AOD

LGBTIQ INCLUSIVE GUIDELINES FOR TREATMENT PROVIDERS

NADA
network of alcohol and other drugs agencies

acon

phn
CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

CONTENTS

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Produced by ACON in partnership with NADA and with funding from Central Eastern Sydney PHN.

EXECUTIVE SUMMARY

While we know that most lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people who use alcohol and other drugs do so in a non-problematic way, some experience significant harms related to their use. The LGBTQ community face a range of specific challenges in relation to substance use and identifying when use becomes problematic.

ACON has been delivering alcohol and other drug support through our Substance Support service since 2009. The Substance Support Service is a specialist service in a community based setting with phone and skype counselling options – a setting and approach we know our communities find approachable. However ACON cannot be the only service option and LGBTIQ people need choice. It's important that LGBTIQ people seeking support receive appropriate care where ever they go, which improves treatment outcomes.

Helping our communities identify early signs of problems where they may need assistance with their AOD use requires sensitive messaging. Handled appropriately, health promotion campaigns such as ACON's Pivot Point website and health and community workers who are inclusive in their practice can assist our communities to check in and get support.

ACON has been commissioned by Central Eastern Sydney PHN to develop this resource and the website Pivot Point. ACON is pleased to be working with CESPHN and the Network of Alcohol and other Drugs Agencies (NADA) to build the capacity of mainstream AOD services and those who work with people who use alcohol and other drugs. It is hoped this resource will assist services to be accessible, culturally informed and inclusive.

We know that LGBTIQ people can be reluctant to seek treatment because of concerns about prejudice and discrimination from support services.

CESPHN CEO, Dr Michael Moore, says that effective responses to AOD use are a priority for the PHN and this also includes a focus on LGBTIQ people.

"We recognise that drug and alcohol problems, and the people that experience them, are not homogenous. These problems cross several boundaries and life experiences and there is no one-size-fits-all solution. To support our community we need to cater to their diverse needs and ensure the right services are available, at the right time." Dr Moore says.

NADA Clinical Director Suzie Hudson and CEO Larry Pierce explain that NADA is dedicated to supporting the alcohol and other drugs sector

"NADA has a strong commitment to LGBTI inclusion and encourages all of its members to do the same. Being inclusive requires action as well as words. NADA believes that an LGBTI inclusive service is one that meets the specific needs of each client, taking into account their lived experience of gender identity, sexual orientation or intersex status. It challenges assumptions and stereotypes about gender and sexually diverse minorities. LGBTI people are welcomed and encouraged to seek support where they will never experience judgement, discrimination, harassment or violence because of their gender identity, sexuality, or intersex status. These are the values that NADA will continue to demonstrate and support within the specialist NGO AOD sector and the broader community."

This resource has been developed by ACON, Australia's largest/New South Wales based health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health, in partnership with CESPHN and NADA.

Please go to pivotpoint.org.au for resources to support LGBTI clients, pridetraining.org.au for training needs and for more information on ACON's support services visit acon.org.au

*LGBTIQ = lesbian, gay, bisexual, transgender, intersex and queer

INTRODUCTION

"...it's estimated then that around 2.5 million – 3 million Australians identify – either privately or publicly - as a member of the LGBTI communities."

Although members of LGBTI and HIV positive communities use drugs and alcohol for many of the same reasons as the population at large, there is evidence to suggest that shared experiences of LGBTI related discrimination can lead to patterns of AOD misuse specific to LGBTI people (Leonard 2002, p. 46; Ellard 2010, p. 16). This includes the use of AOD at higher levels than the general population and potentially for longer durations (Ibid.)

This guide aims to increase the understanding of AOD workers about the needs of LGBTI people and communities, their needs and how to provide an inclusive service response.

LGBTI inclusive practice, and LGBTI inclusive practice policies and guidelines provide AOD clinicians, workers and services with the tools and resources with which they can meet the specific needs of each client, taking into account their lived experience of gender identity, sexual orientation, body diversity and intersex status, as well as the varied and multiple minorities existing within these diverse communities (people living with disability, culturally and linguistically diverse people, and Aboriginal and Torres Strait Islander people).

It is estimated that between 8-10% of the Australian population identify as lesbian, gay or bisexual, that up to 2% identify as having a transgender experience and that close to 2% of the population are born with intersex characteristics. With a population of close to 25M, it's estimated then that around 2.5M – 3M Australians identify – either privately or publicly - as a member of the LGBTI communities. Without robust data, it is believed these are conservative figures.

It's also important to note that for some populations there is limited data available so in this resource we will note the communities which are reflected in quoted research.

Understanding *why* LGBTI people might need services attuned to their culture and lived experience does mean having some understanding of that lived experience, of the cultural and social norms, the laws governing society, and the medical pathologising of LGBTI people that have shaped and legitimised homophobia, biphobia and transphobia and LGBTI discrimination.

For many within the LGBTI communities, the AIDS epidemic has left a legacy of trauma. Grief and loss as well as the hostility of non-LGBTI people towards those living with HIV has left many with lasting distrust of health services and fear of harassment, stigma and abuse.

A community that has a history of being criminalised, of being discriminated against because of health conditions, and of being labelled mentally ill on the basis of their intimate relationships, is likely to perceive the world differently to those who have never been so marginalised or oppressed.

"A community that has a history of being criminalised, of being discriminated against because of health conditions, and of being labelled mentally ill on the basis of their intimate relationships, is likely to perceive the world differently to those who have never been so marginalised or oppressed."

WHAT'S DIFFERENT FOR LGBTI PEOPLE?

"Many researchers have suggested that a history of exclusion from a range of social settings has led LGB people to make bars and clubs an important social focus."
- (Leibel et al. 2011)

Although members of LGBTI and HIV positive communities use alcohol and other drugs (AOD) for many of the same reasons as the population at large, there is evidence to suggest that shared experiences of LGBTI related discrimination can lead to patterns of AOD misuse specific to LGBT (people with intersex characteristics are mostly not identified in AOD specific research although of course may identify as LGBT), people (Leonard 2002, p.46; Ellard 2010, p.16). This includes the use of AOD higher levels than the non LGBT population and potentially for longer durations (Ibid.)

