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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.

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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.

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: Jai’s story.
- Client coordination: Maksa, a young trans guy.
- Case management: Yih, a trans teenager.
- Case management: Henry, an older gay guy.
- Case management: Demetria, a lesbian survivor of intimate partner violence.
- Case management: Nathan and Lorr, a lesbian/trans couple.
- Client participation: LGBTI+ client survey.
- Client participation: Coffee with a client.

2. Overview

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

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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 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 recognise 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.

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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 by 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.
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.

Sistergirls are Aboriginal or Torres Strait Islander transgender 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.

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.

A national study on the health and wellbeing of LGBTI+ young people found 63% report experiencing verbal homophobia; 18% report physical homophobic abuse; 69% report other types of discrimination, including exclusion and rumours; and 89% of respondents experienced the reported abuse at school.

A 2017 online study of trans and gender diverse young people, Trans Pathways (Telethon Kids Institute, 2018) revealed that: 76% had experienced issues with school; 66% or TAFE; 69% had experienced peer rejection; and 74% had experienced bullying. It also revealed: 1 in 2 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 37% had experienced issues with school; 31% or TAFE; 36% had experienced peer rejection; and 39% had experienced bullying. It also revealed: 1 in 2 young people had attempted suicide; a rate 20 times higher than adolescents in the general population.

Intersections

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Young people

Young LGBTI+ people still experience discrimination in many areas and this negatively affects their health and wellbeing. Suicide attempt rates are five times higher than their heterosexual peers and many young people experience harassment, 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: 76% had experienced issues with school; 66% or TAFE; 69% had experienced peer rejection; and 74% had experienced bullying. It also revealed: 1 in 2 young people had attempted suicide; a rate 20 times higher than adolescents in the general population.

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Intersectionality

People living with a disability

LGBT+ people who have a disability are at higher risk of sexual abuse, including (male 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 assistance and support 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 LGBT+ people with a disability.

LGBT+ people with disabilities may have to rely on a small network of same-sex couples or opposite-sex friends or family members who may not acknowledge or respect their sexual orientation or gender identity. Often LGBT+ people with a disability are assumed to be heterosexual or non-sexual.

Access to LGBT+ 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 LGBT+ community.

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

Culturally and Linguistically Diverse (CALD)

Many LGBT+ 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 homophobia within their CALD communities.

A number of factors support LGBT+ people to successfully negotiate their various identities, including strong connections with other LGBT+ 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 LGBT+ people from CALD communities by displaying visible signs of welcome in places of worship, and developing resources and programs that promote LGBT+ inclusion.

LGBT+ 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 LGBT+ clients and specifically provides guidance for staff on the following:

Why do we ask about sexual orientation and gender identity?

Historically, LGBT+ people have been invisible or portrayed in negative ways. It is only when LGBT+ people started to come out — to be visible — that social change occurred and progress was made in the area of LGBT+ 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 LGBT+ community. Not asking, not counting and not recording the experiences of LGBT+ 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, LGBT+ 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 is happening to them now. Effectively, the past is 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 LGBT+ 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. These 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

- Male
- Female
- Trans
- Cisgender
- Aboriginal
- Torres Strait Islander
- Brotherboy
- Sistergirl
- Non-binary
- Gender Queer
- *If you have an intersex variation*
- *Genderqueer/Intersex*
- *Other (please specify)*

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

- *Sexual Orientation*
- *Pronouns do you use?*
- *Do you have an intersex variation?*
- *Genderqueer/Intersex*
- Abecedarian
- Asexual
- Bisexual
- Heterosexual
- Pansexual
- Queer
- *Other (please specify)*

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.

Gender and Sexuality: Inclusive Practice Guide | © VincentCare 2019

Gender and Sexuality: Inclusive Practice Guide | © VincentCare 2019
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, genita 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 choose 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.
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).

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

INTERNAL RECOVERY CAPITAL

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

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

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 services.

3. With any of these questions you can choose 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 identity/sexual orientation? Thanks for that.

5. If your comfortable talking about it, would you mind letting me know your preferred contact person?

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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.

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

In case of a mistake:

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?

You don’t have to answer any of these questions. You can ask to be shown another page if you don’t like any of the options that are put there, or you can just tick: ‘prefer not to say’.

There’s also a tick box that says: ‘Not sure/choose not to say’. If you’re trans or non-binary – describe if you don’t like any of the options that are put there, or you can just tick: ‘prefer not to say’.

Privacy

You assigned gender at birth will be completely confidential and we won’t tell anyone without your express permission.

