

- Ensure that management or another senior representative introduces and is present during training sessions, to highlight that this aligns with other organisational diversity policies and is supported at all levels, as well as to ensure the cultural safety of trainers and participants.
- Ensure that human resources have capacity to assist LGBTIQ+ staff members who may wish to affirm their sexual orientation, gender identity, or intersex status in the workplace. Share this information about resources with staff during induction, on the intranet if the service has one, and following training.
- Check in with staff after training is completed and have a support plan, including information about Employee Assistance Program (EAP) services.
- Consult with community groups to identify trainers and reimburse all trainers for their time.

Example of whole-of-organisation training.

Family Access Network (FAN) provides a range of support, such as transitional housing and referrals, for young people at risk of homelessness in Victoria, including those who identify as LGBTIQ+. LGBTIQ+ training continues to be a core competency requirement for staff at all levels within the organisation, and an integral part of orientation and recruitment processes. Training is guided by an overarching LGBTIQ Portfolio, and trends arising in LGBTIQ-specific data captured by this service (for example, increasing numbers of trans clients accessing the service prompted whole-of-organisation trans-focused staff training).

Why

Training of staff in LGBTIQ+ inclusive practice and cultural safety needs to be planned, prioritised, evaluated, and approached as a regular, mandatory, ongoing process, rather than one-off. This is important as needs, language, and identities within the community continue to evolve – as do capabilities and knowledge of staff – but also to accommodate staff turnover. It can help to set training targets for current and new staff (such as completion of training within six months for the former, or one month of employment for the latter), and use supervision to assess and monitor skills gaps.

Regular training needs to take place at all levels across the organisation²⁴ – including board members, management, front-line staff, reception, grievances/complaints, and volunteers – and ideally, sessions are introduced by senior management to emphasise this. Management can use this opportunity to communicate how this training aligns with other organisational diversity strategies and inclusion policies; and to direct staff to the Employee Assistance Program (EAP) and support plan in the event that training raises personal questions, or triggers trauma and distress for staff.

As well as specific training on LGBTIQ+ issues and inclusive practice, additional training may be needed to ensure that human resources have capacity and a support plan to assist staff who wish to come out or affirm their sexual orientation, gender identity and/or intersex status in the workplace. This information can also be discussed during staff induction.

At induction, managers can highlight a range of LGBTIQ+ resources accessible on the intranet, if the service has one, including but not limited to an up-to-date list of inclusive referral services for LGBTIQ+ clients that encompasses:

- Accommodation options;
- Counselling services;
- Support for parents and families;
- Employment services;
- Community support groups; and
- Information about rights, relevant legislation, and complaints pathways (Lambda Legal 2009).

Staff training should encompass further specific marginalised intersectional identities and experiences (for example, intersex, people of colour, multifaith, Aboriginal and Torres Strait Islander, people with a disability, neurodiverse, transgender, nonbinary, asylum seekers, refugees, international students, and so forth). Where possible, trainers who have lived experience of those marginalised identities and specific experiences should be asked to deliver this training; and trainers should not be expected to deliver this for free but be appropriately reimbursed for their time. More general tips on selecting LGBTIQ+ trainers are provided under Standard 2 of the Rainbow Tick (GLHV@ARCSHS 2016).

One way that managers can gauge staff knowledge, attitudes, and gaps is to conduct an annual survey using a range of indicators. They can also consult with community organisations and the lived experience advisory group.

24. Note that if training attendance is voluntary, there is a risk that those staff that need it most may choose not to participate.

2.5 Data Capture and Storage

How

Sensitive data systems and response options

- Ensure data is gathered in a way that respects confidentiality, and that the individual understands how and when information could be shared with other services (Irlam 2012).
- Provide training for service delivery staff in how to ask questions sensitively, and in a way that reassures the person that information is being collected to provide the best service.
- Ensure data is stored that reflects the person's name and gender that they identify with.
- Forms and data entry fields should include a range of options and cultural variations, as well as a "prefer to self-describe" free text box. This applies to sexual orientation, gender, pronouns, titles, and relationships.

Why

Recording comprehensive, accurate, and consistent information about LGBTIQ+ people, or 'data integrity' (Ansara 2016), in an inclusive way²⁵, is important to:

- Increase understanding and awareness, and make more informed decisions (Irlam 2012);
- Recognise particularly vulnerable and over-represented groups;
- Identify important differences (including in service use), intersections, and specific needs; and
- Build capacity to respond appropriately, create safe and inclusive environments, and provide targeted service responses.

