Gender & Sexuality Inclusive Practice Guide

VincentCare
Engage. Enable. Empower.

VincentCare proudly acknowledges the Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and water on which we live, work and play.

We pay our respects to elders past, present and emerging.

Our purpose
To create opportunities for lasting change for the most marginalised.

Our aspiration
To be the leader in providing care, hope and advocacy for those facing disadvantage.

Our values
Courage. Compassion. Accountability. Excellence. Leadership. Dignity.

Contents

This guide was written and produced by VincentCare's Quality Team and Project Coordinator, Gender and Sexuality, Jac Tomlins. We acknowledge and thank all staff, clients and volunteers for their input and for sharing their lived experiences.

1. Introduction

Welcome to VincentCare's Gender and Sexuality Inclusive Practice Guide.

The Inclusive Practice Guide has been developed to provide staff with information, resources and guidance on working effectively with LGBTI+ clients. We want to ensure that LGBTI+ clients receive the best possible service when they come to VincentCare.

It includes: information about intersectionality, an examination of inclusive practice and VincentCare's Homelessness to Recovery Model, practical case study examples and historical background and research.

The Inclusive Practice Guide also acknowledges VincentCare's obligations under the following legislation:

- the Sex Discrimination Act 1984 (Cth), which makes discrimination on the grounds of sexual orientation, gender identity and intersex status unlawful; and
- the Victorian Equal Opportunity Act 1995, which makes it unlawful to discriminate on the grounds of sexual orientation and gender identity.

It is hoped that this resource, along with other measures, will ensure LGBTI+ people can confidently access VincentCare knowing they will be treated with understanding and respect and provided with culturally safe and appropriate services from supportive and well-informed staff.

2. Overview

This Inclusive Practice Guide outlines a framework for best practice in the delivery of services to LGBTI+ people.

It provides a context for why LGBTI+ people need a specific, targeted response. It contains practical advice for staff who work directly with clients and will equip staff with the practical skills and knowledge to provide an exemplary service to our LGBTI+ clients.

Specifically the Inclusive Practice Guide:

- Explains the meaning and relevance of 'minority stress'.
- Explains what LGBTI+ 'cultural competency' means and why it is important.
- Defines 'inclusive practice' and describes what that looks like.
- Explains 'intersectionality' and its impact on clients.
- Explains what, why and how we ask questions about gender identity and sexual orientation.
- Includes sample scripts for working with clients and recording data in Single Client Record.
- Describes LGBTI+ inclusive practice in relation to VincentCare's Homelessness to Recovery Model.
- Provides practical, day-to-day advice illustrated by case studies.
- Includes a detailed Glossary of Terms.

Case studies are included for each of the key elements of the Homelessness to Recovery model: client engagement, client coordination, case management and client participation.

- Client engagement: Tuong and Rory.
- Client engagement: Navid and Indira.
- Client coordination: Jo's story.
- Client coordination: Matteo, a young trans guy.
- Case management: Yilin, a trans teenager.
- Case management: Henry, an older gay guy.
- Case management: Demetria, a lesbian survivor of intimate partner violence.
- Case management: Nathan and Linh, a lesbian/trans couple.
- Client participation: LGBTI+ client survey.
- Client participation: Coffee with a client.

3. Minority stress

‘Minority stress’ is a concept developed by psychologists to explain the unique experiences of a minority group (Meyer, 1995).

Minority stress, when applied to the LGBTI+ community, suggests that experiencing homophobia, discrimination and stigma at a societal level can create an ongoing stressful environment for individual members of the LGBTI+ community.

Minority stress factors can include:

- A range of negative experiences from name-calling and bullying to physical violence, family rejection and homelessness, denial of identity or attempts to convert or ‘cure’.
- The impact of public debate about the nature and value of LGBTI+ people and their relationships.
- Discriminatory laws, regulations, rules and practices.
- Stigma, prejudice, misconceptions and negative public, social commentary.
- An expectation of any of the above experiences, which can cause anxiety and/or requires people to be perpetually vigilant and ‘on their guard’.
- The experience of taking on those negative attitudes and developing ‘internalised homophobia’—feelings of shame, guilt, failure, or low self-worth.
- The need to conceal one’s true self; to be secretive, or to lie, or pretend.

It is important that staff working with LGBTI+ clients understand the nature and impact of minority stress. Poorer health and wellbeing outcomes are not a result of being LGBTI+, but of everyday attitudes that reinforce a message that LGBTI+ people are lesser, bad, or wrong.

Acknowledging this with clients, where appropriate, is a positive step towards creating a safe and supportive environment. It may also give clients a context for and understanding of their own experience of discrimination or trauma.

Because LGBTI+ people have lived with minority stress for much of their lives, they have likely developed a range of strategies and coping mechanisms to deal with the daily challenges they face. Knowing this, and acknowledging a client’s capacity for survival and resilience, will also help clients to feel culturally safe and affirmed.

4. Cultural competency

Cultural competency is the capacity of an organisation to recognise, understand and meet the specific needs of the different groups it serves.

Cultural competency in relation to sexuality and gender is about ensuring all staff have a high level of understanding of LGBTI+ culture and lived experience, and value the diversity that the LGBTI+ community brings to the world.

It also means that staff are comfortable and confident in their interactions with LGBTI+ clients, and understand the significance of intersectionality.

Cultural competency is recognising and understanding the harm caused by a long history of discrimination, trauma and violence. In recognising the negative impact of ongoing stigma and prejudice, we affirm and respect the lived experiences of LGBTI+ people.

‘Cultural safety’ is an intrinsic part of cultural competence. A culturally safe environment will not only provide a physical sense of security, but will acknowledge and respect a client’s identity. It will allow a client to see themselves represented in the physical environment, and will specifically reference their gender identity and sexual orientation in a range of ways. It will enable them to feel emotionally safe, at ease, and able to be open about who they are and about their particular needs.

Cultural competency ensures a client feels understood and valued, and enables them to develop a positive ongoing relationship with the organisation.

5. Inclusive practice

Cultural safety and cultural competency are achieved through inclusive practice.

Inclusive practice is the provision of services by staff who understand and respect the culture and beliefs of the recipient of those services. The National LGBTI Health Alliance outlines seven principles of LGBTI+ inclusive practice:

1. Recognition and affirmation of sexuality, sex and gender identity.
2. Recognition of the negative impact of discrimination, stigma, homophobia and heterosexism on a person's wellbeing.
3. Critical analysis of the assumption that all consumers or staff are heterosexual.
4. Recognition that LGBTI+ people are at a higher risk of suicide.
5. A client-centred approach that takes into account the broader social determinants that impact on the wellbeing of LGBTI+ people.
6. A culturally competent and safe workforce that is knowledgeable and responsive to the lived experience of LGBTI+ people.
7. A safe and welcoming environment and services free from discrimination based on sexuality, sex or gender diversity.

The practical application of these principles is outlined in The Rainbow Tick Guide to LGBTI-inclusive practice (the Guide). produced Rainbow Health (formerly Gay and Lesbian Health Victoria).

The Guide was developed in response to requests from health and human services organisations who wanted to improve the quality of care they provided to their LGBTI+ consumers. Rainbow Health developed the Guide to help services move from LGBTI+ friendly to LGBTI+ inclusive, and provide LGBTI+ consumers with measures of quality assurance.

6. Intersectionality

Intersectionality is the way in which different aspects of a person's identity can make them vulnerable to multiple forms of stigma and discrimination.

Intersectionality can result in greater social disadvantage, increased difficulty accessing services, increased risk of social isolation and economic disadvantage.

Risk factors for intersectionality can include: age, ability, cultural background, ethnicity, gender identity, and sexual orientation.

It is likely that LGBTI+ clients accessing VincentCare services will have experienced multiple forms of disadvantage. An understanding and awareness of intersectionality helps to ensure clients are provided with the best possible service.

Older people

Older LGBTI+ people grew up during a time when homosexuality was illegal. In Victoria, homosexuality wasn't decriminalised until 1981, and it was still classified as a 'Mental Disorder' until 1987. It was not removed from the World Health Organisation (WHO) International Classification of Diseases until 1990.

Many older LGBTI+ clients have never been open or out about their gender identity or sexual orientation. They have experienced significant social isolation and disadvantage, and may have been rejected by family and friends, leading to the creation of their own 'family of choice'.

They may have experienced violence, homelessness, 'conversion therapy' or used survival sex. They may be distrustful of police, the legal system, medical and social services, and organisations in general.

They may need to be reassured about privacy and how their personal details will be protected.

The word 'queer'—often used by younger LGBTI+ people—can still have negative connotations for the older cohort. They may also experience internalised homophobia.

Intersectionality

Young people

Young LGBTI+ people still experience discrimination in many areas and this negatively affects their health and wellbeing. Suicide attempt rates are six times higher than their heterosexual peers and many young people experience harrassment, ostracism from peers, rejection from family, marginalisation and violence.

A 2017 online study of trans and gender diverse young people, *Trans Pathways (Telethon Kids Institute, 2018)* revealed that: 78% had experienced issues with school, uni or TAFE; 89% had experienced peer rejection; and 74% had experienced bullying. It also revealed almost 1 in 2 trans young people had attempted suicide; a rate 20 times higher than adolescents in the general population.

A national study on the health and wellbeing of LGBTI+ young people found: 61% report experiencing verbal homophobic abuse; 18% report physical homophobic abuse; 69% report other types of discrimination, including exclusion and rumours; and 80% of respondents experienced the reported abuse at school.

Currently, the Victorian State Government runs Safe Schools, a program designed to foster a safe environment that is supportive and inclusive of LGBTI+ students. Schools can choose from a suite of evidence-based age-appropriate resources to help them support LGBTI+ students.