Your gender identity and sexual orientation, and your preferred language and cultural background will be visible at all assessment and planning points.

What we need to ask

Basic information like your name, date of birth and your assigned gender at birth will be completely confidential and we won’t tell anyone without your express permission.

If you use alcohol or any other drugs; and

Whether you have any physical or mental health issues that require support.

Depending on what’s going on for you right now, we might need some of that information to help support you.

Our purpose

Our purpose is to create opportunities and lasting change for the most marginalised.

To do that, we need to ask you lots of questions and get the best possible service.

To be the leader in providing housing and support services to people facing disadvantage.

VincentCare values and celebrates diversity and is committed to providing housing and support services that are welcoming, inclusive and culturally safe for all clients.

At VincentCare we want to ensure our workplace is welcoming, inclusive and culturally safe for all clients.

Knowing this information will help us make sure you get the best possible service.

To create opportunities and lasting change for the most marginalised.

To be the leader in providing housing and support services to people facing disadvantage.

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).

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

INTERNAL RECOVERY CAPITAL

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

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

EXTERNAL RECOVERY CAPITAL

Commonly occurs during (or after) internal recovery capital


1. 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 services.

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 services.

3. With any of these questions you can choose 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 identity/sexual orientation? Thanks for that.

5. If your comfortable talking about it, would you mind letting me know your preferred contact person?

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 services.

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Gender and Sexuality: Inclusive Practice Guide | © VincentCare 2019
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.

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

01 Client engagement

- Understand that LGBTI+ people may present with a mistrust of services, and that a sense of affinity 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 judgment.
- VincentCare’s commitment to LGBTI+ inclusive practice includes assertive outreach with LGBTI+ service organisations to increase opportunities for accessing homelessness support and housing.

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.
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- 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 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.

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.
How inclusive practice is delivered within the Homelessness 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 that people accessing services and those who have been denied self-determination, LGBTI+ and homelessness expertise is a critical component of the organisation’s commitment to client participation. Specific participatory opportunities include:

- Understanding that LGBTI+ people, especially LGBTI+ clients, have been denied self-determination.
- 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, of 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.

Participation incorporates this into its service delivery by:

- Promoting a culture of reflection and learning 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 experiences, knowledge and 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.
- Reflective practice

**04 Client participation**

Participation creates opportunities for people to reflect upon their experience and express their opinions and ideas back to VincentCare. Involving people in organisational decision making ensures that organisational priorities, service development, and social justice approach. VincentCare recognises that people accessing services and those who have been denied self-determination, LGBTI+ and homelessness expertise is a critical component of the organisation’s commitment to client participation. Specific participatory opportunities include:

- Ensuring 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.

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**22 23**

**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 strength-based position, and doing everything he can to maximise Tuong’s safety.
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. He finds it difficult to develop friendships with other people at the centre.

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 going back to the centre.

Indira continues to catch up with Navid informally over the years when he drops by the centre for his volunteer shifts. 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 his 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 he feels good to say it out loud to someone. Indira remarks 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.

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.

Jo's story 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.

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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 let anyone, including members of the extended family, see herself on a form, he thinks. Normally it’s just ‘Male/Female’ or ‘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 says he 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 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 supported and assured that things might be picked up on at last.

For the first time in memory, Matteo left a service feeling life that is truly authentic.
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 would be referred to other agencies or not.

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 MANAGEMENT

CASE PLAN: YILIN

Yilin, a Trans Teenager

CASE MANAGEMENT

He 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 teens like Yilin. Yilin was subsequently referred to Alsorts Youth Housing a project dedicated to accommodating same-sex attracted, trans and intersex young people.

Yilin was referred to Drummond St Services for QLife, emergency telephone counselling. She also 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

Case plan: Yilin

Case plan: Yilin

Person responsible

Outcome

Timeline for completion

Outcomes

- Achieved

- In progress

- Not currently in progress

Goal outcome/progess notes

Goal outcome/progress notes

Goal outcome/progress notes

Key Worker/Sarah

31/08/2018

Not achieved

Not currently in progress

Not currently in progress

Achieved

Not achieved

In progress

Not currently in progress

Not currently in progress

Not currently in progress

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

www.fan.org.au

www.ds.org.au/our-services/queerspace

Queerspace provides youth counselling, group programs, peer support and social activities for young LGBTQ+ people.

www.dcs.org.au/our-services/queerspace

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 LGBTQ+ youth.

www.minus18.org.au

www.ygender.org.au

www.minus18.org.au

www.fan.org.au

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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 so 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.