Many researchers have suggested that a history of exclusion from a range of social settings has led LGB people to make bars and clubs an important social focus (Leibel et al. 2011). Health research examining alcohol use among LGB patrons who frequent bars provides further evidence of the significance of bars in many LGB communities (Ibid.). Qualitative research by Parks (1999) in lesbian communities suggests that bars and social drinking are important aspects of building relationships in the community, creating a welcoming environment, and may create pressure to fit in through the adoption of similar drinking practices (Ibid.). While this research was primarily addressing the use of alcohol and tobacco, similar correlations could exist with the normalisation of other drugs being used in these settings.

We also know that gay and bisexual men use drugs – primarily methamphetamine and GHB - to enhance sexual experiences. While this might be true for non-LGBT substance users as well, the particular sexual health risks present for homosexually active men who use drugs in a sexual setting means that AOD workers need to be sensitive to the various contexts of use, and the risks present in those different settings and contexts.

While recreational, harmful and dependent alcohol and other drug (AOD) cut across all gender, races, class, and age, myths around substance use often rooted in ideas about morality, will power and values, and perpetuated by sensational media coverage drug users has resulted in stigmatising and discriminatory views of people who use illicit drugs and those who develop a dependency on any substance.

For illicit and dependent AOD users who belong to those population groups already subject to the minority stress of being part of a marginalised population – Aboriginal and Torres Strait Islander, people living with a physical or mental disability, incarcerated men and women and LGBTI people – the added stigma and discrimination experienced because of their AOD use, requires that services be person centred and attuned to the multiple layers of cultural diversity present within their client groups.

So, while problems such as AOD use are not unique to LGBTI people, the higher prevalence in these populations and the bio/psycho/social contributors to problematic AOD use, requires special public attention and for service providers to be knowledgeable and responsive to the individual needs of LGBTI clients. Problematic or risky AOD use can present many challenges including physical and mental health issues, and to the management of HIV.

AOD Use: Lesbian, Bisexual & Queer Women[1]

	Non LBQ Women	LBQ Women
Cannabis	7.6%	29.5%
Ecstasy	1.8%	18.8%
Cocaine	1.4%	16.2%
Alcohol	76%	93%
Tobacco	13%	30%

Trans & Non-Binary Community Substance Use*

	Australian Population	All Trans & Non-Binary
Cannabis	10.1%	25.5%
Ecstasy	3.1%	6.7%
Methamphetamine	2.2%	7.6%
Cocaine	2.3%	4.0%
Any illicit drug	14.7%	28.5%

*First National Trans Mental Health Study 2014

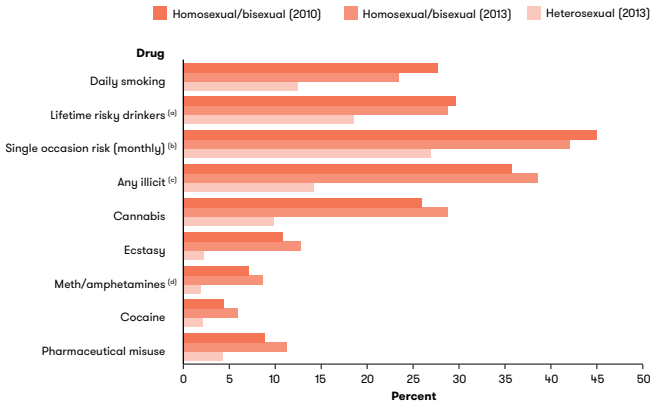
The World Health Organisation (WHO) 2008 report, **Closing the gap in a generation: Health equity through action on the social determinants of health** states, *"Even within countries, there are dramatic differences in health that are closely linked with degrees of social disadvantage".*

Available data in Australia[2] and other nations demonstrate that for LGBTI people, disparities in health outcomes exist and are closely tied to their experience of disadvantage including overt and systemic discrimination and abuse of human rights, homophobic, biphobic and transphobic violence and abuse[3] as well as a lack of understanding of their specific health needs.

Comparisons in the National Household Drug Survey show illicit drug use in the last year among lesbian, gay and bisexual (LGB) people to be many times higher than the rest of the population. Methamphetamine use is almost five times higher among gay and bisexual men and more than three times higher among lesbian and bisexual women, and cocaine use is (three times higher among gay and bisexual men and six times higher among lesbian and bisexual women). Alcohol use is higher among LGB people than heterosexuals. Lesbian and bisexual women show higher levels of risky (too frequent) alcohol consumption and binge drinking than heterosexual women (NDARC 2012).

Additionally, compared to their heterosexual peers, LGBTI people are at least **2 to 3 times** more likely to experience the symptoms of, or be diagnosed with a mental health disorder including depressive episodes and anxiety disorders. And, suicide ideation is experienced at **5 to 18 times** higher rates amongst LGBTI people than their non-LGBTI peers.[4]

Without the clear understanding of the biological, psychological and social determinants contributing to the diverse health needs of LGBTI people, any therapeutic intervention might fail to be wholly person centred and responsive.



(a) On average, had more than 2 standard drinks per day.
(b) Had more than 4 standard drinks at least monthly.
(c) Used at least 1 of 17 illicit drugs in the previous 12 months in 2013.
(d) For non-medical purposes.
Source: Online Table 8.5.