Young people tend to use different language to describe themselves and are often more comfortable using the word 'queer' as an umbrella term to describe their identity or orientation. They will also be more comfortable than their older counterparts in identifying and using different pronouns.

ALMOST
1 in 2 young trans people have attempted suicide

61% of young LGBTI+ people report experiencing verbal homophobic abuse

Aboriginal and Torres Strait Islander Communities

The impact of colonisation and the ongoing struggle for equality and cultural recognition still causes concern and trauma for Aboriginal and Torres Strait Islander Peoples today.

Aboriginal and Torres Strait Islander Peoples have a shorter life expectancy and adult mortality rates are twice that of non-Indigenous people. They also experience psychological distress at 2.5 times the rate of other people.

Their employment rate remains 20% lower than non-Indigenous Australians and they are imprisoned at 14 times the rate of non-Indigenous Australians; juveniles are detained at 23 times the rate for non-Indigenous juveniles.

Brotherboys are Aboriginal and Torres Strait Islander trans gender people with a male spirit who were assigned female at birth. Often, brotherboys choose to live their lives as male, regardless of which medical path they choose. Brotherboys have a strong sense of their cultural identity.

Sistergirls are Aboriginal or Torres Strait Islander trans gender women who were assigned male at birth who have a distinct cultural identity and often take on female roles within the community, including looking after children and family. Many sistergirls live a traditional lifestyle and have strong cultural backgrounds. Their cultural, spiritual, and religious beliefs are pivotal to their lives and identities.

LGBTI+ Aboriginal and Torres Strait Islander Peoples may experience racism within the LGBTI+ community, and homophobia within the Aboriginal and Torres Strait Islander communities, which can compound their disadvantage.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES ARE IMPRISONED AT
14 x the rate of non-Indigenous Australians

ABORIGINAL AND TORRES STRAIT ISLANDER JUVENILES ARE DETAINED AT
23 x the rate of non-Indigenous juveniles

Intersectionality

People living with a disability

LGBTI+ people who have a disability are at higher risk of sexual abuse, including intimate partner violence, than the general population, and young people from this cohort are at higher risk of poor sexual health due to the lack of appropriate sex education.

As a result of coming out to family, some people may lose the support and assistance on which they rely to live, work or socialise. Many mainstream health and human services may not be sufficiently informed about the specific needs of LGBTI+ people with a disability.

LGBTI+ people with disabilities may have to rely on a small network of carers who may not be aware of—or who may not acknowledge or respect—their sexual orientation or gender identity. Often LGBTI+ people with a disability are assumed to be heterosexual or non-sexual.

Access to LGBTI+ groups, organisations or events may be limited by physical barriers, or by a mental or psychosocial disability which adversely impacts on their communication skills. There can also be a lack of acceptance or understanding of disability within the LGBTI+ community.

Access to social media, support groups and inclusive events can have a positive impact on the health and wellbeing of LGBTI+ people with a disability, helping to reduce social isolation and marginalisation.

Culturally and Linguistically Diverse (CALD)

Many LGBTI+ people from CALD communities will have come from backgrounds in which sexual diversity may still be largely taboo or punishable. They may experience racism and discrimination within the LGBTI+ community, and homophobia and transphobia within their own CALD community.

A number of factors support LGBTI+ people to successfully negotiate their various identities, including strong connections with other LGBTI+ people from similar cultural or religious backgrounds, and control over when, if and how they come out to their families.

Information, role models and historical facts about sexual diversity within their own cultures are also important, as is seeing racism and homophobia challenged in educational institutions.

Faith leaders can play a significant role in supporting LGBTI+ people from CALD communities by displaying visible signs of welcome in places of worship, and developing resources and programs that promote LGBTI+ inclusion.

LGBTI+ community organisations can also play a significant role in supporting people from CALD communities by promoting projects, events and groups that showcase and celebrate those communities.

7. Data collection

Collecting data about the gender identity and sexual orientation of clients is critically important.

There are a number of important reasons why we need to ask about gender identity and sexual orientation.

This section provides a rationale for VincentCare's approach to data collection and management in relation to LGBTI+ clients and specifically provides guidance for staff on the following:

- Why we ask about sexual orientation and gender identity
- What we ask about sexual orientation and gender identity
- How we ask about sexual orientation and gender identity

Why do we ask about sexual orientation and gender identity?

Historically, LGBTI+ people have been invisible or portrayed in negative ways. It is only when LGBTI+ people started to come out - to be visible - that social change occurred and progress was made in the area of LGBTI+ human rights.

Visibility—being seen, heard, recognised, and counted—is fundamental to the continued development of human rights and is critical for the health and wellbeing of the LGBTI+ community. Not asking, not counting and not recording the experiences of LGBTI+ people denies their lived experience and holds back that change.

It is not uncommon for staff in health and human services to say: 'I treat everyone the same.' This often comes from a place of well-meaning and is felt to be a supportive and inclusive approach.

However, if someone has experienced historical disadvantage—and has specific needs as a result of that disadvantage—treating everyone the same is not fair or equitable. Treating everyone the same fails to acknowledge the impact of past disadvantage and harm they may have suffered and also fails to acknowledge the unique response that person requires for their care.

For example, LGBTI+ people are over-represented in homelessness statistics and score lower on many measures of health and wellbeing. They are in a worse position because of what's happened to them in the past, and what's happening to them now. Effectively, they are behind, and if a service treats them the same as everyone else, they will remain behind.

A fully inclusive and equitable service acknowledges the impact of this past, and ongoing disadvantage, and seeks to provide specific and targeted support so that LGBTI+ people can feel equal with everyone else.

Data collection

It is necessary for VincentCare to collect data about the number, characteristics and lived experiences of LGBTI+ people accessing services. This helps to identify who uses which services and, in turn, enables us to develop specific targeted programs and practice, and to monitor changes over time.

Collecting data in an affirming and respectful way sends a message to LGBTI+ clients that they are recognised, acknowledged and valued. It also enhances VincentCare's reputation as an organisation that actively supports the LGBTI+ community.

What do we ask about sexual orientation and gender identity?

VincentCare's client management system Single Client Record (SCR) includes questions about gender identity, sexual orientation, pronouns and intersex status. These questions are designed to capture a broad range of identities and orientations and provide clients with the opportunity to self-describe. The questions are not compulsory and clients can choose 'Prefer not to say'.

Gender identity

Gender identity refers to a person's deeply felt sense of being a woman, a man, both or neither.

Q: Please indicate your gender identity

Trans refers to a person whose gender identity, expression or behaviour doesn't align with the sex they were assigned at birth.

A person assigned male at birth who identifies as a woman may identify as trans, trans woman, trans female or woman. Similarly, a person assigned female at birth who identifies as a man may identify as trans, trans man, trans male or man.

Cisgender refers to a person whose gender identity matches the sex they were assigned at birth. It describes people who are not transgender.

Aboriginal and Torres Strait Islander Peoples may use the terms **Brotherboy** and **Sistergirl** to refer to transgender people.

Brotherboy typically refers to masculine-spirited people who are born female.

Sistergirl typically refers to feminine-spirited people who are born male.

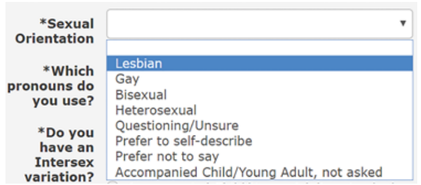
Non-binary/Gender Queer refers to people who identify as neither a woman nor a man. Some people may identify as agender (having no gender), bigender (both a woman and a man) or non-binary (neither woman nor man).

There is a range of non-binary gender identities such as genderqueer, gender neutral, genderfluid and third gendered. It is important to be aware that language in this space is still evolving and people may prefer to self-describe.

Sexual orientation

Sexual orientation describes a person's sexual or emotional attraction to another person based on that other person's sex and/or gender.

Q: Please indicate your sexual orientation



Lesbian refers to a woman who is romantically or sexually attracted to other women.

Gay refers to someone who is romantically or sexually attracted to people of the same gender identity as themselves. It is usually used to refer to men who are attracted to other men but may also be used by women.

Bisexual refers to a person who is romantically or sexually attracted to people of their own gender and the opposite gender.

Heterosexual refers to someone who is romantically or sexually attracted to people of the opposite gender identity as themselves.

Asexual refers to someone who does not experience sexual attraction, though they may still experience feelings of affection towards another person.

Pansexual refers to someone who is romantically or sexually attracted to people of all genders.

Queer is an umbrella term used by some people to describe non-conforming gender identities and sexual orientations.

Data collection

Pronouns

A pronoun is a word used instead of a name. Using a person's correct pronoun is important and conveys understanding and respect.

Q: Please indicate your pronouns

She and He are gendered pronouns, typically used by female and male identifying people, respectively.

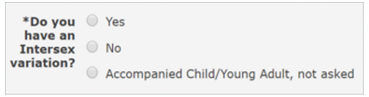
They is a gender neutral pronoun. Some people prefer to be described using only their first name, and some people prefer to use *they* rather than a gendered pronoun.

Misgendering refers to using the wrong pronoun or name for someone. Even with the best of intentions, sometimes people slip up. If you do make a mistake, apologise, use the correct pronoun and move on.

Intersex Variation

Intersex people form a diverse population with many different kinds of bodies, sex characteristics, sex assignments, genders, identities, life experiences, and terminology and word preferences. What intersex people share in common is an experience of being born with sex characteristics - such as chromosomes, gonads or hormones - that differ from medical norms for female or male bodies.