Henry’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.

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
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street.

Henry has 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.

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.
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.

Henry 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 IDRS 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
socialising. 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
Harrington. 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.

Out and About is a free service for older people who identify as LGBTIQ!
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
Case studies

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 was different – 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 withdrawn and isolated.

She worked with a family friend for a few months and was able to save money away for a holiday. Demetria blamed Anne’s behaviour ‘because Demetria was crap at saving’ and she wanted to put money away for a holiday. Demetria had already taken control of their finances and Demetria across the face. When Demetria pushed back, Anne threatened to hurt her ‘permanently’. Anne also threatened to out Demetria. Sometimes their arguments ended with Anne slapping Demetria.

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 searched the internet for organisations that might be able to assist. She finds the courage to walk in and ask about emergency housing. Another Closet worker advises Demetria that she will be prioritised for a refuge space, as she notices rainbow flags, posters and brochures promoting services specifically for the LGBTI+ community.

Demetria was referred to Safe Steps for a Family Violence Risk assessment, during which the worker explains that they take LGBTI+ specific supports also available which she can explore.

During her assessment, Demetria is asked about 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.

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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. 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 and Demetria was referred to Safe Steps for a Family Violence Risk assessment, during which the worker explains that they take LGBTI+ specific supports also available which she can explore.

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Another Closet is a resource for staff and clients on LGBTI+ family violence. W|Respect is a specialist LGBTIQ family violence service. www.werespect.org.au

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

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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’!
Coffee with a client

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

The Diverse Gender and Sexuality (DGS) Committee 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, they receive a lived experience voucher in return for their attendance.

Jay attends their first meeting and is introduced to the DGS committee 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.

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 is able to contribute. 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, Alana, a lesbian who has gone through the volunteer program and is volunteering at Ozenam Community Centre (OCC). The Chair arranges to meet with Alana at OCC and chat one-on-one over a coffee. They have a great conversation; it’s relaxed and easy and Alana is able to talk about her experience with VincentCare. While it’s mostly positive, Alana also makes some suggestions as to what VincentCare could do to make OCC more inclusive, which is passed onto OCC staff.

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

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

10. Rainbow Tick Accreditation

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

- Providing professional development training for staff, including a peer practice service delivery to different LGBTI+ clients.
- 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 a more specific case for specific targeted services.
- Enabling a welcoming environment for LGBTI+ clients by clearly displaying inclusive statements and removing negativity in all public areas.
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- Celebrating significant LGBTI+ events and supporting a range of LGBTI+ community organisations through annual memberships.
- Providing staff with the opportunity to share and discuss their experiences with 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+ related topics.
- Distributing a regular OGS newsletter to all staff and establishing a LGBTI+ Staff Group that meets regularly and provides support and networking.
- Establishing the LGBTI+ Northern ‘family’ that recognises families of choice as well as families of orientation.
- Developing an inclusive definition of ‘family’ that recognises families of choice as well as families of orientation.
- Sharing positive stories about VincentCare’s LGBTI+ staff and clients on social media.

Each standard has an 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 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 crime. Consequences for many clients, especially older clients, included being arrested, being trans and sent to prison, being beaten up by police and others, subjected to 'cures' or 'conversion therapy'; forced to remain invisible; being jobs and unemployed for long periods; having suicidal tendencies; and never feeling safe. In this sexual orientation, there can be additional issues at the later in life. In this

Marriage Equality Postal Survey were 

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 has led to more than 40% had accessed crisis accommodation and many reported that their gender identity had not been respected.

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 housing or at risk of homelessness in Australia.

12. Research

In 2016, the University of Melbourne and the Gay and Lesbian Foundation of Australia (GALFA) undertook the LGBTI+ 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 in the world around them.

The study concluded: Our findings are consistent with the notion that disadvantage experienced by LGBTI+ people in society continues, particularly in electorates with smaller numbers of ‘No’ votes.

A recent Australian study sought to examine this further by comparing the 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 socially transitioned and who have a significantly reduced risk of poor mental health outcomes.

TGD people often experience difficulty in getting jobs and maintaining long-term employment; they are stigmatised and punished; and they have transitioned and have different gender markers on identity documentation. In Victoria, a person can only change their name and gender 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 influenced by gender identity and sexual orientation.

The minority stress model suggests this is the result of ongoing discrimination and stigma that LGBTI+ people experience in their everyday lives.