Figure 8. 7: Drug use by sexual orientation, people aged 14 or older, 2010 and 2013[5]

Reasons for using illicit drugs

In a study of 1137 men who had used illicit drugs in the previous six months

61.8% - used to enjoy a sexual encounter

54.5% - used to chill out

52.8% - used to party

52.2% - used for a night out with friends

FLUX: following live & underground change, gay community life, drug use, and taking car or ourselves and each other, report 2014-15[6]

[1] acon.org.au/wp-content/uploads/2017/07/SWASH-2016-Report-v4.pdf

[2] lgbtihealth.org.au/statistics

[3] lgbtihealth.org.au/resources/the-first-australian-national-trans-mental-health-study

[4] lgbtihealth.org.au/statistics

[5] aihw.gov.au/reports/illicit-use-of-drugs/2013-ndshs-detailed/contents/table-of-contents

[6] kirby.unsw.edu.au/sites/default/files/kirby/news/Flux%20Annual%20Report.pdf

INCLUSIVE PRACTICE PRINCIPLES ARE HUMAN RIGHTS PRINCIPLES

As explored within this resource the research and lived experiences of LGBTI people varies in relation to AOD use. While most LGBTI people do not use substances in a way that becomes problematic there are distinct health disparities that must be taken into consideration in health promotion and direct service delivery to prevent and support people whose use becomes problematic or impacts on their health and wellbeing.

Research shows that health disparities for LGBTI people is linked to experiences of stigma, discrimination and the impacts of heterosexism, homo/bi and transphobia and cissexism as well as discrimination and stigma.

Freedom from discrimination on the basis of race, religion, sexual orientation, gender identity or because of having intersex characteristics is a fundamental human right. In Australia, the Sex Discrimination Act was amended in 2013 to make discrimination on the basis of a person's sexual orientation, gender identity and intersex status against the law.[7]

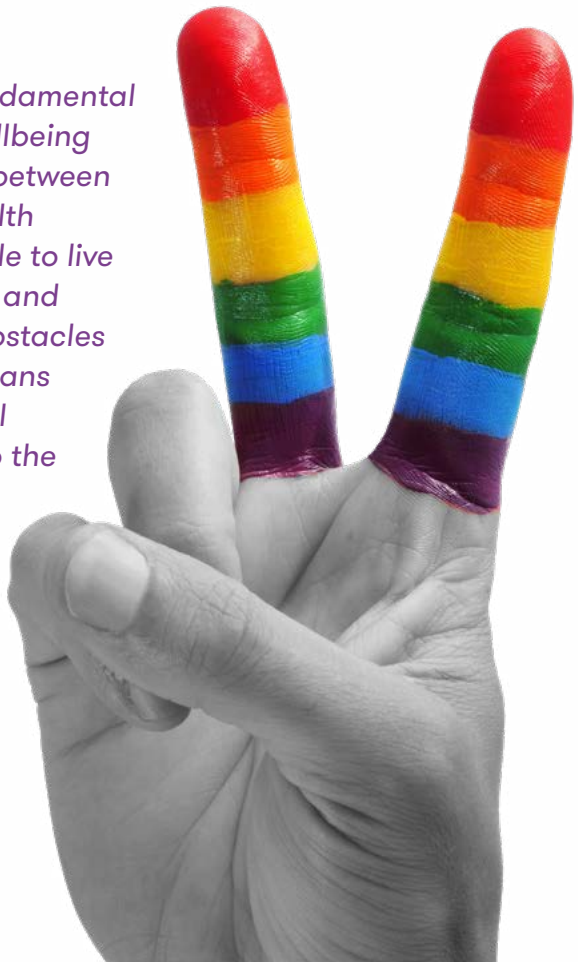
Despite this, as "Resilient Individuals: Sexual Orientation, Gender Identity & Intersex Rights · National Consultation Report · 2015"[8] from the Australian Human Rights Commission notes:

"LGBTI people continue to face a range of significant challenges in Australia including: State-sanctioned structural discrimination on the basis of SOGII (sexual orientation, gender identity and intersex) rights status which …has flow on impacts in legitimising institutional and interpersonal discrimination."

"LGBT Australians report lower health outcomes in the areas of cancer, sexual health and cardio vascular disease, and from health impacting behaviours such as alcohol and tobacco consumption and illicit substance use… Experiences of interpersonal and institutional discrimination in settings such as schools, healthcare facilities, and structural barriers to informed and appropriate healthcare are amongst the key factors that contribute to this risk profile."

"Accessible, inclusive and equitable healthcare is a fundamental human right. However, for LGBTI people, health and wellbeing remains an area where significant disparity still exists between LGBTI Australians and their non-LGBTI peers. These health disparities directly impact the potential for LGBTI people to live life to their full potential as healthy, happy, productive and contributing members of society. Breaking down the obstacles to better health and wellbeing for LGBTI Australians means enthusiastically embracing an inclusive approach to all health care that is open, non-judgmental, responsive to the unique needs of individuals, and validates their experiences and dignity."

- Nic Parkhill ACON CEO



[7] humanrights.gov.au/education/face-facts/face-facts-lesbian-gay-bisexual-trans-and-intersex-people

[8] humanrights.gov.au/our-work/sexual-orientation-gender-identity-intersex-status/publications/resilient-individuals

Direct discrimination is treating another person less favourably on the basis of their sexual orientation or gender identity or intersex status, than someone without that attribute would be treated in the same or similar circumstances.

Indirect discrimination is imposing, or proposing to impose, a requirement, condition or practice that has, or is likely to disadvantage people with a particular sexual orientation or gender identity or intersex status, and which is not reasonable in the circumstances.

To be truly inclusive in practice and meet the needs of all LGBTI clients, services must practice from the following underlying principles.

- **Freedom from discrimination**
  It is against Australian federal law to directly or indirectly discriminate against a person on the basis of sexual orientation, gender identity and intersex status. Same-sex couples are now also protected from discrimination under the definition of 'marital or relationship status'.[9]

- **Visibility**
  Being visible to the LGBTI community in as many ways possible; regular participation in community and inclusion events, ongoing social media engagement with LGBTI communities, and active demonstration by organisation leadership of commitment to Inclusive Practice.

- **Affirmation**
  The positive encouragement and celebration of the diversity of gender identity, sexual orientation, relationships and sexual practices in our society and communities.

- **Co-design**
  Ongoing engagement with LGBTI community stakeholders and individuals to create changes to services and service models so that the experience of and outcomes for LGBTI clients is continuously improved.