Although there are a range of reasons why people accessing services may not disclose that they are LGBTIQ+ to staff, any information about LGBTIQ+

- Include intersex variation as a separate question, include a description when asking, and do not conflate with sexual orientation or gender.
- Include "prefer not to say" and "don't know" response options.
- Advocate for change where prescribed databases are not inclusive.

Identifying trends

- Give staff the opportunity to provide feedback during supervision about any issues arising in data capture.
- Monitor data capture over time to ensure quality, accuracy, and inclusiveness of fields.
- Identify and report trends, and implement improvement plans in response to changes over time.

people that is recorded in a database or on intake and assessment forms, and during evaluation processes, should be gathered in a way that respects their confidentiality, and clarifies that information is being collected to provide the best possible service. In order to achieve this, managers must ensure that staff are adequately resourced and trained in how to ask questions concerning LGBTIQ+ status sensitively.

For LGBTIQ+ people to provide information about their gender, pronoun/s, sexual orientation, intersex variation, and relationships that reflects their experience, the data recording fields need to include a wide range of:

- Binary and nonbinary options (not just an 'other' category) (Ansara 2016);
- Cultural variations;

- Non-heteronormative relationships;
- Alternative understandings of family (such as chosen family) and gender-neutral options;
- Alternative titles (rather than Miss, Mr, Mrs, etc.) or remove titles altogether;
- Options for preferred emergency contacts (including preferred name and gender to be used with each contact)²⁶;
- Options such as "prefer not to say", "don't know", and
- Free text box (where people can self-describe).

Importantly, data fields should not conflate intersex variation with gender or sexual orientation categories, and clients should be able to select more than

one option. Note that the relationship status that asylum seekers and refugees in particular disclose may not always reflect their sexual orientation or gender identity/experience; for example, if they are legally married to a cisgender heterosexual person in Australia or their country of origin (Noto, Leonard, and Mitchell 2014).

Where possible, any internal data should be stored that reflects the individual's name and gender that they identify with – not what might be recorded elsewhere as their birth gender or legal name. Failing to have systems in place like this can lead to misgendering or using the wrong name, which may re-traumatise a client and create a barrier to help-seeking.

Example of inclusive database fields.

Victoria

Some services such as Family Access Network in Victoria have developed their own parallel data collection system, enabling them to capture information on LGTBIQ+ status despite limitations of the current national database. Other services, such as Launch Housing, have added fields to the SRS (Service Record System) following consultation with community members. Examples of new fields that have been added are:

Pronouns: She/her, he/him, they/them, name only, prefer to self-describe.

Gender identity: Female, male, trans, Sistergirl, Brotherboy, genderqueer, trans feminine, trans woman, trans masculine, trans man, nonbinary, questioning/unsure, prefer not to say, prefer to self-describe.

Intersex variation: Yes, no, prefer not to say.

Sexual orientation: Asexual, bisexual, gay, heterosexual, lesbian, pansexual, prefer not to say, questioning/unsure, prefer to self-describe.

Note that many more identities and orientations could be included, and that there may be differences in the spelling of some (for example, Sistagirls)²⁷.

25. For more detailed information about this term and why it matters in relation to this population see (Ansara 2016).

26. For example, see O'Link et al. (2015: 21).

27. This is another reason why it is best to include a 'prefer to self-describe' free text box (McNair, Andrews, and Wark 2018).

Example of inclusive database fields (cont.)

New South Wales

Twenty10 in New South Wales provides a range of services for LGBTIQ+ young people, including housing. They also train specialist homelessness services in inclusive data capture and storage in the state-wide CIMS database. Examples of questions and expanded fields under the LGBTQI tab of CIMS include:

What is the client's gender identity? Male, female, nonbinary, prefer not to say, different identity.

Does the client consider themselves to be: Lesbian, gay or homosexual, straight or heterosexual, bisexual, queer, prefer not to say, different identity.

Has the client had a trans or gender diverse experience? Yes, no, prefer not to say.

Was the client born with a variation of sex characteristics (this is sometimes called intersex)? Yes, no, prefer not to say.

Note that a description is important to include when asking the question as people may not understand what intersex is. "Prefer not to say" and "don't know" should also be included as possible responses. If "born with" is not part of the question, furthermore, then it could include people who have acquired variations in sex characteristics through other processes.

Example of inclusive intake policy.