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13. Glossary of terms

Affirming gender
The process of a person or a gender diverse person undertakes to use their birth name, birth sex, birth gender identity, and birth gender expression. This may include medical treatment (surgery, hormone therapy, and other treatments), a change of name, coming out, changing dress, changing sign, or choosing to use the pronouns they feel appropriate. This process is also referred to as the coming out process. Coming out is a personal experience of their embodied gender does not fit within a binary gender spectrum. It may include medical treatment (surgery, hormone therapy, and other treatments), a change of name, coming out, changing dress, changing sign, or choosing to use the pronouns they feel appropriate. This process is also referred to as the coming out process.

Coming home
Coming home is an important step in the coming out process. Being fully accepted by others as the person you are — not just as the person they think you are — is a crucial step in feeling whole and alive as yourself. The process of coming home can be both empowering and deeply emotional. It involves both demonstrating who you are and acknowledging who you are. Coming home often involves the whole of a supportive network of family, friends and community who are with you in the journey. When people feel welcome and supported, the journey becomes easier. Coming home is also a process of embracing the positive experiences of who you are and the challenges that come with being true to yourself. It is about embracing the complexity and beauty of who you are and acknowledging to yourself and others your gender, identity, status, or sexuality.

AnxietIE
A person who does not experience sexual attraction to others.

Bisexuality
A person who is sexually and/or emotionally attracted to people of more than one sex. Often, this term is shortened to ‘bi’.

Bisexual erasure
Bisexual erasure can involve a failure to consider that someone is bisexual. 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 is bisexual. Bisexual erasure or bisexual invisibility involves a failure to recognise bisexuality in general or individuals who are bisexual.

Biphobia
A person who is in a relationship with a person of the same or opposite sex.

Brotherboy
See: Sistergirl in this glossary.

Cisgender
Cisgenderism describes beliefs and practices that privilege dominant social expectations of the sex someone was assigned at birth. Cisgenderism relies on dominant, western identity categories. It gives them greater choice and flexibility in how they express themselves and who they invite in and seek support from.

Cis/Cisgender
Cis/cisgender people at the expense of people whose gender does not conform to cisgender expectations. Cisgender people at the expense of people whose gender does not conform to cisgender expectations.

Cultural safety
Cultural safety involves working with a particular cultural group or community in a way that is respectful, values, and acknowledges to themselves and/or others, their sexual identity, gender identity, or intersex status. Cultural safety involves working with a particular cultural group or community in a way that is respectful, values, and acknowledges to themselves and/or others, their sexual identity, gender identity, or intersex status.

Coming out
The process of a person “coming out” or revealing their true gender identity or sexual orientation to others. Coming out is a personal experience of their embodied gender does not fit within a binary gender spectrum. It may include medical treatment (surgery, hormone therapy, and other treatments), a change of name, coming out, changing dress, changing sign, or choosing to use the pronouns they feel appropriate. This process is also referred to as the coming out process. Coming out is a personal experience of their embodied gender does not fit within a binary gender spectrum. It may include medical treatment (surgery, hormone therapy, and other treatments), a change of name, coming out, changing dress, changing sign, or choosing to use the pronouns they feel appropriate. This process is also referred to as the coming out process.

Coming in
Coming in is a term that is used in the LGBTQI community to refer to the process of inviting people in and acknowledging their experience while welcoming them. Coming in is a term that is used in the LGBTQI community to refer to the process of inviting people in and acknowledging their experience while welcoming them.

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Cultural identity
Cultural identity has a specific meaning under State and Commonwealth Equal Opportunity and anti-discrimination legislation. It refers to the beliefs, values and practices that a person may hold based on their cultural background. Cultural identity may be derived from a particular ethnic, cultural, religious or national background. Cultural identity may be derived from a particular ethnic, cultural, religious or national background. It is often used to highlight differences between the values and practices of minority and marginal groups and those of the dominant group.

Cultural safety
Cultural safety involves working with a particular cultural group or community in a way that is respectful, values, and acknowledges to themselves and/or others, their sexual identity, gender identity, or intersex status. Cultural safety involves working with a particular cultural group or community in a way that is respectful, values, and acknowledges to themselves and/or others, their sexual identity, gender identity, or intersex status.

Cultural safety and security
Cultural safety and security acknowledge and affirm cultural identities, and provide cultural safety for individuals and communities, through an approach to service delivery that is responsive to the beliefs, values and practices of different groups or populations. Cultural safety and security acknowledge and affirm cultural identities, and provide cultural safety for individuals and communities, through an approach to service delivery that is responsive to the beliefs, values and practices of different groups or populations.