- **Access and equity**
  Equity for LGTBI people ensures that they will be able to access the healthcare they need. Creating that access means acknowledging that there is often an unequal starting place for the health of LGBTI people. Addressing that inequity requires embedding a profession and organisation process that continually adjusts and modifies service delivery to improve outcomes.

- **Ottawa Charter**
  Recognition and acknowledgement of the principles of the Charter,especially that, "Health promotion is the process of enabling people to increase control over, and to improve, their health."[10]

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[9] humanrights.gov.au/our-work/sexual-orientation-sex-gender-identity/projects/new-protection

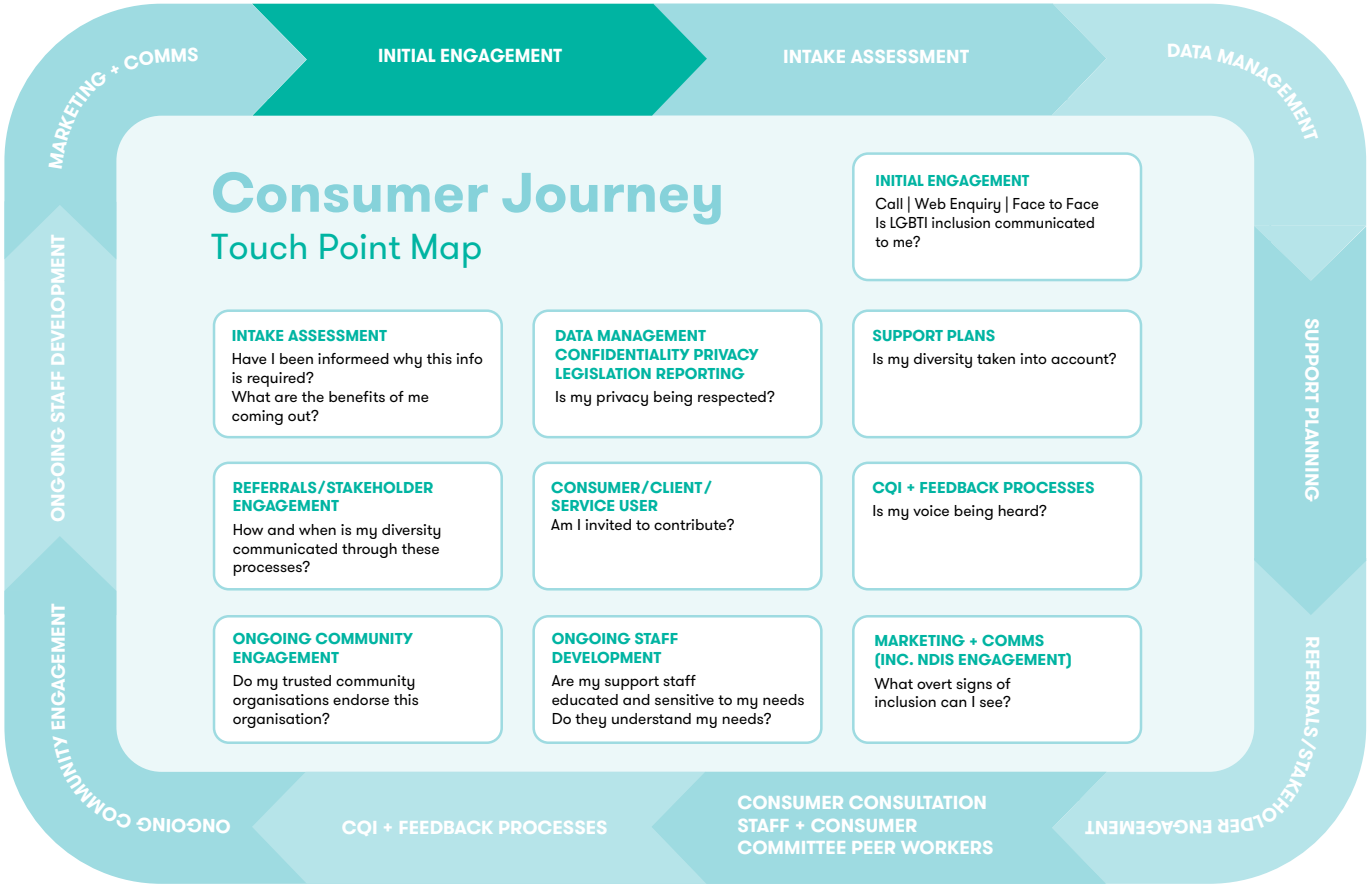
[10] who.int/healthpromotion/conferences/previous/ottawa/en

AN INCLUSIVE PRACTICE CHECKLIST

How can organisations, workers and services enact these principles in delivering AOD services to LGBTI clients? What does inclusive practice look like?

Click below to jump to section.

- ☐ Access, Intake & Assessment Procedures
- ☐ An LGBTI Affirmative Therapeutic Relationship
- ☐ Environment Considerations & Cultural Safety
- ☐ Disclosure & Consent For Sharing Of Information
- ☐ Data Collection
- ☐ Organisational Capacity
- ☐ Consumer/Community Co-Design & Participation
- ☐ Visibility
- ☐ Intersectionality



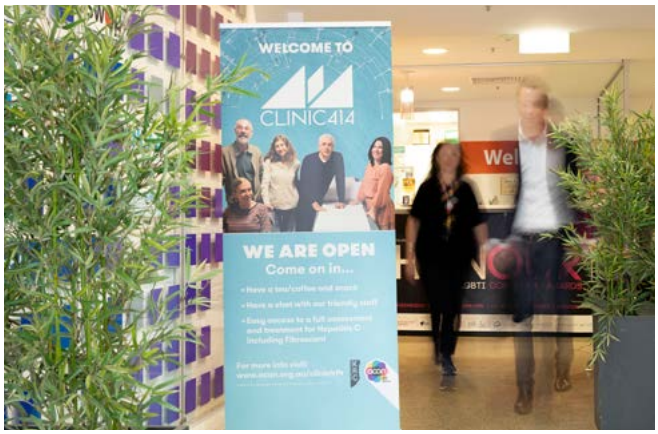
Access, Intake & Assessment Procedures

Access, intake and assessment procedures:
This is generally a client's first interaction with a service and establishes the nature of the experience a client will have with the service. Inclusive intake and assessment not only allows for the collection of sexual orientation and data identity, but also recognises the different experiences and risks – physical, emotional, psychological – of individuals with a variety of adverse experiences relating to their sexuality or gender.