Q: Do you have an Intersex variation?



Intersex people are born with physical sex characteristics that don't fit medical norms for female or male bodies. Intersex is a description of biological diversity and may or may not be the identity used by an intersex person.

Intersex variations are always present from birth and can originate from genetic, chromosomal or hormonal variations. Environmental influences can also play a role in some intersex differences.

People with intersex variations have as diverse a range of sexual orientations and gender diversity as non-intersex people. Historically, a person with intersex variation was called a hermaphrodite; this term is considered offensive and is no longer used.

Asking about sexual orientation and gender identity

The most important thing staff can do for LGBTI+ clients is to be friendly, welcoming and provide a safe space for them to share their personal details.

Clients need to be reassured that any information they provide will be stored securely, remain confidential, and only be shared with other agencies if they have given express permission.

Clients must be advised that they are not required to answer any of the questions and that they can chose to self-describe their gender identity and sexual orientation if they prefer.

They should also be advised of their right to change or remove any information at a later date.

Privacy and confidentiality

VincentCare's Information Privacy Policy combines its legal obligations with best practice service delivery. It is essential that informed consent is obtained from each individual for the collection, storage and disclosure of all sensitive personal information, including sexual orientation and gender identity.

The general rules for collecting personal information must be applied, including:

- Collecting it by lawful and fair means.
- Trying to collect it directly from the individual concerned.
- Informing the individual as to why we collect the information and its purpose.

What we say? Example scripts when obtaining consent

Privacy

1. *Your personal information will be securely stored by VincentCare and only VincentCare staff will be able to access it.*
2. *Everyone at VincentCare has been trained in the importance of confidentiality, and of not revealing personal or private information about clients.*
3. *If there are people or agencies that you would prefer not to know about your gender identity or sexual orientation, just let me know and I'll make a note of it on the file*
4. *If you want to change any of this information at any stage—or just remove it from your file—that's completely fine.*

Data collection

How do we ask? Example scripts when obtaining consent

Introduction:

1. *Some of these questions are quite personal and you don't have to answer them if you don't feel comfortable. The reason we ask them is so we can be sure we're providing you with the best possible service.*
2. *We want to support LGBTI+ clients in the best possible way we can. By asking these questions and recording the diversity of our clients we can continually improve and update our service.*
3. *With any of these questions you can chose one of the options here or tell me how you want to describe your gender identity/sexual orientation and I can write that. Or you can just pick 'prefer not to say'.*
4. *If you're comfortable talking about it, how would you describe your gender/sexual orientation? Thanks for that.*
5. *If your comfortable talking about it, would you mind letting me know your gender identity/sexual orientation. That's great, Thanks.*

After they have offered a response:

1. *Thanks for disclosing your gender identity. I appreciate that. Are you happy for me to record that on our system? If I record it on your file, it means you won't have to disclose it every time you use the service.*
2. *Thanks for sharing that. Do you mind if I ask your pronouns and keep them on your file?*

In case of a mistake:

Apologies for slipping up there [with pronouns]. Let me try again.

Confirming identity:

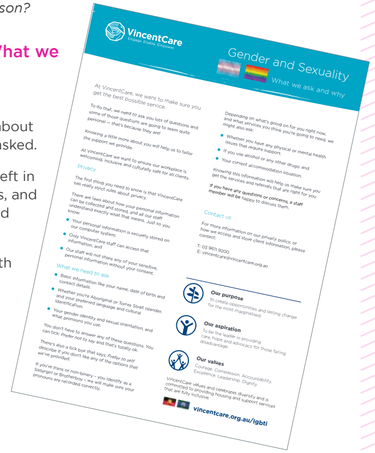
1. *Does your affirmed gender match your identity documents? We might need a passport or birth certificate at some stage for Centrelink or other agencies.*
2. *Your assigned gender at birth will be completely confidential and we won't tell anyone without your express permission.*
3. *I need to include 'Next of kin', who is your preferred contact person?*

Gender and sexuality: What we ask and why

The flyer provides clients with information and reassurance about the questions they are being asked.

Copies of the flyer should be left in all reception and waiting areas, and be visible at all assessment and planning points.

Clients should be provided with the flyer at initial assessment and planning before the questions are asked.



8. Homelessness to Recovery Model

VincentCare provides targeted support to LGBTI+ clients within the framework of the Homelessness to Recovery Model (HRM).

VincentCare's Homelessness to Recovery Model (HRM) is grounded in evidence and our extensive experience working with people who are experiencing or at risk of homelessness.

It is designed to maximise choice, acknowledge and respond proactively to diversity, ensure service responses are aligned with recovery principles, and create a sense of hope for the future.

It ensures that the individual drives the journey of recovery and that service responses are tailored to the specific and unique needs of the person.

The HRM assists staff to identify and respond to people's current capacities, and ensures that people have opportunities to build independence and create community connections.

Recovery capital

Recovery capital is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from significant problems (Granfield & Cloud, 1999).

INTERNAL RECOVERY CAPITAL

Usually develops within the settings of homelessness service settings such as: residential rehabilitation, therapeutic communities, planned activities and other congregate settings.

- Physical wellbeing
- Mental wellbeing
- Spiritual wellbeing
- Self determination
- Skills
- Self efficacy
- Sense of hope
- Developing goals
- Willing to ask for help

EXTERNAL RECOVERY CAPITAL

Commonly occurs during (or after) internal recovery capital

- Family relationships
- Culturally relevant supports
- Connection with community
- Social relationships
- Pursuing hobbies/interests
- Participation
- Education, training or employment

Homelessness to Recovery Model

The principles of LGBTI+ inclusive practice are embedded in four key elements: client engagement, client coordination, case management and client participation.

These elements combined with the unique characteristics and strengths of each individual, provide a comprehensive and integrated approach to ending homelessness.

Client engagement	Client coordination	Case management	Client participation
Creation of normalising and safe spaces	Immediacy and reliability of initial requests for assistance	Key Worker model for continuity	Protect and promote client rights
Positive reframing	Development of meaningful choices and options	Goal-orientated and realistic	Activate roles and opportunities within decision making
Small cognitive restructuring	Identify and mobilise strengths and capacities through assessment	Clear role expectations and boundaries maintained	Expand and develop skills
Structured, purposeful, empathetic and predictable worker behaviour			Develop mechanisms for clients to contribute to organisational decision making and strategy

How inclusive practice is delivered within the Homelessness to Recovery Model (HRM)

01 Client engagement

VincentCare staff:

- Undertake professional development and training in working with LGBTI+ clients
- Are confident in using appropriate language and terminology, including pronouns
- Understand the lived experience and stresses LGBTI+ people may experience
- Are familiar with intersectionality and the needs of the LGBTI+ community who access VincentCare services
- Understand that LGBTI+ people may present with a mistrust of services, and that a sense of affiliation with their Key Worker leads to successful engagement

VincentCare prominently displays rainbow symbols, and inclusive images and statements, reinforcing that LGBTI+ clients are welcomed and celebrated.

The Client Induction Handbook explains VincentCare's commitment to 'cultural safety' and reaffirms people's right to receive support free from discrimination and judgement.

VincentCare's commitment to LGBTI+ inclusive practice includes assertive outreach with LGBTI+ service organisations to increase opportunities for accessing homelessness support and housing.

02 Client coordination

VincentCare's client coordination framework promotes consistent and thorough screening and assessment, and efficient internal and external service coordination; ensuring that each client is able to access a timely and informed response.

To deliver on VincentCare's commitment to diversity and cultural safety, service access is prioritised for LGBTI+ people experiencing homelessness and with complex needs.

To complement prioritisation of LGBTI+ people experiencing homelessness, VincentCare is committed to:

- Reducing administrative barriers to accessing support and service provision for LGBTI+ people
- Ensuring the intake process takes into consideration a range of literacy levels and a range of languages other than English
- Acknowledging that each client's definition of family may include, but not be limited to, significant others, relatives by blood, same sex, trans and non-binary partners and spouses.

How inclusive practice is delivered within the Homelesness to Recovery Model (HRM) cont...

03 Case management

VincentCare's Case Management framework uses a person-centred, strengths-based, trauma-informed, and social justice approach. VincentCare recognises this approach may affect LGBTI+ clients and incorporates this into its service delivery by:

- Understanding that LGBTI+ people, especially young people, may have been denied self-determintation
- Acknowledging that LGBTI+ people score lower on measures of health and well-being, and experience poorer mental health and higher rates of anxiety and depression
- Acknowledging their potential trauma including: family violence, harassment, physical assault or bullying, denial of identity, 'conversion therapy' or 'cures', loss of employment, and the wide-ranging negative impact of long-term systemic discrimination
- Committing to a social justice approach that recognises their historic and current social disadvantage.

04 Client participation

Participation creates opportunities for people to reflect upon their experience and express their opinions and ideas back to VincentCare. Involving people with a lived experience of homelessness in organisational decision making ensures that organisational priorities, service development, policies, procedures and practice reflect the needs and preferences of people accessing services.

LGBTI+ and homelessness expertise is a critical component of the organisation's commitment to client participation. Specific participatory opportunities include:

- Encouraging input from LGBTI+ community representatives into organisational planning and decision making through membership of the Client Advisory Committee (CAC)
- Understanding LGBTI+ lived experience through targeted client surveys and opportunities to participate in focus groups
- Celebrating LGBTI+ significant events including IDAHOBIT Day and Wear It Purple Day
- Providing LGBTI+ cultural competency, diversity and human rights training through client and volunteer programs
- Ensuring on-going and pro-active engagement of LGBTI+ people as volunteers.
- Supporting LGBTI people to access and participate in their communities of choice.