Cultural identity
Cultural identity has a specific meaning under State and Commonwealth Equal Opportunity and anti-discrimination legislation. It refers to the beliefs, values and practices of different cultural group or community, which are clearly distinctive from the beliefs, values and practices of the dominant cultural group. It is often used to highlight differences between the values and practices of minority and marginal groups and those of the dominant group.

Culture
Culture refers to the collective fashion, behavior or knowledge of a group or society. It includes the languages, beliefs, arts, laws, ceremonies, and other traditions that are passed down from one generation to the next.

Disability
Disability is a term used to describe a physical or mental condition that limits a person’s ability to perform everyday activities. Disability can affect all aspects of a person’s life, from their physical health to their social and economic well-being. Disability can be temporary or permanent, and it can affect people of all ages and genders. Disability is a term used to describe a physical or mental condition that limits a person’s ability to perform everyday activities. Disability can affect all aspects of a person’s life, from their physical health to their social and economic well-being. Disability can be temporary or permanent, and it can affect people of all ages and genders.
Glossary of terms

Heterosexism and heterosexuality
Heterosexism is the belief that everyone, or should be, heterosexual and that other sexualities are abnormal, wrong or inferior. This belief can influence healthcare professionals to misrecognise patients, to act on assumptions about what sexual orientation or gender identity someone has, or that they identify exclusively as a man or a woman.

Homophobia
Homophobia includes fear or hatred of people who are perceived to be gay, lesbian, bisexual, or transgender, 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 gender-inclusive and sex-inclusive toilets, and ensuring the values and practices of the GLBTIQ community.

Intersectionality
Intersectionality understandingly identifies a person’s sense of who they are as a gender and/or sex and the relationships involving more than two people with different cultural, social and political factors. Sometimes referred to as multiple ethical relationships.

Polyamory
Polyamory is the practice of, or desire for, intimate relationships involving more than two people with different cultural, social and political factors. Sometimes referred to as multiple ethical relationships.

Principals of service provision
Using words and actions to send a ‘saw about someone’s gender. This is a prospective and respectful way of making people aware of someone’s gender who might otherwise be understood incorrectly including: ‘she’ or ‘the woman’ or ‘the lady’. ‘Saw about’ is the way that people are seen but not necessarily the way they or others see them.

Quality improvement
The continuous review and evidence-based improvements to professional practice, system performance and consumer outcomes based on the input and efforts of stakeholders, including patients, families, staff, funders, policy makers, planners and educators.

Lesbian
A woman whose primary emotional and sexual attraction is to other women, whether or not she has had heterosexual experiences. Lesbian is a term that is used to describe someone who is exclusively, or predominantly, attracted or is perceived to be same sex attracted, and abuse.

Misgendering
Describing or addressing someone using language that does not match that person’s gender identity, or expression. For example, referring to someone as ‘he’ when they identify as ‘she’ or vice versa.

Non-binary
Non-binary refers to a model of the relationships between sex and gender that does not assume a radical division between sex and gender that does not assume a radical division, or gender identities are unhealthy, unnatural and a threat to society.

Queer
Queer is often used as an umbrella term that includes non-knowledgeable groups and individuals, and sexual orientations. The term has also been used as a critique of identity categories that such relationships are unhealthy, unnatural and a threat to society.

Quality system
A whole-of-organisation approach that aims to provide the best service for everyone, regardless of who they are or what they identify. It includes ensuring the continuous improvement of services to create an environment of service excellence.

Reproduction
A process by which a trans or gender diverse person affirms their gender. The terms male-to-female and female-to-male may be used to refer to individuals who were born female or male and have undergone a process of transitioning. Terms such as sex change or gender change are more widely used.

Trans/Transgender
A person whose gender identity or expression is different from that assigned at birth or those who may be questioning their gender or sex being referred to as multiple ethical relationships.

Sexual orientation
A person’s sexual or emotional attraction to another person based on that other person’s sex and/or gender. The terms male-to-female and female-to-male may be used to refer to individuals who were born female or male and have undergone a process of transitioning. Terms such as sex change or gender change are more widely used.

Systems
A dynamic and purposeful collection of interrelated components that work together to achieve some objective, while adapting to an ever-changing environment.

Transphobia
A fear, hatred or intolerance of people who are transgender, or perceived to be transgender, that often leads to discriminatory behaviour or abuse.

Acknowledgement
This glossary is based on the work of the Rainbow Tick Program, an LGBTIQ+ inclusive practice program of Rainbow Health. Rainbow Health is committed to improving the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (GLBTIQ+) 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.