A thorough assessment should be done in a way that allows a client to see themselves in the questions and invites them to disclose information that is relevant to their treatment, care and support needs. It is important that intake and assessment processes do not create barriers to access, but reflect an openness to diversity and a non-judgemental approach.

Q&A

- [ ] Is your assessment holistic and does it enable people to truly see themselves acknowledged and recognised in the process?
- [ ] Would every LGBTI community member be able to access your service and feel welcome and safe?
- [ ] Are all service workers and clinicians aware of the impact of HIV stigma, discrimination and trauma on those living with HIV?



CLINIC414 is a collaboration between the Kirketon Road Centre and ACON providing health care to drug users including access to hepatitis C treatment

At the Kirketon Road Centre, we believe that access to healthcare is a basic human right. We also believe that being accepted for who you are is so important. We know that members of the LGBTI community have higher rates of alcohol and other drug use than the general community, and that they are often stigmatised and marginalised. They may also have no one else to turn to when they need help. So it's really important that we have services that are acceptable and accessible so that LGBTI community members can get the help they need without the fear of being discriminated further.

- Dr John Kearley, Kirketon Road Centre

TIPS

- [ ] Audit the language – written and verbal – used in your service to ensure that it is inclusive of lesbian, gay, bisexual, transgender and intersex people.
- [ ] Ensure that your intake process allows people to describe their biological and chosen families, intimate partners and important relationships – not all families are nuclear or heteronormative and "family" support can come from all kinds of non-biological relationships.
- [ ] Include sexual health and wellbeing questions as part of your assessment process so that you can build an understanding of your client's health needs without making assumptions due to their sexual orientation, gender identity, and body diversity.
- [ ] Promoting LGBTI issues in the office environment through posters and pamphlets.
- [ ] Representation of diverse members of the community on staff teams supports service provision.
- [ ] Reviewing policy and procedures to ensure that all members of the communities diverse needs can be met and that referral pathways with LGBTI services are established and implemented as a part of all service provision.

RESOURCES

+ Introduction to language and key concepts
+ Anti Discrimination Legislation
+ Pride Training
+ LGBTI Services List

LGBTI Affirmative Therapeutic Relationship

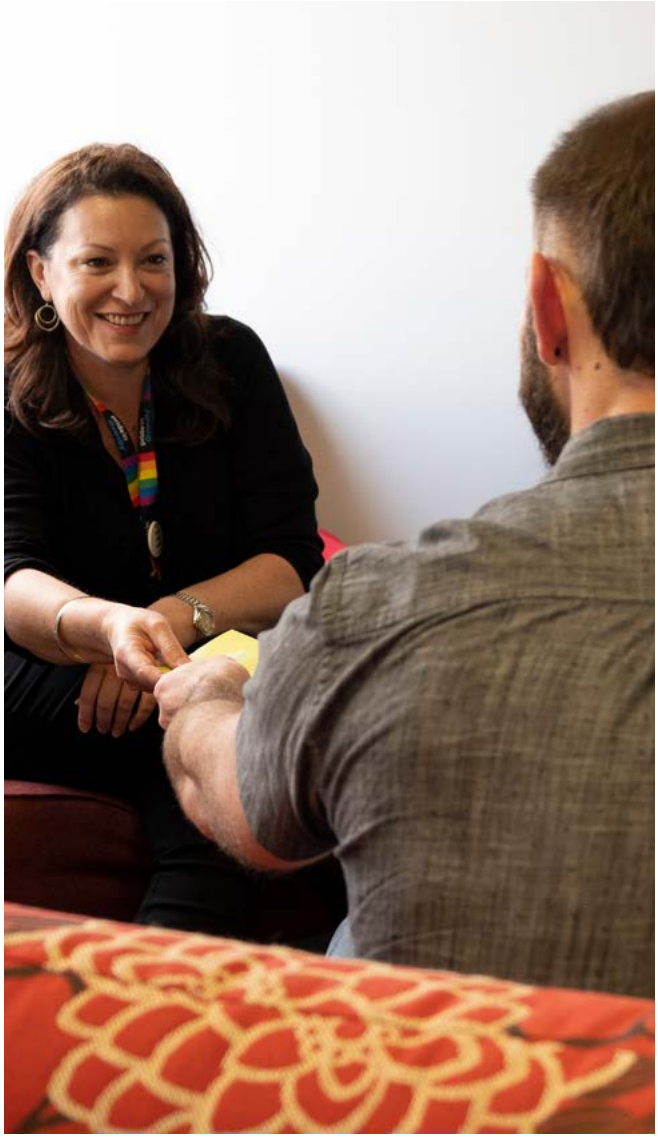
Demonstrating the values of an LGBTI affirmative therapeutic relationship is also about having the confidence to explore sexual intimacy and play with clients in the context of alcohol and other drug use - where it is relevant. Likewise, the acknowledgment of sexual identity and diversity as a strength to be celebrated. The intention should be to extend a clinician's practice from being more than "accepting", to one that reflects on the significance of being LGBTI in a society that continues to promote heteronormative values.

Q&A

- [ ] How confident are your non-LGBTI clinicians and workers in being able to create effective relationships with LGBTI clients?
- [ ] How do your clinicians and workers know if their clients are LGBTI and what do they assume about them if they are?
- [ ] Does Professional Development focus on building cultural knowledge and competency as well as skills?
- [ ] Do you wait for LGBTI clients to walk through the door before figuring out best practice responses and interventions?