Reflective practice

The VincentCare reflective practice tool provides a structure for individuals and teams to explore learnings and to focus on solutions rather than problems.

Promoting a culture of reflection and learning is critical to the development of staff, and the use of the reflective practice tool is one way to enhance practice, particularly in the development of culturally inclusive service delivery.

Undertaking reflection over a period of time allows staff to examine and evaluate their experience within a role or specific project, or of organisational change. It is a particularly useful tool in the context of LGBTI+ cultural competency and change, and has been used extensively in relation to Rainbow Tick.

CLIENT ENGAGEMENT

9. Case studies

Tuong's experience reminds us all why understanding the lived experience of LGBTI+ clients is so important.

TUONG AND RORY

Tuong arrives at Oz House, a crisis accommodation facility for adult men, and is welcomed by Rory, who completes a client induction. Rory later follows up with Maria, the Oz House manager, and explains his concerns that Tuong, as a trans man, may not meet the admission criteria.

Maria explains to Rory that if Tuong identifies as male, he has every right to apply to the service, and there is nothing in the admission criteria that would exclude him.

Maria explains that while she understands Tuong may be vulnerable, Rory and Tuong will need to have a discussion about what they can do to ensure Tuong is safe. She explains that VincentCare has a duty of care to all its clients and that the house has other residents who are vulnerable – elderly or young men, men with mental health issues, and men with intellectual disabilities.

Rory tells Tuong about VincentCare's duty of care and they have an open and honest discussion about the challenges of congregate living and the particular difficulties Tuong faces being a trans man.

Rory assures him that all residents are required to sign a code of conduct that specifically references transphobia and homophobia, and that VincentCare will do everything it can to make sure he is safe and supported. Tuong is reassured by the discussion and stays for a few nights while Rory finds him something more suitable.

Working with Tuong reminds Rory that a fundamental principle of a person-centred approach is allowing people to make informed choices about the support they receive and that, at times, that choice may involve a degree of risk. Self-determination and the right to take reasonable risks is essential for developing and maintaining a sense of dignity and self-worth.

At the same time, Rory understands the importance of engaging with Tuong from a strengths-based position, and doing everything he can to maximise Tuong's safety.

CLIENT ENGAGEMENT

Case studies

Navid and Indira's story demonstrates the power of building a genuine trust and rapport with clients.

NAVID AND INDIRA

Navid, a 58-year-old man has been accessing the Oz Community Centre for about five years. He has been living in a private rooming house for the last few years and often presents in an agitated state. He finds it difficult to develop friendships with other people at the centre, and he has been involved in a number of arguments, which has led to him being excluded from services for periods of time.

Over the years, he has developed a trusting relationship with staff member, Indira, who is open to listening to him and talking about his experiences of family violence and sexual abuse at a young age. Indira is never in a rush and always makes time for him. They often share a meal together at lunch and have a game of chess in the afternoon after things have calmed down.

Navid doesn't like the idea of engaging in formal case management support. He believes he is doing a lot better than others coming to the centre as he has a place to live, even though it is unsafe at times and the rent is expensive.

Over time, Indira suggests that Navid may like to join the Client Volunteer program, as he seems much more comfortable in himself when he is keeping busy and involved in an activity. He joins the volunteer program and tells Indira it feels good to be giving back to the centre.

Indira continues to catch up with Navid informally over the years when he drops by the centre for his volunteer shift. He's more relaxed these days and the arguments with clients and staff are few and far between. He even agrees to see the nurse to talk about his health issues, and the housing worker regarding his unsafe accommodation.

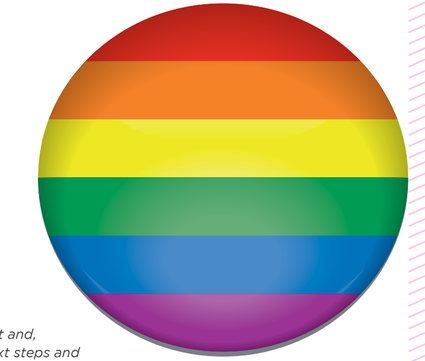
One day when Indira and Navid are having a coffee at the O Café, he mentions that he's started to see someone and is feeling good about life. He explains that he was once married but it didn't work out. Indira listens carefully, knowing he's a very private person and it's unusual for him to open up to anyone.

Eventually, he tells her he's gay. He says there aren't many people who know, but it feels good to say it out loud to someone. Indira realises that Navid is finally starting to feel safe and good about himself and his sexual orientation. He tells Indira that he finally feels like he belongs somewhere and he's the happiest he's been in years.

CLIENT COORDINATION

Case studies

Jo's story illustrates the importance of staff asking gender and sexuality questions.



JO'S STORY

A group of staff is talking about the Single Client Record questions on gender identity and sexual orientation. Some concern is expressed about asking clients these questions; one staff member suggests that it's not so bad with younger clients, but asking older men these questions is more challenging and you never know if someone might take offence.

One of the group, Jo, shares an experience she had that made her realise why it's so important not to make assumptions about people's identity and orientation and to ask these questions of everyone.

> *While I was participating in the Client Coordination Pilot I first became aware of the importance of these questions. I was completing intake with an older male client and was processing as usual, asking the range of questions. I asked the client if he was part of any communities or if he wished to be linked in with previous interests or specific supports.*
>
> *It was during this conversation that we somehow slipped into gender and sexuality questions. I asked him if he was part of the LGBTI+ community. I don't think I used that term but dialled it down because of his age. There was a huge pause and he finally responded: 'I'm not part of that. I'm not a (insert derogatory word').*
>
> *We completed the assessment and, as I was going through the next steps and discussing what he could expect in the referral process, he stopped me and said: 'Jo, I am gay. I've been gay forever. I've never told anyone and I've never been asked, but I want you to know.'*
>
> *He then started to sniffle; he was crying!*
>
> *In that honest moment he had chosen to come out for the first time in his life. I was able to suggest some services he could access and refer him for support around his health. Afterwards, I sent him a range of information with a heartfelt note encouraging him to take the journey and wishing him all the luck in the world.*
>
> *When I think about that conversation, I am still a little overwhelmed at how powerful that moment was and that is why I have no issues with asking those questions. I'm happy to ask a thousand people about their sexuality and just sit in the moment if one client, just one, is liberated from a lifetime of secrecy and shame.*

The staff listening to Jo's story agreed it was very powerful and a reminder that you can't make assumptions about people. It helps them feel more confident about asking these questions next time.

Case studies

For the first time in memory, Matteo left a service feeling acknowledged and supported.

MATTEO, A YOUNG TRANS GUY

Huan, an Initial Assessment and Planning worker, welcomes a young man, Matteo, and starts working through the questions on the Single Client Record. Matteo is clearly nervous and a little agitated, and Huan tries to put him at ease.

When they get to the gender identity questions, Huan gives the *Gender and Sexuality: What we ask and why* flyer to Matteo and explains that she is going to ask some questions that might seem a bit personal. She reassures him that he doesn't have to give an answer if he doesn't want to and that it won't make any difference to the service he receives. She also explains that the information he provides is kept securely on the computer system and won't be passed on to any other service without his express permission.

Huan asks Matteo to indicate his gender identity. There is a long pause while Matteo reads and re-reads the Gender and Sexuality flyer. The reason he came to VincentCare in the first place was because he saw a notice about support for LGBTI+ people when he was at a clinic recently. Even though he looks like a guy, and no one would think he was trans, he doesn't want to have to deal with more secrets; besides, he needs somewhere to sleep that's safe, where he's got some privacy and where the bathrooms aren't going to be an issue.

'Trans male,' he says, with some confidence. It makes a change to see himself on a form, he thinks. Normally it's just 'Male/Female/Other' and he never feels like ticking 'Other'. Huan thanks Matteo and says knowing that will help her make sure she can refer him to the most appropriate services. Matteo also identifies his pronouns and his sexual orientation. It actually feels good to have that on record; hopefully it means people will know he's trans and he won't have to explain things every time.

Huan finishes the intake and explains that they have a case worker who works specifically with their LGBTI+ clients. 'You'll be in safe hands,' she says. Matteo is relieved and visibly relaxes. It'll make a huge difference, he thinks, talking to someone who 'gets it'. Plus, one of the biggest problems he has is that his documentation is in his former name. Hopefully, they might know where to start in getting that sorted.

Huan explains what will happen next and Matteo leaves feeling acknowledged and supported and hopeful that things might be picking up at last.

Case studies

Yilin is overcoming adversity and family discrimination to live a life that is truly authentic.

YILIN, A TRANS TEENAGER

Yilin, a trans teenager, comes to VincentCare after being kicked out of home following a long period of conflict with her parents. Neither of her parents are willing to accept that the person they regard as their son sees themselves as a girl. It is not something their community or their church accepts.

When Yilin first told them there were angry arguments and her parents said that the whole idea of someone thinking they were the opposite sex was completely ridiculous, and that in a few months she would have forgotten all about 'this nonsense' and moved on to something else. Her father told her that under no circumstances was she to tell anyone, including members of the extended family, and especially her younger brother with whom she is very close.

Yilin continued to live at home as a boy, but at weekends she would secretly meet at a friend's house, change into borrowed clothes and go out dressed as a girl. She had a small circle of supportive friends, but beyond that people would often call her a 'freak' and shout abuse. On two occasions she had been physically assaulted when out with her friends at night.

Tensions continued to run high at home until one day a family friend told her father he had seen his son on the street dressed as a girl. This precipitated a massive fight between Yilin and her parents, and her father told her that unless she was willing to give up the whole idea of being a girl she could pack her things and leave.