Field	What you would say when asking	Answer options	Conditions
Pronouns	<i>"What pronouns do you feel most comfortable with people using to refer to you?" or "What are your pronouns?"</i>	she; they; he; other: please specify	Multiple choice. Please select all that apply.
Gender	<i>"What is your gender or gender identity?"</i>	man; woman; nonbinary; agender; other: please specify	Multiple choice. Please select all that apply.
Trans or gender diverse status	<i>"Are you trans or gender diverse? This could include if you are questioning your gender. Being trans or gender diverse means not identifying with the gender assigned to you at birth."</i>	No / Yes / unsure	Optional
Intersex status	<i>"Intersex is a term for people born with atypical physical sex characteristics. There are many different intersex traits or variations. Do you have an intersex variation?"</i>	No / Yes / unsure	Optional
Sexual identity	<i>"What terms do you prefer to identify your sexuality?"</i>	gay; lesbian; bisexual; queer; asexual; straight; other, please specify	Optional, please select all that apply

PICYS (Perth Inner City Youth Service) Inclusive Data Collection Plan

Conclusion

This guide provides specialist homeless services and other housing providers with a more detailed framework for working with LGBTIQ+ people, and hopefully with a deeper understanding of why LGBTIQ+ people can experience more risks and barriers within these sectors.

By drawing on existing resources and the wealth of knowledge among our LGBTIQ+ community and homelessness and housing sector reference groups, we hope that the guide will help redress some of the outstanding gaps (further discussed in the Appendix), paving the way for more targeted and effective service responses and policies at state/territory and national levels. Ultimately, we hope this helps reduce the risks and barriers for LGBTIQ+ people who are experiencing homelessness or housing instability in Australia.

At the same time, we recognise a need for further research, and research partnerships with service providers, to build more nuanced knowledge of the many diverse and unique experiences and trajectories for LGBTIQ+ people through the Australian homelessness and housing systems. In implementing this guide and embedding the necessary cultural change within different agencies across states and territories in Australia, furthermore, we recognise that services are guided by other quality assurance standards and reporting requirements and, as such, can face a number of challenges. Some challenges include:

- Existing pressure on services and significant lack of short-term crisis accommodation, transitional or social housing, and other long-term options, especially in non-metropolitan areas, such that demand outweighs supply;
- The capacity of services – to introduce new roles and modify accommodation facilities, for instance – can vary greatly depending on size and location, and other factors;
- LGBTIQ+ people seeking assistance may be denied care on grounds of religious exemptions or other

State/Territory legislation that makes some forms of discrimination legal;

- Ensuring safety and inclusivity of LGBTIQ+ people in facilities where there is a high turnover of residents (such as short-term crisis accommodation) and the private sector (rental market, boarding houses);
- Limitations of current national data collecting institutions such as the Australian Institute of Health and Welfare and national population data, including lack of appropriate fields for LGBTIQ+ people.

To successfully facilitate LGBTIQ+ inclusive practice in housing and homelessness sectors, increased funding and resources are required from State/Territory and Commonwealth governments to:

- Support investment in training, education, resources, and service development, especially for smaller agencies and those in regional areas;
- Support the establishment of paid LGBTIQ+ liaison officer roles within services (or at least within a service network);
- Increase short, medium, and long-term housing, as well as specialised services for LGBTIQ+ people at risk of homelessness;
- Ensure that the rights of LGBTIQ+ people accessing mainstream services are upheld, including through anti-discrimination legislative reform; and
- More clearly identify and address the needs of LGBTIQ+ people at risk of homelessness in government strategies, policy frameworks, data collection systems, and responses, going forward.

Appendix 1

Homelessness and LGBTIQ+ People

Survey research conducted in Canada, the United States, and the United Kingdom, has suggested that, among the homeless youth population, 20-40% identify as LGBTQ or LGBTQ2S (lesbian, gay, bisexual, transgender, queer, and two-spirit) (Abramovich and Shelton 2017; Albert Kennedy Trust 2015; Gaetz et al. 2016; Price et al. 2019). This is similar to reported rates of LGBTQ homelessness in Australia, with increases in trans, gender diverse, and nonbinary clients observed by service provider staff in recent years (McNair et al. 2017; Oakley and Bletsas 2013); however, prevalence remains difficult to estimate, partly due to the lack of options for appropriately recording sexual orientation, gender diversity, and intersex variations in mainstream services and population research.

Frameworks for understanding homelessness have been largely informed by white, Western, heteronormative worldviews that are not necessarily inclusive of the diverse and complex experiences of highly marginalised groups, leading to major gaps in knowledge and service provision. In this guide, 'homelessness' is understood as a complex process shaped by intersecting social and cultural factors, with a history in Australia linked to white settler colonisation and the dispossession of lands from the Traditional Custodians; this history contributes to the massive over-representation of Aboriginal and Torres Strait Islander people in Australia's homeless population (Coleman and Fopp 2014). Homelessness is also linked to an inadequate supply of safe and affordable housing, stability and length of tenure, and includes overcrowding. For the purpose of this guide and future policy directions, it is understood as an experience (irreducible to rooflessness or personal choice) of having 'unsuitable accommodation' – meaning a dwelling where security of tenure, or control of access to space for social relations, are

compromised; or where living arrangements are in other ways inadequate (ABS 2012).