TIPS

- [ ] Define the difference between personal values and beliefs and the organisation's expectations regarding professional LGBTI inclusive practice and ask clinicians to reflect on these.
- [ ] Run an in-service exploring the assumptions and preconceptions that might exist about LGBTI people with your clinicians.
- [ ] Conduct an audit of language used and run roll plays with staff to raise awareness of the hetero and cissexism of everyday language and to develop best practice use of language to improve the experience of LGBTI clients.
- [ ] Provide LGBTI specific supervision, case management and case conferencing to support clinician's work with LGBTI clients.
- [ ] Mistakes will be made and most often, clients will forgive unintentional errors if they are acknowledged, if regret is sincerely expressed, and the commitment to do better is clear.



RESOURCES

+ Language Guide
+ Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families
+ LGBTQ Clients in Therapy: Clinical Issues and Treatment Strategies

Environment Considerations & Cultural Safety

LGBTI cultural safety is experienced in an environment in which there is no assault, challenge or denial of LGBTI identity, of who LGBTI people are and what LGBTI people need; where there is knowledge and understanding of cultural differences between LGBTI and non-LGBTI people; knowledge and understanding of LGBTI history; and, where LGBTI people are empowered to express their needs and comment on their experience of care and treatment in order to change and improve their experiences.

Q&A

- [ ] What will tell any LGBTI client, when they walk through the door of your service that it is inclusive and welcoming and will be a safe space?
- [ ] Are your front of house staff trained to respond with sensitivity and without making assumptions?
- [ ] Are your LGBTI clients invited and empowered to participate in constructive feedback that will improve service delivery and outcomes via consultative processes?

TIPS

- [ ] Ensure all staff members are aware of the history of LGBTI people – laws criminalising LGB relationships and discriminating against LGBTI people in workplaces, schools, justice system and health - within Australia and elsewhere in the world.
- [ ] Make sure that staff know that it is their professional duty to challenge prejudice and disadvantage, and promote and acknowledge the importance of diversity and human rights in the workplace.
- [ ] Specify that client rights include experiencing respect for all regardless of gender, sexuality, and/or intersex status.

It is a place where we can discuss things that probably wouldn't have come up anywhere else in my treatment.

– WHO's Resident

Cafe displaying a Welcome Here sticker.

LGBTI inclusive services recognise that some people may feel vulnerable and more reluctant to be open about gender diversity or sexual orientation. Which is why it is important to pay attention to the physical environment and take steps to convey safety and inclusion. NADA has done this through the display of resources that celebrate diversity, promoting LGBTI events in NADA communications and verbally acknowledging the importance of LGBTI inclusiveness at all NADA events.

- Suzie NADA

RESOURCES

+ Join ACON's Welcome Here Program
+ Pride in Health & Wellbeing
+ Rainbow Tick

Disclosure & Consent For Sharing Of Information

The criminalisation of LGBTI people, those living with HIV, and their experiences of discrimination and stigma, create understandable and legitimate reasons for concern about confidentiality of personal information and health records. This can be heightened in smaller communities such as rural and regional areas, Aboriginal and CALD communities.

Explaining best practice data storage, record keeping and information sharing to clients may not recognise the particular concerns and fears of LGBTI people or directly address those fears and concerns.

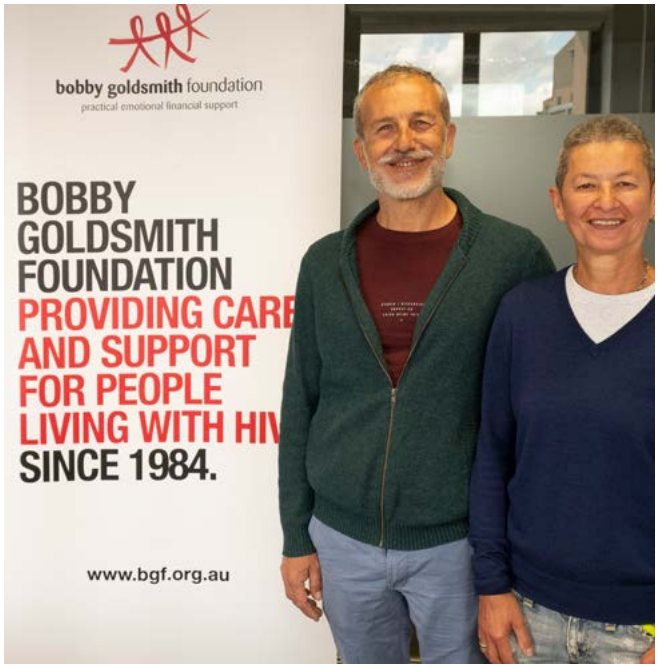
Services need to be mindful that in discussing a client they may inadvertently out someone's sexual or gender identity or disclose HIV status. It is important that the sharing of this information is done with the consent of the client. Clients should be aware that where information relates to their care, it may be seen by fellow team members and if there are concerns, that these can be explored and solutions to allay these concerns found.

Q&A

- [ ] How do you manage client data and ensure privacy is maintained?

TIPS

- [ ] Disclosure of AOD use exposes a client to the risk of real or perceived discrimination and judgement. Inform your LGBTI clients about your processes and procedures for keeping their information confidential and safe.
- [ ] Run an in-service with staff on maintaining confidentiality when shared care is appropriate or necessary.
- [ ] Ensure teams know how personal information is to be treated within teams and circumstances in which to disclose gender, sexuality, HIV status and AOD use, including seeking permission to disclose to external agencies.
- [ ] HIV+ LGBTI clients living in small regional communities might be more concerned about the privacy of their health records. Make sure your service and workers are sensitive and alert to these concerns.
- [ ] While clients might disclose their sexual orientation and or gender identity to a health service provider, don't assume that they are out to everyone.



My journey has been challenging and difficult at times but intensive support from BGF Services and the AOD Caseworker holding my privacy and confidentiality with utmost respect, contributed to getting my life 'back on track'.