For a few months Yilin was able to stay with friends' parents, but after a while this became unworkable. She had interviewed for a house-share twice, but was rejected because the other house-mates did not want to share with someone who was so 'weird'. This caused her to become anxious and depressed and she began wishing that she hadn't been born trans. She had also lost contact with her family and was feeling increasingly isolated.

On top of this, her housing situation had become critical and she didn't want to end up on the street. She had looked at private rentals with a good friend and thought they might be able to afford something at the bottom end, however, all her documentation was in her previous name and had male gender markers. Now that she was presenting full time as a girl, it was making everything so hard.

... continued on page 28

YILIN, A TRANS TEENAGER

Yilin sought help from VincentCare, and upon walking into the service, the first thing she noticed was the rainbow flag on the VincentCare signage and the inclusive statement underneath. This made her feel less anxious. She began to feel hopeful that whoever she spoke to would be ok with her being trans and might understand a bit about it.

Yilin was greeted warmly by the Initial Assessment & Planning (IAP) staff member who explained that he was going to ask her a few questions and gave her a copy of the Gender and Sexuality flyer. He assured Yilin that all her personal information would be securely stored on the system and none of it would be passed on to other agencies unless she gave her permission.

He also explained that it was entirely up to her whether she answered all the personal questions and that she could change or delete the information any time.

Yilin felt reassured and was comfortable answering the questions about gender identity, sexual orientation and pronouns. In fact, it felt good to be acknowledged and included for a change. She hoped that would mean that any referrals would be to organisations that were trans-friendly; and she felt good knowing that she could decide on a case-by-case basis whether to let other agencies know she was trans.

With Yilin's permission, the worker called Frontyard Youth Services to discuss which Youth Refuges were currently best placed to work with trans young people like Yilin. Yilin was subsequently referred to Alsorts Youth Housing, a project dedicated to accommodating same-sex attracted, trans and intersex young people.

From here Yilin was introduced to Ygender, a specialist social support program for gender diverse young people. Through Ygender she was able to make friends and develop a small social circle of other trans and gender diverse teens. She also found out about Minus 18, a youth driven LGBTI+ community network, and attended a couple of their events. Over time she started doing some advocacy for Minus 18 and eventually thought she might even be able to find a church that accepted her, and be able to connect back into her faith and cultural community. With growing confidence and transitional housing, Yilin could begin planning her future.

Case plan: Yilin

Case plan topic *For each relevant topic, document goals identified by client.*	**Client goal** *Write down each goal/s. What do you want to achieve?*	**Actions** *What are the actions required to achieve the goal?*	**Person responsible** *Identify and list who is responsible for the action/s to achieve the goal.*	**Timeline for completion** *Enter date for outcome to be achieved.*	**Outcomes** *Enter information relating to outcomes including progress made.*
1. Safety and risk	Would like to feel safe as a transperson in public places and be able to use public toilets safely ☐ Identified by client ☐ Suggested by worker ☐ Not identified	1. Seek out LGBTI+/trans spaces and events 2. Access support form other trans people 3. Contact Minus 18, YGender, and QueerSpace through Drummond St Services	Key Worker/Sarah	14/08/2018	☐ Achieved ☐ In progress ☐ Not currently in progress **Goal outcome/progress notes**
2. Housing (accommodation and managing tenancy)	Find immediate crisis accommodation. ☒ Identified by client ☐ Suggested by worker ☐ Not identified	1. Contact Front Yard Youth Services 2. Referral to Alsorts Youth Housing	Key Worker	31/07/2018	☐ Achieved ☐ In progress ☐ Not currently in progress **Goal outcome/progress notes**
3. Health (emotional and mental health) Support to manage depression, anxiety and to develop self-esteem.	Feel good about myself and develop confidence around being a trans person. ☒ Identified by client ☐ Suggested by worker ☐ Not identified	1. Referral to Drummond St services for counselling and support groups. 2. Provide contact details for QLife, emergency telephone counselling.	Key Worker	31/08/2018	☐ Achieved ☐ In progress ☐ Not currently in progress **Goal outcome/progress notes**

Ygender is a peer-led social support and advocacy group for trans/gender diverse young people.
www.ygender.org.au

Minus 18 is a youth-led group providing support, advocacy and resources – and events and activities – for LGBTI+ youth.
www.minus18.org.au

Queerspace provides youth counselling, group programs, peer support and social activities for young LGBTI+ people.
www.ds.org.au/our-services/queerspace

Family Access Network runs Alsorts Youth Housing, a program for same-sex attracted, trans and intersex young people.
www.fan.org.au

Case studies

Coming out has enabled Henry to find new friends and connect with appropriate support services.

HENRY, AN OLDER GAY GUY

Henry is a Yorta Yorta man who has been in and out of private rooming houses and sleeping rough for as long as he can remember. He's had problems with drinking all his life and is starting to feel the effects more and more. He has an old back injury that keeps flaring up and is finding it increasingly difficult to manage being on the street.

He's struggled with faith-based shelters in the past. He grew up on a mission run by a church under the Aboriginal Protection Board and life there was very tough. As a result, he's always steered clear of religious organisations. They made him feel like he was a naughty child; there were so many rules and meals came with a good dose of religion. Everywhere you looked, there were crucifixes on the walls and quotes from the Bible above the beds. In the end, he just found it easier to sleep rough with a few other men he knew.

But of late, he'd heard things had changed and that the shelters were a lot better. The people who worked there didn't really care about the religious stuff and they didn't shove it in your face.

When he walks into Oz Community Centre he looks around for the tell-tale crucifix, but hasn't seen one anywhere. Instead, there is a nice quote about welcoming and including people whatever they were like. And, interestingly, there is one of those rainbow flags all the young people waved on those marches through the city.

Now this is definitely a change. He can't remember the exact year, but he knows it would still be on his police record - a criminal conviction for doing something young people these days flaunted on the streets. They had no idea what it was like back then.

Henry is welcomed by a staff member who smiles and asks if there is something she can help him with. Henry tells her that he is interested in getting off the streets, and wants to talk to someone about Ozanam House.

The staff member explains that she can assist with a referral, and will be asking Henry a few questions, some of them quite personal. He doesn't have to answer them all, but if he does the information will be completely private and he can change it anytime he wants. She also explains that it would help her to make sure he gets the services that are best for him.

Henry is pretty surprised when she asks him about his sexuality. It's been years since he's told anyone that; it isn't something that men of his age really discuss with anyone. For him, and the men he knows, that had always been way too dangerous; you risked getting in trouble with the police, or beaten up on the street. You kept that stuff to yourself.

But maybe things are different now. There is a poster behind the desk that says: *You don't have to be straight to use this service*. He feels like no one is going to freak out - or tell the police - if he says he is gay. So he decides to take a punt and 'come out'.

The staff member doesn't bat an eyelid, just thanks him and says that knowing that information will help her to put him in touch with some appropriate services. Henry is subsequently referred to Oz House, where his case manager completes a priority public housing application as an 'over 55'. He starts to see the RDNS nurse on site, and is put in touch with a visiting GP. Henry receives treatment and is prescribed medication to manage his back pain, and as a result, he finds he is drinking less.

Henry's case manager suggests developing new routines and making some new friendships to replace the hours he used to spend drinking. He doesn't want to keep socialising with people he knew from the streets, so he's open to suggestions. The case manager gives him a number of brochures to look at, and discusses each of the options.

One of the services is called Vintage Men, which was established specifically for older gay men to socialise. They even have a website and his case manager goes online and joins him up. They also look at the Aboriginal Community Elders Services (ACES) site which has groups and activities specifically for Elders.

Henry went on to receive a housing offer in an over 55s block in Kensington. Within a few years, a Home Care Package is required, which includes assistance with community transport.

This enables Henry to keep attending the range of social activities he enjoys through Vintage Men, All the Queens Men and Alice's Garage.

Vintage Men is a social support group for mature gay, bisexual men and their friends.

Out and About is a a free service for older people who identify as LGBTI
www.switchboard.org.au/out-about/

As part of the **National Community Visitors Scheme,** peer volunteers make regular visits to people who are receiving Home Care Packages or living in government funded residential aged care.
www.agedcare.health.gov.au

All the Queens Men is a social dance group for LGBTI Elders and their allies. No dance experience is required and everyone is welcome.
www.allthequeensmen.net

Alice's Garage is a national project empowering LGBTI elders and promoting healthy LGBTI ageing in Australia.
www.alicesgarage.net

Case studies

Demetria was inexperienced in love and didn't realise she was caught in an abusive and controlling relationship.

DEMETRIA, A LESBIAN SURVIVOR OF INTIMATE PARTNER VIOLENCE

Demetria grew up in a small town in regional Victoria where she knew from an early age that she was different from other girls. High school was tough and she experienced ongoing bullying about her sexuality for a number of years. Her parents told her that if she dressed differently – more like the other girls – and grew her hair longer, the kids at school wouldn't bully her so much.

Demetria's mum tried to be supportive, but Demetria's dad was very hostile to the idea of having a lesbian daughter and told her 'it was just a phase' and that she'd grow out of it. When she didn't, he became increasingly aggressive and controlling. At the first opportunity, Demetria left home and moved to the city.

She stayed with a family friend for a few months and was able to train as a barista and get work in the hospitality industry. Eventually, she was able to move into a shared house with some of the people she worked with. She began to explore the queer scene and developed a social network of friends, and started playing soccer for a local team.

She met Anne at a Midsumma event and they started going out, after six months they moved in together. Demetria really liked her shared house, but Anne persuaded her that the time was right for them to take the next step in their relationship and so Demetria agreed to move.