In the *State of Homelessness in Australia's Cities* survey, which was focused on rough sleeping, Aboriginal and Torres Strait Islander people accounted for approximately 20%, and a much higher proportion had been previously imprisoned compared with people who did not identify as Aboriginal and Torres Strait Islander (Flateau et al. 2018). Specific data on the prevalence of homelessness among Aboriginal and Torres Strait Islander people who identify as LGBTIQ+, and Brotherboys and Sistergirls, is still missing. In the *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSIPeP)* report (Dudgeon et al. 2016), LGBTIQ+ Aboriginal and Torres Strait Islander people were identified as particularly vulnerable, and a high-risk group for suicide. Some of the specific challenges raised in the ATSIPeP report included the compounding effects of racism (including from the wider LGBTIQ+ community), homophobia and transphobia from non-Indigenous people; as well as the trauma of rejection from some family members and communities (Dudgeon et al. 2016).

The *State of Homelessness in Australia's Cities* report also found that the percentage of survey respondents who had a permanent disability limiting mobility was twice as high among those who identified as female (40.6%) compared to male, and higher among Indigenous (36.7%) than non-Indigenous Australians (Flateau et al. 2018). People with disabilities are at increased risk of homelessness, and staying in abusive relationships, when shelters and other services are not accessible. However, there is still a major gap in knowledge of homelessness rates and experiences among people with a disability, and different types of cognitive and physical disabilities, who are LGBTIQ+.

There are also major gaps in understanding of homelessness experiences for LGBTIQ+ people from migrant communities and religious minority groups. There can be additional feelings of fear, shame, or guilt concerning lost connections (with family or community) because of their gender and/or sexual orientation. LGBTIQ+ people from religious minority groups may be more reluctant to access mainstream faith-based services (for example, Anglo Christian), and refugees may be less inclined to engage with services after significant trauma and the long process of applying for asylum. For international students, identifying as LGBTIQ+ could carry the risk of a visa being cancelled, and/or loss of financial support from families and sponsors, potentially impacting on their studies as well as their housing situation. Like asylum seekers, they are unable to access support such as Medicare and Centrelink. In short, the reasons why LGBTIQ+ people from many different multicultural and multifaith groups become homeless, unable to access services, or remain in high-risk home environments, are still poorly understood.

People with an intersex variation (or preferred medical terminology for their individual variation), and with particular intersex variations, who do and do not identify as LGBTIQ+ have also been especially overlooked in homelessness policy, research, data, and service provision. In a recent Australian survey, which focused on people with an intersex variation, 6% of respondents reported being homeless or living precariously (Jones et al. 2016). Equally important to note is that while people with an intersex variation may identify as L, G, B, T, I, and/or Q, not everyone does, or considers themselves to be part of the LGBTIQ+ community, and an equally wide range of identities exist among intersex people as with those who are not²⁸.

Other groups within the LGBTIQ+ community about which there is limited data and understanding when it comes to homelessness pathways and experiences, include people who are living in rural/regional/remote areas, exiting prison or previously incarcerated, elderly, older women, neurodiverse, sex workers, living with HIV, and victims of violence (family, intimate partner, sexual, emotional, and economic).

Appendix 2

Development of the Guide

Prompted by previous research and recommendations, this guide has been developed through consultation with two advisory groups, including an LGBTIQ+ Expert Advisory Group and Housing and Homelessness Expert Panel.

The purpose of the LGBTIQ+ Expert Advisory Group was to provide critical advice on the initial framework and content of the guide, to ensure representation from diverse stakeholders among states and territories as well as national levels, and to respond to feedback during rounds of consultation with the Housing and Homelessness Expert Panel. The Housing and Homelessness Expert Panel was invited to provide feedback on the draft guide using a style of consultation based on the Delphi method. Although there is some variation in how

the Delphi method is understood and applied, it generally describes a tool and process of decision-making that is often used to achieve agreement on complex problems where a select panel of experts is asked to provide successive rounds of feedback until consensus is reached (Habibi, Sarafrazi, and Izadyar 2014), where a select panel of experts is asked to provide successive rounds of feedback (Habibi, Sarafrazi, and Izadyar 2014) until consensus is reached. A Likert Scale may be used to gauge how strongly the panel members agree or disagree with each statement in a questionnaire. The sector experts selected to be on the panel were drawn from key services, peak bodies, and other advocacy roles within the homelessness and housing sectors.

28. <https://ihra.org.au/allies/>

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