- Bobby Goldsmith Foundation client

RESOURCES

+ HALC HIV legal guide
+ Destigmatising language guide from NUAA

Data Collection

Some health workers can be nervous about asking what can be seen as sensitive questions, however research has found that people are often more uncomfortable about questions of income and it is often the worker, not the client, who is the uncomfortable party. This gets easier when workers understand the purpose behind asking these questions and gain more experience asking.

LGBTI people remain absent from the basic data collection undertaken by many health services, therefore LGBTI health issues remain absent from many of the discussions and decisions about the allocation of resources to improve the health and wellbeing of societies. This not only happens at a client level but also within health and social policy where LGBTI people are not visible.

Q&A

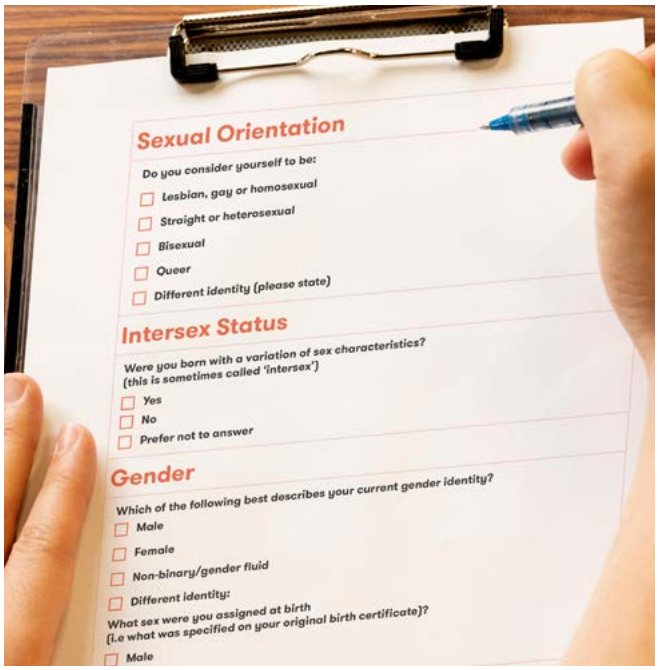
- [ ] Do you have a quality consistent way of capturing information regarding LGBTI clients attending your service?
- [ ] Does the data you collect allow you to better understand LGBTI health needs and LGBTI clients experience of your service?

TIPS

- [ ] Run an in-service with teams to discuss the value of asking these questions and to practice asking the questions with role play. Encourage reflective practice conversations about the perceived obstacles to asking about client's sexual orientation and gender identity.

ACON recommends that workers ask clients the following open ended questions which assist in building rapport:

- [ ] How do you identify sexually (prompt with options e.g. gay, hetereosexual, bisexual)
- [ ] What gender do you identify with?
- [ ] What are your pronouns (she/her, he/him, they/their, or something else?)
- [ ] What name would you like me to use when speaking with you or referring to you with permission to others?



LGBTI people report higher rates of AOD use than their heterosexual peers, yet we know little about their help-seeking behaviour and treatment outcomes because gender identity and sexuality are often not recorded. Simple changes to intake questionnaires and records can capture this information, making it easy for services to see how many LGBTI clients they have, and what their treatment outcomes are.

- Professor Martin Holt, Centre for Social Research in Health, UNSW Sydney.

RESOURCES

+ LGBTI Inclusive Data Collection Guide
+ Australian Government Guidelines on the Recognition of Sex and Gender
+ LGBTI Data: Developing an evidence informed environment for LGBTI health policy

Organisational Capacity

LGBTI inclusivity training, supported by clear, re-designed workplace policies and procedures outlining how cultural safety for LGBTI clients is established is required for all services. An understanding of the legislative obligations to protect LGBTI clients and staff from the harms of discrimination and harassment is required by managers, as is a robust reporting and investigation process to address any breaches of the legislation while supporting victims.

Q&A

- [ ] Are all levels of the organisation committed to LGBTI Inclusive Practice? If so, how do all staff know this?
- [ ] Are all levels of the organisation provided with the resources to make LGBTI Inclusive Practice a reality?
- [ ] Does the organisation rely on out LGBTI workers as evidence of inclusive practice or ensure that the responsibility is on all workers?

Makes me even more proud to work for this organisation.

– WHO's Staff

TIPS

- [ ] Organizational change happens best when the actions taking place effect from the bottom up and the top down. E.g. training and support for leadership and those working with clients to enforce policies and implement strategic inclusive practices. It is important for management to lead cultural changes and provide systems that support inclusive practice. Consider joining Pride in Health and Wellbeing to access resources, communities of practice and consulting at membership rates.
- [ ] Organisations that reflect diversity within their workforces benefit in many ways including clients being able to see themselves in the service, providing diverse thinking and contributing lived experience.
- [ ] Ask LGBTI staff what they need to support lived experience as appropriate.
- [ ] Ensure all staff are confident and skilled in working with LGBTI people. LGBTI staff shouldn't be the default 'go to person'.

This is an area I've only really learned bit and pieces, so it was lovely to have the information provided in a workshop, with take-home resources.

– Pride Training participant

pridetraining.org.au

We noticed that we were getting a number of clients identifying as transgender and we needed to know more about the kind of issues transgender people might be dealing with, we did some professional development training on these issues to increase our knowledge, awareness and understanding. I has really benefited the work we do with this client group.

- Eithne Cornish, Waverley Drug and Alcohol Centre

RESOURCES

+ The Rainbow Tick Guide to LGBTI Inclusive Practice
+ ACON Pride In Health and Wellbeing Program link
+ Pivot Point
+ ACON Pride Training
+ LGBTI Health Alliance Hub

Consumer/Community Co-Design & Participation

LGBTI people and people who use drugs are resilient and resourceful, and a significant source of knowledge. They know what will change their experience of services from exclusive to inclusive, and what they need to improve their health and wellbeing.

LGBTI people and people who use drugs also have a history of successful community based health advocacy and health promotion to draw upon when redesigning service practice in order to affirm and respond to the health needs of their communities.