At first, things went well, though it seemed to Demetria that she saw her friends less often because Anne made plans for them both, and Anne really liked to have Demetria at home on the evenings they didn't have shared activities. When Demetria did try to see her friends, Anne accused her of being selfish and wanting to spend more time with them than with her. She gave up being on the soccer team so that she could be home more.

Anne was a paramedic and her job was very stressful. She would often come off shift in a foul mood and would take it out on Demetria. Sometimes their arguments ended with Anne slapping Demetria across the face. When Demetria pushed back, Anne threatened to hurt her 'permanently'. Anne also threatened to out her to her boss who owned the small family-run business where she worked. The family were very conservative and disapproved of the 'gay lifestyle'.

Over time, Demetria increasingly felt as if she was walking on egg shells and was careful not to do anything – or see anyone – that might upset Anne. Anne had already taken control of their finances 'because Demetria was crap at saving' and she wanted to put money away for a holiday. Demetria blamed Anne's behaviour on her job and slowly – and without really realising it – became withdrawn and isolated.

One day, after a particularly bad shift, Anne started an argument with Demetria, and then punched her repeatedly. Demetria was in shock for days, and didn't tell anyone or report the incident.

An old friend of Demetria's finally caught up with her and told her she was in an abusive relationship and that she needed to get out.

Demetria was taken aback, she had never heard of a lesbian relationship that was abusive, but her friend insisted it was like any other kind of intimate partner violence. Her gut feeling was that if she left, Anne would come looking for her and that the consequences for Demetria would be dire.

Unable to access any money to establish a new tenancy and not wanting to stay at places where Anne might find her, Demetria searches the internet for organisations that might be able to assist. She discovers she lives close to VincentCare's Glenroy office, and finds the courage to walk in and ask about emergency housing. She really isn't sure what kind of reaction she will get and even if women's refuges allowed lesbians.

Demetria considers not disclosing that she is experiencing intimate partner violence, as she is embarrassed and doesn't want the staff talking about it. She just wants somewhere else to live and a fresh start. She is somewhat reassured when waiting to speak to a staff member, as she notices rainbow flags, posters and brochures promoting services specifically for the LGBTI+ community.

During her assessment, Demetria is asked about her gender identity and sexual orientation, and she feels comfortable enough to disclose her relationship with Anne, and the abuse she is experiencing.

Demetria is referred to Safe Steps for a Family Violence risk assessment, during which the worker explains that they take violence within same sex couples very seriously. The Safe Steps worker advises Demetria that she will be prioritised for a refuge vacancy as soon as one became available, and that there is a range of LGBTI+ specific supports also available which she can explore.

Queerspace provides information and support services aimed at improving mental health and wellbeing by specialist queer and queer affirmative mental health practitioners
www.ds.org.au/our-services/queerspace

Switchboard provides emergency/crisis counselling.
www.switchboard.org.au

Gay share is a queer house share site.
www.gayshare.com.au

Team Melbourne – LGBTIQ Sport.
www.teammelbourne.org.au

Another Closet is a resource for staff and clients on LGBTI family violence.

W|Respect is a specialist LGBTIQ family violence service.
www.withrespect.org.au

Case study

Nathan and Linh have had to overcome family discrimination and estrangement to live as their true selves.

NATHAN AND LINH, A TRANS/LESBIAN COUPLE

Nathan and Linh, a young trans/lesbian couple, present to Front Yard explaining they are homeless and require accommodation together.

Nathan identifies as trans male and fled his family home after his parents said they were arranging a marriage for him with a suitable man. Linh identifies as a lesbian, cisgender woman. She left her strict Vietnamese, Catholic family because they do not accept her 'lifestyle' choice.

Front Yard advises them that the only option available is hostel accommodation, however, they feel unsafe in that environment, especially as Nathan is in the early stages of transitioning. Despite this, they try it for a few weeks before returning to Front Yard.

In conjunction with Front Yard, they decide to update their assessment to 'lesbian couple' to ensure they can both be accepted into an all-female refuge, and soon after they are accepted into Vicky's Place refuge.

Vicky's Place refers them to a private rental brokerage coordinator who assesses that, given the couples' complex needs, they require further case management. The coordinator then approaches VincentCare about providing specialised case management to the couple.

After meeting with the couple, the VincentCare case manager identifies a history of past trauma, mental health and education barriers, health issues, financial debt, and a range of complex health needs in relation to Nathan's transitioning.

The case manager recognises there is a lack of appropriate, safe accommodation for LGBTI+ people generally, and trans people specifically. They are aware that LGBTI+ people tend to be suspicious of faith-based services, and that issues of gender identity and sexual orientation require specialised knowledge and understanding.
The VincentCare case manager:

- Refers the couple for consideration to Family Access Network which provides young LGBTI+ people with transitional shared housing units for 9-12 months.
- Transfers Linh's mental health support services to her new local area, and transfers Linh's health support from the Northern Hospital to the Eastern Hospital Network.
- Refers Nathan to the Equinox Gender Clinic to assist with his transitioning process; and accompanies Nathan to the Equinox Clinic.
- Applies for funding for Nathan to re-engage with education.
- Ensures their housing and house mates are safe.
- Provides ongoing emotional support.

After three months the couple report they have found safe, sustainable accommodation. Nathan is receiving medical treatment and care from Equinox and is feeling much happier about his trans status. He is also feeling very positive about undertaking study. The couple are no longer clients of VincentCare and report that their case manager, 'Did a pretty good job...like amazing!'

LGBTI+ client survey

To evaluate its performance in working with LGBTI+ clients, VincentCare has introduced an annual client survey.

Twenty surveys, representing a range of gender and sexual identities and ages, were returned from current or past LGBTI+ clients and the findings showed that the overall experience of LGBTI+ clients using VincentCare services was extremely positive, with clients feeling culturally safe due to a positive physical environment and affirming interactions with staff.

Ninety-five percent (95%) of respondents agreed or strongly agreed that they felt comfortable being open about their gender identity and sexuality, and 100% said they agreed or strongly agreed that they would tell other people that VincentCare is a good place if you're LGBTI+.

The survey also showed that the respondents' experience was not as positive when interacting with other VincentCare clients. In response to this, VincentCare produced a statement as part of its client Rights and Responsibilities framework that specifically references homophobia and transphobia; and has worked with staff in reflective practice to ensure clients are made fully aware of VincentCare's position.

In addition, VincentCare has implemented suggestions for improvement including: producing a resource booklet that lists LGBTI+ services; distribution of more visible rainbow symbols; ensuring the Inclusive Statement is widely visible; and working towards having gender neutral toilets and bathroom facilities.

95% of LGBTI+ clients surveyed agreed they felt comfortable being open about their gender and sexuality while using VIncentCare services.

100% of LGBTI+ clients surveyed would recommend VincentCare services to the LGBTI+ community.

CLIENT PARTICIPATION

Coffee with a client

Finding ways to get the best possible feedback from LGBTI+ clients.

The Diverse Gender and Sexuality (DGC) Commitee members value the contribution of LGBTI+ clients and actively recruit clients who they believe may be open to joining the committee.

One of the committee members, a case manager, approaches a non-binary client, Jay, who may be interested in joining the committee. The case manager explains that, in accordance with VincentCare policy, Jay will receive a lived experience voucher in return for their attendance.

Jay attends their first meeting and is introduced to the 12 other members who explain what they do. The Chair welcomes Jay and does her best to explain the committee process and the agenda items, some of which are quite complex. The Action Items Register (AIR) particularly is a bit confusing for someone who is unfamiliar with how the organisation works.

Jay listens attentively and asks a question but, apart from that, is very quiet. At the next meeting, two months later, Jay is again welcomed. The Chair calls on them specifically on a couple of occasions and they are happy to respond with some suggestions. Come the third meeting, however, Jay does not attend, nor for any further meetings.

There is discussion among the members about the fact that a formal committee meeting, with lots of people in the room and a long list of agenda items – some of which Jay may not have been familiar with – may be quite intimidating.

Another client is identified, Francesco, an older gay man who has been at Quin House. Francesco attends two meetings and appears to be more engaged and a little more confident. He is able to follow the agenda and make some valuable contributions. However, he doesn't make it to the next meeting, or the meeting after that. On enquiring about his absence, the Chair discovers that Francesco has experienced a relapse of his alcohol and drug issues and is no longer able to participate.

Following this, the Chair identifies another potential member, Akari, a lesbian who has gone through the volunteer program and is volunteering at Ozanam Community Centre (OCC).

The Chair arranges to meet with Akari at OCC and chat one-on-one over a coffee. They have a great conversation; it's relaxed and easy and Akari is able to talk about her experience with VincentCare. While its mostly positive, Akari also makes some suggestions as to what VincentCare could do to make OCC even more inclusive, which is passed onto OCC staff.

The Chair's experience with Akari demonstrates that consulting with the people who access services can provide a valuable insight into quality improvement practices; it also illustrates that sometimes informal situations work better for clients.

10. Rainbow Tick Accreditation

The Rainbow Tick provides a benchmark for LGBTI+ inclusive practice against which organisations can be independently assessed.

To support VincentCare in achieving Rainbow Tick Accreditation, we developed a range of initiatives including:

- Providing professional development training for staff focusing on best-practice service delivery to different LGBTI+ cohorts.
- Reviewing and updating policies and procedures to ensure Rainbow Tick compliance.
- Enabling LGBTI+ clients to identify through Single Client Record and improving LGBTI+ data collection to provide an evidence base for specific, targeted services.
- Providing a welcoming environment for LGBTI+ clients by clearly displaying inclusive statements and rainbow symbols in all public areas.
- Celebrating significant LGBTI+ events, and supporting a range of LGBTI+ community organisations through annual memberships.
- Providing staff and volunteers with the opportunity to be open about their gender identity, sexual orientation or intersex status.
- Working with Gay and Lesbian Foundation of Australia (GALFA) to develop the Safe Housing Network.
- Distributing a LGBTI+ staff survey and separate LGBTI+ client survey, analysing the results and responding to feedback and suggestions.
- Providing professional development for supported employees with an intellectual disability.
- Developing a comprehensive intranet resource of LGBTI+ services, groups, organisations, research and resources.
- Researching and writing the *Gender and Sexuality: Inclusive Practice Guide*, which provides staff with information, guidance and best practice examples.
- Providing staff with the opportunity to share and discuss their experiences of working with LGBTI+ clients in reflective practice sessions.
- Developing relationships and referral pathways through outreach with key LGBTI+ organisations.
- Providing professional development to sector and allied staff in Shepparton on LGBTI+ intimate partner violence.
- Distributing a regular DGS newsletter to all staff; and establishing a LGBTI+ Staff Group that meets regularly and provides support and networking.
- Establishing the 'LGBTI+ Northern Network', a collaboration with sector and allied services in the northern region.
- Developing an inclusive definition of 'family' that recognises families of choice as well as family of origin.
- Sharing positive stories about VincentCare LGBTI+ staff and clients on social media.
- Ensuring issues of diversity are a set agenda item for executive meetings, and regularly reporting to VincentCare's board.

The Rainbow Tick is a set of voluntary LGBTI-practice guidelines based on six identified standards.

1: Organisational capability

2: Cultural safety

3: Professional development

4: Consumer consultation

5: Disclosure and documentation

6: Access and intake processes

Each standard has accompanying quality indicators and is embedded in a quality framework.

11. Historical background

An awareness of the history of the LGBTI+ community is helpful in understanding the lived experience of LGBTI+ clients, especially those who lived through a time when homosexuality was illegal.

It's hard to believe that during the lifetime of some of VincentCare's older clients, homosexuality was illegal in Victoria, punishable by a prison sentence, and classified as a mental disorder.

Consequences for many clients, especially older clients, of this history included: being arrested and sent to prison; being rejected by biological family or by church or community; being targeted and beaten up by police and others; subjected to 'cures' or 'conversion therapy'; forced to use survival sex; being sacked from jobs and unemployed for long periods; having suicidal tendancies; and never feeling safe to be open about their gender identity or sexual orientation.

Some people may have married opposite sex partners and had children, only deciding to come out later in life. In this situation, there can be additional issues at play, including the impact on partners and children, and a life lived in a heterosexual relationship.

As a result of the above, LGBTI+ clients may be fearful of medical or social services, and of institutions in general; distrustful of police and the legal system; fearful of losing children/contact with children; and at risk of triggering historical trauma. They may have developed internalised homophobia and be estranged from family.

Younger clients have grown up in a different social and political context. This has made it easier for them to openly be LGBTI+, and many are coming out at an earlier age and finding acceptance and support from family, friends and school.

However, this is certainly not the case for all young people and depending on their circumstances, they may experience name-calling and bullying at school; denial of their identity; rejection from family of origin; referral to religious practitioners for 'conversion' or 'cure'; violence from family members and others; being kicked out of home, couch surfing and homelessness.

Young people who were coming to terms with their gender identity or sexual orientation during the period of the Marriage Equality Postal Survey were particularly vulnerable to the negative commentary around issues of sexuality. This may have reinforced feelings of internalised homophobia, made some reluctant to come out, or entrenched negative attitudes within their family or friends.

TIMELINE TO RECOGNITION AND EQUALITY

1968

The Diagnostic and Statistical Manual (DSM) that defines medical conditions, redefined homosexuality from a 'sin' to a 'Mental Disorder'.

1973

The term 'Mental Disorder' was removed and replaced by 'Sexual Orientation Disturbance'.

1981

Homosexuality decriminalised in Victoria.

1987

The Diagnostic and Statistical Manual (DSM) removes the term homosexuality completely.

1990

The World Health Organisation (WHO) removes homosexuality from its International Classification of Diseases.

2015

The Victorian Government announces the expungement of historic convictions for homosexual activity that would not be a criminal offence today.

2017

The Australian Government writes same-sex marriage into law.

2018

The WHO reclassifies 'Transgender' from a mental illness, renaming it 'Gender Incongruence' and including it under 'Sexual Health Conditions'.

2019

The worldwide fight for equality and recognition continues, particularly in the Middle East and Africa, where stigma surrounding gender identity and sexuality still exists.

12. Research

Until recently, very little was known about the experiences of LGBTI+ people who are homeless, or at risk of homelessness in Australia.

In 2016, the University of Melbourne and the Gay and Lesbian Foundation of Australia (GALFA) undertook the LGBTQ Homelessness Research Project, the first of its kind in Australia. Findings from the project were published in 2017 and included the following:

- LGBTI+ people are at least twice as likely as heterosexuals to experience homelessness.
- Homelessness services had reported a large increase in the number of trans and gender diverse clients in recent years.
- Experiences of harassment, misgendering, violence and discrimination are common at accommodation sites.
- Staff at homelessness services lack knowledge about LGBTI+ identities.
- There is a lack of understanding of trans and non-binary identities which led to misgendering and placement at inappropriate accommodation.
- Negative experiences or fears of discrimination and being misgendered were barriers to accessing services, especially faith-based services.

Further, an online survey of 859 trans and gender diverse young people (aged 14-25), Trans Pathways, found that 22% of participants had experienced problems with accommodation, including a lack of stable accommodation, homelessness or couch surfing (Telethon Kids Institute, August, 2017). Of those who identified as experiencing homelessness, almost 40% had accessed crisis accommodation and many reported that their gender identity had not been respected.

Trans and Gender Diverse (TGD) people experience higher than average rates of substance abuse, depression, anxiety and suicidal ideation, and TGD homeless people are at higher risk of experiencing violence, bullying, trauma, survival sex, STIs and HIV, and longer periods of homelessness. Young TGD people who are supported to socially transition at school have a signifcantly reduced risk of poor mental health outcomes.

TGD people often experience difficulty in getting jobs and maintaining long term employment. This can be exacerbated where trans people have transitioned and have different gender markers on identity documentation. In Victoria, a person can only change their name on their birth certificate if they have had sex affirmation surgery. However, a person can apply for a new passport in their affirmed gender whether or not they have had sex affirmation surgery.

Research in Australia and overseas in the last decade has found that the health and well-being of LGBTI+ people is poorer on all measures than heterosexual people. The minority stress model suggests this is the result of on-going discrimination and stigma that LGBTI+ people experience in their everyday lives.

A recent Australian study sought to examine this further by comparing the life satisfaction, general and mental health of LGBTI+ people in electorates that voted 'Yes' and 'No' in the 2017 Marriage Equality Postal Survey.

The findings indicated a strong link between the two: LGBTI+ people in electorates with smaller numbers of 'No' votes reported significantly better general and medical health and life satisfaction than those living in electorates with larger shares of 'No' votes.

The study concluded: Our findings are consistent with the notion that the disadvantage experienced by LGBTI+ people in society stems from social environments that are hostile to them.

13. Glossary of terms

Affirming gender	The process a trans or gender diverse person undertakes to live as their true gender. This may include medical treatment (surgery, hormone therapy, and other treatments), a change of name, using a different pronoun, and changing sex on identification documents such as birth certificate, passport or drivers license, This process is also referred to as Gender Affirmation (see **Transition**)
Asexual	A person who does not experience sexual attraction to others.
Biphobia	The fear, hatred, or intolerance of people who are bisexual or perceived to be bisexual, that often leads to discriminatory behaviour or abuse.
Bisexual/Bi	A person who is sexually/and or emotionally attracted to people of more than one sex. Often, this term is shortened to 'bi'. Related terms include **pansexual,** and **hetero/homoflexible**
Bisexual erasure	Bisexual erasure or bisexual invisibility involves a failure to recognise bisexuality in general or individuals who are bisexual. Bisexual erasure can involve a failure to consider that someone who is in a relationship with a person of the same or opposite sex may be attracted to people of more than one sex.
Brotherboy	See Sistergirl in this glossary.
Cis/Cisgender	Cisgender describes a person whose gender conforms to the dominant social expectations of the sex they were assigned at birth.
Cisgenderism	Cisgenderism describes beliefs and practices that privilege cisgender people at the expense of people whose gender does not conform to the dominant social expectations of the sex they were assigned at birth. Cisgenderism devalues people whose experience of their embodied gender does not fit within a binary model of sex and gender.

Coming home, Coming in / inviting people in	Coming home and Coming in are terms preferred by some people to Coming out (see below) because they don't pressure individuals to publicly declare their sexual identity, gender identity or intersex variation. Some people from non-Angle cultural backgrounds prefer these terms because they don't rely on dominant, western identity categories. They give them greater choice and flexibility in how they describe themselves and in who they invite in and seek support from.
Coming out	The process through which an LGBTI person comes to recognise and acknowledge to themselves and/or others, their sexual identity, gender identity or intersex status. Coming out is never a once-off event. Rather, it is a repetitive process where LGBTI people have to make decisions if, when and with whom to be out to in every new personal, social or work situation.
Cultural safety	Cultural safety and security acknowledge and affirm cultural differences while at the same time addressing the power imbalances that exist between marginal and dominant groups. They involve addressing the risks to minority individuals and groups that this power imbalance can bring. An organisation or practitioner develops their cultural competence so as to provide cultural safety for individuals and communities, through an approach to service delivery and professional practice that is responsive to the beliefs, values and practices of different groups or populations. The term is often used to highlight differences between the values and practices of minority and marginal groups and those of the dominant culture. While the term has most commonly been applied to racial, ethnic and religious minorities, it has recently been applied to sexual, sex and gender identity diverse communities and to the provision of LGBTI-inclusive, culturally safe services. Related terms include cultural awareness, cultural proficiency and more recently cultural humility.
Disability	Disability results from interactions between a person's impairment, understood as functional limitations, and the social, physical and attitudinal barriers they face. Addressing disability involves removing these barriers and minimising the impact of living with an impairment on a person's life.