TIPS

- [ ] Young LGBTI people and older LGBTI people have different needs at different times in their lives. Make sure you include a broad range of ages in community consultations.
- [ ] The LGBTI community is diverse. Make sure all your community consultations and partnerships are welcoming and inclusive of culturally diverse and Aboriginal and Torres Strait Islander members of the LGBTI communities.
- [ ] Remember experiences of diverse gender and sexualities are not the same. One gay man does not, and cannot represent the LGBTI community!
- [ ] Consumer participation and co-design is a process. Don't expect to get it all right the first time. Approach it as a journey and be open to being guided by your clients/service users.
- [ ] Partner with LGBTI organisations for subject matter expertise and to reach LGBTI communities.
- [ ] Grow a diverse workforce that reflects broader society.

LOVE Project "Social Connections '18"

Consumers of drug services can and do provide invaluable contributions to the development, implementation and evaluation of services. Beyond suggestion boxes, there are plenty of ways to ensure consumer participation, including setting up of consumer advisory groups, including consumers on program decisions, interview panels and steering committees. Consumer participation is vital to respect and value the experience of drug users and their unique insight into services.

– *NUAA*

I really appreciate the rainbow lunch because it is the first time in my life I could talk about being bi-sexual.

– *Resident*

RESOURCES

+ NSW Council of Social Services
+ For LGBTI organisations go to Pivot Point
+ Australian GLBTIQ Multicultural Council
+ Living Older Visibly Engaged

Visibility

If you can't see it, you can't be it. Visibility is vital for all businesses and no less so for health services, NGO's and NFP's. If the LGBTI community doesn't know you are an inclusive service, how will they know to attend your service?

Visibility also means leaders within an organisation being visible in their championing of inclusive practice and of diversity within the workforce.

Q&A

- [ ] Are you aware of the LGBTI calendar and the number of opportunities there are to stand with and beside the LGBTI communities at events and activities celebrating their identities and culture? eg. Intersex Awareness Day, Celebrate Bisexuality Day, Lesbian Visibility Day, Pride Month, Transgender Day of Remembrance, Wear It Purple Day.
- [ ] How do you invite and encourage your LGBTI workforce to be open about their identity, relationships and their community in the workplace?

TIPS

- [ ] Managers: Be an ally - a term that describes a individual who speaks out or takes actions on behalf of someone else or for a group that they are not a part of. Take part and be present for all the diversity and inclusivity training, workshops, community events you ask your workforce to attend.
- [ ] Take a deep breath and survey your workforce to assess whether they experience inclusivity at work.
- [ ] Establish a diversity and inclusion team to identify what needs to change in order for all of the diversity within your staff community to be celebrated and affirmed and to build capacity within your service.
- [ ] Ensure LGBTI clients can see themselves in your service via the images you use, alongside the language your service employs.
- [ ] Remember that LGBTI people are also Aboriginal or Torres Strait Islander, are of different faiths, are from diverse cultural and language backgrounds, are people living with a disability, are parents, grandparents, sisters and brothers, and of different ages.

Not judged but understood.

– WHO's Resident

WHO's weekly Rainbow Lunch for residents.

Because I feel accepted in here it makes be better out there.

– Resident

RESOURCES

+ Welcome Here Project
+ Diversity Days
+ GLHV - LGBTI Videos
+ Cycle of invisibility

Intersectionality

LGBTI people come from all walks of life, all cultures and faiths. Their sexual orientation, gender identity and body diversity are just parts, not the whole of their identity.

"Intersectionality acknowledges the multidimensional aspects of identity, inclusive of historical, structural, and cultural factors and their relationships with domination, oppression, and discrimination.

Medicine, in general, has been slow to acknowledge the health significance of intersectionality, but a growing body of evidence demonstrates the importance of intersections of race and ethnicity with gender identity and sexual orientation and their impact on access to care, health risk profiles, and health outcomes."[11]

Q&A

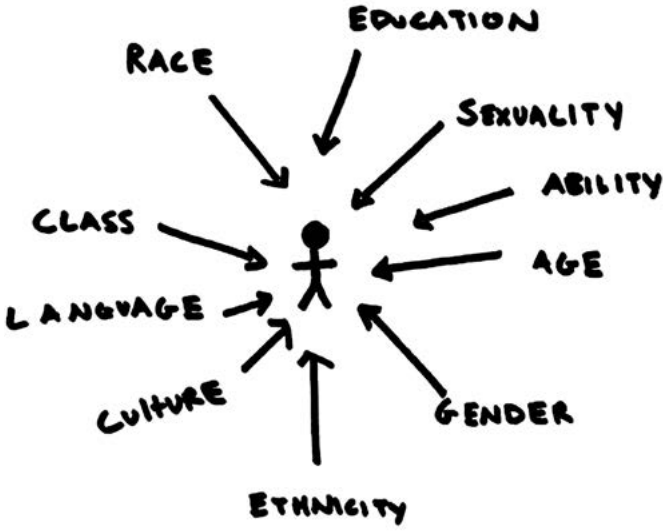
- ☐ How would people know that they are safe disclosing all their identities to your service?
- ☐ Are the other services clients are engaged with LGBTI inclusive?
- ☐ What are the implications for shared care and case management between multiple services relating to a client's different identities and cultural affiliations?

TIPS

- ☐ Be aware of people potentially having multiple identities and cultural considerations. Be careful not to make assumptions.
- ☐ Visibility – communicate your welcome to LGBTI people in multiple languages and with the use of images portraying diversity in bodies and cultures.
- ☐ Use case management meetings and peer supervision to explore the intersectionality present for your clients and how this impacts on their health and wellbeing.

Sometimes I feel like the odd one out... this helps me feel a part of.

– WHO's staff



RESOURCES

+ Drug and Alcohol Multicultural Education Centre
+ ACON Young Asian Gay Men
+ Sydney Queer Muslims
+ Reach Out
+ Australian GLBTIQ Multicultural Council
+ Aboriginal Project

[11] Intersectionality and Shared Decision Making in LGBTQ Health Henry H. Ng, MD, MPH LGBT Health. 2016 Oct 1; 3(5): 325–326

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