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Discrimination and indirect discrimination	Discrimination is when you treat, or propose to treat, a person unfavourably because of a personal attribute or characteristic. Under Commonwealth legislation it is illegal to discriminate against someone on the basis of their sexual orientation, gender identity or intersex status. Indirect discrimination is when you include an unreasonable requirement that is likely to disadvantage someone on the basis of one or more protected attributes.
Equity	Equity is about fairness, and making sure all people have access to the same opportunities. This does not involve treating everyone the same. Rather, it involves recognising that everyone is different and providing individuals and communities with the things they need to ensure that everyone has the same opportunities.
Gay	A person whose primary emotional and sexual attraction is toward people of the same sex. The term is most commonly applied to men, although some women use this term.
Gender diverse	A broad term that encompasses a diversity of gender identities and gender expressions including: bigender, trans, transgender, genderqueer, gender fluid, gender questioning, gender diverse, agender and non-binary. Gender diverse refers to identities and expressions that reject the belief that gender is determined by the sex someone is assigned at birth.
Gender Dysphoria / Gender Identity Disorder	Gender Dysphoria or Gender Identity Disorder is a medical diagnosis given to trans and other gender diverse people who are experiencing discontent and distress resulting from 'gender identity issues'. The term is seen as pathologising by many because it implies that trans and gender diverse people are 'disordered'.

Gender expression (Gender conforming and non-conforming)	The way someone chooses to publicly express their gender, through name, pronoun, clothing, haircut, mannerisms etc. Gender conforming refers to behaviour and modes of presentation that match the dominant social expectations of the sex someone was assigned at birth. Gender non-conforming involves behaviour and modes of presentation that do not match the dominant social expectations of the sex someone was assigned at birth.
Gender identity	Gender identity has a specific meaning under State and Commonwealth Equal Opportunity and anti-discrimination legislation. In broad terms, however, it refers to a person's deeply felt sense of being a man or a woman, both, neither, or in between. For example, an individual who has no gender identity or a gender identity that is neutral may refer to themselves as agender or gender free. Some people's gender identity may vary according to where they are and who they are with.
Genderqueer	A person whose gender identity is not limited to or by the binary categories of male or female. Genderqueer people may identify as masculine, feminine, bigendered or partially male or female. Some genderqueer people may be third-gendered or reject gender roles altogether (see Gender Diverse).
Gender questioning	The process of questioning the belief that gender and gender identity are necessarily determined by the sex someone is assigned at birth. People who are gender questioning may express their gender in ways that do not match the expectations of the sex they were assigned at birth or they may reject gender categories all together.
Gender Reassignment Surgery (GRS)	A surgical procedure where an individual's body or sexed anatomy is aligned with their gender identity. Also known as sex reassignment surgery (SRS) or genital confirmation surgery (GCS)

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Glossary of terms

Heteronormativity and Heterosexism	Heteronormativity is the belief that everyone is, or should be, heterosexual and cisgender and that other sexualities or gender identities are unhealthy, unnatural and a threat to society. Heterosexism describes a social system built on heteronormative beliefs, values and practices in which non-heteronormative sexualities and gender identities and people with intersex variations are subject to systemic discrimination and abuse.
Homophobia	Fear, hatred or intolerance of people who are same-sex attracted or are perceived to be same sex attracted, including lesbians, gay men and bisexuals, that often leads to discriminatory behaviour or abuse.
Inclusive practice/ service provision	The provision of services that is respectful and aware of the culture and beliefs of the recipient. This includes the provision of services to LGBTI people that recognise and affirm the values and practices of the LGBTI community.
Internalised biphobia/ homophobia/ transphobia	The internalisation by LGBT people of heterosexist beliefs, values and practices that can lead to feelings of reduced self-worth, shame and sadness.
Intersectionality	Intersectionality understands that identity, a person's sense of 'who they are', is not singular but rather an effect of multiple, intersecting social categories. These categories are effects of complex socio-historical processes and reflect deeply entrenched relations of power and inequality. For example, many LGBTI people also identity as Aboriginal, religious, having a disability, and more. For any individual, these categories are not discrete but mutually constitutive. For some people, they are mutually reinforcing; for others, there may be tensions or contradictions between different categories that leads to a fractured or dissonant sense of identity.
Intersex and intersex status	Intersex status has a specific meaning under State and Commonwealth Equal Opportunity and anti-discrimination legislation. Intersex, however, refers to a person who is born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies.
Lesbian	A woman whose primary emotional and sexual attraction is toward other women.
Misgendering	Describing or addressing someone using language that does not match that person's gender identity or expression. For people with intersex variations, this may include a presumption that they have a non-binary gender identity, or that they identify exclusively as a man, or a woman.
Non-binary	Non-binary refers to a model of the relationships between sex and gender that does not assume a radical division between sex (a person is either male or female but not both or neither) and gender (a person is masculine or feminine but not both or either). People who are non-binary may have sex characteristics that do not fit a binary model of male or female or may express their gender in ways that do not match the dominant social expectations of the sex they were assigned at birth.
Pansexual	Pansexual is a term that is used to describe someone who is sexually and emotionally attracted to other people regardless of their sex, gender or gender identity.
Polyamory	Polyamory is the practice of, or desire for, intimate relationships involving more than two people with the knowledge and consent of everyone involved. Sometimes referred to as multiple ethical relationships.
Pronoun cueing	Using words and actions to send a 'cue' about someone's gender. This is a proactive and respectful way of making people aware of someone's gender who might otherwise be misgendered. Examples include using "She" or "The woman who was speaking yesterday..." to talk about a woman who had been misrecognised as male by friends or co-workers.
Quality improvement	The continuous review and evidence-based improvements to professional practice, system performance and consumer outcomes based on the input and efforts of a broad range of stakeholders including: healthcare professionals, consumers and their families, researchers, funders, policy makers, planners and educators.
Quality system	A whole-of-organisation approach that aims to provide the best service for each consumer. It involves the integration of organisational systems including governance, planning, values and behaviours, data, change management, and evaluation.
Queer	Queer is often used as an umbrella term that includes non-heteronormative gender identities and sexual orientations. The term has also been used as a critique of identity categories that some people experience as restrictive and limiting. For some older LGBTI people the term is tied to a history of abuse and may be offensive.
Same-sex attraction/ attracted	Sexual and/or emotional attraction toward people of one's own sex. This includes lesbian, gay and bisexual people and people who may be questioning their sexuality, or do not want to label themselves. The term has also been used to describe young people whose sense of sexual identity is not fixed and experience sexual feelings toward people of their own sex. Others prefer the term *same gender attracted*.
Service/clinical governance	A framework that holds the governing body, managers and staff jointly responsible for minimising the risks to consumers, safeguarding their quality of care, and continuously improving the quality of services to create an environment of service excellence.
Sex/Sex characteristics	A person's physical characteristics relating to sex, genitalia, chromosomes or hormones and also secondary sex characteristics that emerge at puberty.
Sexual orientation	Describes a person's sexual or emotional attraction to another person based on that other person's sex and/or gender. The term is restricted in law to sex only and refers to attraction to persons of: the same sex (gay and lesbian); different sex (heterosexual); or persons of both the same and different sex (bisexual).
Sistergirl/Sistagirl	Some Aboriginal, Torres Strait Islander and South Sea Islander communities use various terms to describe or identify a person assigned female or male at birth and identifying or living partly or fully as another gender. In these communities, Sistergirls have a distinct cultural identity and often take on female roles including looking after children and family. Other communities will use different terms to describe gender diversity. These include Brotherboy which is sometimes used to describe an individual assigned female at birth who has a male spirit.
Systems	A dynamic and purposeful collection of interrelated components that work together to achieve some objective, while adapting to an ever-changing environment.
Trans / Transgender	A person whose gender identity or expression is different from that assigned at birth or those who sit outside the gender binary. The terms male-to-female and female-to-male may be used to refer to individuals who are undergoing or have undergone a process of gender affirmation. Transgender and trans are older terms and may now be seen as less inclusive than trans and gender diverse.
Transition	The process by which a trans or gender diverse person affirms their gender. Transition may include some or all of the following: cultural, legal or medical adjustments; telling friends, family and/or colleagues; changing one's name and/or sex on legal documents; hormone therapy; or, surgical intervention. For some trans and gender diverse people the social context of transition may be more important than the physical aspect of transitioning.
Transphobia	A fear, hatred or intolerance of people of who are transgender, or perceived to be transgender, that often leads to discriminatory behaviour or abuse.

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Acknowledgement

This glossary is based on the work of the Rainbow Tick Program, an LGBTI+ inclusive practice program of Rainbow Health. Rainbow Health is committed to improving the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) people, and the quality of care they receive.

We welcome lesbian, gay, bisexual, trans, gender diverse, intersex and queer (LGBTI+) people at our services.

We pledge to provide inclusive and non-discriminatory services to LGBTI+ clients.

VincentCare
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